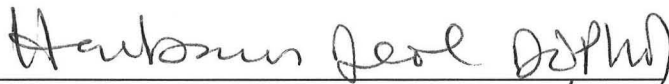
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#### SUMMARY of REVISION/REVIEW

Added language to General, Detoxification and Residential Services sections.


APPROVED:



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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.

## GENERAL

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. (4-4441)

## DEFINITIONS

- I. **BEST PRACTICES** - Professional procedures that are accepted or prescribed as being correct or most effective. The NDCS Substance Use Team follows guidelines and uses materials from (but not limited to) the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Association for Alcoholism and Drug Abuse Counselors (NAADAC), and Hazelden Treatment Centers.
- II. **BIOPSYCHOSOCIAL MODEL** - Examines biological, psychological, and social factors affecting an individual, to examine how and why disorders occur.
- III. **CSURT** - Clinical Substance Use Review Team will consist of five members and will be chaired by the Behavioral Health Assistant Administrator – Substance Use or designee. Core team members include the Substance Use Clinical Program Manager and Substance Use Supervisors. The supervisors will serve on a rotation, based upon need. This clinical team will meet at least once per month.
- IV. **DETOXIFICATION** - The process by which an individual is gradually withdrawn from a drug or alcohol by administering decreasing doses either of the same substance upon which the person is physiologically dependent, or one that is cross-tolerant to it, or a drug which has been demonstrated to be effective on the basis of medical research and/or other chemical dependent medical attention.
- V. **IOP** - Intensive Outpatient services are non-residential, intensive, structured interventions consisting of at least 6 hours weekly of counseling and education to improve the mental health or substance use disorder and related behaviors that may significantly interfere with functioning in at least one life domain. This program is open to those individuals who are diagnosed with a "Mild" substance use disorder qualifier and/or who have completed primary residential treatment.
- VI. **OP** - Outpatient services are less intense forms of treatment which require fewer weekly hours and provide ongoing support for individuals. This program is open to those individual who are diagnosed with a "Mild" substance use disorder qualifier and/or who have completed residential and/or IOP.
- VII. **MDT** - Multidisciplinary Team is a group composed of members with varied but complimentary experience, qualifications, and skills that contribute to the achievement of the organization's specific objectives. An MDT typically includes a one or more Qualified Mental Health Practitioners (QMHP), Substance Use staff, housing/custody staff assigned to the patient's housing unit, and may also include representatives from the facility management team and/or educational staff.

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- VIII. QUALIFIED MENTAL HEALTH PRACTITIONER (QMHP) – Includes treatment providers who have a master’s degree or doctoral degree in psychology, social work, or a related field, as well as psychiatrists, psychiatric nurse practitioners, psychiatric nurses, supervised graduate students, and others who by virtue of their education, credential, and experience are permitted by law to evaluate and care for the mental health needs of patients. A QMHP is responsible for case management, direct treatment services, and the overall mental health care of patients assigned to his/her caseload.
- IX. RESIDENTIAL TREATMENT - Is a highly structured, 6 month residential service that provides psychosocial skill building and therapeutic strategists to treat those individuals who are diagnosed with a “Severe” substance use disorder qualifier.
- X. RESIDENTIAL RELAPSE PREVENTION PROGRAM - Is a brief, 90 day residential service that provides targeted relapse prevention training for those individuals who are diagnosed with a “Moderate” substance use disorder qualifier.
- XI. SUBSTANCE USE TEAM - Is supervised by the Behavioral Health Assistant Administrator of Substance Use (BHAA/SU) and includes a Clinical Program Manager (CPM), Provisionally and/or fully Licensed Psychologist (PLP/LP), Chemical Dependency Counselor Supervisors (CDCS), Chemical Dependency Counselors (CDC), and Chemical Dependency Training Specialists (CDTS). Social Worker(s) may also be assigned specifically to the Substance Use Team, as are various non-clinical support positions.

## PROCEDURE


### I. DETOXIFICATION

Substance use staff will refer to medical staff provider as needed. (4-4376)

### II. SUBSTANCE USE SCREENING

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 staff 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. (4-4377)
- B. Patients may be diagnosed with a substance use disorder by a 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 within 14 days of the individual’s admission to NDCS. Documentation from substance use staff shall be provided to Unit Administration to aid in the development of the Case Plan and the Initial Classification Study. (4-4371)
  - 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.

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3. Individuals who are recommended for residential or nonresidential treatment services will have their recommendations placed in NICaMS and on their Case Plan.

### 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 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 staff 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 waiting list based on factors, such as, but not limited to, sentence structure (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 staff 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 staff. A recommendation will be in NICaMS prior to revocation.
- G. In circumstances of incomplete participation and removal from programming 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 staff 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 BHAA-SU shall direct and administer the NDCS Substance Use Treatment Services.
- B. As part of the NDCS Health Services team, the NDCS Substance Use staff 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 staff 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 staff 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 staff will remind patients of their recommendation at their scheduled Case Plan review. (4-4441)

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- D. Each patient identified by substance use staff 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. Institutions offer a variety of options and services based upon institutional mission, physical capacity, staffing and identified inmate 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 programming 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. (4-4437)
- b. Co-occurring services, which include substance use and mental health therapy, are offered in NDCS residential programs. (4-4370)
- 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 six month residential substance use treatment program may include: (4-4439)
  - 1) patient diagnosis
  - 2) identification of problem areas
  - 3) individual treatment goals and objectives
  - 4) counseling objectives
  - 5) drug/alcohol education
  - 6) relapse prevention and management
  - 7) general education/GED opportunities
  - 8) gender-specific issues
  - 9) the recommendation of self-help groups as an adjunct to treatment
  - 10) prerelease and transitional service needs



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- 12) NDCS staff to ensure a continuum of supervision and treatment

These primary services will be formulated and individualized according to ASAM methodology.

- e. Inmates who relapse, including those who are returned to NDCS custody following a violation of parole, will be reassessed by substance use staff. If treatment is necessary, staff will determine the level of treatment needed. Any residential treatment completion within the past 24 months will be considered, and may warrant recommendation to the 90-day Residential Relapse Prevention Program.
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 AA, NA are encouraged.
  - c. IOP consists of 60 hours total group time and biweekly individual sessions. Groups will typically meet for three hours, two times per week, for 10 weeks.
  - d. OP consists of 15 hours of group time and individual sessions as needed. Groups typically meet for one-and-a-half hours, two times 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 (DSM 5)
  - b. Addiction Severity Index (ASI), Substance Use Subtle Screening Inventory (SASSI), Criminal Thinking Scales (CTS), and Client Evaluation of Self on Intake (CESI)
  - c. American Society of Addiction Medicine (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 staff 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 procedures

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provided by the American Society of Addiction Medicine (ASAM) and its most recent revision of the society of treatment manual that includes ongoing review by substance use staff. (4-4441)

- 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 staff and all active treatment files will be kept at the institution where the patient is participating in programming.
- 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 staff members, Parole Board, Parole staff members, Probation, and any other entity with the appropriate signed release of information may receive information for continuity of care.
- E. The BHAA/SU will coordinate the efforts of the NDCS Substance Use Treatment Services. All active substance use treatment program 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. (4-4440)

## 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 and Policy 211.02.


## 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 staff 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. (4-4438)

## VIII. RETENTION OF RECORDS

- A. Inactive Substance Use Treatment records will be retained in original form by the NDCS under the auspices of the BHAA-SU 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.

- 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 BHAA-SU. This permanent record

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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 program by institution, 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. (4-4440)

- C. Substance Use Treatment Records are protected by Federal confidentiality guidelines and practices (42 CFR-Part 2).
- D. Inactive Substance Use Treatment Records for a discharged inmate 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 an inmate 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. STAFF DEVELOPMENT

- A. The Substance Use Treatment Services counseling staff 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.
- B. Substance Use Treatment Services staff 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: Nebraska Revised Statute 28-401
- II. NDCS POLICIES
  - A. Policy 115.04, *Health Education and Access to Health Services*
  - B. Policy 211.01, *Institutions: Drug Testing Program*
- III. ATTACHMENTS - None noted
- IV. AMERICAN CORRECTIONS ASSOCIATION (ACA) STANDARDS
  - A. Standards for Adult Correctional Institutions (ACI) (4th edition): 4-4370, 4-4371, 4-4376, 4-4377, 4-4437, 4-4438, 4-4439, 4-4440, 4-4441
  - B. Standards for Adult Correctional Institutions (ACI) (5<sup>th</sup> edition): 5-6A-4370, 5-6A-4371, 5-6A-4376, 5-6A-4377, 5-5E-4437, 5-5E-4438, 5-5E-4439, 5-5E-4440, 5-5E-4441



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- C. Performance Based Standards for Adult Community Residential Services (ACRS) (4th edition): 4-ACRS-5A-08, 4-ACRS-7B-02