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		<b>SUBSTANCE ABUSE TREATMENT PROGRAMMING, DETOXIFICATION and CHEMICAL DEPENDENCY</b>	

This Administrative Regulation is to be made available in law libraries or other inmate resource centers.

- EFFECTIVE: May 6, 1991
- REVISED: November 10, 2006
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- REVISED: November 24, 2014
- REVISED: September 30, 2015
- REVISED: September 30, 2016

**SUMMARY of REVISION/REVIEW**

Annual review with addition of drug exceptions in section I, E. Removed reference to a 2006 PD in Section III.G.2.c. Updated references to AR 115.04.

APPROVED:

  
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## PURPOSE

The Nebraska Department of Correctional Services (NDCS) and Health Services Section are philosophically committed to providing high risk mentally ill and chemically dependent inmates comprehensive substance abuse treatment services. Multidisciplinary treatment opportunities are accessible to inmates to assist them in the acquisition of necessary skills, education/tools and substance abuse treatment services to support their appropriate choices concerning addiction and related maladaptive cognitive and behavioral patterns. This Administrative Regulation (AR) provides guidelines for the medical and/or clinical management of inmates who require detoxification or who are diagnosed with a substance use disorder and other frequently co-occurring addictions and disorders. Treatment shall meet community standards and be guided by evidence-based methods, including a multidisciplinary, integrated assessment and treatment process. Chemical dependency is viewed and treated as a chronic illness that has progressive, episodic and relapsing features resulting in deterioration and death unless those individuals with this disease are able to accept, gain understanding, and enter an ongoing recovery process.

## GENERAL

It is the policy of NDCS to ensure the availability of appropriate treatment and programming for inmates in need of gradual detoxification and for inmates with chemical abuse/dependence problems. Pursuant to applicable American Correctional Association (ACA) standards and Nebraska Department of Health & Human Services / Community standards, it is the policy of NDCS to provide the opportunity for substance abuse programming for all inmates clinically identified and referred for treatment/intervention.

Operational memoranda, specifically addressing the issues of detoxification, chemical abuse/dependence and substance abuse programming, shall make this policy applicable to all institutions.

## PROCEDURE

### I. DETOXIFICATION

- A. Definition: Detoxification is 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.
- B. Gradual detoxification from alcohol, opiates, barbiturates, hypnotics, other stimulants and sedative hypnotic drugs is conducted under direct medical supervision.
- C. Detoxification is performed at the facility medical unit, hospital or other secure location designated by the Chief Medical Officer and Warden or in a community hospital or detoxification center. Refer to AR 115.04, *Health Education and Access to Health Services* regarding Individual Treatment Plans.
- D. Newly committed inmates in need of detoxification will be provided the appropriate services by the NDCS Health Services Section.

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- E. It is against NDCS policy for any Staff Physician, Physician Assistant or Dentist to administer in any manner or form any cocaine, alpha or beta eucaine, morphine or opium except for hospice, emergency situations and acute post-operative care as determined to be medically necessary. It shall also be against policy to administer any compound or derivative of the foregoing substances or any preparation, product or compound containing any of the foregoing substances or any of their salts, compounds or derivatives for or to any person addicted to the habitual use of such substances.

A Staff Physician may personally administer to a patient who is a habitual user of such drugs, the necessary doses of such substances in a hospital to maintain or detoxify a person as an incidental adjunct to medical or surgical treatment conditions other than dependence.

## II. CHEMICAL ABUSE/DEPENDENCY

Clinical management of chemically abusive/dependent inmates using a biopsychosocial model includes the following requirements:

A standardized diagnostic needs assessment administered to determine the extent of use, abuse, dependency, and/or codependency.

Diagnosis of chemical abuse/dependency by a physician, psychologist, or Licensed Alcohol/Drug Abuse Counselor (LADC).

- Assessment, diagnosis and treatment services will be based on an evidence-based biopsychosocial model that addresses such factors as associated co-occurring disorders; medical condition; cognitive factors including criminal thinking patterns and motivation to change; family/support systems; social; educational and vocational needs.
- Determination by a physician as to whether an individual requires pharmacologically supported care.
- Individualized treatment plans/Personalized Plans developed and implemented where needed by a multidisciplinary team that includes medical, mental health, and substance abuse professionals.

Referrals to NDCS Substance Abuse Treatment programs coordinated by the Behavioral Health Assistant Administrator for Substance Abuse (BHAA/SA) when appropriate.

Pre-release relapse-prevention education, including risk management as well as referrals to specified community resources upon release when appropriate.

The inmate will be involved in appropriate discharge plans.

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### III. SUBSTANCE ABUSE TREATMENT PROGRAMS

- A. The Behavioral Health Assistant Administrator for Substance Abuse (BHAA/SA) services shall report to the Behavioral Health Administrator.
- B. The BHAA/SA at RTC/NSP shall direct and administer the NDCS Substance Abuse Treatment Services and this office will be referred to as the Substance Abuse Administration Office.
- C. As part of the NDCS Health Services Section, the NDCS Substance Abuse Services regularly participates in multi-disciplinary activities and shares appropriate documentation among the Health Services including medical, psychiatric, and mental health providers, social work staff and with NDCS Case Management.
- D. Substance abuse screening and initial clinical assessments/appraisals for male and female inmates will be conducted at the appropriate reception facility (Diagnostic and Evaluation Center [DEC] for males, Nebraska Correctional Center for Women [NCCW] for all females), and Work Ethic Camp (WEC) for offenders/inmates. All screening and assessments/appraisals will be done by qualified, professional staff within appropriate time frames. Documentation from qualified professional substance abuse staff shall be used in the development of the Personalized Plan and the Initial Classification Study.

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.

- E. Each inmate committed to NDCS will be made aware of available treatment and efforts will be made to motivate those in need to seek treatment.
- F. Each inmate identified 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 or sign a refusal form indicating his/her choice not to participate in treatment.
- G. Institutions offer a variety of options and services based upon institutional mission, physical capacity, staffing and identified inmate needs. All programming options are offered on a voluntary basis. While NDCS includes a diverse set of missions, facilities, and staffing, all substance abuse programs will strive to meet a professional consistency regarding staffing, programming, treatment resources, equipment, and support services. This consistency will in large part be derived from applications of community standards and evidence-based treatment methods individualized to match inmate treatment needs. The following substance abuse programming levels of care and service levels are available within the NDCS.

#### 1. Residential Services

- a. Therapeutic Community (Education, Recovery, Cognitive-Behavioral training, Relapse Prevention and Management, Continuing Care, Transition planning, Referrals to community-based providers, Drug

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testing and monitoring and support groups such as AA , NA, and Talking Circle)

- b. Co-occurring Program (COP)—a ten month residential substance abuse treatment program at the Lincoln Correctional Center for inmates in the Mental Health Unit.
  - c. Co-occurring services are offered in the OCC, NSP and NCCW residential programs.
  - d. Cases falling outside of selection parameters or those having additional information received by NDCS staff may have a review through the Clinical Substance Abuse Review Team (CSART). The purpose of this review is to amend and update substance abuse recommendations as needed.
2. Non-Residential Services
- a. Pretreatment motivational enhancement
  - b. Intensive Outpatient (Education, Recovery, Cognitive-Behavioral training, Relapse Prevention and Management, Continuing Care planning and transition planning with community-based providers)
  - c. Substance Abuse self help meetings, such as AA, NA, and Talking Circle
  - d. Co-occurring Disorders Treatment Program conjointly with Mental Health
3. Assessment Services
- a. Assessment
  - b. Screening
  - c. Parole Board requested, Substance Abuse program participant's status.
  - d. Diagnosis per Diagnostic & Statistical Manual of Mental Disorders-Fifth Edition-Text Revision (DSM 5)
  - e. Addiction Severity Index (ASI), Substance Abuse Subtle Screening Inventory (SASSI), Criminal Thinking Scales (CTS), and Client Evaluation of Self on Intake (CESI)
  - f. American Society of Addiction Medicine (ASAM) Patient Placement Criteria
  - g. Appropriate Level of Care Recommendation (available NDCS programs/Services)

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- h. Motivational stage of change
  - i. Co-occurring disorders
  - j. Recovery environment and placement services
4. Emergency Services/Detoxification
- H. The treatment process conducted by the licensed Substance Abuse Staff shall utilize a variety of evidence based approaches to provide flexibility in meeting the varying and individual needs of inmates who abuse 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 provided by the American Society of Addiction Medicine (ASAM) and its most recent revision of the society's treatment manual that includes ongoing review by Substance Abuse Staff.
- I. Each inmate in a substance abuse treatment program shall have a written Individual Treatment Plan, developed cooperatively between the inmate and counselor, which include realistic, measurable goals, a delineation of counseling services and any supportive services needed.
- J. A file shall be maintained for each substance abuse treatment program inmate, which will include the Individual Treatment Plan, contact/progress notes and other information deemed appropriate to document the inmate's treatment. This information shall be filed in a standard format provided by the Substance Abuse Administration. Active files will be audited on a regular schedule.
- K. Specific and requested Information concerning an inmate's participation/progress and completion/termination/refusal of programming shall be provided to the Parole Board and to institutional Case Management.
- L. The BHAA/SA at RTC/NSP will coordinate the efforts of the NDCS Substance Abuse Treatment Services. All active substance abuse treatment program inmates and any other inmates who may request such help shall be provided referral information for an appropriate community agency for follow-up treatment upon their release and vouchers for treatment according to set criteria and availability of funds.
- M. The Substance Abuse 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 short courses or workshops in addition to required NDCS training to total at least 40 hours/year. Training shall include emergency preparedness. Training in the Nebraska State Standardized Model is encouraged for staff based on availability of funding.
- N. Efforts will be made to select and train recovering former addicts and alcoholics to serve as employees or volunteers in the substance abuse treatment program. Efforts will also be made to recruit, train and retain an ethnically diverse staff to address the multicultural needs of inmates.

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- O. Substance Abuse Services' staff will participate in training all new NDCS staff at the Staff Training Academy's Pre-Service class and annual In-Service training on Substance Abuse Treatment Services.
- P. Residential substance abuse treatment services shall include at a minimum inmate diagnosis, identifying problem areas, individual treatment goals and objectives, counseling objectives, drug/alcohol education, relapse prevention and management, general education/GED opportunities, gender-specific issues, culturally sensitive treatment objectives, the recommendation of self-help groups as an adjunct to treatment, prerelease and transitional service needs, and coordination of services between community treatment providers and NDCS staff to ensure a continuum of supervision and treatment. These primary services will be formulated and individualized according to ASAM methodology.
- Q. Referrals to substance abuse treatment programming:
  - 1. Each inmate will be screened/assessed for substance abuse issues upon entry into NDCS by qualified, professional substance abuse staff to determine risk factors associated with substance use disorder.
    - a. Notations and/or assessment profiles will be forwarded to the Initial Classification Committee for inclusion in the Initial Classification Study recommendations. Documentation of initially identified substance abuse treatment need will be indicated on the inmate's Personalized Plan at the reception centers.
    - b. Inmates who have residential substance abuse programming recommended on their Personalized Plans may contact institutional Case management staff to request application and referral information if they did not receive this or lost or misplaced it after Initial Classification.
    - c. Inmates who have non-residential substance abuse programming recommended on their Personalized Plans will send an Inmate Interview Request to the non-residential treatment services office at their assigned institution. Inmates who qualify by sentence structure or other screening methods will be recommended for substance abuse services within the community.
  - 2. The medical and clinical assessment/reassessment for appropriate drug and alcohol treatment program assignment shall be an ongoing process and shall address the individual inmate's needs.
  - 3. Inmates who exhibit substance abuse problems during their incarceration, through positive results in the NDCS Drug Testing Program, will be referred by institutional Case Management staff to substance abuse treatment staff for assessment/evaluation and treatment.

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4. Parole violators who exhibit substance abuse problems while on parole may be referred to substance abuse treatment programming after revocation by the Board of Parole through the Parole Administration.
5. In circumstances of incomplete participation, termination, medical, psychiatric, or behavioral stabilization, disciplinary restrictive housing, misconduct reports, or any other issues that may impact the safety and security of the institution or program, inmates may reapply to a residential treatment program 60 days from the date of their termination or 60 days from the date of their release from disciplinary restricted housing, whichever occurs latest. Reapplication does not guarantee admittance to the program. Supervisory staff of each program may use their clinical discretion to vary from these parameters on a case by case basis.

#### IV. DRUG TESTING PROGRAM

Drug testing is a part of the overall NDCS policy addressing substance abuse. The procedures for conducting drug testing and results/interpretation are standardized throughout the NDCS according to policies and procedures outlined in Administrative Regulation 211.01, *Institutions: Drug Testing Program*, institutional operational memoranda and institutional post orders.

#### V. INTEGRATION OF HEALTH SERVICES

- A. Substance Abuse Services will work within the Health Services Division 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, and mental health.
- B. Substance Abuse Services will conduct research and development activities aimed at providing information such as outcome data for grants management, program evaluation, and original research.
- C. Substance Abuse Services will also work to integrate with adult parole, community health and social services to provide seamless reentry of inmates into their communities and families/support systems.

#### VI. RETENTION OF RECORDS

- A. Inactive Substance Abuse Treatment Records will be retained in original form by the NDCS under the auspices of the BHAA/SA for a period of five years following discharge from the last treatment program attended. These records may be placed on computer disk, microfiche or in some other form of secure data storage.
- B. A permanent record of all inmates who have participated in NDCS Substance Abuse Treatment programs will be retained by the NDCS under the auspices of the BHAA/SA. This permanent record shall include the inmate'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. This record is located in the Siebel

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database (SATP) and may be placed on computer disk, microfiche or in some other form of secure data storage for permanent storage.

- C. Substance Abuse Treatment Records are protected by Federal confidentiality guidelines and practices (42 CFR-Part 2).
- D. Inactive Substance Abuse Treatment Records for a discharged inmate who needs additional Substance Abuse Treatment services after returning to the Department will be retrieved upon request to assist treatment counselors in providing appropriate treatment services.
- E. Substance Abuse Treatment Records for an inmate who is discharged from one NDCS substance abuse treatment program and enters another NDCS substance abuse treatment program will be transferred to the new program/counselor.

**REFERENCE**

- I. STATE STATUTE - Nebraska State Statute, Section 28-401 Cum. Supp. 2000
- II. ADMINISTRATIVE REGULATION
  - A. Administrative Regulation 115.04, *Health Education and Access to Health Services*;
  - B. Administrative Regulation 211.01, *Institutions: Drug Testing Program*
- III. ATTACHMENTS – None.
- IV. AMERICAN CORRECTIONS ASSOCIATION (ACA) STANDARDS
  - A. Standards for Adult Correctional Institutions (ACI) (4th edition): 4-4353, 4-4370, 4-4371, 4-4376, 4-4377, 4-4437, 4-4438, 4-4439, 4-4440, and 4-4441.
  - B. Performance Based Standards for Adult Community Residential Services (ACRS) (4th edition): 4-ACRS-5A-08 and 4-ACRS-7B-02