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
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 (JIOC) 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
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
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.