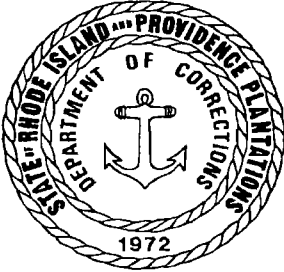
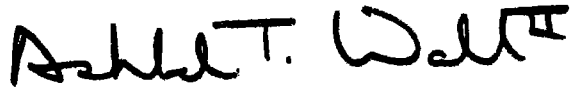


RHODE ISLAND DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE

	POLICY NUMBER: 9.36-3 DOC	EFFECTIVE DATE: 07/10/06	PAGE 1 OF 28	
	REPEALS: 9.36-2 DOC	DIRECTOR: 		
	SUPPLEMENTS: 9.36-3 PBP			
SECTION: SECURITY AND CONTROL		SUBJECT: SUBSTANCE ABUSE TREATMENT, TESTING, AND SANCTIONS FOR INMATES UNDER RIDOC SUPERVISION		
AUTHORITY: Rhode Island General Laws (RIGL) § 42-56-10(22), Powers of the director				
REFERENCES: RIDOC policy #'s 4.03-1 DOC, Orientation and Entrance-Level Training for Non-Correctional Officers; 15.11-1 DOC, "C" Category Inmates; 11.01-4 DOC, Code of Inmate Discipline; 15.01-2 DOC, Classification Process; 10.07.01, Community Confinement Program; 18.59-2 DOC, Confidentiality of Medical Information; 9.36-2 PBP, Substance Abuse Treatment, Testing, and Sanctions of Parolees; 18.07-1 DOC, Communication on Special Needs Patients; <u>McLean v. Vose</u> C.A. 92-0464B (1994); <u>Miller v. Moran</u> 1992 WL 119131 (D.R.I. 1992); <u>Wheelock v. R.I.</u> 2002 U.S. Dist. LEXIS 8630 (D.R.I. 2002)				
OFFENDER ACCESS THROUGH LAW LIBRARY?		X YES		
SPANISH TRANSLATION?		X YES		

I. PURPOSE:

To describe the conditions and procedures for offering substance abuse treatment interventions, conducting substance abuse testing, and imposing graduated sanctions to inmates while incarcerated by the Rhode Island Department of Corrections (RIDOC) in order to maintain institutional safety, security, and order.

II. POLICY:

- A. All adult inmates incarcerated by the RIDOC are offered substance abuse treatment and are subject to drug and/or alcohol testing and graduated sanctions (i.e., the increased use of discipline, testing, and mandated treatment) at any time.
- B. Substance abuse treatment services/programs and graduated sanctions are available to awaiting trial inmates as resources permit. In addition, those inmates are subject to substance abuse testing.
- C. Inmates may be tested for any/all of the following reasons:
 - 1. Randomly;
 - 2. For cause;
 - 3. As an active participant in or graduate of a substance abuse treatment program.

NOTE: The selection of an inmate's name for random testing does not preclude his/her being selected for any other reason (i.e., s/he may also be tested for cause and/or to meet testing requirements for substance abuse treatment). However, multiple disciplinary reports should not be issued if the tests are conducted over a short period of time, as more than one "positive" may be the result of a single incident involving drugs and/or alcohol.

- D. All levels of treatment include pre-screening and post-release planning and referral to the appropriate levels of community-based treatment. The substance abuse continuum will be incorporated into an overall individualized program plan for appropriate inmates.
- E. Substance Abuse Treatment staff work closely with custody staff to provide a secure learning environment for inmates. Said treatment staff must meet standards of their profession and will be trained in appropriate procedures for custody and control, as provided in RIDOC's New Employee Orientation (NEO).
- F. Substance abuse testing is non-discriminatory and may not be used to harass or intimidate inmates. Selection of inmates for testing must be supported by appropriate documentation and must not be based on an inmate's race, color, creed, religion, age, ethnicity, national origin, veteran status, marital status, sex,

sexual orientation, gender identity, or the presence of sensory, mental, or physical disability, or other status protected by law.

- G. All inmate urine specimens and/or breath samples are collected, handled, and tested in a fair and impartial manner.

III. PROCEDURES:

A. Discussion:

1. The RIDOC is committed to a policy of detection and punishment of inmate drug and/or alcohol use.
 - a. The RIDOC has a responsibility to protect the public and provide a safe environment for staff and inmates. The importation, trafficking, and utilization of drugs and/or alcohol cause a myriad of problems within a prison setting and challenge the mission of the RIDOC.
 - b. The use of illicit drugs and/or alcohol by inmates presents a serious threat to the safety and security of the RIDOC's staff and incarcerated population.
2. Drug and/or alcohol testing of inmates, combined with an escalating range of sanctions, is an effective means of suppressing drug and/or alcohol use; and, when linked with treatment, this approach also provides an effective mechanism to identify inmates with substance abuse problems and target them for appropriate interventions.

B. Treatment Interventions

1. Within the constraints of a correctional setting, RIDOC provides a variety of substance abuse treatment services to meet the needs of the inmate population. The goal of all treatment programs is to attempt to prepare inmates for reintegration into society.
2. RIDOC's Substance Abuse Coordinator provides training in substance abuse issues to appropriate security and treatment staff.

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3. The Substance Abuse Coordinator, under the direction and supervision of the Department's Clinical Director Psychologist, has responsibility for the coordination of all substance abuse treatment programs and services throughout the Department. His/her duties include:
 - a. Supervising the substance abuse service delivery system for Institutions and Operations and third-party vendors;
 - b. Coordinating and monitoring Departmental substance abuse-related issues in conjunction with Wardens and superiors in the Division of Rehabilitative Services;
 - c. Advertising institutional programs (types, availability, and admission criteria) to inmates via inmate newsletters, posters, flyers, informational sessions, etc.
 - d. Developing and maintaining all substance abuse treatment-related waiting lists with support from mental health staff (in coordination with the Associate Director of Classification, Wardens, the Parole Board, and treatment providers).
 - e. Notifying the Associate Director of Classification and program and treatment providers of all inmates who:
 - (1) fail to comply with substance abuse treatment program requirements.
 - (2) successfully complete substance abuse treatment program(s).
 4. Individual assessments are conducted by designated personnel. Referral to the appropriate level of treatment is made. The facility Warden/designee, Substance Abuse Coordinator, and treatment provider(s) are notified and monitor compliance with the recommendations.
 5. All residential substance abuse programs must be licensed by the State and comply with all applicable federal, state and local laws, regulations and directives.
 6. In addition to residential treatment, a system of substance abuse treatment programs is in place for education and treatment purposes. These programs

are delivered to selected inmates while incarcerated within RIDOC who are not eligible or appropriate for residential treatment. They may include intensive outpatient and/or psycho educational classes.

7. Upon entering appropriate treatment programs, inmates are assessed for the levels of their post-release requirements. A post-release discharge plan is officially drafted within the last stages of incarceration based on program and treatment progress.
8. Transitional plans outline the transition from prison through probation or parole to unsupervised, independent living in the community. Transitional plans will be included in affected inmates' Individualized Program Plans (IPP's).
9. Substance abuse treatment follow-up in the community is encouraged. Discharge Planners identify appropriate treatment opportunities and attempt to connect inmates with community treatment upon release.
10. Substance Abuse Program Directors notify the Substance Abuse Coordinator, the Warden and Deputy Warden of the affected facility, Counselors and Classification staff of all inmates successfully completing programs and those who fail to complete programs on a monthly basis.

C. Treatment Staff Training

1. Each substance abuse treatment provider is responsible for training its own staff according to professional standards.
2. Facility program management includes ongoing meetings between treatment and custody staff. Said meetings occur at least once a month and address programmatic and security matters.
3. Interaction between treatment and custody staff is encouraged.

Facility/unit/program managers ensure affected staff participates in appropriate training and meetings.

4. Treatment staff is required to attend program planning meetings as needed. Said meetings are chaired by Wardens/designees, who direct appropriate staff to attend.

D. Testing Procedures:

1. Collection of Urine Samples - Regardless of the reason for testing (random, for cause, participation in treatment program, or graduation from treatment program), the following general guidelines apply to the urine collection process.

NOTE: RIDOC's Planning and Research Unit has prepared a separate Substance Abuse Tracking System Users' Guide for use by affected staff. This Users' Guide contains much more detailed information and instructions than what is presented below. The following general information is presented for the benefit of those staff who require a general familiarity with the RIDOC's testing program, but who are not necessarily involved in the direct administration of the program.

- a. The Urine Screen Coordinator or Superior Officer takes control of the facility's substance abuse testing personal digital assistant (PDA). S/he:
 - (1) signs/logs onto the Substance Abuse Tracking System (SATS);
 - (2) synchronizes the PDA in order to obtain current information from INFACIS and to ensure the SATS program and the PDA exchange updated information relative to urine testing;
 - (3) accesses the appropriate list of inmate names or searches for a particular inmate from whom to collect a sample;
 - (4) affixes pre-printed barcode labels to specimen containers and assigns a unique barcode number to a specific inmate (thereby ensuring Testing Officers cannot associate specimens with specific inmates).
- b. The Collecting Officer [who is the same sex as the inmate(s) being tested] ensures proper procedures are followed in order to protect the integrity and validity of test results:
 - (1) The Collecting Officer thoroughly searches inmates before collecting the specimens to ensure the absence of hidden containers or other contraband that may negate a valid test.

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- (2) Inmates are required to wash and dry their hands immediately before providing the specimens.
 - (3) Specimens are collected in areas that afford privacy. However, the Collecting Officers must witness the actual passage of specimens into containers.
 - (4) If an inmate cannot immediately produce a specimen, s/he is given a 4-hour period in which to produce a specimen.
 - (a) During this period, the inmate is secured in an area where access to toilet facilities may be controlled.
 - (b) Drinking water is made available to the inmate in an amount not to exceed eight (8) ounces.
 - (c) An inmate's inability to produce a specimen within this time limit is considered a failure to provide a specimen, and disciplinary action is initiated, consistent with policy 11.01-4 DOC, or a successive policy.
 - (d) However, if after being unable to produce a urinalysis sample, an inmate claims s/he is unable to provide a urinalysis sample during the 4-hour period due to a documented or undocumented mental health and/or a physical medical condition, the following guidelines apply:
 - (1) If the condition is reported by the inmate to be a mental health condition, the Collecting Officer shall proceed to follow procedures specified in item III.D.1.c.
 - (2) If the condition is reported to be a physical medical condition (e.g., obstructive uropathy or renal failure), the Collecting Officer shall follow procedures specified in item III.D.1.c.
 - (a) Upon receipt of the inmate's report of a physical medical condition, and after the use of a dry cell (whether a specimen is

produced or not), an appointment shall be immediately scheduled with the appropriate medical personnel to assess whether there is a physical medical condition preventing the inmate from providing a urine sample in a timely fashion;

- (b) If, after consultation with the Department's medical personnel, Departmental staff are unable to document the inmate's physical medical condition that could prevent the inmate from providing a urine sample in the allotted time, the inmate shall be held to the normal standard of substance abuse testing for all future testing.

Any false claims by the inmate that s/he has a physical medical condition that prevents him or her from providing a urine sample may be grounds for disciplinary action in accordance with policy 11.01-4 DOC, or a successive policy.

- (c) If, after consultation with the Department's medical personnel, the Departmental staff are able to confirm that the inmate has a physical medical condition that prevents the inmate from providing a urine sample in the allotted time, the inmate will be excluded from the current urinalysis collection event without discipline. In addition, the Department's medical personnel will consult with the facility Warden regarding the length of time such inmate should be excluded from future urinalysis collection attempts and the

inmate's housing status will be addressed so that his/her physical medical condition can be monitored (e.g., a housing transfer to a medical unit within the facilities).

c. Dry Cells

- (1) Facility Wardens/designees may authorize the use of a dry cell when:
 - (a) inmates have documented physical and/or mental health conditions that prohibit the use of standard urinalysis or breathalyzer testing methods (e.g., obstructive uropathy or renal failure); or
 - (b) security needs require the use of this method.

Note: A "dry cell" is a secured cell that contains no running water, toilet, or urinal. It is inaccessible to other inmates. The inmate being tested is strip-searched and left in the cell wearing only undergarments. S/he is given the specimen cup and instructed to tell the Collecting Officer when s/he has provided the sample. Said inmate is videotaped while s/he is in the dry cell. The inmate is given eight (8) hours to produce the sample, and the Collecting Officer does not observe the sample pass into the collection cup; however, the process is videotaped.

- (2) Inmates' undocumented claims of physical and/or mental health conditions that prohibit the use of standard urinalysis or breathalyzer testing methods require verification.
 - (a) The inmate must sign an Authorization to Request/Release Health Care Information form (Attachment 1).

- (b) The Collecting Officer consults RIDOC Health Care Services staff to verify the inmate's claim, immediately if possible.

If immediate verification is not possible, the Collecting Officer ensures the inmate is in a secure location and requests authorization from the Warden/designee to utilize a dry cell.

- (3) Each unsubstantiated claim of a physical and/or mental health condition that precludes the use of standard testing methods will be treated independently. Authorization for a single incident of the use of a dry cell will not automatically apply to subsequent testing.

2. Random Testing

- a. On the first day of each month, RIDOC's computerized SATS automatically generates facility-specific random lists of inmates to be tested during that month.
- (1) These random lists contain inmate names totaling 10 percent of each facility's inmate population (at the time the list was generated).
- (2) RIDOC's Urine Screen Coordinator and facility Collection Officers may access these lists via:
- (a) computer terminals containing the substance abuse testing application; and/or
- (b) PDAs assigned to each facility, the K-9 Team, and Community Confinement Program.
- b. Ideally, Collection Officers, working in conjunction with the Urine Screen Coordinators or designees (usually Superior Officers), attempt to collect specimens from all inmates on the random lists each month. If, for any reason, an inmate is unavailable for testing by the end of the month (e.g., s/he has been discharged or hospitalized), the

appropriate notation is made in the PDA using the "Random Omit" function.

- (1) Random testing is conducted to ensure no pattern is established with respect to days, times, locations, etc.
- (2) Each time an inmate's name appears on the random list, s/he is tested, regardless of whether or not s/he was previously tested.

3. Testing for Cause

- a. Any inmate may be tested whenever reasonable suspicion exists that s/he is under the influence of drugs and/or alcohol.
- b. Information, events, and/or signs leading to reasonable suspicion include, but are not necessarily limited to:
 - (1) odor of alcohol;
 - (2) proximity to drugs or alcohol, or drug/alcohol paraphernalia;
 - (3) inability to communicate effectively;
 - (4) signs of disorientation;
 - (5) information provided by a reliable informant (i.e., an individual who has provided valid information in the past);
 - (6) prior high-negative test;
 - (7) prior positive drug test;
 - (8) previous positive ion scan test;
 - (9) unusual (e.g., extremely aggressive or passive) behavior;
 - (10) per facility Administrator's request.

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4. Testing of Inmates Who are Currently Participating in Substance Abuse Treatment Programs
- a. All inmates who are participating in RIDOC's substance abuse programs are subject to urinalysis testing.
 - b. RIDOC's substance abuse treatment options include both residential and non-residential programs. The SATS automatically notifies Urine Screen Coordinators and Collection Officers of which inmates are to be tested on particular dates, based on the specific programs in which they are enrolled or from which they have graduated.
 - c. Residential Treatment Programs

Inmates who are active participants in **residential** substance abuse treatment programs are tested **every week**.
 - d. Non-Residential Treatment Programs
 - (1) Inmates who are active participants in **non-residential** substance abuse treatment programs are tested **every other week**.
 - (2) Non-residential treatment programs include, but are not necessarily limited to:
 - (a) relapse prevention;
 - (b) cognitive restructuring;
 - (c) group counseling;
 - (d) education [excluding Alcoholics Anonymous (AA) and Narcotics Anonymous (NA)];
 - (e) day treatment;
 - (f) methadone treatment.

5. Testing of Inmates Who are Graduates of Residential Substance Abuse Treatment Programs

Following successful **completion** of **residential** substance abuse treatment programs, inmates are tested **at least once (1) per month, for a period of six (6) months.**

6. Processing Urine Specimens

- a. Chain of Custody - In order to maintain accurate chain of custody information, all "events" that transpire after urine specimens are collected must be recorded in the SATS.

NOTE: All specimens must be scanned every time they are either placed in or removed from a facility's or testing site's secure refrigerator.

- b. Initial Tests - After being properly scanned out of a facility's secure refrigerator, specimens are normally transported to the urinalysis testing site for initial testing by the Testing Officer.

- (1) Testing Officers are trained in the use of the testing equipment and precisely follow procedures recommended by the manufacturer and those contained in the aforementioned SATS Users' Guide.

- (2) Each specimen is tested twice during initial testing.

NOTE: After the testing cycle is complete, the Testing Officer logs into the SATS and enters the second testing result only.

- (a) Testing Officers physically enter positive results.

- (b) All others (i.e., negative results) are automatically recorded in the system.

- (3) Negative specimens are discarded.

- (4) Positive specimens are stored in the testing site's secure refrigerator, and the transfer is recorded in the SATS by scanning the barcode(s).

The Testing Officer who performs the initial tests prints an Initial Testing Summary Report for use by a second Testing Officer, who conducts the confirmation tests.

- c. Confirmation Tests - After properly scanning positive specimens that correspond with a particular Initial Testing Summary Report out of the testing site's secure refrigerator, the Testing Officer conducts confirmation tests.

NOTE: Testing Officers who perform initial tests must never be the ones to perform confirmation tests on the same specimens. The SATS is programmed to ensure this does not occur. If the Testing Officer is unsure as to whether s/he performed initial testing, s/he should use the SATS' "Verifying Confirmation" function (see SATS Users' Guide).

Each specimen is tested twice during confirmation testing.

NOTE: After the testing cycle is complete, the Testing Officer logs into the SATS and enters the second testing results only.

- (1) Testing Officers physically enter positive results.
- (2) All others (i.e., negative results) are automatically recorded in the system.
7. Retaining Positive Urine Specimens - All positive urine specimens are retained until all requested and/or automatic reviews are conducted.
8. Medication as a Possible Cause for a False Positive Test Result - For all positive results, the Urine Screen Coordinator contacts the inmates and determines whether medications were being taken.

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- a. In all instances where an inmate indicates s/he was taking medication:
- (1) The inmate signs an Authorization to Request/Release Health Care Information form (Attachment 1).
 - (2) RIDOC Health Care Services staff is consulted to verify the type(s), amount(s), and duration of medication taken and provide a copy of the Medication Form (Attachment 2) or written documentation of prescription drugs taken.
 - (3) If the contracted vendor did not previously provide written verification that the particular medication(s) may cause(s) positive results, the facility's Urine Screen Coordinator calls the contracted vendor's Technician and relays the following:
 - (a) account number;
 - (b) type(s) of medication;
 - (c) amount(s) of medication (dosage);
 - (d) duration;
 - (e) date last taken;
 - (f) assay for which the inmate tested positive.
 - (4) The Urine Screen Coordinator documents the call to the contracted vendor:
 - (a) time of the call;
 - (b) name of the Technician;
 - (c) Technician's response relative to whether the medication(s) in question could lead to a false positive result.

- b. If a positive result could have been caused by medication(s) taken by an inmate, the specimen is considered negative, and no disciplinary action is taken.
9. When a urine specimen tests positive and is confirmed by RIDOC staff for the presence of drugs or alcohol, the following protocol is followed:
 - a. The Superior Officer verbally informs the inmate of the positive test results. The inmate is placed on locked and fed in status (LFI). The inmate is asked if s/he wants to request an additional confirmation screening done by an outside laboratory utilizing the GC/MS (gaschromotography/masspectro metrex) method.
 - b. If the inmate declines the additional confirmation screening, RIDOC test results are considered final and the inmate is placed on LFI status and scheduled for a disciplinary hearing.
 - c. An inmate requesting an outside confirmation test is provided with an Inmate Request for Outside Confirmation Test of Urinalysis Screening form (Attachment 3) to sign and date. The form is also signed by the Superior Officer as a witness.
 - d. The disciplinary hearing process is postponed and the inmate remains on LFI status pending the outside laboratory confirmation test results.
 - e. The Inmate Request for Outside Confirmation Test of Urinalysis Screening form (Attachment 3) will be in quadruple, carbonless copy form. The Superior Officer provides the inmate with one copy of the Inmate Request for Outside Confirmation Test of Urinalysis Screening form (Attachment 3) and forwards the remaining copies to the Warden/designee.
 - f. The Warden/designee forwards one copy of the Inmate Request for Outside Confirmation Test of Urinalysis Screening form (Attachment 3) to the RIDOC Urine Screen Coordinator and Drug Testing Coordinator authorizing the specimen for testing by an outside laboratory.

- (1) The Drug Testing Coordinator retrieves the specimen from the laboratory refrigerator.
- (2) After the specimen is properly scanned out of the laboratory refrigerator, the specimen is immediately provided to the outside laboratory for testing.

NOTE: RIDOC only receives documentation of the specimen test result. The actual specimen sent out for testing is NOT returned to RIDOC.

- g. If the outside confirmation screening affirms RIDOC's positive test results, the inmate is responsible for reimbursement regarding the cost of the GC/MS screening and the disciplinary process continues forward. No inmate is refused the option to request the outside confirmation screening based upon his/her inability to pay. If the inmate's available (active) balance is not sufficient to meet the outside confirmation screening cost, the cost is debited against the inmate's account, and fifty percent (50%) of all subsequent deposits to the inmate's account are used to reduce the debt until the debt is completely eliminated.
- h. At the conclusion of the disciplinary and review processes, specifically, if the review is denied, the Warden/designee shall sign and send a copy of the Inmate Request for Outside Confirmation Test of Urinalysis Screening form (Attachment 3) to Inmate Accounts to authorize the withdrawal of funds for the GC/MS testing.
- i. If the outside confirmation results are negative, the inmate is not responsible for reimbursement payment for the test and, the disciplinary report is dismissed.
- j. The reimbursement payment for the cost of GC/MS screening is not to be considered as a disciplinary sanction for positive test results.
- k. For GC/MS confirmatory testing to be performed, approximately 100 ml or a half-cup of specimen is required. The lab makes the final determination regarding the quantity of the specimen (i.e., if the specimen is of sufficient amount to be tested).

1. The results of RIDOC test will be final for all specimens which lack the designated amount of urine necessary for GC/MS testing.

10. Initiating Disciplinary Action

- a. Urine Screen Coordinators initiate disciplinary action (see policy 11.01-4 DOC, or a successive policy) against those inmates who test positive for illegal substances provided:
 - (1) medication(s) could not have caused the positive result;
 - (2) the inmate is not a new commitment [i.e., within thirty (30) days of commitment date];
 - (3) the inmate has not already been discharged;
 - (4) no improper procedures were followed (e.g., no breaks in the chain of custody occurred); and/or
 - (5) other – The SATS allows this “other” category so the Urine Screen Coordinator may provide a brief explanation for any circumstance not specifically listed above.
- b. The Urine Screen Coordinators follow the detailed instructions contained in the SATS Users’ Guide to enter disciplinary reports (bookings) into the system.
 - (1) If an inmate who is enrolled in a treatment program tests positive and receives a disciplinary report, the SATS automatically sends a notice to the treatment provider so the inmate is terminated from treatment.
 - (2) In addition, the Urine Screen Coordinator notifies RIDOC’s Special Investigations Unit (SIU) of all positive tests resulting in disciplinary reports.

11. Breathalyzer

- a. Alcohol testing is conducted with a portable breathalyzer authorized for use at the RIDOC. Said breathalyzer must have printing capability, to include the following information:
 - (1) alcohol concentration results;
 - (2) date;
 - (3) time;
 - (4) air blank results;
 - (5) serial number; and
 - (6) most recent calibration/verification information.
- b. The Shift Commander of the building using the breathalyzer checks the breathalyzer at least once every one hundred and eighty (180) days to determine its working condition. The Shift Commander sends the breathalyzer to the Training Academy for re-calibration. All checks are recorded in the machine's maintenance logbook.
- c. The Training Academy trains designated employees in the use of the breathalyzer. This training includes an overview of the manufacturer's instructions and a demonstration of how to use the breathalyzer.
- d. Routine Breathalyzer Testing of Inmates
 - (1) Inmates may be ordered to submit to breathalyzer tests under the following circumstances:
 - (a) return from an absence (e.g., hospital trips, job interviews);
 - (b) return from a Work Release program;

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- (c) return from a temporary release program (i.e., outside work detail);
 - (d) inmates involved in activities outside of the Adult Correctional Institutions (e.g., home confinement, transitional housing);
 - (e) return from furlough;
 - (f) following recreational activities;
 - (g) for cause.
- e. Breathalyzer Testing Procedures and Results:
- (1) Prior to the operator's taking a breath sample, an air blank test must be conducted. The air blank test consists of clearing the breathalyzer of any traces of alcohol that may have been measured previously.
 - (2) An uncontaminated mouthpiece is used for each breath test. The inmate must provide a breath sample that consists of deep lung (alveolar) air.
 - (3) Breath tests may consist of two (2) breath samples: one (1) for the screening test; and one (1), if necessary, for the confirmation test.
 - (a) The first breath sample is provided for the screening test. If the breathalyzer registers an alcohol concentration of .001 or greater, the results are printed, and a confirmation test is given at least fifteen (15) minutes after the screening test. This time lapse allows residual alcohol that may be on the breath due to the use of certain products (e.g., mouthwash) to dissipate.
 - (b) If after fifteen (15) minutes the breathalyzer still registers a result of .001 or greater, the inmate is considered to be under the influence of alcohol and is disciplined as outlined in section III.G.

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- (4) Refusal to submit to a breathalyzer test is considered equal to an alcohol concentration of .001 or greater, and the inmate is disciplined as outlined in section III.G. Also, if an inmate refuses to submit to a breathalyzer and exhibits signs of intoxication (e.g., odor of alcohol on breath or person, slurred speech), the inmate is videotaped, whenever possible, and disciplined as outlined in section III.G. and consistent with policy # 11.01-4 DOC, or a successive policy.

E. Urinalysis Machine Operator Certification Training:

1. All certification training on the urinalysis machine is conducted through the RIDOC Training Academy. The training is conducted by the vendor's trainers or a Certified RIDOC Operator. The training is two and one-half (2 ½) days in length and consists of:
 - a. Overview
 - b. Reagent and Samples
 - c. Instrument Start-Up
 - d. Calibration; Quality Check
 - e. Running Samples
 - f. Instrument Shutdown
 - g. Record keeping
 - h. Maintenance
 - i. Troubleshooting
 - j. RIDOC Policies
2. Two (2) examinations are administered—one (1) written and one (1) practical application.

F. Drug Testing Coordinator (Urinalysis Program):

1. RIDOC identifies a Drug Testing Coordinator to assure strict control of the Urinalysis Program. The Coordinator is responsible for all documentation and chain of custody procedures for specimen collection. The prerequisite for appointment as Coordinator is that the individual is certified by the contracted vendor.
2. The duties of the Drug Testing Coordinator include:

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- a. Training staff, administering the certification examinations, and issuing Certificates of Training;
 - b. Maintaining close liaison with the Assistant Director of Institutions and Operations, the Associate Director of Community Corrections, Investigators, RIDOC Legal Counsel, Wardens, Deputy Wardens, Discipline Board/Hearing Officer, the Clinical Director Psychologist, the Substance Abuse Coordinator, and contracted vendor's representative(s).
 - c. Developing and conducting unannounced/announced test station inspections, checking operator procedures, and closely monitoring the collection process to ensure RIDOC policies are being followed.
 - d. Establishing and conducting an annual training program for certified operators.
 - e. Acting as RIDOC's representative when requested by a contracted vendor's representative and/or other agencies wishing to establish a drug testing program.

G. Sanctions:

1. Inmates are held accountable for positive drug/alcohol tests.
2. All disciplinary information is recorded in the SATS as detailed in the SATS "Users" Guide.
3. In all cases where an inmate has been found guilty of a drug and/or alcohol violation, a sanction from a graduated scale of sanctions is imposed.
4. Wardens/designees are allowed discretion regarding the imposition of sanctions within the offense levels, taking into consideration the violation, treatment compliance, proximity to release, and overall institutional behavior.
5. In all cases where an inmate has been found guilty of a disciplinary report for a drug and/or alcohol violation, s/he is interviewed by RIDOC's Special Investigations Unit (SIU) in an effort to determine the source of the drugs and/or alcohol. All interviews are documented.

Once the investigating Superior Officer validates the disciplinary report (booking), s/he forwards a copy to the SIU via interoffice mail.

6. The following escalating sanctions are available to RIDOC's Discipline Board/Hearing Officer:

NOTE: All substance abuse-related discipline(s) incurred by an inmate since the first day of his/her **current** period of incarceration or current sentence (including sentences to Home Confinement and including infractions which occurred prior to this policy's effective date) are considered when determining whether an offense is a first, second, third, or subsequent substance abuse offense.

NOTE: When a Parolee violates the terms/conditions of his/her parole and is returned to the ACI, positive substance abuse tests (i.e., "dirty urines") associated with his/her **current** period of incarceration or current sentence which s/he incurred prior to release on parole are considered when determining whether the parole violator is a first, second, third, or subsequent substance abuse offender.

Example #1:

- An inmate has one (1) dirty urine during a particular period of incarceration or sentence.
- S/he is released on parole.
- S/he violates the conditions of his/her parole by consuming alcoholic beverages. This is considered the second substance abuse-related offense (during the current period of incarceration or current sentence).

Example #2:

- An inmate has one (1) dirty urine during a particular period of incarceration or sentence.
- S/he is released on parole.

- S/he violates the conditions of his/her parole (by associating with known felons or possessing a weapon or not reporting to his/her Probation and Parole Officer, etc.) and is returned to the ACI.
- Several weeks later, s/he has a positive urine test. This is considered the second substance abuse-related offense (during the current period of incarceration or current sentence).

a. First Offense

- (1) Suspension of inmate's visiting privileges - 30 days (except attorney and clergy);
- (2) Recommendation to Classification Board for change of status;
- (3) Referral to Parole Board Chairperson for reconsideration, if inmate has been voted to Parole (required);
- (4) Imposition of disciplinary confinement - 21 - 23 days;
- (5) Increased Frequency of Drug Testing:

Mandatory testing each week for up to six (6) months, at the inmate's expense;

- (6) Testing for cause [previous dirty urine(s)];
- (7) Scheduling of immediate review date with Classification Board. At the Classification Board hearing, the inmate is referred to drug treatment/intervention.

(a) If the inmate agrees to enroll in a drug treatment/intervention program, the Classification Board may recommend s/he remain in the same classification/custody level.

- (1) First-time Minimum custody substance abuse offenders who agree to participate in residential substance abuse treatment receive twenty (20) days loss of privileges (LOP) and remain within

the facility. (For more information, please see policy 11.01-4 DOC, or a successive policy.) In addition, inmates also lose visiting privileges for thirty (30) days (except attorney and clergy) once their LOP disciplinary provisions are completed.

If the inmate refuses to participate in residential substance abuse treatment, s/he is transferred to Medium Security, where s/he will serve twenty (20) days disciplinary confinement and will be scheduled for a date by the Classification Board, which may result in a change in classification/custody level.

- (b) If the inmate refuses to enroll in a substance abuse treatment/intervention program, the Classification Board reviews his/her status and may elect to change the inmate's classification/custody level.
 - (c) The Associate Director of Classification ensures that the Substance Abuse Treatment, Testing, and Sanctions Compliance Form (Attachment 4) is completed by the Classification Board Chairperson and forwarded to the Substance Abuse Coordinator.
- (8) Intervention Options:
- (a) Referral and drug treatment assessment;
 - (b) Group counseling;
 - (c) Increased frequency of counseling;
 - (d) Drug education and alcohol education program; and/or
 - (e) Participation in recognized self-help groups such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA).

b. Second Offense

- (1) Suspension of inmate's visiting privileges - 6 months (except attorney and clergy);
- (2) Recommendation to Classification Board for change of status;
- (3) Referral to Parole Board Chairperson for reconsideration, if offender has been voted to Parole (required);
- (4) Imposition of disciplinary confinement -- 24 - 26 days;
- (5) Increased Frequency of Drug Testing:

Mandatory testing each week for up to six (6) months, at the inmate's expense;

- (6) Testing for cause [previous dirty urine(s)];
- (7) Scheduling of immediate review date with Classification Board. At the Classification Board hearing, the inmate is referred to substance abuse treatment/intervention.

- (a) If the inmate agrees to enroll in a substance abuse treatment/intervention program, the Classification Board may recommend s/he remain in the same classification/custody level (excluding Minimum).

If the inmate does not comply with the treatment/intervention, s/he is scheduled for an immediate review date by the Classification Board, which may result in a change in classification/custody level.

- (b) If the inmate refuses to enroll in a substance abuse treatment/intervention program, the Classification Board reviews his/her status and may elect to change the inmate's classification/custody level.
- (c) The Associate Director of Classification ensures that the Substance Abuse Treatment, Testing, and Sanctions

Compliance Form (Attachment 4) is completed by the Classification Board Chairperson and forwarded to the Substance Abuse Coordinator.

- (8) Intervention Options:
 - (a) Referral and drug treatment assessment;
 - (b) Group counseling;
 - (c) Increased frequency of counseling;
 - (d) Drug education and alcohol education program; and/or
 - (e) Participation in recognized self-help groups such as AA and NA.

c. Third and Subsequent Offenses

- (1) Suspension of inmate's visiting privileges - one (1) year (except attorney and clergy);
- (2) Recommendation to Classification Board for change of status;
- (3) Referral to Parole Board Chairperson for reconsideration, if offender has been voted to Parole;
- (4) Imposition of disciplinary confinement - 27 - 30 days;
- (5) Increased frequency of drug testing;

Mandatory testing each week for up to six (6) months, at the inmate's expense;
- (6) Testing for cause [previous dirty urine(s)];
- (7) Scheduling of immediate review date before Classification Board for increase in classification/custody level;

- (8) Intervention Options:
- (a) Referral and drug treatment assessment;
 - (b) Group counseling;
 - (c) Increased frequency of counseling;
 - (d) Drug education and alcohol education program;
and/or
 - (e) Participation in recognized self-help groups such as AA
and NA.

RHODE ISLAND DEPARTMENT OF CORRECTIONS
Medical Records Unit
PO Box 8249
Cranston, Rhode Island 02920

Telephone: 401-462-3880
Fax: 401-462-2683

Authorization to Request/Release Health Care Information

Patient: _____ DOB: _____ Inmate ID# _____
Print Name

I hereby authorize: _____

To disclose to: _____ Attention: _____

The following information (be specific):

- History and Physical Lab Results X-ray Reports/EKGs
- Contact Notes/Physician Orders Consults Medication Records
- HIV Test/AIDS related information (RIGL 23-6-17) Other _____
- Drug/Alcohol abuse information (42 CFR Part 2)

Covering the period from: _____ to: _____

Purpose of Disclosure: _____

I have read carefully and understand the above statements and voluntarily consent to disclosure of the above information (including alcohol and drug abuse records and/or HIV test, if relevant), to those persons/agencies named above. Information released with this authorization shall not be sold, transferred, or in any way given to any other person without first obtaining my additional written authorization. The Department of Corrections is not responsible for unauthorized re-disclosure by the designated recipient.

This authorization will have a duration of no longer than 90 days after the date on this form. I understand that I may revoke my permission at any time EXCEPT to the extent that action has been taken in reliance on it. If I wish to revoke this authorization, I will forward a request IN WRITING to the Chief, Program Development (Medical Records Unit) at the above address.

Signature _____ Date: _____

If you are currently an inmate and want a copy of your RIDOC medical record – you must sign this voucher as an Authorization for payment from your inmate account
(Note: Unsigned vouchers will not processed – you will not receive your copies)

Fee Schedule: \$0.25 per page for the first one hundred (100) pages
\$0.10 per page for every page over one hundred (100)

Signature _____ Date: _____

Please note: As a health care provider, there are no funds available for photocopies received from community providers. Please call the number above prior to forwarding copies if there is a cost associated with this service. Thank you.

Original – Medical Record Yellow – Copy Service
Pink – Inmate Accounts Green – Patient (retain this copy for your personal use)
Revised form: # 027 – 09/01; revised 12/04

RHODE ISLAND DEPARTMENT OF CORRECTIONS

MEDICATION FORM

DATE: _____

FACILITY URINE

SCREEN COORDINATOR: _____ CODE #: _____

Printed Name

INMATE

RIDOC

NAME: _____ INMATE ID#: _____

Inmate has signed release of information (Attachment 1) and stated s/he was taking the following medication: _____

	RIDOC HEALTH SERVICES	CONTRACTED LABORATORY
Date of Call		
Time of Call		
Name of Person Spoken to		
Type(s) of Medication		
Amount (Dosage)		
Duration		
Date Last Taken		
Assay Inmate Tested Positive	Not Applicable	
Incident Number (Assigned by Lab)	Not Applicable	

Response will be sent via fax within 24 hours or given verbally over the telephone. If given verbally, record answer here:

Facility Urine Screen Coordinator's Signature

Date

INMATE REQUEST FOR OUTSIDE CONFIRMATION TEST OF URINALYSIS SCREENING

This form must be made available to every inmate who has a urine specimen that is tested positive and confirmed by RIDOC for the presence of drugs or alcohol.

Section A (to be completed by the Superior Officer)

Please Print

Inmate Name - _____ Date: _____

Inmate ID # - _____

Date of Positive Testing - _____ Inmate given copy of test results Yes / No

Superior Name - _____

Superior Signature - _____

Section B (to be completed by the Inmate)

Check One Box

Yes, I am requesting an outside confirmation of my urine specimen. I authorize the testing of my urine specimen at an outside lab for independent confirmation. If the confirmation test is positive for the previously screened drug, I am responsible for the full cost of the confirmation test and authorize Inmate Accounts to withdraw (or debit if I am without funds) \$120.00 from my account for payment of the test. If the confirmation test is negative for the previously screened drug, the cost will be paid in full by the Department of Corrections.

No, I do not request an outside confirmation of my urine specimen. I may still request an Administrative Review of the outcome of the Disciplinary Hearing.

Inmate Name (please print) - _____

Inmate Signature - _____

Section C

Warden/Designee Signature - _____

Inmate Accounts: Please charge the above inmate the cost of outside urinalysis screening \$120.00. The completed form signed by the Warden/Designee is confirmation for this charge.

Distribution:
White-Warden's Office to Inmate Accounts
Yellow-Warden's Office
Pink-Drug Testing Coordinator
Gold-Inmate

RHODE ISLAND DEPARTMENT OF CORRECTIONS

CLASSIFICATION UNIT

Substance Abuse Treatment, Testing, and Sanctions Compliance Form

Inmate's Name: _____

RIDOC Inmate ID #: _____

Date: _____

Classification Board:

- Intake Service Center
- High Security Center
- Maximum Security
- John J. Moran Medium Security Facility
- Donald Price Medium Security Facility
- Minimum Security
- Dorothea Dix Women's Facility
- Gloria DiSandro McDonald Women's Facility

Agrees to enroll in _____ program.

Does not agree to enroll.

Signature (Classification Board Chair)

White = Classification Office

Pink = Substance Abuse Coordinator