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Building a Seamless System of Care for Substance Abuse Services in Nebraska: The Implementation of the Standardized Model for Delivery of Substance Abuse Services

Executive Summary

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Introduction

In response to growing concerns over rising offender populations and costs in the Nebraska Department of Correctional Services, the Nebraska State Legislature formed the Community Corrections Working Group in 2001. The purpose of the Working Group was to examine the role that community corrections should play in Nebraska's criminal justice system and to offer key policies and recommendations to implement such programming. This effort resulted in several legislative initiatives, including the creation of the Community Corrections Council (Legislative Bill 46; Neb. Rev. Stat. §§ 47-619 - 47-633).

Since its creation in 2003, the Council has stressed the need for system coordination regardless of branch of government (i.e., interagency collaboration) to address a wide variety of issues presented by offenders. One key issue recognized by both the Working Group and the Community Corrections Council was the need for offender substance abuse treatment. In particular, the Working Group emphasized the need to implement the Standardized Model (Herz and Vincent, 1999; Herz, 2000) in order to bring consistency and accountability to the delivery of substance abusing offenders throughout the state. The Community Corrections Council maintained this position and formed the Justice Behavioral Health Committee to oversee and monitor the implementation of the model. Additionally, the Nebraska Supreme Court issued a Court Rule institutionalizing the Standardized Model in November 2005. The Court Rule officially recognized the Substance Abuse Task Force's proposed Standardized Model as the Standardized Model for Delivery of Substance Abuse Services and required that all substance abuse evaluations and treatment referrals ordered for adult felony drug offenders comply with the minimum standards of the Model beginning January 1, 2006 if "all or any portion of the cost for such evaluation or treatment referral is reimbursed by funds provided pursuant to Neb. Rev. Stat. § 29-2262.07 or state funds appropriated to the Community Corrections Council for substance abuse treatment" (Nebraska Supreme Court, 2005).

The purpose of this report is to provide an overview of the Standardized Model for Delivery of Substance Abuse Services and to summarize the developments related to implementing the Model and its contribution to building a substance abuse system of care within Nebraska's Probation System and as part of a sentencing continuum.

The Substance Abuse Task Force

Overview

In 1999, the Nebraska Legislature passed LB 865 requiring the Governor to appoint a Substance Abuse Task Force to examine the need for and access to substance abuse treatment within the criminal and juvenile justice systems. In sum, the Task Force concluded that (1) substance abuse treatment was an effective way to enhance public safety; (2) the current availability of appropriate treatment was not adequate to address the need among offenders; (3) identifying offenders who need treatment was inconsistent in process and quality; (4) access to services was fragmented and inefficient; and (4) treatment resources were often not available to justice agencies (Herz & Vincent, 1999). The Task Force also stressed the need to build a coordinated system of substance abuse treatment care. Specifically, the Task Force developed and recommended statewide implementation of the Standardized Model, which was developed by its Standardization Subcommittee.

Background

The impetus for LB 865 was generated by a "grassroots" effort initiated by several criminal justice professionals representing both state and federal criminal justice agencies and by private providers in 1995. Eventually, this group named themselves the Criminal Justice Coordinated Response Team and developed a presentation to increase Nebraska State Senators' awareness of substance abuse problems among offenders. Their strategy was productive. Several Senators, led by Senator Nancy Thompson, agreed to introduce and support LB 865 in the 1999 Legislative Session. The bill was passed, and the Governor subsequently appointed the Task Force.

The Substance Abuse Task Force began meeting in September 1999 under the direction of Kathy Seacrest, Director, Region II. As part of its work, the Task Force formed the Standardization Subcommittee, which attracted over 40 providers and criminal justice professionals who voluntarily agreed to participate in this effort. In addition, representatives from the Nebraska Department of Health and Human Services, Division of Behavioral Health played a significant role in this process. Table 1 provides an overview of the major developments related to the Standardized Model since 1995.

Table 1: Summary of Major Developments Related to the Standardized Model Delivery of Substance Abuse Services, 1995-2005

Year	Description of Development
1995	Criminal Justice Coordinating Council (CJCC) formed by criminal justice professionals
1998	CJCC presented slideshow to State Senators
1999	State Senators passed LB 865, creating the Substance Abuse Taskforce
1999	Task Force work began in September and Standardization Subcommittee began meeting in October
2000	Task Force Report submitted to Governor and Legislature in January
2000-02	Standardized Model is finalized
2002	Trainings on Model held in Omaha, Lincoln, and North Platte; the Standardized Model is implemented in pilot areas
2002-04	Governor appointed a Working Group—led by Kathy Seacrest, Director, Region II, and Chris Petersen, Policy Cabinet Secretary, Nebraska Department of Health and Services—to continue the development of an infrastructure to support the Standardized Model
2005	Nebraska Supreme Court issued a Court Rule regarding mandatory use of Standardized Model for Delivery of Substance Abuse Services for felony adult drug offenders beginning January 1, 2006

Overview of the Standardized Model for Delivery of Substance Abuse Services[1]

The principal goals of the Standardized Model for Delivery of Substance Abuse Services are to:

1. To ensure that all offenders are consistently and accurately screened and evaluated (when necessary) for substance abuse/dependency.
2. To ensure that all substance abusing offenders are consistently and accurately assessed for risk of re-offending.
3. To coordinate and formalize information sharing between the Judiciary, Probation, other justice agencies, and providers of screening and risk and/or substance abuse assessments.
4. To integrate levels of treatment care with offender accountability through the use of and attention to criminogenic risk and need factors

The Standardized Model is comprised of three interrelated stages:

Stage 1 requires that all offenders be screened for substance abuse as early in the criminal/ juvenile justice process as possible. The purpose of screening is to determine the presence of a current substance abuse problem and identify the need for further evaluation. The tool selected for this stage of the Model was the Simple Screening Instrument (SSI), which was developed by a Center for Substance Abuse Treatment (CSAT) workgroup.[2] Criminal and juvenile justice agencies are responsible for administering the SSI (i.e., probation officers, parole officers, case managers, and other justice professionals).

Stage 2 occurs when an offender scores in the SSI problem area. In this case, the offender is referred for a further evaluation by a substance abuse professional. The criminal justice agency referring the offender is required to complete a risk assessment prior to the substance abuse evaluation and communicate that information to the substance abuse evaluator. Currently, justice agencies utilize different risk assessment tools. Until these tools are standardized across agencies, the Model requires the referring justice agency to complete a Standardized Risk Assessment for Substance Abusing Offenders Reporting Form to summarize the information collected from adult and juvenile justice agency risk assessment tools. This form, in turn, is provided (through court order or release signature) to the substance abuse provider conducting the evaluation.

Stage 3 of the Model involves the substance abuse evaluation. The Model stipulates that substance abuse professionals complete a substance abuse evaluation in order to increase the likelihood of consistent and accurate diagnoses and treatment recommendations. It is important to note that the requirements in this stage are intended to supplement the evaluator's professional experience rather than dictate it. All substance abuse evaluations for offenders must include (1) the Addiction Severity Index (ASI)) for adults or the Comprehensive Adolescent Severity Inventory (CASI) for juveniles, (2) one additional tool of the provider's choice, and (3) the completion of the Standardized Substance Abuse Evaluation Reporting Format. The

[1] Currently, the Standardized Model does not incorporate mental health problems in its current form. Although the Task Force acknowledged mental health problems as a related and important issue, incorporating mental health into the Standardized Model was beyond the resources and time available to the Task Force. The Standardized Model, however, was designed with the intention to incorporate mental health issues in the future. Such an effort is in development and should begin within two years.

[2] Stage 1 requires the use of the SSI but does not prohibit the use of additional screening tools.

standardized reporting format ensures that the evaluation is reflective of professional standards and "best practices," comprehensive, and consistent in terminology. If the risk assessment is not completed prior to the evaluation, the Model also requires that the evaluator review the completed risk form and modify his/her evaluations before submitting the final report to the court.

Additional, key components of the Standardized Model include the mandatory use of Registered Substance Abuse Providers for evaluations and treatment, the use of standardized level of care terminology for substance abuse treatment, and mandatory certification on the Standardized Model for criminal justice personnel.

"Registered Provider" refers to an individual or agency who/that has a clear understanding of the Standardized Model and:

(1) Agrees to adhere to all elements of the model;
(2) Holds a valid license, which includes within its scope of practice the ability to administer substance abuse evaluations and/or treatment;
(3) Completes a basic education class on the relationship between criminogenic factors and offending and maintains this knowledge with 12 hours of continuing education training every two years thereafter; and
(4) Registers his/her/its services with and is approved by the Nebraska Office of Probation Administration.

Completion of substance abuse evaluations and the provision of treatment are limited to Registered Providers in the Standardized Model. Additionally, Registered Providers must use the Substance Abuse Services for Adult Criminal Justice Clients Continuum of Care and Substance Abuse Services for Juvenile Justice Clients Continuum of Care to indicate what type of services an offender needs. These documents contain terminology based on a crosswalk of terms used by all justice agencies and behavioral health oversight agencies. The creation of standardized terminology represented a significant step in getting all decision-makers and providers "on the same page" within and between jurisdictions across the state. Finally, the Standardized Model requires all criminal justice personnel to complete training on the Model protocol.

Developments Related to the Standardized Model for Delivery of Substance Abuse Services

Implementation of the Standardized Model for Delivery of Substance Abuse Services is intended to increase the amount of clear communication across agencies and to improve the development of comprehensive case plans for offenders with substance abuse problems. Thus, it represents a critical step in developing Nebraska's Community Corrections System of Care.

Increasingly, the importance of system collaboration is recognized not only as more efficient but also more effective (Taxman, 1998; NIDA, 2007; CSAT, 2005a; CSAT, 2005b). Consistent with these principles, the Office of Probation Administration has adopted and is in the process of implementing Evidence-Based Practice: An Integrated Model, which requires systems to integrate organizational development, collaboration, and evidence-based practices (EBP) (NIC/CJI, 2004). Probation's use of the Integrated Approach enhances the criminal justice system's ability to fully and successfully implement the Standardized Model for Delivery of

Substance Abuse Services because it creates the agency infrastructure to support a seamless system of substance abuse treatment care. To better understand Nebraska's progress in this area, the accomplishments related to each area of the Model are described below:

Organizational Development

The first step in developing a seamless system of care is to create an organizational structure that will support the demands of such a system. At least four aspects of an agency's organizational structure are significant in this process: Priorities in staffing, the utility of its information system, access to funding for treatment, and training to support initiatives. Accomplishments in these areas include:

- Since January 2005, the Nebraska Office of Probation Administration created the following positions to facilitate interagency communication and collaboration: Deputy Administrator in charge of Community Corrections Programming, Community Corrections Coordinator, Justice Systems Treatment Specialist, and Statewide Drug Testing Program Coordinator.

- The Administrative Office of the Courts/Judicial Branch Education hired a Probation Education Manager to design and conduct evidence-based management training for Probation staff throughout the state.

- Using the Uniform Data Analysis Fund, created by the Community Corrections Act, the Nebraska Probation Management Information System (NPMIS) recently added an entry portal for Registered Substance Abuse Service Providers. This update allows providers to log on to the system and electronically connect to their clients. After making this link, providers can enter evaluation recommendations, monthly progress reports, and discharge summaries that are accessible immediately to probation officers.

- The Offender Fee for Service Voucher Program was developed in 2004 and implemented in 2006 to provide financial assistance for substance abuse evaluations and treatment for offenders. The program uses a combination of appropriations from Nebraska's general fund with fees collected from offenders to generate a pool of funds from which Probation and Parole can use to pay for offender evaluations and treatment services.[3] In 2006, Probation and Parole were authorized to spend $4.5 million on adult offender treatment (50% from the general fund; 50% offender fees) through this program.

- The Nebraska Office of Probation Administration has provided training on the Level of Service/Case Management Inventory (LS/CMI) risk assessment tools for adults and the Youth Level of Service/Case Management Inventory (YLS/CMI) for juveniles to probation officers across the state. Additionally, it provided training on Motivational Interviewing (MI) (Miller & Rollnick, 2002) and Stages of Change to probation and parole officers throughout the state.

[3] The Fee for Service concept was modeled after an existing Division of Behavioral Health Services Contract Program entitled: Rural Mental Health Voucher Program. The program is administered under the Nebraska Office of Probation Administration, as recommended by the Voucher Subcommittee of the Community Corrections Council.

Collaboration

The second component to Probation's integrated approach is collaboration. Improved communication and collaboration with both criminal justice agencies (i.e., courts, Department of Correctional Services, Parole) and behavioral health agencies (i.e., Nebraska Health and Human Services (HHSS) Division of Behavioral Health and providers) is instrumental to making a seamless system of treatment care possible. Developments in this area include:

- Signed memorandums of agreement by the Office of Probation Administration, the Department of Correctional Services, and Department of Health and Human Services Division of Behavioral Services supported the initial development of the Standardized Model for Delivery of Substance Abuse Services.

- The Division of Behavioral Health has provided training on the Model's required substance abuse evaluation tools to 983 providers (654 providers on the Addiction Severity Index and 329 on the Comprehensive Adolescent Severity Inventory).

- To date, trainings have resulted in 470 providers completing the Standardized Model requirements and becoming Registered Providers with the Nebraska Office of Probation Administration. Additionally, Probation staff has worked with staff from the Division of Behavioral Health to standardize definitions of level of care. Use of these definitions is now required by the Standardized Model for Delivery of Substance Abuse Services in order to ensure that the same language regarding treatment is used throughout the state.

- The Nebraska Office of Probation Administration has actively engaged with the Nebraska Department of Correctional Services, Adult Parole Administration to hold joint trainings and to participate in supervision programs such as the Specialized Substance Abuse Supervision Program (SSAS) and the Secure Continuous Remote Alcohol Monitoring (SCRAM) Study.

- The Community Corrections Council formed the Justice Behavioral Health Committee, which is a multidisciplinary committee charged with overseeing interagency collaboration, implementation of the community corrections model, and application of the Standardized Model to substance abuse and mental health.

- The Community Corrections Council (CCC) established a Voucher Subcommittee comprised of the Executive Director for CCC, Executive Policy Analyst for CCC, Office of Probation Administration's Deputy Administrator for Community Corrections Programming and the Justice Treatment Systems Specialist, Statewide Coordinator of Problem-Solving Courts, a representative from the Behavioral Health Regions, a representative from the Office of Parole Administration, a representative from the Department of Health and Human Services Division of Behavioral Services, and a representative of the provider community to oversee the implementation of the Fee for Service Voucher Program.

- Contractual agreements between the Nebraska Office of Probation Administration and the Nebraska Department of Correctional Services have extended voucher payments to parolees.

- As a result of collaboration between the Nebraska Office of Probation Administration and the Nebraska Department of Correctional Services, the level of treatment services available at the Work Ethic Camp (WEC) has been elevated to short-term residential services.

- All six Behavioral Health Regions have signed memorandums of agreements with the Nebraska Office of Probation Administration to support the operation of the voucher system.

- The Nebraska State Patrol facilitated small grant funding to juvenile drug courts for the prevention and treatment of methamphetamine.

- Most recently, multiple agencies worked together to organize the *Community Corrections and Substance Abuse Treatment: An Effective Strategy for Crime Control Conference.* The conference was held in May 2007 and was sponsored by the Administrative Office of Probation (AOP), the Nebraska State Patrol, Administrative Office of the Courts (AOC) Judicial Branch Education, AOC/AOP Drug Courts, Heartland Family Services, Nebraska Behavioral Health Regions, BryanLGH Medical Center, Community Corrections Council, Blue Valley Mental Heath, Nebraska Health and Human Services/Division of Behavioral Health, the Nebraska Counselors' Association, and the Nebraska Crime Commission. A total of 465 professionals attended the conference, representing law enforcement, problem-solving courts, probation, corrections, parole, behavioral health providers, and the judiciary.

Evidenced-Based Practices (EBP)

The third component to Probation's use of an Evidence-Based Practice: An Integrated Approach is the use of Evidence-Based Practices (EBP) related to improving correctional practice. Developments related to this part of the approach include:

- The Level of Service/Case Management Inventory (LS/CMI) (i.e., a standardized risk assessment tool) is currently being piloted in every district across the state for adult Class I Misdemeanor offenders and all adult felony offenders.

- Since July 2006, the Nebraska Office of Probation Administration instituted a policy that requires all probation districts in Nebraska to utilize the Youth Level of Service/Case Management Inventory (YLS/CMI) for juvenile offenders. Furthermore, the use of the YLS/CMI is currently being coordinated between Probation and the Department of Health and Human Services/Office of Juvenile Services. This development marks the first effort to coordinate policy and procedure between these two agencies.

- Seven Day and Evening Reporting Centers have been established to provide a "one-stop shop" for a range of state and local services. A total of thirty services or programs are offered at the reporting centers, but not all of the services are offered in each reporting center. As of May 1, 2007, all seven reporting centers provided cognitive groups, life skills training, and drug testing. Four centers provided educational services, three provided mental health services, and three provided vocational services. Centers in Douglas and Sarpy counties also provide Pre-Treatment Groups.

- The Specialized Substance Abuse Supervision (SSAS) Program is an intensive intervention and supervision program that incorporates close case management with drug/alcohol

treatment and targeted programming. An individualized approach to each offender is taken according to the offender's risk/needs and progress. The use of graduated incentives and sanctions are used to address compliance. Only well-trained and highly skilled probation officers staff SSAS.

- A pilot study for the use of the Secure Continuous Remote Alcohol Monitoring (SCRAM) for any offender was implemented in February 2006. This program uses SCRAM Transdermal Alcohol Testing technology to monitor any offender convicted of an alcohol or other drug related crimes. The use of SCRAM is often thought of for offenders convicted of driving under the influence, but relapse among drug offenders is often preceded by alcohol use and therefore is equally beneficial. The Court or Parole Board may order SCRAM for any offender; however, payment for a condition of probation or parole when using SCRAM may not exceed 120 days. In practice, any confirmed detection of alcohol use is reported to the offender's supervising officer as well as the Court/Parole Board within 24 hours.

- There are currently 20 problem-solving courts throughout Nebraska. The supervision component for 12 of these courts is based within Probation. In July 2007, the Nebraska Supreme Court adopted the Rule Governing Establishment and Operation of Drug Courts in an effort to bring consistency to drug courts in Nebraska.

- The Probation Administration, Division of Community Corrections assists specialized programs in acquiring incentives for participating offenders using the Increase Positive Reinforcement Incentive Project. The funds for this project are provided from offender fees, and are available to all SSAS sites, Intensive Supervision Probation (ISP) Regions, and Probation-supervised problem-solving courts. To access these funds, sites must apply by describing how the incentives will be disbursed using strategies consistent with evidence-based principles (NIC/CJI, 2004) to encourage behavior change among offenders. (Site awards may not exceed $1,000 per applicant). These funds, in turn, may be used to purchase items such as (but not limited to) certificates, movie passes, hair cuts, dental services, etc.

Impact of the Standardized Model for Delivery of Substance Abuse Services

The evidence-based principles (NIC/CJI, 2004) adopted by the Nebraska Office of Probation Administration require systems to measure relevant practices and provide measurement feedback. Since many of the developments described previously are in their infancy, it is not surprising that the availability of evaluation research results is minimal. Preliminary data, however, provide some insight into the effectiveness of these approaches.

- A Registered Provider Fee for Service Survey was conducted in January 2007 (N=116) and showed that 63% of providers in urban areas had increased their capacity for services in the past year; 50% of rural providers increased their capacity; and 60% of providers serving both urban and rural areas increased their capacity.

- The Department of Correctional Services' (DCS) admissions decreased 8% between 2006 and 2007. Additionally, there was a 12% drop for first-time Felony Drug Offenders and a reduction of 16% for Felony Drug Offenders with sentences of three years or less. Conversely, there was a 3% increase in the number of Felony Drug Offenders sentenced to Probation (Community Corrections Council, June 20, 2006). DCS attributes the downward

trend to at least two possible reasons: 1) An increase in parole numbers, and 2) successful efforts by the Community Corrections Council and Nebraska State Probation's SSAS program to divert offenders from correctional placement when appropriate.

- The American Probation and Parole Association (APPA) requested to use the Standardized Model for Delivery of Substance Abuse Services as a "best practices" model.

Additionally, a research study is currently under discussion to assess the effectiveness of the SSAS unit. Further research has been discussed and is part of the "Next Steps" in the process of creating the seamless system of care for substance abuse services.

Next Steps

Despite Nebraska's accomplishments related to implementing the Standardized Model for Delivery of Substance Abuse Services as well as all the initiatives previously listed, more work related to policy development, implementation, and evaluation is necessary to successfully build a seamless system of care for substance abuse services.

1. From a policy perspective, Standardized Model data should be used to impact state and federal substance abuse allocations and to further encourage interagency agreements for collaboration.

2. From an implementation perspective, additional efforts are needed to ensure:
   - All agencies enforce and maintain the fidelity of the Standardized Model.
   - All required instruments and communication documents are available electronically (i.e., a Standardized Model Web site to facilitate its use).
   - Efforts to use best practice and evidenced-based programming by justice agencies and substance abuse providers (e.g., cognitive behavioral therapy programming, treatment lengths and stays, using appropriate treatment models for methamphetamine users) are expanded.
   - Lessons learned from this effort are used to expand the continuum of care to include parallel initiatives related to evaluation and treatment of offenders with mental health problems and sex offenders.

3. From an evaluation perspective, it is critical to build a research agenda that will document:
   - The impact of using the Standardized Model for Delivery of Substance Abuse Services on reducing recidivism.
   - The effectiveness of specific treatment modalities on reducing recidivism.
   - The impact of formally integrating treatment and supervision on reducing recidivism.
   - The cost/benefit ratio related to using the Standardized Model for Delivery of Substance Abuse Services.

Conclusion

All the efforts and initiatives described in this report were generated for a single goal: To reduce recidivism in order to improve public safety. Effectively reducing recidivism requires criminal justice systems to collaborate internally as well as with other human service systems. Increasing public safety is synonymous with increasing the health and well-being of offenders and the

communities in which they live. While this approach has more utility than incapacitation, it requires a tremendous amount of interagency and intersystem collaboration and commitment to the development of an effective community corrections continuum.

The Standardized Model for Delivery of Substance Abuse Services has evolved significantly since its inception. The original idea was to simply rethink the process by which substance abuse was identified and treated within the criminal justice system. Not only did the Task Force accomplish this task, it created a model that required treatment and justice professionals to work together. The process of developing the Standardized Model was built on partnerships between justice professionals and treatment providers. Furthermore, the Model was not developed by agency administrators and handed down; rather, it was created by individuals dealing with these problems on a daily basis and handed up to administrators. It represents a "cutting edge" response to problems that have plagued criminal justice systems for decades, and it reflects solutions that are practical and feasible.

The key to Nebraska's success with the Standardized Model for Delivery of Substance Abuse Services rests in the combination of vision, leadership, commitment, and openness. This combination helped identify and address obstacles to interagency collaboration, overcome differences and misunderstandings due to terminology differences across systems, and reduce, if not rid of, turf boundaries between agencies and systems.

In sum, to improve public safety, the justice system must effectively address offender substance abuse. To effectively address offender substance abuse, Nebraska must continue its commitment to the following principles:

- The need for supervision and treatment must be identified accurately by assessing risk and need with standardized tools.
- The appropriate level of supervision and treatment must be integrated and matched to offender risks and needs.
- Evidence-based programming must be used when available.
- Communication across agencies (within criminal justice and between criminal justice and behavioral health treatment) must be formalized.
- Outcomes must be measured and used to demonstrate progress to the community and to continuously improve system responses.

The only way to accomplish these principles is to institute a process that will produce consistent and accurate information and to facilitate cross-discipline education that will foster and support partnerships between justice personnel and treatment providers.

References

Center for Substance Abuse Treatment. (2005a). Substance abuse treatment for adults in the criminal justice system. Treatment Improvement Protocol (TIP) Series 44. Rockville, MD: Substance Abuse and Mental Health Services Administration. (DHHS Publication No. (SMA) 05-4056).

Center for Substance Abuse Treatment. (2005b). Substance abuse treatment for persons with co-occurring disorders. Treatment Improvement Protocol (TIP) Series 42. Rockville, MD: Substance Abuse and Mental Health Services Administration. (DHHS Publication No. (SMA) 05-3922).

Herz, D. (2000). Statewide task force on substance abuse treatment: Final report, 2000. Lincoln, NE: Nebraska Crime Commission.

Herz, D. & Vincent, Melissa. (1999). Substance abuse needs assessment for adult and juvenile offenders in Nebraska: A report to the Statewide Task Force on Substance Abuse Treatment. Lincoln, NE: Nebraska Crime Commission.

National Institute of Corrections & Crime and Justice Institute. (No Date). Implementing effective correctional management of offenders in the community: An integrated approach. Retrieved from: http://crjustice.org/cji/intmodel.pdf September 9, 2007.

National Institute on Drug Abuse. (2006). Principles of drug abuse treatment for criminal justice populations: A research-based guide. Washington, DC: U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse. (NIH Publication No. 06-5316).

Nebraska Supreme Court. (2007). Nebraska Supreme Court Rule governing establishment and operation of drug courts. Lincoln, NE: Nebraska Supreme Court. Retrieved from: http://supremecourt.ne.gov /rules/pdf/substanceabuse-35.pdf.

Nebraska Supreme Court. (2005). Nebraska Supreme Court Rule regarding use of Standardized Model for Delivery of Substance Abuse Services. Lincoln, NE: Nebraska Supreme Court. Retrieved from: http://supremecourt.ne.gov /rules/pdf/substanceabuse-35.pdf.

Taxman, F. (1998). Reducing recidivism through a seamless system of care: Components of effective treatment, supervision, and transition services in the community. Presented at the Office of National Drug Control Policy, Treatment and Criminal Justice Conference, February 20, 1998 in Washington, DC.