



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index #: 513.07.3

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Effective Date: April 1, 2019

Distribution: A

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Approved by: Tony Parker

Subject: SUBSTANCE USE RECOVERY SUPPORT SERVICES

- I. AUTHORITY: TCA 4-6-102, TCA 4-3-606, Title 42, CFR Chapter 2, Diagnostic and Statistical Manual of Mental Health Disorders-5 (DSM-5), Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) Licensure rules, Chapter 0940-05-01.
- II. PURPOSE: To provide evidence-based continuum of care programming that utilizes peer recovery support services for inmates seeking recovery to help them stay engaged in the recovery process and reduces the likelihood of relapse.
- III. APPLICATION: Tennessee Department of Correction (TDOC) inmates and privately managed facilities.
- IV. DEFINITIONS:
 - A. Adjunct Personnel: Approved volunteers who conduct self-help or Twelve Step programs (See Policy #115.01), have remained drug free for two years and are associated with a local chapter of Narcotics Anonymous, Alcoholics Anonymous or other facility approved Twelve Step Organizations.
 - B. Aftercare: The phase of treatment that begins when a participant has achieved substance use treatment goals and has successfully completed a substance use treatment program.
 - C. Behavioral Health Professional: A person licensed by the state, whose professional activities address a client's behavioral issues; examples include psychiatrists, psychologists, social workers, psychiatric nurse practitioners, professional clinical counselors, licensed alcohol and drug abuse counselors (LADAC), and mental health professionals.
 - D. Certified Peer Recovery Specialist (CPRS): A Peer Recovery Specialist who is currently in recovery from a mental health and/or a substance use disorder and has completed all criteria for certification by TDMHSAS as outlined in the CPRS handbook (tn.gov/behavioral-health).
 - E. Peer: A person who is seeking support from a CPRS in relation to a substance use and/or behavioral health diagnosis.
 - F. Peer Recovery Specialist (PRS): Inmates identified and approved by TDOC who meet the qualifications outlined by the Tennessee Department of Mental Health and Substance Use Services (TDMHSAS) to perform peer recovery support services duties.
 - G. Peer Recovery Support Services: Social support services designed and delivered by people who have experienced both substance use disorder and recovery. Examples include peer mentoring or coaching, recovery education and peer-led support groups.

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- H. Qualified Licensed Substance Use Personnel: Correctional staff licensed or certified as alcohol and drug counselors (LADAC I, II, ICRC, NAADAC I, II, or Master level NAADAC certification) or those seeking licensure by reciprocity as a LADAC I or II who meet the qualifications by holding a current license from another state in which the other state's standards for licensure must be comparable to or exceed the requirements for the level of licensure sought in Tennessee (licensed clinical social workers (LCSW), licensed professional counselors (LPC), licensed psychological examiners (LPE), or licensed marriage and family therapists (MFT) with a minimum of one year documented experience working with substance use disorder treatment programs).
- I. Treatment Counselors: All non-licensed alcohol and drug counselors who are actively pursuing licensure and working in a substance use treatment and recovery services program and who are being clinically supervised by qualified licensed substance use personnel.
- V. POLICY: The TDOC shall provide recovery services to assist inmates with entering and remaining engaged in the recovery process to reduce the likelihood of relapse.
- VI. PROCEDURES:
 - A. Intervention Substance Use Recovery Education Program:
 1. Individuals who will be considered for this program are those are at risk of developing substance-related problems or for whom there is not yet sufficient information to document a diagnosable substance use disorder or evidence of opiate misuse. Participants will explore and address problems or risk factors that appear to be related to substance use and addictive behavior and will be assisted with recognizing the harmful consequences of high-risk substance use and/or addictive behaviors. When participants' treatment needs are identified, trained staff will refer the participants to the appropriate continuum of care of treatment or recovery services.
 2. Program Components
 - a. Substance use and recovery education
 - b. Relapse prevention skill building
 - c. Decision making skills
 - d. Dangers of high risk behavior
 - e. Support system development
 - f. Goal setting
 3. Program Eligibility
 - a. Individuals who have a history of suspected or self-reported drug use identified during diagnostics

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- b. Suspected overdoses
- c. Positive drug screen

B. Peer Recovery Support Services

1. Select individuals from the offender population who shall be trained by certified facilitators approved by the Tennessee Department of Mental Health & Substance Abuse Services to serve as a Peer Recovery Specialist (PRS). A PRS shall not provide mental health or addiction therapy or counseling services. Trained inmates shall act as adjunct personnel in the substance use treatment program by:
 - a. Facilitating 12-step and other positive support groups that promote wholeness and wellness.
 - b. Responding to individual(s) experiencing a crisis related to recovery until seen by the mental health or substance use disorder professional.
 - c. Assisting case managers in discharge planning by helping to identify community-based resource centers.
 - d. Providing evidenced-based psychosocial and recovery education classes.
 - e. Providing 1:1 direct peer recovery support contact.
 - f. Receiving supervision and training that can assist in learning about clinical documentation.
2. Eligibility Criteria: The Associate Warden of Treatment or designee and the TDOC Jobs Coordinator will vet residents before selection for the program. Potential candidate(s) should meet, at a minimum, the following qualifications:
 - a. Be in recovery from a diagnosed substance use disorder or co-occurring disorder of substance use and mental illness.
 - b. Demonstrate stable functioning in a general population unit.
 - c. Have a minimum of 24 consecutive months of documented sobriety.
 - d. Have a High School Diploma or High School Equivalency Diploma (e.g., GED or HISET).
 - e. No Class C disciplinary action(s) within six months before application submission.
 - f. No Class A or B disciplinary action(s) for one year before application submission.

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- g. Minimum custody level or below.
3. The certification process shall afford participants the opportunity to become a recognized Certified Peer Recovery Specialist (CPRS) by the TDMHSAS. The certification process is as follows:
- a. Complete the TDOC Certified Peer Recovery Specialist TDOC Screening Tool, CR-4154, and submit to the facility's behavioral health professional.
 - b. The facility behavioral health professional shall forward the completed TDOC Certified Peer Recovery Specialist Screening Tool, CR- 4154, to the Director of Addiction, Treatment, and Recovery Services or designee for review.
 - c. Selected participants shall complete TDMHSAS Certified Peer Recovery Specialist Part 1 application and if approved by TDOC and TDMHSAS complete 40 hours of peer recovery specialist training.
 - d. After the PRS successfully passes the 40 hour required training, the Behavioral Health Professional shall document the PRS hours and report to the Director of Addiction Treatment and Recovery Services or designee when the PRS reaches 75 hours of experience.
 - e. The Director of Addiction Treatment and Recovery Services or designee shall send the LADAC or Behavioral Health Professional a copy of the TDMHSAS Certified Peer Recovery Specialist Application Part 2, to be completed by the PRS.
 - f. The PRS will complete Application Part 2 and submit to the supervising LADAC or Behavioral Health Professional. The completed application shall be forwarded to the Director of Addiction, Treatment, and Recovery Services or designee.
 - g. TDOC and TDMHSAS personnel shall determine if the inmate has met the certification requirements by reviewing completed applications and supervision hours.
 - h. The inmate shall receive notification from the office of Addiction Treatment and Recovery Services of the certification review results. The inmate shall also receive instructions on the renewal process to maintain their certification according to *TDMHSAS CPRS Handbook*.
 - i. Upon certification, the Director of Addiction, Treatment, and Recovery Services or designee will notify the supervising behavior health professional to request the jobs coordinator to change job title to Certified Peer Recovery Specialist.
 - j. The PRS shall be supervised by a behavioral health professional in accordance with Policy #505.07.

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4. Peer Recovery Specialist and Certified Peer Recovery Specialist shall be supervised by a behavioral health professional. On the 7th day of each month, the supervising professional shall complete Substance Use Treatment Recovery Services Documentation of Clinical Supervision for Peer Recovery Specialist, CR-4131, and submit to the Director of Addiction Treatment and Recovery Services or designee.
5. The PRS training will provide selected inmates with the skills required to become certified and act as a mentor/role model for other inmates in specialized units and other areas within a state correctional facility.
6. The CPRSs are considered mandated reporters by TDOC, which requires them to report active drug use, suspected child or elder abuse, sexual activities, and reports of harm to self and others. The CPRS shall report information directly to their supervising behavioral health professional.
7. The CPRS shall follow the code of ethics established by TDMHSAS and those approved by TDOC for a CPRS within the correctional facility. The primary responsibility of the CRPS is to help peers achieve their own needs, wants, and goals. The Certified Peer Recovery Specialists shall:
 - a. Maintain high standards of personal and professional conduct
 - b. Conduct themselves in a manner that fosters their own recovery
 - c. Openly share with peers, other CPRSs and non-peers their recovery stories from mental illness, substance use, or co-occurring disorders as appropriate for the situation in order to promote recovery and resiliency
 - d. At all times, respect the rights and dignity of those they serve
 - e. Never intimidate, threaten, harass, use undue influence, use physical force, use verbal abuse or make unwarranted promises of benefits to the individuals they serve
 - f. Not practice, condone, facilitate or collaborate in any form of discrimination or harassment based on ethnicity, race, color, pregnancy, creed, veteran's status, sex, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical disability, or any other category protected by state and/or federal civil rights laws
 - g. Promote self-direction and decision making for those they serve
 - h. Respect the privacy and confidentiality of those they serve
 - i. Promote and support services that foster full integration of individuals into the communities of their choice

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- j. Be directed by the knowledge that all individuals have the right to live and function in the least restrictive and least intrusive environment
- k. Not enter into dual relationships or commitments that conflict with the interests of those they serve
- l. Never engage in sexual or other inappropriate activities with peers they serve
- m. Not use alcohol, illegal substances, or misuse other drugs (including prescription medications)
- n. Keep abreast of emerging knowledge relevant to recovery and share this knowledge with other Certified Peer Recovery Specialists
- o. Not accept gifts from those they serve
- p. Not provide services, either for employment or on a volunteer basis, without supervision from a behavioral health professional
- q. Not provide services beyond their qualifications. This includes diagnosing an illness, prescribing medications or providing clinical services
- r. Only provide services and support within the hours, days and locations authorized by the TDOC
- s. Violation of these codes shall be reviewed by the Behavioral Health Professional to determine if termination is warranted on a case-by-case basis.

C. Family Reunification:

1. The Family Reunification Program will be delivered by a Behavioral Health Professional. The program will orientate the family on the type of treatment services that are available at men's rehabilitation centers. The family will learn about addiction and recovery and support services. The participant or family can request an individual session with the therapist in addition to receiving information about any resources that can assist in the overall mental, physical, spiritual or social health of the family.
2. Program Eligibility:
 - a. Any participant in Therapeutic Community (TCOM) Phase II or III or who has completed the program.
 - b. Any participant that is in outpatient substance use treatment, intensive outpatient substance use treatment or aftercare services.
3. In accordance with Policy #507.01, family members shall be listed on the participant's approved visitation list prior to receiving family reunification services.

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D. Aftercare: Aftercare will be broken down into one of the three following components based on how the inmate is released upon completion of the program:

1. Released to General Population: Participants returning to general population will have the option to receive continuing care that can provide substance use aftercare once weekly for up to six months after successfully completing Therapeutic Community or Outpatient Group Therapy, where resources permit and approval is granted by the Warden/Superintendent.
2. Released to Parole: Treatment staff will provide a Substance Use Treatment Clinical Discharge Summary, CR-3713, to the institutional parole officer (IPO) pertaining to any continued services recommended for inmates being released.
3. Expired Sentence: Although participants are not mandated to attend services from community providers, individualized recommendations and referrals will be given to each participant as part of the Substance Use Treatment Transition Accountability Plan, CR-4153.

E. All other referenced forms that have not been provided herein can be located in Policy #513.07.1.

VII. ACA STANDARDS: 4-4363-1, 4-4377, 4-4437, 4-4438, 4-4439, 4-4440, and 4-4441.

VIII. EXPIRATION DATE: April 1, 2022.



Tennessee Department of Correction

Certified Peer Recovery Specialist

TDOC Screening Tool

Name: _____
TDOC #: _____
TDOC Site: _____
Release Eligibility Date: _____

Today's Date: _____
Custody Level: _____
Gender: M F
Veteran: Y N

Indicate your highest level of education:

- | | |
|--|--|
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> GED or equivalent |
| <input type="checkbox"/> Vocational Certificate, specialty | <input type="checkbox"/> Master's |
| <input type="checkbox"/> Associate's Degree, Concentration | <input type="checkbox"/> PhD, major |
| <input type="checkbox"/> Bachelor's | <input type="checkbox"/> Other, specify |

Answer the following questions with "Yes" or "No".

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Are you in recovery from a mental health disorder?
If yes, have you been in recovery from a mental health disorder for at least the past 24 consecutive months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you in recovery from a substance use disorder?
If yes, have you been in recovery from a substance use disorder for at least the past 24 consecutive months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you willing to disclose to peers, staff and the public that you have life experience with a mental illness, substance use disorder, or both? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. You will be expected to participate in discussions and role-plays using elements of your own recovery story. Are you comfortable sharing your recovery story with others? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. You will also be required to listen to the recovery stories of others. Sometimes those stories may be uncomfortable for you, particularly if they touch up on of your "triggers". Are you okay with this? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. The required training is intensive and can be fatiguing. Do you feel you are have the energy to stay focused and alert? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. If accepted, you must attend all of the 40-hour, weeklong training. Will you commit to that? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. The training is highly interactive and requires activities that involve small groups, role-playing, and reading to the group. Are you comfortable with this kind of participation? | <input type="checkbox"/> | <input type="checkbox"/> |



Tennessee Department of Correction

Certified Peer Recovery Specialist

TDOC Screening Tool cont.

9. Have you received any disciplinary action within the last two years? If yes, complete table below: Yes No

Date	Offense	Class	Outcome

10. Have you had any positive drug screens within the last two years? Yes No
11. Have you provided three written references? References should use the attached template. Yes No
12. Are you willing to transfer to another facility? Yes No

Conservator Status:

Conservatorship is a court-approved legal relationship between a competent adult and an adult with a disability or an adult who needs assistance in decision-making. It gives the conservator specific authority and duty to act on the behalf of the individual in making decisions affecting the person’s life. In Tennessee, the definition of a conservator is a person appointed by the court to provide partial or full supervision, protection and assistance. A conservator acts as the agent of the court. Peer Recovery Specialists are expected to not only manage their own affairs but also to be able to provide peer support to others. Having a conservator contraindicates certification as a Certified Peer Recovery Specialist.

Please check the appropriate box:

I confirm that I

- Do have a conservator
- Do **not** have a conservator

My signature below affirms that all of the information contained in this screening application is true and correct to the best of my knowledge and has been completed by no other person. I understand that knowingly providing false information shall be grounds to deny my certification.

Your Signature: _____ Date: _____

Your Printed Name: _____

Do not write below this line. For official use only.

Facility	Central Office	Notes:
Date Received:	Date Approved:	
Reviewer’s Signatures:	Reviewer’s Signature:	



Tennessee Department of Correction
CERTIFIED PEER RECOVERY SPECIALIST CANDIDATE
REFERENCE

TDOC Facility: _____

Applicant: _____ TDOC # _____

Name of Person Giving Reference: _____ Title: _____

E-mail Address: _____

Telephone Number: _____

Length of time of acquaintance: _____

Are you a licensed Behavioral Health Professional? Yes No

The above applicant is applying for a position as a Certified Peer Recovery Specialist with the Tennessee Department of Correction. It is our request that you provide information to the Application Review Committee regarding the applicant. Your evaluation is of utmost importance in this certification process.

Please evaluate the applicant as you observe him/her in the following areas of interpersonal relationships with yourself and/or others. **RETURN COMPLETED DOCUMENT TO THE ASSOCIATE WARDEN OF TREATMENT.**

NOT ACCEPTABLE	AVERAGE	ABOVE AVERAGE	SUPERIOR	
				1. Respect for others
				2. Care and concern for others
				3. Genuineness with others
				4. Empathy with others
				5. Flexibility with others
				6. Non-judgmental with others
				7. Spontaneity with others
				8. Capacity for appropriate confrontation with others
				9. Capacity for appropriate self-disclosure
				10. Respect for Authority
				11. Reliable

Please explain your evaluation rating above and tell us why this individual would make a good Peer Recovery Specialist:

 Signature

 Date

