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| <p>NH ADULT PAROLE BOARD POLICY AND PROCEDURE DIRECTIVE</p> <p>Pursuant to NH RSA 651-A:1 and Par 401.03 Special Conditions</p> | <p>CHAPTER: Substance Use Disorder Treatment – Parole Privilege</p> <p>STATEMENT NUMBER: 1</p> |
| <p>Proponent:</p> <p>Jennifer Sargent, Chairman Parole Office, NHSP-M (603) 271-2569</p> | <p>EFFECTIVE DATE: October 5, 2020</p> <p>REVIEW DATE: October 5, 2022</p> |
| <p>ISSUING OFFICER:</p>  <p>Name: Jennifer Sargent, Chairman</p> | <p>APPENDIX ATTACHED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> |
| <p>References, if any, at bottom of PPD</p> | |

PURPOSE

- A. To clarify that the Parole Board's Interpretation of "residential treatment" is commensurate with the definition in He-P 826 State Administrative Rule;
- B. To describe Parole Board Process for Par 401.02 (b)(1);
- C. To clarify Parole Board Procedure under RSA 651 – A: 19 I.

POLICY

It is the intention of the Adult Parole (APB) to enforce specific conditions imposed upon parolees that have been recommended by the New Hampshire Department of Corrections (NHDOC) to address their diagnosed Substance Use Disorder (SUD) based on their assessed level of care. The Adult Parole Board's policy is to establish special conditions in line with the Substance Abuse and Mental Health Services Administration (SAMSA) Best Practices Guidelines. Best practices guidelines for treatment of SUD are most sound when they align to SAMSA Treatment Improvement Protocols (TIPS). For those seeking the privilege of parole, adherence to program and fidelity to goals and levels as defined by TIP protocols is essential. Licensed Alcohol Drug Counselor (LADCs) assess levels of care as defined by the American Society of Addiction Medicine (ASAM). The Adult Parole Board believes that when SUD treatment is appropriate as a condition of parole, the parole condition should be based on a LADC's ASAM-assessed level of care.

APPLICABILITY

To the Adult Parole Board and staff, to those staff working on behalf of the NHDOC involved in assisting in the development of a parole plan for parolees, to Probation Parole Officers and other constituent groups involved in the parole process.

PROCEDURE

A. DEFINITIONS

“Residential treatment”: as defined by State Administrative Rule He-P 826;

“NHDOC Facility-Based Residential Treatment”: substance use disorder treatment delivered by the NH Department of Corrections in a modified therapeutic residential community in a designated prison housing unit that meets ASAM Criteria for Level of Care 3.5 – Clinically Managed High-Intensity Residential Services for adults. This level of care provides 24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. Patients in this level are able to tolerate and use full active milieu or therapeutic communities. Level 3.5 encompasses residential services that are described as co-occurring capable, co-occurring enhanced, and complexity capable services, which are staffed by designated addiction treatment, mental health, and general medical personnel who provide a range of services in a 24-hour treatment setting. Current treatment program offered is entitled "Focus Program"; and

“Extraordinary circumstances”: exceptional to a very marked extent.

B. GENERAL PROCEDURE

For any parole violator with concerns associated with an SUD, that person will be evaluated through the NHDOC’s screening protocols to establish the need for referral to a LADC. If the LADC’s electronic client record (ECR-CORIS) note reporting the results of the assessment specifies Level of Care 3.5, the Adult Parole Board will require Clinically Managed High-Intensity Services as a special condition of parole. To order the special condition of Clinically Managed High-Intensity Services, the Adult Parole Board will always require documentation from an NHDOC LADC indicating either 1) the resident is an appropriate candidate for the NHDOC Facility-Based Residential Treatment and needs to complete the Focus Program, and/or 2) based on the NHDOC LADC assessment, the resident is appropriate to seek admission into a community residential treatment facility as defined by He-P 826 State Administrative Rule. For release to community-based Clinically Managed High-Intensity Services Program, the resident must provide a letter to the parole board from that facility that includes the address of such program, the admission date, and a confirmation that the resident will be in Clinically Managed High-Intensity Services program for 28 continuous days or more. Additionally, the resident must

furnish the parole office with a post-discharge home plan that must be approved by the Division of Field Services. Only after the parole office receives approval of the post-discharge home plan will the resident be eligible for release to a community-based Clinically Managed High-Intensity Services Program.

The Adult Parole Board reserves the right and discretion to require a community-based Clinically Managed High – Intensity Services Program instead of a NHDOC Facility – Based Residential Treatment Program as a special condition of parole in extraordinary circumstances, but the Adult Parole Board is inclined to defer to NHDOC Facility – Based Residential Treatment when the LADC assessment indicates it as the primary recommendation of service.

If the resident seeking parole believes they have information that merits the Adult Parole Board's reconsideration of an assessment of need for NHDOC Facility – Based Residential Treatment, the resident shall file a Request Slip (RS) directed to the Chairman of the Adult Parole Board stating the extraordinary circumstances for the request and describing supporting evidence of the extraordinary circumstances. Three members of the Adult Parole Board will decide whether to grant a review hearing. A claim of extraordinary circumstances based on the inability to do NHDOC Facility – Based Residential Treatment based on protective custody issues requires the Adult Parole Board staff to review ECR-CORIS for Notes that demonstrate a Protective Custody Board's affirmative finding of valid protective custody issues noted in the resident's ECR. Recognizing the safety and security implications of protective custody, the Adult Parole Board will discuss protective custody issues only in non-public closed session during a reconsideration hearing.

C. ADDITIONAL PROCEDURAL INFORMATION FOR PAROLE VIOLATORS SUBJECT TO MANDATORY 90 DAYS RELEASE UNDER RSA 651–A:19 I.

To assure adherence to program and fidelity to goals and levels as defined by TIP protocols, if the Adult Parole Board has approved early release from a 90-day setback under RSA 651 – A:19 VIII, the resident must obtain a NHDOC LADC assessment, if they have been screened and referred under the normal NHDOC procedure to need one, during their 90 day mandatory setback. If the NHDOC LADC assessment indicates an ASAM Level of Care 3.5 with a notation that community residential care is appropriate, the CC/CM should begin providing support to the parole violator to attain admission into a community-based Clinically Managed High-Intensity Services Program that adheres to and has fidelity to the goals and levels of the Focus program. If the resident has confirmed admission with an admission date into a Program, the resident shall inform the parole office of acceptance by sending proof either by RS or through the CC/CM. The parole violator will be released directly to such program after NHDOC staff and Adult Parole Board staff facilitate the normal release procedures necessary. Further, a community-based

Clinically Managed High-Intensity Services Program must confirm in writing to the parole office that it has received sexual offender status information, if applicable.

Furthermore, if the parole violator cannot obtain a NHDOC LADC assessment during their setback, as a special condition of their parole, the parole violator shall:

1. schedule an intake appointment for a LADC assessment within seven business days of release and;
2. shall complete the LADC assessment and meaningfully engage in and complete any treatment recommendations that align with the LADC's recommended ASAM Level of Care; and
3. meaningfully engage in and complete any aftercare recommendations at the direction of any treatment provider and supervising PPO.

The Adult Parole Board is aware that the likelihood of the NHDOC being able to provide LADC services to the parole violator during a mandatory 90-day setback may be small. The Adult Parole Board is aware that the result of the above-outlined procedure may result in first time parole violators serving the entirety of their 90-day setback.

REFERENCES:

National Assn. of Addiction Treatment Providers (NAATP)

<https://www.asamcontinuum.org/knowledgebase/what-are-the-asam-levels-of-care/>

Substance Abuse and Mental Health Services Administration (SAMHSA)

<https://www.samhsa.gov/kap/resources>

RSA 651-A:4 III(c)

Par Chapter 400

He-P 826 - State Administrative Rule He-P 826 defines residential treatment to mean “clients receive clinical treatment for substance use disorder in a residential setting but do not require limited or full medical withdrawal management. Clients may or may not require medication supervision and general oversight with regard to knowing the client’s whereabouts but do not require medications for the signs and symptoms of withdrawal. This also includes residential treatment facilities where the residence has paid staff who provide clinical services, 24-hour structure, staff available as needed, urine drug testing conducted, documentation maintained, and clinical treatment services that are required as a condition of residency and provided by the person, owner, developer, business organization, or any subsidiary thereof.”