

 Good Life. Great Mission. DEPT OF CORRECTIONAL SERVICES	POLICY		
	<b>SUBSTANCE USE DISORDER TREATMENT PROGRAMMING</b>		
	REVISED DATE <b>December 31, 2023</b>	NUMBER <b>115.09</b>	PAGE <b>1 of 8</b>
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**SUMMARY OF REVISION/REVIEW**

PROCESS – IV.C. – Language updated. IV.D. – Language updated. IV.E.1.d. – Language updated.  
 IV.E.1.e. – Language updated. IV.E.3.a. – Language updated. VI. – Language updated.  
 Minor grammar changes throughout.

APPROVED:

  
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 Jeffrey Kasselmann, MD, FAAFP  
 Interim NDCS Medical Director

  
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 Rob Jeffrey, Director  
 Nebraska Department of Correctional Services

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**PURPOSE**

The Nebraska Department of Correctional Services (NDCS) is committed to providing patients diagnosed with substance use and/or co-occurring disorder(s) comprehensive substance use treatment services. Multidisciplinary treatment opportunities are accessible to patients to assist them in the acquisition of necessary skills, education/tools and substance use treatment services. Treatment shall be guided by best practices, including assessment and treatment process.

Pursuant to applicable American Correctional Association (ACA) standards and Nebraska Department of Health & Human Services (DHHS) standards, NDCS shall provide the opportunity for substance use programming for all patients clinically identified and referred for treatment/intervention while providing incentives for targeted treatment programs to increase motivation and success. (ACI-5E-15)

**DEFINITIONS**

For all Medical and Mental Health definitions, see policy 115.50, *Health Services Definitions*.

**PROCESS**

**I. DETOXIFICATION**

Substance use team members will refer to medical team members providers as needed. (ACI-6A-41)

**II. SUBSTANCE USE SCREENING (ACI-6A-23)**

Clinical management of patients diagnosed with a substance use disorder using a biopsychosocial model includes the following requirements:

- A. A standardized needs assessment is administered to determine a diagnosis. CDC team members at reception areas determine diagnosis and treatment recommendations based on clinical interview, testing results, the pre-sentence investigation, criminal history and any other available collateral information. (ACI-6A-42, ACRS-5A-08)
- B. Patients may be diagnosed with a substance use disorder by a Qualified Mental Health Professional (QMHP) or Licensed Alcohol/Drug Abuse Counselor (LADC).
  - 1. Substance use screening and initial clinical assessments/appraisals for patients will be conducted at the appropriate reception facilities. All screening and assessments/appraisals will be completed by substance use team member and/or QMHP within 14 days of the individual's admission to NDCS. Documentation from substance use team members shall be provided to unit management to aid in the development of the case plan and the initial classification study. (ACI-6A-32)
  - 2. Assessment, diagnosis, and treatment services will be based on best practices and a biopsychosocial model that address such factors as associated co-occurring disorders; medical conditions; cognitive factors including criminal thinking patterns and motivation to change; family/support systems; social; educational and vocational needs.
  - 3. Individuals who are recommended for residential or nonresidential treatment services will have their recommendations placed in NiCaMS and on their case plan.

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III. ASSESSMENT AND REFERRALS TO SUBSTANCE USE TREATMENT PROGRAMMING:

- A. Each patient will be assessed for substance use issues upon admission into NDCS by a licensed substance use team member and/or QMHP to determine risk factors associated with substance use disorder.
- B. All patients will be given their program recommendation and have the opportunity to accept or decline participation in recommended programming. Substance use team members will enter the recommendation into NICaMS “clinical recommendations” tab and will provide the recommendation to the unit administrator. Any patient who disagrees with their recommendation will be provided an opportunity to request a review by CSURT.
- C. Patients will automatically be placed on a residential or non-residential 3 Year Priority List based on factors, such as, but not limited to, sentence structure such as Parole Eligibility Date/Tentative Release Date (PED/TRD), hearing date, and assigned living facility.
- D. Assessment/reassessment for appropriate drug and alcohol treatment program assignment shall be an ongoing process and shall address the individual patient’s needs.
- E. Patients who exhibit substance use problems during their incarceration, through positive results in the NDCS drug testing program and/or Misconduct Reports (MRs) for suspected use, may be referred to substance use treatment team members for reassessment, which may result in possible programming recommendation change.
- F. Parole violators who exhibit substance use problems while on parole may be referred to substance use treatment programming before and after revocation by the Board of Parole through the Parole Administration and/or the substance use team members. A recommendation will be in NICaMS prior to revocation.
- G. In circumstances of incomplete participation and removal from treatment for medical, psychiatric, or behavioral stabilization, restrictive housing placement, or any other issues that may impact the safety and security of the institution or program, patients will be automatically placed back on the waiting per PED. Supervisory team members of each program may use their clinical discretion to vary from these parameters on a case by case basis.

IV. SUBSTANCE USE TREATMENT PROGRAMS

- A. The chief psychologist for substance use services shall direct and administer the NDCS substance use treatment services.
- B. As part of the NDCS health services team, the NDCS substance use team members participates in monthly multi-disciplinary activities and shares appropriate documentation among the health services including medical, psychiatric, mental health providers, social work and NDCS unit management.

The determination for pharmacological care will be made by the medical team members at the time of the initial physical examination and as necessary during incarceration.

- C. Each patient committed to NDCS will be made aware of available treatment by substance use team member and/or QMHP and efforts will be made to motivate those in need to seek treatment at the intake facilities and at their assigned living locations. Unit management team members will remind patients of their recommendation at their scheduled case plan review. (ACI-5E-15)

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- D. Each patient identified by substance use team member and/or QMHP as having substance use disorders on his/her admission history and physical will be made aware of treatment options available throughout his/her incarceration and will be encouraged to engage in treatment and sign an acceptance or a refusal form indicating his/her choice.
- E. Facilities offer a variety of options and services based upon institutional mission, physical capacity, staffing and identified patient needs (residential treatment, residential relapse prevention program, IOP, OP, and drug/alcohol education). All programming options are offered on a voluntary basis. All substance use programs will follow best practices regarding staffing, programming, treatment resources, equipment, and support services.

The following substance use treatment levels of care and service levels are available within the NDCS.

1. Residential Services

- a. Residential treatment incorporates education, recovery, cognitive-behavioral restructuring, relapse prevention, continuing care, transition planning, referrals to community-based providers, drug testing and monitoring, and self-help support. (ACI-5E-11)
- b. Co-occurring services, which include substance use and mental health therapy, are offered in NDCS residential programs. (ACI-6A-31)
- c. Complex clinical cases may have a review through the CSURT. The purpose of this review is to amend and update substance use recommendations as needed.
- d. The 90-day residential substance use treatment program may include: (ACI-5E-13)
  - 1) patient diagnosis
  - 2) identification of problem areas
  - 3) mental health services available, provided by a QMHP
  - 4) individual treatment goals and objectives
  - 5) counseling objectives
  - 6) drug/alcohol education
  - 7) relapse prevention and management
  - 8) general education/GED opportunities
  - 9) gender-specific issues
  - 10) the recommendation of self-help groups as an adjunct to treatment
  - 11) prerelease and transitional service needs

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- 12) coordination of services between community treatment providers
- 13) NDCS team members to ensure a continuum of supervision and treatment

These primary services will be formulated and individualized according to American Society of Addiction Medicine (ASAM) methodology.

- e. Patients who relapse, including those who are returned to NDCS custody following a violation of parole, will be reassessed by substance use team members and/or QMHP. If treatment is necessary, team members will determine the level of treatment needed.

2. Non-Residential Services

- a. Intensive Outpatient/Outpatient incorporates education, recovery, cognitive-behavioral restructuring, relapse prevention, continuing care planning and transition planning with community-based providers.
- b. Substance Use self-help support groups such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA) are encouraged.
- c. IOP consists of 60 hours total group time and weekly individual sessions. Groups will typically meet for three hours, three times per week, for 6 weeks.
- d. OP consists of up to 15 hours of group time and individual sessions as needed. Groups typically meet for one hour, one time per week, for five weeks.

3. Assessment Tools and Resources for Non-residential Programs

- a. Diagnosis per Diagnostic & Statistical Manual of Mental Disorders-Fifth Edition Text Revision (DSM-5-TR)
- b. Substance Use Subtle Screening Inventory (SASSI), Criminal Thinking Scales (CTS), and Client Evaluation of Self on Intake (CESI)
- c. ASAM Patient Placement Criteria
- d. Appropriate Level of Care Recommendation (available NDCS programs/services)
- e. Motivational stage of change
- f. Co-occurring disorders
- g. Collaboration of Social Work and Re-Entry

V. TREATMENT PROTOCOL

- A. The treatment process conducted by the licensed substance use team members shall utilize a variety of best practices to provide flexibility in meeting the varying and individual needs of patients who use drugs/alcohol and shall provide incentives within the programs to increase and maintain motivation for treatment. The individualized treatment plan will be guided by the principles and

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procedures provided by the ASAM and its most recent revision of the society of treatment manual that includes ongoing review by substance use team members. (ACI-5E-15)

- B. Each patient in a substance use treatment program shall have a written individual treatment plan, developed cooperatively between the patient and counselor, which includes realistic, measurable goals, a delineation of counseling services and any supportive services needed.
- C. All physical and electronic files shall be maintained for each substance use treatment program patient, which will include the individual treatment plan, contact/progress notes and other information deemed appropriate to document the patient's treatment. Electronic files are located in the NDCS database system; physical files are kept in a standard format provided by the substance use administration. Active files will be audited on a quarterly schedule by assigned substance use team members and all active treatment files will be kept at the institution where the patient is participating in treatment.
- D. To provide seamless reentry of patients into their communities and families/support systems, specific and requested information concerning a patient's participation/progress and completion/termination/refusal of programming shall be provided. Internal and external stakeholders including NDCS team members, Parole Board, Parole team members, probation, and any other entity with the appropriate signed release of information may receive information for continuity of care.
- E. The chief psychologist for substance use services will coordinate the efforts of the NDCS substance use treatment services. All active substance use treatment patients and any other patients who may request such help shall be provided referral information for an appropriate community agency for follow-up treatment upon their release. (ACI-5E-14)

VI. DRUG TESTING PROGRAM

Drug testing is a part of the overall NDCS policy addressing substance use. The procedures for conducting drug testing and results/interpretation outlined in NDCS policy 211.01, *Institutions: Drug Testing Program*.

VII. INTEGRATION OF HEALTH SERVICES

- A. Substance use treatment services is a section within the health services division. They work to meet the common mission and goals of NDCS health care. This will include working with all NDCS health care services and team members including medical, nursing, psychiatry, social work, and mental health.
- B. With approval, substance use treatment services may conduct statistical research aimed at providing information such as outcome data for grants management, program evaluation, and original research to measure goals and objectives. These will be reviewed at least annually and updated as needed. (ACI-5E-12)

VIII. RETENTION OF RECORDS

- A. Inactive substance use treatment records will be retained in original form by the NDCS under the auspices of the chief psychologist for substance use services for a period of twenty-five years, or in the electronic file, following discharge from the last treatment program attended. The physical file may be placed on computer disk, microfiche or in some other form of secure data storage.

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- B. A permanent record of all patients who have participated in NDCS substance use treatment programs will be retained by the NDCS under the auspices of the chief psychologist for substance use services. This permanent record shall include the patient's name and institutional number (at time of treatment), the begin/end dates of treatment, the category of program involvement, location of the treatment by facility, and the reason/resolution of the treatment episode/program discharge. The electronic record is located in the NiCaMS database. Physical files may contain inmate interview requests, referrals, or any document not scanned into the electronic record. (ACI-5E-14)
- C. Substance use treatment records are protected by the Code of Federal Regulations (42 CFR-Part 2).
- D. Inactive substance use treatment records for a discharged patient who needs additional substance use treatment services after returning to the NDCS will be retrieved upon request to assist treatment counselors in providing appropriate treatment services.
- E. Substance use treatment records for a patient who is discharged from one NDCS substance use treatment program and enters another NDCS substance use treatment program will be transferred to the new program/counselor.

IX. TEAM MEMBER DEVELOPMENT

- A. The substance use treatment services counseling team member shall be provisionally or fully licensed in drug and alcohol addiction counseling and receive ongoing, continuing education through in-service training, internal and external training or workshops in addition to required NDCS training to total at least 40 hours/year. (ACRS-7B-02)
- B. Substance use treatment services team members complete all required NDCS pre-service and annual in-service training. They may assist in conducting training relevant to their field.

REFERENCE

I. STATUTORY REFERENCE AND OTHER AUTHORITY

- A. Neb. Rev. Stat. § 28-401

II. NDCS POLICIES

- A. Policy 115.04, *Health Education and Access to Health Services*
- B. Policy 115.50, *Health Services Definitions*
- C. Policy 211.01, *Institutions: Drug Testing Program*

III. ATTACHMENTS – None noted

IV. AMERICAN CORRECTIONS ASSOCIATION (ACA)

- A. Expected Practices for Adult Correctional Institutions (ACI) (5<sup>th</sup> edition): 5-ACI-5E-11, 5-ACI-5E-12, 5-ACI-5E-13, 5-ACI-5E-14, 5-ACI-5E-15, 5-ACI-6A-23, 5-ACI-6A-31, 5-ACI-6A-32, 5-ACI-6A-41, 5-ACI-6A-42

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- B. Standards for Adult Community Residential Services (ACRS) (4<sup>th</sup> edition): 4-ACRS-5A-08, 4-ACRS-7B-02