



OREGON YOUTH AUTHORITY

Policy Statement

Part III – Youth Services (Community)



Subject:

Substance Use Disorder Screening, Assessment, and Treatment in Community Settings

Section – Policy Number:

C: Case Planning and Review – 3.1

Supersedes:

III-C-3.1 (10/10)

Effective Date:

07/30/2020

Date of Last

Review/Revision:

None

Related Standards and References:

- [ORS 182.515](#) –182.525 (Evidence-based Programs)
- [ORS 419C.486](#) (Consideration of recommendations of committing court; case planning)
- [ORS 420A.125](#) (Youth offenders; intakes assessments; reformation; placement)
- [ORS 420A.135](#) Secure regional youth facilities
- [ORS 420A.145](#) Regional youth accountability camps
- [ORS 420A.155](#) Regional residential academies
- [OAR 309-032](#) (Community Treatment and Support Services)
- Diagnostic and Statistical Manual 5 ([DSM 5](#))
- [OYA policy](#): I-A-11.0 (Assessment, Multidisciplinary Teams, and Case Planning)
- JJIS forms: JJIS YA 3002CP (Comprehensive Case Plan)
JJIS (Risk/Needs Assessment)
OYA 4465 (JJIS Assessment Youth SUD Diagnostic)

Related Procedures:

- None

Policy Owner:

Assistant Director Development Services

Approved:

Joseph O'Leary, Director

I. PURPOSE:

This policy outlines the type of substance use assessment, treatment curriculum and treatment dosage OYA staff may refer OYA youth to in community settings.

II. POLICY DEFINITIONS:

Assessment: A process of evaluating, diagnosing, and determining an appropriate level of service based on information obtained from the youth in a personal interview and from other sources, which may include substance use 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 youth interventions and progress. Case plans are created and maintained in the Juvenile Justice Information System (JJIS).

Community SUD programs: SUD treatment provided in a community-based setting (e.g., community mental health centers, private practice) that varies in frequency, duration, and intensity.

SUD: Substance Use Disorder.

III. **POLICY:**

OYA's work with youth includes protecting the public by ensuring youth accountability, promoting positive change, developing and improving skills, and reducing recidivism. Consistent with best practice, assessment identifies key risk and protective factors. Psychological, sociological, cultural, and other factors are considered during assessment in addition to underlying reasons for risky behavior. An essential part of the assessment process is to appropriately safeguard against making inappropriate referrals, duplicating, or unnecessarily restricting placements.

Youth with untreated substance use problems have been found to return to substance use and illegal activity at higher rates than those who have been treated. This policy provides a continuum of evidence-based response to the needs of youth who have substance use involvement associated with delinquent behavior.

IV. **GENERAL STANDARDS:**

A. Substance Use Screening and Assessment

1. OYA probation youth

Trained OYA staff must complete OYA Risk Needs Assessments (RNA) on all youth committed to OYA probation. (See OYA policy I-A-11.0 Assessment, Multidisciplinary Teams, and Case Planning for more information on assessments).

- a) A youth scoring 3 or more on either the Alcohol or Drug History (Section 13) or Current Alcohol and Drug History (Section 14) risk factors must be referred for a screening or assessment of the substance use problem. The screening or assessment tool must meet ASAM criteria.
- b) Current Alcohol and Drug History (Section 14) must be scored reframing the question to "Alcohol and drug use during the four weeks prior to lockup" for those youth who have been incarcerated prior to their screenings.

2. OYA parole youth

Juvenile parole/probation officers (JPPO) must ensure paroled youth who require continued SUD treatment are referred for such

treatment. These youth will have a Treatment Summary/Discharge Plan (OYA 4468) completed as part of their close-custody transition plan.

3. Medicaid-eligible youth screened as in need of a SUD assessment must be referred by their JPPOs to community SUD programs contracted with the Oregon Health Authority, or relevant division.

Non-Medicaid-eligible youth who don't have other resources may be referred to OYA-contracted SUD counselors or programs. A referral for assessment will occur as soon as possible after screening and as part of treatment referral.

4. OYA contracts with providers who conduct substance use assessments must require credentials of Certified Alcohol and Drug Counselor (CADC) in accordance with Oregon Health Authority (OHA) rules.

B. Treatment Matching

1. JPPOs must match youth to community treatment intensity according to the SUD assessment.
2. JPPOs must refer youth to community SUD programs that emphasize evidence-based curricula focused on risk factors associated with delinquent behavior and substance abuse. Treatment services must emphasize treatment engagement and retention as reflected in the treatment referral.
3. SUD treatment referrals for individualized services must include the following documents and information:
 - a) OYA 4468 Treatment Summary and Discharge Plan; and
 - b) Specific treatment goals to be addressed (interventions, services).
4. JPPOs may refer a youth for a reassessment or re-screening if additional information becomes available. A youth's priority group assignment for substance use treatment may change based on the new information.
5. JPPOs must ensure youth case plans reflect SUD treatment outcomes, and SUD treatment goals are reviewed and updated during regularly scheduled Multidisciplinary (MDT) meetings.

C. Treatment

1. It is recommended that the OYA contracted SUD treatment be integrated with additional evidence-based interventions to address identified need areas.

2. JPPOs must work closely with community treatment providers to improve treatment outcomes by monitoring the youth's relapse prevention plan, case plan, and ensuring implementation of the discharge summary.

V. LOCAL OPERATING PROCEDURE or PROTOCOL REQUIRED: NO