I. PURPOSE:

This policy outlines the type of alcohol and drug assessment, treatment curriculum, and treatment dosage OYA staff may use with offenders in OYA facilities.

II. POLICY DEFINITIONS:

AOD: Alcohol or other drug
**AOD treatment:** Interventions that include evidence based curricula to treat alcohol and other drug addictions and other program supports based on the OYA Principles of Effective Interventions. Treatment will be based on individual assessment. Treatment will vary in dosage and duration based on assessed need.

**Assessment:** A process of evaluating, diagnosing, and determining an appropriate level of intervention based on information obtained from the client in a personal interview and from other sources, which may include substance abuse screening and assessment instruments.

**Case Plan:** A formal plan with prescribed interventions and documentation requirements and a tool to assist staff in managing cases, setting goals and reviewing youths’ interventions and progress. A Case Plan constitutes and fulfills the requirements of the Reformation Plan as defined in ORS 420A.005, 420A.125 and 420A.010 and is created and maintained in the statewide Juvenile Justice Information System (JJIS).

### III. POLICY:

OYA’s work with offenders includes protecting the public by ensuring offender accountability, promoting change, developing and improving skills, and reducing recidivism. Consistent with best practice, assessment identifies key criminogenic risks and protective factors. Psychological, sociological, cultural, and other factors are considered during assessment in addition to underlying reasons for criminal and problem behaviors. An essential part of the assessment process is to appropriately safeguard against making inappropriate referrals, duplicating services, or unnecessarily restricting placements.

Offender alcohol and drug problems are often related to their criminal activity. Offenders with untreated alcohol and drug problems have been found to return to alcohol and drug use, and criminal activity, at higher rates than those who have been treated. Providing effective alcohol and drug treatment is difficult. Adolescents appear to be at particularly high risk for relapse, even after treatment.

The relationship between juvenile alcohol and drug use, treatment, and crime is complex. Programmatic efforts to break the juvenile drug-crime cycle must be based on knowledge gained from past work and research. This policy defines a continuum of evidence-based response to the needs of OYA offenders who have alcohol or drug involvement in their law-breaking behavior.

### IV. GENERAL STANDARDS:

A. **Screening**

Offenders must be screened for alcohol or drug problems during the intake process to OYA close custody. The OYA Risk/Needs Assessment (RNA) instrument, administered in conjunction with other assessments to determine placement and case planning, is sufficient to establish whether further assessment is needed.
1. The RNA must be administered during OYA close-custody intake, but not at transition between facilities.

2. The RNA must be completed by trained intake staff and is based on all available information (e.g. self-report, family report, police reports, supervision reports).
   a) All offenders scoring 3 or more on either the Alcohol and Drug History (Section 13) or Current Alcohol and Drug History (Section 14) risk factors will be considered for further assessment of their alcohol and drug problems.
   b) Current Alcohol and Drug History (Section 14) must be scored reframing the questions to “Alcohol and drug use during the four weeks prior to lockup” for those offenders who have been incarcerated prior to their screenings.

3. All offenders must be screened with the TCU Drug Screen II within 14 days of admission in order to -
   a) Assign a level of use (abuse or dependency) to help in determining appropriate program placement;
   b) Help create an individual case plan in conjunction with the results from the RNA; and
   c) Match the right treatment program with the offender.

4. TCU Drug Screen II results must be documented on JJIS assessment YA 4464 Offender AOD Intake Pre-screen.
   Refer to facilitywide procedure FAC II-E-6.0 for detailed information on the AOD assessment and screening process.

5. Re-screening for alcohol or drug problems may also be done at other critical points, such as when an offender tests positive on a urinalysis for drugs or alcohol while incarcerated.

B. Assessment

1. OYA alcohol and drug assessment must conform to the standards of alcohol and drug assessment set forth by the Oregon Health Authority, Addictions and Mental Health Division, in chapter 309 of the Oregon Administrative Rules.

2. Within 30 days of placement in a designated AOD treatment program, offenders will be assessed with the OYA Offender AOD Diagnostic Assessment (JJIS Assessment/YA 4465) to determine the dosage and duration of AOD treatment or an Integrated
Assessment in conjunction with the support and oversight of a QMHP.

Refer to facilitywide procedure FAC II-E-6.0 for detailed information on the AOD assessment and screening process.

3. Full comprehensive assessments as identified above should not be conducted more frequently than once per 24-month period unless a significant change in alcohol and drug use has been identified.

If less than 24 months have elapsed since the most recent assessment, a brief addendum assessment may be completed to reflect any of the offender’s changes.

C. Treatment matching

1. Employing evidence-based practices associated with the risk principle, high-risk offenders must be prioritized for services. The level of service assignment must match the offender’s presented level of criminal risk related to alcohol or drug abuse.

2. Treatment matching must emphasize prioritizing services to high risk offenders, and matching level of service to the individual’s level of risk to re-offend in accordance with the OYA Alcohol and Drug Treatment Protocol.
   a) The initiation of treatment must begin within the final 12-18 months of an offender’s expected transition.
   b) Offenders returning to close custody due to parole violations must be rescreened and matched to the appropriate treatment group.

3. Priority group assignment based on new information

Offenders may be re-screened, their assessments updated, or new assessments completed if additional information becomes available. An offender’s priority group assignment for alcohol and drug treatment may change based on the new information.

D. Treatment

1. Offender participation in AOD treatment programs is voluntary.

Refer to facilitywide procedure FAC II-E-6.0 regarding documentation of offender consent, and non-compliance process.

2. OYA employs an evidence-based curriculum or a curriculum closely guided by evidence-based principles. The intent is to use a limited number of curricula statewide to provide consistency and to
facilitate communication of an offender’s progress across programs and over time.

a) Treatment Services must emphasize treatment engagement and retention.

b) The OYA Curriculum Review Committee must approve a limited number of curricula based on evidence-based standards.

3. The core curriculum for OYA alcohol and drug programs must be augmented by and integrated with cognitive-behavioral treatment to further address criminal attitudes, beliefs, and peer associations.

E. Community Transition

The following must be provided by the offender's primary case manager to community treatment providers when offenders have relapse prevention treatment identified as part of their transition plan into the community:

1. The offender’s case plan; and

2. A discharge/transfer summary of the offender’s progress in alcohol and drug treatment, and skill development.

F. Program Evaluation

1. OYA must measure core competencies related to recovery from alcohol and drug abuse and dependence. The competency-based evaluation system must integrate the following three components:

   a) Evidence-based programming and its evaluation;

   b) Coordination of the OYA RNA assessment instrument with program interventions and evaluation of those interventions; and

   c) Use of a standardized case planning form.

2. Programs and individual offender progress must be measured using the following in a three-level competency evaluation process.

   a) Staff ratings of generally observed behavioral improvements;

   b) Behavioral tests, and

   c) Juvenile parole/probation officer ratings of demonstrated behavior in the community.

V. LOCAL PROTOCOL REQUIRED: NO