Substance Use Treatment Services

Division of Child and Family Services (DCFS)
Juvenile Justice Services (JJS)
Statewide Policy

POLICY NUMBER:	DCFS/JJS 400.08
EFFECTIVE DATE:	February 15, 2023
APPROVED BY: **DATE:**	Sharon Anderson, Deputy Administrator – DCFS  02/02/2023
SUPERSEDES:	DCFS/JJS 400.08 Substance Use Services effective July 19, 2021
APPROVED BY: **DATE:**	Dr. Cindy Pitlock, Administrator – DCFS  02/08/2023
REFERENCES:	NRS 458.025, NRS 458.055, NRS 641C.130; 42 C. F.R. Part 2, 45 C.F.R. Parts 160, 162 & 164; NAC 458.163 1-2, NAC 458.262, NAC 458.272, 5-7, NAC 458.153; NIH (National Institute of Health) National Library of Medicine; ASAM (American Society of Addiction Medicine); SAPTA (Substance Use Prevention & Treatment Agency); Treatment Episode Data Sheet (TEDS) DCFS/JJS (400.09)
ATTACHMENTS:	None

I. SUMMARY

Youth committed to the Division of Child and Family (DCFS) Juvenile Justice Services who are diagnosed with a substance use disorder (SUD) will receive treatment services based on industry standards of care without bias and discriminatory judgement.

II. PURPOSE

To ensure identified youth admitted to DCFS Juvenile Justice Services receive an appropriate substance use disorder screening and evaluation to determine the youth needs for substance use treatment services. Treatment modalities are based on standards of practice and are provided by a credentialed substance use counselor or a licensed marriage and family therapist, licensed clinical social worker, or certified professional counselor, or state interns with the above credentials with training in substance use disorders. DCFS is committed to continuous program evaluation for treatment effectiveness.

III. DEFINITIONS

As used in this document, the following definitions shall apply:

A. American Society Addiction Medicine (ASAM): The Nation's leading addiction medicine society representing physicians, clinicians, and other professionals. It is a comprehensive guideline for level of care placement for individuals seeking substance use treatment services. ASAM is commonly referred to as, "ASAM Criteria."

B. ASAM Criteria: The substance use industry standard in assessment and treatment of addiction. Individuals' needs are assessed through each of the six dimensions of ASAM Criteria:
   1. Acute Intoxication and/or Withdrawal Potential
   2. Biomedical Conditions and Complications
   3. Emotional, Behavioral or Cognitive Conditions and Complications
   4. Readiness to Change
   5. Relapse, Continued Use or Continued Problem Potential
   6. Recovery and Living Environment

C. Biopsychosocial Assessment: A detailed clinical inventory of the type, amount, frequency, length of time and consequences of the youth's substance usage. Includes medical and psychiatric history, assessing for co-occurring psychiatric disorders.

D. Case Management: A service supporting a youth's treatment engagement and retention in any treatment setting. The case manager coordinates and links youth and families to the appropriate services to address their specific needs to achieve their stated goals.

E. Clinical Supervisor: An assigned clinician who oversees the clinical functions of substance use disorder (SUD) programming and staff. Has a legal and ethical responsibility to ensure quality care to youth. Supports the professional development of counselors, and updates program policies and procedures.

F. Cognitive Behavioral Therapy (CBT): A psychosocial intervention most widely used for treating mental health disorders. CBT focus is on the development of personal coping strategies which target solving current problems and changing unhelpful patterns in cognitions (e.g., thoughts, beliefs, and attitudes), behaviors, and emotional regulation.

G. Confidentiality: Refers to "the principle of keeping secure and secret from others, information given by or about an individual in the course of a professional relationship," and it is the right of every patient, even after death. Access to youth information, either verbal or written clinical records, is regulated by Title 42 Code of Federal Regulations (42 CFR), Part 2: *"Confidentiality of Alcohol and Drug Use Patient Records."*

H. Data Assessment Plan (DAP) Progress Notes: Progress notes used by mental health and substance use professionals as a guide for organizing relevant information from a psychotherapy session.

I. Diagnostic and Statistical Manual of Mental Disorders (DSM-5): A clinical manual used by clinicians to diagnose and classify mental disorders, with criteria to facilitate an objective assessment of symptoms presented by an individual in a variety of clinical settings.

J. Documentation: A means of organizing and evaluating clinical work by demonstrating services being delivered are effective and efficient.

K. Psychoeducational Groups: A distinctive type of group which focuses on educating the youth about a specific topic related to the impact of drugs and alcohol usage.

L. Psychoactive Substance: Chemical affecting the central nervous system, which alter the user's thoughts, mood, and behaviors.

M. Medical/Disease Model of Addiction: Describes a chemical addiction as a disease with biological, neurological, genetic, and environmental sources of origin.

N. Substance Use Disorder (SUD): A mental and physical disorder affecting a person's brain and behavior, leading to a person's inability to control the use of substance despite consequences. SUD is treatable; left untreated can lead to premature death,

O. SUD Screening Tool: Designed to determine if a substance use disorder exists which warrants a more thorough assessment.

P. SUD Assessment Tool: A process for defining the nature of the symptoms, determining a preliminary diagnosis, and developing specific treatment recommendations.

Q. Treatment Episode Data Set (TEDS): A monthly compilation of client-level data for SUD treatment admissions and discharges from state agency data systems; submitted to Substance Abuse Prevention and Treatment Agency (SAPTA).

IV. PROCEDURES

A. Screening or assessment tools shall be administrated by a substance use counselor during the first session if possible. All tools should be evidence-based, reliable and validated, and appropriate to determine the need for substance use disorder treatment.

1. Youth will participate in substance use disorder (SUD) treatment based on ASAM criteria, clinical biopsychosocial assessment, DSM-5 diagnosis, and other assessment outcomes.

2. Group therapy shall be limited to no more than 15 youth at a time (NAC 458.262; NRS 458.025).

3. All youth and staff shall abide by State and Federal laws of confidentiality (42 C. F.R. Part 2, 45 C.F.R. Parts 160, 162 & 164, NRS 458.055, NAC 458.163 1-2).

    a. Youth will be required to sign a group confidentiality statement upon participation in the first group.

4. Those youth who exhibit signs of SUD or have a history of psychoactive substance usage shall be referred for substance use specific treatment, such as relapse prevention.

    a. Upon referral, the SUD counselor, or a licensed therapist as defined in NRS 641C.130 shall complete a biopsychosocial assessment and determine the appropriate level of treatment based on the DSM-5 and/or American Society Addiction Medicine (ASAM) (NAC 458.241,3.: NRS 458.025, 458.055).

5. All treatment plans shall be individualized and consist of short and long terms goals, including measurable objectives related to symptoms of SUD.

    a. Youth have the right to refuse any part of their treatment plan without penalty.

    b. Youth shall participate in the development of the treatment plan. Whenever possible, the substance use counselor shall seek input from the youth's family or caretaker.

    c. Youth shall sign the agreed upon treatment plan goals and objectives and be provided a copy of the treatment plan.

    d. All treatment plans shall be reviewed and updated by the substance use counselor every 30 days to assess progress towards completion of goals and objectives.

6. If a youth has a co-occurring disorder, the substance use counselor and mental health counselors shall collaborate at least weekly to share clinical information related to the youth's treatment process.

7. Youth shall have access to their clinical records upon a written request to the substance use counselor (42 C. F.R. Part 2, 45 C.F.R. Parts 160, 162 & 164, NAC 458.272, 5-7, NRS 458.025, 458.055).

8. Each DCFS/JJS program shall develop their own standard of procedure (SOP) for their SUD treatment program. The deputy administrator or designee shall ensure the SOP does not conflict with this policy.

B. Treatment Modalities

1. Treatment modalities shall include, but are not limited to:

    a. Motivational Interviewing
    b. Solution-Focus therapy
    c. Multisystemic therapy
    d. Cognitive Behavioral Therapy (CBT)
    e. Narrative therapy
    f. Disease model
    g. Person-Centered
    h. Family Systems

2. The SUD program shall recognize cultural, ethnic, and racial differences and acknowledge not all treatment interventions will result in the same outcomes as they would with the general population.

3. All SUD treatment services shall consider the racial, ethnic, sexual orientation, and gender identity of each youth and create an environment conducive to the youth's background.

4. The substance use counselor shall identify youth with a coexisting or co-occurring diagnosis and provide the most effective treatment.

5. The SUD program shall recognize the challenges lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth encounter and modify services in the best interest of the youth based on best practice.

    a. LGBTQ youth shall not be segregated from any SUD groups.

6. The substance use counselor shall ensure LGBTQ youth are not subjected to harassment or hostility from heterosexual group members.

C. Treatment Physical Environment:

1. Group therapy room(s) shall have adequate and comfortable chairs free from damage.
2. Appropriate lighting shall be provided.
3. Group therapy room(s) shall provide complete privacy.

    a. Individuals outside of the group room shall not be able to see or hear the group session (NRS 458.025, 458.005).

V. DOCUMENTATION REQUIREMENTS

A. The facility substance use counselor or mental health counselor (MHC) is required to ensure all assessments, treatment plans, and group and individual notes are documented in youth files no more than five business days from the time of service.

1. The substance use counselor will document clinical notes, treatment plan, treatment plan updates, and other documents in Avatar™.

    a. The agency shall ensure a backup system is in place in the event of a failure of the primary computer system.

    b. Adequate provisions shall be taken to prevent unauthorized access or theft of any kind.

2. All clinical records shall be stored in the secure electronic system, Avatar™, and remain confidential.

3. Paper records shall be stored separately from all other program information in a locked cabinet.

4. Progress notes shall be written in DAP format.

VI. TERMINATION OF SUBSTANCE USE SERVICES

A. The facility substance use counselor or (MHC in collaboration with the contracted SUD provider will determine when a youth has completed treatment based on discharge criteria, including but not limited to:

1. Successful Completion
2. Against Medical Advice (AMA)
3. Therapeutic discharge from group and will receive treatment in individual sessions with SUD counselor (i.e., non-compliance with group program rules)
4. Medical discharge (i.e., physical or mental condition preventing participation)

B. The substance use counselor or MHC will complete a discharge summary within fourteen business days of discharge and file the summary in the youth's substance use treatment electronic file or paper file.

C. The substance use counselor or MHC will develop an aftercare plan with the youth and include family members, when possible, at least two weeks prior to the youth's projected release date. This plan shall include community recovery support systems.

1. The substance use counselor or MHC shall provide any outside agency or person with a copy of the aftercare plan only with the written consent of the youth and legal guardian.

2. The youth shall receive a copy of their aftercare care plan prior to release from the facility.

D. Retention of the youth's SUD records shall be no less than six years (NAC 458.272, 5-7, NRS 458.025, 458.055).

1. The agency shall destroy the records as required by federal regulation.

VII. QUALITY ASSURANCE AND IMPROVEMENT

A. The purpose of program evaluation is to ensure the delivery of treatment services are structured in a way which is most effective and is producing positive outcomes (NAC 458.153, NRS 458.025).

B. Program evaluation also provides data to the agency which reveals program deficiencies needing to be revised to improve services.

1. After each program review, a chosen qualified reviewer will conduct follow up evaluations to ensure the delivery of treatment services are efficient and effective.

2. The chosen reviewer will have expertise in SUD and oversight experience.

C. DCFS substance use programs will conduct an internal quarterly review to evaluate program efficiency.

1. DCFS shall only assign assessor(s) to these quality assurance tasks who have a substance use counselor credential; SUD work experience not less than three years; and training in interviewing, data collection, and chart review.

a. All assessor(s) shall be knowledgeable in the nature and critical components of substance use treatment standards.

D. The quality assurance system will include, but is not limited to, the following evaluations:

1. Treatment process (e.g., Biopsychosocial Assessment, treatment plans and updates, progress notes)
2. Screening criteria
3. Treatment documentation; completed in the appropriate time limits
4. Confidentiality; HIPAA compliance
5. Code of ethical standards followed
6. Continuing education in the field of substance use disorders with youth

7. Cultural awareness
8. Client and family surveys
9. Client face-to-face contact; number of sessions
10. Client case management
11. Clinical supervision conducted by a credentialed SUD supervisor for CADC interns
12. Certifications; licensing renewal
13. Policies and procedures implemented
14. Review of programming strengths, barriers, challenges, and deficiencies
15. Staff training patterns

E. Program evaluation will conclude with the following, but is not limited to:

1. Diagnosing the program's strengths and challenges
2. Formulating an action plan for improving areas of challenges
3. Providing training and cost-effective resources to staff
4. Follow up evaluation to ensure the delivery of treatment services are efficient and effective
5. Any discovery of ethical concerns
6. A review summary report emailed to the program's deputy administrator, supervisors, and management team:

    a. The review team leader shall schedule a face-to-face meeting with the facility manger, supervisor, and SUD counselors to discuss the final summary report.

F. The clinical supervisor of each SUD program shall submit a monthly Treatment Episode Data Sheet (TEDS) report to SAPTA (DCFS/JJS 400.09).

1. The report shall include, but is not limited to, monthly admissions, types of discharge, and types of primary substance use.

VIII. STANDARD OPERATING PROCEDURES

A. Each facility shall create standard operating procedures consistent with this policy, to include:

1. Development and ongoing evaluation of the facility SUD treatment program.

    a. Screening and assessment tools to be used.
    b. Process for referring and discharging youth for SUD programming.
    c. Process for treatment plan development and monthly review.
    d. Process for youth to request a copy of their clinical record.
    e. Documentation standards.

B. This policy shall be reviewed every two years or sooner if deemed necessary.