



## **Drug Overdose Prevention: Linkages of Care Exploring Ways Individuals are Mandated to Substance Abuse Treatment in Nebraska**

by Samantha Kaase MSW/MPA student and Jessica Groeneweg, LICSW  
with Jeanette Harder, Ph.D.

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### **Purpose**

The purpose of this project was to gain a deeper understanding on how individuals become mandated to participate substance abuse treatment, who mandates the treatment, and what type of treatment individuals are mandated to attend in the state of Nebraska. This was done by reviewing professional literature on how individuals access substance abuse treatment and criminal justice systems. This was also done by identifying secondary data sources related to substance abuse treatment and conducting informal interviews on mandated substance abuse treatment in Nebraska.

### **Literature Review**

**Melanie, F., Hazen, K., Jamie, B., Cole-Mossman, J., Heideman, R., & Eve, B. (2020). Mandatory, fast, and fair: Case outcomes and procedural justice in a family drug court.**

The University of Nebraska Lincoln (UNL) conducted a program evaluation of the Family Treatment Drug Court (FTDC) in Lancaster County, Nebraska. It is a mandatory dependency court for families that have allegations of child neglect or abuse, with relation to substance use. They used a quasi-experimental design that compared FTDC parents to traditional dependency court parents (the control group). They also administered surveys to each group to understand parents' perceptions of procedural justice in the court process.

They found that the FTDC families were overall more compliant with court orders than the control group families. They also found that FTDC families believed the court process was fairer and participated more in court-ordered services. The FTDC parents were reunified with their children more often than the parents in the control group.

**Marshall, G. N., & Yih-Ing Hser. (2002). Characteristics of criminal justice and noncriminal justice clients receiving treatment for substance abuse.**

Three groups of individuals receiving substance use treatment were studied. The groups included individuals mandated to treatment from the criminal justice (CJ) system, individuals with CJ contact (parole, probation) but not mandated, and individuals with no current CJ involvement.

The study found that individuals in the two nonmandated treatment groups were more likely to have received treatment in the last year than individuals who were mandated.

There were differences among types of drugs used: crack cocaine was more likely to be used by individuals with CJ contact versus CJ mandated group. Amphetamines were more likely to be used by CJ mandated group. All groups had reported past CJ involvement. The mandated treatment group scored lower than the two other groups in problem recognition, desire for help, and treatment readiness. The two nonmandated groups did not differ much from each other in these categories. CJ mandated clients were also less likely to have high expectations for therapy, treatment satisfaction, and treatment confidence than the nonmandated clients.

**Contrino, K. M., Nochajski, T., Farrell, M. G., & Logsdon, E. (2016). Factors of success: Drug court graduate exit interviews**

This study reviewed interviews from 600 graduates from drug court. Clients in drug court reported the opportunity to reduce or drop their criminal charge, avoid jail, obtain assistance/treatment, and rebuild relations with their family as very important in their decision to enter drug court.

Clients rated support from their family, positive incentives from the judge, and quality of treatment as very important for them to stay and complete drug court. Factors such as urine/breath testing were the highest factors rated as not important. Clients indicated that positive reinforcement was more motivating for them to complete the program over the threat of going to jail/negative reinforcement.

**Young, D., Fluellen, R., & Belenko, S. (2004). Criminal recidivism in three models of mandatory drug treatment.**

This study compares criminal recidivism rates for 350 individuals who were mandated to treatment from three legal sources. The first group was individuals involved in a program titled "Treatment Alternatives to Street Crime" (TASC). Individuals participating in this program were typically involved in probation or parole and were mandated to treatment by the courts. The second group of individuals in the study were a part of the program "Drug Treatment Alternative to Prison" (DTAP). This program was for individuals who were repeat non-violent offenders. They could complete treatment in lieu of a prison sentence. The third group, known as the comparison group, were individuals who were on probation or parole being charged with a new crime or a technical violation (positive drug screen) and were now mandated to treatment.

The study found that recidivism rates were highest for the comparison group. There was no difference between the DTAP and TASC group. Very few participants were re-arrested between 3 months to 1 year in the TASC group. DTAP arrests happened sooner, typically around 6 months after admission. At 3 years post-admission, the comparison group had a re-arrest rate of about 25% higher than the DTAP and TASC group.

## Secondary Data Sources

**Elflein, J. (2019). Topic: Substance abuse treatment and rehabilitation in the U.S.**

As of 2019, there were 15,961 treatment facilities in the United States. Most centers were private non-profit or for-profit. 90% of treatment centers accepted cash/self-pay, 73% accepted private health insurance, while 68% accepted Medicaid and 49% accepted state-financed health insurance. Most centers were outpatient treatment (82%) while short-term residential (30 days or less) accounted for only 15%. In 2019, 1.46 million individuals attended substance use treatment.

## Methodology

Nebraska DHHS contracted with STEPs to explore mandated substance abuse treatment in Nebraska by conducting informal interviews with professionals who work in probation, substance abuse treatment, law enforcement, the court system (attorneys, public defenders, etc.), peer support, or Child Protective Services (CPS).

STEPs created questions for the qualitative interviews in collaboration with DHHS (see Appendix A). The interviews aimed to address the following questions:

1. Who mandates substance abuse treatment in the state of Nebraska?
2. How do individuals get mandated to substance abuse treatment in the state of Nebraska?

The findings from these interviews were used to create a flow chart on how individuals are mandated to treatment and who can mandate individuals to treatment, highlighting the various paths to treatment.

STEPs worked with DHHS to identify specific professions to include in the interviews. These professions included probation, substance abuse treatment, law enforcement, the court system (attorneys, public defenders, etc.), peer support, and Child Protective Services (CPS). STEPs emailed professionals from these groups in the Omaha Metro and Lincoln areas.

STEPs conducted these interviews via Zoom and took notes during them (the interviews were not recorded). The interviews lasted for an average of 10 to 15 minutes. STEPs completed nine interviews. The information shared in these interviews were used to find themes and create a flow chart on how individuals get mandated to substance abuse treatment and who mandates the treatment.

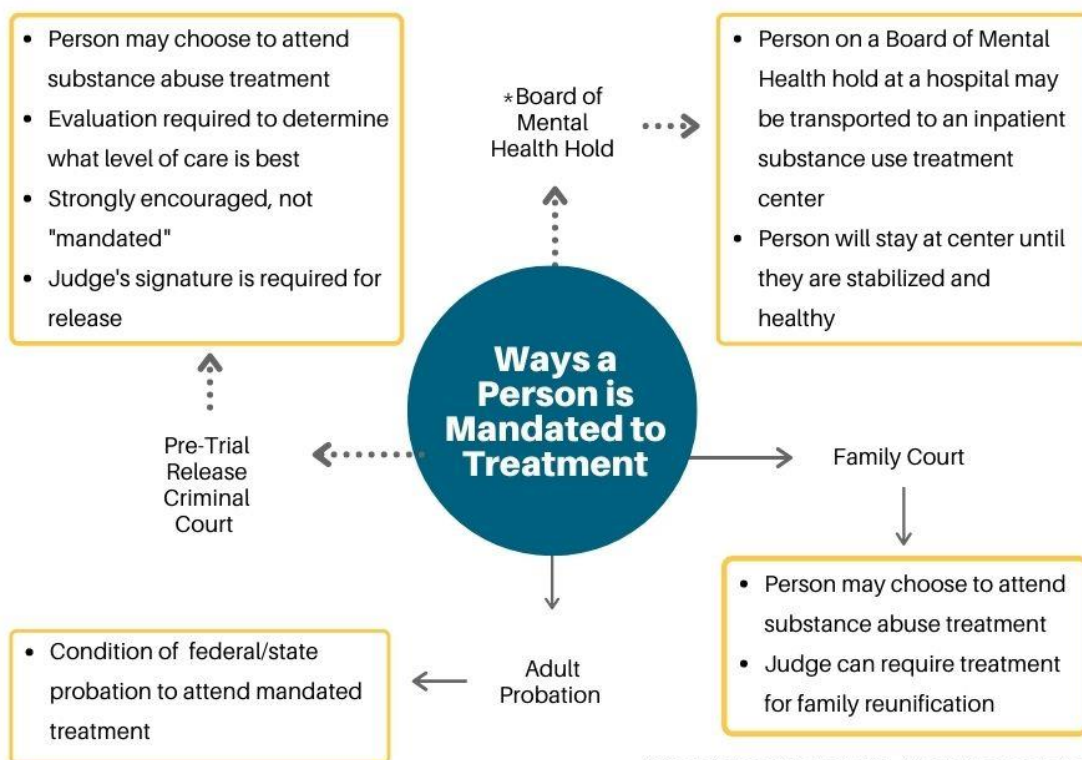
## Findings

Through the interviews, STEPs discovered that individuals are mandated to treatment in Nebraska through four routes.

1. Family court. Treatment can be required by the judge in order for family reunification to happen.
2. State and federal adult probation.

3. Pre-trial release in criminal court. An evaluation of the individual who is incarcerated is conducted to see what level of treatment is best. This treatment is typically strongly encouraged by the judge.
4. A Board of Mental Health hold. This happens when an individual is transported from a hospital to an inpatient treatment center where they stay until stabilized. Although possible in statute, Nebraska does not currently have locked substance use disorder treatment centers. As a result, the statute is not used by county attorneys to mandate substance use disorder treatment

These findings reveal that mandated substance abuse treatment in Nebraska is layered and somewhat complicated. There are multiple paths to the same result. This may cause confusion within referral networks, making it more difficult to determine the “best” path for a person to get the help they may need. Addressing a public health concern of substance abuse will take continued efforts in understanding both the substance abuse and criminal justice systems.



\*Although possible in statute, Nebraska does not currently have locked substance use disorder treatment centers. As a result, the statute is not used by county attorneys to mandate substance use disorder treatment.

## Limitations

1. Literature or secondary data sources on the statistics of mandated treatment in Nebraska is lacking.
2. Limited number of interviews were conducted.
3. Interviewees were only from Omaha and Lincoln.

## Recommendations

1. Conduct further research to better understand what the process of mandating entails for the entire state of Nebraska, expanding to rural communities.
2. Conduct further research on the Board of Mental Health process, as this is complicated and difficult to navigate.
3. Integrate and compare findings with current quantitative data on how individuals are referred or mandated to substance abuse treatment.
4. Conduct further research to gain a comprehensive understanding on the various levels of substance abuse treatment in Nebraska.
5. Investigate barriers to treatment with the hopes of increasing awareness and understanding of what can be improved within the systems and how to address a public health concern.

## References

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## Appendix A Interview Questions

### Probation

1. What does “mandated substance abuse treatment” mean to you?
2. Do you mandate clients to treatment? If so, where? (specific programs or agencies?)
3. To your knowledge, who mandates treatment in NE?
4. Do your clients participate in any pretrial or pre-arrest diversion programs?

### Providers of treatment–IOP/inpatient

1. What does “mandated substance abuse treatment” mean to you?
2. Do you have clients that are mandated to attend treatment?
3. To your knowledge, who mandates treatment in NE?
4. Do you track how many individuals are mandated to treatment?

### Law enforcement

1. What does “mandated substance abuse treatment” mean to you?
2. Do you ever mandate anyone to treatment?
3. Are you able to refer individuals to treatment?
4. If you do mandate or refer individuals to substance abuse treatment, where do you recommend?
5. To your knowledge, who mandates treatment in NE?
6. Do you have any type of diversion (pretrial or pre-arrest) program?
7. Is the 90-day stabilization period part of the crisis response mandatory?

### Attorneys, prosecutor/defense/court staff

1. What does “mandated substance abuse treatment” mean to you?
2. Do you have clients that are mandated to treatment? If so, where? (specific programs or agencies?)
3. To your knowledge, who mandates treatment in NE?
4. How does the court mandate individuals to treatment?
5. Are individuals mandated to treatment as part of a sentence?
6. Do your clients participate in any pretrial or pre-arrest diversion programs?

### Peer support specialists

1. What does “mandated substance abuse treatment” mean to you?
2. Do you have clients who are mandated to substance abuse treatment? If so, where? (specific programs or agencies?)
3. To your knowledge, who mandates treatment in NE?

CPS workers

1. What does “mandated substance abuse treatment” mean to you?
2. Do you have clients who are mandated to substance abuse treatment? If so, where? (specific programs or agencies?)
3. To your knowledge, who mandates treatment in NE?
4. Do your clients participate in any pretrial or pre-arrest diversion programs