DEPARTMENT OF CORRECTIONS

Policy Number: 500.308
Title: Substance Use Disorder Assessment, Treatment Recommendations, and Services
Effective Date: 01/27/25

PURPOSE: To provide standards and procedures for the assessment, recommendation, and treatment of substance use disorders for incarcerated persons.

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

DEFINITIONS:
Substance use disorder treatment services – 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 settings within the prisons. Services include group therapy, individual therapy, and psycho-educational interventions.

Case Review Team – DOC staff or designated stakeholders who review assessment results, provide feedback and recommendations on facility programming to incarcerated individuals. The case review 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 "Case Management Process."

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 diagnostic and statistical manual diagnosis, or a diagnostic impression.

PROCEDURES:
A. Assessment Procedures
Licensed counselors must:
1. At the time of intake, assess all adult incarcerated persons who have adequate time for treatment, 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 incarcerated person's electronic substance use disorder file.

2. At the time of the assessment, provide incarcerated persons with the acknowledgment form that describes the purpose of the assessment and the assessment appeal process. The licensed counselor must attempt to obtain the incarcerated person's signature on the acknowledgment form (however, a signature is not required); and file the form in the incarcerated person's electronic substance use disorder file.

3. At the time of the assessment, inform incarcerated persons about the assessment results in a written notification form, request the incarcerated person's signature, and place the form in the incarcerated person's electronic substance use disorder file.

4. Modify the assessment recommendations if additional information is acquired after the initial assessment and update the information in the incarcerated person's electronic substance use disorder file, in ODocS, and in COMS.

5. Document any incarcerated person's choice to decline to cooperate with the assessment in the incarcerated individual's electronic substance use disorder file and in COMS, and notify the incarcerated person'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 incarcerated persons:
   a) Severity and length of substance use history;
   b) Substance use disorder treatment history;
   c) Relationship of the 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
   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 treatment program has been completed after the offense, and the 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) Level of care following the American Society of Addiction Medication (ASAM) criteria determines the need for treatment.

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. Incarcerated persons may appeal their substance use disorder assessment within 20 business days of the assessment by writing to the substance use disorder program director or designee. Incarcerated persons must explain the basis for appeal. Only the treatment recommendation may be appealed—not the location of a program placement.

2. The facility substance use disorder program director or designee must respond to the incarcerated person's appeal within 20 business days of receipt and, if the treatment recommendation is changed, updated the recommendation in COMS.

3. Entry into a treatment program is not delayed while the assessment is under appeal.

4. Further appeal:
   a) If an incarcerated person disagrees with the facility substance use disorder program director's or designee's decision, they may further appeal to the associate director of behavioral health who oversees substance use disorder treatment services. This appeal must be received within 20 working days of the signature date of the substance use disorder program director's response. The associate director of behavioral health or designee must respond to the appeal within 20 business days of receipt.

   b) If an incarcerated person does not receive a decision from the facility substance use disorder program director or designee within 20 business days of the date the incarcerated person sent the appeal, they may appeal directly to the associate director of behavioral health who oversees substance use disorder treatment services. The associate director or designee must respond 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 are final and may not be further appealed or grieved.

5. Behavioral health staff involved in an appeals process must enter both the incarcerated person's substance use disorder assessment appeals and their responses in the incarcerated person's electronic substance use file and in ODocS.

D. Case Review or MDT Review
1. Review SUD treatment recommendations and recommends treatment when assessed as needed;
2 Recommends release violators to be assessed at the discretion of the 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 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."

F. Treatment Priority
1. Behavioral health services staff determine the priority for treatment by both the substance use disorder assessment recommendations and individual needs of incarcerated persons.

G. Treatment Services

1. Substance use disorder treatment services are certified by, and operate in compliance with, the Certification Standards for DOC Substance Use Disorder Programs (Certification Standards). Certification Standards and audit memos are available on the health services behavioral health iShare site.

2. The date and location of an incarcerated 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.

3. Treatment plans are individualized and based on the assessed needs and abilities of each incarcerated person. Progress towards treatment plan goals is continuously assessed by the treatment team, with formal progress reviews as defined in Certification Standards.

4. Individual length-of-stay in treatment is based on assessed needs and progress toward a incarcerated person's treatment plan goals.

5. All substance use disorder treatment services apply supportive interventions to assist with progress in treatment. This may include such examples as direct feedback, additional assignments, therapeutic 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. Disciplinary rule violations are addressed through the DOC's formal discipline plan.

H. Treatment Discharges

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

I. Substance Use Disorder Treatment Program Terminations and Declines

1. If an incarcerated person declines to enter, withdrew, or is terminated from a treatment program, they may not be eligible to enter another substance use disorder treatment program during the same incarceration.

2. A licensed counselor documents any incarcerated person's choice to decline treatment or treatment discharge in COMS and in the incarcerated person's electronic substance use disorder file. When an individual chooses to decline treatment or is terminated from treatment, the licensed counselor must notify the incarcerated person's case manager.

J. Appeals of Treatment Terminations

1. 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 to the 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.

5. 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 electronic substance use disorder file.

B. An incarcerated person's substance use disorder assessment appeals and treatment offer decline are retained in the incarcerated person's electronic substance use disorder file.

C. An incarcerated person'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.

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

REPLACES: Policy 500.308, "Substance Use Disorder Assessment, Treatment Directives, and Programming," 7/7/20.
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)
Incarcerated Person Discipline Rules (303.010I)

APPROVALS:
Commissioner of Corrections