

Substance Use Services

	DIVISION OF CHILD AND FAMILY SERVICES Juvenile Justice Services STATEWIDE POLICY
SUBJECT:	Substance Use Services
POLICY NUMBER:	DCFS/JJS 400.08
EFFECTIVE DATE:	July 19, 2021
APPROVED BY:	Kathryn Roose, Deputy Administrator – Division of Child and Family Services
DATE:	July 9, 2021
SUPERSEDES:	DCFS/JJS 400.08 effective January 15, 2017
APPROVED BY:	Ross Armstrong, Administrator – Division of Child and Family Services
DATE:	July 9, 2021
REFERENCES:	NRS 641C; Youth Level of Service/Case Management Inventory (DCFS/JJS 500.17); Screening and Evaluation (DCFS/JJS 500.18); Case Plan (DCFS/JJS 500.20)
ATTACHMENTS:	None

I. SUMMARY

The Division of Child and Family Services (DCFS) shall provide substance use services to youth identified as having substance use treatment needs, while they are in a state facility or under the supervision of the Youth Parole Bureau.

II. PURPOSE

Youth with substance use treatment needs shall receive substance use services in a state facility or while under the supervision of the Youth Parole Bureau.

III. DEFINITIONS

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

- A. Adolescent Substance Abuse Subtle Screening Inventory (SASSI): A behavioral health screening tool to assess an adolescent’s probability of having a substance use disorder (SUD). It is a standardized empirically validated screening instrument for youth aged twelve to eighteen. The tool consists of sixty-seven true or false questions and twenty-six questions rated on a four-point scale, relating to alcohol and other substance use.
- B. Clinical Supervisor: A DCFS staff who directly supervises mental health counselors and makes clinical decisions. Also referred to collectively as mental health staff.
- C. Massachusetts Youth Screening Instrument Version 2 (MAYSI-2): A behavioral health screening tool to assess immediate needs of youth in a secure setting. The MAYSI-2 is a standardized reliable, 52-question true or false method for screening youths aged 12 to 17

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entering the juvenile justice system, to identify potential behavioral health problems in need of immediate attention. The MAYSI-2 is a validated mental health screening tool approved for statewide use by the Juvenile Justice Oversight Commission (JJOC) pursuant to NRS 62B.625.

- D. Mental Health Counselor: A DCFS staff authorized to deliver mental health services. Also referred to collectively as mental health staff.
- E. myAvatar: The collection of interdisciplinary data relating to a child's/youth's treatment and the Health Insurance Portability and Accountability Act (HIPAA) electronic billing information management system which supports the mental health services provided by DCFS programs.
- F. Tyler Supervision: The web-based case management software system utilized by DCFS.
- G. Urinalysis (U/A): A five-panel instant test used by DCFS to determine the presence of substances in a youth's urine.
- H. Youth Level of Service/Case Management Inventory 2.0 (YLS/CMI): An evidence-based strength-based, gender informed, risk/needs tool which reliably and accurately classifies and predicts reoffending within male and female youth populations. This inventory draws from interviews, official reports, and other collateral information to produce a detailed evaluation of the risk and need factors of youth. The results provide a linkage between risk/need factors and the development of a personalized Case Plan. Refer to Case Plan (DCFS/JJS 500.17).

IV. FACILITY PROCEDURES

- A. Not all youth entering a facility will require substance use services.
- B. All youth committed to DCFS shall have a current YLS/CMI which identifies youth with substance use needs.
- C. A Mental Health Counselor or trained facility staff member shall complete the MAYSI-2 on all newly admitted youth within four hours of a youth's arrival. Refer to Screening and Evaluation (DCFS/JJS 500.18).
 - 1. In rare instances when a MAYSI-2 cannot be completed as required, the reason shall be documented in the Notes section of the MAYSI-2 assessment and the MAYSI-2 shall be completed as soon as possible.
- D. When a youth scores *a warning* on the *Alcohol/Drug Abuse* scale of the MAYSI-2, they shall receive a MAYSI-2 Second Screening – Alcohol/Drug Abuse for additional information on alcohol or substance use. The second screening shall be administered immediately (per The National Youth Screening & Assessment Project of the University of Massachusetts Medical School).
- E. The combination of the YLS/CMI, the MAYSI-2, and the MAYSI-2 Second Screening – Alcohol/Drug Abuse shall identify youth who require substance use services.
- F. Youth identified as needing substance use services shall be referred to a facility Mental Health Counselor with the ability to provide required services or a community substance use provider, and those services shall be identified on the youth's Case Plan in Tyler Supervision. Refer to

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Case Plan (DCFS/JJS 500.20).

- G. A Mental Health Counselor shall conduct a SASSI to determine the level of substance use services a youth shall receive while in a facility.
- H. A Mental Health Counselor shall refer the youth for substance use services and identify the level of services needed.
- I. Substance use services are generally court ordered as a condition of release; however, a youth may refuse services; in this case, the Mental Health Counselor shall document the refusal in Tyler Supervision and no referral will be made.
 - 1. Documentation of referral and refusal shall occur as a Program Enrollment of referred program and the Current Status listed as Participant Refused with date youth refused.
 - 2. The Mental Health Counselor shall follow up with the youth every 30-45 days to inquire if the youth has changed their mind and would like to participate in substance use services while in the facility.
 - a. Documentation of refusal shall occur as an updated Current Status of Participant Refused with date youth refused.
 - 3. If the youth does change their mind, a referral for service will be made.
- J. A facility may have state substance use staff or contracted substance use services provided within the facility.
- K. A Clinical Supervisor shall review services every 90 days during a youth's stay within a facility.

V. TREATMENT SERVICES

- A. Treatment interventions should rely on industry best practice and evidence-based processes including positive reinforcement, behavioral monitoring, behavioral shaping, and abstinence from all mind-mood altering chemicals, family involvement, and recovering support groups.
- B. Structured individual sessions, group counseling, and psychoeducation shall be facilitated by a qualified mental health or substance use professional who is certified by the Nevada Board of Examiners per NRS 641C.
- C. Mental Health Counselors shall coordinate with a youth's parole counselor and community agencies for pre-release substance use follow up services.
- D. Follow up services shall be identified in the Discharge Plan completed at least 30 days prior to release date.
- E. All substance use services shall be developed based on a therapeutic philosophy context. This includes but is not limited to skill building; group, individual, and family counseling; restorative practices, reduced recidivism, academic, recreational, and relapse prevention and consider cultural differences (e.g., gender, gender identity, race, ethnicity, religion, sexual

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orientation, nationality, and disabilities).

VI. RELEASE PLANNING/PAROLE SUPERVISION

- A. At the youth's final CFT in the facility, the Youth Parole Counselor shall review the youth's Case Plan, Discharge Summary, and YLS/CMI for any indications of a substance use disorder.
- B. If the youth is determined to have a substance use disorder, treatment shall be included in their Conditions of Parole, which may include drug court.
 - 1. Youth Parole Counselors shall refer youth with indicators of a substance use disorder to a community provider.
- C. Youth with a history of substance use may be required to submit to urinalyses as directed by the Youth Parole Counselor.

VII. DOCUMENTATION

- A. Each completed SASSI assessment shall be uploaded to the youth's record in Tyler Supervision as a New Assessment.
- B. Substance use services shall be identified on the youth's case plan in Tyler Supervision.
- C. Individual, group, and family programming service shall be input into Tyler Supervision as separate Program Enrollments.
- D. Clinical records may be kept in myAvatar.
- E. Clinical records may not be released without the written consent of the parent or legal guardian.
 - 1. For youth aged 18, a signed release by the youth for confidential information is sufficient.

VIII. STANDARD OPERATING PROCEDURES

- A. Each facility and the Youth Parole Bureau shall adopt Standard Operating Procedures consistent with this policy, including:
 - 1. Referral process for community substance abuse services.
 - 2. Urinalysis process, and instances when this will be used.
 - 3. How to ensure compliance with training and documentation requirements.