

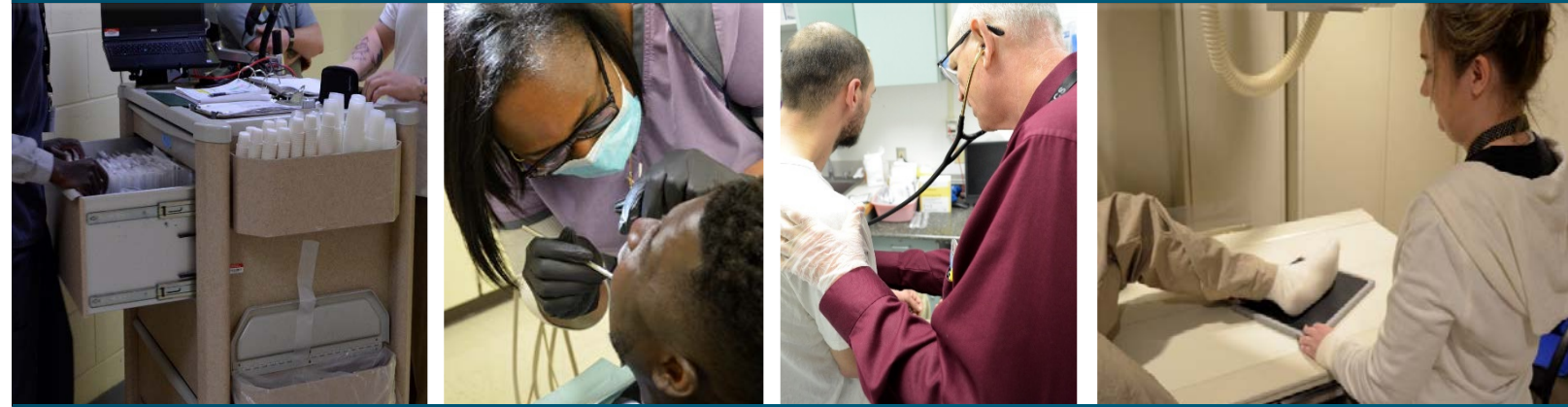
NEBRASKA

Good Life. Great Mission.

DEPT OF CORRECTIONAL SERVICES

Health Services

Incarcerated Individual Health Plan



2023-2024

Nebraska Correctional Health Care Services Act:

Terms, defined.

For purposes of the Nebraska Correctional Health Care Services Act:

- Community standards of health care means medical care of type, quality and amount that any individual residing within the community in question could expect to receive in that community.
- Department means Department of Correctional Services;
- Health care services means medical care provided by or on behalf of the Department to incarcerated individuals and includes practice of medicine and surgery; the practice of pharmacy, nursing care, dental care, optometric care, audiological care, physical therapy, speech therapy, mental health care including substance use counseling and treatment;
- Incarcerated Individual means an individual in custody of the Department; and
- Medical doctor means a person licensed to practice medicine and surgery in NE.

This *Incarcerated Individual Health Plan* outlines NDCS's commitment to comply with Nebraska Correctional Health Care Services Act. *NDCS Community* is made up of nine correctional facilities located across Nebraska and the standard of care is reflective of expected best practices of services typically found in Nebraska communities. Specialized services are provided when medically indicated.

For more detailed information:

[Click on referenced Policy links - Table of Contents page 24](#)

HEALTH SERVICES – Mission, Vision, & Values

MISSION

Provide humane, comprehensive and integrated health care; including program opportunities consistent with standards of quality and scope of services found in communities to promote health and well-being of individuals placed in our custody.

VISION

Strive to continually improve health of individuals placed in our custody by developing integrated delivery systems that efficiently provide a continuum of needed, accessible and quality services.

VALUES

Excellence:

Fostering excellence through:

- Continuous quality improvement
- Cooperative partnerships and teamwork
- Cost efficiency, effectiveness and appropriate utilization of resources
- Diversity
- Flexibility
- Open communication and mutual respect
- Ownership and commitment
- Recruiting and retaining high quality staff

Service:

Delivering services:

- Which encourage incarcerated individuals to share responsibility in their health care and well-being
- Which promote rehabilitation and re-entry into society
- In partnership with community resources
- Responsively
- With care and compassion
- In a seamless continuum
- In an efficient and effective manner
- Through holistic and preventative philosophies

Personal and Professional Growth:

- Building and expanding knowledge, skills and abilities through education and training
- Developing leadership potential
- Fostering accountability

Credibility:

- Constitutional Level of Care
- Expected Best Practices
- Professionalism
- Quality Services
- Reliable, Consistent Service

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Effective 7/01/2018 Until Revised

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Nebraska Department of Correctional Services (NDCS) Incarcerated Individual Health Plan (IIHP)

Introduction

Nebraska Department of Correctional Services (NDCS) provides medically necessary mental health and medical care to Incarcerated Individuals incarcerated in our nine (9) facilities.

The Incarcerated Individual Health Plan (IIHP) defines which services are medically necessary; but is not a contract or a guarantee of services to Incarcerated Individuals.

The IIHP describes mental health and medical care services available to Incarcerated Individuals; as well as services that are limited, elective or not available.

To be covered by the IIHP, services must be:

- Medically necessary OR
 - Necessary for the health and safety of the incarcerated community for public health reasons (for example, treatment for head lice) OR
 - Required by law, regulation or NDCS policy AND
 - Ordered by a NDCS health care Provider AND
 - Authorized according to NDCS policies and procedures AND
 - Delivered in the most cost-effective manner and location consistent with safe, appropriate care
- If a facility is unable to provide any of the services listed above, an Incarcerated Individual may be transferred to another facility to ensure access to medically necessary care.

Definitions

Activities of Daily Living (ADL)

Activities related to personal care including but not limited to: bathing/showering, dressing, eating, getting in/out bed/chair, using toilet, walking or assisted mobility

APRN - NP

Advanced Practice Registered Nurse - Nurse Practitioner

Authorization for Medically Necessary Care

- Approval authorization granted by NDCS Medical Director or designee is initiated by NDCS facility Providers.
- Automatically implies NDCS will pay expenses associated with authorized care; except as otherwise defined by contract or statute,
- Medically Necessary Care is a United States legal doctrine, related to activities which may be justified as reasonable, necessary and/or appropriate, based on evidence-based clinical standards of care.

Behavioral Health Administrator

Masters level Administrator who may also serve as Behavioral Health Services Administrator

Care (Health Care)

Includes collecting historical and current health care information, physical, psychiatric and/or psychological examination, diagnostic tests, treatments and communicating assessment and plans with the patient.

Chief of Dental Services

Licensed Doctor of Dental Surgery or Doctor of Dental Medicine who acts as statewide dental health authority

Chief of Psychiatry

New position created by Legislature that started 8-24-2015

Licensed Doctor of Medicine or Osteopathy
- Board Certified by American Board of Psychiatry

Clinical Psychologists

Chief Psychologist of Mental Health Services, Chief Psychologist of Sexual Offenders Services,
Chief Psychologist of Substance Use Disorder Services

Director of Nursing (DON)

Registered nurse who supervises care of all patients at our nine (9) health care facilities including direct supervision of three (3) DONs at Skilled Nursing Facilities. This position has special training that pertains to health care management, facility operations, fiscal budget, and is responsible for communication between nursing staff and physicians/providers.

Director of Social Work

Licensed independent mental health practitioner and certified master social worker who oversees social work services within NDCS providing administrative and clinical supervision to nine (9) social work staff.

Durable Medical Equipment (DME)

- Non-expendable materials including, but not limited to braces, splints, walking aids, prostheses, orthotics, respiratory assistance machines and wheel chairs.
- NDCS will provide patients with medically necessary equipment and training for: prosthetics, orthotics and supplies as ordered by NDCS health care Providers to treat or correct specific covered conditions.
- Equipment provided under this IHP will be considered NDCS property.
- Patient's signature confirms his/her receipt of information. If the patient refuses to sign, NDCS will provide service according to guidelines.
- Refusal to sign should be documented in medical chart.
- NDCS will replace or repair medically necessary DME at state expense when replacement or repair is required due to:
 - normal wear and tear.
 - circumstances not preventable by the patient and outside their control.
- DME replacement or repair cost may include professional fees, testing, labor, travel, and associated custody fees.

Emergency

- Health care situation in which most similarly trained and experienced persons would agree immediate intervention is necessary for effective treatment of a medical condition.
- **AND** it would be significantly dangerous to the patient to postpone care until authorization obtained from Medical Director or designee.
- Emergencies are not limited to life-threatening situations and may include serious evolving infections; severe pain; psychiatric conditions; and significant allergic reactions.
- Medically necessary emergency assessment, treatment and related services will be available at all times. Services will be consistent with the needs of the Incarcerated Individual as determined by an NDCS health care Provider.
- An Incarcerated Individual may be transferred to a community hospital or emergency room for care, if the level of service required cannot be adequately provided in the facility.
- If medically necessary, an Incarcerated Individual may be transported by ambulance, including air ambulance, to expedite transfer to the most appropriate care setting.

Health Care

- Sum of all action taken, preventive and therapeutic, to provide for the physical and mental well-being of a population. It includes acute and chronic medical, dental, mental health, substance abuse, nursing, personal hygiene, dietary and environmental conditions.

Health Care Administrator

- Licensed Nurse Home Administrator who oversees the licensing of three (3) SNF, and operational duties of medical services.

Incarcerated Individual (Patient)

- Person incarcerated under NDCS jurisdiction (not on escape status) assigned to total confinement in a max, medium or minimum facility.
- Includes Incarcerated Individuals boarding in NDCS community facilities.
- NDCS Incarcerated Individual receiving health care from or approved by NDCS.

Intractable Pain

Pain that is moderate to severe in intensity

- **AND** frequent or constant in occurrence
- **AND** physiologically plausible based on objective evidence from examination or tests
- **AND** unresponsive to conservative measures including, but not limited to: reasonable trials of various analgesics; discontinuation of potentially exacerbating activities such as sports, repetitive movements, and work; physical therapy or a reasonable trial of watchful waiting.

Medical Director

Licensed Doctor of Medicine or Osteopathy who acts as statewide clinical health services authority

Severe Mental Illness (SMI)

Severe Mental Illness is defined as one of the following:

Serious Mental Illness: Psychotic Disorder, Schizophrenia, Schizoaffective Disorder, Delusional Disorder, Bipolar Disorders, and Major Depressive Disorder (Severe). Any diagnosed mental disorder (excluding substance use disorders) currently associated with serious impairment in psychological, cognitive, or behavioral functioning that substantially interferes with the person's ability to meet the ordinary demands of living and requires an individualized treatment plan by a qualified mental health professional(s).

Mental Disorder American Psychiatric Association DSM-5-TR definition

A mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotional regulation or behavior that reflects a dysfunction in the psychological, biological or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational or other important activities.

Mentally Ill Nebraska Mental Health Commitment Act definition

Having a psychiatric disorder that involves a severe or substantial impairment of a person's thought processes, sensory input, mood balance, memory or ability to reason which substantially interferes with such person's ability to meet the ordinary demands of living or interferes with the safety of others.

Mentally Ill & Dangerous Nebraska Mental Health Commitment Act definition

A person who is mentally ill or substance dependent and because of such mental illness or substance dependence presents:

- Substantial risk of serious harm to another person or persons within the near future as manifested by evidence of recent violent acts or threats of violence or by placing others in reasonable fear of such harm; or
- Substantial risk of serious harm to himself or herself within the near future as manifested by evidence of recent attempts at, or threats of, suicide or serious bodily harm or evidence of inability to provide for his or her basic human needs, including food, clothing, shelter, essential medical care or personal safety.

Medical Necessity

Medically necessary care meets **one** or more of the following criteria for a given patient at a given time:

- Is essential to life or preservation of limb
- **OR** reduces intractable pain
- **OR** prevents significant deterioration of ADLs
- **OR** is of proven value to significantly reduce risk of one of three outcomes above (e.g. certain immunizations)
- **OR** immediate intervention is not medically necessary, but delay of care would make future care or intervention for intractable pain or preservation of ADL significantly more dangerous, complicated, or significantly less likely to succeed
- **OR** reduces severe psychiatric symptoms to a degree that permits engagement in programming
- **OR** is described as part of NDCS policy or health care protocol or guideline and delivered according to such policy, protocol, or guideline
- **OR** from a public health perspective is necessary for the health and safety of a community of individuals and is medically appropriate; but may not be medically necessary for the individual (example - treatment for head lice) Any medically necessary care provided shall:
- **NOT** be considered experimental or lacking in medically recognized professional documentation of efficacy
- **NOR** be administered solely for convenience of Incarcerated Individual or health care Provider

Nebraska Department of Correctional Services (NDCS)

NDCS acronym and “Department” are used interchangeably in IIHP to mean:
NDCS Health Services **and** Nebraska Department of Correctional Services

PA or PA-C

Physician Assistant **or** Physician Assistant - Certified

Peer Review Committee

- Group of NDCS Primary Care Providers, mental health professionals, Dentists, PAs and APRNs and/or other NDCS leadership staff appointed by the Medical Director or designee to review internal & external peer review reports.
- As part of NDCS efforts to improve clinical quality processes within NDCS health care system, patient charts by individual providers may be reviewed by Internal and External Peer Review Process.

Program

Plan or system through which a correctional agency works to meet its goals. This program may require a distinct physical setting: such as a correctional institution, community residential facility, group home or foster home.

Provider/Practitioner

Person licensed, certified, registered or otherwise duly authorized by law or rule in the state of Nebraska (or another state when patients are cared for in that state) to practice in their profession. This, generally, will include Advanced Practice Registered Nurse–Nurse Practitioner, Consulting Specialists, Dentists, Mental Health Professionals, Pharmacists, Physicians, Physician Assistants, Physical Therapists, Psychiatrists, Psychologists, Podiatrists, Social Workers and Optometrists.

Primary Care Provider/Practitioner

Specialist in Family Medicine, Internal Medicine, or licensed Osteopathy (employee of NDCS OR contracts with NDCS) who provides definitive care at the point of first-contact and takes continuing responsibility for providing Incarcerated Individual patient's comprehensive care in NDCS facilities.

Primary Care Services

Incarcerated Individual patient's main source for regular medical care providing continuity and integration of health care services.

Programming

Assessments, interventions and educational programs delivered by non-clinical staff. Note: Not medically necessary

Social Function

Function or functions that may affect an individual's activities or interactions with other persons or the environment in prison or society.

Treatment NDHHS Chapter 206 NAC 2

Recovery-oriented and person-centered clinical evaluations and/or interventions provided to consumers (Incarcerated Individuals) to ameliorate disability or discomfort and/or reduce signs and symptoms of a Mental Health diagnosis delivered by licensed clinical staff.

Note: Individualized based on Incarcerated Individual's clinical presentation, level of functioning, level of cognitive ability, custody, safety and other individual factors.

Note: Medically necessary

Treatment Plan

Series of written statements that specify the particular course of therapy and the roles of medical and non-medical personnel in carrying it out. A treatment plan is individualized, based on assessment of the individual patient's needs, and includes a statement of the short- and long-term goals and the methods by which the goals will be pursued. When clinically indicated, the treatment plan provides Incarcerated Individuals with access to a range of supportive and rehabilitative services such as individual or group counseling and/or self-help groups the physician deems appropriate.

Financial Responsibility

Financial Responsibility - NDCS

- Health care delivered to Incarcerated Individual for whom NDCS is responsible.
- Providing Durable Medical Equipment (DME).
- Incarcerated Individuals may require health services for which another county, state, Medicaid, VA or other entity is either contractually or otherwise legally obligated to assume financial responsibility.
- When care is contemplated, patient's NDCS Primary Care Provider maintains a professional obligation to assure referral for such health care is medically appropriate.
- Nothing in IIHP shall obligate NDCS to assume financial responsibility for health care received by persons prior to OR following their status as an Incarcerated Individual; including care related to health problems they experienced **OR** other health care they received during their status as an Incarcerated Individual.

Financial Responsibility – Incarcerated Individual (Patients)

- Elective Procedures:
Defines circumstances under which Incarcerated Individuals may have the right to purchase health care services not covered by IIHP
- Replacement Durable Medical Equipment (DME):
Incarcerated Individual patients are personally responsible for properly operating and maintaining provided DME and exercising reasonable care to prevent loss or theft.

Any willful or negligent damage, destruction, or loss of devices or equipment will be considered grounds for disciplinary action that may include payment for cost of repair or replacement costs which may include professional fees, testing, labor, travel, and associated custody fees.

Levels of Emergency Medical Care

Medical staff conducting initial assessment divides patients into the following Triage Categories:

1. **EMERGENT** – critical life threatening (risk to life, limb)
2. **URGENT** – Serious non-life threatening (less risk with delay in treatment)
3. **NON-URGENT** – lowest priority (minimal risk and may provide self-treatment)

Limitations

Note: Incarcerated Individuals generally may refuse treatment, but not sentence-related programming without consequences.

When an Incarcerated Individual is disruptive, unruly, abusive **OR** uncooperative to the extent the behavior seriously impairs NDCS's ability to furnish services to the Incarcerated Individual **OR** when the behavior poses a threat to NDCS staff, authorized health services may be delayed.

In these cases, the Provider will counsel the patient explaining why treatment is necessary and ask about patient concerns. If concerns can be addressed, treatment may continue when the Incarcerated Individual's behavior is no longer a constraint.

Medication

Authorization procedures for medication use are described in NDCS Pharmaceutical Management documents. Policy 115.10

Special Circumstances or Exceptions

Care Provided during Hospitalization

- Community inpatient care, during day surgery or ER is usually under the direct care of non-NDCS Providers.
- Mechanics of delivering care in these settings may not always permit care to be delivered exactly as described in the IIHP.
- Providers are encouraged to inform community colleagues about the IIHP and participate in clinical decision making where possible.
- Hospitals will only be reimbursed for services authorized in the IIHP and in accordance with any NDCS contracts.
 - Comfort items with additional charges are NOT authorized by the IIHP.
 - NDCS is NOT financially responsible for medical or non-medical services, goods or supplies provided in response to a patient's request.

Role of Consultant(s) Recommendations

- During the course of health care, patients are sometimes referred to consultants. Such referrals often generate recommendations including instructions and orders.

- NDCS is not obligated to execute these recommendations, which are subject to the same criteria as any other NDCS provided care.
- It is the responsibility of the patient's NDCS primary care Provider to evaluate appropriateness and necessity of the recommendations in light of the patient's health while considering the IIHP, NDCS policy and any other pertinent factor(s).
- When NDCS primary care Providers do not execute consultant recommendations, they are expected to explain their reasons to the patient and document the reasons in the health record.

Mental Health Services

Access to Care

Admissions to NDCS undergo a multidisciplinary screening and assessment process.

Receiving institutions:

- Reception and Treatment Center (RTC) for adult males.
- Nebraska Correctional Youth Facility (NCYF) for male youth/adolescents.
- Nebraska Correctional Center for Women (NCCW) for females of all ages.
- Mental Health Screenings - all newly admitted Incarcerated Individuals to NDCS, as well as parole violators arriving directly from the community, will be screened for mental health needs upon admission.
- Mental Health Treatment - Screenings will occur as determined by appropriate clinical teams. One example is the Clinical Violent Offender Review Team (CVORT).
- Intra-system Incarcerated Individuals transferring between Department facilities will be screened.
- Incarcerated Individuals identified, during screening, as potentially needing mental health treatment services, will undergo a Mental Health Appraisal. Self-Referral:
- Any Incarcerated Individual can request mental health services by submitting a Health Services Incarcerated Individual Interview Request (IIR). Staff Referral:
- All facility staff receive Mental Health referral training while at Staff Training Academy. Referrals will be submitted to Mental Health staff **OR** by making immediate contact with mental health staff in the event of a mental health crisis.

Mental Health Screening ([Policy 115.23](#))

Anger/Violence Treatment:

Incarcerated Individuals convicted of a violent offense; have a history of violence; and/or violent Misconduct Reports will be screened and referred to the Clinical Violent Offender Review Team (CVORT), which makes treatment recommendations based on clinically-assessed risk and need. Incarcerated Individuals will receive recommendations in writing and will be provided the opportunity to accept or decline the recommendations.

1. Anger Management (AM):

A cognitive-behavioral based group treatment intended for Incarcerated Individuals assessed at a moderate risk/needs level and is to be completed in the community. Treatments vary in design and duration throughout communities.

2. Anger Management High Risk/Needs Treatment (AMHR/N):

A cognitive-behavioral based group treatment that focuses on anger management techniques, addresses the anger cycle and conflict resolution, and provides assertiveness skills and anger control plans. This treatment is intended for Incarcerated Individuals assessed at high risk/needs level and is to be completed within the NDCS.

3. Aggression Replacement Training (ART):

A cognitive-behavioral treatment to help adolescents improve social skill competence and moral reasoning, better manage anger, and reduce aggressive behavior. This treatment specifically targets chronically aggressive adolescents ages 12-17.

4. Domestic Violence (DV):

Treatment intended for Incarcerated Individuals assessed at a moderate risk/needs level and is to be completed in the community. This is a multi-disciplinary treatment developed to reduce domestic violence against women with the goal of helping batterers work to change their attitudes and personal behavior so they can learn to be nonviolent in any relationship.

5. Domestic Violence High Risk/Needs Treatment (DVHR/N):

Treatment program intended for Incarcerated Individuals assessed at a high risk/need level and is to be completed in the community. This is the same treatment as for those recommended for domestic violence treatment not identified as "high risk/need". The differentiation is made in recommendation name only to assist adult parole and other outside stakeholders in identifying Incarcerated Individuals assessed to be at the highest level of risk/need (e.g., those with high lethality risk factors).

6. Violence Reduction Treatment:

A structured institutional-based treatment that utilizes a cognitive-behavioral and psycho-educational approach and is intended for those who are assessed at the highest level of violence risk/need targeting violence determined to be more instrumental in nature.

Mental Health Treatment

- Screening for mental health problems on intake as approved by the mental health professional.
- Outpatient services for the detection, diagnosis and treatment of mental illness.
- Crisis intervention and management of acute & subacute psychiatric episodes.
- Stabilization of the mentally ill and the prevention of psychiatric deterioration.
- Residential mental health services in general population and secure housing settings
- Provision for referral and admission to licensed mental health facilities for Incarcerated Individuals whose psychiatric needs exceed the treatment capability of the facility.
- Procedures for obtaining and documenting informed consent.
- When mental health care services are rendered against an Incarcerated Individual's will, it is in accordance with state and federal laws and regulations. Otherwise, any Incarcerated Individual may refuse (in writing) mental health care services.
- Mental health care encounters, interviews, examinations and procedures should be conducted in a setting that respects the Incarcerated Individual's privacy.

Chronic Care Mental Health Unit

Mission Specific Housing, offered at Reception and Treatment Center (RTC) and Nebraska Correctional Center for Women (NCCW), is used at NDCS to reduce the use of restrictive housing for special populations and offer risk- and needs-responsive and behaviorally targeted interventions (Policy 210.03). The Chronic Care Mental Health Unit (CCMHU) is Mission Specific Housing that provides a controlled and highly structured alternative to restrictive housing for individuals in need of residential mental health treatment due to chronic and unstable mental illness and/or developmental/intellectual disabilities and/or traumatic brain injuries that interfere with their safety and/or ability to function effectively in the Mental Health Unit or general population due to risk to themselves, staff and/or other Incarcerated Individuals.

Acute Mental Health Unit

The Acute Mental Health Unit (AMHU), offered at Reception and Treatment Center (RTC), Nebraska Correctional Center for Women (NCCW), and Tecumseh State Correctional Institution (TSCI) is a skilled mental health unit that provides a controlled and highly structured housing for individuals in need of clinical mental health treatment and intervention due to active suicidal ideation, acute or debilitating mental illness, developmental or intellectual disabilities, and/or traumatic brain injuries that interfere with their safety and/or ability to function effectively in a mental health unit or general population due to risk of harm to self, staff, or other individuals. Individuals in need of immediate intervention and a higher level of care will be transferred to this unit for stabilization.

Sex Offense Treatment Services

Healthy Lives Programs (HeLP)

Incarcerated Individuals convicted of a sexual offense will be screened by Clinical Sex Offender Review Team (CSORT), which makes programming recommendations based on clinically assessed risk and need. Incarcerated Individuals who are not convicted of a sexual offense, but have a sexual component to their crime may be screened by CSORT for programming recommendations.

Incarcerated Individuals will receive recommendations in writing and will be provided the opportunity to accept or refuse the recommendation. Incarcerated Individuals convicted of a sexual offense who refuse or do not satisfactorily complete the recommended sex Incarcerated Individual program may be subject to a mandatory psychological evaluation pursuant to the Sex Offender Commitment Act (LB1199). Incarcerated Individuals who accept the treatment recommendation will have their name added to the appropriate wait-list. Incarcerated Individuals with questions may submit Incarcerated Individual Interview Requests to CSORT.

Outpatient Healthy Lives Program (oHeLP)

For those Incarcerated Individuals who are assessed to be a moderate level of risk to sexually re-offend, relative to other sex offenders, CSORT will often recommend oHeLP. Participants in oHeLP work through materials and projects in group therapy led by Mental Health therapists. The oHeLP takes six months on average to complete; individual treatment time will vary based on needs and progress in treatment.

Inpatient Healthy Lives Program (iHeLP)

For those Incarcerated Individuals assessed to be at the highest risk to sexually re-offend, relative to other sex offenders, CSORT will often recommend iHeLP. In iHeLP, participants live on a specialized treatment unit. Participants work on materials and projects in a group therapy setting led by Mental Health therapists. The iHeLP is an intensive 12-15 month program, though individual treatment time will vary based on needs and progress in treatment.

Continuing Care

Continuing Care is for those who have completed the recommended HeLP program (or in some cases, the program at the Lincoln Regional Center or other sex offender treatment programs). These Incarcerated Individuals are ready for another level of treatment as they prepare to return to the community. People in the Continuing Care program work in a group setting with peers and therapists to address treatment needs as they arise. Continuing Care group meets once per month.

Social Work Services ([Policy 115.25](#))

Mission

Provide comprehensive and integrated discharge and aftercare planning as part of the continuum of care provided by Health Services. We seek to address needs of high-risk and high-need Incarcerated Individuals with the goal of reducing recidivism by connecting Incarcerated Individuals to community resources and supports that help them maintain stable lives in the communities in which they reside.

Social Workers priorities include, but are not limited to:

- Severe Mental Illness
- Substance Abuse Issues
- Chronic Medical Needs

Social Workers also offer assistance in following areas:

- Community Support
- Education
- Employment
- Financial Resources
- Living Arrangements
- Medical & Mental Health Appointments
- Medication Management
- Parole
- Substance Abuse follow-up
- Probation

Incarcerated Individuals can obtain social work assistance through:

- NDCS staff referral
- Outside referral (family member, outside agency, etc.)
- Incarcerated Individual request

Whether referred by staff, outside party or self-referred, social workers will review the appropriateness of a referral and the time frame to discharge or parole. The Incarcerated Individual may be asked to contact Social Work again when closer to discharge/parole if they are more than 6 months from release.

Social Work Services and Reentry work together to provide discharge planning assistance. If it is determined an Incarcerated Individual does not meet criteria for Social Work assistance, the Incarcerated Individual will be encouraged to utilize the reentry specialist from their institution. Incarcerated Individuals are not required to meet with Social Work if they have been recommended by NDCS staff, but it is encouraged by the parole board in an effort to address potential discharge concerns.

In addition to providing assistance with discharge planning, NDCS Social Workers are Licensed/Provisionally Licensed Mental Health providers and can provide clinical services to Incarcerated Individuals as well as partner with NDCS Mental Health, Sex Offender Services, and Substance Use Services for continuity of care while integrating input from all areas of the institution to help identify and meet the needs of discharging/paroling high-needs Incarcerated Individuals. Social Work Services provides consultation to other NDCS staff regarding resources and identifying support systems and supportive community agencies.

Substance Use Disorder Services ([Policy 115.09](#))

Updated assessments and level of care recommendations are performed throughout an Incarcerated Individual's sentence on a regular basis and/or special circumstances - e.g. changes in

sentence structure, positive urinalysis for substance use and substance use treatment completion/termination/refusal.

Residential Substance Use Disorder Treatment:

- Education, recovery and relapse prevention treatment in conjunction with additional emphasis on criminal thinking/choices/behavior patterns. Residential programs rely on concrete rather than the abstract in working with substance use Incarcerated Individuals.
- Treatment is evidence-based, holistic and includes a variety of disciplines to assist Incarcerated Individuals with issues of substance use, criminal thinking/behavior, anger, stress, violence, lifestyle (work, leisure, health) and spirituality. Programs require Incarcerated Individuals to take responsibility for their actions; to participate in all program components; and to accept the obligation to practice new attitudes, thoughts and behaviors.
- Individual treatment plans and progress are assessed by the primary counselor and the treatment team at regularly scheduled intervals and under special behavioral considerations based on individual need.
- Orientation/Initial Classification to residential treatment programs occur during the first weeks after arrival. This process determines the group, primary counselor, room/job assignment and assures Incarcerated Individuals have received DCS Rules and Regulations and Treatment Program In-House Rules. Orientation also provides instruction on Program Agreement; Incarcerated Individual Rights and Behavioral Expectations; Conditions of Participation; institution-specific procedures; and group process. Incarcerated Individuals become involved in a regular program of group and individual counseling; substance use education; recovery and relapse prevention classes/groups; cognitive restructuring classes/groups; random drug testing; life skills; leisure skills; parenting; physical fitness; health; and work.
- Group counseling addresses issues important to each group's members, including anger control, violence/domestic violence, parenting, human sexuality, relationships and communication. Since Incarcerated Individuals are involved in group counseling from the outset, each has many opportunities to suggest focus areas for the group. Individual counseling addresses particular issues and works in conjunction with group counseling, providing individual instruction and progress assessments.
- Substance use recovery and relapse prevention classes/groups expect participation in the holistic program. Participants learn and practice recovery/relapse prevention designed specifically for correctional settings. Members identify their own warning signs of relapse; mentor others in the process; examine potential re-entry problems and expectations; and take the first steps to finding re-entry resources and sponsors.
- Cognitive restructuring is a systematic cognitive-behavioral approach to promote change in criminal thinking, criminal excitement and its related behaviors. Held in conjunction with substance use classes and group work, an Incarcerated Individual learns to see thinking errors; learns how to change criminal behavior; begins to practice new behavioral patterns and identifies patterns; and strategies to effectively cope with criminality relapse issues.
- Physical Fitness and Health are two essential components of successful substance use recovery. Substance Use staff and the Activities and Recreation staff provide numerous opportunities and growth experiences for Incarcerated Individuals in residential treatment programs.
- Institutional work assignments focus on the application of demonstrated and learned work skills. Incarcerated Individuals learn to experience pride in their work and the responsibility associated with it. Subsequently, their work will enhance their physical surroundings and benefit their individual and group treatment.
- Women's programs provide gender-specific components for dealing with issues surrounding female substance use as well as addressing criminal thinking/choices/ behavior patterns.

Non-Residential Substance Use Disorder Treatment Services (NRTS)

- NRTS address needs of Incarcerated Individuals who meet requirements and criteria for a less intense level of care or, due to other circumstances, including limited sentence structure, are not eligible for residential treatment services.
- NRTS programming consists of two levels:
 - Intensive Outpatient (IOP)
 - Outpatient (OP)
- Modeled after and similar to residential treatment programming, NRTS provides a cognitive-behavioral approach with emphasis on recovery, relapse prevention and criminal thinking/behavior which is delivered through classes, groups and individual sessions.

Services Not Medically Necessary/Not Authorized

- Abortion
- Caffeine-related Disorders
- Chiropractic Care, unless medically necessary
- Communication Disorders
- Dental Implants
- Elective Procedures
- Erectile Dysfunction
- Factitious Disorder
- Learning Disorders
- Motor Skills Disorder
- Nicotine-related Disorders
- Other conditions/disorders/issues/procedures
 - as determined by the Medical Director or designee
- Payment for newborn care

Appeals

Incarcerated Individuals may appeal authorization decisions through the normal grievance process.

Medical Services

Access to Care

Incarcerated Individuals may access health care by:

- Going to Sick Call.
- Sending a written Incarcerated Individual Interview Request (IIR) to Health Services.
- For emergencies, reporting to any NDCS staff.

Covered Medical Services:

1. Dental Services

NDCS provides medically necessary dental care. At any time during incarceration, an Incarcerated Individual may seek evaluation by a dental Provider and may receive treatment based on existing guidelines. Services at some facilities are limited and may include the use of Travel Orders.

Emergent and Urgent Dental Treatment

- Intractable pain.

- Severe pain and swelling with or without fever due to dental disease.
- Facial bone fractures and facial trauma shall be evaluated emergently or urgently referred to appropriate Emergency Room or Provider.

Non-emergent, Non Urgent Dental Treatment (NENUT)

- Dental examinations are provided at intake and before initiation of routine care.
- Treatment plans must be updated as necessary to remain current.
- Nature of services are determined by Providers, Chief of Dental Services in accordance with IIHP, guidelines and protocols.
- Services are further prioritized based on patient acuity level and functional impairment.

2. Chemotherapy

3. Dialysis

4. Durable Medical Equipment (DME)

5. Emergency Care

6. End of Life Medication and Care

NDCS does not provide medication to a patient with a terminal illness for the purpose of self-administration to end his or her life.

7. Hearing Care

- Hearing screening exams will be performed upon entry into NDCS.
- Hearing assessments and one or two hearing aids are provided when medically necessary.
- Any willful or negligent damage, destruction, or loss of hearing aids will be considered grounds for disciplinary action and may include payment for the cost of repair or replacement.

8. Hospital Care (in the Community)/SNF (Skilled Nursing Facility)

- Inpatient services will be provided either in a community hospital or in one of three (3) Skilled Nursing Facilities (SNF). The most appropriate setting will be determined by the authorized NDCS health care Provider according to the severity of illness or level of service required.
- Any hospitalization must be authorized by NDCS Medical Director or designee.
- When hospitalized in the community, the Incarcerated Individual's medical needs, custody level and community safety considerations will determine the type and location of hospital room assigned.
- Medical and/or security needs may require an Incarcerated Individual be assigned to a private hospital room.
- When ordered and medically necessary, the following will be provided:

○ Anesthesia	○ Labor and delivery room
○ Casts	○ Laboratory
○ Diagnostic services	○ Medical rehabilitation
○ Dressings	○ Nursing care
○ Drugs administered during the stay	○ Operating room and related Services
○ Equipment	○ Radiation
○ Hospital services	○ Radiology
○ Intensive care unit and services	○ Respiratory services
- Additional charges for television are not authorized for stays in community hospitals. Personal comfort items such as hygiene items or slippers that cause additional charges will not be issued unless authorized by NDCS.
- Reimbursement will only be made for services authorized by NDCS in accordance to this IIHP per allowable charges between NDCS's third party Administrator and the hospital.

9. Maternity Services

Medically necessary maternity services are covered for Incarcerated Individuals during their period of incarceration. These services are provided in the most appropriate setting (institution's

clinic or a community facility) as determined by NDCS health care Provider in accordance with the level of service required. Services include diagnosis of pregnancy; prenatal care; delivery; postpartum care; care for complications; physician services; and hospital services.

10. Nursery Services

Incarcerated Individual (Patient) must qualify for this program prior to delivery of newborn.

11. Medical and Surgical Services

Medical and surgical services are limited to the following and are covered only when ordered or prescribed by an authorized NDCS health care Provider.

These services will be provided in NDCS clinics or three(3) SNFs unless the necessary equipment or supplies are not available, or the health care Provider determines the severity of illness or level of service required indicates a community health care facility is the most appropriate setting for the care. Medically necessary non-emergent community care is subject to approval by Health Services Medical Director or designee.

The following services are included in this provision:

- Anesthesia and oxygen services.
- Blood derivatives and related services.
- Chemotherapy.
- Community or Provider office and hospital visits and related services to include diagnostics, treatments, consultations or second opinions.
- Dialysis.
- Dressings, casts and related supplies.
- Health appraisals to determine programming or work restrictions.
- NDCS health care Provider clinic, SNF and hospital visits to include initial evaluations, diagnostics, treatments, consults or second opinions.
- Medications as defined in "Pharmacy" section below.
- Physical therapy, occupational and speech therapy.
- Radiology, nuclear medicine, ultrasound, laboratory and other diagnostic services.
- Surgical and anesthesiology services.

11. Optometry - Optical Care

Vision screening exams will be performed upon entry into NDCS

New glasses will be provided when medically necessary due to change in visual acuity. Any willful or negligent damage, destruction or loss of glasses will be considered grounds for disciplinary action and may include payment of the cost of repair or replacement.

12. Pharmacy

NDCS formulary lists drugs and supplies that will be provided when prescribed by NDCS health care Providers:

- Generic equivalents will be in accordance with formulary.
- Over the counter medications will be available for purchase from Canteens.
- Non-formulary drugs and supplies will be provided only when authorized by Health Services Medical Director or designee.

13. Preventive Care

The following preventive and screening services are available:

- Initial physical, mental health and dental exams, including diagnostic screening tests.
- Periodic health maintenance evaluations conducted when necessary and appropriate.
- Voluntary and court-ordered HIV testing and counseling.
- Immunizations, as deemed medically appropriate.
- Screening and diagnostic tests for sexually transmittable and blood-borne disease(s).

14. Skilled Nursing Facility (SNF)

Incarcerated Individuals may be placed in one of three (3) NDCS Skilled Nursing Facilities (SNF) to receive care and services that cannot be provided in outpatient clinics; or for health conditions that prevent them from living in general population safely:

- Reception and Treatment Center (RTC)
- Nebraska Correctional Center for Women (NCCW)
- Tecumseh State Correctional Institution (TSCI)

Hospice services are available for terminally-ill Incarcerated Individuals who choose not to continue cure oriented services. Hospice care shall emphasize palliative services for pain management and support.

POLICIES

Blue links in Incarcerated Individual Health Plan sections take you to Policy public location on NDCS Website <https://corrections.nebraska.gov/public-information/rules-regulations/ndcs-policies> and are available in Incarcerated Individual libraries

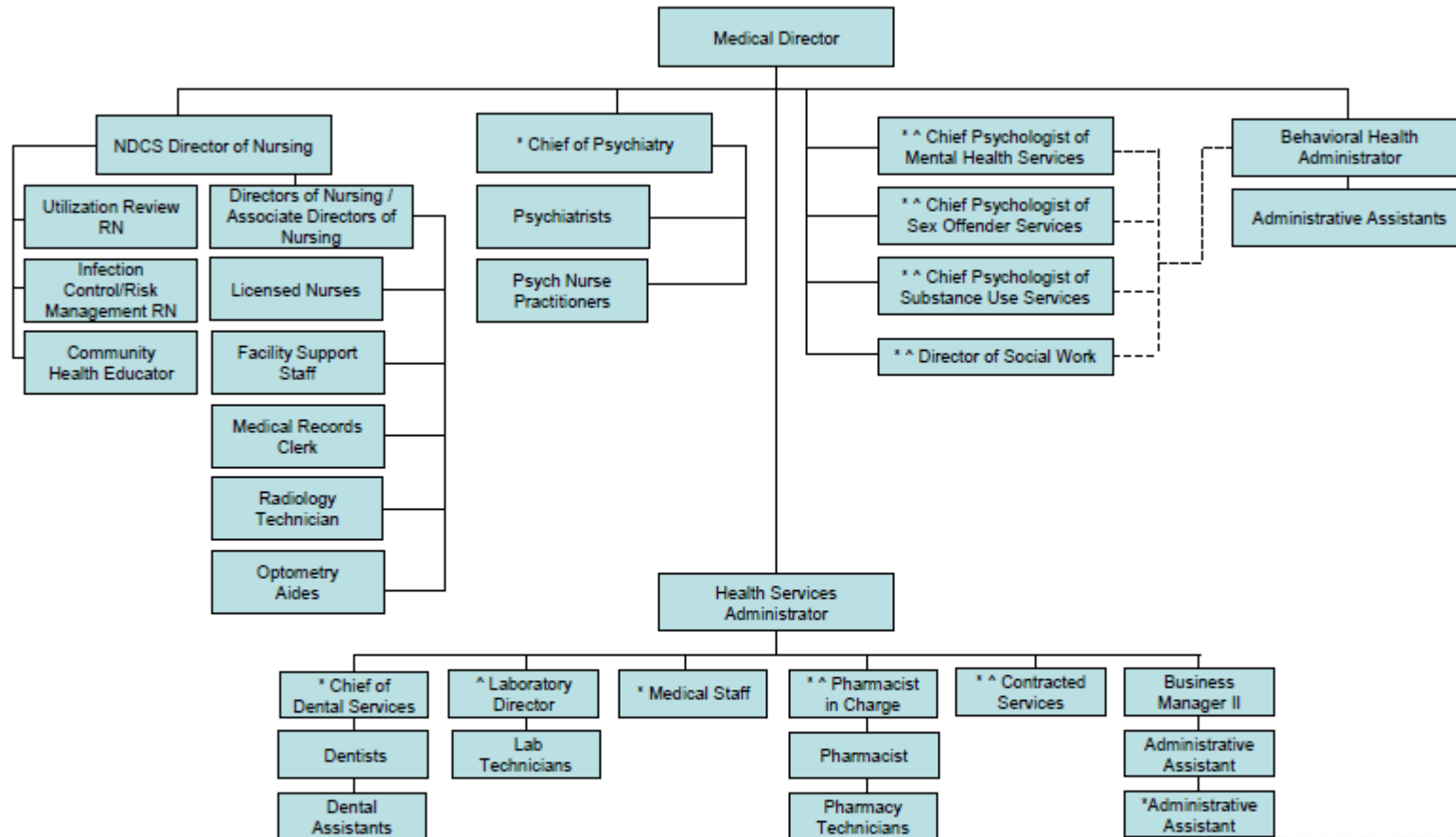
Policy#	Policy TITLE
115.01	Health Authority, Administration, & Personnel Management***
115.03	Health Care Records***
115.04	Health Education and Access to Health Services
115.05	Health Screenings, Examinations, Appraisals and Reviews***
115.06	Emergency Medical Care and Hunger Strikes***
115.07	Dental Care~
115.08	Pharmaceutical Services***
115.09	Substance Use Disorder Treatment Programming
115.10	Pharmacy Medication Distribution, Access & Training***
115.11	Health Education~
115.12	Special Needs Incarcerated Individual Programs
115.13	Serious Illness or Injury, Advance Directives and Death***
115.15	Serious Infectious Diseases
115.18	Management of Medical Control Items and Disposal of Infectious Waste***
115.22	Mental Health Levels of Care
115.23	Mental Health Services
115.24	Critical Incident Stress Management (CISM)***
115.25	Social Work Services
115.30	Suicide Prevention/Intervention***
115.33	Discharge Review Team***
115.50	Health Services Definitions

***Official Distribution Only (not available online)

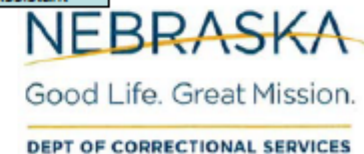
~Incorporated into Policy 115.04

NDCS Health Services Organizational Chart

NDCS Health Services Organizational Chart



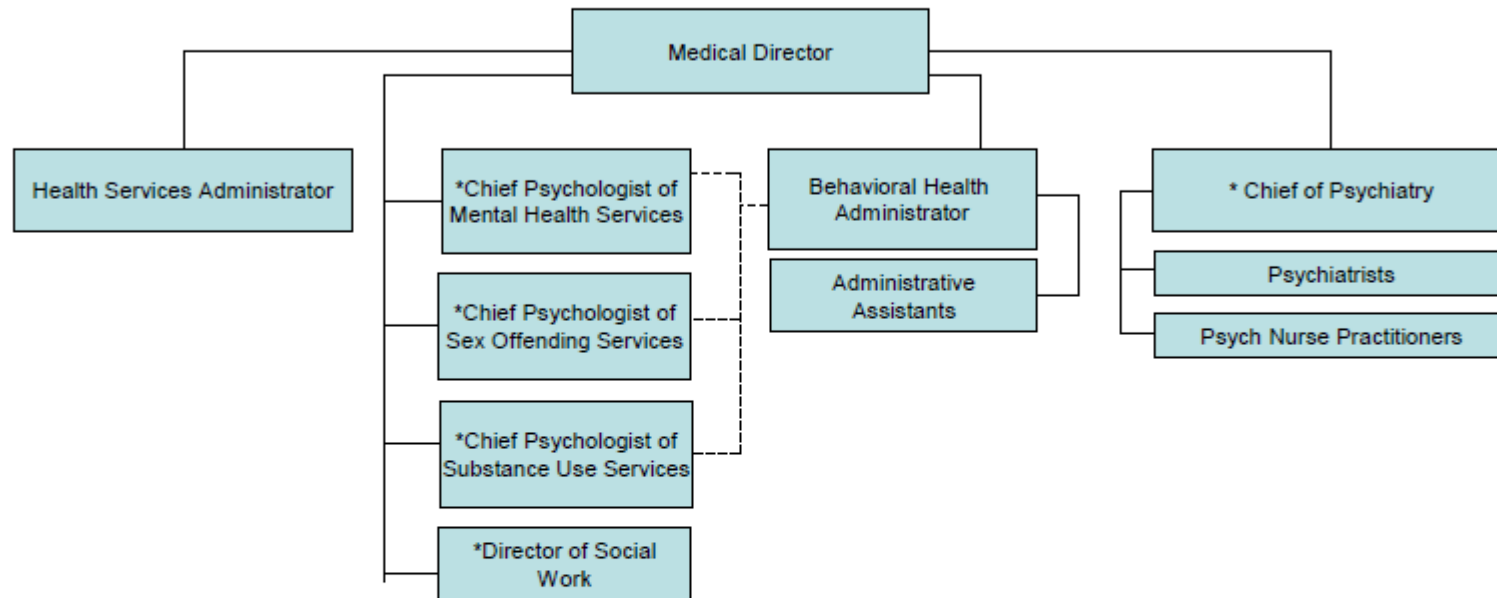
★ Clinical Supervision: Medical Director
 ▲ Administrative Supervision: Behavioral & Health Services Administrator



Reviewed September 13, 2022

NDCS Behavioral Health Organizational Chart

NDCS Behavioral Health Organizational Chart



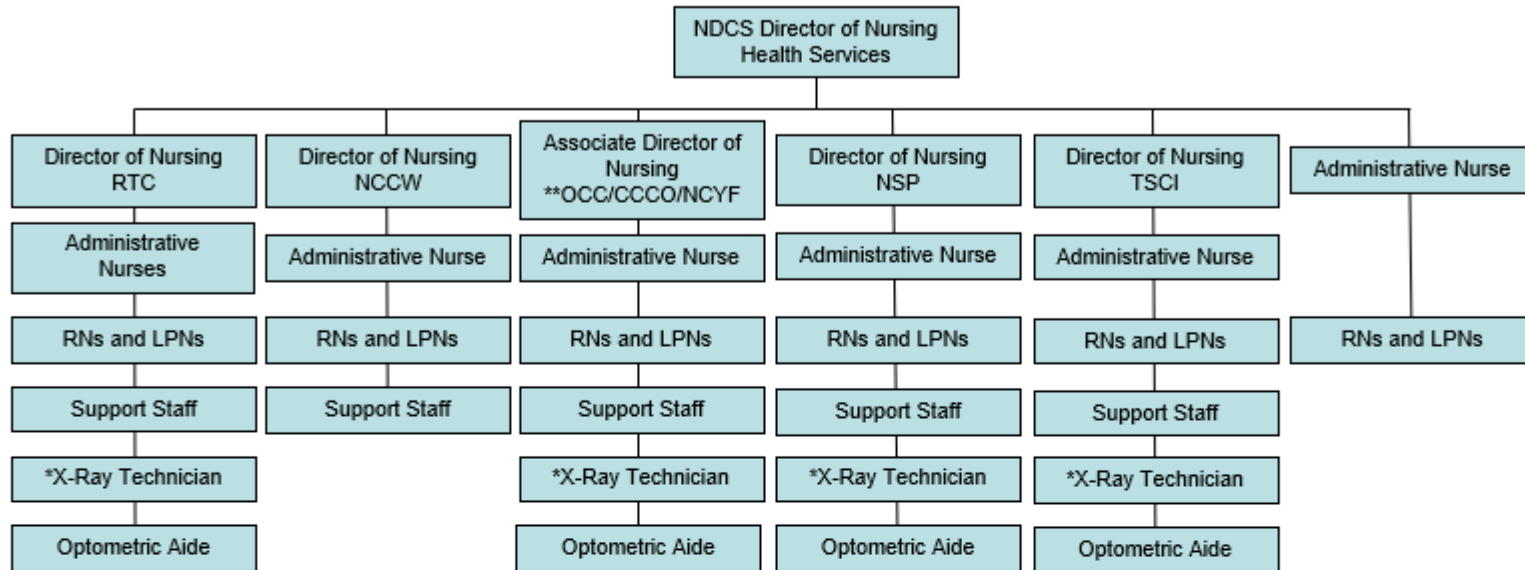
* Clinical Supervision: Medical Director
Operational Supervision: Behavioral & Health Services Administrator



Reviewed September 13, 2022

NDCS Nursing Organizational Chart

NDCS Nursing Organizational Chart



** Same Person Travels to Facilities
 * Administrative Supervision: Behavioral & Health Services Administrator