

POLICY: Substance Use Disorder Treatment Services for Adolescents and other Youth AUTHOR: Nathan Hobbs, LMFT, Program Specialist Children's System of Care Reviewed by Executive Committee and recommended for approval by BHCS Director:

Date (2004) initials

Date Revised: _____Policy No.:

Manuel J. Jimenez, Jr., MA, MFT, Behavioral Health Care Services Director

Approved By:

Date: 6/30/19

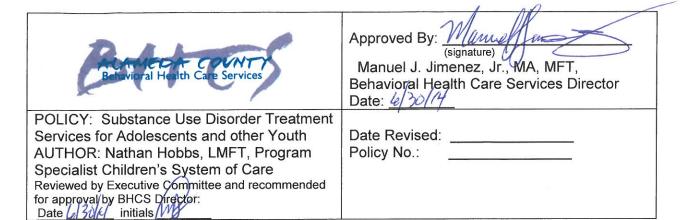
POLICY: Substance Use Disorder (SUD) Treatment Services for Adolescents and other Youth

It is the policy of Alameda County Behavioral Health Care Services (ACBHCS) to assure that adolescents and other youth in Alameda County receive treatment services for SUD that are in compliance with all elements of the **Youth Treatment Guidelines** promulgated by California's Department of Health Care Services (DHCS) through its Net Negotiated Amount (NNA) contract specifications.

PROCEDURE:

- ACBHCS provides SUD services through direct services contracts with various community-based organizations (CBOs) to provide SUD treatment services, including those designed specifically for adolescents and other youth.
- Contracts for SUD treatment services are developed in collaboration with CBOs, personnel from ACBHCS's Children's System of Care (CSOC) and Network Office, and reviewed by Alameda County Counsel.
- 3. Contracts are then approved and executed by the Board of Supervisors, with signatures from the chief executive officers of the CBOs that will provide SUD services to adolescents/youth.
- 4. Contracts with CBOs for SUD treatment for adolescents and other youth will specify that CBOs implement services in accordance with how the Youth Treatment Guidelines (YTG) are referenced in the NNA contract, Exhibit C, Section B-9, which specify how the provisions for:
 - Target population;
 - Service components, including screening, initial and continuing assessment, diagnoses, placement, treatment planning, counseling, youth development approaches to treatment, family engagement and multi-family counseling educational and vocational activities, structured recovery-related activities, alcohol and drug testing, discharge planning, and continuing care;
 - Service coordination and collaboration, including case management, complementary services and critical linkages;
 - Culturally and linguistically responsive services to provide the most appropriate treatment for clients; Health and safety issues, including care and supervision, medication management, emergency services, detoxification services and building ground;
 - Legal and ethical issues, including voluntary treatment, consent, confidentially, criminal reporting, notice of program rules, client rights and grievance procedures; and
 - Administration, including program rules and procedures, program staffing and program data collection and reporting.

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- 5. CBO compliance with the YTG will be verified through annual program audits using a standard template that includes the specific provisions of the YTG. The audits will be performed by personnel from the ACBHCS Network Office, using site visits and review of various reports generated from client data entered into the INSYST (CalOMS) system.
- 6. During the audits, Network Office personnel will identify any concerns, deficiencies or variances from the YTG guidelines and discuss with the CBO the nature of those issues. Such deficiencies, variances or concerns will be documented in a site visit report that is made available to the CBO and the CSOC lead.

The CSOC lead will then discuss the findings with the CBO, and, if it appears that the CBO could benefit from training and/or technical assistance, will make recommendations to the CBO for resources within ACBHCS or through statewide associations that can address those training/technical assistance needs.

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