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| SOUTH DAKOTA  DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE | | POLICY NUMBER 700-35 | PAGE NUMBER 1 OF 4 |
| | | DISTRIBUTION: | Public |
| | | SUBJECT: | Alcohol and Drug Services Program |
| RELATED STANDARDS: | ACA 5-ACI: 5E-11, 5E-12, 5E-14, 5E-15, 6A-23, 6A-32 (M), 6A-42 | EFFECTIVE DATE: | April 15, 2026 |
| | | SUPERSESION: | 04/01/2025 |
| DESCRIPTION: Clinical Services | REVIEW MONTH: March |  NICK LAMB SECRETARY OF CORRECTIONS | |

I. POLICY

It is the policy of the South Dakota Department of Corrections (DOC) to provide substance use assessment, education, and treatment programming for offenders with substance use disorders.

II. PURPOSE

The purpose of this policy is to establish the general scope and limits of substance use disorder treatment services provided to DOC offenders. The guiding treatment philosophy and goal for correctional behavioral health addiction counselors is to provide an individualized and holistic approach to recovery by helping offenders gain knowledge, learn skills, and make connections that will increase the likelihood of success upon community reentry. *Where a substance use disorder treatment program exists, written policy, procedure, and practice provide that the alcohol and drug use treatment program has a written treatment philosophy within the context of the total corrections system, as well as goals and measurable objectives. These documents are reviewed at least annually and updated as needed [ACA 5-ACI-5E-12].*

III. DEFINITIONS

Substance Use Disorder (SUD):

A disorder resulting from recurrent use of alcohol and/or drugs, which causes clinically and functionally significant impairment such as health problems, disability, and failure to meet major responsibilities at work, school, or home.

Substance Use Disorder Appraisal:

The process of identifying offenders with substance use issues/needs and exploring their impact upon critical life areas in order to provide accurate diagnoses and treatment recommendations.

IV. PROCEDURES

1. General Information:

- A. All alcohol and drug programs are under the clinical supervision of the designated behavioral health supervisor. Operational supervision within facilities is provided by the facility health services administrator (HSA). It is the responsibility of each case manager and community parole officer to use this policy as a guide to refer, assign, and promote offender compliance with recommended programs and to ensure a continuum of supervision and treatment while the offender is under DOC supervision.
 1. Each DOC facility will establish substance use disorder programming based on the needs of the population. The chief of behavioral health and the behavioral health supervisors will work alongside

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other DOC personnel to serve as decision-makers in this regard. Information from other entities (such as the Department of Social Services and the SD Board of Addiction and Prevention Professionals) will also be considered regarding such matters.

2. Programming and treatment:
 - a. Will include a variety of cultural considerations within individual treatment plans, educational materials, and group work.
 - b. ***Written policy, procedure, and practice provide for substance abuse programs, to include monitoring and drug testing for offenders with drug and alcohol addiction problems [ACA 5-ACI-5E-11].***
 - 1) Drug testing may be used as deemed necessary by clinical and correctional staff to ensure the safety and security of the institution. The results of such testing may impact treatment planning and programming decisions.
 - 2) Statistics and outcome measures will be kept and utilized to assist with the analysis of program effectiveness.
 - a) Attendance, absences, and contact hours will be considered a statistic and tracked for all offenders receiving treatment and programming.
 - b) Monthly contact reports will be sent to the chief of clinical operations and the chief of behavioral health.
- B. Chemical dependency counselors employed to provide substance use assessment and treatment services will do so as certified or licensed professionals, as defined by the South Dakota Board of Addiction and Prevention Professionals. Board approved addiction counselor trainees (ACTs) may be hired at sites where adequate supervision and training can be provided. Board standards must be followed to encourage steady progress toward full credentialing. ACT's have five (5) years to complete the program.
1. SUD-related educational resources will be made available to program participants, and to other offenders upon request.
 2. Recovery-based self-help groups will be scheduled through each site's volunteer/cultural activities coordinator.
- C. Intake and Assessment.
1. ***Written policy, procedure, and practice provide for early identification and treatment of offenders with alcohol and drug abuse problems through a standardized battery assessment [ACA 5-ACI-6A-23].***
 - a. Initial screening for alcohol or drug-related issues will be completed by addiction counselors upon admission.
 2. All intersystem ***offender transfers will undergo a mental health appraisal by a qualified mental health professional within fourteen (14) days of admission to a facility [ACA 5-ACI-6A-32 (M)].***
 - a. Behavioral health staff will complete a substance use disorder (SUD) appraisal for each new offender and parole violator, utilizing a framework based on the American Society of Addiction Medicine's (ASAM) multidimensional model. Collateral records and additional assessment tools or measures may also be used as part of the appraisal process, when applicable.
 - b. During this appraisal, staff will assess, gather information, and provide referrals on many substance-related topics, with an emphasis on the following essential topics:
 - 1) Review history of substance use and treatment.
 - 2) Review the history of SUD classes and/or support groups.
 3. Assessment of drug and alcohol use and/or addiction.
 4. Referral to treatment, if indicated.
 - a. The SUD appraisal process will yield SUD diagnoses as well as program recommendations, when clinically applicable. This information will be entered into the offender management system (OMS) and the electronic health record (EHR). It will also be used to schedule future treatment classes and programming.
 5. The appropriateness of re-assessment at any point during incarceration (whether the request originates from DOC staff or directly from an offender) will be determined by the site's behavioral health supervisor.

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D. SUD Treatment and Programming.

1. ***Where a substance use disorder treatment program exists, written policy, procedure, and practice provide incentives for targeted treatment programs to increase and maintain the offender's motivation for treatment [ACA 5-ACI-5E-15].***
2. Unless a staff member is in place to complete centralized scheduling duties for the entire system, each behavioral health supervisor will be responsible for their site's SUD treatment assignment and scheduling, either directly or via delegation.
3. In terms of scheduling, prioritization will occur based on a combination of factors, highlighting offenders who:
 - a. Have moderate to severe substance use and criminal risk (which can be determined using SUD diagnoses and/or Level of Service Inventory-Revised results).
 - b. Are approaching parole or other release eligibility (within approximately twelve (12) months).
 - c. Have relevant needs or provisions identified by the courts, the parole board, or DOC institutional staff (including the DOC re-entry team).
4. Participation in SUD programming is voluntary.
 - a. Programming participants will collaborate with behavioral health staff to formulate the components of an individualized treatment plan, which will include information on admission rationale, diagnostic details, assessment scores, strengths and supports, areas of concern, and SMART goals. SMART goals are Specific, Measurable, Achievable, Relevant, and Time-Bound.
5. ***Where a substance use disorder treatment program exists, written policy, procedure, and practice provide that the facility uses a coordinated staff approach to deliver treatment services. This approach to service delivery shall be documented in treatment planning conferences and individual treatment files [ACA 5-ACI-5E-14].***
 - a. Treatment plan progress will require a coordinated multi-disciplinary approach to accommodate the changing needs of the offender. Regularly scheduled multidisciplinary team meetings at each site are one option for addressing offender needs and plans in this manner. The treatment plan and any updates will be made part of the individual's electronic health record.
 - b. Any decisions of clinical significance pertaining to an offender discussed at a multi-disciplinary team meeting will be documented as an individual note in the EHR.
6. A discharge summary document will be completed for each participant that includes the rationale for discharge (termination, suspension, or completion), diagnostic details, assessment scores, and follow-up recommendations. The discharge summary section may at times be part of a larger unified treatment plan document. This information will be referenced by the transitional behavioral health team to aid in parole/release transitions.
7. Participants may be removed from programming for various reasons, based on the discretion of the group facilitator and the behavioral health supervisor. The list of the rationale for removal may include, but is not limited to:
 - a. Safety or security-related concerns.
 - b. Poor attendance.
 - c. Lack of participation.
 - d. Attitudes or behaviors that interfere with the recovery efforts of other group participants.
 - e. Violations of established group rules or norms.
8. Offenders who are removed from programming may request readmission by submitting a kite to behavioral health. Behavioral health staff will then refer the offender to Motivational Enhancement Therapy (MET) in the OMS. Following successful completion of MET, offenders will be placed back on the wait list for the program from which they were removed. Priority will be given to those with an upcoming release.
9. Behavioral health staff will work with DOC case managers to ensure proper communication regarding programming changes.
10. An updated waiting list for SUD Treatment and Programming will be available at each location.

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E. SUD Release Planning and Re-entry:

1. Transitional behavioral health will review recommendations and programming information for offenders with substance use disorders and refer them to appropriate community-based services.
2. This process involves the following:
 - a. A parole plan initiation email will be sent by a DOC case manager to the transitional behavioral health team.
 - b. Transitional behavioral health staff will review the offender management system (OMS) for the offender's CD codes (mild, moderate, or severe needs) along with pending referrals for SUD programming.
 - c. Transitional behavioral health staff will work with the case manager to obtain the necessary paperwork from the offender.
 - d. Transitional behavioral health staff will maintain a tracking system for their caseload.
 - e. Once a release date is known and a plan is approved, a transitional behavioral health staff will reach out to community agencies for scheduling and communication with the appropriate parole personnel.

F. Medication Assisted Treatment (MAT) for Opioid Use Disorders (OUD).

1. The DOC will offer MAT services for offenders within the system and will make provisions for related follow-up care upon release.

Offenders have access to substance disorder information, education, and/or treatment programs for substance use disorders [ACA 5-ACI-6A-42].

V. RESPONSIBILITY

It is the responsibility of the director of Clinical and Correctional Services and the chief of behavioral health to review and update this policy annually.

VI. AUTHORITY

A. 42 CFR part 2, Federal Register: Confidentiality of Alcohol and Drug Abuse Patient Records.

VII. HISTORY

April 2026

April 2025

April 2024

ATTACHMENTS

None.