

YOUTH SERVICES POLICY

Title: Substance Abuse Treatment Program	Type: B. Classification, Sentencing and Service Functions
Next Annual Review Date: 09/02/2017	Sub Type: 2. Classification
	Number: B.2.15
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References: 4-JCF-4D-02, 4-JCF-4D-03, 4-JCF-4D-04, 4-JCF-4D-05, 4-JCF-4E-01, 4-JCF-4E-02, 4-JCF-4E-03, 4-JCF-4E-04, 4-JCF-4E-05, 4-JCF-4E-06, and 4-JCF-4E-07 (Performance-based Standards for Juvenile Correctional Facilities); B.2.1 "Assignment, Reassignment, Release and Discharge of Youth", B.2.2 "Youth Classification System and Treatment Procedures", B.2.3 "Secure Care Intake", B.2.13 "Secure Care Early Release and Step Down to Non-Secure", B.2.14 "Secure Care SAVRY", B.2.18 "Reintegration Process", B.6.1 "Health Care" OJJ/CCS 4E-05, 4E-06 and 4E-07; C.4.1 "Furlough Process", and C.4.7 "Escorted Absence"; OJJ Substance Abuse Treatment Program Manual.	
STATUS: Approved	
Approved By: <i>Mary L. Livers, Deputy Secretary</i>	Date of Approval: 09/02/2015

I. AUTHORITY:

Deputy Secretary of Youth Services (YS) as contained in La. R.S. 36:405. Deviation from this policy must be approved by the Deputy Secretary.

II. PURPOSE:

To set forth uniform policy and broad procedures governing the YS secure care Substance Abuse Treatment Program.

III. APPLICABILITY:

Deputy Secretary, Assistant Secretary, Undersecretary, Chief of Operations, Deputy Assistant Secretary, Regional Directors, Facility Directors, Regional Managers, contracted healthcare provider (CHP), and all YS employees responsible for delivery of substance abuse treatment needs of youth in the custody of YS.

Facility Directors are responsible for developing written Standard Operating Procedures (SOPs) to implement this policy.

IV. DEFINITIONS:

Contracted Health Care Provider (CHP) – Contracted licensed practitioners responsible for the physical and mental well-being of the secure care youth population. Services include medical, dental, and mental health services, nursing, pharmacy, personal hygiene, dietary services, health education, and environmental conditions.

Electronic Record Management Application (ERMA) – The electronic health record utilized by Correct Care Solutions (CCS), the contracted healthcare provider at the YS secure care facilities.

Individualized Service/Reintegration Plan (ISRP) – An initial ISRP shall be developed within 48 hours of a youth's arrival to the intake unit at a secure care facility. The *initial ISRP* specifies problem areas already identified by the initial or latest SAVRY reassessment conducted by CBS. The goals, objectives, and the methods used to attain them while the youth is in secure care shall be updated during intake, including the role of the youth and staff. Development of this plan is accomplished through review of the youth's SAVRY, the youth's record, and is a collaborative effort between the intake Case Manager and the youth.

The formal ISRP is further developed by the assigned Case Manager within seven (7) working days of receipt of the contracted health care provider's Psychological Evaluation. The treatment needs are prioritized based upon a review of the youth's SAVRY dynamic risk factors rated "High", and in some cases "Moderate", the youth's record, and any additional recommendations made by the Psychological Evaluation. The formal ISRP is modified throughout the youth's stay as need areas are identified, partly based on the dynamic SAVRY risk/need factors. The *formal ISRP* also identifies follow-up services needed by the youth upon release to facilitate a successful transition and reintegration back into the community. The plan is coordinated with CBS and shall be used when completing the aftercare plan.

Qualified Mental Health Professional (QMHP) - Includes psychiatrists, psychologists, social workers, and others who, by virtue of their education, credentials, experience or with appropriate supervision, are permitted by law to evaluate and care for the mental health needs of patients.

Relapse Prevention Plan - A written plan prepared by the youth's OJJ Social Service Counselor (SSC) or the contracted healthcare treatment provider, which provides coping mechanisms for the youth to overcome the stressors or triggers in their environments related to alcoholism and drug addiction that may cause relapse.

Substance Abuse Treatment Plan - The case plan section of the Individualized Service/Reintegration Plan (ISRP) which addresses substance abuse treatment needs as a result of the contracted healthcare provider's "Psychological Evaluation" and the "SAVRY".

Training Records Entry Completed (TREC) - The database used to track training hours of all YS employees.

Juvenile Electronic Tracking System (JETS) - The centralized database utilized to track all youth in OJJ custody or under OJJ supervision.

Structured Assessment of Violence Risk in Youth (SAVRY) - The SAVRY is an evidence-based assessment designed to assist professionals in making judgments about a youth's needs for case planning. This assessment comprises 24 risk/need items identified in existing research on adolescent development and on delinquency and aggression in youth. Six protective factors are included in the SAVRY which have also been identified by current research as potentially mitigating the risk of future violence and delinquent activity.

V. POLICY:

It is the Deputy Secretary's policy that youth shall be provided and have access to substance abuse treatment programming based upon their individual treatment needs. In addition, due to the high prevalence of substance use/abuse in the juvenile justice population, all youth assigned to a YS secure care facility shall take part in substance prevention education or substance abuse groups.

VI. TREATMENT PHILOSOPHY, GOALS AND OBJECTIVES:

A. Programming was developed to provide for a range of substance abuse treatment, and its intensity shall vary depending on the needs of the individual youth. The treatment philosophy is in keeping with an ecologically based model of treatment (i.e. working with the youth in his environment), in which the factors of substance abuse are addressed through target behaviors and risk factors, as well as identifying and addressing delinquency risk factors and building of the youth's skills and identified strengths. The ultimate goal of treatment is for the youth to be able to live productively within their community/environment and family with improved functioning.

Overarching goals of the program are:

1. Effective treatment of substance abuse and associated behaviors.
2. Improvement of the youth's functioning in the community in which he/she lives;
3. Enhancement of the youth's community/family support;
4. Effective intervention in the youth's identified delinquency risk factors; and
5. Successful preparation for reintegration/transition into the community from a secure care facility.

Long term objectives include the reduction in the use of substances through the development of holistic relapse prevention planning, reduction in recidivism of youth in the juvenile justice system, and the improved functioning in specific areas of the youth's life, to include school performance, peer relationships, living area and interaction with adults.

VII. SUBSTANCE ABUSE TREATMENT PROCEDURES:

- A. Upon intake at a YS secure care facility, youth shall be seen by the Contracted Health Care Provider's mental health staff on the day of arrival. An initial mental health screen is completed, which includes questions about past and current substance abuse, as well as history of substance abuse treatment (refer to YS Policy No. B.2.3).
- B. All youth shall receive a medical assessment by the CHP during the intake process to determine medical needs related to substance abuse.
- C. Within 30 days, a Psychological Evaluation shall be completed by the CHP to determine if the youth has a significant history of substance abuse or if the youth is diagnosed as substance dependent.
- D. Based upon the Psychological Evaluation, "the OJJ Case Plan of the ISRP or "the Mental Health Contractors Treatment Plan shall include substance abuse or dependence plan, based upon the level of treatment required as described in Section VII. E. below, and shall be developed by the designated staff responsible for the treatment needs of the youth during his stay in secure care and upon release.
- E. The youth shall be assigned a treatment Level based on the Psychological Evaluation and subsequent treatment plan, which determines the intensity and length of the Substance Abuse Treatment Program, which shall be provided by qualified staff:

1. *Level 2a*

This level of treatment is intended for youth assigned to BCCY and SCY whose substance abuse acuity Level are low. The youth meets criteria for substance abuse, but does not exhibit the researched based risk factors associated with future chemical dependency. The youth shall receive brief substance abuse counseling through group sessions provided by the youths OJJ Case Manager in the assigned housing unit.

Youth shall participate in one (1) hour individual group sessions for five (5) to seven (7) weeks. There should be a maximum of 12 youth per group when possible.

Level 2a youth shall also be provided family sessions focused on their substance abuse issues.

2. *Level 2b – Clinic Based*

This level of treatment is a Clinic Based Treatment Program intended for youth assigned to BCCY and SCY, who meet criteria

for substance abuse and dependence. These youth have experienced multiple consequences due to substance abuse, but typically have not demonstrated long histories of drug involvement and preoccupation. Substance abuse focused individual sessions and family sessions, as well as weekly group sessions, are provided by a CHP and/or qualified OJJ Staff.

Two (2) hours of group per week is provided with no more than eight (8) to ten (10) youth per group when possible. The program follows a 6 Modules Program, with the estimated length of treatment ranging between 19-22 weeks, with the last phase on-going.

The 6 Modules are as follows:

- a. Module 1: Motivational Enhancement.
- b. Module 2: Cognitive Restructuring.
- c. Module 3: Emotional Regulation.
- d. Module 4: Social Skills.
- e. Module 5: Problem Solving.
- f. Module 6: Relapse Prevention.

3. *Level 3 – Dual Disordered*

This level of treatment is provided to youth assigned to BCCY and SCY, who are dual disordered and have a diagnosis of mental illness, in addition to meeting the criteria for substance abuse or dependence. Treatment is provided by a CHP who is a Licensed Professional Counselor or Social Worker. However, if the youth is assigned to the Residential Substance Abuse Program at SCY (Willow) or BCCY (Destiny), treatment shall be provided by the youth's assigned OJJ Case Manager.

The substance abuse focused individual and family sessions, the Phases of group treatment, the number of hours of group per week, and the number of youth per group is the same as that of Level 2 youth. The estimated length of treatment ranges between 14 - 16 weeks, with the last phase on-going.

4. *Level 4 – Dorm Based Intensive Substance Abuse Treatment*

This level of treatment is provided to youth at SCY who have a diagnosis of substance dependence that is linked to delinquent behavior. This youth exhibits multiple risk factors related to significant substance use and is considered in the highest need of intensive substance abuse treatment. The treatment is provided through the Residential Substance Abuse Program (Willow @ SCY and Destiny at BCCY) by the youth's OJJ Case Manager.

Substance abuse focused individual and group treatment is provided, as well as the same four Phased model of group treatment used with Level 2b youth, but with increased frequency and intensity of treatment services. Estimated length of treatment varies, dependent upon the youth's progress; however, the average length of treatment ranges between four (4) to six (6) months.

- F. All OJJ provided individual treatment counseling, family counseling and group sessions shall be documented on a "Weekly Contract Progress Note" in JETS within seven (7) working days. Hard copies of signature pages shall be placed in the youth's Master Record under Clip II.

All treatment counseling, family counseling and group sessions provided by the CHP shall be documented in the youth's health record in the "Electronic Record Management Application" (ERMA).

- G. The CHP shall provide the youth's OJJ Case Manager with a monthly progress report concerning the treatment progress of the youth. This information shall be considered when making decisions regarding a youth's eligibility for escorted passes, furloughs, early release and step down to non-secure recommendations (refer to YS Policy No. B.2.13).

H. Phases of Treatment

1. Phase 1: Involves the completion of an intensive substance abuse assessment of youth and family, a "Personalized Feedback Report", and the completion of the ISRP Case Plan that addresses substance abuse.
2. Phase 2: Involves the completion of the "Motivational Enhancement Phase", in which the youth completes the following:
 - a. Orientation to the group process;
 - b. Addressing ambivalence about the nature of his substance use, and connection to delinquent behavior by building awareness and problem recognition skills;
 - c. Identifying the costs and benefits of changing;
 - d. Building goal setting skills by making a change plan; and
 - e. Participating in group, individual and family sessions.
3. Phase 3: Begins after the youth develops a commitment to alter his substance use pattern and enters the "Relapse Prevention Phase" of treatment. The objectives and skills of this phase are:
 - a. Development of a relapse prevention phase;
 - b. Sharing of the plan with Case Managers, family and peers;
 - c. Practice of essential coping skills;
 - d. Generalization of skills while on furlough, in family sessions, outings, school, and with peers and staff at the facility;

- e. Identification of community supports;
 - f. Identified concerns and needs for reintegration from an ecological perspective in collaboration with CBS. This often involves discussing the culture the youth will be reintroduced to upon release, which may not always support recovery; and
 - g. Reintegration concerns/needs is either addressed or a plan made to address unresolved issues.
- I. During the pre-release phase of the youth's stay, the assigned OJJ Case Manager shall arrange for a multidisciplinary staffing to determine the youth's continued need for substance abuse treatment services upon release. Those attending the multidisciplinary staffing shall include the following:
- 1. Youth's substance abuse treatment provider;
 - 2. Group Leader assigned to the youth's housing unit;
 - 3. Education staff;
 - 4. Youth's assigned PPO/J;
 - 5. Juvenile Justice Staff assigned to the youth's housing unit;
 - 6. The youth's mentor;
 - 7. The youth; and
 - 8. The youth's family members.
- J. Depending upon the youth's substance abuse treatment level, the OJJ Case Manager or the CHP shall arrange for appointments in the community for continued substance abuse treatment. The information shall be documented on the youth's ISRP in JETS within 10 days of release.
- K. During the youth's last Phase of treatment, the youth's substance abuse treatment provider and/or the assigned OJJ Case Manager shall help the youth identify important support systems relevant to the youth's "Relapse Prevention Plan". These support systems may include any 12 step groups (Alcoholics Anonymous, Narcotics Anonymous for teens, ala-teen), church youth groups, mentors, family members, sport teams or other groups that promote pro social involvement that can work as a protective factor for the youth.
- L. If the youth is granted an early release, step down to non-secure and/or placed on probation prior to exiting the system, the youth's assigned PPO/J shall monitor the youth's compliance with continued substance abuse treatment until the youth reaches his full-term date. Documentation shall be noted in the youth's "Case Narrative" in JETS within five (5) working days of contact with the youth throughout the PPO/J monitoring (refer to YS Policy Nos. B.2.13 and B.2.18).

- M. Reassessments shall be addressed through the Quarterly Reclassification Staffing process as outlined in YS Policy No. B.2.2.
- N. Incentives
 - 1. Youth shall be eligible for general program incentives for progress in the “LAMOD Youth Stages of Development”, pursuant to YS Policy No. B.2.7.
 - 2. Youth may receive certificates for completion of Phases, and for completion of the entire Substance Abuse Treatment Program.
 - 3. Progress or completion in treatment may also render the youth eligible for consideration of escorted passes, furloughs, early release or transfer to a less restrictive setting if the youth meets required policy criteria requirements.

VIII. STAFF DEVELOPMENT

- A. Office of Juvenile Justice employees providing substance abuse treatment shall require one of the following Licensures:
 - 1. Licensed Master Social Worker (LMSW),
 - 2. Licensed Clinical Social Worker (LCSW), or
 - 3. Licensed Professional Counselor (LPC).

A Bachelor’s degree in Social Work, Substance Abuse Counseling or related field with a Louisiana Addiction Counseling Certificate may be substituted if the individual has three (3) or more years of experience in substance abuse treatment.
- B. Office of Juvenile Justice employees providing substance abuse treatment to youth shall be trained in the curriculum prior to providing treatment by the CHP or other OJJ staff providing substance abuse treatment who are qualified and familiar with the treatment model.
- C. Training shall be documented and entered in the “Training Records Entry Completed” (TREC) database.

IX. QUALITY ASSURANCE:

- A. Facility Treatment Director Responsibilities
 - 1. The Facility Treatment Director is responsible for assuring that the fidelity of the Substance Abuse Treatment Program is being followed. While conducting random quality assurance reviews of three (3) cases per week, a review of a minimum of one (1) record/chart of a youth with a substance abuse treatment recommendation shall also be reviewed.

2. The Facility Treatment Director shall ensure that the required individual counseling, groups and family sessions are being provided as outlined in the program by reviewing group notes, as well as individual notes, of the Case Manager and/or the CHP if applicable. This information shall be verified in JETS.
3. The Facility Treatment Director shall also monitor a minimum of one (1) Substance Abuse Group per month by co-facilitating a group with staff under their supervision.

B. Central Office Responsibility

Central Office representatives shall conduct quarterly quality assurance reviews to ensure that treatment plans are being completed, and that services are being provided by reviewing group notes conducted by both OJJ staff and/or the CHP.

Previous Regulation/Policy Number: B.2.15

Previous Effective Date: 09/13/2013

Attachments/References: