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POLICY NUMBER:		
CHAPTER 19: PRO		
EPARTMENT OF	STATE of MAINE DEPARTMENT OF CORRECTIONS Division of Juvenile Services	PROFESSIONAL STANDARDS
CORRECTION	Approved by Commissioner:	See Section VII
	Jusepe Ponte	
EFFECTIVE DATE:	LATEST REVISION:	CHECK ONLY IF
February 1, 2002	December 29, 2011	APA[]

I. AUTHORITY

The Commissioner of Corrections adopts this policy pursuant to the authority contained in Title 34-A M.R.S.A. Section 1403.

II. APPLICABILITY

All Departmental Juvenile Facilities

III. POLICY:

An appropriate range of services shall be provided for all residents with substance abuse issues. These shall include:

- A standardized diagnostic needs assessment administered to determine the extent of use, abuse, and dependency
- Collaboration in the development of an individualized treatment plan developed and implemented by a substance abuse professional and the clinical team that may include medical, mental health, education, social service, recreation and unit staff, as deemed necessary
- Involvement of the resident and the family, when possible and appropriate, in treatment, aftercare (Community Reintegration) and discharge planning.

The Unit Treatment Teams, in conjunction with the substance abuse treatment services provider, shall identify individual needs through a treatment philosophy, as well as develop goals and measurable objectives and provide motivational incentives. The Juvenile Program Managers shall oversee these services.

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V. ATTACHMENTS

Attachment A: Authorization for the Disclosure of Results of Substance Abuse

Screening and/or Assessment within the Department of Corrections and to the Office of Substance Abuse Services

Attachment B: Authorization for the Disclosure of Information Acquired During the

Provision of Substance Abuse Treatment within the Department of

Corrections

Attachment C: Notice of Confidentiality of Substance Abuse Records

VI. PROCEDURES:

Procedure A: Substance Abuse Evaluation

- Trained substance abuse treatment staff shall screen all residents during their Assessment/Orientation phase to determine their level of substance abuse awareness and/or need for intervention. The resident shall be required to complete the relevant substance abuse release of information form and shall be provided notice of the confidentiality of substance abuse records. (See Attachments A and C)
- All residents identified as high risk for substance abuse or dependence shall receive a more comprehensive substance abuse evaluation by a credentialed substance abuse treatment counselor.
- 3. The recommendations resulting from the substance abuse screening and any other relevant assessments and evaluations shall be included in the resident's Case Plan and forwarded to the Classification Committee.

Procedure B: Substance Abuse Education

- 1. All residents shall receive substance abuse education provided by the substance abuse treatment counselors.
- 2. Whenever possible, substance abuse education shall be incorporated in the education curriculum and into the resident's Behavior Motivation Program Levels/Phases.

Procedure C: Substance Abuse Treatment

1. Upon admission to the facility and after the initial medical assessment, if it is determined by the facility medical staff a resident is under the influence of

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alcohol, opiates, barbiturates, or similar drugs, the resident shall be detoxified. The medical staff and trained facility staff shall closely monitor and supervise the detoxification.

- 2. All residents who have been identified as having a chemical dependency by facility health care staff or are at risk for chemical dependency as identified by the substance abuse screening shall receive substance abuse treatment. This treatment shall be open to all residents, detained or committed.
- A credentialed substance abuse treatment counselor shall conduct the substance abuse treatment. The resident shall be required to complete the relevant substance abuse release of information form and shall be provided notice of the confidentiality of substance abuse records. (See Attachments B and C)
- 4. Each resident shall participate in substance abuse education/treatment as the resident's Case Plan dictates.

Procedure D: Range of Primary Treatment Services

- 1. The range of primary substance abuse treatment services for residents and their families shall include, but not be limited to:
 - a. Diagnosis;
 - b. Identified problem areas;
 - c. Individual treatment objectives:
 - d. Treatment goals;
 - e. Counseling needs:
 - f. Education plan;
 - g. Relapse prevention plan;
 - h. Culturally and gender sensitive treatment objectives, as appropriate;
 - i. The provision of self help groups as an adjunct to treatment;
 - j. Prerelease and transitional service needs; and
 - k. Coordination efforts with community supervision and treatment staff during the pre-release phase to ensure a continuum of supervision and treatment.
- 2. The Superintendent, or designee, shall ensure that the substance abuse treatment program includes a coordinated staff approach within the parameters of the Behavior Motivation Program. This approach shall be documented in treatment planning conferences and individual treatment files. These files shall be marked as confidential and treated as prescribed in Departmental Policy 22.2, Confidentiality of Resident Records. The Superintendent, or designee, shall review the program at least annually.

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Procedure E: Incentives

- 1. All residents who satisfactorily complete the substance abuse education program shall receive a certificate.
- A variety of incentives (such as preferences in housing, clothing, commissary, etc.) shall be available to residents, consistent with the goals of the Behavior Motivation Program Levels/Phases, to increase and maintain motivation for substance abuse treatment.

VII. PROFESSIONAL STANDARDS

ACA:

- 4-JCF-4E-01 Juveniles with alcohol and other drug abuse problems are identified through a standardized assessment process. This assessment process is documented and includes, at a minimum, the following:
 - 1. Drug and alcohol screening at initial intake to include use, abuse and treatment history
 - 2. Medical assessment for referral to a drug and alcohol crisisintervention-program appropriate to the needs of he individual juvenile
 - 3. Drug and alcohol assessment, when necessary, for program placement needs
 - 4. Reassessment, if indicated clinically
- 4-JCF-4E-02 In a facility that offers a treatment program for alcohol and other drug-abusing juveniles, the clinical management includes, at a minimum, the following:
 - 1. Standardized diagnostic-needs assessment administered to determine the extent of use, abuse, and dependency
 - 2. Collaboration in the development of an individualized treatment plan developed by a substance abuse professional and the clinical team that may include medical, mental health, education, social service, recreation and unit staff as deemed necessary
 - 3. Involvement of the juvenile and, when possible, his/her family/guardian, in treatment, aftercare, and discharge planning
- 4-JCF-4E-03 In facilities where juveniles have access to a chemical-dependency-treatment program, there is a written treatment philosophy consistent with current professional standards of practice for alcohol and other drug treatment within the context of the total correctional system. The program has an operational manual that is reviewed annually and includes the following:
 - 1. Type of treatment modality/program; in other words, medical model, cognitive-behavioral, therapeutic community, educational intervention, and so forth
 - 2. Treatment goals and objectives consistent with the identified modality
 - 3. Description of program components
 - 4. Admission criteria

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- 5. Staff qualifications
- 6. Staffing levels
- 7. Program schedule of activities
- 8. Quality assurance activities
- 4-JCF-4E-04 In facilities where juveniles have access to a chemical-dependency-treatment program, the program provides for an appropriate range of primary treatment services for alcohol and other drug-abusing juveniles that includes, at a minimum, the following:
 - 1. Juvenile assessment and diagnosis
 - 2. Individualized treatment goals and objectives
 - 3. Individualized treatment plan
 - 4. Culturally and/or gender-sensitive-treatment objectives, as appropriate
 - 5. Relapse prevention and management
 - 6. Prerelease and transitional service needs coordinated between community supervision and facility treatment staff during the prerelease phase to ensure a continuum of supervision and treatment
 - 7. Introduction to self-help groups as an adjunct to treatment
- 4-JCF-4E-05 In facilities where juveniles have access to a chemical-dependency program, the facility uses a coordinated staff approach to deliver substance-abuse and chemical-dependency treatment services. This approach to service delivery shall be documented in treatment-planning conferences and in individual treatment files.
- 4-JCF-4E-06 In facilities where juveniles have access to a chemical-dependency program, the substance abuse and chemical-dependency treatment program provides incentives for targeted treatment achievements to increase and maintain the juvenile's motivation for treatment.
- 4-JCF-4E-07 All juveniles are provided alcohol and drug-abuse education by a qualified individual

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