

Fifth Judicial District
Department of Correctional Services

Policy Manual

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Approved By:


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Unit: 5th Judicial District Substance Abuse
Treatment Programs

Subject: Discharge Planning

POLICY

The 5th Judicial District Substance Abuse Treatment Program will participate in release and discharge planning with every client to assist the client in developing aftercare plans and coordinating treatment and correctional recommendations.

PROCEDURES

1. The 5th Judicial District Substance Abuse Program Treatment Counselor will begin discharge planning with the client at time of intake and assessment and will address areas of concern in the treatment plan.
2. The Program will maintain a list of all substance abuse resources available within the state which will minimally contain the name and location of the resource and the types of services provided by the resource.
3. Referrals to outside resources will be made based on individual risk and need, and the Counselor will assist the client in making contacts within the community where the client will be returning.
4. The Program will allow the client extended furlough time as the client progresses through treatment in an effort to improve transition from treatment to the community. Clients will be granted 12, 24, 48 and 72 hour furloughs based on treatment progress.
5. The Program will allow eligible clients to be placed on day reporting in another effort to improve transition from treatment to the community. Eligible clients will be approved to reside at their home or approved discharge site while returning to the Program 3 to 5 nights per week for treatment services. Clients in the OWI Continuum will not be allowed to be placed on Day Reporting status.
6. The Counselor will complete a Discharge Summary on every client that enters treatment. It will be reviewed by the Treatment Supervisor and the client will be provided with a copy. The Discharge Summary will minimally contain the following:
 - A. Summary of current strengths and weakness of client
 - B. Summary of assessment results
 - C. Summary of treatment activities
 - D. Social family support
 - E. Summary of current client status to include motivation and participation
 - F. Recommendations that include the reason for referral and prognosis