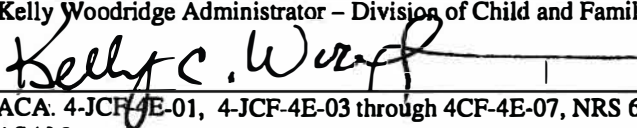


SUBSTANCE ABUSE PROGRAMS

DIVISION OF CHILD AND FAMILY SERVICES Juvenile Justice Services STATEWIDE INSTITUTIONAL POLICY	
SUBJECT:	Substance Abuse Programs
POLICY NUMBER:	DCFS/JJ 400.08
EFFECTIVE DATE:	1/15/2017
APPROVED BY:	Ross Armstrong Deputy Administrator – Juvenile Justice Services
DATE:	12/22/16
SUPERSEDES:	None
APPROVED BY:	Kelly Woodridge Administrator – Division of Child and Family Services
DATE:	
REFERENCES:	ACA: 4-JCF-4E-01, 4-JCF-4E-03 through 4CF-4E-07, NRS 629.051, NRS 641C, ASAM
ATTACHMENTS:	System of Care Values and Principles

I. SUMMARY

The Division of Child and Family Services Juvenile Justice will assure that quality substance abuse services are available to youth that are diagnosed with a substance abuse disorder based on the DSM-5. Modality of programs include but are not limited to; cognitive-behavioral therapy, medical model and psychoeducational.

II. DEFINITIONS

American Society Addiction Medicine (ASAM) - is the Nation's leading addiction medicine society representing physicians, clinicians and other professionals

Biopsychosocial Assessment - a series of questions asked to an individual at the beginning of a treatment program to obtain information about the major physical, psychological and social issues of the individual.

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.

Chemical Dependence – a preoccupation with the acquisition of alcohol and other drugs, by compulsive use of alcohol and other drugs, by pattern of relapse over time, and by the inability to refrain from using or stopping once the first drink or drug has been taken.

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Cognitive-Behavioral Therapy (CBT) – is a short-term, goal-oriented psychotherapy treatment that is a practical approach to problem-solving, and to change patterns of thinking or behavior that are destructive.

MAYSI-2-Massachusetts Youth Screening Instrument, Second Version - A standardized reliable, 52-item, true/false method for screening youth ages 12-17 entering the juvenile justice system, in order to identify potential mental health problems in need of immediate attention. This is a triage tool used to make decisions about the possible need for intervention (e.g. within 24-48 hours after admission to a secure facility) when little or other information about a youth is available. It does not take the place of more comprehensive assessments that are needed for decision making about long-range placement or treatment.

Psychoeducational groups - is a specific type of group therapy that focuses on educating the youth about their disorders and ways of coping.

Psychoactive substance – Chemical that affects the central nervous system, which alter the user's thoughts, moods, and behaviors.

Medical/disease model of addiction – describes an addiction as a disease with biological, neurological, genetic, and environmental sources of origin

III. SUBSTANCE ABUSE SCREENINGS AND ASSESSMENTS

- A. Youth will be screened for substance usage to identify any substance abuse disorders within the first 7 days of arriving to the facility by a mental health professional using a standardized assessment tool.
- B. A diagnostic needs assessment will be administered to a youth if substance usage is identified as a problem from the initial screening and from previous assessments reports. A comprehensive evaluation will determine the extent of use, abuse and dependency and the appropriate referral will be made by the assessor.
- C. When possible the youth's parents/guardian will be contacted to provide additional clinical information about the youth's substance usages
- D. The youth will be assessed throughout their enrollment in any level of substance abuse programming to determine their progress.
- E. A post-release assessment will be conducted to determine the appropriate level of substance abuse service that is recommended upon reentry to the community.

IV. TREATMENT PLANNING

- A. An individualized treatment plan will be developed for the youth. The youth must be a part of the treatment plan development. The family shall be involved if appropriate and in the event of a youth over the age of eighteen upon the youth's consent.
- B. The treatment plan will consist of short and long terms goals and measurable objectives that relate to the youth's substance usage.
- C. The treatment plan will be reviewed and updated every 30 days and documented in the UNITY case note window.

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- D. The youth shall review and sign their treatment plan. The parents/guardian shall be provided a copy of the treatment plan if appropriate and in the event of a youth over the age of eighteen upon the youth's consent.
- E. The clinical supervisor shall review treatments at least 2 times during the youth's treatment program.

V. TREATMENT STRATEGIES

- A. Treatment interventions shall be implemented to address a variety of problems and solutions based on the identified problems, goals and objectives.
- B. Treatment interventions should rely on industry best practice and evidence-based procedures including positive reinforcement, behavioral monitoring, behavioral shaping, and abstinence from all mind-mood altering chemicals, family involvement and recovering support groups.
- C. Structured individual sessions, group counseling and psychoeducation shall be facilitated by a qualified mental health or substance abuse counselor professional that is certified by the Nevada Board of Examiners per NRS 641C.
- D. Mental Health Counselors will coordinate with the youth parole counselor and community agencies for pre-release substance abuse aftercare plans.
- E. The substance abuse counselor or credentialed therapist will develop a discharge plan with the identified counselor at least 30 days prior to release date.
- F. Treatment planning shall recognize cultural differences i.e. gender, gender identity, race, ethnicity, religion, sexual orientation, nationality and disabilities.
- G. All substance abuse services shall be developed based on a therapeutic philosophy context. This includes but is not limited to: skill building, group, individual, family counseling, restorative, reduced recidivism, academic, recreational, and relapse prevention.
- H. Youth parole counselors will refer youth to programs that are based on a therapeutic philosophy.

VI. DOCUMENTATION

- A. All qualified professional counselors or therapists, whether Division employee or contractor are required to maintain a clinical chart on youth that are receiving treatment for a substance abuse disorder.
- B. The health care records must be retained for at least 5 years after the youth's 18th birthday.
- C. All clinical records shall be stored in a locked filing cabinet and remain confidential.
- D. Any clinical records shall not be released without the written consent of the parent or legal guardian. For youth who have reached 18, a signed release by the youth for confidential information is sufficient.

VI. PROCEDURES

- A. Each facility shall adopt Standard Operating Procedures consistent with this policy.