

Standardized Model for the Delivery of Substance Use Services

I. Policy:

The Standardized Model for Delivery of Substance Use Disorder Services for juvenile and adult probationers/problem-solving court participants (hereinafter referred to as “clients”) is used to recognize the connection between substance use and crime/delinquency and effectively address it through treatment. Reliable data indicates that treatment works. Research also shows that mandated treatment can be more effective than voluntary treatment. It is the intent of the Administrative Office of Probation (hereinafter referred to as “Probation Administration”) to provide a meaningful opportunity for client rehabilitation in an effort to reduce recidivism, promote good citizenship, and enhance public safety. It is the Chief Probation Officer’s responsibility, as well as that of the Problem-Solving Court Coordinator, to ensure that communication between probation and problem-solving court officers and providers be consistent, open, and focused on criminogenic risk and need factors that, when reduced, will improve the client’s ability to live a productive, engaged and crime-free/delinquency-free life.

II. Definitions:

For purposes of the Standardized Model for Delivery of Substance Use Disorder Services (hereinafter referred to as “Standardized Model”), the following definitions shall apply:

Case Monitor — Working under the general supervision of the Chief Probation Officer, this is a highly responsible support staff position. The work involves managing and coordinating activities associated with the supervision of administrative and low-risk probation cases.

Chief Probation Officer — An administrative and supervisory employee appointed by the Probation Administrator pursuant to Neb. Rev. Stat. § 29-2253(3) and (4) who is charged with the management of a probation district.

Problem-Solving Court Coordinator — A Probation Administration employee appointed via an interlocal agreement as authorized by Neb. Rev. Stat. § 29-2252(16) and who reports directly to the Chief Probation Officer of the district, or a county employee who is authorized, through a combination of county and state funding, to administratively oversee operation of a local problem-solving court and its employees.

Problem-Solving Court Probation Officer — A Probation Administration employee appointed via an interlocal agreement as authorized by Neb. Rev. Stat. § 29-2252(16). This person is charged with the responsibility of case management for adult and juvenile offenders and reports directly to the Problem-Solving Court Coordinator of the Probation District.

Problem-Solving Court Supervision Officer — A county-based employee who is charged with the responsibility of case management for adult and juvenile clients involved in non-probation based programs and services as authorized by Neb. Rev. Stat. § 29-2246(12) and reports directly to the program Problem-Solving Court Coordinator.

Specialized Probation Officer — This position has the same statutory responsibilities and authority as a traditional probation officer and is primarily responsible for the case management of clients classified as high-risk or placed on Intensive Supervision Probation. The CBI Officer reports directly to the Chief Probation Officer or designee.

Probation Officer — This position routinely engages in performing a wide variety of investigatory and supervisory responsibilities involving individuals engaged in the justice system. Probation Officers have the authority to arrest and detain individuals in the justice system as provided by Neb. Rev. Stat. § 29-2266 (2) and (3).

Registered Substance Use Service Provider (hereinafter referred to as “Registered Service Provider”) — An individual or agency with a clear understanding of the Standardized Model that (1) agrees to adhere to all elements of the Standardized Model; (2) holds a valid license, which includes within its scope of practice the ability to administer substance use disorder evaluations and/or treatment; (3) meets the basic educational requirements set forth in Section III. A, and/or C and H of this Model; and (4) registers its services with, and is approved by Probation Administration.

Registered Substance Use Service Providers List — An up-to-date list of Registered Substance Use Disorder Service Providers maintained by Probation Administration.

III. Procedures:

A. Special Considerations for Working with Justice Clients¹

This section highlights considerations for Officers and Providers that must be made when working with justice clients.

1. **Criminogenic Risk and Needs.** Registered Service Providers need to be cognizant that justice clients present with unique factors that need to be considered in both the evaluation and treatment process. Effective services must consider and address criminogenic risk and need throughout the process, if long term behavioral change and a reduction of recidivism are to be achieved.
2. **Enhanced Family Engagement.** Concerted effort is made to involve and engage the client’s significant others / family members in the assessment, treatment, and discharge planning processes, when indicated and appropriate.²
3. **Historically Disadvantaged Groups (Cultural Competence).** Citizens, including justice clients, who have historically experienced sustained discrimination or reduced social opportunities because of their race, ethnicity, gender, sexual orientation, sexual identity, physical or mental disability, religion, or socioeconomic status receive the same opportunities as other citizens to engage in substance use disorder services.
4. **Professional Demeanor.** Responses to client non-compliance are delivered without expressing anger or ridicule. Participants are not shamed or subjected to foul or abusive language. Modeling appropriate behavior is essential in ensuring client success.
5. **Trauma Informed Care.**
 - a. Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. Trauma Informed Care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma Informed Care also emphasizes physical, psychological and emotional safety for both clients and providers, and helps survivors rebuild a sense of control and empowerment. Becoming “trauma-informed” means recognizing that people often have many different types of trauma in their lives.
 - b. People who have been traumatized need support and understanding from those around them. Often, trauma survivors can be re-traumatized by well-meaning caregivers and community service providers. Although exact prevalence estimates vary, there is a consensus in the field that most persons in justice services are trauma survivors and that

¹ Section A: Special Considerations for Working with Justice Clients and Section I: Substance Use Treatment Best Practice Standards were developed either in whole or in part from the *Adult Drug Court Best Practice Standards, Volume 1*. Alexandria, VA: National Association of Drug Court Professionals, 2013. Print.

²As found in the Criminal Justice Substance Use Disorder Standards of Practice. Approved by the Nebraska Justice Behavioral Health Committee (JBHC) on March 11, 2009. Revised on September 11, 2013.

their trauma experiences help shape their responses to outreach and services. Trauma can result from experiences of violence. Trauma includes physical, sexual and institutional abuse, neglect, intergenerational trauma, and disasters that induce powerlessness, fear, recurrent hopelessness, and a constant state of alert. Trauma impacts one's relationships with self, others, communities and environment, often resulting in recurring feelings of shame, guilt, rage, isolation, and disconnection.

B. Registered Service Provider Requirements

Probation Administration shall consider for registration only those individuals or agencies who have a clear understanding of the connection between substance use and criminal/delinquent behavior and meet the following criteria.

1. **Nebraska License.** Providers hold a current Nebraska Behavioral Health License or Provisional Behavioral Health License where the scope of practice includes the ability to administer substance use or co-occurring evaluations and/or substance use disorder services.
2. **Required Knowledge and Training for Substance Use and Justice.** Substance Use Providers must complete the following training.
 - a. Complete an approved, 6-hour basic education course regarding substance use and criminogenic factors which contribute to a client's law violating/delinquency behavior.
 - b. Registered Service Providers must participate in twelve (12) criminogenic, continuing education hours every 2 years following. A curriculum list and further information regarding the basic education course requirements shall be available through Probation Administration and the Judicial Branch Website.
 - 1) Registered Service Providers, who wish to provide both substance use evaluation and treatment services, will not need to duplicate completion of requirements 2(a) and 2(b).
 - c. Providers must obtain education/skill training on the following within 6 months of being approved as a Registered Service Provider:
 - 1) Proficiency in the Standardized Model;
 - 2) Criminal Justice processes and procedures (Probation, Parole, Problem-Solving Courts); and
 - 3) ASAM criteria and Stages of Change (Transtheoretical Model by Prochaska and Diclemente).
 - d. Registered Providers must have an understanding of the model process and agree to the requirements of the **Standardized Model** for probation and problem-solving court clients to include:
 - 1) Register all their services prior to delivery in a database and provide data from those services in accordance with all confidentiality requirements; and
 - 2) Provide services in accordance with defined levels of care and minimum standards.
 - e. It is recommended that Registered Service Providers seek additional education, skills and knowledge regarding working with justice clients. The **Addiction and Criminal Justice Performance Assessment Rubrics**, developed by the Nebraska Justice

Behavioral Health Committee (JBHC) provides a model for such development (Attachment 1).

3. **Fee for Service and Payment.** Registered Service Providers may be entitled to a direct payment for delivery of a substance use service depending on the eligibility of the client referred for service. The criteria for client eligibility are determined by Probation Administration and payment for services is coordinated through the Fee for Service Delivery Program and the Fee for Service Rules.
4. **Registered Service Provider Services.** Providers may register their services, at no cost, with Probation Administration's office. The application process and a complete listing of Registered Service Providers are found on the Judicial Branch Web site. Providers must have computer access and a secure email address.

C. Compliance with Standardized Model

Probation Administration utilizes a quality assurance process to ensure providers are complying with the requirements of the Standardized Model.

1. **On-Site Review.** On-Site review of client information will be conducted to ensure compliance with the Standardized Model and will include a checklist derived from the Registered Service Provider's program plan.
2. **Technical Assistance.** Technical assistance can be requested by providers or agencies that would like additional assistance with staff development and training opportunities. It is designed to be a proactive approach to ensure service delivery is in compliance with the Standardized Model.
3. **Program Improvement Plan.** Within its discretion, Probation Administration may require the use of a program improvement plan in order to rectify issues of noncompliance with the Standardized Model for an agency or individual providers. This plan will be created by the provider and approved by Probation Administration to address the concern noted and will be result driven and time oriented.

D. Complaint Investigation Process

1. **Grounds for Imposition of Sanctions.** Any of the following may be grounds for imposition of sanctions or removal as a registered provider:
 - a. Unprofessional or unethical conduct that violates the code of ethics for behavioral health treatment providers;
 - b. Conviction of a criminal charge, either misdemeanor or felony, which is deemed by the Nebraska Supreme Court to evidence moral turpitude, dishonesty, fraud, deceit, or misrepresentation. Dispositions of criminal charges other than by acquittal or dismissal (e.g., pretrial diversion) may also constitute grounds for removal;
 - c. Failure to maintain licensure in good standing within the behavioral health scope of practice. A licensing investigation may be grounds for temporary removal until such investigation and disposition has concluded; and
 - d. Failure to comply with the Standardized Model or incompetence as a provider.
2. **Investigation and Notification of Grounds for Removal.** Complaints against a registered provider shall be investigated to determine if the complaint warrants formal action. Investigation shall commence when the Deputy Probation Administrator receives a written complaint against

a registered service provider from the Department of Health and Human Services Division of Public Health, or upon the initiation of Probation Administration.

- a. Where formal action is deemed necessary, written notice of the complaint shall be delivered by certified mail to the registered service provider.
 - b. The registered service provider shall have 15 days to file a written response with the Administrative Office of Probation, Community-Based Programs and Field Service Division.
 - c. Upon receipt and review of any such written response, the Deputy Probation Administrator may take any of the following actions:
 - 1) Immediately remove the registered service provider and schedule a hearing,
 - 2) Dismiss the complaint, or
 - 3) Schedule a hearing to consider the complaint formally.
3. **Formal Hearing.** If the Deputy Probation Administrator elects to schedule a formal hearing, such hearing shall be held within 30 days of the receipt by the Deputy Probation Administrator of the written response. If requested, any individual whose attendance is sought at the formal hearing shall be permitted to appear telephonically and/or through video conferencing. Notice of the time and place of the formal hearing shall be given by certified mail to the provider under investigation of a complaint, at least 15 days prior thereto. A hearing panel of three individuals shall be responsible for the conduct of the formal hearing. Panel membership shall include the following:
- a. One member of the Fee for Service Delivery Committee;
 - b. The Probation Administrator, who shall preside over the hearing; and
 - c. One provider who serves as a Registered Provider, to be appointed by the Probation Administrator.
4. **Conduct of Hearing.** The hearing panel shall receive such information and/or documentation as it sees fit, including if deemed appropriate by the panel, the taking of testimony. At the conclusion of the hearing, the panel may take any such action as it determines appropriate, including the immediate removal of the provider under investigation of a complaint, the dismissal of the complaint, or the imposition of any of the other sanctions as listed under Sub-section 5 - Sanctions. The rules of evidence do not apply to these hearings.
5. **Sanctions.** If sufficient cause exists, the Deputy Probation Administrator, in consultation with the panel, may impose one or more of the following sanctions:
- a. Issue a written reprimand;
 - b. Specify corrective action with which the provider must comply in order to remain on the statewide register of providers, including the completion of educational courses;
 - c. Suspend the provider from serving as a registered service provider in the Nebraska courts for a specified period of time, or until corrective action is completed; and/or
 - d. Remove and permanently prohibit the provider from serving as a Registered Service Provider for Standardized Model for the Delivery of Substance Use Services in Nebraska courts.

6. **Consequences of Sanctions.** No provider who has been suspended or removed from the Registered Substance Use Service Provider List shall be utilized for services by the Nebraska Probation and Judicial System, nor shall such provider be entitled to any compensation from Probation Administration, during his or her suspension or removal.

E. Evaluations

1. Substance Use and Co-occurring Evaluations

- a. Only substance use and co-occurring evaluations in compliance with the Standardized Model shall be received by the probation or problem-solving court office. Pursuant to the Standardized Model, each substance use or co-occurring evaluation received shall be completed and signed by a Registered Service Provider, who, within his or her scope of practice, is permitted to conduct substance use or co-occurring evaluations and has agreed to adhere to all elements of Nebraska's Standardized Model. All Registered Service Providers shall use the **Nebraska Standardized Reporting Format for Substance Use and Co-occurring Evaluations for all Justice Referrals** (Attachment 4).
- b. As per Probation Administration policies and procedures, officers shall insure that all elements of the substance use or co-occurring evaluation are found within the evaluation. Substance use and co-occurring evaluations not adhering to this format shall be reported to the officer's direct supervisor, Chief Probation Officer, or Problem-Solving Court Coordinator to determine local engagement with the Registered Service Provider and whether subsequent referral to Probation Administration is necessary.
- c. As determined by Probation Administration, certain clients may be eligible for payment of their evaluations via the Fee for Service Delivery Program, as long as a Registered Service Provider is utilized for this service.

2. Registered Service Providers that Provide Evaluation Services

In addition to the Registered Service Provider Requirements found in Procedures III, Section B, Registered Service Providers conducting substance use or co-occurring evaluations for justice clients must have an understanding of the model process and agree to the specific requirements of the Standardized Model to include:

- a. The authorized Substance Use Screening instrument.
- b. The authorized Risk Screening instrument.
- c. Substance Abuse Services for Adult Criminal Justice Clients Continuum of Care.
- d. Become certified to administer and utilize the Addiction Severity Index (ASI) for adult clients or the Comprehensive Adolescent Severity Inventory (CASI) for juvenile clients to assist in appropriate data collection and objective placement level of treatment recommendations.
- e. As identified in the Registered Service Provider Application Process, use of a minimum of two validated assessment tools developed and approved for assisting in the diagnosis of substance use and substance use disorders.
- f. Use of the Nebraska Standardized Reporting Format for Substance Use and Co-Occurring Evaluations for all Justice Referrals.

3. Substance Use Screening Instrument

A validated screening tool is used to determine the presence of a current substance use problem and identify the need for further evaluation.

- a. The **authorized** screening instrument (Attachment 2) shall be utilized by probation and problem-solving court officers, or designated staff, to screen clients for substance use disorders as a stand-alone screening or in combination with additional authorized screening tools.
- b. If the findings of the screening instrument indicate that further evaluation is needed; the officer shall include recommendations for a substance use or co-occurring evaluation in the investigation or, as per district policy, refer the adult or juvenile for a substance use or co-occurring evaluation and include the screening findings as part of the investigation. If placed on direct probation or conducted during supervision, a modified order may need to be obtained a referral of a substance use or co-occurring evaluation.

4. Risk Screening Instrument

- a. The **authorized** risk screening tool (Attachment 3) is completed by the probation or problem-solving court officer or designated staff to provide Registered Service Providers an indication of the client's risk of re-arrest.
- b. The probation or problem-solving court officer, or designated staff, will use professional judgment in conjunction with information gleaned from other authorized risk screening tools to complete the risk screening.

5. Referrals

To ensure consistent and accurate diagnoses and recommendations for treatment services and to formalize information-sharing between the justice system and substance use providers, all referrals for substance use and co-occurring evaluations shall be made to a Registered Service Provider, who is chosen by the client from the Registered Substance Use Service Providers List.

- a. Referral for a substance use or co-occurring evaluation will be conducted through an automated process, utilizing both the Registered Service Provider and Nebraska Probation Administration web-based management information systems.
- b. The probation or problem-solving court officer shall provide upon request of the client's Registered Service Provider of choice (Registered Substance Use Service Providers List) collateral information concerning the results of the screening and risk tools, the current offence, the prior adult criminal record, and BAC (Blood Alcohol Content), if applicable. This information will be provided electronically through the Registered Service Provider and Nebraska Probation Administration web-based management information systems.

6. Release of Information

After a Registered Service Provider has been selected by the client, officers shall ensure a release of information has been signed and remains on file during the period the adult/juvenile is under presentence or predisposition investigation, pre-adjudication or predisposition supervision, is on probation, is involved in problem-solving court, or remains in treatment.

7. Registered Service Providers List

- a. A **Registered Substance Use Service Providers List** shall be provided by and maintained by Probation Administration. It is the responsibility of the probation district and/or problem-solving court to maintain an up-to-date listing.

- b. Chief Probation Officers and Problem-Solving Court Coordinators are expected to provide input to Probation Administration concerning the addition and/or potential removal of local providers to the Registered Substance Use Disorder Service Providers List.

F. Treatment Services

1. Treatment Standards of Practice

In utilizing research-based, best practices, substance use treatment standards are established to create a foundation of quality for substance use disorder treatment services as defined by the Standardized Model.

- a. **Continuum of Care.** A comprehensive continuum of care for substance use treatment is found within the Standardized Model. The Standardized Model governs the level of care that is provided. The availability to access services within the continuum of care will vary based on geographical location; however, a referral to the appropriate service should be made based on the evaluation recommendations, ideal level of care, and/or the client's individual response to treatment. A client should not receive punitive sanctions if they fail to respond to a level of care that is substantially below or above their assessed ideal level of care for their treatment needs.
- b. **Program Plan.** The **Nebraska Registered Service Provider's Program Plan for the Delivery of Treatment Services** is a required management document to assist with organization and to ensure clients accomplish desired outcomes. Program Plans are used in determining whether a potential vendor/contractor has the capacity to serve clients, achieve outcomes for a purchased service, and has policies, procedures and processes in place to begin service. The Program Plan should be written as if the target audience was staff, clients, and members of the public. (Attachment 5)
- c. **In-Custody Treatment.** Clients should not be incarcerated for the sole purpose of completing treatment, obtaining access to detoxification services and/or sober living quarters.
- d. **Team Response.** Officers and treatment providers are expected to work together to create a team dynamic that is supportive of both the client's supervision and therapeutic risks and needs. The level of engagement between the officer and treatment provider may vary based on the intensity of the client's risk and needs. Clear communication protocols are established between the officer and treatment provider to ensure accurate and timely information about each client's progress in treatment.
- e. **Treatment Dosage and Duration.** Clients with active substance addictions² should receive a sufficient dosage and duration of substance abuse treatment to achieve long-term sobriety and recovery. Research has found that for high risk and need clients approximately 200 hours of counseling over a minimum nine to twelve months is the most effective. However, treatment dosage and duration must allow for flexibility to accommodate individual differences in each participant's response to treatment.
- f. **Treatment Modalities.** As part of the screening process, clients should be screened for their suitability for group interventions. Group membership is guided by evidence-based selection criteria including participants' gender, trauma histories and co-occurring psychiatric symptoms. Treatment groups ordinarily should have no more than twelve participants, and a minimum of four participants, to create a supportive, effective group dynamic. For groups that are treating externalizing or acting-out behaviors, such as illegal

² Diagnostic terminology is in flux in light of recent changes to the 5th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5). The terms *addiction* and *dependence* are defined herein in accordance with the American Society of Addiction Medicine (ASAM), which focuses on a compulsion to use or inability to abstain from alcohol or other drugs: "Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response." Available at <http://www.asam.org/for-the-public/definition-of-addiction>.

activity and substance use, two facilitators are often needed to monitor and control group interactions.

- g. **Evidence-Based Treatments.** Treatment providers are expected to administer behavioral or cognitive-behavioral treatments that are documented in manuals and have been demonstrated to improve outcomes for addicted persons involved in the justice system. Treatment providers are proficient at delivering the interventions and are supervised regularly to ensure continuous fidelity to the treatment models. The Substance Abuse and Mental Health Services Administration (SAMHSA) maintains an Internet directory of evidence-based treatments called the *National Registry of Evidence-Based Programs and Practices* (NREPP). Treatment providers can search the NREPP web site, free of charge, to review and study substance use treatments that have been demonstrated to improve outcomes for addicted adults and juveniles in the justice system. Simply being listed on the NREPP does not guarantee that an intervention is effective with the justice population.
- h. **Medications.** Medically assisted treatment (MAT) can significantly improve outcomes for addicted justice clients. Clients prescribed psychotropic or addiction medications should be done so based on medical necessity as determined by a treating physician with expertise in addiction psychiatry, addiction medicine, or a closely related field.
- i. **Provider Training and Credentials.** Treatment providers are to be licensed to deliver substance abuse treatment, have substantial experience working with justice populations, are culturally competent in relation to historically disadvantaged groups and are supervised regularly to ensure continuous fidelity to evidence-based practices.
- j. **Peer Support Groups.** In addition to professional counseling, justice clients are expected to regularly attend self-help or peer support groups. The peer support groups follow a structured model or curriculum such as the 12-step or Smart Recovery models. Before clients enter the peer support groups, treatment providers are expected to use an evidence-based preparatory intervention, to prepare the clients for what to expect in the groups and assist them to gain the most benefits from the groups (i.e. 12-step facilitation therapy).
- k. **Continuing Care.** As clients begin to establish a foundation of sobriety, treatment focuses on relapse prevention and continuing care. The client, with their counselor, should prepare a continuing-care plan to ensure they continue to engage in prosocial activities and remain connected with a peer support group after their discharge from treatment and ultimately, discharge from supervision.
- l. **Therapeutic Adjustments.** Clients should not receive punitive sanctions if they are otherwise compliant with their treatment and supervision requirements but are not responding to the treatment interventions. Under such circumstances, the appropriate course of action may be to reassess the individual and adjust the treatment plan accordingly, including the ideal level of care. Adjustments to treatment plans are based on the recommendations of Registered Service Providers, within their scope of practice.

2. Registered Service Providers that Provide Treatment Services

In addition to the Registered Service Provider Requirements found in Procedures III, Section B, Probation Administration shall consider for registration only those individuals or agencies who have a clear understanding of the connection between substance use and criminal/delinquent behavior and meet the following criteria specific to the delineation of treatment services:

- a. Provide knowledge in group counseling through previous training or complete an approved course in group therapy and dynamics;

- b. Provide a description of his or her experience treating clients with substance use disorder. This is to be provided within 6 months of being approved as a Registered Service Provider to conduct treatment services and consist of at least 100 documented hours of treatment with a substance use disorder population. If working with a group modality, 50 of the 100 hours must be facilitated group experience with clients diagnosed with a substance use disorder.
 - 1) Fully licensed clinicians need to provide a description of how they acquired their experience. This could be provided through narrative, professional vitae, or other format as approved by Probation Administration.
 - 2) Provisionally licensed clinicians need to provide documentation from a clinical supervisor of the attained hours. This may follow the format utilized for state licensure requirements within the clinician's scope of practice.
- c. Submit the authorized Program Plan, according the approved guidelines, which integrates client satisfaction and treatment outcome measure(s) (Attachment 5).
- d. Register their services prior to delivery in a database and provide data from those services in accordance with all confidentiality requirements.
- e. Provide services in accordance with defined levels of care and best practice treatment standards as found within the Standardized Model.
- f. As determined by Probation Administration, certain clients may be eligible for payment of their treatment services via the Fee for Service Delivery Program as long as a Registered Service Provider is utilized for this service.

3. Referrals

To ensure that programs serving substance use and substance use disorder clients are meeting standardized levels of care, probation and problem-solving court officers/case monitors shall refer such clients to Registered Service Providers who have agreed to adhere to these levels of care. It is critical that levels of care are consistent with and linked to criminogenic risk and need factors.

- a. Probation and problem-solving court officers/case monitors shall refer clients for substance use and substance use disorder services pursuant to either the **Substance Use Services for Adult Criminal Justice Clients Continuum of Care** (Attachment 6) or the **Substance Use Services for Juvenile Justice Clients Continuum of Care** (Attachment 7).
- b. Referral for substance use and substance use disorder services will be conducted through an automated process, utilizing both the Registered Service Provider and Nebraska Supreme Court web-based management information systems.
- c. The probation and problem-solving court officer shall provide, upon request of the client's Registered Service Provider of choice (Registered Substance Use Service Providers List), collateral information that shall include the individual's high and very high criminogenic risk factors. This information will be provided electronically through the Registered Service Provider and Probation Administration web-based management information systems.

4. Release of Information

After a Registered Service Provider has been selected by the client, probation and problem-solving court officers shall ensure a release of information has been signed and remains on file during the period of time a client is under presentence or predisposition investigation, pre-

adjudication or predisposition supervision, is on probation, is involved in problem-solving court, or remains in treatment.

5. **Registered Service Providers List**

- a. A **Registered Substance Use Service Providers List** shall be provided by Probation Administration. It is the responsibility of the probation district and/or problem-solving court to maintain an up-to-date listing.
- b. Chief Probation Officers and Problem-Solving Court Coordinators are expected to provide input to Probation Administration concerning the addition and/or potential removal of local providers to the Registered Substance Use Disorder Service Provider list.

G. **Justice Education and Training**

Through the Administrative Office of Courts/Probation, training for probation and problem-solving court officers, case monitors and designated staff is required concerning basic and continuing education pertaining to substance use disorders, the Standardized Model, and instruments utilized, in order to properly screen, assess, investigate and supervise clients under probation and problem-solving court's authority. All designated staff shall:

1. Understand **Probation Administration Policies and Procedures** associated with the Standardized Model.
2. Be trained on the **Principles of Criminogenic Risk and Need Factors** (to include but not limited to criminal/delinquent thinking and motivational interviewing).
3. Be trained on the **nature of Substance Use and Substance Use Disorders in Adults and Juveniles** during the first year of employment (35 hours required). Subsequent yearly training (8 hours) will include, but not limited to, relapse prevention, strength-based treatment principles, and American Society for Addiction Medicine (ASAM) criteria.
4. Understand the operation of the Nebraska Behavioral Health Service Delivery System.
5. Be trained on the Standardized Model, the process and tools utilized, to include:
 - a. Administration of the authorized screening instrument.
 - b. Administration of the authorized risk assessment.
 - c. Nebraska Standardized Reporting Format for Substance Use Evaluations for all Justice Referrals.
 - d. Understanding the Addiction Severity Index (ASI) and Comprehensive Adolescent Severity Inventory (CASI).
 - e. Standardized Levels of Care Continuum for Substance Use Disorder Services for Juvenile and Adult Justice Clients.
 - f. Understand how the Standardized Model is incorporated into the investigation and case management of justice clients.
6. Probation Administration will utilize the **Addiction and Criminal Justice Performance Assessment Rubrics**, developed by the Nebraska Justice Behavioral Health Committee (JBHC) as a guidance tool for continued development for probation and problem-solving court staff (Attachment 1).

Attachments:

- Attachment 1 – Justice Behavioral Health Committee’s Addiction and Criminal Justice Performance Assessment Rubrics**
- Attachment 2 – Authorized Substance Use Screening Instrument**
- Attachment 3 – Authorized Risk Screening Instrument**
- Attachment 4 – Nebraska Standardized Reporting Format for Substance Use and Co-Occurring Evaluations for all Justice Referrals**
- Attachment 5 – Nebraska Registered Service Provider’s Program Plan for the Delivery of Treatment Services**
- Attachment 6 – Substance Use Services for Adult Criminal Justice Clients Continuum of Care**
- Attachment 7 – Substance Use Services for Juvenile Justice Clients Continuum of Care**