



Department of Corrections

# INTERNAL MANAGEMENT POLICY & PROCEDURE

**Applicability:**  Adult Operation Only  JUVENILE Operations Only  DEPARTMENT-WIDE

IMPP #: 10-104D

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## PROGRAMS AND SERVICES: Facility Substance Use Disorder Treatment and Programs

Original Date Issued: 06-16-16 Replaces IMPP Issued: 06-16-16 **CURRENT EFFECTIVE DATE: 01-20-24**

Approved By: , Secretary Next Scheduled Review: 06/2027

### POLICY

Substance use treatment and programs shall be evidence based and made available to as many residents as possible, addressing substance use disorders and criminogenic factors, including criminal thinking and responsivity; shall be gender and trauma responsive; shall consider readiness and responsivity issues; and shall take into consideration from the resident's history whether s/he is treatment resistant due to criminal thinking (reflecting in high score on "Procriminal Attitudes & Orientation", prior treatment episodes successfully completed that did not stop substance misuse, continued failures due to substance misuse, and lack of past cognitive interventions with the resident).

For adult residents, the LS/CMI assessment (for male residents), and WRNA (for female residents) shall be used for facility substance use treatment and program screening. Residents who are assessed as high or moderate risk are prioritized for substance use treatment or programs. Juvenile residents shall be administered the Substance Abuse Subtle Screening Inventory (SASSI) screening during the Reception and Diagnostic Unit process. Juvenile residents who meet treatment criteria will be referred for further assessment to determine their substance use disorder treatment needs. Juvenile residents who need substance use disorder treatment shall be tracked by a Juvenile Services Substance Use Disorder Treatment Database maintained at the juvenile correctional facility.

### DEFINITIONS

Criminogenic Needs: Dynamic risk factors, which when changed, decrease the probability for continued criminal offending.

Juvenile Services Substance Use Disorder Treatment Database: A database maintained by the juvenile services behavioral healthcare contractor of juvenile residents who are referred for treatment during incarceration. The database includes the name, earliest possible release date, SASSI results, YLS/CMI Substance Abuse score, CRAFT+N, and the targeted treatment start date.

Level of Service/Case Management Inventory (LS/CMI): A measure of risk and needs factors with a case management component. It includes five assessment sections, three summary sections and three case management sections. Section 1 consists of 43 items that are scored and grouped into 8 subsections. Risk is categorized into five levels; 'very low', 'low', 'moderate', 'high' and 'very high.' It is designed to assist professionals in management and treatment planning in justice, forensic, correctional prevention, and related agencies. The LS/CMI aids the assessor in identifying risk, need and responsivity factors relevant to the individual's likelihood of re-offending and of other issues relevant to a holistic case management plan.

Substance Abuse Subtle Screening Inventory (SASSI): The SASSI is a screening inventory that identifies high or low probability of substance use disorders and provides clinical insight into level of defensiveness and willingness to acknowledge problems. The SASSI-A2 is used for those ages 12 to 18 years and the SASSI-3 is used for individuals ages 18 and older.

Women's Risk Needs Assessment (WRNA): A risk/needs assessment for female residents and offenders assigned to institutions, pre-release, community residential settings, probation, and parole.

Youthful Level of Service/Case Management Inventory (YLS/CMI): An instrument to assess potential risk of re-offending, determine intervention targets, measure change, and establish the foundation for case management practices. The YLS/CMI shall be the primary risk/needs assessment tool for juvenile residents. Only staff certified by the KDOC-Juvenile Services shall administer the YLS/CMI.

## **PROCEDURES**

### **I. Substance Use Disorder Treatment and Programs**

- A. Adult male residents shall be administered the LS/CMI assessment, and adult female residents shall be administered the WRNA, per IMPP 11-113A. The total risk score and Alcohol and Drug domain scores, will measure the criminogenic need for substance use treatment and program placement.
- B. Juvenile residents shall be administered the SASSI. Those having a high probability of substance use disorders will complete a personal history at RDU to determine the need to refer for treatment during incarceration. Prior to entering treatment, the resident is administered the CRAFT+N to determine specific goals and interventions for treatment.
- C. The juvenile correctional facility shall maintain licensure as a substance use treatment center through the state's licensing authority for substance use treatment. The Substance Abuse Recovery Program (SARP) at Topeka Correctional Facility (TCF) shall maintain licensure as a substance use treatment center through the state's licensing authority for substance use treatment.
- D. The Substance Use Programs delivered at all facilities through the Regional Alcohol Drug Assessment Centers (RADACs) (which are licensed to deliver substance use treatment through the state's licensing authority for substance use treatment) shall employ licensed providers as often as possible, with the understanding that this may not be possible at times.
- E. Substance use treatment and programming shall be both gender- and trauma-responsive.

### **II. Treatment and Program Placement**

- A. Providers of substance use treatment and programs shall establish a referral process for participants, and review referrals for placement based on the programmatic factors set out below.
  - 1. Juvenile residents shall be referred for treatment if, after completing both the SASSI and a personal history, it is determined that such treatment is clinically indicated. All juvenile residents recommended for treatment shall be placed in the Juvenile Services Substance Use Disorder Treatment Database.
  - 2. For substance use disorder treatment through SARP, the guidelines for placement shall be:
    - a. For female residents (SARP), a total risk score of 21 or higher on the WRNA and a moderate or high score on the Alcohol & Drug domain.
    - b. NOTE: These scores are guidelines; SU treatment is geared toward moderate-high-and-high-risk residents. Treatment/program placement may be made outside of these scoring guidelines, with appropriate staffing and justification documented in Athena.

3. For the Substance Use Programs delivered in any adult facility, whether delivered by RADAC staff, SACK staff, or KDOC program providers, the guidelines for placement shall be:
    - a. The resident is moderate or high risk, in overall risk/need level *and* on the Alcohol & Drug domain;
    - b. The resident has been observed misusing substances and/or under the influence of substances (disciplinary reports, medical intervention, etc.).
    - c. The resident self-reports problems related to substance misuse and requests treatment/programming.
    - d. The resident has a history of revocation(s) for substance misuse; and/or
    - e. The resident has completed past treatment in facility or community and continues to misuse, indicating s/he is treatment resistant/misuse is driven by criminal thinking.
  4. If a resident is managed as an adult sex offender, whether to place him/her in a substance use treatment/program group should be addressed through sending a request for review to the Central Office Sex Offender Specialist. A multi-disciplinary staffing of the case that includes the Substance Use Treatment Provider, the Sex Offender Program Provider, the resident's assigned Corrections Counselor, the facility's Reentry Coordinator or designee, any Central Office Reentry team when needed, and any other staff who can contribute to the discussion, may also be utilized, in consideration of these factors:
    - a. Whether the resident is moderate or high risk on the actuarial assessments to sexually reoffend; a lower risk sex offender is more likely to be successful in a non-sex offender substance use group;
    - b. Whether the resident is currently sexually preoccupied and/or there are other clinical reasons contraindicating him/her being in the substance use group;
    - c. Whether the resident's sexual offense history is such that it will render it unsafe or distracting for him/her to be in a group with non-sex offenders;
    - d. Whether the resident's history and/or current behavior indicates that the primary area of risk/need is substance misusing, such that addressing that risk/need area will mitigate risk to sexually reoffend, and if so, whether there is an alternative to place the resident in a substance use treatment/program at another location/time; and
    - e. Any other clinical, case management, or security issue that a multi-disciplinary staffing indicates is relevant to determine whether the placement is safe and effective.
  5. In all substance use treatment/program placements, readiness and responsivity shall be considered. Treatment/program providers shall conduct an interview with adult facility residents prior to starting a program to determine if placement is appropriate and justified.
- B. In addition to the programmatic considerations in Section II.A. above, when placing a resident in a substance use treatment/program, the following factors shall be considered:
1. The resident's custody classification (*vis-à-vis* the custody level of the unit where the treatment/program is offered);
  2. The resident's time to serve (relative to the length of the program);
  3. Whether the program is an identified goal in the resident's case plan; and

4. The resident's overall risk/need profile, to help determine priority for programming for the resident.
- C. Substance use disorder services and interventions shall also be made available as needed to adult facility residents who do not meet the criteria for moderate/high risk programming and shall include case management and peer mentoring.
- D. Care coordination shall be provided to assess and connect adult and juvenile facility residents to treatment services in the community at release.

**III. This IMPP must serve as final policy in all departmental facilities, and no General Orders shall be developed or implemented on this subject.**

**NOTE:** The policy and procedures set forth herein are intended to establish directives and guidelines for staff, residents, and residents and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees, residents, or residents, or an independent duty owed by the Department of Corrections to employees, residents, residents, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

**REPORTS**

None.

**REFERENCES**

IMPP 11-113A, 11-113J

**HISTORY**

06-16-16 Original  
01-20-24 Revision 1

**ATTACHMENTS**

None.