

YOUTH SERVICES POLICY

Title: Substance Use Disorder Treatment Program	Type: B. Classification, Sentencing and Service Functions Sub Type: 2. Classification Number: B.2.15
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References: ACA Standards 2-CO-4B-04, 2-CO-4F-01 (Administration of Correctional Agencies), 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); YS Policies B.2.1 “Assignment, Reassignment, and Release of Youth”, B.2.2 “Youth Classification System and Treatment Procedures”, B.2.3 “Secure Care Intake”, B.2.14 “Secure Care SAVRY”, B.2.18 “Reintegration Process”, B.6.1 “Health Care”, C.4.1 “Furlough Process”, and C.4.7 “Escorted Absence”; OJJ/WP Joint Policies 4E-05, 4E-06 and 4E-07; OJJ Substance Abuse Treatment Program Manual	
STATUS: Approved	
Approved By: <i>Otha “Curtis” Nelson, Jr., Deputy Secretary</i>	Date of Approval: 07/20/2023

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 Use Disorder Treatment Program.

III. APPLICABILITY:

Deputy Secretary, Assistant Secretary, Undersecretary, Chief of Operations, Probation and Parole Director - Juvenile, Youth Facilities Director - Statewide, Director of Treatment and Rehabilitation, Executive Management Advisor, Regional Directors, Facility Directors, Regional Managers, contracted healthcare provider (CHP), and all YS employees responsible for delivery of substance use disorder 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 healthcare management database utilized by the contracted health care provider at the YS secure care facilities.

Individualized Intervention Plan (IIP) – Initial and Formal – A statement of goals, objectives, and the methods used to obtain them that is created for each youth in secure care. The IIP is dynamic and is updated depending on the identified needs and specialized treatment required while in secure care. The IIP also identifies follow-up services needed by the youth on release and is coordinated with Community Based Services to provide the proper level of aftercare.

Juvenile Electronic Tracking System (JETS) - The centralized database utilized to track all youth under OJJ supervision or custody, and to record all youth case record activity.

Qualified Mental Health Professional (QMHP) - Contracted mental health professionals who perform clinical duties for mentally ill patients, i.e. licensed counselors, social workers, psychiatrists, psychologists and nurses, in accordance with each health care professional's scope of training and applicable licensing, certification and regulatory requirements. Primary duties are to provide mental health services to youth commensurate with their respective levels of education, experience, training and credentials.

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.

Structured Assessment of Violence Risk in Youth (SAVRY) - An evidence-based assessment designed to assist professionals in making judgments about a youth's needs for case planning. The SAVRY utilizes a structured, professional judgement method of assessment, meaning that the individual completing the assessment rates the youth on a number of evidence-based risk factors and then weights all the information to come to a final judgement that the youth has a Low, Moderate or High Summary Risk Rating for future reoffending. (Refer to YS Policy No. B.2.14)

Substance Use Disorder Treatment Plan - The case plan section of the Individualized Intervention Plan (IIP) which addresses substance use disorder treatment needs as a result of the contracted healthcare provider's "Psychological Evaluation" and the "SAVRY".

V. POLICY:

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

VI. TREATMENT PHILOSOPHY, GOALS AND OBJECTIVES:

A. Programming was developed to provide for a range of substance use disorder 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 use disorder 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 use disorder 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 USE DISORDER 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 use, as well as history of substance use disorder 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 use disorder.
- C. Within 30 days, a Psychological Evaluation shall be completed by the CHP to determine if the youth has a significant history of substance use or if the youth is diagnosed as substance dependent.
- D. Based upon the Psychological Evaluation, the OJJ Case Plan of the IIP or the Mental Health Contractors Treatment Plan shall include substance use disorder 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 Use Disorder Treatment Program, which shall be provided by qualified staff:

1. *Level 2a*

This level is designated for youth assigned to ACY, ACY-SM, BCCY, BCCY-WF and SCY/SCY-C whose substance use acuity Level is low. These youth meet criteria for substance use disorder, but do not exhibit the researched based risk factors associated with future chemical dependency; therefore, they do not meet criteria for substance use disorder treatment. These youth shall be screened for increases in substance use acuity levels and the presence of research based risk factors on a quarterly basis. Youth can also be referred as needed.

2. *Level 2b – Clinic Based*

This level of treatment is a Clinic Based Treatment Program intended for youth assigned to ACY, BCCY/BCCY-WF and SCY/SCY-C, who meet criteria for substance use disorder and dependence. These youth have experienced multiple consequences due to substance use, but typically have not

demonstrated long histories of drug involvement and preoccupation. Substance use disorder 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 Module 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 ACY/ACY-SM, BCCY/BCCY-WF and SCY/SCY-C, who are dual disordered and have a diagnosis of mental illness, in addition to meeting the criteria for substance use disorder or dependence. Treatment is provided by a CHP who is a Licensed Professional Counselor or Social Worker.

The substance use disorder 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 2b youth. The estimated length of treatment ranges between –19 - 22 weeks, with the last phase on-going.

- F. All OJJ provided individual treatment counseling, family counseling and group sessions shall be documented on a “Weekly Contact Progress Note” in JETS within seven (7) working days.

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.

- H. Phases of Treatment
 - 1. Phase 1: Involves the completion of the Psychological Evaluation and the completion of the IIP Case Plan that addresses substance use disorder.

 - 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 behavior chain; 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 use disorder treatment services upon release. Those attending the multidisciplinary staffing shall include the following:

1. Youth's substance use disorder 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 use disorder treatment level, the OJJ Case Manager or the CHP shall arrange for appointments in the community for continued substance use disorder treatment. The information shall be documented on the youth's IIP in JETS within 10 days of release.
- K. During the youth's last Phase of treatment, the youth's substance use disorder 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 use disorder 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 No. 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 Use Disorder 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 use disorder treatment shall require one of the following Licensures:
 1. Licensed Master Social Worker (LMSW),
 2. Licensed Clinical Social Worker (LCSW),
 3. Licensed Professional Counselor (LPC), or/and
 4. Any social services staff who have completed the Cognitive-Behavioral Interventions for Substance Abuse training.
- B. Office of Juvenile Justice employees providing substance use treatment to youth shall be trained in the curriculum prior to providing treatment by the CHP or other OJJ staff providing substance use treatment who are qualified and familiar with the treatment model.
- C. Training shall be documented and entered in the Louisiana Employees Online (LEO) database.

IX. QUALITY ASSURANCE:

- A. Facility Treatment Director Responsibilities
 1. The Facility Treatment Director is responsible for assuring that the fidelity of the Substance Use Disorder Treatment Program is being followed. While conducting random quality assurance reviews for the month, a review of a minimum of one (1) record/chart of a youth with a substance use disorder 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 Use Disorder 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: 09/21/2022

Attachments/References: