

Jim Pillen, Governor

Policy Directive 025-022

DATE: June 16, 2025

TO: Executive Steering Council

FROM: Rob Jeffreys, Director

RE: Policy 115.25 *Social Work Services*

Effective immediately, the following changes will be in effect concerning Policy 115.25 *Social Work Services*. These revisions will be incorporated into this policy during the next scheduled review. You may contact Medical Director Jerry Lee Lovelace with questions regarding this change.

Page 5, REFERENCE ATTACHMENTS B. update language with the following **BOLD** changes:

REFERENCES

- I. STATUTORY REFERENCE AND OTHER AUTHORITY – None noted
- II. NDCS POLICIES – None noted
- III. ATTACHMENTS
 - A. Mental Health/Medical Referral Form (DCS-A-mnh-004)
 - B. **Behavioral Health Services and Programming Accept/Decline form (DCS-A-mnh-035-pc)**
- IV. AMERICAN CORRECTIONAL ASSOCIATION STANDARDS (ACA)
 - A. Expected Practices for Adult Correctional Institutions (ACI) (5th edition): 5-ACI-5E-07

Rob Jeffreys, Director
Department of Correctional Services

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Incarcerated Individual

Name/Number: _____ Location: _____

You are being offered an opportunity to accept or decline participation in your recommended behavioral health services and/or programming. You were recommended to participate in the following services/programming:

- | | |
|--|---|
| <input type="checkbox"/> MOUD Treatment | <input type="checkbox"/> Inpatient Sex Offense Programming |
| <input type="checkbox"/> Aggression Replacement Training (ART) | <input type="checkbox"/> Outpatient Sex Offense Programming |
| <input type="checkbox"/> Anger Management High Risk/Need Programming | <input type="checkbox"/> Continuing Care Sex Offense Services |
| <input type="checkbox"/> Residential Substance Use Services | <input type="checkbox"/> MHU/SMHU/STAR Programming |
| <input type="checkbox"/> Non-residential Substance Use Services | <input type="checkbox"/> Social Work / Behavioral Health Services |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Post release follow-up and contact with community providers and pharmacies |

By declining this opportunity, you also acknowledge that there may be adverse consequences for such a choice.

PLEASE CHECK ONE:

_____ I accept my recommendation and I am interested in participating in the recommended services(s)/program(s) offered by the Nebraska Department of Correctional Services. I understand by accepting pre-release MOUD, this also represents a release of information for community providers for post release follow-up solely for the purpose of MOUD treatment.

_____ I decline my recommendation and I am not interested in participating in the recommended service(s)/program(s) offered by the Nebraska Department of Correctional Services.

Reason for declining (if applicable): _____

TEAM MEMBERS: *If individual verbally indicates refusal and/or is non-responsive (i.e. ignores request to sign from without indicating whether he/she accepts or declines) please indicate this above as specifically as possible.*

If you decline your recommended service(s)/program(s) at this time and later decide to seek services/programming, you must notify Mental Health team member at your assigned facility. If you request services/programming at a later date, you may be reassessed and new recommendations may be made at that time.

Please date and sign below; also, print your name and provide your incarcerated individual number.

Incarcerated Individual Signature

Individual Printed Name/Number

Date

Team Member Witness

Team Member Printed Name


Date

☐ Individual refuses to sign form indicating acceptance/declination – this is considered a declination.

2nd Team Member Witness if refusal

Team Member Printed Name

Date

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EFFECTIVE: December 31, 2014
 REVIEWED: November 30, 2015
 REVISED: December 31, 2016
 REVISED: November 30, 2017
 REVISED: December 31, 2018
 REVISED: October 31, 2019
 REVISED: December 31, 2020
 REVISED: November 30, 2021
 REVISED: November 30, 2022
 REVISED: December 31, 2023
 REVISED: November 30, 2024

SUMMARY OF REVISION/REVIEW

PURPOSE – Language updated. PROCESS – II.A.3. – Section deleted. II.C.1. – Language updated. II.C.3. – Language updated. II.E. – Language updated. II.F. – Language updated. II.G. – Language updated. IV. – Language updated. IV.A. – Language updated. IV.B. – Language updated. IV.C. – Language updated. IV.D. – Language updated. V.A. – Language updated. V.B. – Language updated. VI. – Language updated. Minor grammar changes throughout.

APPROVED:




Jerry Lee Lovelace, MD, PhD
 NDCS Medical Director



Rob Jeffreys (Nov 1, 2024 14:29 CDT)

Rob Jeffreys, Director
 Nebraska Department of Correctional Services

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PURPOSE

To provide the provision of social work services to discharging, post release supervision or paroling patients within the Nebraska Department of Correctional Services (NDCS) for the purpose of decreasing recidivism, promoting successful community reintegration, and addressing continuity of care among those patients deemed to have multiple and/or high needs.

Priority services for patients who may be served are those who have been identified as having the following risk factors and who usually have multiple needs to include but not limited to, serious mental illness and/or serious and chronic medical conditions.

Patients may obtain social work assistance depending on the number and severity of their risk factors. Other factors that will be taken into consideration for deciding who will receive social work services include the presence or absence of outside supports and financial entitlements which the patient may access. Patients may also be referred to social work by primary care or psychiatric providers. Other patients not identified above may receive social work service if a review of their history and current functioning indicate they are not capable of arranging for their own discharge needs.

Certified Master Social Workers (CMSW) are certified by the State of Nebraska to provide social work services and are licensed as mental health practitioners, or they are provisionally certified/licensed as such.

PROCESS

I. THE PRIMARY ROLE OF THE CMSW IS TO


- A. Assist identified priority needs patients with discharge planning and/or continuum of care.
- B. Serve as resource persons and consultants to other NDCS team member.
- C. Assist mental health/substance use team members to provide services to patients as needed.

Social work practicum students work under the supervision of the social workers in the facility in which they are placed, an NDCS CMSW, and under the supervision of their educational facility. Practicum students are provided placement in accordance with a written affiliation agreement between NDCS and their educational facility or they have submitted and had approved an application for a practicum placement.

Social Work Services (SWS) is under the health services chain of command. The director of social work reports to the NDCS medical director. While social work is a distinct service in Behavioral Health Services (BHS), SWS seek to integrate all of the service components of the individuals with whom SWS work. Social work team member will work collaboratively with probation, parole, NDCS programs and services to provide a continuum of care to patients as they are leaving the correctional system.


II. REFERRAL PROCESS

Any NDCS team member can refer a patient for social work services if the team member deems the patient needs assistance with discharge planning and/or has multiple needs and/or is high risk. Methods for making a referral include:

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- A. Submitting form *Mental Health/Medical Referral Form* (Attachment A) to:
 1. A social worker serving the facility where the patient is housed, or
 2. The director of social work.
- B. By phone, email, Inmate Interview Request Form (IIR), or direct contact to the Social Worker.
- C. The referring person will be informed of the outcome which could be:
 1. The referral is appropriate, and a social worker will be assigned to meet with the referred patient.
 2. The referred patient does not meet the criteria for direct social work assistance.
 3. When submitted, completed referral forms will be uploaded to NICaMS and entered into the patient's file.
- D. When patients are transferred to other facilities within NDCS, the social worker who has started to work with a patient will continue to provide services when practical to do so; otherwise, the patient will be referred to another social worker to follow up with discharge planning if further planning is still needed.
- E. Priority will be given to patients identified with a Serious Mental Illness' (SMI), identified as a vulnerable individual, or referred by a primary care or psychiatric provider. Determination of appropriateness of referral will be based on mental health information found in NICaMS, information provided by the referring source, a review of outside documentation, if available, and consultation with mental health and/or medical team member if the referral is from another source.
- F. If the referred patient does not meet priority risk factors (as previously identified) for social work involvement, efforts will be made to provide resource information and/or consultation with the referring individual. Patients can refer themselves for social work assistance and will be helped based on the criteria noted above. Patients who have been referred to a social worker are not mandated to receive services and can refuse social work services if they so choose. Referrals can be made to the reentry specialist for requests that fall short of meeting Social Work Criteria.
- G. Time Frame

Referrals should be made at least six months of discharge to allow the social worker time to investigate the needs of the patient referred and get assistance in place prior to leaving. Circumstances may occur that prevent such notice and will be handled on a case-by-case basis.

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III. SCOPE OF SERVICES THAT CAN BE PROVIDED IN PREPARATION FOR TRANSITION TO THE COMMUNITY

- A. Assistance with obtaining Social Security benefits
- B. Assistance with obtaining Medicaid benefits
- C. Assistance with appropriate living arrangements
- D. Assistance with follow-up medication management
- E. Assistance with follow-up mental health appointments
- F. Assistance with follow-up substance use treatment
- G. Assistance with obtaining identification documents
- H. Assistance with medical follow-up appointments
- I. Assist with medical/health care power of attorney process
- J. Assistance with Information about clothing resources
- K. Assistance with food resources, including Supplemental Nutrition Assistance Program (SNAP)
- L. Assistance with resource and support services information
- M. Assistance with veterans' assistance
- N. Assistance with information about work assistance resources
- O. Assistance with information about education resources
- P. Assistance with other services as identified

IV. DOCUMENTATION

Documentation of social work services will be maintained electronically on NICAAMS on the EHR Dashboard.

- A. Direct and collateral contacts will be noted and entered into NICAAMS at the earliest opportunity but no later than fourteen days from the date the contact took place.
- B. Releases of information will be obtained to document the patient's consent to obtain or share information with outside entities and the releases will be scanned into NICAAMS.
- C. Other documents, such as a referral and/or discharge summary, will be uploaded and stored electronically in NICAAMS.

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D. Patients who are recommended for social work services but decline to accept will be asked to complete *NDCS Behavioral Health Services and Programming Accept/Decline Form* (Attachment B). The original of the completed form will be given to the patient and a copy will be uploaded on to NiCaMS. (ACI-5E-07)

E. No records with identifying information will be taken off-site except for between facilities as necessary for the provision of services in facilities that are not where the social worker maintains their primary office. Reasonable efforts will be made to minimize the need to take any records outside of any facility. Any paper documentation will be securely stored.

V. SUICIDE PREVENTION/INTERVENTION

A. Any social worker who has concerns about a patient being suicidal or homicidal will notify a mental health team member.

B. Any concerns about suicidal or homicidal behaviors and the steps taken to address these concerns will be documented.

VI. NOTIFICATION

The social worker will notify the patient that discharge plans and needs will be shared with relevant facility team members and community partners such as reentry, parole, and probation.

REFERENCES

I. STATUTORY REFERENCE AND OTHER AUTHORITY – None noted

II. NDCS POLICIES – None noted

III. ATTACHMENTS

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IV. AMERICAN CORRECTIONAL ASSOCIATION STANDARDS (ACA)

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