Department of Juvenile Justice

Behavioral Services Unit

Substance Abuse Treatment Program Manual

Revised: June 2018

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Pre-treatment & Logistics

This section addresses issues relevant to substance abuse treatment prior to the beginning of formal treatment sessions. A variety of staff attend to these issues as designated by the Central Admission and Placement (CAP) personnel prior to the youth arriving at his or her juvenile correctional center (JCC), community placement program (CPP) or other placement deemed appropriate within the DJJ continuum of care for direct care juveniles. This section covers assessment, screening and commitment types.

Assessment / Screening

All committed youth undergo a comprehensive psychological evaluation, which includes detailed background history and information regarding previous mental health treatment, family dynamics, interpersonal functioning, academic functioning, and history of criminal / delinquent behavior. Recommendations regarding treatment in the areas of mental health treatment (including psychiatric services), substance abuse treatment needs, aggression replacement training, and other treatment recommendations - as applicable, are made at this time.

In part of the evaluative process youth receive a drug and alcohol assessment, which utilizes the Substance Abuse Subtle Screening Inventory-A2 (SASSI-A2), or if 18 years or older, the SASSI-4. The SASSI-A2 helps to identify individuals who have a low or high probability of having a substance use disorder. The SASSI-A2 is designed to help service providers determine if an adolescent is in need of further assessment and possible treatment for a substance use disorder.

Further, any substance abuse history is documented on the Intake Medical History Form, which questions frequency of use, age of 1st use and last use for a variety of drugs and alcohol including: cigarettes, alcohol, marijuana, cocaine, crack cocaine, heroin, hallucinogens, inhalants, designer and prescription drugs.

Residents also receive the Youth Assessment and Screening Instrument (YASI), an enhanced risk and needs assessment tool, at the Court Services Unit (CSU) prior to commitment to help evaluate risk, needs, and protective factors to help develop case plans for juveniles. This tool is updated quarterly at the facilities to enhance re-entry goals in collaboration with CSU staff and community partners.

Commitments prior to October 15th, 2015

If a youth was committed prior to October 15th, 2015, in accordance with DJJ Guidelines for Determining the Length of Stay of Juveniles Indeterminately Committed to the Department of Juvenile Justice (Adopted by the Board of Juvenile Justice pursuant to 16.1 and 66-10 of the *Code of Virginia* & Revised July 1, 2008): a youth in need of some level of substance abuse treatment would be assigned a "mandatory," "recommended," or "applicable" substance abuse treatment need.

A mandatory substance abuse treatment need was assigned when the youth's current committing offense was specifically related to substance use. For example:

- One or more substances were being used at the time of the offense; or,
- The offense constituted a substance-related charge, as in a possession charge, with an additional requirement of substance abuse or substance dependence; or,
- The offense was a violation of probation or violation of court order related to failing

a drug screen or failure to complete a substance abuse program; or,

- The offense involved trying to obtain drugs for personal use, for example, B&E or robbing property to be sold or traded for drugs, for personal use.

Residents with a mandatory substance abuse treatment need may be held until their statutory release date if the youth does not successfully complete substance abuse treatment.

A recommended substance abuse treatment need was assigned when the youth's substance use was unrelated to the current committing offense, but was specifically related to:

1. the youth's delinquent or criminal offense history;
2. an institutional offense related to substance use for which the youth was found guilty through a due process hearing or;
3. a treatment need identified through an evaluation and assessment process. For example: there is a prior offense related to substance use, but the current committing offense is not specifically related to substance use, or the youth admitted to substance use, but the current committing offense is not related to substance use.

Youth with a recommended substance abuse treatment need may be held until their late LOS date if the youth does not successfully complete substance abuse treatment.

Applicable substance abuse treatment needs have been assigned when a youth has been committed with neither a committing or prior charge related to substance use, nor a history of personal substance use sufficient to warrant mandatory or recommended clinical intervention. However, the youth has a susceptibility to alcohol and/or drug abuse because of affiliation with family members or close peers. Youth with an applicable substance abuse treatment need cannot be held past their early LOS date as a result of failure to successfully complete any substance abuse treatment.

Commitments on or after October 15th, 2015

If a youth is committed on or after October 15th, 2015, in accordance with VOL IV-4.4-8., and is determined through screening and assessment to need substance abuse treatment, male residents will be assigned to either Track I or Track II. The terms "mandatory, recommended or applicable" will no longer apply.

Track l: Cannabis Youth Treatment 12 (CYT 12) – Residents who meet the DSM-V criteria for Substance Use Disorder will be deemed as in need of Track l services.

Track ll: Cannabis Youth Treatment 5 (CYT 5) – Residents who have experimented with substances, but do not meet the DSM-V criteria for Substance Use Disorder, will be deemed as in need of Track ll services.

Treatment

This section addresses the provision of substance abuse treatment in the JCC, CPP or other direct care placement within the continuum of care. Topics include procedures for managing treatment eligibility dates, offering treatment, managing residents who refuse treatment, and provision of general mental health services. It provides an overview of substance abuse treatment programming and modalities, individualized treatment goals / plans and documenting services. It also addresses special issues that arise during the delivery of treatment services such as maladaptive behavior and procedures for administering behavioral contracts, probationary status, and suspension from treatment.

Treatment Eligibility Dates

Youth assigned to receive substance abuse treatment services in a JCC, CPP, etc., shall initially be prioritized for clinical services by their early release date. Serious offenders shall be prioritized in accordance to their applicable court review date. Subsequently, an eligibility date is the date a youth is eligible to begin a clinical service after considering available resources within his or her placement unit. For example, in the case of 12 residents who reside in a CTM, the resident with the earliest release or review date would be prioritized for services to help expedite his or her length of stay - in the case of a waiting list. An eligibility date can change, however, should the resident impede the treatment process by either refusing services and/or creating a behavioral dynamic that might prevent or delay the youth from treatment participation (such as a suspension or placement in an ISU that may be up to 30 days). In this case the eligibility date could change by up to 30 days to reflect subsequent consequences and/or placement dynamics.

Early Release Incentive (ERI) *Applicable to commitments prior to October 15th, 2015*

Should the DJJ Director enact procedures allowing for Early Release Incentive (ERI), residents meeting eligibility criteria shall be prioritized for substance abuse treatment services as follows:

- Youth who meet departmental criteria for ERI must be identified and referred by their JCC counselor to the designated QMHP.
- Referrals for ERI must be made in a timely manner that is both practical and reasonable to coordinate and accommodate a youth's recommended treatment course given each JCC's available resources.
- Coordination of ERI and substance abuse treatment shall not override or change the course of recommended treatment. For example, a youth targeted to receive CYT-12 (average of 3 - 4 months), cannot be switched to CYT-5 for the purpose of obtaining ERI.
- If a youth refuses treatment, he/she will be prioritized by a new eligibility date, which shall be one month from the date of refusal. All youth refusing treatment will be asked to sign a "Refusal of Substance Abuse Treatment" form by their therapist, or BSU designee. The form will then be placed in the Transfer and Master File (B) and the Behavioral Health Record (BHR). For more procedural details on refusing treatment, please refer to procedure, 2.3, *"Youth's Refusing Substance Abuse Treatment."*
- If a youth is suspended from treatment, he/she will receive a new eligibility date one month from the date of suspension by the Institutional Classification and Review Committee (ICRC). If the youth appeals, he/she will not be considered suspended until a final decision is made by CCRC. The eligibility date will then be one month from the date of the final decision.
- Youth who engage in substance abuse while assigned to a JCC and are found "guilty" through a due process hearing may be referred to ICRC for a "mandatory" or "recommended" substance abuse treatment need. In the case of a mandatory treatment need, the youth must be referred to CCRC for final approval. The eligibility date for substance abuse treatment in these cases will be the date the case was presented to either CCRC for a mandatory treatment need, or ICRC for a recommended treatment need.

In special circumstances, the BSU Program Manager for Substance Abuse and/or the local BSU Treatment Director at the facility may modify eligibility to accommodate a youth's individual needs.

Offering Substance Abuse Treatment

Substance abuse treatment within a JCC may be offered within a variety of settings as applicable to placement, staffing and housing resources. Services in a JCC may take place within a Community Treatment Model (CTM), Intensive Services Unit (ISU), Sex Offender Treatment Unit and/or other specialized treatment unit or locality as designated and approved by JCC administration. Substance abuse treatment may take place in a CPP or other continuum of care placement if DJJ approved clinical services are made available and administered according to departmental standards.

For treatment within a JCC, the designated substance abuse QMHP supervisor, or designee, shall direct the appropriate Behavioral Unit Services (BSU) staff to initiate treatment services for the resident, collaborate with treatment team, re-entry and parole staff as appropriate to ensure a smooth transition of clinical services.

For residents transitioning into substance abuse treatment within a CTM, admission should be harmonized through the Community Coordinator and Counselor as applicable with the CTM manual for case management and logistical purposes. Should a resident be flagged with behavioral problems and/or other issues that may potentially impede his or her progress, safety, or the well-being of others, the CTM Treatment Team and the facility substance abuse QMHP supervisor, or designee, shall be consulted to best determine how treatment may be administered on a case-by-case basis. In the extreme case that a resident exhibits maladaptive behavior that would preclude participation in treatment, the case shall be reviewed by the Institutional Review Committee (ICRC) for final determination.

For residents who reside in an ISU due to mental health related issues and/or other problematic behavioral issues that prevent them from being treated in a CTM, CPP, etc., the facility supervising substance abuse QMHP, local BSU Treatment Director, or Substance Abuse Treatment Program Supervisor shall approve a clinical course / approach of substance abuse treatment the youth may be responsive to.

Refusal of Treatment

The following section applies to *mandatory and recommended* treatment needs applicable to residents identified by the facility BSU substance abuse QMHP supervisor, or designee, as the next candidate for treatment who refuses.

1. When a resident refuses treatment, the BSU QMHP asks the youth to sign a "Refusal of Substance Abuse Treatment Form." For a first time refusal, the refusing resident remains the next eligible candidate for treatment pending a CTST meeting and a follow-up meeting with the substance abuse QMHP supervisor or designee.
2. CTST consults with the youth about the ramifications of his/her refusal, including the change in eligibility date. This step occurs the first time a youth refuses treatment to ensure the youth has a clear understanding of the ramifications of a refusal. Subsequent refusals do not require CTST or substance abuse QMHP supervisor approval.
3. In the ICRC meeting, the resident shall check the appropriate box on the refusal form to indicate whether he/she continues to refuse or retracts the refusal. If the youth continues to refuse in the ICRC meeting, the youth's new eligibility date becomes one month from the date he/she was asked by BSU staff to sign the refusal form.
4. If the resident retracts his/her refusal in the CTST meeting, the resident shall retain his original eligibility date.
5. When a resident is offered treatment a second or subsequent time, and he/she continues to refuse, he/she shall be asked to sign another refusal form and the eligibility date shall change to no more than 30 days from that date.
6. A resident who continues to refuse treatment will have the issue reviewed at his monthly CTST and annual ICRC meetings.
7. The facility BSU substance abuse QMHP supervisor or designee is informed about any changes impacting the eligibility date.

Tracking details and logistics for refusal of substance abuse treatment services at each JCC, CPP, etc., should be organized by the BSU substance abuse QMHP supervisor, or designee, and should ensure that necessary information is communicated to case management and administration as appropriate.

Transfers / Resident Placements

When residents who are currently receiving substance abuse treatment are identified by Central Office or facility administration as a candidate for transfer to another JCC, CPP or continuum of care placement, consideration should be given to the effects such a transfer may have on treatment, taking into account the estimated time left for program completion, current treatment course and dosage, overall treatment progress, etc. Please note the process for evaluating this scenario may be complex, and hence, the collaboration among BSU, case management and administration will be paramount in determining the most appropriate decision for the youth. If a decision is made to transfer the resident to another facility, CPP, etc., the following guidelines shall be followed:

1. Residents currently receiving treatment and transferred to another facility shall be given priority and opportunity to enter into a commensurate program. If all treatment spaces are occupied, the resident shall be prioritized and given preference for substance abuse treatment services when space becomes available.
2. Residents not actively participating in treatment who are transferred to another facility shall be prioritized by their eligibility date in accordance to their early date of release (or court review). For example, a resident who is 10^{th} in priority for services at his former JCC may move ahead or behind in priority, depending on where his early release date fits within the population demands at his new JCC.
3. In the event a resident is transferred to another facility and refuses treatment, the receiving facility will follow the refusal procedures as outlined in this manual.

General Mental Health Services for Residents Refusing Treatment

In accordance with the section "Refusal of Treatment," Residents who refuse substance abuse treatment shall wait until they are eligible for treatment again, based on their eligibility date before they are offered substance abuse treatment. However, residents may request, and be offered treatment to address general mental health issues, as resources permit, and as deemed appropriate by the local BSU Treatment Director.

Adjusting Substance Abuse Treatment Recommendations

Male youth arriving at a JCC who are assigned to receive substance abuse treatment are currently assigned CYT-5 or CYT-12, depending on individual screening and evaluation results.

1. Residents that have completed substance abuse treatment or have not previously been identified for treatment may be referred, based on institutional behavior or further disclosure, to a BSU QMHP for assessment. The assessment will consist of a clinical interview and a review of history. The findings will be documented in a case note and reviewed by treatment team.
2. If at initial intake, or during the treatment process, a determination is made that a resident initially screened to receive Track- II (CYT-5) may be in need of more substantive substance abuse treatment programming (e.g., CYT-12 and/or other clinical treatment related to substance abuse), the case should be referred to the substance abuse QMHP supervisor (or designee) and the local BSU Treatment Director for review and recommendations.
3. If the case is recommended for further substance abuse treatment beyond Track-II (CYT-5), and is approved by the Treatment Director, it must be formally processed through the CTST with notification sent to ICRC to be approved or denied. If the resident is approved by ICRC, the substance abuse QMHP supervisor shall notify Central Office BSU staff for documentation into BADGE.
4. If a resident is assigned to receive Track-II (CYT-5) and he elects to continue in Track-I programming (CYT-12), and there is no impact on release, the request to continue treatment shall be forwarded to the substance abuse QMHP supervisor for approval. Referral to ICRC is not necessary.

Residents with Minimal Substance Abuse Treatment Requirements

On occasion, a juvenile committed to DJJ with a substance abuse history may be assigned a substance abuse treatment need as part of his/her service plan, but have minimal clinical treatment requirements. It should be noted that because a resident is assigned to either a "mandatory" or "recommended" level for substance abuse treatment, it does not mean he/she must enter a treatment group. An example of some residents who may fall into this category are drug dealers with little to no history of substance abuse, or youth who completed prior substance abuse treatment programs, but display little to no risk of relapse.

If BSU determines that a resident needs minimal or no substance abuse treatment, the substance abuse QMHP supervisor or the local BSU Treatment Director may at his/her discretion authorize an adjustment to the resident's treatment. This process may include a referral to another resource made available at the facility or reduction/removal of treatment need through the appropriate case work processes.

Substance Abuse Treatment Programming

All residents committed to DJJ shall undergo a psychological assessment, substance abuse screening, and a substance abuse assessment during initial intake. All newly committed residents shall be provided alcohol and drug abuse education by a counselor or BSU.

Substance abuse treatment programs at the JCC's offer two, clinically tiered treatment tracks administered in a variety of settings for males, and one gender specific treatment program for females.

Male Residents

Track-l is geared toward residents who meet the DSM-V criteria for a Substance Abuse Disorder. Intensity range may be mild to moderate to severe. Residents will be coordinated to receive substance abuse treatment within their living unit, and assembled in clinical groups with other youth who require substance abuse treatment. Track-I programming begins with Cannabis Youth Treatment Series Volume 1 & 2 (also known as CYT 12), with options for additional individualized treatment for residents who exhibit co-occurring disorders and/or other debilitating clinical issues via concurrent individual, group or family therapy. Treatment course for residents in Track-I generally range from three to four months.

Track-II targets residents with experimental and/or limited substance use experiences. The curriculum for Track-II is the Cannabis Youth Treatment Series Volume 1 (CYT-5).

Residents in need of additional treatment services may concurrently participate in an individualized treatment group in addition to any CYT programming to address issues not readily targeted within the CYT series (e.g., co-occurring issues; family dynamics, concerns related to severity of substance abuse, emotions management, etc.). It should be noted the recommendation to participate in additional groups is at the discretion of the resident's BSU substance abuse therapist, and/or primary therapist leading substance abuse treatment. Refusal to attend and/or appropriately participate in any clinically recommended substance abuse treatment related activities and/or groups is subject to the same consequences as refusing substance abuse treatment.

Female Residents

The substance abuse treatment program for females employs gender specific treatment at Bon Air JCC. Girls receive group and individual therapy addressing a variety of relevant treatment topics including, but not limited to: personal use/abuse history, process of addiction, pharmacology, family issues and family roles, defense mechanisms, gender specific issues, post traumatic stress, grief and loss, health, mental health, stages of change, drug and alcohol refusal skills and relapse prevention. Completion of treatment requires completion of all program modules within the assigned curriculum. The current curriculum used for female substance abuse

programming is Voices: A Program of Self Discovery and Empowerment for Girls. This is a trauma-informed, gender-specific skills based program.

Substance Abuse Treatment Goals and Individualized Treatment Plans

Residents assigned to participate in substance treatment are encouraged to collaborate with their treatment team and/or QMHP with regard to their individualized treatment plan. It should be noted that treatment plans may vary from basic completion of CYT5 or CYT12, to the addition of specific treatment objectives within a specialized therapy group (typically referred to as an ITP group), where residents with co-occurring disorders address individualized clinical issues. Clinical areas an ITP may address include:

1. Skills building to address: alcohol and drug refusal techniques; decision making/problem solving; relapse prevention; coping with alcohol and drug cravings; peer relations / peer pressure; etc.
2. Recognizing medical/physical effects, social consequences, and other various impacts of drug and alcohol abuse.
3. Understanding the process and science of addiction.
4. Therapies to address a co-occurring disorder.
5. Recognizing basic defenses and how they relate to substance abuse.
6. Understanding the effects of chemical dependency on the family.
7. Examining how cognitive distortions (thinking errors) affect substance abuse and/or poor decision making.
8. Examining how communicable diseases can be related to substance abuse and high risk behaviors.
9. Understanding cultural and gender issues and how they may relate to chemical dependency and recovery.
10. Demonstrating coping skills related to relapse prevention.

When a resident is assigned to an ITP group, the BSU substance abuse therapist shall, at a minimum, meet with a resident individually at least once to identify his specific problems, goals, and objectives that will be addressed in group sessions. The documentation of this session in BADGE will serve as the treatment plan for the resident's ITP group.

Relapse Prevention and Management

Throughout their participation in substance abuse treatment, residents will be introduced to relapse prevention and management strategies. This will include treatment interventions that address individualized risk management strategies, introduction to self help groups and other recovery models in the community, as well as building coping skills. Relapse prevention will also be addressed in recommendations made for the resident's participation in relapse prevention services in the institution and/or community upon completion of treatment.

Treatment Interventions

Relevant cognitive-behavioral treatment interventions are an integral and important component to the success of any treatment plan and should vary depending on the resident's individualized needs, learning capabilities, age, developmental issues, cultural aspects, etc. When considering a resident's ITP, a treatment intervention may entail one, or several activities. Interventions may be educational, experiential or highly dynamic. Interventions may be addressed in a group format, or within an individual session. Treatment interventions should be conducted in a respectful manner that is motivating to the resident.

Some examples of treatment interventions include:

- Written worksheets from approved curricula such as an autobiography, life story, personal substance abuse history, eulogy, etc., to help residents identify personal issues and substance abuse history.
- Didactic sessions / discussions, use of audio / visual media, educational videos, films, displays, models, brochures, pamphlets, curricula, etc., to promote thought, discussion and awareness of substance abuse dynamics, social skills and health related issues.
- Experiential activities such as role plays, psychodrama, skits, etc., to provoke and enhance thoughts, feelings, skills, change, surrounding a variety of issues such as relapse prevention and social skills (e.g., practicing refusal skills).
- Processing a movie, series or documentary to promote meaningful discussion, thoughts, feelings, ideas, etc., regarding topics such as the science of addiction, impacts of substance abuse, family roles, defense mechanisms, etc.
- Examining pop culture / arts such as music, books, literature, journalism, poems, rap, murals, art projects, etc., to facilitate learning, communication, awareness and connectivity among youth and the culture of using drugs and alcohol.
- Examining current events across a variety of realms such as sports, entertainment, community, politics, sexuality, health, gender roles, etc., to illustrate how substance abuse impacts the world.

Completion of Treatment

Residents are eligible for completion of their respective substance abuse treatment program if they can demonstrate the following:

- Attend all designated program sessions, which might include CYT, ITP, Voices, etc., and/or any recommended individualized sessions or groups.
- Demonstrate reasonable cooperation and adequate participation in groups and/or individual therapy sessions.
- Satisfactorily complete all homework assignments and group activities as applicable to assigned program.

Note: Youth with cognitive deficits may have difficulty applying some of the above concepts and may require all or portions of their treatment to be augmented to meet their individualized needs. It should be noted these deficits ought not to interfere with the ability to complete treatment and treatment course and parole planning may need to be adjusted as appropriate to meet responsivity needs.

Contract, Probation, and Suspension

Residents may have a difficult time adjusting to treatment, may need additional structure, or may not be ready for treatment. This section provides treatment options presented from least to most serious that may be utilized with youth who are partially, or fully non-amenable to treatment, or who are having behavioral difficulties that are interfering with treatment. In exceptional circumstances a youth who displays extremely poor behavioral controls or complete disregard for treatment may be recommended for suspension without having had a contract or probation.

Contracts

Some youth may have difficulty progressing in treatment and/or displaying appropriate behavior, and may need a structured, individualized treatment or behavioral contract to help them focus on areas that need improvement. The contract shall list specific problem areas, expectations, goals, strategies, etc., along with consequences of meeting or not meeting the contract. Contracts shall be measurable. Contracts shall also be designed in collaboration with the youth and implemented in a timely fashion that is relevant to the behavior. For example, a youth who is having difficulty completing assigned group homework might receive a deadline to achieve work not-yet-completed with the expectation that he or she will be compliant with future assignments. Or, a resident could be tasked with repeating a group, or a series of groups, if the resident didn't participate appropriately and/or was disruptive during the group process. Any resident on a contract will continue to receive the same treatment services as youth who are in the program. Any contract that is set by the CTST may be reviewed at any time to remove, modify or implement another intervention. All contracts shall be reviewed at least 30 days after its implementation. No contract shall be designed to last longer than 30 days. A contract may be renewed at the review date, or be designed to be shorter than 30 days where appropriate. Contracts are approved and implemented by the CTST.

Probation

If a resident fails to make adequate progress toward a structured, individualized treatment or behavioral contract the CTST may elect to place the resident on probationary status. Probation is a two week interval where the resident is directed to focus treatment efforts on acute behaviors and issues that prevent the resident from appropriately participating in substance abuse treatment. A resident who is on probation is not considered active in the substance abuse treatment program during this period and shall not attend any scheduled substance abuse treatment activities (individual or group related substance abuse sessions). Rather, the resident is assigned specific tasks, activities, etc., to address identified debilitating behavior causing disruption to substance abuse treatment and/or other areas of functioning. The resident may attend mental health and/or other clinical treatment sessions as appropriate and sanctioned by BSU. The CTST shall evaluate the resident's probationary status after two weeks to determine whether the resident has fulfilled his or her goals, and shall:

1) Reinstate active status to substance abuse treatment; or
2) Consider further consequences if goals have not been met (e.g., suspension); or
3) Return resident to active substance abuse treatment with a structured and individualized contract.

Note: The CTST may evaluate the resident's probationary progress after one week and elect to discontinue probation (should the resident make significant progress on probationary goals).

Suspension

Residents may be suspended from the substance abuse treatment program if they do not attain treatment goals on time or if they demonstrate inappropriate behavior in the unit or at the facility. If the CTST recommends a resident be suspended, a referral is made to ICRC who reviews, approves or disapproves. Residents may be suspended from the program up to a maximum of 30 days for the following reasons:

- Refusal to participate in treatment
- Behavior that risks the safety of themselves or others
- Behavior that disrupts the program or the progress of other youth in the program.
- Failure to make adequate progress on a structured, individualized contract.
- Failure to make adequate progress on assigned goals related to probationary status.
- Engage in inappropriate sexual behaviors that are aggressive, predatory, or unresponsive to intervention.
- Display a serious disregard for facility rules.
- Display a pattern of breaking confidentiality.

A resident who has been suspended for 30 days is eligible to re-enter substance abuse treatment when space becomes available. A resident exhibiting poor behavioral controls during 30 days of suspension is subject to further sanctions and may be delayed from re-entering substance abuse treatment provided the resident is reviewed by ICRC.

Some examples of behaviors that may initiate an ICRC review include:

- Accumulated institutional offenses
- Assaultive or threatening behaviors
- Gang related behaviors
- Behavior which jeopardizes the safety of another youth in treatment

Intervention Guidelines

As a guideline, suspension from substance abuse treatment is a last resort when a resident has been unsuccessful with at least one behavioral contract and one treatment probationary period. Note, egregious behavior may accelerate the process. When considering any of the previously discussed behavioral interventions. The CTST shall weigh all pertinent variables and consider multiple options when determining the best course of action in relation to the behavior, history of interventions and practical level of responsivity.

Residents who are suspended will receive a new eligibility date which is 30 days from the date the ICRC approved the suspension. If the resident appeals the suspension, he will not be considered suspended until the final decision is made (i.e., superintendent review).

It should be noted that substance abuse treatment contracts, probation or suspension processes are a separate intervention from any CTM phase processes. And while behavior that reflects a course of intervention within the substance abuse treatment program may impact CTM phase movement, these previously discussed interventions don't prompt formal CTM program restriction, consequences, etc.

Documentation of Substance Use Treatment Services

When residents are seen for individual, group or family therapy sessions a note is entered into the electronic record, currently the *Balanced Approach Data Gathering Environment (BADGE)* within the Case Management section. Entries related to substance abuse treatment that are entered into BADGE are done so by the primary or designated BSU treatment provider, under the umbrella of *"Services"* to capture the exact type of service being provided (e.g., BSU CYT, BSU Substance Abuse Therapy Group, etc.,) Then, subsequent entries for each session are entered under the *"Service Events,"* feature within the designated *Services* heading. Notes entered under a *Service Event* can be entered as either a *"comment"* and/or a *"confidential"* note.

Group notes may be entered within the *"Record for Multiple Juveniles"* feature, provided the note is written in such a way that it protects the confidentiality of other group members (no initials, please). Note the *confidential* note section will not *record for multiple juveniles*.

All CYT programming in BADGE have access to a "*Progress Tracking"* Grid, located at the bottom of the *Services* screen. This screen is a prefilled grid with all CYT sessions and columns assigned to track dates that are started and completed. There are also blank rows available for individualized treatment activities. The *Progress Tracking* grid should be updated as applicable to a resident's progress or, at least every 30 days while the resident is active in the substance abuse treatment program.

A copy of the BSU running record should be placed in the Behavioral Health Record (BHR) and Master and Transfer File (B) upon a resident's release including the *Progress Tracking* grid. The adapted Personalized Feedback Report (PFR) is only placed in the BHR.

Substance abuse assessment and treatment documentation is considered protected health information under HIPAA and 42CFR and should be of professional quality, clear, and understandable.

Final Reports and Transition Plans

Regardless of whether a resident completes CYT or the Voices program, a final note is recorded in BADGE, as a *Service Event,* on any resident who participated in substance abuse treatment. The final note should contain information that is germane to the resident's level of participation, relevant stage of change (if appropriate), and most importantly a recommendation for any continued care in the community based upon his or her individual needs related to substance abuse and/or any related mental health issues.

Residents participating in substance abuse treatment shall have recommendations regarding pre-release and transitional service needs documented by the BSU therapist in BADGE as part of the final substance abuse treatment note. The BSU substance abuse therapist shall notify the resident's assigned counselor of the recommendations for inclusion in the Comprehensive Reentry Case Plan (CRCP). Residents who meet criteria for an MHSTP shall also have pre-release and transitional service needs documented by the BSU substance abuse therapist on the facility case review form (refer to MHSTP SOP).

Staff Qualifications and Staffing Levels

When residents are committed to DJJ and begin the evaluation process, psychological testing is performed by a either a Doctoral or Master's level QMHP skilled in the practice of psychological assessment and testing of juveniles. These clinicians are part of the Behavioral Services Unit (BSU) and are supervised by a Licensed Clinical Psychologist (LCP) who is the local BSU Treatment Director. Staff members who administer the SASSI-A2, SASSI-4 and/or YASI are supervised by a Counselor Supervisor within the Casework Department who is skilled in the administration and scoring of screening tools.

Residents receiving substance abuse treatment at a designated facility receive treatment services from a (QMHP) skilled in the practice of providing evidenced-based substance abuse treatment with juveniles in a juvenile justice setting and/or a substance abuse treatment provider under the supervision of a Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), Licensed Professional Marital Family Therapist (LMFT) or LCP. All of the former are part of the BSU and are supervised by a LCP who is the local BSU Treatment Director.

Staffing Levels

Staffing is often subject to a complex array of factors, however, each resident participating in substance abuse treatment who resides in a unit that provides substance abuse treatment is staffed with a counselor who receives training and guidance in the field of substance abuse treatment, skills building, emotions management, criminal thinking, juvenile justice casework, and other procedures / areas of counseling juveniles and adolescents in a juvenile justice setting. Counselors head monthly treatment team meetings whereby each resident is able to address his or her progress in treatment, school and overall status within the facility's behavior management program.

Clinical staff within BSU attend CTST and collaborate with the resident's counselor to provide an overall treatment plan for re-entry into the community. Target group size shall be 8 residents, but may expand up to 10 residents.

Resident Specialists (RS1s) and Community Coordinators (CCs) who provide security and unit leadership within the units are also active members of the CTST who collaborate and provide the "eyes and ears" of programming due to their frequent contact with each resident.

Lastly, teachers within the Division of Education contribute to treatment planning by representing each resident's educational needs.

The BSU Substance Abuse Treatment Program Manager at the Central Office oversees programmatic design, implementation, staff training and overall fidelity.

Quality Assurance Activities

Quality assurance for DJJ on the whole is measured and promoted in various capacities.

Recidivism Data

The Research Division collects and analyzes data from multiple resources to ascertain recidivism from an assortment of angles including rearrest, reconviction and reincarceration rates. For more information the reader is referred to the annual DJJ publication of the Data Resource Guide.

Staff Training and Development

Staff who work with residents receiving substance abuse treatment and/or any of the other clinical treatment programs are required to attend a minimum of forty hours of training per year - including ethics. In many cases most staff exceed the minimal training requirements. In general, staff are encouraged to attend local and regional trainings and conferences on the subject matter of substance abuse treatment and assessment, co-occurring disorders, motivational interviewing, skills development, pharmacology, etc., to stay informed of contemporary substance abuse treatment practice.

Program Oversight

Within DJJ there are several committees that provide programming oversight at various levels of authority.

At the basic level a resident attends a monthly treatment team where he or she is evaluated on his or her program progress. These meetings may be monitored at times by facility supervisors for program compliance.

At each facility the substance abuse program is overseen by a supervising BSU QMHP who monitors program admission and treatment fidelity. The supervising BSU QMHP also coordinates programming in tandem with DJJ procedures at the facility and with Central Office administration to assure safe and sound practice.

At the Central Office level the Substance Abuse Treatment Program Supervisor collaborates with each facility's substance abuse QMHP supervisor to promote fluid and consistent practice of substance abuse treatment.

The substance abuse QMHP supervisor shall conduct quarterly CQI screens on the substance abuse groups offered at their facility. They shall also conduct at least one quarterly group observation. Findings from observations and screens shall be reported to the institutional CQI committee.

Continuum of Care

At times youth who are currently active in substance abuse treatment, or who have not begun designated substance abuse treatment, may be referred to the continuum of care if deemed appropriate by DJJs administration. Transition to any placement, whether it be a direct care transfer to a CPP, Detention reentry program, contractual residential program, etc., should be implemented with care and collaboration among treatment providers to ensure the smoothest transition possible.

Forms

DEPARTMENT OF JUVENILE JUSTICE
BEHAVIORAL SERVICES UNIT

REFUSAL OF SUBSTANCE ABUSE TREATMENT FORM

Name: _____ Juvenile #:_____

DOB:_____ Counselor: _____

Date: _____

I understand that if I refuse Substance abuse treatment services I will be assigned a new eligibility date, which may be up to 30 days from today. As a result I will not be eligible to begin substance abuse treatment for 30 days. I also understand that when my new eligibility date arrives there may not be an opening for services at that time. In that case, I understand beginning substance abuse services may continue to be delayed until services and resources are made available to me. If I have an indeterminate commitment I can remain committed up to 36 months if I choose not to participate in these services. If I have a determinate commitment ("serious offender"), and I choose not to participate in substance abuse treatment, only the judge can determine if I will be released. The above has been explained to me and I still refuse substance abuse treatment.

_____ _____

Resident's Signature Date

_____ _____

Signature of BSU staff witness Date

____ check if the content has been discussed, however, the resident refuses substance abuse treatment, but refuses to sign this form.

FOR FIRST TIME REFUSALS ONLY

____ After consulting with the substance abuse QMHP supervisor (or designee), I still refuse substance abuse treatment.

____ After consulting with the substance abuse QMHP supervisor (or designee), I retract my initial refusal to participate in substance abuse treatment and I will keep my original eligibility date. I understand if I refuse treatment the next time it is offered to me, I will be asked to sign another refusal form and my eligibility date will change to no more than 30 days from the date I refuse the treatment.

_____ _____ Resident's Signature

Date