

Policy Number: 500.308

Title: ~~Substance Use Disorder Assessment, Treatment~~ Directives Recommendations,
and Programming Services

Effective Date: ~~1/27/25~~ 7/7/20

PURPOSE: To provide standards and procedures for the assessment, recommendations, and treatment of substance use disorders ~~in the adult offender incarcerated persons population for adult incarcerated persons.~~ To provide policy and procedure for program review teams (PRTs) to give directives to adult offenders incarcerated persons to participate in substance use disorder rehabilitative programming.

APPLICABILITY: All Minnesota Department of Corrections (DOC) adult facilities. ~~Adult facilities~~

DEFINITIONS:

~~DOC's~~ Substance use disorder treatment programs services – ~~therapeutic communities the DOC's planned programs of care for the treatment of substance misuse or substance use disorder to minimize or prevent further substance misuse by the person,~~ operated in residential ~~and outpatient or boot camp~~ settings within the prisons, ~~separated from the general prison population.~~ Services include group therapy, individual therapy, and psycho-educational interventions.

Case Review Team – DOC staff ~~or~~ designated stakeholders who ~~(m?)~~ review assessment results, provide feedback and recommendations on facility programming to incarcerated individuals. The ~~c~~Case ~~r~~Review ~~t~~Team may make recommendations to the hearings and release unit (HRU) on discretionary releases and release plans.

Case Reviews may include staff and other stakeholders from various disciplines to provide expertise and feedback to incarcerated persons. Case reviews may result in a multi-disciplinary team (MDT). Case Review occur at intake and at least annually for every incarcerated person. Special Case Reviews may occur as defined in Policy 203.010 the "Case Management Process." ~~Policy (Policy 203.010).~~

~~Program review team (PRT)—a team designated by the warden to conduct program reviews. The team makes directives or recommendations for facility programming, makes recommendations to the hearings and release unit (HRU) on discretionary releases and release plans, and gives directives.~~

Substance use disorder assessment – an assessment conducted by a licensed counselor following American Society of Addiction Medicine (ASAM) criteria and using an instrument that provides for comprehensive review of substance abuse issues, including severity of alcohol or other drug problems and results in a ~~diagnostics~~ and/or ~~statisticals~~ manual diagnosis, or a diagnostic impression.

PROCEDURE~~SUBSTANCE USE DISORDER~~ PROCEDURES ASSESSMENT :

A. Substance Use Disorder Assessments Procedures:

Licensed counselors must:

1. At the time of intake, assess all adult ~~offenders~~ incarcerated persons who have adequate time for treatment, ~~and~~ those who have driving while intoxicated (DWI) or predatory offense convictions, for substance use disorders and document the assessment recommendations in the correctional operations management system (COMS) in the offender document system (ODocS), and in the ~~offender's~~ incarcerated persons' ~~person's~~ mental health electronic substance use disorder file.

2. At the time of the assessment, provide ~~offenders~~ incarcerated persons with the acknowledgment form that describes the purpose of the assessment and the assessment appeal process. ~~The licensed counselor must ; request attempt to obtain the offender's incarcerated person's signature on the acknowledgment form (however, a signature, but it is not required); and, file the form in the offender's incarcerated person's electronic substance use disorder mental health file.~~
- ~~33.~~ At the time of the assessment, inform ~~offenders~~ incarcerated persons about the assessment results in a written notification form, ~~request request the incarcerated person's the offender's~~ signature, and place the form in the incarcerated person's offender's electronic substance use disorder mental health file.
- ~~44.~~ ~~Modify~~ Amend the assessment recommendations if additional information is acquired after the initial assessment and update the information in the offender's incarcerated person's electronic person's electronic substance use disorder mental health file, in ODocS, and in COMS.
- ~~55.~~ Document any ~~refusal~~ incarcerated person's individual's choice to decline to cooperate with the assessment in the offender's incarcerated individual's electronic substance use disorder mental health file and in COMS, ~~and; and complete an incident report and forward it to the discipline unit in the correctional facility where the assessment refusal takes place notify the incarcerated person's individual's case manager.~~

B. Clinical Evaluation and Treatment Recommendations

1. A licensed counselor gathers and evaluates the following information to determine the treatment needs of the ~~offender~~ incarcerated persons:
 - a) Severity and length of substance use history;
 - b) Substance use disorder treatment history;
 - c) Relationship of the ~~offender's~~ incarcerated person's substance use to the commitment offense;
 - d) Withdrawal issues, medical concerns, emotions/behaviors/cognitions, readiness for change, relapse prevention, including recent revocations or restructures of release; recovery environment; and
 - ~~d) Offender's incarcerated person's relapse/remission history, including recent revocations or restructures of release; and~~
 - e) Risk of criminal recidivism based on criminogenic factors as assessed by an actuarial tool.
2. A licensed counselor makes a treatment recommendation based on the following guidelines:
 - a) Treatment is not recommended if:
 - (1) No substance use disorder diagnosis is present; or
 - (2) A substance use disorder diagnosis is present, but an ~~satisfactory~~ adequate treatment program has been completed after the offense, and the ~~offender~~ incarcerated person can demonstrate remission outside of a controlled environment for at least one year.
 - b) Substance use disorder treatment is recommended if:
 - (1) Substance use disorder is diagnosed

- (2) ~~;~~ and one or more of the above conditions is present (B.1, a) through e)); the L-level of care determination must following the American Society of Addiction Medication (ASAM) -criteria determines the need for treatment.
- (2) ~~The offender incarcerated person has a conviction for a predatory or sex offense and a substance use disorder; or~~

(3) ~~The offender incarcerated persons has a felony DWI.~~

C. Second Opinions

1. Incarcerated persons may obtain an independent second opinion regarding their substance use disorder assessment by following the procedures in Policy 500.135, "Offender- Requested Private Health Care." -The second opinion is only advisory. The DOC is not required to follow the second opinion.

D. Appeals of Substance Use Disorder Assessment Recommendations

1. ~~Offenders incarcerated persons may obtain an independent second opinion regarding their substance use disorder assessment by following the procedures in Policy 500.135, "Offender- Requested Private Health Care." The second opinion is only advisory, however; the DOC is not bound to follow the second opinion.~~
12. Offenders incarcerated persons may persons may appeal their substance use disorder assessment within 20 business days of the assessment by writing to the mental health substance use disorder program -director or designee, explaining Incarcerated persons must explain the basis for appeal. Only the treatment recommendation may be appealed—not the location of a program placement.
23. The facility mental health substance use disorder services program director or designee must responds to the offender's incarcerated person's appeal person's appeal within 20 business days of receipt and, if the treatment recommendation is changed, updated the recommendation in COMS.
34. Entry into a treatment program is not delayed while the assessment is under appeal.
45. Further appeal:
 - a) If they an incarcerated person disagrees with the facility substance use disorder mental health services program director's or designee's decision, offenders incarcerated persons they may further appeal to the DOC associate director of behavioral health who oversees substance use disorder treatment services. This appeal must be received within 15-20 working days of the signature date of the mental health substance use disorder services program director's response. ~~The DOC associate~~ director of behavioral health or designee must responds to the appeal within 20 business days of receipt.
 - b) If an offender incarcerated persons does not receive a decision from the facility substance use disorder mental health services program director or designee within 20 business days of the date the offender incarcerated person sent the appeal, they may appeal directly to the DOC associate director of behavioral health who oversees substance use disorder treatment services. The associate director or designee must responds to the appeal within 20 business days of receipt.

- c) The decision of the associate director of behavioral health who oversees substance use disorder treatment services ~~is~~are final and may not be further appealed or grieved.

56. -Behavioral health staff involved in an appeals process must enter both the ~~offender~~ incarcerated person's substance use disorder (SUD) ~~a~~assessment appeals and their responses in the ~~offender's~~ incarcerated person's electronic substance use ~~mental health~~ file ~~file~~ and in ODocS.-

D. Case Review or MDT Review:

1. Review SUD treatment recommendations and recommends treatment ~~Recommends~~ when substance use disorder (SUD) rehabilitative treatment ~~treatment services to incarcerated persons who assessed as needed~~ are assessed to need treatment;
2. substance use disorder assessment or reassessment Recommends release violators to be assessed at the discretion of the ~~hearings and release unit~~ HRU;
3. Documents the treatment recommendation in COMS; and
4. Document any individual's choice to decline to cooperate with the assessment and/or participation ~~or participation~~ in the incarcerated person's case note in COMs.

E. Participation in Recommended Treatment for Adults

1. Successful participation in recommended substance use disorder treatment may be a requirement to obtain certain benefits and privileges, including access to some programs, reductions in custody or supervision levels, and early release opportunities. A individuals choice to decline to participate in or termination from treatment may result in ineligibility for such benefits and privileges. Extended incarceration will not be imposed for failures to successfully complete recommended treatment.
2. When treatment is recommended in accordance with Procedures B and D, staff must document the recommendation for substance-use disorder treatment services in COMS and may include a treatment requirement during case or MDT reviews in accordance with Policy 203.010, "Case Management Process."

Program Review Team

—The program review team (PRT):

1. — Directs all offenders ~~incarcerated persons~~ who are assessed to need substance use disorder (SUD) rehabilitative treatment to participate in treatment;
2. — Directs offenders ~~incarcerated persons~~ who have been identified as needing an SUD assessment and have not been assessed at the time of the initial PRT review to receive an SUD assessment and to complete the recommendations that result from the assessment; and
3. — Documents the treatment directive in COMS.

FE. Treatment Priority

1. Behavioral health services staff determine the priority for treatment by both the substance use disorder assessment recommendations and individual needs of criminal risk assessments, prioritizing ~~offenders~~ incarcerated persons with high risks and high treatment needs for treatment offers.

GF. Treatment Programming Services

1. ~~DOC treatment~~ Substance use disorder treatment services ~~programs~~ are certified by, and operate in compliance with, the Certification Standards for ~~DOC~~ DOC Substance Use Disorder Programs (Certification Standards). Certification ~~S~~standards and audit memos are available on the ~~DOC~~ health services behavioral health iShare site.
2. The date and location of an ~~offender's incarcerated person's treatment~~ person's treatment program placement is determined by their substance use disorder assessment recommendation, length of time to serve, custody classification, and, program space availability, ~~and admission criteria~~.
3. Treatment plans are individualized and based on the assessed needs and abilities of each incarcerated person-offender. Progress towards treatment plan goals is continuously assessed by the treatment team, with formal progress reviews as defined in Certification Standards ~~at least monthly~~.
4. Individual length-of-stay in treatment is based on assessed needs and progress toward a incarcerated person's individual treatment plan goals.
5. All ~~DOC~~ substance ~~abuse-use~~ disorder treatment ~~programs~~ services ~~address an offender's problematic behavior in a progressive manner when the offender's performance is below satisfactory standards~~ apply supportive interventions to assist with progress in treatment. This may include such examples as direct feedback, additional assignments, therapeutic ~~staffings~~ staffing, behavioral agreements, probation contracts, program restriction status, suspension, and termination. ~~Serious infractions of safety and security~~ disciplinary rules may result in program termination and formal discipline. ~~Major Disciplinary~~ rule violations are ~~dealt-addressed-with~~ through the DOC's institution's formal discipline plan.

HG. Treatment Discharges

1. Types of treatment discharges include ~~the following~~ : completion, discharged by administration, ~~discharged-discharged as terminated by death as the result of death~~, participated until released, program terminated, discipline terminated, and quit. ~~The types of program programs terminated, discipline terminated, and quit constitute treatment failures-unsuccessful program completion.~~

IH. Substance Use Disorders Treatment Program Terminations and Declines Refusals

1. If ~~an offenders incarcerated persons~~ refuse declines to enter, withdrew, or is ~~are~~ terminated from a treatment program, they will may not be ~~entitled-eligible to enter~~ another-offender substance use disorder incarcerated person SUD treatment program opportunity during the same incarceration.
2. ~~If offenders incarcerated persons refuse decline or fail to participate in the substance use assessment, they may be subject to discipline in accordance with policy attachment 303.010I, "Offender Discipline Rules."~~
23. A licensed counselor documents any ~~refusal to cooperate~~ incarcerated person's individual's choice to decline with treatment or treatment discharge in COMS and in the offender's incarcerated person's electronic substance use disorder mental health file. ~~In case of treatment refusal or an individual's choice~~ When an individual chooses to decline treatment or treatment termination is terminated from treatment, the licensed counselor must notifies the incarcerated person's case manager. completes the incident report and forwards it to the

discipline unit in the correctional facility where the refusal individual declined treatment/termination takes place.

II. Appeals of Treatment Terminations

4. ~~Offenders~~ Incarcerated persons may grieve discipline resulting from a program refusal or termination to the discipline unit.

I. Appeals of Treatment Terminations

1. ~~Offenders~~ Incarcerated persons may appeal their termination from a substance use disorder treatment program by writing to the substance use disorder program director within 24 hours of the termination.
2. The substance use disorder program director must respond s to the ~~offender's~~ incarcerated person's appeal within five business days of receipt of the appeal.
3. The substance use disorder program director's appeal decision is final and may not be grieved.
4. A licensed counselor documents any waiver of right to appeal. ~~refusal to cooperate.~~

~~5. Discipline resulting from a program termination may be grieved.~~

56. Treatment termination appeals must be retained in the electronic substance use disorder file.

INTERNAL CONTROLS:

- A. Substance use disorder assessments are retained in COMS, ODocS, and the incarcerated person's ~~offender's~~ electronic substance use disorder file. ~~mental health file.~~
- B. ~~Offender~~ An incarcerated person's ~~s~~ substance use disorder assessment appeals and treatment offer decline ~~refusals~~ are retained in the offender's incarcerated person's ~~electronic substance use disorder~~ mental health file.
- C. An incarcerated person's ~~s~~ Substance use disorder treatment termination appeals are retained in the incarcerated person's electronic substance use disorder file.
- E. Treatment program Certification Standards audit memos are available on the health services behavioral health iShare site.

~~ACA STANDARDS: 5-5E-4-4437; 5-5E-4-4438; 5-5E-4-4439; 5-5E-4-4440; 5-5E-4-4441~~

REFERENCES: Minn. Stat. §§ 241.40; 241.416; 244.03; 241.021
Policy 500.135, "Incarcerated Person Offender Requested Private Health Care"
Policy 303.010, "Incarcerated Person Offender Discipline"

REPLACES: Policy Division Directive 500.308, "Substance Use Disorder Assessment, Treatment Directives, and Programming Chemical Dependency Assessment & Programming," 7/6/75/2007.
Policy 203.013, "Sex Offender and Chemical Dependency Treatment Directives – Adult Facilities," 2/21/17.

All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

ATTACHMENTS: Certification Standards for DOC Substance Use Disorder Treatment Programs (on behavioral health iShare site)

[Treatment Directive Incident Report 2020—SUD \(on behavioral health private iShare site\)](#)

~~Incarcerated Person~~[Offender Discipline Rules](#) (303.010I)

APPROVALS:

~~Commissioner of Corrections~~~~Deputy Commissioner, Community Services~~

~~Deputy Commissioner, Facility Services~~

~~Assistant Commissioner, Operations Support~~

~~Assistant Commissioner, Criminal Justice Policy, Research, and Performance~~