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| <p align="center">GEORGIA DEPARTMENT OF JUVENILE JUSTICE</p> | <p align="center">Transmittal # 16-13</p> | <p align="center">Policy # 12.25</p> |
| <p>Applicability: { } All DJJ Staff { } Administration { } Community Services {x} Secure Facilities (RYDCs and YDCs)</p> | <p>Related Standards & References: O.C.G.A. 49-4A-7, 49-4A-8 ACA Standards: 3-JDF-4C-21, 3-JDF-4C-40, 3-JDF-4C-41, 4-JCF-4E-01, 02, 03, 04, 05, 06, 07 DJJ 5.5, 12.11, 12.20, 13.10, 15.11, 18.30 NCCHC 2011 Y-G-08: Juveniles with alcohol and other drug problems</p> | |
| <p>Chapter 12: BEHAVIORAL HEALTH SERVICES</p> | <p>Effective Date: 9/20/16</p> | |
| <p>Subject: BEHAVIORAL HEALTH SUBSTANCE USE TREATMENT SERVICES</p> | <p>Scheduled Review Date: 9/20/17 Replaces: 2/15/13 Division of Support Services APPROVED:</p> | |
| <p>Attachments: A – Approved Substance Abuse Programs and Curricula B – Parent Notification of Substance Abuse Treatment Services</p> | <p align="center">  _____ Avery D. Niles, Commissioner </p> | |

I. POLICY:

The Office of Behavioral Health Services will ensure that quality substance use treatment services are accessible to youth identified with substance use needs housed in secure facilities.

II. DEFINITIONS:

Behavioral Health Staff: Social Service Provider, Social Services Coordinator, Psychologist, Psychiatrist, Psychometric Specialist, Professional Social Service Worker, a nurse trained in mental health duties, and masters and doctoral level mental health students, and other staff with the education, training and experience adequate to perform the duties required in accordance with professional standards as authorized by the Designated Mental Health Authority.

Designated Mental Health Authority: The individual responsible for the facility’s behavioral health services including ensuring the quality and accessibility of all behavioral health services provided to juveniles. The Designated Mental Health Authority must be a mental health professional with at least a master’s degree in a mental health related field and who is serving in a mental health staff position.

Designated Program Authority (DPA): The individual responsible for ensuring the quality and accessibility of generalized counseling, programs, and case management services. The designated program authority must possess at least a bachelor’s degree and have a minimum of 2 years of experience in the area of counseling and/or case management services.

Emancipated Minor: A youth whose parents’ rights to the custody, control, services and earnings of the youth have been terminated. Emancipation may occur by operation of law when the youth is validly married, reaches the age of 18, or is on active duty status with the armed forces of the United States. Emancipation may also occur by court order pursuant to a petition filed by the minor with the juvenile court.

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Primary Clinician: The qualified mental health professional responsible for documenting all treatment planning activities.

Qualified Mental Health Professional (QMHP): Mental health staff with education, training and experience adequate to perform the duties required in accordance with professional standards. When the QMHP is required to provide individual counseling to youth with mental illness, the QMHP must have at least a master’s degree in a mental health related field and training and experience in the provision of mental health counseling.

Residential Substance Use Treatment (RSAT): A secure residential program provided to youth, subsequent to an assessment, who have been identified as requiring substance use treatment. Youth enrolled in the RSAT program will have identified substance use disorder and will be offered a multimodal therapeutic program for substance use issues.

Substance Use Service Provider: Behavioral health staff with education, training and experience adequate to perform the duties required in accordance with professional standards in the area of substance use intervention and group counseling. This will include, but not be limited to, such titles as Substance Use Counselor, Professional Social Services Workers, etc. In the absence of a designated substance use treatment service provider, the QMHP will act as the substance use service provider.

Substance Use Treatment Services: The continuum of substance use programs provided to identify youth in secure facilities where available.

Substance Use Treatment: Research-based programs that provide specialized substance use treatment services to youth who have been identified as having substance use needs. Services provided in these programs must be approved by the Director of the Office of Behavioral Health Services.

Youth-Centered Reentry Team (YCRT): Team responsible for identifying, coordinating and fostering progress of the youth on the needs/services/programs intended to prepare the youth and family for the youth’s return from confinement. Team members will consists of: staff responsible for the direct management of the youth to include the JDC, JPPS and where applicable the SSP assigned to the youth. It also includes education staff, security staff, administration and medical staff as well as the youth’s family and other important members of the youth’s life that the youth nominates. They have to agree to participate in the programs which also include clinical consultants, community case managers, community mental health providers, DFACS case workers, and other community support persons.

III. PROCEDURES:

- A. The Office of Behavioral Health Services (OBHS) will oversee the design, development and delivery of substance use treatment services. The OBHS will identify programs and curricula (Attachment A) to be used by all secure facilities. All services will be delivered in accordance with the approved programs and curricula.

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Education regarding alcohol and drug use will be provided to all youth as part of the health education curriculum in accordance with DJJ 13.10- Curriculum and Instruction.

- B. Substance use treatment services are available to youth based on the identified needs of the youth and available service.
 - 1. Youth who are experiencing withdrawal will be immediately referred to medical staff for assessment.
 - 2. Any youth placed in a secure facility may receive substance use treatment services as part of their comprehensive mental health treatment plan and/or service plan.

- C. Youth identified as needing substance use treatment will be referred for substance use treatment services in each Youth Development Campus (YDC).
 - 1. Referrals to substance use treatment services may be made by the youth, any staff in the facility, or through clinical screening/assessment. Staff and youth may make a referral through the Help Request process (see DJJ 15.11-Requests for Services).
 - 2. All referred youth will receive a substance use assessment as part of their initial YDC Needs Assessment or through a substance use assessment to determine the need for substance use treatment services. The assessment will be documented in JTS in accordance with DJJ 12.11, Mental Health Assessment.
 - 3. Youth who are placed in any YDC that does not have a Residential Substance Use Treatment (RSAT) Unit will have access to RSAT services based on their assessed level of need. If it is determined that the youth needs RSAT services, arrangements will be made for youth to be transferred to a treatment unit as space is available.
 - 4. Youth who for any reason cannot transfer to an RSAT Unit may receive treatment at their current placement via a Substance Use Treatment Service Provider who is using an OBHS approved curriculum (see Attachment A). All efforts to re-evaluate the youth for placement into substance use treatment services will be entered into the OBHS Progress Notes in JTS.
 - 5. Upon the youth's placement into substance use treatment services, the substance use treatment service provider will manage the JTS Substance Use Service Module and as necessary will update the youth's status in the program.
 - 6. Documentation of the services provided to a youth will be entered into the OBHS Progress Notes in accordance with DJJ 5.5, Health Records.

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7. When a youth enters the “in treatment” status, the substance use treatment service provider will send a letter to the parent/guardian notifying them of the service (Attachment B) and document this notification in a communication note type parent/legal guardian. (Youth who are 18 years of age or emancipated minors will be required to consent for themselves. The parent/guardian will not be contacted except as authorized by the youth’s signature on an Authorization for the Release of Information.)
 8. Youth currently receiving RSAT services with an “in treatment” status in JTS should not be transferred to another YDC without consultation with the Substance Use Treatment Services Administrator and it being deemed clinically necessary.
 9. For youth currently receiving substance use treatment services, the substance use treatment service provider will participate in YCRT meetings for the youth.
 10. If a youth involved at any level of substance use treatment services is on the mental health caseload, the service will be documented in the youth’s Behavioral Health Treatment Plan (see DJJ 12.20, Treatment Planning). The substance use treatment service provider will provide input to the behavioral health treatment team regarding the youth’s progress. The primary clinician will continue to ensure the development and reviews of the Behavioral Health Treatment Plan.
 11. If a youth on the mental health caseload who is also on “awaiting treatment” status in the JTS Substance Use Service Module has not received substance use treatment services within 6 months of his/her minimum release date, services will be provided by the youth’s primary clinician in individual counseling using program materials approved by the Office of Behavioral Health Services.
 12. For youth involved at any level of substance use treatment services and not on the mental health caseload the Juvenile Detention Counselor will review the youth’s progress notes for input into the Service Plan.
- D. In each RYDC, identified youth will be referred for substance use intervention services.
1. Referrals to substance use intervention services may be made by the youth, any staff in the facility or through clinical screening/assessment. Staff and youth may make a referral through the Help Request process (see DJJ 15.11, Requests for Services).
 2. Youth may be identified for RYDC substance use intervention via intake screening, mental health assessment, juvenile needs assessments and/or substance use endorsed/mentioned by youth after admission to the facility.

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3. Upon the youth's placement into substance use intervention services, the program staff providing substance use treatment will manage the JTS Substance Use Service Module and as necessary will update the youth's status in the program.
4. Documentation of the services provided to a youth will be entered into the Facility Programs Progress Notes in accordance with DJJ 5.5, Health Records.
5. If a youth involved at any level of substance use intervention services is on the mental health caseload, the service will be documented in the youth's Behavioral Health Treatment Plan and Service Plan (see DJJ 12.20, Treatment Plan; DJJ 18.30, Service Plan). The assigned program staff providing substance use treatment will provide input to the treatment team regarding the youth's progress. The service provider will continue to ensure the development and reviews of the behavioral health treatment plan and/or service plan.
6. For all youth involved at any level of substance use intervention services, the program staff will review the youth's progress notes for input into the service plan.

IV. LOCAL OPERATING PROCEDURES REQUIRED: YES

The LOP will advise on who will manage and track delivery of substance use treatment services.