DEPARTMENT OF CORRECTIONS

Policy Number:	**500.308**
Title:	**Substance Use Disorder Assessment, Treatment Directives, and Programming**
Effective Date:	**7/7/20**

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

APPLICABILITY: Adult facilities

DEFINITIONS:

DOC substance use disorder treatment programs – therapeutic communities operated in residential or boot-camp settings within the prisons, separated from the general prison population. Services include group therapy, individual therapy and psycho-educational interventions.

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 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 or statistics manual diagnosis, or a diagnostic impression.

PROCEDURES:

A. Assessments

Licensed counselors must:

1. At the time of intake, assess all adult offenders 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 mental health file.

2. At the time of the assessment, provide offenders with the acknowledgement form that describes the purpose of the assessment and the assessment appeal process; request the offender's signature, but it is not required. File the form in the offender's mental health file.

3. At the time of the assessment, inform offenders about the assessment results in a written notification form, request the offender's signature, and place the form in the offender's mental health file.

4. Amend the assessment recommendations if additional information is acquired after the initial assessment and update the information in the offender's mental health file, in ODocS, and in COMS.

5. Document any refusal to cooperate with the assessment in the offender's mental health file and in COMS; and complete an incident report and forward it to the discipline unit in the correctional facility where the assessment refusal takes place.

B. Clinical Evaluation and Treatment Recommendations

1. A licensed counselor gathers and evaluates the following information to determine the treatment needs of the offender:
   a) Severity and length of substance use history;
   b) Substance use disorder treatment history;
   c) Relationship of the offender's substance use to the commitment offense;
   d) Offender'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 adequate treatment program has been completed after the offense, and the offender 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 and one or more of the above conditions is present (B.1, a) through e));

      (2) The offender has a conviction for a predatory or sex offense and a substance use disorder; or

      (3) The offender has a felony DWI.

C. Appeals of Substance Use Disorder Assessment Recommendations

1. Offenders 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.

2. Offenders may appeal their substance use disorder assessment within 20 business days of the assessment by writing to the mental health director or designee explaining the basis for appeal. Only the treatment recommendation may be appealed—not the location of a program placement.

3. The facility mental health services director or designee responds to the offender's appeal within 20 business days of receipt and, if the treatment recommendation is changed, updated the recommendation in COMS.

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

5. Further appeal:

a) If they disagree with the facility mental health services director's or designee's decision, offenders may further appeal to the DOC director of behavioral health. This appeal must be received within 15 working days of the signature date of the mental health services director's response. The DOC director of behavioral health or designee responds to the appeal within 20 business days of receipt.

b) If an offender does not receive a decision from the facility mental health services director or designee within 20 business days of the date the offender sent the appeal, they may appeal directly to the DOC director of behavioral health. The director or designee responds to the appeal within 20 business days of receipt.

c) The decision of the director of behavioral health is final and may not be further appealed.

6. Behavioral health staff involved in an appeals process enter both the offender substance use disorder (SUD) assessment appeals and their responses in the offender's mental health file.

D. Program Review Team

The program review team (PRT):

1. Directs all offenders who are assessed to need SUD rehabilitative treatment to participate in treatment;

2. Directs offenders 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.

E. Treatment Priority

Behavioral health services staff determine the priority for treatment by both the recommendations and criminal risk assessments, prioritizing offenders with high risks and high treatment needs for treatment offers.

F. Treatment Programming

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

2. The date and location of an offender's treatment program placement is determined by the assessment recommendation, length of time to serve, custody classification, program space availability, and admission criteria.

3. Treatment plans are individualized and based on the assessed needs and abilities of each offender. Progress towards treatment plan goals is continuously assessed by the treatment team, with formal progress reviews at least monthly.

4. Individual length-of-stay is based on assessed needs and progress toward individual treatment plan goals.

5. All DOC substance abuse disorder treatment programs address an offender's problematic behavior in a progressive manner when the offender's performance is below satisfactory standards. This may include such examples as direct feedback, additional assignments, therapeutic staffings, behavioral agreements, probation contracts, program restriction status, suspension, and termination. Serious infractions of safety and security may result in program termination and formal discipline. Major rule violations are dealt with through the institution's formal discipline plan.

G. Treatment Discharges

Types of treatment discharges include the following: completion, discharged by administration, terminated by death, participated until released, program terminated, discipline terminated, and quit. The types of program terminated, discipline terminated, and quit constitute treatment failures.

H. Substance Use Disorders Treatment Program Terminations and Refusals

1. If offenders refuse to enter or are terminated from a treatment program, they will not be entitled to another offender treatment program during the same incarceration.

2. If offenders refuse 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."

3. A licensed counselor documents any refusal to cooperate with treatment or treatment discharge in COMS and in the offender's mental health file. In case of treatment refusal or termination, the licensed counselor completes the incident report and forwards it to the discipline unit in the correctional facility where the refusal/termination takes place.

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

I. Appeals of Treatment Terminations

1. Offenders 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 responds to the offender's appeal within five business days of receipt.

3. The program director's appeal decision is final and may not grieved.

4. A licensed counselor documents any refusal to cooperate

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

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

INTERNAL CONTROLS:

A. Substance use disorder assessments are retained in COMS, ODocS, and the offender's mental health file.

B. Offender substance use disorder assessment appeals and treatment refusals are retained in the offender's mental health file.

C. Substance use disorder treatment termination appeals are retained in the substance use disorder file.

D, Treatment program certification 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
Policy 500.135, "Offender-Requested Private Health Care"
Policy 303.010, "Offender Discipline"

REPLACES: Division Directive 500.308, "Chemical Dependency Assessment & Programming," 6/5/07.
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)
Offender Discipline Rules (303.010I)

APPROVALS:
Deputy Commissioner, Community Services
Deputy Commissioner, Facility Services
Assistant Commissioner, Operations Support
Assistant Commissioner, Criminal Justice Policy, Research, and Performance