KANSAS DEPARTMENT OF CORRECTIONS

PROGRAMS & SERVICES: Facility Substance Abuse Treatment and Programs

Approved By:

Secretary of Corrections

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APPLICABILITY:

ADULT Operations Only

JUVENILE Operations Only

DEPARTMENT-WIDE

POLICY STATEMENT

Substance abuse treatment and programs shall be evidence based and made available to as many offenders as possible, addressing addiction/dependence 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 offender’s history whether s/he is treatment resistant due to criminal thinking (reflecting in high score on 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 offender).

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

DEFINITIONS

Addiction Severity Index (ASI): The ASI and Teen–ASI is a semi-structured interview for substance use assessment and treatment planning purposes. It is designed to gather information about areas of an individual’s life that may contribute to their substance-use problems.

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 offenders who are referred for treatment during incarceration. The database includes the name, earliest possible release date, SASSI results, YLS/CMI Substance Abuse score, ASI score, and the targeted treatment start date.

Level of Service Inventory-Revised (LSI-R): The LSI-R is an objective, 54-item risk/needs assessment instrument composed of ten subcomponents that contain both static and dynamic risk factors. The instrument is a quantitative survey of attributes of offenders and their situations relevant to level of service decisions. The LSI-R provides a consistent and valid method of predicting risk to re-offend and a reliable means of measuring offender change over time through reassessment.
**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.

**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 offenders. Only staff certified by the KDOC-Juvenile Services shall administer the YLS/CMI.

**PROCEDURES**

**I. Substance Abuse Treatment and Programs**

A. Adult offenders shall be administered the LSI-R assessment per IMPP 11-113. The total risk score, Alcohol and Drug domain score, and Attitudes & Orientation score of the LSI-R assessment will measure the criminogenic need for substance abuse treatment and program placement.

B. Juvenile offenders 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 offender is administered the Teen–Addiction Severity Index (T-ASI) to determine specific goals and interventions for treatment.

C. Juvenile correctional facilities shall maintain licensure as a substance use treatment center through the state’s licensing authority for substance use treatment. The Chemical Dependence Recovery Program (CDRP) program at Larned Correctional Mental Health Facility (LCMHF) and 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 Abuse Programs delivered at all facilities through the Regional and 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 in rural areas.

E. Substance use treatment and programming shall be both gender- and trauma-responsive.

**II. Treatment and Program Placement**

A. Providers of substance abuse 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 offenders 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 offenders recommended for treatment shall be placed in the Juvenile Services Substance Use Disorder Treatment Database.

2. For substance abuse disorder treatment through CDRP and SARP, the guidelines for placement shall be:

   a. For male offenders (CDRP), a total risk score of 28 or higher and a score of 5 or higher on the Alcohol & Drug domain; and

   b. For female offenders (SARP), a total risk score of 24 or higher and a score of 5 or higher on the Alcohol & Drug domain.

   c. NOTE: These scores are guidelines; SA treatment is geared toward moderate-high-and-high-risk offenders.
3. For the Substance Abuse Programs delivered in any adult facility, whether delivered by RADAC staff or KDOC program providers, the guidelines for placement shall be:
   
a. The offender is moderate or high risk, in overall risk/need level and on the Alcohol & Drug and Attitudes & Orientation domains;

b. The offender has a history of revocation(s) for substance misuse; and/or

c. The offender 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 an offender is managed as an adult sex offender, whether to place him/her in a substance abuse treatment/program group should be addressed through a multi-disciplinary staffing of the case that includes the Substance Abuse Treatment Provider, the Sex Offender Treatment Provider, the offender’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, in consideration of these factors:

   a. Whether the offender 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 abuse group;

   b. Whether the offender is currently sexually preoccupied and/or there are other clinical reasons contraindicating him/her being in the substance abuse group;

   c. Whether the offender’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 offender’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 offender in a substance abuse 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 abuse treatment/program placements, readiness and responsivity shall be considered.

B. In addition to the programmatic considerations in Section II.A. above, when placing an offender in a substance abuse treatment/program, the following factors shall be considered:

   1. The offender’s custody classification (vis-à-vis the custody level of the unit where the treatment/program is offered);

   2. The offender’s time to serve (relative to the length of the program);

   3. Whether the program is an identified goal in the offender’s case plan; and

   4. The offender’s overall risk/need profile, to help determine priority for programming for the offender.
NOTE: The policy and procedures set forth herein are intended to establish directives and guidelines for staff and offenders and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees or offenders, or an independent duty owed by the Department of Corrections to employees, offenders, 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 REQUIRED
None

REFERENCES
IMPP 11-113, 11-113J

ATTACHMENTS
None.