

Substance Abuse Treatment Task Force
Final Report

September 2001

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Foreword

The enormity of the task given to this Task Force by the Legislature and the Governor is reflected in the summary of work contained in this report. The foresight of the Legislature in making this Task Force a reality and requiring specific tasks within a specific amount of time is commendable. Our work was clearly put in front of us and the timelines gave us the impetus to move forward quickly. The Governor's appointments to the Task Force were excellent. The expertise and dedication of each member made the effort possible and productive.

The Task Force and subcommittee's work represents long hours of driving, meeting, arguing, compromising, and moving toward common goals. In particular, subcommittee members volunteered hours of time and energy to their work and that work is the heart of this report. Their efforts have forever changed Nebraska's response to treatment and the justice system. The lasting impact of this work is in the relationships built and the new processes and procedures created. Nothing will change the impact of two systems coming together to solve a common problem—especially when both systems keep the goal in mind—standardized assessment of substance abuse treatment needs and improved access to treatment for persons in the justice system. State agencies came together as never before, and providers and justice professionals placed “turf” issues aside to develop solutions based on the good of the community and client. Special thanks goes to the Division on Mental Health, Substance Abuse, and Addiction Services for participating in the hard work of change and for incorporating the work of the Task Force into its own initiatives.

The Task Force's successes will speak for themselves as the key ingredient for change is recognized and funded—treatment. Judges will see standardized evaluations, probation officers and treatment providers will agree on best practices, probationers will gain more access to treatment, prisoners will get a chance for treatment while in jail, and juveniles will get treatment in our youth facilities. The long-term changes from an investment in treatment include fewer repeat incarcerations, increased public safety, and increased public health.

The Substance Abuse Treatment Task Force has produced the foundation for change, and the energy is primed. We now need continued collaboration and follow-through on all levels, which involves all adult and juvenile justice agencies; the Department of Health and Human Services System and Policy Cabinet; the Governor, and the State Legislature. Change can and will happen if Nebraska has the will to move forward. The recommendations in the report provide a guide for action—it remains for all of us to dedicate the energy into making it happen. **The question remains: Does Nebraska have the will to institutionalize the changes needed to increase public health and public safety by meeting the substance abuse treatment needs of criminal and juvenile justice clients?**

Kathy Seacrest, Chair
Substance Abuse Treatment Task Force

Substance Abuse Treatment Task Force Final Report September 2001

Background and Overview

In 1999, the Nebraska Legislature passed LB 865, which required the Governor to create a Task Force to examine the adult and juvenile offenders' need for and access to substance abuse treatment. As part of this effort, the Task Force was required to report on several issues and to make recommendations by January 2000. The Task Force submitted its report to the Legislature and Governor in January 2000, which provided guiding statements, the findings of their work and recommendations for action by a responsible party.

Guiding Vision and Mission

The vision and mission statements contained in the January 2000 Report continued to guide the work of the Task Force:

Vision: Nebraska communities are safe, healthy, and free of substance abuse.

Mission: Enhance public safety and reduce criminal behavior by ensuring all governmental entities responsible for supervising individuals in the adult and juvenile justice systems have knowledge of and equal access to a full continuum of effective substance abuse services.

Key Findings from the January 2000 Report:

- ❑ 25 to 40% of adult arrestees and 65 to 85% of incarcerated adult offenders need substance abuse treatment compared to only seven percent of the general adult population.
- ❑ 30 to 40% of juvenile arrestees and 65 to 80% of juvenile offenders in the youth rehabilitation and treatment centers at Geneva and Kearney need substance abuse treatment compared to only five percent of the general juvenile population.
- ❑ Treatment of addiction is as successful as the treatment of other chronic diseases such as diabetes, hypertension, and asthma as long as treatment "best practices" are implemented. In fact, it is estimated that for every \$1 spent on treatment, there is a \$4-\$7 reduction in drug-related crime and criminal justice costs. Furthermore, individuals who enter treatment under legal pressure have outcomes as favorable as those who enter treatment voluntarily.
- ❑ Treatment does not need to be voluntary to be effective. Sanctions or enticements from the criminal justice system can increase treatment entry, retention rates, and the success of drug treatment interventions significantly.

Following distribution of the January 2000 Report, the Task Force and its subcommittees continued its work on specific recommendations and the Standardized Model to identify the need for substance abuse treatment. Additional funds were passed by the Legislature in 2001 to implement of the Standardized Model; however, the Governor vetoed the bill. Fortunately, limited funds were found to complete the implementation of the standardized model from Byrne grant funds and Juvenile Justice and Delinquency Prevention grant funds administered by the Crime Commission. The purpose of this report, then, is to document the Task Force's work since January 2000 and to outline the next steps for change if additional funds are secured for this effort.

Nebraska's Progress on Task Force Recommendations

Current Status of Task Force

Since January 2000, the Task Force met six times to monitor progress in various areas related to substance abuse treatment within the justice system. In addition to producing the 2000 Final Report and Executive Summary, the Task Force worked with the Nebraska U.S. Attorney's Office to produce a Talking Points sheet summarizing information from the report for justice personnel throughout the state (see Appendix A). The Task Force also formed three subcommittees that met regularly (approximately once per month) to continue work on specific recommendations related to the Standardized Model and training. The subcommittees formed by the Task Force were the Standardization Subcommittee (formed October 1999), the Training Subcommittee (formed February 2000), and the Risk Assessment Subcommittee (formed January 2001). The members of each subcommittee represented providers and justice personnel who volunteered their time and effort to the task at hand.

Progress on Recommendations

The Task Force published 38 recommendations for improving substance abuse treatment within criminal and juvenile justice agencies in the January 2000 report. Since January, substantial progress was documented on at least 25 (66%) of these recommendations. In many instances, the Task Force and its subcommittees were directly responsible for this work and in others, the Task Force report provided the impetus for the work completed by other agencies and/or entities. A summary of these accomplishments is provided in Table 1.

Table 1: Summary of Progress on Task Force Recommendations Contained in the January 2000 Final Report

Task Force Recommendation	Accomplishment
<ul style="list-style-type: none"> ❑ Continue the efforts of the Standardization Subcommittee to make appropriate modifications to the standardized model. 	<ul style="list-style-type: none"> ✓ The Standardization Subcommittee continued to meet from January 2000 to August 2001.
<ul style="list-style-type: none"> ❑ Develop a statewide strategy for treatment. 	<ul style="list-style-type: none"> ✓ The Task Force vision and mission were incorporated into the Nebraska Behavioral Health System (NBHS) planning for new services and new funding available from the 2001 Legislature, which will enable the development of new services and funding for criminal justice system clients needing substance abuse evaluations.
<ul style="list-style-type: none"> ❑ Hire a consultant to help implement the recommendations. 	<ul style="list-style-type: none"> ✓ Denise Herz, Ph.D. from the Department of Criminal Justice, University of Nebraska—Omaha was hired to assist the Task Force and working subcommittees.
<ul style="list-style-type: none"> ❑ Explore the development of legislative and administrative package to implement alternative sentencing practices, intermediate criminal sanctions, and other alternatives to incarceration that stress substance abuse treatment and offender accountability. 	<ul style="list-style-type: none"> ✓ The Governor is appointing a task force to work with the VERA Institute to review the issues surrounding community corrections.

Table 1: Summary of Progress (Continued)

Task Force Recommendation	Accomplishment
<p>❑ Ensure that adult and juvenile offenders are properly evaluated for chemical dependency when they enter the Department of Corrections and the Office of Juvenile Services.</p>	<ul style="list-style-type: none"> ✓ Juvenile drug courts currently use strict eligibility criteria to identify substance abusing and/or chemically dependent offenders for their programs. ✓ Department of Correctional Services is currently screening inmates for substance abuse treatment problems upon intake into the system. Further evaluation measures are used for those whose screening indicates the need. Additionally, the DCS has created another classification called the Drug Offender Classification to assist the department in the identification of inmates who have behavioral indications of drug or alcohol problems. ✓ Drug treatment programs within the Department of Correctional Services (DCS) admit inmates to programming that have behavioral indications of a need for treatment. Each program has admission criteria. Inmates are neither admitted nor denied admission due to racial, ethnic, or gender criteria (exception: when location of program in either a male-only or female-only facility).
<p>❑ Encourage the adoption of standardized evaluation criteria for drug treatment courts and other drug treatment-oriented programs to ensure selection is based on the need for treatment.</p>	<ul style="list-style-type: none"> ✓ Probation Districts in Lancaster (Adult/misdemeanor), Douglas (Adult/felony and misdemeanor) and Sarpy Counties (Adult/Juvenile/felony and misdemeanor) established criteria for approved providers of substance abuse services consistent with the standardized model. ✓ Chief Probation Officers from Douglas and Sarpy Counties presented a synopsis of the recommendations of the final report and key components of the standardized model to the County Court Judges at their 2001 annual meeting and to the Chief Probation Officer's Association.

Table 1: Summary of Progress (Continued)

Task Force Recommendation	Accomplishment
<p>--Continued</p> <ul style="list-style-type: none"> □ Encourage the adoption of standardized evaluation criteria for drug treatment courts and other drug treatment-oriented programs to ensure selection is based on the need for treatment. 	<ul style="list-style-type: none"> ✓ The Juvenile Detention and Probation Services Implementation Team utilized the definitions of the Standardized Model in their 2001 final report in their effort to standardize juvenile service delivery in Nebraska. ✓ The Office of Juvenile Services (OJS) Evaluation Contract Workgroup is willing to integrate the standardized model into their evaluation contract requirements and is represented on the Standardization Subcommittee. ✓ The Department of Correctional Services is currently using the Simple Screening Instrument (SSI) to identify substance abuse problems upon intake into the system. ✓ County Commissioners in Keith County collaborated with Region II Human Services to create a screening program in the Keith County Jail. Each prisoner is currently screened using the Simple Screening Instrument and if a problem is identified, a Certified Substance Abuse Counselor evaluates his/her treatment need in jail. If outpatient treatment is recommended, the counselor comes to the jail for individual or group counseling. Substance abuse education is provided weekly for all prisoners.
<ul style="list-style-type: none"> □ Criminal and juvenile justice entities will match appropriate treatment to adult and juvenile offender need. 	<ul style="list-style-type: none"> ✓ Juvenile drug treatment courts require that participants have a substance abuse evaluation to determine appropriateness for program. ✓ The Department of Correctional Services is in the process of developing better treatment matching techniques for offenders.

Table 1: Summary of Progress (Continued)

Task Force Recommendation	Accomplishment
<ul style="list-style-type: none"> ❑ Expand the availability of appropriate treatment for all security levels in the Department of Corrections. 	<ul style="list-style-type: none"> ✓ The Department of Correctional Services' budget now includes allocations for 42 chemical dependency personnel. This includes treatment positions that had been funded through the Nebraska Commission on Law Enforcement and Criminal Justice, Edward Byrne Memorial grants, and Residential Substance Abuse Treatment (RSAT) for State Prisoners block grants. Additional personnel include six chemical dependency staff located at the Work Ethic Camp in McCook, Nebraska. ✓ DCS now has substance abuse treatment capabilities in all its facilities.
<ul style="list-style-type: none"> ❑ Modify the process for training and certification of substance abuse counselors to reduce unreasonable barriers. 	<ul style="list-style-type: none"> ✓ The Division Mental Health, Substance Abuse, and Addition Services (MH/SA) facilitated a stakeholder review process including a meeting in each of the six regions which provided input and developed revisions to the Substance Abuse Counselor Certification Regulations to attract more certified alcohol and drug abuse counselors (CADAC). ✓ A regulation change was approved and is now in place to grant Licensed Mental Health Practitioners (LMHP) competency in five of the eight core CADAC courses, providing Licensed Mental Health Practitioners an incentive to become a CADAC. ✓ Additional regulation changes related to the number of continuing education hours required for CADAC certification as well as stakeholder suggestions will be given a public hearing by the end of the 2001 calendar year.
<ul style="list-style-type: none"> ❑ Evaluate the use of the statewide fee schedule for treatment services. 	<ul style="list-style-type: none"> ✓ The Division of MH/SA eliminated the exclusion of offenders funding for a substance abuse evaluation from its Financial Eligibility Policy.

Table 1: Summary of Progress (Continued)

Task Force Recommendation	Accomplishment
<ul style="list-style-type: none"> ❑ Expand Medicaid coverage of substance abuse treatment for adults and juveniles. 	<ul style="list-style-type: none"> ✓ A plan to implement a Medicaid waiver for substance abuse treatment using funding matched from the Division of MH/SA was developed. The Division continues to proactively work with Health and Human Services (HHS) Finance and Support Division toward a change in the state Medicaid plan to enable Medicaid funds to pay for adults needing substance abuse services per the availability of \$500,000 as match from the 2001 Legislature for FY03.
<ul style="list-style-type: none"> ❑ Enhance substance abuse treatment at youth rehabilitation and treatment centers. 	<ul style="list-style-type: none"> ✓ Passage of LB 692 in legislative session 2001 provided a total of \$2 million to the Office of Juvenile Services for mental health treatment services (includes staff at YRTCs and additional beds at the Hastings Regional Treatment Center). ✓ The Division of MH/SA Management Team is meeting with the HHS/Protection and Safety Division/Office of Juvenile Services to identify ways to help each system better understand and work with the other. ✓ The Division of MH/SA is working with staff at the Youth Rehabilitation Treatment Centers (YRTC)–Geneva to implement a pilot project to merge data from the YRTC into the NBHS information management system operated by Magellan Behavioral Health. Such a merger would facilitate better access to linkages between local NBHS mental health and substance services for youth released from YRTC.
<ul style="list-style-type: none"> ❑ Offer appropriate levels of treatment to address youth need for treatment. 	<ul style="list-style-type: none"> ✓ The Division of MH/SA implemented an Age Waiver for older adolescents who need adult mental health or substance abuse treatment.
<ul style="list-style-type: none"> ❑ Provide incentives to providers to become Medicaid and Region providers. 	<ul style="list-style-type: none"> ✓ The Division of MH/SA revised the State-Approved Fee Schedule per the updated federal poverty rate figures for provider service co-pays.

Table 1: Summary of Progress (Continued)

Task Force Recommendation	Accomplishment
<p>□ Develop training for juvenile justice and criminal justice personnel as well as providers.</p>	<ul style="list-style-type: none"> ✓ Various justice personnel participated in the Division of MH/SA sponsored Addiction Severity Index (ASI) and Comprehensive Adolescent Severity Index (CASI) Training in Fall 2000 and selected providers to attend the training as well. ✓ The Training Subcommittee identified critical components necessary for training and is producing training modules for each of the components. ✓ The Division of MH/SA directed that the State Substance Abuse 2001 Annual Conference focus on Substance Abuse and Criminal Justice. ✓ Division of MH/SA added funding to the Fiscal Year 2002 contract with its Substance Abuse Counselor Certification training contractor to: <ol style="list-style-type: none"> 1. Hold training on the ASI and the CASI. 2. Offer a minimum of three continuing education courses related to criminal behaviors/thinking and substance abuse. ✓ The Division of MH/SA has initiated a contact with the National Legal Action Center to discuss the possibilities of a workshop in Nebraska on confidentiality issues for substance abuse and criminal justice professionals as they relate to the criminal justice client with substance abuse problems. ✓ The HHS Protection and Safety Division—Eastern Service Area has provided training to Douglas and Sarpy County Probation Officers on how to access Medicaid.

Table 1: Summary of Progress (Continued)

Task Force Recommendation	Accomplishment
<p>--Continued</p> <ul style="list-style-type: none"> ❑ Develop training for juvenile justice and criminal justice personnel as well as providers. 	<ul style="list-style-type: none"> ✓ Standardization subcommittee is finalizing criteria for “approved provider” for justice. ✓ The Department of Correctional Services chemical dependency treatment staff have consistently been training with providers due to requirements to maintain certification (NB: Chemical dependency staff in DCS are both state-certified counselors [or trainees and interns] and correctional staff who are trained in both fields).
<ul style="list-style-type: none"> ❑ Build a working partnership between justice agencies and the Division of Mental Health, Substance Abuse, and Addiction Services. 	<ul style="list-style-type: none"> ✓ In Spring 2001, Probation Administrator Ed Birkel asked all Chief Probation Officers to meet with their Region Administrators to discuss the current gaps in service delivery and the future provision of substance abuse services consistent with the standardized model. ✓ The Division of MH/SA and various stakeholders authored a “White Paper” in December 2001 to explain the crises, gaps, and funding needs of the State’s mental health and substance abuse service system. Persons in the criminal justice system with substance abuse service needs were identified in the White Paper as a priority for any new funding that might become available. ✓ Two Division of MH/SA staff participated in the Lancaster County Juvenile and Adult Drug Treatment Court Planning Teams in Fall 2000. ✓ LB 692 (allocation of tobacco funds) required that the new behavioral health services improve service capacity for special populations, including those who are in the criminal justice system.

Table 1: Summary of Progress (Continued)

Task Force Recommendation	Accomplishment
<p>--Continued</p> <ul style="list-style-type: none"> ❑ Build a working partnership between justice agencies and the Division of Mental Health, Substance Abuse, and Addiction Services. 	<ul style="list-style-type: none"> ✓ Three Division of MH/SA staff participated in all Task Force Standardization and Training Subcommittee meetings and two of these representatives have led Standardization Subcommittee workgroups on: <ol style="list-style-type: none"> 1. <u>Levels of Care/Services</u>: Produced a crosswalk of all substance abuse service names/levels of care across justice agencies, the current NBHS substance abuse services funded by the Division, and ASAM criteria. 2. <u>ASI</u>: Planned, organized, and implemented the initial ASI and CASI training for selected teams of substance abuse professionals and criminal justice system representatives; facilitated the continuing consultation; developed a draft evaluation reporting format; and continue to work on the Nebraska version of the ASI.
<ul style="list-style-type: none"> ❑ Expand existing and institute gender and culturally specific treatment programming for adult and juvenile offenders. 	<ul style="list-style-type: none"> ✓ The Division of MH/SA worked with the Center for Substance Abuse Treatment to institute Native American and Hispanic cultural competency training for substance abuse and mental health treatment providers. A third training will be organized on gender specific competency for providers working with women in treatment. ✓ Division of MH/SA staff have participated in the newly formed Women’s Behavioral Health Network Coalition to focus on gender specific issues of women, women with children, and women in the criminal justice system
<ul style="list-style-type: none"> ❑ Oversee several pilot projects to test some of the ideas presented and base legislative suggestions on the results of those projects. 	<ul style="list-style-type: none"> ✓ Providers have conducted informal pilots on the ASI and the CASI.
<ul style="list-style-type: none"> ❑ Identify gaps in juvenile treatment programs and provide recommendations for expanding the availability of a treatment continuum of care. 	<ul style="list-style-type: none"> ✓ UNO is currently conducting a study on access to mental health services for juvenile offenders (funded by the Nebraska Crime Commission).

Table 1: Summary of Progress (Continued)

Task Force Recommendation	Accomplishment
<ul style="list-style-type: none"> ❑ Begin evaluation of the standardized model process. 	<ul style="list-style-type: none"> ✓ Researchers at UNL have expressed an interest in conducting an evaluation of the Standardized Model for juvenile justice and have produced a preliminary draft of the study.
<ul style="list-style-type: none"> ❑ Provide state support and funding for the expansion of drug treatment courts. 	<ul style="list-style-type: none"> ✓ The Probation Administration applied for and received a federal grant to support Drug Treatment Courts in the Juvenile Probation Districts located in Sarpy, Douglas and Lancaster Counties from October 2001 to September 2003. ✓ The Supreme Court has commissioned a group of judges to examine the legal issues surrounding drug courts. Currently, Nebraska has three operating adult drug courts (Douglas, Lancaster, and Cheyenne Counties), three operating juvenile drug courts (Douglas, Sarpy, and Lancaster Counties), and one adult tri-county drug court (Hall, Buffalo, and Adams Counties) is beginning in the near future. The Office of Community Justice (Department of Correctional Services) provided grant funding for the establishment of two of these drug courts (Cheyenne County and the Tri-County (Hall, Buffalo, Adams)) as part of its mission to support alternatives to incarceration.
<ul style="list-style-type: none"> ❑ Examine the use of instruments currently being used to assess risk among offenders in the criminal and juvenile justice systems. 	<ul style="list-style-type: none"> ✓ The Risk Assessment Subcommittee reviewed all risk assessment tools currently used by justice agencies and formed a standardized format to deliver this information to providers.

Standardization Subcommittee Report

The Standardization Subcommittee was originally formed by the Substance Abuse Task Force to develop and recommend standardized substance abuse evaluation instruments for adults and juveniles processed in the criminal and juvenile justice systems (LB 865, Task 10) under the direction of Ellen Fabian Brokofsky, Chief Probation Officer, District #5. Members of this Subcommittee included the Substance Abuse Task Force, the Division of Mental Health, Substance Abuse, and Addiction Services, substance abuse treatment providers, and justice professionals who volunteered significant amounts of their time to this effort. Their work signifies the progress that can be made through frank discussions and agency collaboration.

Since January 2000, the primary focus of the Standardization Subcommittee has been to revise and prepare the Standardized Model of Assessment for implementation statewide. Below is a description of the current model (for a description of the original model, see Herz & Vincent, 2000).

Mission of the Standardized Model:

1. To provide a mechanism to ensure that all offenders are consistently screened and evaluated (when necessary) for substance abuse and/or dependency and matched to appropriate treatment.
2. To accurately identify substance abuse and/or dependency and access to appropriate treatment early in the criminal justice process in order to enhance public safety by reducing offender drug use and future criminal behavior.
3. To coordinate and formalize information sharing between justice agencies and treatment providers in order to accurately and consistently assess substance abuse among offenders.
4. To integrate appropriate levels of care with offender accountability.

Description of the Standardized Model:

To accomplish this mission, the Standardized Model requires that justice agencies *screen* all offenders for substance abuse as early in the process as possible. For offenders who are identified as potential substance abusers, the Model requires that justice agencies provide *risk assessments* to professionals who are conducting substance abuse/chemical dependency *evaluations*. Finally, the Model requires that substance abuse professionals utilize a process to yield a diagnostic impression and recommendations for a proper level of treatment care.

Screening

- ❑ Purpose: To determine the presence of a current substance abuse problem and identify the need for further evaluation.
- ❑ What: Completion of Simple Screening Instrument (see Appendix B) by all justice agencies.
- ❑ Who, when, and where: Justice personnel must administer the Simple Screening Instrument for every offender (adult or juvenile) who enters their agency.

**Table 2
Details Related to the Implementation of the Screening Process**

Where	When Completed	Compliance
Criminal Justice		
Jail	Pre-Adjudication	Voluntary
Jail	Post-Adjudication	Mandatory
Diversion Programs	Part of Intake Process	Mandatory
Drug Courts	Part of Eligibility Determination	
Probation	Part of Pre-Sentence Investigation	Mandatory
Department of Corrections	Part of Intake Process	Mandatory
Juvenile Justice		
Detention	Pre-Adjudication	Voluntary
Detention	Post-Adjudication	Mandatory
Diversion Programs	Part of Intake Process	Mandatory
Drug Courts	Part of Eligibility Determination	
Probation	Part of Pre-Disposition Investigation	Mandatory
Office of Juvenile Services	Part of Intake Process	Mandatory

Risk Assessment

- ❑ Purpose: To ensure that justice agencies consistently provide relevant information on offenders’ static and dynamic risk factors to evaluators.
- ❑ What: Completion of Standardized Risk Assessment for Substance Abusing Offenders to summarize information collected from adult and juvenile justice agency risk assessment tools. This form will then be given to providers for every evaluation referral made.
- ❑ Who, when, and where: Justice personnel must complete this form for every offender (adult or juvenile) who is referred for an evaluation by the court prior to the evaluation.

Table 3
Details Related to the Implementation of the Risk Assessment Process

Where	When Completed
Criminal Justice	
Diversion Programs	Part of Intake Process
Drug Courts	Part of Eligibility Determination
Probation	Part of Pre-Sentence Investigation
Department of Corrections	Part of Intake Process
Juvenile Justice	
Diversion Programs	Part of Intake Process
Drug Courts	Part of Eligibility Determination
Probation	Part of Pre-Disposition Investigation
Office of Juvenile Services	Part of Intake Process

Note: Transfer of information requires a release of information from offenders and parents (when applicable).

Evaluation

- ❑ Purpose: To ensure consistent and accurate diagnoses and recommendations for treatment and to formalize information sharing between justice personnel and treatment providers.
- ❑ What (Adults): Requires providers to use the Addiction Severity Index (see Appendix D) in addition to a second tool from an approved list (e.g., Substance Abuse Subtle Screening Inventory—SASSI) and report findings and recommendations to justice agencies in a standardized way.
- ❑ What (Juveniles): Requires providers to use the Substance Abuse Module from Comprehensive Adolescent Severity Inventory (see Appendix E) in addition to second tool from an approved list (e.g., Substance Abuse Subtle Screening Inventory—SASSI) and report findings and recommendations to justice agencies in a standardized way.
- ❑ Who and when: Any treatment provider who is completing an evaluation for the justice system (i.e., an approved justice provider) is to use this format. If providers do not follow this format, the judge or referring justice agency will not accept the evaluation.

Risk Assessment Subcommittee Report

In September 2000, the Risk Assessment Subcommittee was formed under the direction of Ken Gallagher, University of Nebraska—Lincoln. The purpose of this subcommittee was to:

1. To review current risk assessment instruments currently used by adult and juvenile justice agencies.
2. To standardize the collection of information related to static and dynamic risk factors.
3. To develop policies to ensure that all offenders are being assessed.
4. To ensure that risk assessment information is used in determining an appropriate level of care and treatment.
5. To formalize an efficient method to share this information across agencies.

The Risk Assessment Subcommittee met throughout the winter and spring of 2001 to complete its tasks. As a result of this work, this subcommittee produced the following products:

- ❑ A summary of data elements currently collected by justice agencies to measure risk.
- ❑ A draft copy of the Standardized Risk Assessment for Substance Abusing Offenders (see Appendix C). This document is intended to summarize the information currently collected by justice agencies.
- ❑ Production of four “hypothetical” models of structured treatment recommendations.

Additionally, the subcommittee offered the following recommendations with regard to their work:

1. To formally incorporate the risk assessment instrument developed by the subcommittee into the standardized models for the assessment and evaluation of drug abusing offenders.
2. To collect and analyze the data necessary to evaluate the effectiveness of the new risk assessment instrument, as well as the existing ones, so that the most reliable and valid instrument can be used.
3. To formally incorporate the information gained throughout the process of risk assessment into recommendations for levels of treatment across a system of care.

Training Subcommittee Report

Training plays a critical role in building collaborative relationships between justice agencies and providers. To adequately address this issue, a subcommittee was formed under the direction of Deborah Carey-Minardi, Chief Probation Officer, District #4, and Cathy Waller-Borovac, Administrator, Office of Community Justice, Department of Corrections. The goals of this subcommittee were to:

1. To determine the core training requirements for professions in the areas of justice (adult and juvenile) and substance abuse treatment.
2. To determine how the training fits within the recommendations of the Substance Abuse Task Force, and
3. To determine how the training program (s) will integrate assessment and evaluation tools.

The Training Subcommittee met monthly and as a result of this work, this subcommittee accomplished the following:

- ❑ Worked with “key” training leaders in justice agencies to (1) identify current training resources per agency; (2) identify specific training needs for new and existing personnel; and (3) obtain agency commitment to use and integrate Task Force-endorsed curricula components within current agency training.
- ❑ Developed curriculum for justice personnel cross training through a contract with the Lincoln Medical Education Foundation. Eight major curriculum components were identified for inclusion in the curriculum, including: Accessing HHS and Substance Abuse Services, Training on Assessment Instruments, Knowledge of Addiction, Working Collaboratively, Values, Attitudes and Beliefs Confronting the Myths, Risks Associated with Drug Use, Relationship Between Treatment and Sentencing, and Mental Health Issues.
- ❑ Worked with the Division of Mental Health, Substance Abuse, and Addiction Services and Lincoln Medical Education Foundation to integrate cross training concept into the 2001 Statewide Conference. This conference will be held on October 22-24 in concert with the 4th Annual Nebraska Symposium on Addictive Disorders to address Substance Abuse, Prevention and Treatment, and Gambling.

Crucial Next Steps

Steps Related to the Overall Process

- ❑ Secure funding to implement the Standardized Model.
- ❑ Contract with external source to oversee the implementation of the Standardized Model.

- ❑ Continue Task Force meetings temporarily to oversee this process in an effort to secure an infrastructure for future developments in this area.

Steps Related to the Standardized Model:

- ❑ Secure formal agreements from justice agencies to adhere to the Standardized Model and incorporate substance abuse training curriculum components.
- ❑ Develop the criteria for “approved providers”.
- ❑ Develop policy and procedure manual for implementation of Standardized Model.
- ❑ Identify how Model and approved provider list will be monitored.
- ❑ Conduct formal pilot studies of the Standardized Model.
- ❑ Conduct process and outcome evaluations to examine the utility and effectiveness of the standardized model to produce accurate and consistent information and facilitate information sharing across justice agencies and providers.
- ❑ Implement full Standardized Model system wide.

Steps Related to the Risk Assessment Process:

- ❑ Complete work on models that correlate risk level with appropriate treatment need to guide integrated decision-making for dispositions and sentencing.
- ❑ Produce policy procedure model for agencies following the Standardized Model.
- ❑ Pilot test the Standardized Model using the risk assessment tool.
- ❑ Conduct an evaluation to examine the utility and effectiveness of the risk assessment tool to facilitate accurate and consistent information sharing across justice agencies and providers.
- ❑ Implement full Standardized Model throughout all justice agencies.

Steps Related to the Implementation of Training Standards:

- ❑ Complete cross training curriculum for providers (i.e., curriculum components to teach providers about the criminal justice system)
- ❑ Integrate curriculum components into current justice training programs
- ❑ Develop training infrastructure for Standardized Model, particularly for the Addiction Severity Index and the Comprehensive Adolescent Severity Inventory
- ❑ Develop criminal justice training requirements and opportunities for providers.
- ❑ Train “trainers” on the entire curriculum
- ❑ Conduct an evaluation to examine the utility and effectiveness of the training curricula and identify future training needs.

Appendices are not available in electronic format.

Appendix A
Membership Lists

Appendix B
Talking Points.

Appendix C
Simple Screening Instrument

Appendix D
Standardized Risk Assessment for Substance Abusing Offenders

Appendix E
Addiction Severity Index

Appendix F
Comprehensive Adolescent Severity Index
Substance Abuse Module