

NWOSU Community Services Program-Charles E. "Bill" Johnson Correctional Center  
Program Policies 2022

# **Community Services Program Outpatient Treatment Program Program Policies and Procedures 2022**



**Northwestern Oklahoma State University  
Charles E. "Bill" Johnson Correctional Center  
Alva, Oklahoma**

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**Governing Authority  
1-9-5.4a**

The Chair of the Advisory Board of Bill Johnson Correctional Center Outpatient Treatment Program shall meet regularly with the Program Director to open communications, establish and review policies, and discuss any and all pertinent matters related to the Bill Johnson Correctional Center Outpatient Treatment Program.

**I. PROCEDURES**

- A. The Advisory Board shall be composed of the faculty of the Department of Social and Community Services, Northwestern Oklahoma State University, and in compliance with the relevant policies and procedures of the university.
- B. Policy: The Advisory Board shall have the following duties and responsibilities and shall document its compliance in the board minutes. Financial transactions and events requiring approval of the Advisory Board shall be approved prior to any commitment by the facility.
- C. Procedures:
  - 1. The Advisory Board of the Bill Johnson Correctional Center Outpatient Treatment Program shall review and approve all policies established by governing authority action regularly and review to ensure that all Policy and Procedures required by funding, accreditation, licensing agencies/entities, and statutes are in place and operational under the authority of the President/Program Director;
  - 2. The Advisory Board of the Bill Johnson Correctional Center Outpatient Treatment Program shall have sole authority to privilege counselors and program managers;
  - 3. The Advisory Board of the Bill Johnson Correctional Center Outpatient Treatment Program will review and approve facility goals and objectives as required;
  - 4. The Advisory Board of the Bill Johnson Correctional Center Outpatient Treatment Program shall ensure compliance with all applicable state and federal statutes and with any contractual requirements;
  - 5. The Advisory Board of the Bill Johnson Correctional Center Outpatient Treatment Program shall review all facility audit and certification reports

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from the Oklahoma Department of Mental Health and Substance Abuse Services;

6. The Advisory Board of the Bill Johnson Correctional Center Outpatient Treatment Program shall approve the facility's evaluation plan;
7. The Advisory Board of the Bill Johnson Correctional Center Outpatient Treatment Program shall review the program's evaluation results.

**Advisory Board Meetings**

**II. POLICY**

The Advisory Board of the Bill Johnson Correctional Center Outpatient Treatment Program shall meet at least quarterly with the Administrative Director to open communications, establish and review policies, and discuss any and all pertinent matters related to the Bill Johnson Correctional Center Outpatient Treatment Program.

**III. PROCEDURES**

The Administrative Director shall schedule a meeting with the Advisory Board as required.

- A. The Administrative Director shall detail, for the Advisory Board, the activities of the Bill Johnson Correctional Center Outpatient Treatment Program regularly.
- B. Minutes shall be kept of all meetings, and shall include at least the following:
  1. The date of the meeting
  2. The names of persons who attended
  3. Approval of minutes from last meeting
  4. The topics discussed
  5. The decisions reached and actions taken including the registering of individual votes.
  6. The reports (either summary or attached) of the Administrative Director/Administrator and others.
  7. The signature of a board officer shall appear on the minutes upon approval.

The Bill Johnson Correctional Center Outpatient Treatment Program shall hold at least monthly staff meetings to maintain good internal communications and provide an opportunity for all employees to contribute to policy and procedure formulation in their specific work areas.

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**Organizational Description**

**1-9-5.4b**

**I. PROGRAM DESCRIPTION AND CLIENTELE**

- A. The program access is restricted to trainees, staff and interns of the Bill Johnson Correctional Center in Alva, OK, under contract with the Oklahoma Department of Corrections.
- B. The facility is a minimum security detention center built to medium security standards, with perimeter fencing, razor wire and electronic monitoring.
- C. The program provides office space and treatment settings on the grounds of Bill Johnson Correctional Center.
- D. The program provides secure, locked storage space for consumer records in the office space at Bill Johnson Correctional Center.
- E. Consumer confidentiality is maintained by virtue of (1) record security (2) restricted program access.
- F. Major co-occurring disorders requiring medication are dealt with by Department of Corrections (DOC) on site psych-clinician Mrs. Kendra Pennington.
- G. Exclusionary Criteria for the program is determined by DOC.
  - 1. Under 2000 days remaining on sentence
  - 2. Must be a DOC mental health classification of 0, A, or B.
  - 3. Must not currently be classified as a sex offender.
  - 4. No ICE detainees

**II. PROGRAM MISSION**

The mission of the Community Services Program (CSP) at the Bill Johnson Correctional Center Outpatient Treatment Program is:

- A. To provide effective, affordable treatment to persons with substance abuse related criminal convictions.

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- B. To utilize evidence-based treatment methods and qualified staff, in order to promote recovery for the individual.
- C. To advance the safety and wellbeing of the community; and to engage treatment professionals, students and educators in ongoing efforts to promote and improve the treatment and prevention of substance abuse.

**III. SPECIFICATION OF GOALS AND TARGETS**

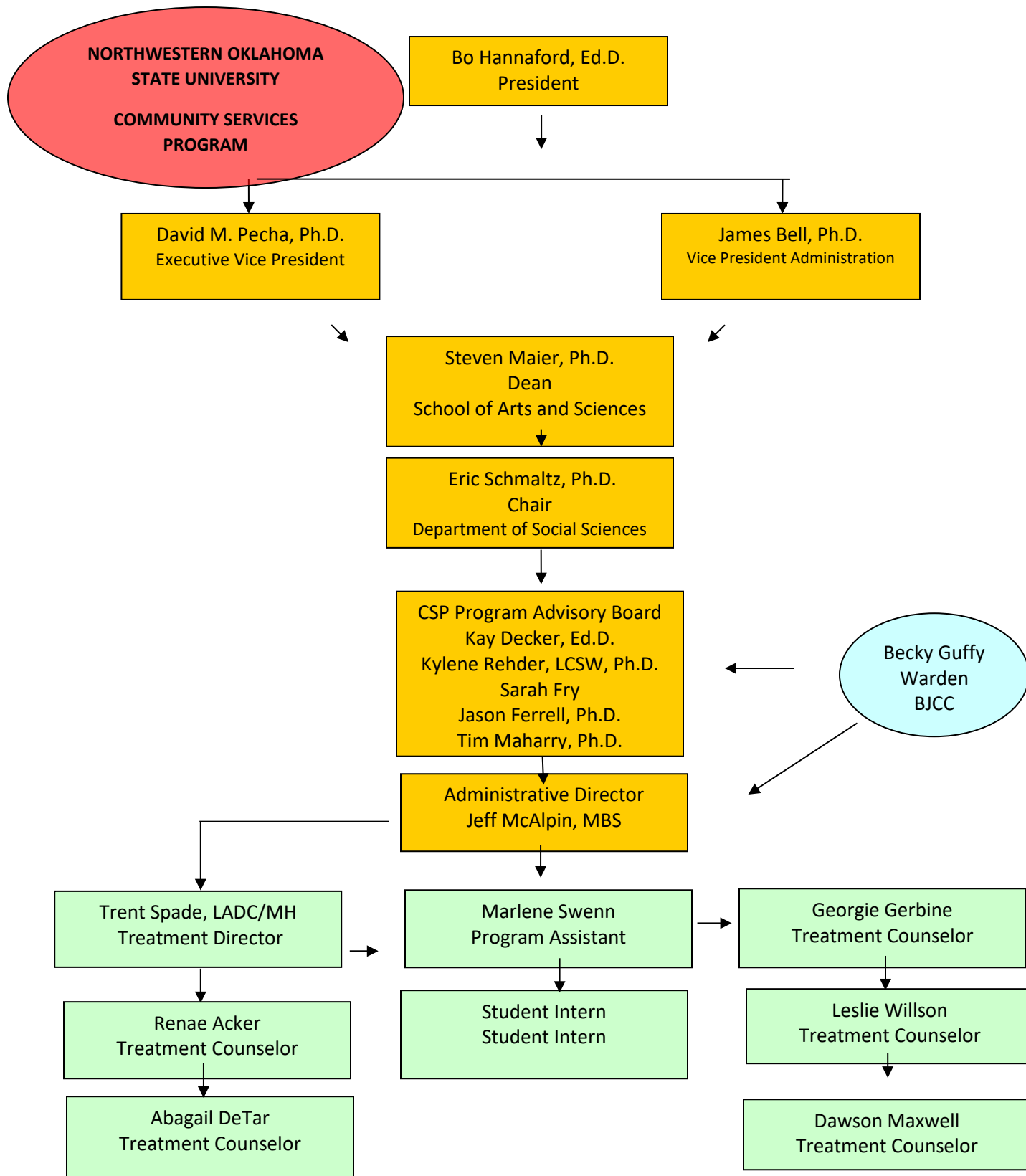
- A. Maintain state standards and policies as a provider
  - 1. Target: Ongoing
  - 2. Method: Maintain compliance of state standards and policies, and continually improve treatment delivery.
- B. NWOSU-CSP will actively continue with the use of contingency management utilizing a token economy. Research suggests that a ratio of 5:1 positive to negative reinforcers should be utilized to modify behavior.
  - 1. Target: July 2022
  - 2. Method: NWOSU-CSP will track data from the Behavioral Reinforcement Tracking System Software currently being utilized.
- C. Retain and train qualified staff
  - 1. Target: Ongoing
  - 2. Method: Retain current Bill Johnson Correctional Center Outpatient Treatment Program staff as possible, advertise, screen and hire replacements for departing staff.
- D. Review procedures for program operations
  - 1. Target: Ongoing
  - 2. Method: Review all proposed policies and procedures; reconcile proposed policies and procedures with prior program provider's policies and procedures.

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- E. Complete a recidivism study to determine program effectiveness.
  - 1. Target: January 2022
  - 2. Method: A three year recidivism study will be conducted by identifying inmates that have successfully completed treatment and have not returned to prison.
  
- F. Provide annual training for new and existing employees
  - 1. Target: As needed annually with new and existing employees
  - 2. Method: Staff member Trent Spade will provide initial and annual training in Person/Family centered approaches, professional conduct, rights, prevention of workplace violence, co-occurring disorders, and trauma induced events. Fire extinguisher/first aid kit location and use training will be provided by DOC.
  
- G. Conduct program evaluation, including treatment outcomes and program efficiency, on regular basis.
  - 1. Target: Annually, ongoing
  - 2. Method: Review of trainee outcome data, review of staff evaluations and input, and review of Department of Corrections staff input.
  
- H. Northwestern will attempt to fill an empty position when available with a licensed social worker to provide family and re-entry assistance to consumers.



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**IV. PURPOSE: DESCRIPTION OF PROGRAM PHILOSOPHY**

- A. The treatment philosophy of the Bill Johnson Correctional Center Outpatient Treatment Program is predicated on the value of evidence based intervention to treat and ameliorate substance abuse.
- B. The Bill Johnson Correctional Center Outpatient Treatment Program selects as the basis for treatment those approaches that have been shown to be effective with convicted substance abusers in correctional setting.
- C. The Bill Johnson Correctional Center outpatient treatment philosophy is holistic: the program is predicated on the coordination of substance abuse treatment interventions with the high structure regimentation of the Bill Johnson Correctional Center.
- D. The Bill Johnson Correctional Center outpatient treatment philosophy is long term: we recognize that the benefits of treatment are long term; evidence of effectiveness only comes with consumer reentry to the community.
- E. The Bill Johnson Correctional Center outpatient treatment philosophy is based on ongoing assessment of operationally stated treatment goals, preparation of the trainee with intellectual, emotional and behavioral skills needed to avoid substance abuse.
- F. The primary treatment modality of the program is Cognitive Behavioral Therapy which is shown to be effective in correctional setting, employing a structured group process.

**V. PROGRAM DESCRIPTION AND OPERATIONAL PROCEDURES**

- A. The Outpatient Treatment Program access is restricted to trainees, staff and interns of the Charles E. "Bill" Johnson Correctional Center in Alva, OK, under contract with the Oklahoma Department of Corrections.
- B. The facility is a minimum security detention center built to medium security standards, with perimeter fencing, razor wire and electronic monitoring.
- C. The program provides office space and treatment settings on the grounds of Bill Johnson Correctional Center
- D. The program provides secure, locked storage space for consumer records in the office space at the Bill Johnson Correctional Center

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- E. Consumer confidentiality is maintained by virtue of (1) record security (2) restricted program access

**VI. MISSION STATEMENT**

- A. Northwestern Oklahoma State University Community Service Program (NWOSU-CSP) is the primary drug/alcohol treatment provider at Bill Johnson Correctional Center (BJCC) located here in Alva. NWOSU-CSP began delivering treatment services in October of 2005. The administration of this organization is a part of the school of Arts and Sciences at NWOSU. This program employs five full-time treatment counselors, a program assistant, Treatment Director, and the Administrative Director. It also provides paid internships for up to two students per semester from the disciplines of social-work, sociology, psychology, and criminal-justice. This handbook provides a basic overview of the duties and methods of treatment delivery at NWOSU CSP.
1. To reduce recidivism of the drug offender;
  2. To establish a safe, structured correctional environment conducive to positive behavior changes;
  3. As a part of the “rethinking” of approach to treatment for incarcerates we refer to the consumers here at BJCC as “trainees” rather than inmates;
  4. All co-morbid diagnoses requiring medication are determined by DOC and are referred to on-site psych clinician.

**VII. TREATMENT SERVICES**

- A. The treatment plan for each trainee shall include an assessment of and plan for addressing any issues of religion, ethnicity, sexual orientation or other marginalizing social considerations as these may affect the treatment and aftercare for the trainee.
1. The Behavioral Health Index (BHI) shall address individual identity and cultural diversity factors at the time of admission to the program.
  2. The regularly scheduled staff meeting monitoring treatment progress shall include attention to the cultural and contextual aspects of the consumer’s premorbid environment, his adjustment to the correctional setting and functioning within the prison population, and projected issues as the consumer prepares for discharge and aftercare.
  3. Insofar as the makeup of the counseling staff allows, the assignment of primary therapists shall be informed by the cultural and ethnic factors affecting the trainee’s treatment plan.

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4. The counseling staff will have regular training and supervision relating to the cultural diversity considerations in the general population, and to the particular needs of individual consumers in the program.
5. The facility's governing authority shall review and approve the mission statement and annual goals and objectives and document its approval.
6. The facility shall make the organizational description, mission statement, and annual goals available to staff and public via the web at <https://www.nwosu.edu/school-of-arts-and-sciences/social-sciences/bjcc-program>.

**VIII. TRAINING**

The next scheduled staff training on traumatic events and substance abuse will be offered by ODAPCA. The training will cover a wide variety of substance abuse issues and ethics. The next scheduled staff training on diversity factors in substance abuse treatment will be by OCA Fall Conference, on addressing ethnicity, religion and sexuality in substance abuse treatment. Both trainings will be available to NWOSU staff and DOC correctional staff.

- A. Staff member Trent Spade will provide initial and annual training in person/family centered approaches, professional conduct, rights, prevention of workplace violence, co-occurring disorders, and trauma induced events.
  1. The treatment plan for each trainee shall include an assessment of and plan for addressing the long term effects of physical, sexual, or emotional abuse, childhood neglect, or related facts as these affect prior drug use and projected recovery.
    - a. The Behavioral Health Index- Multimedia Version (BHI-MV) shall identify and describe developmental trauma or neglect at the time of admission to the program.
    - b. The regularly scheduled staff meeting monitoring treatment progress shall include attention to the behavioral evidence of trauma and neglect, their effect on drug use, their impact on treatment progress, and the degree to which the traumatic events are recognized by the trainee.
    - c. The counseling staff will have regular training and supervision relating to the effects of childhood and adolescent trauma and neglect on subsequent substance abuse, cognitive functioning, and emotional

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control, both for the general population and the particular needs of individual consumers in the program.

**IX. INTAKES**

- A. At the beginning of the treatment phase of the program, NWOSU-CSP staff screens each trainee to determine his primary treatment needs. The screening is accomplished through the use of the Adult Substance Use Survey (ASUS). This instrument yields a score which demonstrates the subject's risk of further substance abuse. A low-risk score of 1-2 would place them in the facility's "Cognitive Behavioral Interventions for Substance Abuse Treatment (CBI-SA)" class which is administered by DOC personnel, while a higher risk score of 3 and above would place them in our main treatment groups utilizing Cognitive Behavioral Relapse Prevention (CBRP).
- B. The screening is performed by NWOSU-CSP treatment counselors who are trained on how to administer the instrument.

**X. COGNITIVE BEHAVIORAL RELAPSE PREVENTION**

- A. NWOSU-CSP provides as its primary program, Cognitive Behavioral Relapse Prevention (CBRP). Cognitive Behavioral Relapse Prevention, or CBRP, is aimed not only at drug and alcohol treatment, but also towards the thought process. It is 47 sessions in length including the 4 pre-treatment sessions. The approximate time that it takes to complete the program is 6 months. Throughout the course of the program, trainees are asked to complete four different phases. In order to be able to present his testimony, each consumer will need to petition to phase-up in the program. His petition will be approved if he has demonstrated the required behaviors for the current phase. His petition may be denied for a period of 2 weeks if he has not demonstrated the outlined behaviors or if he has received a misconduct. If he received a misconduct he will receive additional treatment for one week without receiving credit for them. Each consumer will be responsible for keeping his progress chart that will be signed after each session that he completes. He will be responsible for handing in his petition to phase and complete the testimony when it is time.
- B. The Pre-Treatment phase will be completed once pre-treatment has been completed. The testimony will include:
  - 1. How has substance use and your criminal behavior hurt your friends, family, co-worker, employment, decision making, yourself, health, and education?
  - 2. What is your greatest motivation to complete the program?

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3. What have been the outcomes of your dishonesty? Give three examples.
  4. Discuss your commitment to change by giving examples.
- C. The consumer will have to show appropriate behaviors during group such as participation, accountability, honesty, trust, asking for help, showing acceptance, and being respectful. Phase 1 of CBRP is considered to be the Pre-Contemplation and Contemplation stage. The consumer will then present a testimony in which he will:
1. What are the benefits of staying clean and eliminating criminal behaviors?
  2. What is holding you back from making these changes?
  3. Give five examples of what have you struggled with this phase.
  4. Give three examples of things you need to learn in the next phase.
  5. What are some of your personal changes and the progress you've made on your goals?
  6. What progress have you made in trusting the group?
- D. Once this is completed, and the counselor agrees that the consumer has shown appropriate behavior, he then moves to the next phase. Phase 2 is considered the Determination and Action phase of CBRP. During this phase, the consumer must demonstrate all behaviors from previous phases and additional behaviors such as:
1. Having a positive attitude about group and the program
  2. Following all facility rules
  3. Changing behaviors that include acceptance, honesty, trust, setting goals, and helping others
  4. Insight to addiction by understanding and stating that he has an addiction and do have a problem with attitudes, beliefs, and behaviors
  5. Motivation by working to program, interest in changing attitudes, beliefs, and behaviors
  6. Setting goals for the future
- E. The consumer will also present a testimony to move forward from this phase. During the testimony, he will need to be able to do the following:
1. What are your three motivations to change?
  2. Share three of your future goals and why they are important to you.
  3. How have you helped others and yourself since being in treatment?
  4. Discuss your progress in group and sincerity toward recovery.

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5. Tell the other members of group what he has struggled with during the current phase.
  6. What are five coping skills that have helped you get through this phase?
  7. Summary of his personal changes and things he has learned during the current phase
- F. Once this is completed, and the counselor agrees that the consumer has shown appropriate behavior, he then moves to the next phase. Phase 3 is considered the Maintenance and Relapse Prevention Phase of CBRP. During this phase, the consumer must demonstrate all behaviors from previous phases and additional behaviors such as
1. Demonstrating behaviors from previous phases
  2. Identify his personal triggers and situations that are risky for him
  3. Identify coping skills that will help him and begin to implement them
  4. Show insight into addiction and past behaviors by identifying emotional influences and addictive behaviors
    - a. Continue progress towards his goals
    - b. Understand the dangers of returning to addictive/criminal behaviors by identifying potential losses
- G. The consumer will also present a testimony to complete the CBRP program. During the testimony, he will need to be able to do the following:
1. Identify factors in your life that have influenced your risk to engage in substance use.
  2. Identify 3 high-risk situations that has the highest risk to relapse.
  3. Discuss your thoughts, emotions, behaviors, and consequences during each high risk situation.
  4. How will you cope with each high risk situation?
  5. What are some of the behaviors that you need to discontinue and what are replacement behaviors you can use instead?
  6. Identify 3-5 people who can be a support for you recovery.
  7. What are some the warning signs that you be heading towards a relapse?
  8. How can you apply the information and skills you have learned here and apply them to your life outside of prison?
  9. Summary of your personal changes and things you have learned during each phase
  10. Advice to motivate fellow trainees.

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**Personnel Policy and Procedures**

**1-9-5.4c**

**I. POLICY**

Charles E. "Bill" Johnson Correctional Center (BJCC) Outpatient Treatment Program shall maintain a policy and procedures manual governing service operations. Regular reviews of the Bill Johnson Correctional Center Outpatient Treatment Program operations manual shall be conducted with staff at all levels. Staff shall have the opportunity to make recommendations for additions, deletions and revisions. The operations manual shall be accessible to all staff and volunteers.

**II. PROCEDURES**

- A. The regular review of the operations manual shall be conducted by the Administrative Director.
- B. The Administrative Director shall amend and/or approve the manual by December of each year.
- C. Any changes made throughout the year shall be communicated, in writing, to the Administrative Director.
- D. A complete, current copy of the manual shall be available to all staff and volunteers at each program site.
- E. The master copy will be maintained at the Bill Johnson Correctional Center Outpatient Treatment Program office.
- F. The Bill Johnson Correctional Center Outpatient Treatment Program shall employ a program planning system to focus on long-range goals. The system shall be reviewed and updated regularly, culminating in an analysis of the previous year's activity, results and events. This material shall be used for the agency's evaluation report.

**III. PURPOSE**

- A. Bill Johnson Correctional Center Outpatient Treatment Program and Northwestern Oklahoma State University (NWOSU) shall maintain a current set of program policies



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- and procedures specifying guidelines for program operation, treatment practice and professional conduct.
- B. Bill Johnson Correctional Center Outpatient Treatment Program and Northwestern Oklahoma State University shall make available for audit and review complete copies of trainee records.
  - C. Bill Johnson Correctional Center Outpatient Treatment Program and Northwestern Oklahoma State University shall maintain and make available for audit the progress notes for each trainee in the program.
  - D. Bill Johnson Correctional Center Outpatient Treatment Program and Northwestern Oklahoma State University shall make available upon timely and reasonable request members of the staff for purposes of program oversight and review.
  - E. Bill Johnson Correctional Center Outpatient Treatment Program and Northwestern Oklahoma State University shall make available as a matter of public record the policies and procedures of the program.

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**Utilization of Volunteers**

**1-9-5.4d**

The Northwestern Community Service Program provides student interns the opportunity to learn consumer paperwork, and provides students in the field with supervised practicum experience on a limited basis.

**I. PURPOSE**

**A. University Mission Statement**

Northwestern Oklahoma State University provides quality educational and cultural opportunities to learners with diverse needs by cultivating ethical leadership and service, critical thinking, and fiscal responsibility. This mission grows from the core values of the institution. Those values have been expressed as follows:

**B. Core Values of Northwestern Oklahoma State University**

As part of its philosophical basis, Northwestern Oklahoma State University subscribes to certain basic principles.

**C. Academic Excellence**

Northwestern will provide the best possible educational experience for every student.

1. Focus on quality teaching and advising
2. Respond effectively to the learning needs of each student
3. Embrace the role of technology in the educational process
4. Promote opportunities for teaching and learning outside of the classroom

**D. Accessibility**

Northwestern is committed to accessibility of its programs and services.

1. Embrace our mission as a multi-campus regional university
2. Continually work to maintain affordability
3. Seek new methods to deliver programs and services to our constituencies

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E. Community

Northwestern will strive to create a sense of community that extends beyond campus boundaries.

1. Seek partnerships and initiatives that will improve the quality of life for area residents
2. Promote institutional and individual service to others
3. Embrace our role in a global society

F. Diversity

Northwestern will respect the individual rights of all persons.

1. Value the differences in every individual
2. Promote the expression of differing opinions and beliefs
3. Appreciate the culture and backgrounds of each person
4. Treat every individual with respect

G. Responsibility

Northwestern will maintain the highest levels of ethical standards and accountability.

1. Act with integrity and accept responsibility
2. Use our resources in the most effective and efficient manner
3. Conduct business in an atmosphere of transparency
4. Promote a culture of continuous improvement

II. **SCOPE**

A. Student Safety in Field

Students should not be expected to engage in any activity when there are safety concerns. Students should be thoroughly oriented to the agency's policies and procedures to ensure their health and safety during their practicum. The following activities and documents work to ensure student safety during field experience:

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1. All student interns and practicum students will be under the direct supervision of a licensed supervisor and are limited in their direct contact with consumers based on ethical standards and safety considerations.
2. No Night or Weekend Placements  
Most traditional social service agencies do not have qualified supervisory staff available during non-traditional hours. While the community service program is sensitive to students' scheduling needs, students should be aware that no evening or weekend hour will be approved that compromise the programs' treatment objectives, the quality of the student's practicum experience, or the safety of the student.
3. The Scope of Practice for the category of those with a high school diploma or a GED include the following activities with clinical supervision from a Clinical Substance Abuse Counselor/Supervisor, Clinical Substance Abuse Counselor or state approved supervisor and/or administrative supervision of a Substance Abuse Counselor:
  - a. Diagnostic impression, and Screening, Brief Intervention, Referral to Treatment (SBIRT).
  - b. Monitor treatment plan/compliance
  - c. Referral
  - d. Service Coordination and case management for SUD
  - e. Psycho-educational counseling of individuals and groups
  - f. Client, Family, and Community Education
  - g. Documentation
  - h. Professional and Ethical Responsibilities

The student intern or volunteer can only practice under the auspice of a licensed facility or a primary care setting, and under the clinical and/or administrative supervision of Clinical Substance Use Disorder Counselor/Supervisor.

### **III. TRAINING/SUPERVISION**

All Community Service volunteers will be provided the following:

- A. Orient the Student to the Agency

All students should receive adequate orientation to the agency and its services, including safety policies and procedures. This phase should include tours of the facility, introductions to staff, overview of the agency (particularly for large agencies with multiple programs), overview of the

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relevant agency policies, procedures and services to clients, safety policies and procedures, and specific expectations of the agency (such as parking, dress code, work schedules, etc.) This information is provided initially and annually by the DOC Training Officer, Community Service Administrative Director, or Community Service Treatment Director pursuant to OAC 450:1-9-5.3(b).

**B. Learning Contract**

All practicum field students are expected to develop a Learning Contract as part of their field placement. This assignment is to be done by the student with input from the Treatment Director. The Learning Contract should reflect mutually-agreed upon learning goals for the semester that can be performed by an undergraduate social work, or psychology student. These goals are congruent with the 9 core competencies and the 31 associated behaviors to ensure students do not practice out of their scope. The Learning Contract will be the primary document utilized as part of the monitoring and evaluation process with the Faculty Liaison.

**C. Connection of Field Seminar Course to Field Placement**

Students are expected to assume an active role in field seminar discussions and complete all required assignments. This also ensures consistent communication between the Treatment Director and the field liaison to address any questions or concerns in regards to field education.

**D. Pre-Placement Interviews and Assessment of Prospective Students**

The Treatment Director will meet with a prospective student to discuss what a practicum at their agency would entail and to assess the student's appropriateness for that setting.

**E. Orientation of Field Students**

The Treatment Director are responsible for orienting the assigned field student to their agency. For example, students need to learn about the agency's mission, policies and procedures, expectations regarding work rules, dress codes, and supervision. The most effective form of orientation is participatory; therefore, rather than relying on manuals to orient the student, the Community Service

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Program will discuss relevant policies and allow the student to observe first-hand the way in which business is conducted by the agency.

**F. Establishing a Learning Contract**

The Treatment Director will collaborate with the assigned practicum student in the development of a Learning Contract for their Field Experience. Input from the Treatment Director is critical to the identification of realistic and appropriate expectations for the placement. Ongoing communication with the student about roles, responsibilities, duties, and accountability during the Field Experience can be facilitated by these instruments.

**G. Supervision of Field Student**

The Treatment Director shall provide at least one hour per week of direct field education supervision. While most Field Instructors spend much more time than this each week working directly with students, there is a need for a designated time strictly set-aside for discussing and processing the student's learning needs, identifying strengths and areas for work, updating learning goals, and giving feedback on the student's performance.

**H. Serve as a Professional Role Model**

The Administrative and Treatment Director should reflect and model professional values, skills, and behavior. Students are keenly aware of how their Field Instructor interacts with clients, co-workers, and other community contacts. The Administrative and Treatment Director should be open to discussing questions the students may have regarding different communication styles and contexts, agency politics, and balancing "real life" dynamics compared to textbook ideals.

**I. Provide Appropriate Learning Experiences**

The Treatment Director should structure the students' learning experience in such a way that students are exposed to a wide range and variety of opportunities, including but not limited to direct client contact, agency staffing and staff meetings, board meetings, community meetings, and court hearings. Students should be increasingly challenged in their role and involvement as the semester progresses, beginning with observational roles and working towards

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direct responsibility for specific experiences intakes, intervention, and group facilitation. In addition, the Treatment Director is responsible for coordinating the student's involvement with other agency staff that function in various roles.

J. Evaluation of the Student

The Treatment Director should provide the students with ongoing feedback regarding his or her work and progress. The Field Instructor is responsible for completing the evaluation and discussing it with the student in conjunction with the Faculty Liaison. The Field Instructor may elect to have the student complete a self-evaluation as well in order to compare perceptions. A paper version of this evaluation is provided at the end of the Field Experience Manual and the Field Instructor Manual. Regardless of the format chosen, the Field Instructor should regard the evaluation as an integral part of the field instruction process and critical component to the student's learning experience.

K. Communication with Field Faculty

The Treatment Director should contact the assigned Field Liaison as soon as possible should problems arise in the field setting. In addition, the Treatment Director is asked to communicate with the student placement liaison regarding any agency changes which may impact the placement.

**IV. OPERATIONS/RESPONSIBILITIES OF NORTHWESTERN COMMUNITY SERVICE PROGRAM**

Through agency experiences and supervision, students have the opportunity to learn and become socialized into the profession. Community Service Program agrees to:

- A. Participate in the pre-placement process, which includes completing an interview with the prospective field student and providing an assessment of the appropriateness of a respective student for that agency.
- B. Provide opportunities for students to participate in agency programs and activities which will enhance the students' learning experience;
- C. Provide students the use of facilities necessary to successfully complete required field assignments, including office space, office supplies, access to a telephone, and access to client and agency records appropriate to the learning experience;
- D. Inform the Field Faculty as soon as possible regarding staff or organizational changes which affect the field placement; and

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- E. Work in partnership with the Field Faculty to maximize the field education of social work students.



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**Information Analysis and Performance Improvement**

**1-9-5.4e**

- I. The Community Services Program at the Bill Johnson Correctional Center treatment program shall have a defined and written plan for conducting an organizational needs assessment which specifies the methods and data to be collected, to include, but not limited to, information from:
- A. Consumers;
  - B. Department of Corrections;
  - C. NWOSU-CSP Staff;
  - D. The Planning Report shall be distributed to the following stakeholders:
    - 1. Bill Johnson Correctional Center administration
    - 2. Oklahoma Department of Corrections officials
    - 3. Oklahoma Department of Mental Health and Substance Abuse Services officials
    - 4. Northwestern Oklahoma State University Administrators and Regents
  - E. Outcomes management processes;
  - F. Quality record review; and
  - G. Self-assessment tools to determine progress toward co-occurring, recovery oriented, trauma informed, and consumer driven capability
- II. Fiscal management is examined quarterly to determine methods of fiscal responsibility.
- A. Management Report is available to staff and public at <https://www.nwosu.edu/school-of-arts-and-sciences/social-sciences/bjcc-program>.
- The planning report shall include:
- 1. Summary of program needs assessment data
  - 2. Summary of consumer goal attainment
  - 3. Timeline for proposed changes in program operations and methods
  - 4. Summary of recommendations for program enhancement

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**III. PROCEDURES**

The facility shall have an ongoing performance improvement program designed to objectively and systematically monitor, evaluate and improve the quality of consumer care on a quarterly basis.

**A. Effectiveness Questions:**

1. Did the program participants have a decrease in pro-criminal tendencies and an increase in pro-social tendencies?
2. Did the program participants have a decrease in their pride related to delinquent behavior?
3. Did the program participants show a decrease in hedonistic orientation and/or increases in delay of gratification?

**B. Measures**

1. Pre/Post Test  
Criminal Sentiment Scale (CSS)
2. Pre/Post Test  
Life Purpose Questionnaire (LPQ)
3. Pre/Post Test  
Sensation Seeking (SSS)
4. Did the program participants show a decrease in alcohol consumption and illegal drug use?
5. Was there a decrease in recidivism for those who completed the program versus those who dropped out?

**C. Measures**

Baseline data collection during initial assessments using:

1. On-site urinalysis/drug screen and testing, random
2. N.C.I.C. databank
3. O.S.B.I. databank

**D. The facility shall have an annual written plan for performance improvement activities. The plan shall include, but not be limited to:**

1. Outcomes management specific to each program;
2. A quarterly quality record review to evaluate the quality of service delivery;

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3. Staff privileging;
  4. Review of critical and unusual incidents and consumer grievances and complaints;
  5. Improvement in the following:
    - a. Co-occurring capability
    - b. Provision of trauma informed services;
    - c. Provision of culturally competent services; and
    - d. Provision of consumer driven services.
- E. The facility shall identify a performance improvement officer.
- F. The facility shall monitor the implementation of the performance improvement plan on an annual basis and shall make adjustments as needed.
- G. Performance improvement findings shall be communicated and made available to, among others:
1. Department of Corrections;
  2. Facility staff;
  3. Consumers;
  4. The Planning Report shall be distributed to:
    - a. Bill Johnson Correctional Center administration
    - b. Oklahoma Department of Corrections officials
    - c. Oklahoma Department of Mental Health and Substance Abuse Services officials
    - d. Northwestern Oklahoma State University Administrators and Regents
  5. ODMHSAS, as requested.

**IV. DATA COLLECTION**

This shall be the responsibility of the Bill Johnson Correctional Center Outpatient Treatment Program, Program Director.

Data shall be recorded utilizing the Data Log Form and the Log of Battery of Tests Form. These are to be completely and accurately filled out. These forms shall be forwarded to the Director or designee no later than two (2) weeks after that facility's annual data pull date.

- A. All data shall be entered into computer only by persons designated by the Program Director in order to protect the privacy of consumers under the jurisdiction of the facility. These data shall be forwarded to outside researchers for analysis.

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- B. Finding from Performance Improvement Reports shall be incorporated into the Program Evaluation at least regular intervals.
- C. A regular Program Evaluation Report shall be made by the Program Director or designee. This report shall be presented to the Advisory Board, funding agencies and to the Program/Facility Director. The Program Director is to use the findings from reports to improve treatment/service quality, and to revise goals and objectives as needed.

**V. STAFF PRIVILEGING**

Staff qualifications are specified in the position descriptions for Bill Johnson Correctional Center counselors at the Northwestern Oklahoma State University Human Resources Department.

- A. Hiring and evaluation of counselors is conducted under the human resources policies of Northwestern Oklahoma State University.
- B. Staff benefits and working conditions are subject to the policies of the Human Resources Department of Northwestern Oklahoma State University; see attached policy information.
- C. No counselor shall take part in treatment activities until all qualifying documentation is on file with the Northwestern Oklahoma State University Human Resources Department.
- D. Staff privileging shall be on the recommendation of the Advisory Board of the Community Services Program, NWOSU, with consultative review by the administrator of the Bill Johnson Correctional Center.
- E. Original copies of the following are to be retained in the counselor's personnel file:
  - 1. official college transcript
  - 2. official copies of appropriate licensure
  - 3. official copies of appropriate certification
  - 4. documentation of continuing education
  - 5. documentation of professional work experience
  - 6. history of annual performance reviews of the counselor

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- VI.** All employees shall be reviewed annually for the following:
- A. Currency of licensure or certification
  - B. Currency of continuing professional education
  - C. Conformity to the required standards for provision of substance abuse treatment by ODMHSAS
  - D. work attendance
  - E. punctuality
  - F. record maintenance
  - G. completion of assigned duties
  - H. continuing education
  - I. regular supervision
  - J. professional relations with trainees and peers
- VII.** Initial training and orientation for new counselors shall consist of:
- A. Most current version of the ODMHSAS Bill of Rights
  - B. services to trainees and significant others
  - C. violence prevention and management
  - D. trainee confidentiality
  - E. competency in dealing with racial, religious, class, sexual orientation and other dimensions of diversity
  - F. professional conduct expectations
  - G. Fire and Safety
  - H. AIDS and HIV precautions and infection control
  - I. Oklahoma Child Abuse Reporting and Prevention Act
  - J. Trauma Informed
  - K. Age and Development

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- VIII.** It shall be the policy of Northwestern Oklahoma State University's Bill Johnson Correctional Center program that personnel files and records shall be made available for audit and review upon timely and reasonable request.

**Program Evaluation**

**I. PROCEDURES**

- A. Bill Johnson Correctional Center Outpatient Treatment Program shall evaluate their treatment component by looking at the following areas utilizing the following measures:

Effectiveness Questions:

Did the program participants have a decrease in pro-criminal tendencies and an increase in pro-social tendencies?

Did the program participants have a decrease in their pride related to delinquent behavior?

Did the program participants show a decrease in hedonistic orientation and/or increases in delay of gratification?

Measures

1. Pre/Post test  
Criminal Sentiment Scale (CSS)
2. Pre/Post test  
Adult Substance Use Scale (ASUS)
3. Pre/Post test  
Sensation Seeking (SSS)

Effectiveness Questions:

Did the program participants show a decrease in alcohol consumption and illegal drug use?

Was there a decrease in recidivism for those who completed the program versus those who dropped out?

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Measures

Baseline data collection during initial assessments using on-site urinalysis/drug screen and testing, random

Re-Arrest Data

1. N.C.I.C. databank
2. O.S.B.I. databank

- B. Various other data collected as part of the evaluation such as:
1. Demographics
  2. Monthly retention rates
  3. Consumer exit evaluations
  4. Incident report review
- C. Data Collection: This shall be the responsibility of the Bill Johnson Correctional Center Outpatient Treatment Program Director. Data shall be recorded utilizing the Data Log Form and the Log of Battery of Tests Form. These are to be completely and accurately filled out. These forms shall be forwarded to the Director or designee no later than two (2) weeks after that facility's annual data pull date.
- D. All data shall be entered into computer only by persons designated by the Program Director in order to protect the privacy of consumers under the jurisdiction of the facility. This data shall be forwarded to outside researchers for analysis.
- E. Finding from Performance Improvement Reports shall be incorporated into the Program Evaluation as the data requires.
- F. A regular Program Evaluation Report shall be made by the Program Director or designee. This report shall be presented to the Advisory Board, funding agencies and to the Program/Facility Director. The Program Director is to use the findings from reports to improve treatment/service quality, and to establish goals and objectives.

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**II. QUALITY ASSURANCE**

In compliance with the oversight and certification requirements of the Department of Mental Health and Substance Abuse Services, the Bill Johnson Correctional Center Outpatient Treatment Program will provide quarterly assurance inspections and reports. The Administrative Director shall provide a regular report to the Department of Corrections to include at a minimum: monthly attendance records, number of assessments performed, individual counseling sessions and number of CBRP group completions.

An analysis of data is undertaken each year and evaluated by the Advisory Board of Bill Johnson Correctional Center Outpatient Treatment Program also agrees with the following service requests:

- A. An analysis of data is undertaken each year and evaluated by the Advisory Board of Bill Johnson Correctional Center Outpatient Treatment Program also agrees with the following service requests:
1. Group Sessions will be monitored
  2. Reports will be prepared and submitted as requested
  3. Shall submit to random program audits
  4. Compliance with DOC policies, procedures, rules and regulations
  5. Curriculum utilized will be DOC approved
  6. Submit to employee background checks and DOC approval process
  7. Will ensure that contract staff receives regular clinical supervision
  8. Is able to incorporate and deliver services to offenders with co-occurring disorders

**III. PROGRAM EVALUATION PROCEDURES**

A. Procedures

Bill Johnson Correctional Center Outpatient Treatment Program shall evaluate their treatment component by looking at the following areas utilizing the following measures:

Effectiveness Questions:

Did the program participants have a decrease in pro-criminal tendencies and an increase in pro-social tendencies?



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Did the program participants have a decrease in their pride related to delinquent behavior?

Did the program participants show a decrease in hedonistic orientation and/or increases in delay of gratification?

Measures

1. Pre/Post test  
Criminal Sentiment Scale (CSS)
2. Pre/Post test  
Adult Substance Use Scale (ASUS)
3. Pre/Post test  
Sensation Seeking (SSS)
4. Pre/Post test  
Level of Supervision Inventory (LSI-R)

Effectiveness Questions:

Did the program participants show a decrease in alcohol consumption and illegal drug use?

Was there a decrease in recidivism for those who completed the program versus those who dropped out?

Measures

Baseline data collection during initial assessments using on-site urinalysis/drug screen and testing, random

Re-Arrest Data

1. N.C.I.C. databank
2. O.S.B.I. databank

B. Various other data collected as part of the evaluation such as:

1. Demographics

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2. Monthly retention rates
  3. Consumer exit evaluations
  4. Incident report review
- C. Data Collection: This shall be the responsibility of the Bill Johnson Correctional Center Outpatient Treatment Program Director. Data shall be recorded utilizing the Data Log Form and the Log of Battery of Tests form. These are to be completely and accurately filled out. These forms shall be forwarded to the Director or designee no later than two (2) weeks after that facility's annual data pull date.
- D. All data shall be entered into computer only by persons designated by the Program Director in order to protect the privacy of consumers under the jurisdiction of the facility. These data shall be forwarded to outside researchers for analysis.
- E. Finding from Performance Improvement Reports shall be incorporated into the Program Evaluation as the data require.
- F. A regular Program Evaluation Report shall be made by the Program Director or designee. This report shall be presented to the Advisory Board, funding agencies and to the Program/Facility Director. The Program Director is to use the findings from reports to improve treatment/service quality, and to establish goals and objectives.

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**Special Populations**

**1-9-5.4f**

- I. OP-150101 "Physical Plant Development"
- II. OP-110410 "Prohibited Discrimination, Harassment and Retaliation"
- III. OP-140125 "Bloodborne Pathogen Exposure Control Program"
- IV. All staff are required to complete initial and annual training regarding Universal precautions per OP-100101 Attachment A "Required Training".

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Physical Facility Environment and Safety

1-9-5.5a

Department of Corrections Operating Procedure counterpart

I. **OP-010101 "Policy and Procedures"**

- A. OP-130106 "Environment, Health, Safety & Sanitation Inspections"
- B. OP-130106
- C. OP-050102 "Departmental and Facility Emergency Plans for Riots, Disturbances, Utility Failures and Major Disasters for State Operated Facilities"
- D. OP-050105 "Bomb Threats and Explosions"
- E. OP-130107 "Standards for Inspections"  
DOC Safety Officer Michael Pettey
- F. OP-050102, OP-100101 "Employee Development"
- G. OP-050102
- H. OP-130107
- I. OP-050102
- J. OP-130107
- K. OP-150310 "Hazard Communications Program"
- L. OP-060211 "Sentence Administration", OP-140106 "Healthcare Record System"

II. **Non-applicable (no children or adolescents)**

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Hygiene and Sanitation

1-9-5.5b

Department of Corrections Operating Procedure counterpart

- I. **OP-130107 "Standards for Inspections"**
- A. OP-130107
  - B. OP-130107
  - C. OP-130107
  - D. OP-130107
  - E. OP-130107
  - F. OP-130107
  - G. OP-030120 "Inmate Property"
  - H. BJCC FD-030101 "Unit Plan", Section VI entitled "Unit Housekeeping Plan"
- II. **Non-applicable (no outpatient treatment facilities)**

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**Tobacco-Free Campus**

**1-9-5.5c**

**Department of Corrections Operating Procedure counterpart**

**I. OP-150601 "Tobacco Regulations"**

- II.** NWOSU-CSP personnel will at no time share or use tobacco with consumers at Bill Johnson Correctional Center. Effective July 1, 2012: It shall be the policy of NWOSU that all tobacco products, as defined herein, be prohibited on the campuses of NWOSU.
- A. The use, sale, or distribution of tobacco products is prohibited on NWOSU campuses.
  - B. No NWOSU publication shall accept any form of advertising of tobacco products.
  - C. NWOSU shall provide services to students, faculty, and staff who wish to participate with tobacco-use cessation programs through the use of the Oklahoma Tobacco Helpline.
  - D. In addition, NWOSU shall make available appropriate educational materials and possible activities concerning the harmful health consequences of tobacco use.
  - E. NWOSU shall make available, through its website, a method of communication regarding tobacco use, prevention efforts on campus related to policy, prevention, and cessation.
  - F. New hires are informed of the tobacco-free work environment at the time of the employment.

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**Technology**

**1-9-5.5d**

- I. OP-020701 "Control and Use of Networks and Computers"
- II. OP-021001 "Oklahoma Department of Corrections Internet Standards"
- III. Athena Software maintains HIPAA compliance.  
  
[https://www.athenasoftware.net/wp-content/uploads/2018/03/Athena\\_Software\\_Privacy\\_and\\_Security\\_Whitepaper.pdf](https://www.athenasoftware.net/wp-content/uploads/2018/03/Athena_Software_Privacy_and_Security_Whitepaper.pdf)
- IV. NWOSU-CSP shall utilize a computer based case management software entitled "Penelope". The following are requirements that staff and consumer will abide by in regards to the use of this technology:
  - A. Consumers will at no point have access to internet due to the restrictions of incarceration at BJCC. As such, consumer will never have access to their service files.
  - B. NWOSU-CSP staff will not have access to files that are not part of their assigned caseload. The only exception will be by the Administrative and Treatment Directors.
  - C. The Penelope Case Management System will maintain that all documents will be time stamped. Also, the system will make all users password protected and the log in will be time sensitive, after a period of time, the system will automatically log the users out of the system.
  - D. All NWOSU-CSP staff will be required to lock their workstation before leaving the office to ensure the privacy and security of the consumer's service files.
  - E. Athena Software will ensure that the system will remain virus free and in case of disaster they will maintain backups of all consumer files on their servers.

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**Confidentiality and Information Security**

**1-9-5.5e (A)**

Bill Johnson Correctional Center Outpatient Treatment Program shall have an organized system of information collections, storing, retrieval reporting and review. The system shall be capable of delivering information useful to determine the levels of service provided to the target population of the Bill Johnson Correctional Center Outpatient Treatment Program. It also shall be capable of generating demand information when periodic reports are required. Access to and use of the information data are restricted to appropriate staff and others if approved by the Program Director.

**I. PROCEDURES**

- A. Purpose: Operation of an Information System
1. Bill Johnson Correctional Center Outpatient Treatment Program shall ensure the operation of an effective information collection system which includes proper security for the data.
  2. Bill Johnson Correctional Center Outpatient Treatment Program shall assign staff to perform the following tasks related to the management information system.
    - a. Correct and report data on a regular basis and supply appropriate staff with necessary reporting forms.
    - b. Recording and Organizing. A staff member shall be assigned to compile all data by category and carefully compute the aggregates.
    - c. Processing and reporting the management information report for distribution to constituencies.
  3. Only appropriate staff shall have access to and use of the information system data. Other persons or organizations requesting same must be approved by the Bill Johnson Correctional Center Outpatient Treatment Program Director.



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- B. Security of Information Collected
1. Information collected which identifies consumers shall be kept in a locked file housed in a secure area.
  2. Release of information which identifies consumers must be accompanied by the appropriate signed release format

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**Confidentiality of Substance Related and Addictive Disorder Treatment Information**

**1-9-5.5e (B)**

- I. It shall be the policy of Bill Johnson Correctional Center Outpatient Treatment Program to maintain a confidential file of information from outside sources that bar on the assessment and treatment of trainees.
- The following procedures govern the retention of information obtained from outside sources:
1. information from other entities shall be retained in the trainee's treatment record
  2. Information obtained from other entities shall not be re-released except as allowed by the applicable laws and regulations governing confidentiality.
- A. It shall be the policy of Bill Johnson Correctional Center Outpatient Treatment Program to regard all treatment information, whether recorded or not, and all communications between a physician or psychotherapist and a trainee are both privileged and confidential. In addition, the identity of all trainees who have received or are receiving mental health or drug or alcohol abuse treatment services is both confidential and privileged. Such information shall only be available to persons or agencies actively engaged in the treatment of the trainee unless a state or federal law exception applies.
- B. Bill Johnson Correctional Center Outpatient Treatment Program shall have as a policy:
1. An acknowledgment that drug or alcohol abuse treatment information, whether recorded or not, and all communications between a counselor and a trainee are both privileged and confidential and will not be released without the written consent of the trainee or the trainee's legally authorized representative;
  2. An acknowledgment that the identity of a trainee who has received or is receiving drug or alcohol abuse treatment services is both confidential and privileged and will not be released without the written consent of the trainee or the trainee's legally authorized representative;
  3. A procedure to limit access to drug or alcohol abuse treatment information to only those persons or agencies actively engaged in the treatment of the patient and to the minimum amount of information necessary to carry out the purpose for the release;

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- a. The responsibility for determining who may receive confidential information shall reside with the Bill Johnson Correctional Center Outpatient Treatment Program Director
4. Trainee access to personal record.
  - a. All trainees are allowed access to their treatment record on formal request.
  - b. Requests for record access are made in writing to the assigned counselor.
  - c. Counselors forward record access requests to the NWOSU Treatment Director.
  - d. Record review requests are forwarded by the NWOSU Treatment Director to the Warden, who reviews for compliance with DOC policy.
  - e. Upon approval by the Warden, the trainee will be granted access to the record within the first working day after approval.
5. An acknowledgement that certain state and federal law exceptions to disclosure of mental health and drug or alcohol abuse treatment information without the written consent of the trainee or the trainee's legally authorized representative exist and the Bill Johnson Correctional Center Outpatient Treatment Program will release information as required by those laws.
  - a. Trainees who have extant court orders such as restraining orders, victim protective orders or similar actions may be subject to involuntary release of information; trainees who are judged to have made a credible threat against another person, or who have made a credible suicide threat or threat of self-injury in the course of treatment may be subject to involuntary release of information, trainees who have suspended sentences or deferred prosecution whose enforcement is contingent upon treatment activities may be subject to involuntary release of information to the court, and
6. A procedure by which to notify a trainee of his or her right to confidentiality.

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- a. Each trainee shall be given a written summary of the rules of confidentiality when they enter Bill Johnson Correctional Center Outpatient Treatment Program, and a signed acknowledgment of receipt shall be retained in the trainee's treatment file;
- C. Bill Johnson Correctional Center Outpatient Treatment Program, in disclosing information pursuant to a written consent to release information shall ensure the written consent form complies with all applicable state and federal law and contains at a minimum the following:
- 1. The name of the person or program permitted to make the disclosure;
  - 2. The name or title of the person or the name of the organization to which disclosure is to be made;
  - 3. The name of the trainee whose records are to be released;
  - 4. A description of the information to be disclosed;
  - 5. The specific reason for the disclosure;
  - 6. The signature of the trainee
  - 7. The date the consent to release was signed by the trainee or the trainee's legally authorized representative;
  - 8. An expiration date, event or condition which shall ensure the release will last no longer than reasonably necessary to serve the purpose for which it is given;
  - 9. A statement of the right of the trainee, or the trainee's legally authorized representative, to revoke the consent to release in writing and a description
    - a. Trainees or their legally authorized representative, may revoke consent to release by completing a consent revocation form and presenting it to their assigned counselor; the revocation shall be reviewed by the Program Director and placed in the trainee's treatment file
  - 10. A confidentiality notice which complies with state and federal law; and
  - 11. A statement in bold face writing that "The information authorized for release may include records which may indicate the presence communicable or venereal disease which may include, but is not limited to, diseases such as hepatitis, syphilis, gonorrhea, and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS)."

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- D. A written consent from a trainee to release treatment information to persons within the criminal justice system which have mandated the trainee's participation in treatment as a condition of the disposition of any criminal proceeding against the trainee shall comply with all applicable state and federal laws and contain at a minimum the following:
1. The name of the person or program permitted to make the disclosure;
  2. The name or title of the person or the name of the organization to which disclosure is to be made;
  3. The name of the whose records are to be released;
  4. A description of the information to be disclosed;
  5. The specific reason for the disclosure;
  6. The signature of the trainee or the trainee's authorized representative;
  7. The date the consent to release was signed by the trainee or the trainee's authorized representative;
  8. A statement in bold face writing that "The information authorized for release may include records which may indicate the presence of a communicable or venereal disease which may include, but is not limited to, diseases such as hepatitis, syphilis, gonorrhea, and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS);
  9. A specific time or specific event upon which the consent will expire and during which the consent shall be irrevocable, which in no event may be later than the final disposition of the criminal proceeding; and
  10. A statement that any disclosure made is bound by the federal law and regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records (42 U.S.C. § 290dd-2; 42 C.F.R., Part 2) and that recipients of the information may receive and re-disclose it only in connection with their official duties with respect to the particular criminal proceeding and may not be used in other proceedings, for other purposes, or with respect to other individuals.
  11. Treatment services will not be contingent upon or influenced by the consumer's decision to permit the release of information.
  12. The consumer shall have the right to revoke the consent to release in writing by:
    - a. Submitting a Request to Staff to the primary treatment counselor.

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- b. The treatment counselor will bring the formal request to the Treatment Director for review and approval. The request will be shared with the treatment team and the appropriate administration of DOC and NWOSU.

**II. CONFIDENTIALITY DRUG OR ALCOHOL ABUSE TREATMENT INFORMATION**

- A. It shall be the policy of Bill Johnson Correctional Center Outpatient Treatment Program to regard all treatment information, whether recorded or not, and all communications between a physician or psychotherapist and a trainee are both privileged and confidential. In addition, the identity of all trainees that have received or are receiving mental health or drug or alcohol abuse treatment services is both confidential and privileged. Such information shall only be available to persons or agencies actively engaged in the treatment of the trainee unless a state or federal law exception applies. Bill Johnson Correctional Center Outpatient Treatment Program shall have as a policy:
  - 1. An acknowledgment that drug or alcohol abuse treatment information, whether recorded or not, and all communications between a counselor and a trainee are both privileged and confidential and will not be released without the written consent of the trainee or the trainee's legally authorized representative;
  - 2. An acknowledgment that the identity of a trainee who has received or is receiving drug or alcohol abuse treatment services is both confidential and privileged and will not be released without the written consent of the trainee or the trainee's legally authorized representative;
  - 3. A procedure to limit access to drug or alcohol abuse treatment information to only those persons or agencies actively engaged in the treatment of the patient and to the minimum amount of information necessary to carry out the purpose for the release;
  - 4. The responsibility for determining who may receive confidential information shall reside with the Bill Johnson Correctional Center Outpatient Treatment Program Director;
  - 5. A procedure by which a trainee, or the trainee's legally authorized representative, may access the trainee's mental health and drug or alcohol abuse treatment information;
    - a. Access to confidential information, for purposes consistent with the governing regulations of the Oklahoma department of

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Corrections, shall be determined by the Program Director in consultation with the Warden.

6. An acknowledgement that certain state and federal law exceptions to disclosure of mental health and drug or alcohol abuse treatment information without the written consent of the trainee or the trainee's legally authorized representative exist and the Bill Johnson Correctional Center Outpatient Treatment Program will release information as required by those laws.
  - a. Trainees who have extant court orders such as restraining orders, victim protective orders or similar actions may be subject to involuntary release of information; trainees who are judged to have made a credible threat against another person(s), or who have made a credible suicide threat or threat of self-injury in the course of treatment may be subject to involuntary release of information, trainees who have suspended sentences or deferred prosecution whose enforcement is contingent upon treatment activities may be subject to involuntary release of information to the court, and
  
7. A procedure by which to notify a trainee of his or her right to confidentiality
  - a. Each trainee shall be given a written summary of the rules of confidentiality when they enter Bill Johnson Correctional Center Outpatient Treatment Program, and a signed acknowledgment of receipt shall be retained in the trainee's treatment file.
  
- B. Bill Johnson Correctional Center Outpatient Treatment Program, in disclosing information pursuant to a written consent to release information shall ensure the written consent form complies with all applicable state and federal law and contains at a minimum the following:
  1. The name of the person or program permitted to make the disclosure;
  2. The name or title of the person or the name of the organization to which disclosure is to be made;
  3. The name of the trainee whose records are to be released;
  4. A description of the information to be disclosed;

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5. The specific reason for the disclosure;
  6. The signature of the trainee;
  7. The date the consent to release was signed by the trainee or the trainee's legally authorized representative;
  8. A statement of the right of the trainee, or the trainee's legally authorized representative, to revoke the consent to release in writing and a description of how the trainee may do so;
    - a. Trainees or their legally authorized representative, may revoke consent to release by completing a consent revocation form and presenting it to their assigned counselor; the revocation shall be reviewed by the Program Director and placed in the trainee's treatment file
  9. A confidentiality notice which complies with state and federal law;
  10. A statement in bold face writing that "The information authorized for release may include records which may indicate the presence of a communicable or venereal disease which may include, but is not limited to, diseases such as hepatitis, syphilis, gonorrhea, and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS)."
- C. A written consent from a trainee to release treatment information to persons within the criminal justice system which have mandated the trainee's participation in treatment as a condition of the disposition of any criminal proceeding against the trainee shall comply with all applicable state and federal laws and contain at a minimum the following:
1. The name of the person or program permitted to make the disclosure;
  2. The name or title of the person or the name of the organization to which disclosure is to be made;
  3. The name of the whose records are to be released;
  4. A description of the information to be disclosed;
  5. The specific reason for the disclosure;
  6. The signature of the trainee or the trainee's authorized representative;
  7. The date the consent to release was signed by the trainee or the trainee's authorized representative;
  8. A statement in bold face writing that "The information authorized for release may include records which may indicate the presence of a



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communicable or venereal disease which may include, but is not limited to, diseases such as hepatitis, syphilis, gonorrhea, and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS);

9. A specific time or specific event upon which the consent will expire and during which the consent shall be irrevocable, which in no event may be later than the final disposition of the criminal proceeding;
10. A statement that any disclosure made is bound by the federal law and regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records (42 U.S.C. § 290dd-2; 42 C.F.R., Part 2) and that recipients of the information may receive and disclose it only in connection with their official duties with respect to the particular criminal proceeding and may not be used in other proceedings, for other purposes, or with respect to other individuals.

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**Information Release to Criminal Justice Agencies  
Bill Johnson Correctional Center  
Outpatient Treatment Program  
Release of Information to Criminal Justice Agency or Court**

A written consent from a consumer to release treatment information to persons within the criminal justice system which have mandated the consumer's participation in treatment as a condition of the disposition of any criminal proceeding against the consumer shall comply with all applicable state and federal laws and contain at a minimum the following:

(1) The Bill Johnson Correctional Center Outpatient Treatment Program is hereby authorized to disclose the following information:

\_\_\_\_\_

\_\_\_\_\_

(2) The name or title of the person or the name of the organization to which disclosure is to be made:

\_\_\_\_\_

(3) Trainee Name \_\_\_\_\_

(4) A description of the information to be disclosed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(5) The specific reason for the disclosure:

\_\_\_\_\_

\_\_\_\_\_

Authorization expires on (Date) \_\_\_\_\_ (No more than thirty (30) days) and is irrevocable until that date. In no event this date may not be later than the final disposition of the criminal proceeding.

"The information authorized for release may include records which may indicate the presence of a communicable or venereal disease which may include, but is not limited to, diseases such as hepatitis, syphilis, gonorrhea, and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS)";

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Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state laws. Actions addressed under statutes prohibiting acts of terrorism may also be exempt from federal protection.

Any disclosure is bound by federal law and regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 USC 290dd-2 and 42 US 290ee for Federal Laws, and 42 CFR Part 2 for federal regulations, and that recipients of the information may receive and disclose it only in connection with their official duties with respect to the particular criminal proceeding and may not be used in other proceedings, for other purposes, or with respect to other individuals.

I have received a copy of the federal laws and regulations which protect my right to confidentiality as a drug and/or alcohol abuse treatment patient.

Trainee/Authorized Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Staff Qualification**

**1-9-5.6a**

- I. All persons providing services for alcohol or drug abuse consumers at the Community Services Program of the Bill Johnson Correctional Center shall have an earned baccalaureate degree.
- II. All treatment professionals at the Community Services Program of the Bill Johnson Correctional Center shall have licensure or certification as a substance abuse professional, or shall be in the process of attaining such licensure or certification.
- III. All treatment professionals at the Community Services Program of the Bill Johnson Correctional Center shall be in regular consultation with a licensed or certified alcohol/drug supervisor.
- IV. All treatment professionals at the Community Services Program of the Bill Johnson Correctional Center shall have regular supervision by a professional with a master's degree in a treatment discipline.

**V. ASSURANCE OF STAFF QUALIFICATIONS**

Staff qualifications are specified in the position descriptions for Bill Johnson Correctional Center counselors at the Northwestern Oklahoma State University Human Resources Department.

- A. Hiring and evaluation of counselors is conducted under the human resources policies of Northwestern Oklahoma State University.
- B. Staff benefits and working conditions are subject to the policies of the Human Resources Department of Northwestern Oklahoma State University; see attached policy information.
- C. No counselor shall take part in treatment activities until all qualifying documentation is on file with the Northwestern Oklahoma State University Human Resources Department.
- D. Staff privileging shall be on the recommendation of the Advisory of the Community Services Program, NWOSU.

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- E. Original copies of the following are to be retained in the counselor's personnel file:
1. official college transcript
  2. official copies of appropriate licensure
  3. official copies of appropriate certification
  4. documentation of continuing education
  5. documentation of professional work experience
  6. history of annual performance reviews of the counselor
- F. All employees shall be reviewed annually for the following:
1. Currency of licensure or certification
  2. Currency of continuing professional education
  3. Conformity to the required standards for provision of substance abuse treatment by ODMHSAS
  4. work attendance
  5. punctuality
  6. record maintenance
  7. completion of assigned duties
  8. continuing education
  9. regular supervision
  10. professional relations with trainees and peers

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**Staff Development and Training**

**1-9-5.6b**

- I. Treatment staff members have professional training, including baccalaureate degrees, graduate degrees and Certification/Licensure as Alcohol and Drug Abuse Counselors in Oklahoma.
- II. Staff members are required to attend regularly approved courses or workshops in Diversity Issues in Treatment. Staff members are required to maintain a professional development file, and documentation of completion is retained by the Bill Johnson Correctional Center program.
- III. All staff members are at least 21 years of age. It is the policy of the Bill Johnson Correctional Center program that no staff, clerical or counseling, will be under 21 years of age.
- IV. All staff members are required to complete the employment interview process at NWOSU, and all educational credentials, continuing education and related records are retained by the Human Resources Department of the university.

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**Clinical Supervision**

**1-9-5.6c**

- I. All treatment activities at Bill Johnson Correctional Center shall take place under the direct supervision of an Oklahoma Licensed Mental Health Professional (LADC, LPC, LMFT, LCSW).
- II. The designated Bill Johnson Correctional Center clinical supervision shall have professional education, certification and experience appropriate to the position.
- III. Each member of the Bill Johnson Correctional Center treatment staff shall have at least one hour of group clinical supervision by the program supervisor weekly, supplemented by individual consultations as needed. The supervision may include but is not limited to:
  - A. case reviews (monthly reviews of consumer records)
  - B. group supervision and instruction
  - C. peer supervision and review (once monthly observation of groups with report given to director)
  - D. professional development (clinical supervisor will attend training and share information with staff and ensure staff continuing CEU's)
  - E. policy and procedure training (clinical supervisor will inform staff of any changes to Chapter 18)
- IV. All clinical supervision sessions shall be documented in the employee's professional file.
- V. Supervision documentation will note the name, credentials, position, and beginning and ending time of supervision sessions.
- VI. Supervision sessions shall be considered and documented separately from professional continuing education.
- VII. The caseload for the Bill Johnson Correctional Center treatment staff is 42:1. Caseload assignment refers to the number of trainees for whom the counselor is the primary therapist. This is an exception to the counselor consumer ratio and is handled by interns assisting in case management and supervision as needed.

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- VIII.** Topics considered appropriate for clinical supervision include but are not limited to:
- A. Appropriateness of treatment interventions selected
  - B. Appropriateness of clinical goals selected
  - C. Appropriateness of intervention methods selected
  - D. Counselor skill and facility in intervention methods
  - E. Effectiveness of interventions in trainee goal attainment
  - F. Professional growth of the counselor
  - G. Policy and procedural issues



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**Clinical Record Keeping, Basic Requirements**

**1-9-5.6d (1)(2)**

- I. All Bill Johnson Correctional Center outpatient program case records shall contain the following:
  - A. Entries in trainee records shall be legible, signed with first name or initial, last name, and dated by the person making the entry.
  - B. The trainee shall be identified by name and unique identifier on each sheet in the consumer record, on both sides of each page if both sides are used.
  - C. A signed consent for treatment shall be obtained before any trainee can be admitted into treatment at Bill Johnson Correctional Center Outpatient Treatment Program.
  - D. A signed consent for follow-up shall be obtained before any contact after discharge can be made by the Bill Johnson Correctional Center Outpatient Treatment Program.
  - E. A Behavioral Health Index Multimedia Version (BHI-MV) will be completed on all consumers entering treatment.
  - F. Service Plans
  - G. Progress Notes
  - H. Continuing Care Plan
  - I. Discharge Summary
  
- II. Bill Johnson Correctional Center Outpatient Treatment Program will make available upon timely and reasonable request, for the purposes of audit or oversight, all policies and procedures; treatment records; performance improvement guidelines; interviews with staff; and other facility documentation.
  
- III. **RECORD BACKUP AND DISCLOSURE**
  - A. Northwestern Oklahoma State University shall maintain a current and up to date set of program policies and procedures specifying guidelines for program operation, treatment practice and professional conduct.

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- B. Northwestern Oklahoma State University shall make available for audit and review complete copies of trainee records.
- C. Northwestern Oklahoma State University shall maintain and make available for audit the progress notes for each trainee in the program.
- D. Northwestern Oklahoma State University shall make available upon timely and reasonable request members of the staff for purposes of program oversight and review.
- E. Northwestern Oklahoma State University shall make available as a matter of public record the contracted services provided to the Bill Johnson Correctional Center, and the remuneration provided to the university by the Oklahoma Department of Corrections under the provisions of the Interlocal Agreement.

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**Consumer Record System**

**1-9-5.6d (3)**

**I. INFORMATION SYSTEM POLICY**

Bill Johnson Correctional Center Outpatient Treatment Program shall have an organized system of information collections, storing, retrieval reporting and review. The system shall be capable of delivering information useful to determine the levels of service provided to the target population of the Bill Johnson Correctional Center Outpatient Treatment Program. It also shall be capable of generating demand information when periodic reports are required. Access to and use of the information data are restricted to appropriate staff and others if approved by the Program Director.

**II. PROCEDURES**

- A. Purpose: Operation of an Information System
1. Bill Johnson Correctional Center Outpatient Treatment Program shall ensure the operation of an effective information collection system which includes proper security for the data.
  2. Bill Johnson Correctional Center Outpatient Treatment Program shall assign staff to perform the following tasks related to the management information system.
    - a. Correct and report data on a regular basis and supply appropriate staff with necessary reporting forms.
    - b. Recording and Organizing. A staff member shall be assigned to compile all data by category and carefully compute the aggregates
    - c. Processing and reporting the management information report for distribution to constituencies.
    - d. The facility shall maintain identification and filing systems which enable prompt record location and accessibility by treatment professionals.
    - e. Consumer records shall be maintained in the facility where the individual is being treated or served. In the case of temporary office space records may be maintained in the main (permanent) office and transported in secured lock boxes or vehicle trunks to and from temporary offices and homes, when necessary. Consumer records may be permanently maintained at the facility's administrative offices; however, a working copy of the consumer record for the

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purposes of documentation and review of services provided must be maintained at the site in which the consumer is receiving treatment.

3. Only appropriate staff shall have access to and use of the information system data. Other persons or organizations requesting same must be approved by the Bill Johnson Correctional Center Outpatient Treatment Program Director.
  - a. Security of Information Collected
    - 1) Information collected which identifies consumers shall be kept in a locked file housed in a secure area.
    - 2) Release of information which identifies consumers must be accompanied by the appropriate signed release format
  
4. All destroying of consumer records is handled by DOC and NWOSU. the following guidelines are to be used in the destruction of consumer's records:
  - a. During the process of destruction confidentiality standards will be met according to HIPAA standards.
  - b. The appropriate means of destruction will be done by a cross cutting paper shredder or by burning of file according to DOC policy.
  - c. The shredding of files will be conducted by a NWOSU-CSP staff member and will be done inside the program administrative offices.

**III. DESCRIPTION OF PROCEDURES FOR RECORD STORAGE AND DISPOSITION**

- A. Bill Johnson Correctional Center Outpatient Treatment Program policy and procedures regarding record storage, retention and disposition require that:
  1. Access to trainee records is restricted to persons with a need to know.
  2. Requires trainee records be stored under lock and key in a secure area.
  3. With regard to closed trainee records, requires:

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- a. Confidential storage under lock and key;
- b. A period of retention of five (5) years;
- c. Records disposition and destruction under confidential conditions;
- d. Electronic back up of filed documents

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**Discharge Summary**

**1-9-5.6e**

- I. Purpose: Description of the assessment process prior to discharge
- II. Comprehensive discharge planning begins with the initiation of the outpatient program.
- III. Discharge summaries will be completed within 15 days of the consumer completing, transferring, or discontinuing services.
- IV. The discharge assessment, supplemented by Department of Corrections medical and case management materials shall include:
  - A. Relapse risk
  - B. Medical conditions
  - C. Psychiatric conditions
  - D. Trainee engagement to the treatment and aftercare process
  - E. Locus of control
  - F. Cognitive and emotional processes: strengths and concerns
  - G. Risk factors in the discharge environment
    - 1. Family
    - 2. Friends and acquaintances
    - 3. Work
    - 4. Alcohol and other drug availability
  - H. Resources in the discharge environment
    - 1. Family
    - 2. Friends
    - 3. Recovery support groups
    - 4. Employment support
    - 5. Religious and spiritual support

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**Critical Incidents**

**1-9-5.6f**

**I. DEPARTMENT OF CORRECTIONS OPERATING PROCEDURE COUNTERPART**

- A. Any NWOSU-CSP staff member interacting with consumers involved in a critical incident will report the incident to the chief of security, deputy warden, warden, and ODMHSAS per the following;
1. OP-050109 "Reporting of Incidents"
  2. OP-050109
  3. OP-050109
  4. OP-050109
  5. OP-050109
  6. OP-050109
  7. OP-050109
    - a. OP-050109
    - b. OP-050108 "Use of Force Standards and Reportable Incidents"
    - c. OP-050108
- B. NWOSU-CSP Critical Incident Report. Any critical incidents requiring medical attention or reporting a sentinel event must be faxed to ODMHSAS, Provider Certification (405-248-9325) within 24 hours.

**II. CRITICAL INCIDENT POLICY**

- A. Definition: Critical Incident (CI) means an occurrence or set of events inconsistent with routine operation of an approved treatment facility, or with the routine care of a trainee. CI's specifically include but are not limited to the following: adverse drug events, self-destructive behavior, deaths or injury to a trainee, staff member or visitor; medication errors; trainees who are AWOL, neglect or abuse of a trainee; fire; unauthorized disclosure of information; damage to or theft of property belonging to a trainee; unexpected incidents that may result in litigation.
- B. Policy: It shall be the policy of Bill Johnson Correctional Center Outpatient Treatment Program to make a written record of every critical incident that occurs within the operational scope of the program.

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C. Procedure:

1. Each occurrence of a critical incident shall be reported to the Bill Johnson Correctional Center Outpatient Treatment Program Director immediately.
2. The director shall inform the Warden of the incident immediately.
3. Each critical incident shall be documented in writing.
4. Each documented incident shall include:
  - a. the name of Bill Johnson Correctional Center Outpatient Treatment Program
  - b. the time and location of the incident
  - c. the name(s) of all parties, staff and trainees, involved
  - d. the nature of any property affected or involved
  - e. the time and date the report was written
  - f. a clear and complete description of the incident
  - g. a clear and complete description of any action taken
  - h. specification of injuries, if any, to trainees, staff or visitors
  - i. specification of the degree of seriousness of any injury
    - 1) on site treatment
    - 2) off-site treatment
    - 3) hospitalization
  - j. specification of the medical or emergency treatment provided to any injured party
  - k. the name, title and signature of the person making the report
  - l. All critical incidents occurring at Bill Johnson Correctional Center Outpatient Treatment Program shall be reported to ODMHSAS within twenty four (24) hours
  - m. All sentinel incidents or incidents involving trainee abuse shall be reported to ODMHSAS immediately by telephone, FAX or email. The written report shall be forwarded to ODMHSAS as soon as it is completed.



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Standards for Food Service

18-5-3.2

I. **DEPARTMENT OF CORRECTIONS OPERATING PROCEDURE COUNTERPART**

- A. OP-070202 "Food Preparation, Service and Delivery"
- B. OP-070201 "Food Service Operations and Inspection Standards"
- C. OP-070201
- D. OP-070202

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**Dietetic Services**

**18-5-4**

**I. DEPARTMENT OF CORRECTIONS OPERATING PROCEDURE COUNTERPART**

- A. OP-070203 "Food Service Management"
- B. OP-070202 "Food Preparation, Service and Delivery"
- C. OP-070203
- D. OP-070202
- E. OP-070202

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Pharmacy Services and Medications

18-5-5

**I. DEPARTMENT OF CORRECTIONS OPERATING PROCEDURE COUNTERPART**

- A. OP-140130 "Pharmacy Operations"
- B. DOC Policies
  - 1. OP-140130
  - 2. OP-140117 "Access to Healthcare"
  - 3. OP-140130
  - 4. OP-140130

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**Day School**

**18-5-6**

**I. DEPARTMENT OF CORRECTIONS OPERATING PROCEDURE COUNTERPART**

- A. OP-090107 "Inmate Education Program"
- B. DOC Policies
  - 1. OP-090107
  - 2. OP-090107
  - 3. OP-010101 "Policies and Procedures"
  - 4. OP-090107
  - 5. OP-090107

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**Community Information, Consultation, Outreach, and Street Outreach**

**18-5-10**

The Community Services Program does not conduct street outreach programs, since there is no direct admission to the program other than through the Department of Corrections.

- I. The Community Services Program at the Bill Johnson Correctional center conducts program operations to a clientele consisting solely of convicted inmates in the Oklahoma Department of Corrections. For this reason, there is no outreach to attract appropriate consumers to the program. The community context of the program is defined primarily as the Oklahoma Department of Corrections, whose policies dictate eligibility for admission to BJCC and to the Community Services Program.
- II. The Community Services Program makes its operations known to the educational community by internal contact between the Advisory Board chairman and the administration at Northwestern Oklahoma State University. The administrators in turn communicate this information to the governing Regents.
- III. Information about the program is communicated to the general public by program descriptions posted on the official website of the Social Science Department, Northwestern Oklahoma State University. This site is updated regularly.
- IV. Public information presentations are made periodically, including invited presentations to local civic groups (Kiwanis), state conferences (Oklahoma Sociological Association), and government reports.

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**Consumer Records, Basic Requirements**

**18-7-2**

- I.** All Bill Johnson Correctional Center outpatient program case records shall contain the following:
- A. Entries in trainee records shall be legible, signed with first name or initial, last name, and dated by the person making the entry.
  - B. The trainee shall be identified by name and unique identifier on each sheet in the consumer record, on both sides of each page if both sides are used.
  - C. A signed consent for treatment shall be obtained before any trainee can be admitted into treatment at Bill Johnson Correctional Center Outpatient Treatment Program.
  - D. A signed consent for follow-up shall be obtained before any contact after discharge can be made by the Bill Johnson Correctional Center Outpatient Treatment Program.
  - E. A Behavioral Health Index Multimedia Version (BHI-MV) will be completed on all consumers entering treatment.
    - 1. Service Plans
    - 2. Progress Notes
    - 3. Continuing Care Plan
    - 4. Discharge Summary
- II.** Bill Johnson Correctional Center Outpatient Treatment Program will make available upon timely and reasonable request, for the purposes of audit or oversight, all policies and procedures; treatment records; performance improvement guidelines; interviews with staff; and other facility documentation.

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**Consumer Record Storage, Retention and Disposition**

**18-7-4**

- I. Bill Johnson Correctional Center Outpatient Treatment Program policy and procedures regarding record storage, retention and disposition require that:
- II. Access to trainee records is restricted to persons with a need to know.
- III. Requires trainee records be stored under lock and key in a secure area, or alternatively in a secure electronic record keeping system with controlled access.
- IV. With regard to closed trainee records, requires:
  - A. Confidential storage under lock and key or secure electronic file;
  - B. A period of retention of five (5) years; and
  - C. Records disposition and destruction under confidential conditions.
    1. All destroying of consumer records is handled by DOC and NWOSU. the following guidelines are to be used in the destruction of consumer's records:
    2. During the process of destruction confidentiality standards will be met according to HIPAA standards.
    3. The appropriate means of destruction will be done by a cross cutting paper shredder or by burning of file according to DOC policy.
    4. The shredding of files will be conducted by a NWOSU-CSP staff member and will be done inside the program administrative offices.

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**Clinical Record Content, Screening and Assessment**

**18-7-21**

- I. Bill Johnson Correctional Center Outpatient Treatment Program shall assess each trainee face to face for appropriateness of admission to each substance abuse service's level of care. Each presenting trainee is assessed, according to prescribed criteria, for admission to outpatient treatment. This process involves professional determination of severity of symptoms and current situations to determine clinically appropriate placement. Initial treatment plans are based on presenting information for those services determined to be immediately necessary prior to the completion of a Behavioral Health Index Multimedia Version (BHI-MV) and case management assessment.
- II. Trainees will not be considered for assignment to Bill Johnson Correctional Center Outpatient Treatment Program if they present under the influence of alcohol or drugs.
- III. The trainee BHI-MV information shall contain, but not limited to, the following:
  - A. Identification data:
    1. Trainee's name,
    2. Home address, and
    3. Telephone number;
  - B. The referral source;
  - C. Initial observable condition of the trainee;
  - D. Mental status examination;
  - E. Significant other to be notified in case of emergency;
- IV. Bill Johnson Correctional Center outpatient treatment shall document and assess all trainees for appropriateness of admission to outpatient treatment according to the following:
  - A. Acute intoxication and withdrawal potential;
  - B. Biomedical conditions and complications;
  - C. Emotional and behavioral conditions and complications;



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- D. Readiness to change;
  - E. Relapse potential;
  - F. Recovery environment.
- V.** Initial treatment plan, consisting of the presenting problem and immediate services to be provided, shall be written upon completion of the intake, and within twenty-four (24) hours of admission.
- VI.** Bill Johnson Correctional Center Outpatient Treatment Program assures compliance with ODMHSAS standards for purposes of audit or oversight by making available on reasonable and timely request the following:
- A. Policy and procedures;
  - B. Intake protocols;
- VII.** The Outpatient Screening that is conducted will be an integrated screening that will identify immediate and ongoing needs.
- A. The screening will gather information that will determine a risk for suicide, homicide/risk to others, and self-injury.

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**Screening and Assessment, Process Requirements**

**18-7-22**

- I. The following information shall be elicited and recorded in the trainee's treatment record prior to beginning treatment in the Community Services Program outpatient treatment.
  - A. Demographics
  - B. Medical
  - C. Employment
  - D. Drug and Alcohol
  - E. Legal
  - F. Family
  - G. Psychiatric
    1. Pre/Post Test- Criminal Sentiment Scale (CSS)
    2. Pre/Post Test – Life Purpose Questionnaire (LPQ)
    3. Pre/Post Test – Sensation Seeking Scale (SSS)
- II. Consumers with special needs, such as blindness or deafness, are not an issue for NWOSU-CSP as they are deemed inappropriate by DOC for our program.
- III. The exclusionary criteria is set forth by Bill Johnson Correctional Center's facility operation procedures. The listed criteria are:
  - A. Sex offenders
  - B. Mental Health levels C1, C2, and D
  - C. Over 2000 days remaining without a court ordered early release sentencing
  - D. Treatment Level 7; unless an override is done by the facility's mental health unit that is managed by DOC
  - E. ICE detainees
- IV. If a consumer is found to be ineligible for admission based on the exclusionary criteria, NWOSU-CSP administration will refer to DOC administration for override or referral to appropriate services.

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**Biopsychosocial Assessment**

**18-7-23**

- I. Each trainee shall complete a Behavioral Health Index- Multimedia Version (BHI-MV), which is an advanced version of the ASI, as soon as feasible following admission to Bill Johnson Correctional Center.
  
- II. Each BHI-MV shall be completed by a qualified member of the treatment staff. Each BHI-MV shall address the following: (see appended biopsychosocial form)
  - A. The trainee's presenting problem
    1. The history of the problem up to the present
    2. Assessment of prior treatment for substance abuse, mental illness and domestic violence, including child and spousal abuse
    3. Developmental history of health issues, including current medical problems, treatments and complications
    4. A comprehensive history of drug and alcohol use
    5. A comprehensive history of violent behavior, including sexual assault
      - a. as a perpetrator
      - b. as a victim
    6. A family social history, including foster and surrogate families, specifically including drug and alcohol use
    7. Educational history, accomplishments, and identified difficulties
    8. Cultural and religious orientation; personal spirituality
    9. Work history, including vocational education, employment, military experience, and alternative experiences such as VISTA, Peace Corps etc.
    10. Developmental history of sexual activity, including sexual practices that put the trainee at risk for HIV, AIDS, or STD.
    11. Marital and domestic partner history, including all significant intimate relationships, note same sex relationships in this category
    12. Recreational and leisure interests and activities
    13. History of legal difficulties: include both criminal and civil matters
    14. Discussion of living arrangements prior to incarceration by the DOC. Note history of assignments to facilities in the custody of DOC.
    15. Economic history, projected earning potential, economic resources
    16. Current level of functioning physically, intellectually and emotionally, note any changes from prior functional levels

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17. Support system. Note domestic supports such as family, friends, others. Note economic supports including work potential.
18. Identify past and current medications including name of medication, type, purpose, dosage, administration route, prescribing physician, length of time the trainee has been taking the medication.
19. Note the trainee's Addiction Severity Index score. Identify any factors that may cause a revision in the assessment of addiction severity.
20. Assessment of consumer's strengths and vulnerabilities. Include physical, intellectual, social, economic, spiritual, and other.
21. Identify trainee's expectations of the Bill Johnson Correctional Center treatment experience.
22. Summary, diagnosis and recommendation. Include signature and credentials of the worker completing the assessment.

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**Biopsychosocial Assessment, Time Frame**

**18-7-24**

- I. The biopsychosocial assessment shall be completed for all trainees no later than the end of the second week in the program. (4th session)
- II. Trainees who have discontinued treatment and been subsequently readmitted shall have a new ASI completed, in accordance with the above timelines, unless trainee has had one completed within one year. If within one year, the assessment will be updated.

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**Clinical Record Content, On-going Assessment**

**18-7-27**

- I. After each group conducted, counselors will document progress towards treatment goals, presenting affect, and participation in the group for each trainee.
- II. The above documentation is to occur as quickly as possible not to exceed a time of two weeks from the date of the group.
- III. Documentation will be checked by the Treatment Director at random monthly.
- IV. Every six months a clinical supervisor from an outside source will review the documentation of consumer records.
- V. The counselors are under a licensed supervisor and will meet weekly to discuss note taking, consumer issues and concerns, ethical guidelines, and updates for certification or licensing. The supervision will terminate upon completion of licensing and approved through the appropriate licensing board.
- VI. Initial consumer screening is conducted by DOC using the Level of Service Inventory Revised (LSI-R) to determine appropriate consumer placement. NWOSU-CSP corroborates LSI-R scores utilizing the Adult Substance Use Survey (ASUS). The ASUS is conducted initially during the biopsychosocial assessment and finalized on the discharge summary.

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**Case Management Services**

**18-7-61**

- I. Each trainee admitted to the program shall be assigned a primary counselor, and this counselor shall be responsible for case management activities for the trainee.
- II. Case management activities shall include:
  - A. Appropriateness for outpatient treatment in the Community Services program
  - B. Trainee drug use history
  - C. Trainee strengths and weaknesses
  - D. Preliminary discharge planning
  - E. Coordination of treatment with DOC counselors and professionals at the Bill Johnson Correctional Center
  - F. Health and mental health status of trainee
  - G. Assessment of projected educational needs, employment needs, family reintegration issues, institutional adjustment, and overall service provision to the trainee
  - H. In conjunction with DOC counselors, monitoring overall services to the trainee
  - I. The Department of Corrections provides each consumer with a full time case manager and access to a full time reintegration specialist.

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**Service Plan**

**18-7-81**

- I. Specification of the process of counselor and trainee identifying issues, goals, intervention methods, and evaluation criteria for treatment of substance abuse. The service plan will have a primary focus on recovery. The service plans will be completed by a licensed or licensure candidate.
  - A. Treatment plans shall include the following considerations
    1. The service plans will be based on information obtained from the BHI-MV
    2. Specification of the presenting problem
    3. Identification of trainee strengths, needs, abilities, preferences, and areas of vulnerability
    4. Specification of treatment goals that are specific, measurable, observable, and time specific
    5. Specification of intervention methods to be employed; articulation of the relevance of the method selected to the problems and goals addressed
    6. Identification of the primary counselor/case manager for the trainee
    7. Description of trainee's role in treatment planning; assessment of trainee's engagement in the process
    8. Signature of the counselor and the trainee on the treatment plan document
    9. Criteria to determine eligibility for discharge; includes programmatic and individual treatment plan criteria
    10. Specification of the scheduled dates for review of the plan; procedures or updating the plan
    11. In compliance, the Bill Johnson Correctional Center outpatient program agrees to make available upon timely and reasonable request the controlling policy and procedure documents, treatment protocols, clinical manuals, treatment planning documents, and contact with the involved counselors and staff.
    12. Upon completion of session 22, the consumer will complete an Aftercare Discharge Summary that will address areas such as; employment, housing, educational needs, etc. The Summary will be signed off on by the consumer's primary treatment counselor and referred to the DOC Aftercare Case Manager for final approval and implementation.



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**Comprehensive Service Plans, Time Frames**

**18-7-82**

- I. Each trainee completes an individual biopsychosocial assessment with the primary counselor at the time of admission to Bill Johnson Correctional Center.
- II. Each trainee is provided with an individualized treatment plan (ITP), based on the biopsychosocial assessment, assessment inventories, and clinical impressions of the primary counselor and the Bill Johnson Correctional Center treatment team. This will be completed by the third week or sixth session.

Each Individual Treatment Plan shall include:

- A. Statement of the problem at the time of admission
  - B. History of the problem behavior
  - C. Measurable goals for improvement; with target dates included
  - D. Planned intervention methods to be used in Goal Attainment
- III. Each Individual Treatment Plan will be reviewed at least once per month.
    - A. Additional reviews will be occasioned by failure to meet monthly treatment goals.
    - B. Individual Treatment Plan reviews will occur immediately after medical or behavioral incidents are noted.
    - C. Individual Treatment Plan reviews may be occasioned by trainee progress that exceeds goals for two successive months.
    - D. Individual Treatment Plan updates will occur every three months and changes will be made if needed.

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**Progress Notes**

**18-7-101**

- I. Progress Notes - Each trainee shall have a regular record kept of treatment progress. This record is maintained in the trainee's file. Progress note entries are to be made on the day that the treatment activity occurred.
  - A. All progress notes will be dated at the time that the entry is made into the record.
  - B. All progress notes will include the trainee's name, and beginning and ending time of the treatment activity being noted.
  - C. Each entry into the trainee's progress notes shall be legibly signed by the counselor or staff person providing the intervention.
  - D. Each staff signature shall include notation of the credentials of that person.
  - E. Each progress notation will specify the problem, goal or objective addressed in the treatment contact. The progress note shall reference the problem, goal or objective in the trainee's Individual Treatment Plan.
  - F. Each progress notation will make note of the intervention method used to address the problem or goal. Any departure in method from the Individual Treatment Plan should be noted.
  - G. Each progress notation will record the measures or impression of the trainee's progress resulting from the session; each notation will address any resistance or lack of progress.
  - H. Each progress notation shall record the trainee's observed response to the intervention, and note any interpretations of the staff member about the observed response.
  - I. Each progress notation will specify new goals, problems or objectives that were identified during the intervention.
  - J. Each visit will be documented including missed appointments.

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**Discharge Assessment**

**18-7-121**

- I. Programmatic discharge from Bill Johnson Correctional Center Outpatient Treatment Program shall be limited to those persons who have:
  - A. Completed the required 47 sessions of Cognitive Behavioral Relapse Prevention (CBRP) program and treatment process.
  - B. Have been reviewed under the applicable ASAM Patient Placement Criteria for discharge. These criteria shall be a part of the program's written policy and procedures.
  - C. Have accomplished all identified goals on the individual treatment plan
  
- II. Upon completion of treatment and meeting the required assignments, ASAM criteria, and the legal imposed sentence, the trainee will take part in discharge planning.
  - A. Each trainee shall develop with the counselor a discharge plan and relapse prevention program.
  - B. Each trainee shall sign an approved release of information for all community agencies and resources that will be part of the identified continuing care program.
  - C. Each trainee shall have in place a plan for family reintegration.
  - D. Each trainee shall have in place a vocational plan.
  - E. Each trainee shall have in place a plan for development of social and therapeutic support for continuing recovery.
  - F. Each element of the plan shall be signed and retained in the trainee clinical record.
  
- II. Compliance may be determined by a review of the following:
  - A. Discharge protocols;
  - B. Discharge assessment instruments;
  - C. Continuing care plans;
  - D. Discharge summaries;

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- E. Policy and procedures;
- F. Treatment records;
- G. Interviews with staff and consumers; and
- H. Other supporting facility documentation.

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**Discharge Assessment Form**

**18-7-121a**

**ASAM Levels of Service**                      **Trainee Name** \_\_\_\_\_  
**ICIS** \_\_\_\_\_                              **Date** \_\_\_\_\_

Level 0.5:    Early Interventions  
Level I:        Outpatient services  
Level II:      Outpatient/Partial Hospitalization  
Level III:     Residential/Inpatient Services  
Level IV:     Medically Managed Inpatient

**ASAM Assessment Dimensions  
Treatment Level Assignment**

Risk Level					Assessment Dimension
High Risk	Low Risk				
5	4	3	2	1	<b>Acute intoxication/or withdrawal potential</b>
5	4	3	2	1	<b>Biomedical conditions and complications</b>
5	4	3	2	1	<b>Emotional/behavioral conditions and complications</b> (e.g. psychiatric conditions, psychological or emotional/behavioral complications of known or unknown origin, poor impulse control, changes in mental status, or transient neuropsychiatric conditions)
5	4	3	2	1	<b>Treatment acceptance/resistance</b>
5	4	3	2	1	<b>Relapse/continued use potential</b>
5	4	3	2	1	<b>Recovery/Living Environment</b>

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**Transition/Discharge Plan**

**18-7-122**

- I. Bill Johnson Correctional Center outpatient program shall develop a written plan of recommendations and specific referrals for implementation of continuing care services, to include:
- A. medications
  - B. vocational plans
  - C. family support
  - D. relapse prevention
  - E. community support resources, including self-help groups
  - F. community treatment resources
  - G. spiritual support resources
  - H. fiscal and medical assistance
  - I. other issues as identified in the Individual treatment plan

The trainee shall be instrumental in the development of the continuing care plan, and his participation and motivation in the process noted in the discharge summary. Each trainee shall sign an acknowledgment that continuing care and follow up data will be collected for use in program assessment.

- II. Bill Johnson Correctional Center outpatient program agrees to demonstrate compliance requirements by making available for audit or oversight upon reasonable and timely request the following
- A. Policy and procedures;
  - B. Continuing care plans;
  - C. Discharge assessments;
  - D. Discharge summaries;
  - E. Progress notes;

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- F. Consumer records;
- G. Interviews with staff and consumers; and
- H. Other facility information.

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**Consultation Reports**

**18-7-141**

- I. All consultation reports relating to trainees shall be retained in the trainee record.
- II. Counselors will address consulting opinions and recommendations in the formulation of individual treatment plans.



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**Psychological or Psychometric Testing**

**18-7-142**

- I. Psychological and psychometric assessments shall be conducted as necessary for trainee evaluation and treatment.
- II. Copies of all psychological and psychometric evaluations conducted shall be retained in the confidential trainee record.
- III. Psychological, psychometric and criminological assessments conducted pursuant to incarceration and treatment shall be consulted in the development and monitoring of individual treatment plans.

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**Records and Reports from Other Entities**

**18-7-143**

- I. It shall be the policy of Bill Johnson Correctional Center Outpatient Treatment Program to maintain a confidential file of information from outside sources that bar on the assessment and treatment of trainees.
  
- II. The following procedures govern the retention of information obtained from outside sources:
  - A. Information from other entities shall be retained in the trainee's treatment record.
  
  - B. Information obtained from other entities shall not be re-released except as allowed by the applicable laws and regulations governing confidentiality.

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**Medication Record**

**18-7-144**

- I. Prescriptions, medication management, and medication records for all trainees in the Outpatient Treatment Program will be managed by the physicians and medical staff of the Bill Johnson Correctional Center outpatient program.
  
- II. Information on medication will be shared as appropriate with Bill Johnson Correctional Center outpatient program counseling staff in the course of regular conferences between NWOSU and Department of Corrections staff.

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**Consumer Rights**

**18-11-1, 15-3-2, 15-3-3, 15-3-27**

- I. Statement of trainee's rights
- II. The following are trainee's rights while under care of the Bill Johnson Correctional Center Outpatient Treatment Program
  - A. all trainees will be treated with dignity and respect
  - B. all trainees will receive services in a safe and healthy environment
  - C. all trainees will receive consideration and reasonable accommodation for personal disabilities or special needs
  - D. all trainees will receive rights and benefits consistent with controlling Department of Corrections polices regarding communication, confidentiality, and outside contacts
  - E. Trainees are to be free from harassment, abuse or exploitation
  - F. The religious and spiritual beliefs of trainees are to be treated with respect
  - G. All trainee records are confidential and governed by polices on confidentiality
  - H. Trainees have the right of informed consent or refusal to participate in any research activity
  - I. Trainees are entitle to prompt, competent and ethical treatment for their condition
  - J. Trainees are to be free from retaliation by staff members, including retaliation for formal grievances
  - K. Trainees are entitled to all rights and privileges not abridged by virtue of their status as convicted felons and inmates in the custody of the Department of Corrections
- III. **Trainee Rights**

Organizational Exception Notice

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Policy: It shall be the policy of the Bill Johnson Correctional Center Outpatient Treatment Program to fully inform trainees of their rights, and to conduct the treatment operation of the program in accord with the provisions of the Bill of Rights, insofar as the legal status of the trainee as a convicted felon in state custody does not abridge those rights by due process of law.

- A. Each trainee, upon admission to a facility or program, shall be notified of rights guaranteed by this part. This notification shall be posted in living areas, and given to the trainee in writing during the initial treatment session.
- B. Notification shall be accomplished by:
  - 1. Providing the trainee with a synopsis, as set forth in OAC 450:15-3-27 and, if requested, the full Mental Health and Drug or Alcohol Abuse Services Bill of Rights, OAC 450:15-3-6
  - 2. If the trainee cannot understand the language in the synopsis, an oral explanation of the synopsis shall be given in a language the person can understand; and the provision of the Mental Health and Drug or Alcohol Abuse Services Bill of Rights shall be documented in the trainee's record and signed by the person giving the synopsis or explanation; and
  - 3. Posting the synopsis of the Mental Health and Drug or Alcohol Abuse Services Bill of Rights in a conspicuous place in each trainee living area, and in area(s) of the facility receiving trainees, visitors and the public.
- C. Bill Johnson Correctional Center Outpatient Treatment Program shall not have internal operating procedures more restrictive than the Mental Health and Drug or Alcohol Abuse Services Bill of Rights, except as is consistent with and required by the trainee's status as a convicted felon in the custody of the Oklahoma Department of Corrections. Every trainee shall be notified of Bill Johnson Correctional Center Outpatient Treatment Program and unit procedures with which he or she is expected to comply, and consequences for non-compliance.
- D. Employees and volunteers shall be oriented regarding trainees' rights and the constraints of this part, and shall take part in periodic staff training session relating to changes in Bill of Rights provisions as part of ODMHSAS compliance for certified treatment providers.

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**Consumer's Grievance Policy and Process**

**18-11-3, 15-3-45**

- I. Consumers are notified of their rights, the grievance process and the identities of the decision makers during initial testing.

Consumers are notified by their DOC case managers of the identity of the grievance coordinator.

The DOC grievance policy is available to consumers and the public on the DOC website or at request of the facility grievance coordinator. Copies are also posted on the living units at the facility.

- A. Trainees who have a complaint or grievance about a member of the Bill Johnson Correctional Center Outpatient Treatment Program have the following recourse:

1. The trainee is expected to address the initial concern to the staff member involved.
2. If there is no resolution, the trainee may make a written grievance report that is submitted to the Administrative Director Mr. Jeff McAlpin and DOC Program Director Willie Canaan and the BJCC grievance coordinator.
3. If the Administrative Director is the subject of the grievance, an alternate disinterested staff member shall be selected to hear the grievance; the designated persons shall be agreeable to the grievant and the Program Director.
4. The Administrative Director shall inform the Warden immediately of the grievance.
5. The Administrative Director shall meet with the trainee and the staff member (s) involved seeking a resolution within three (3) working days.
6. Dispute mediation services shall be offered to the parties involved, and arranged within fourteen days.
7. The Administrative Director, in concert with the Warden shall review the grievance and make a determination.
8. The grievant shall be notified of the decision in writing within three days.
9. The grievant shall have the right to appeal the decision to the Community Services Program Advisory Board.
10. The grievance process shall be posted in all Bill Johnson Correctional Center Outpatient Treatment Program treatment areas.

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11. All trainees shall be given a copy of the grievance procedure at the time they begin the Bill Johnson Correctional Center Outpatient Treatment Program.
  12. In the event that the decision does not satisfy the grievant, the process shall be referred to the Department of Corrections grievance procedure.
- B. All grievances filed shall be retained, and will be reviewed quarterly as part of program renewal.

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**ODMHSAS Advocate General**

**18-11-4**

- I. ODMHSAS Advocate General shall be an attorney appointed by the State Board. He or she is responsible for the Office of Consumer Advocacy and coordinates its system-wide implementation. The primary grievance process for the Community Services Program consumers is through the Department of Corrections processes in place at BJCC. Under some circumstances, the trainee may have recourse to the assistance of the Advocate General, but only in consultation with Department of Corrections officials at the state level, and with prison administrators.

The Advocate General shall have the following powers and:

- A. To serve as an advocate for consumers. If a consumer needs legal counsel, the Advocate General shall advise the consumer of his or her right to seek counsel and refer the individual to counsel, if necessary.
- B. To monitor and review grievance procedures in facilities operated by, subject to certification by or under contract with the Department.
- C. To investigate unresolved grievances and allegations of improper treatment of individuals receiving services from facilities operated by, subject to certification by or under contract with the Department.
- D. To access facilities operated by, subject to certification by or under contract with the Department. Reasonable access shall be granted for the purposes of conducting investigations of abuse, neglect and improper treatment and performing other activities as necessary to monitor care and treatment provided by such facilities.
- E. To access the records of individuals receiving services from facilities operated by, subject to certification by or under contract with the Department. Records that are confidential under state and federal law shall be maintained as confidential and not be re-disclosed by the Advocate General.
- F. To submit a report of the results of investigations of abuse to the appropriate district attorney and, if the individual is a juvenile in the custody of a state agency, submit a report to that state agency.



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- G. Make recommendations to the Commissioner and provide regular or special reports regarding investigations and unresolved grievances to the Commissioner and Board.
- II. Under provisions 4 & 5 above, the ODMHSAS Advocate General can access records and staff pursuant to unresolved grievance issues, and shall coordinate such inquires and requests with the designated representative of the Department of Corrections and the Bill Johnson Correctional Center.

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**Levels of Care**

**18-13-1**

- I. The Community Services Program at the Bill Johnson Correctional Center shall operate under the ODMHSAS designated level of care "Outpatient Services".
- II. The program provides six hours weekly of group treatment for substance abuse.
- III. The program employs a proprietary cognitive behavioral treatment model based on the moral development theories of Lawrence Kohlberg, and employing evidence based behavior change strategies aimed at criminal substance abusers.

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**HIV/STD/AIDS Education, Testing and Counseling Services**

**18-13-2**

- I. HIV/AIDS services, including testing, education, screening and counseling shall be provided by the medical division of the Oklahoma Department of Corrections, as described elsewhere.
- II. Consideration of HIV/AIDS as a factor in treatment, discharge planning and consumer counseling shall be informed by consultation with DOC medical staff.
- III. Trainee HIV/AIDS status are treated as a part of the confidential record of the trainee, and are to be disclosed only under conditions deemed appropriate by the Department of Corrections.

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**Outpatient Services**

**18-13-21**

- I. The Community Services Program of the Bill Johnson Correctional Center provides six hours weekly treatment to inmates assigned to the BJCC. The program is not open to or accessible by the general public
- II. Hours of treatment program are determined by staff resources and trainee program demands: treatment is available during regular business hours, and during evenings of business days.
- III. Trainees are advised of treatment hours by their counselor, and by the DOC case manager.
- IV. Medical emergencies will be the responsibility of the DOC medical staff on site, as noted elsewhere in this document.
- V. All treatment staff members shall have a personnel file that includes:
  - A. Assessment and theory competencies
  - B. Cultural competency
  - C. Educational history
  - D. Professional certification or licensure
  - E. Continuing education
  - F. Supervision
  - G. Background check and qualifications
- VI. The program shall provide individual and group counseling, education, social skills training, family services, and case management.
- VII. Support System: Professional supervision is currently being provided by Brian Wright (LADC, LPC) and professional consultation is provided by Trent Spade (LADC).
- VIII. Staff personnel records are available for review in in order to assure compliance.

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**Outpatient Services, Admission Criteria**

**18-13-22**

- I. Admission to the Community Services Program of the Bill Johnson Correctional Center is restricted to inmates serving a term of confinement at the center.
- II. Admission to the program is based on assessment conducted at the Lexington Assessment & Reception Center of the Oklahoma Department of Corrections; assignment to the Community Services Program is based in substantial part on the trainee's score of the Level of Supervision Inventory (LaTessa et al).
- III. Trainees are screened and assigned to Bill Johnson Correctional Center Outpatient Treatment Program at the Lexington Assessment & Reception Center of the Department of Corrections.
- IV. On arrival at Bill Johnson Correctional Center Outpatient Treatment Program, trainees are assessed using an Addiction Severity Index, evaluation instruments as appropriate, and clinical impressions to either the Outpatient Program or the Department of Corrections counseling program.
- V. Each consumer deemed appropriate or outpatient shall be evaluated using the ASAM Level of Treatment assessment criteria.
- VI. Admission to the program is limited to those trainees who have completed the first phase (High Structure) of the BJCC treatment program.
- VII. Admission to the program is limited to those trainees who are deemed as a result of testing, diagnosis and assessment to require a highly structured, cognitive behavioral approach to treatment based on a cognitive behavioral approach.
- VIII. Additional optional criteria used in assignment include the Sensation Seeking Scale, the Criminal Sentiments Scale, Life Purpose Change scale, The Adult Substance Use Scale, the Cooper-Smith Self Esteem inventory, and intake admission interview assessments.

(See appended measures)

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**Outpatient Services, Discharge Criteria**

**18-13-23**

- I. Programmatic discharge from Bill Johnson Correctional Center Outpatient Treatment Program shall be limited to those persons who have:
  - A. Completed the required 47 sessions of Cognitive Behavioral Relapse Prevention and the associated treatment process.
  - B. Have been reviewed under the applicable ASAM Patient Placement Criteria for discharge. These criteria shall be a part of the program's written policy and procedures.
  - C. Have accomplished all identified goals on the individual treatment plan.
  
- II. Upon completion of treatment and meeting the required assignments, ASAM criteria, and the legal imposed sentence, the trainee will take part in discharge planning.
  - A. Each trainee shall develop with the counselor a discharge plan and relapse prevention program.
  - B. Each trainee shall sign an approved release of information for all community agencies and resources that will be part of the identified continuing care program.
  - C. Each trainee shall have in place a plan for family reintegration.
  - D. Each trainee shall have in place a vocational plan.
  - E. Each trainee shall have in place a plan for development of social and therapeutic support for continuing recovery.
  - F. Each element of the plan shall be signed and retained in the trainee clinical record.
  
- III. Compliance may be determined by a review of the following:
  - A. Discharge protocols;
  - B. Discharge assessment instruments;
  - C. Continuing care plans;
  - D. Discharge summaries;

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- E. Policy and procedures;
- F. Treatment records;
- G. Interviews with staff and consumers; and
- H. Other supporting facility documentation.

# **Northwestern Oklahoma State University Community Service Program Employee Handbook**



**NWOSU Community Services Program-Charles E. "Bill" Johnson Correctional Center  
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**Duties of the Administrative Executive Director**

- I. Direct, control and provide oversight over the activities, work schedules, and supervision of all employees.
  
- II. Develop and implement a system which brings services, agencies, resources, or people together within a planned framework of action toward the achievement of established goals. It may involve activities and collateral contacts for conducting NWOSU-CSP programming, as well as the liaison between the governing boards of all involved parties, and arrange and conduct meetings that include:
  - A. Provisions for scheduled and ad hoc meetings between DOC and NWOSU-CSP staff.
  - B. Planned, pre-arranged agendas and trainings that include In-service Training, Program Design Committee, Safety/Energy Committee, Student Affairs Committee at NWOSU, and the Faculty Sabbatical Committee at NWOSU. Also including the updates to the NWOSU website regarding training outlines, objectives, and the overall program mission statement.
  - C. Records kept for all governing authority meetings, as either minutes or a summary recording. Provide updates to Northwestern Advisory committee, Northwestern Executive Staff, and BJCC Senior Administration.
  
- III. Act as official spokesperson for the agency with regard to press releases, media, interviews, budget presentations and official communications under the Department of Corrections policies and with approval of the Warden at Bill Johnson Correctional Center.
  
- IV. Administer, manage, evaluate and supervise the implementation of all programs, decisions and policies of the governing authority.
  
- V. Maintain effective communication with staff, acting as a mediator between NWOSU and DOC, and community and public relations.
  
- VI. Oversee the management and supervision of case records, research, management information systems, equipment, supply, services and finances.
  
- VII. Review of all consumer intakes, evaluations of consumers and staff, and preparations for audits by meeting ODMHSAS and CPC standards.

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**Duties of Treatment Director**

- I. Provide the initial orientation of new staff by providing overview of group and individual therapy approaches based on the evidence based practice of CBT. By teaching the utilization of special skills to assist individuals and groups in achieving objectives through exploration of a problem and its ramifications, examination of attitudes and feelings, consideration of alternative solutions and decision making.
- II. Orientation of new offenders by describing to the offender the following: general nature and goals of the program, the rules governing offender conduct and infractions that can lead to disciplinary action or discharge from the program, the hours during which services are available, and offender rights.
- III. Provide onsite and immediate supervision to assist staff with decision making and discuss any issues or concerns.
- IV. Provide information and updates to the Penelope Case Management Software.
- V. Designee of Administrative Executive Director in his absence.
- VI. Mediate between DOC and NWOSU staff in conjunction with Administrative Executive Director.
- VII. Periodic review of consumer records and monitor delivery of treatment material.
- VIII. Develop plans of action for long term absences of staff in conjunction with Administrative Executive Director.
- IX. Attend administrative meetings in absence of Administrative Executive Director.

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**Cognitive Behavioral Relapse Prevention (CBRP) Explanation**

**I. REWARDS AND PUNISHERS**

NWOSU-CSP utilizes behavioral modification techniques of positive and negative reinforcement of behaviors as a part of therapeutic approach in dealing with trainee behavior. Emphasis is placed on use of positive reinforcement but the proper use of punishment is also important. For punishers to achieve maximum effectiveness they should be administered in the following manner:

- A. The subject should realize that escape from the situation is impossible.
- B. The punishment should be given as close to the inappropriate behavior as is possible.
- C. There should be an appropriate level of intensity in delivering the punishment.
- D. Punishment should be consistent with all occurrences of the inappropriate behavior.
- E. There should be alternative prosocial behaviors offered to the trainee to demonstrate what an appropriate response should be.
- F. There should be variations in the punishers depending on the circumstances and behaviors involved.
  1. Some examples of negative reinforcement used by NWOSU-CSP are:
    - a. Re-visiting of CBRP sessions which would apply to the inappropriate behavior.
    - b. Application of "learning-experiences" (LE's) which are often written exercises in which the trainee examines the questioned behavior and its effects on self and others and offers what an alternative appropriate response should have been. This provides a trainee with further self-analysis of their behaviors.
    - c. In extreme cases of behavioral problems trainees can be required to complete the entire regimented treatment program for a second time here at BJCC.
  2. Some examples of positive reinforcement utilized by NWOSU-CSP include:

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- a. Positive verbal praise by counselors and fellow group members for appropriate behavior.
- b. Passing of steps indicating an appropriate behavioral response.
- c. Each month all groups and their counselors nominate a "Trainee of the Month" who has demonstrated exceptional levels of cooperativeness, helpfulness, and modeling of positive behaviors. The winning trainee receives a certificate of recognition and receives consideration to present his steps first in group.

**II. BEHVIORAL THEORY BASE**

The Cognitive Behavioral Therapy incorporated by NWOSU-CSP is based on making conscious decisions and assists trainees in thinking through formerly impulsive acts. It is based on the moral reasoning theory of Lawrence Kohlberg. His theory holds that moral reasoning, which is the basis for ethical behavior, has six identifiable developmental constructive stages - each more adequate at responding to moral dilemmas than the last. Kohlberg's six stages were grouped into three levels: pre-conventional, conventional, and post-conventional. Kohlberg believed it was very rare for an individual to regress back through the stages, although no one functions at their highest stages at all times.

**A. Level 1 (Pre-Conventional)**

1. Obedience and punishment orientation (How can I avoid punishment?)
2. Self-interest orientation (What's in it for me?)

**B. Level 2 (Conventional)**

1. Interpersonal accord and conformity (The good boy/good girl attitude)
2. Authority and social-order maintaining orientation (law and order morality)

**C. Level 3 (Post-Conversational)**

1. Social contract orientation
2. Universal ethical principles (principled conscience)

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- III. Another theory base which is utilized by the regimented treatment program as a whole is Albert Bandura's social learning theory. The social learning theory of Bandura emphasizes the importance of observing and modeling the behaviors, attitudes, and emotional reactions of others. Most human behavior is learned by observing and modeling the behavior of others. We accomplish this here at BJCC by both staff and trainees modeling positive behaviors throughout the facility. This then reinforces the desired positive behaviors in trainees because the theories utilized by BJCC and NWOSU-CSP encompass attention, memory and motivation. Thus, we state that the regimented treatment program here at BJCC is a cognitive-behavioral program.