



# Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Youth Services

## Official Policy

**Policy Name:** Youth Substance Use Assessment, Prevention and Treatment

**Policy #:** 02.03.06(c) **Effective Date:** March 20, 2020

**Repeals:** 02.03.06(b)

**References:** Diagnostic and Statistical Manual of Mental Disorders  
DYS Case Management Practice and Procedure Manual  
DYS Policy on the Availability of Naloxone in Response to Opioid Overdose  
JJEMS Job Aid: Recording Substance Use Track (July 2019)  
DYS Emergency Medical Assistance Protocol (March 11, 2019)  
DYS Notification of Suspected Substance Use Contact Form (January 2020)

**Signature:**  2.27.2020  
Peter J. Forbes, Commissioner Date

**Applicability:** This policy shall apply to employees and youth of the Department of Youth Services ("DYS"). Providers are expected to have their own policy consistent with this policy.

### Policy

It is the policy of DYS to enhance public safety and the health and welfare of its youth by educating all youth concerning the impact of substance use, identifying youth with substance use disorder treatment needs, ensuring youth committed to its custody receive appropriate substance use disorder treatment, and monitoring treatment plan compliance.

This policy establishes standards for the identification of and response to drug and/or alcohol use by DYS youth.

#### A. Definitions

1. The following definitions shall have the meanings assigned to them in this policy for purposes of interpreting this policy.

Acute and Urgent Needs: Rapid onset of marked physical or behavioral symptoms of distress requiring immediate intervention of staff and a call to 911 for immediate medical attention and/or psychological evaluation. Such physical or behavioral signs and symptoms include slurring of speech or other difficulty with communication; uncoordinated or difficulty with balance/gait; excessive drowsiness or weakness; and/or agitation, disorientation or hallucinations.

Case Management Plan (previously known as the Service Delivery Plan): As described in the Case Management Practice and Procedure Manual, the Case Management Plan outlines identified services for youth based on both an assessment of risk factors associated with reoffending and the responsivity needs of the youth. For youth in the community with an identified need around substance use, this Plan incorporates the referral to an outpatient substance use disorder treatment provider.

Community Placement: A location in the community that DYS and/or its contracted providers has approved for the placement of a youth who has signed a grant of conditional liberty (GCL). For this policy such location shall include reception center placements. Such location does NOT have 24 hour on site supervision by a DYS state or contracted provider employee and includes, but is not limited to home and foster care, and independent living apartments.

Monthly Treatment Plan: Document drafted and documented in JJEMS in connection with the multi-disciplinary monthly treatment meeting which takes place in a DYS residential treatment program to discuss treatment planning, youth's progress in their individualized programming, and clinical, education/vocation and milieu adjustment with the youth, the youth's parent/family member(s) /legal guardian(s), the DYS caseworker, and other interested parties.

Reasonable Belief of Substance Use: Sufficiently reliable information used to objectively reach a common sense conclusion that a youth has engaged in the use of alcohol or drugs, requiring intervention, including, but not limited to acute medical care, medical screening, specialized placement, or substance use disorder treatment. The standard of reasonable belief does not require absolute certainty, but rather a sufficient particularized probability, the type of common sense conclusion about human behavior upon which reasonable people are entitled to rely. Sufficiently reliable information may include but is not limited to any of the following: a) current and historical information; b) observations of the youth such as slurred speech, bloodshot or glassy eyes, staggered gait, listlessness, nodding off, track marks, injection sites, heavy perspiration, nervousness, agitation, undue aggression; c) statements made by the youth; d) contraband discovered in the youth's possession or control; and e) credible information learned about the youth's activities. This list is meant to be a guide and is not exhaustive.

Residential Placement: DYS state or provider operated program where a youth resides, where youth are not allowed to leave without approval, and there is 24/7 DYS

state or provider supervision at the location including but not limited to hardware secure programs, staff secure programs, and programs considered Track 1 and 2.

Substance Use Disorder: Behavioral health condition spanning a wide variety of problems arising from substance use, and covering 11 different criteria. Substance Use Disorder can be classified as Mild, Moderate, or Severe depending on the number of criteria identified (See DSM). Criteria include: (1) Taking the substance in larger amounts or for longer than you're meant to; (2) Wanting to cut down or stop using the substance but not managing to; (3) Spending a lot of time getting, using, or recovering from use of the substance; (4) Cravings and urges to use the substance; (5) Not managing to do what you should at work, home, or school because of substance use; (6) Continuing to use, even when it causes problems in relationships; (7) Giving up important social, occupational, or recreational activities because of substance use; (8) Using substances again and again, even when it puts you in danger; (9) Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance; (10) Needing more of the substance to get the effect you want (tolerance); (11) Development of withdrawal symptoms, which can be relieved by taking more of the substance.

Substance Use Assessment: A clinical evaluation of a youth to determine the presence or absence of drug or alcohol use or dependency as well as its nature and complexity. This assessment is part of the overall assessment for each youth. Such assessment may include use of an approved assessment tool as approved by the Director of Substance Use Services.

Substance Use Prevention Services (Prevention Track): Activities or programming for youth on Prevention Track that are specifically designed for prevention of and recovery from substance use disorders, i.e. educational classes, individual education and other educational modalities as deemed necessary to enhance youths' knowledge of substance use related issues.

Substance Use Treatment Services (Treatment Track): Services provided to youth on the Treatment Track to address physical and/or psychological misuse or dependence on substances, i.e. range of clinical services, individual and/or group therapy, and other services based on the individual's needs.

Substance Use Treatment Plan: Document incorporated into the monthly treatment plan that outlines the treatment goals for the youth while in a residential program. In the community, this plan is defined by the treatment provider and incorporated into the case management plan.

Transition to Independent Living: DYS location for placement of youth who have signed a Grant of Conditional Liberty (GCL) that has a group care license and 24 hour staff.

Youth Engaged in Services (YES): Voluntary services offered to all youth committed as delinquents and as youthful offenders post-discharge until the age of 22– formerly

referred to as Assent of Ward. For youth who agree to engage in voluntary services, the Acknowledgement of YES form is completed and submitted for approval. If the youth declines services, the *YES – Declined* form is completed. All discharging youth who initially reject YES services have a 90-day window post-discharge to request a return to DYS under a YES agreement.

2. Terms that are defined in Policy #01.01.04, “Policy Definitions” shall have the meanings assigned to them in that policy, unless a contrary meaning is intended.
3. Terms not defined in Policy #01.01.04 or in this policy shall have the meanings assigned to them by reasonably accepted standard dictionary definitions of American English.

B. Substance Use Services for Overnight Arrest (ONA)

1. DYS state or provider employees shall not admit a youth transported by law enforcement to DYS Alternative Lock up or Overnight Arrest who the Shift Supervisor reasonably believes has acute or urgent substance use related needs.
2. If the Shift Supervisor reasonably believes that the youth has acute or urgent substance use related needs, the Shift Supervisor shall instruct the law enforcement officer to bring the youth to the nearest Emergency Department for medical clearance. The Overnight Arrest location shall not accept any youth believed to require medical clearance without written documentation that the youth has been medically cleared.

C. Substance Use Services for Detained Youth

1. DYS state or provider employees shall not admit a youth who has been transported by a Sheriff to a DYS operated or contracted program who the Shift Supervisor reasonably believes has acute or urgent substance use related needs. The Shift Supervisor shall instruct the Sheriff to bring the youth to the nearest Emergency Department for medical clearance.
2. For DYS detained youth who have gone through the intake process and later appear to have acute or urgent substance use related needs, DYS shall transport youth to Emergency Department for medical clearance according to Section H.
3. While in detention locations, DYS will offer an approved DYS substance use prevention education curriculum presented by clinical staff or designee.

D. Substance Use Assessment for Prevention or Treatment Services of Newly Committed Youth

1. During the assessment period for all newly committed youth, clinical staff shall administer an assessment tool as approved by Director of Substance Use Services to determine if substance use is a risk factor for the individual youth.

2. Youth who are identified as having substance use disorders or at high risk for developing substance use disorders will be recommended to receive substance use treatment services and placed on the Treatment Track. Those who are assessed and found not to have potential substance use disorders will be recommended to receive prevention services upon placement and placed on the Prevention Track.
3. These recommendations should be made at the initial staffing for development of the youth's monthly treatment plan.

E. Substance Use Services for Committed Youth in Residential Placement

1. DYS and its contracted providers will deliver an approved DYS substance use prevention curriculum to all youth on the Prevention Track once per week. Youth will be required to complete the DYS approved curriculum.
2. DYS and its contracted providers will provide DYS approved substance use treatment services within DYS facilities for youth on the Treatment Track. All youth receiving substance use treatment will at a minimum participate once per week in DYS approved substance use treatment services. DYS youth will be required to complete the DYS substance use treatment curriculum.
3. During monthly treatment review meetings, the caseworker, the program representative and clinical staff will, as part of the treatment plan review, specifically address the issue of substance use and insure that services are consistent with the youth's assessments, as well as revise or update the monthly treatment plan based on treatment progress and needs of the youth.

F. Community Re-Entry/Transitional Planning for Substance Use Services

1. During the 90/60/30 Day Community Re-Entry/Transitional Planning phase, clinical staff, in consultation with a youth's caseworker, shall review and may modify substance use services and tracks of any youth.
2. For all applicable youth, the caseworker will ensure that substance use service needs are incorporated into the Case Management plan, as detailed in the Case Management Practice and Procedure Manual by:
  - a) Documenting substance use service needs of the youth at the 90-day meeting, which serves as the intake meeting for short term placements;
  - b) Ensuring youth are enrolled in MassHealth or own insurance so youth can receive treatment services.
3. If the Case Management Plan recommends substance use disorder treatment, the Caseworker shall complete the following using these times below at a minimum:

- a) Make a referral at least 60 days prior to the youth's return to the community to a MassHealth Provider to provide outpatient substance use disorder treatment;
- b) Invite the outpatient substance use treatment provider to the 30-day meeting to complete relevant paperwork and forms;
- c) At least 2 weeks prior to the youth's release to the community, contact outpatient substance use disorder treatment provider to ensure timely initiation of community based substance use treatment services.
- d) Contact the youth's Behavioral Health Insurance Provider (MBHP) for assistance in finding services if no service provider appears to be available.

G. Substance Use Services in Community Placement

- 1. For youth receiving substance use disorder treatment services, substance use services shall including the following:
  - a) Youth shall begin services with a MassHealth Community Based Network outpatient substance use disorder treatment provider or as otherwise identified in section E. 3. within 14 days of return to the community, and such services shall be documented in the youth's Case Management Plan.
  - b) Caseworker shall request and maintain in the youth's file a copy of the treatment plan from the youth's community treatment provider.
  - c) Caseworker shall review monthly with the community treatment providers the plans and progress of all youth in the community receiving substance use disorder treatment. This will include review of the outpatient substance use disorder treatment provider's treatment-plan for the youth.
  - d) Upon review with the community treatment provider, the Caseworker with consult from the provider and the Community Clinical Coordinator may reassign a youth on the Treatment Track to the Prevention Track with any services recommended by the provider.
- 2. For all youth returned to custody, a clinical staff shall assess the youth for substance use disorders. If substance use disorder needs are identified or indicated, Caseworker will revise the Case Management Plan for substance use disorder treatment services and track in preparation for community placement.
- 3. For youth in the community presenting symptoms indicating reasonable belief of substance use, Caseworkers shall review the type of interventions needed and/or revisions to the Case Management Plan with the youth's parent/guardian, District Manager and in consultation with the clinical staff to include but not limited to:

- i. Consideration if steps under Section H or Section I are needed due to acute and urgent need and/or for medical clearance;
- ii. Refer the youth for assessment through contracted Mass Health Community Based Network outpatient substance use service provider;
- iii. Revision of track; and/or
- iv. Consideration of implementation of the revocation process depending on youth's overall progress in the community and severity of substance use.

H. Response for Any Youth with Acute and Urgent Needs due to Substance Use

1. If at any time a youth develops signs or symptoms of acute and urgent needs such as slurring of speech or other difficulty with communication, difficulty with balance/gait, excessive drowsiness or weakness, disorientation or hallucinations, and/or any evidence of a life-threatening medical emergency as outlined in the DYS Emergency Medical Assistance Protocol, DYS state or provider residential or community staff shall call 911 immediately for the transport and medical clearance of youth. For Residential Staff only, Medical On-Call shall be notified after 911 is called and Emergency Services are on the way.
2. Staff shall take steps to ensure the youth's physical and emotional safety while waiting for transport.
3. Upon discharge, staff shall complete the DYS Notification of Suspected Substance Use Contact Form and leave a completed copy with the Emergency Services. Staff shall also return a completed copy of the form to the Regional Health Services.

I. Response for Any Youth if Reasonable Belief of Substance Use but No Acute/Urgent Need

1. Even without acute and urgent signs and symptoms, medical clearance is required if employees have reasonable belief of youth's substance use in the following circumstances:
  - a) for any youth in residential placement,
  - b) youth returning to residential placement from the community, or
  - c) youth in transitional independent living or in community placement when deemed necessary by the supervising employee, including but not limited to the caseworker in consultation with the District Manager.
2. Location staff authorized to conduct transportation of youth may provide transportation of a youth needing medical clearance where there is reasonable belief of substance use but no acute and urgent need. Transportation staff shall carry Narcan.

3. Upon discharge, staff shall complete the DYS Notification of Suspected Substance Use Contact Form and leave a completed copy with the Emergency Services. Staff shall return a completed copy of the form to the Regional Health Services.
4. Medical clearance as a result of a substance use related event is essential for several reasons:
  - a) to minimize the risk of further medical complications from the substance use;
  - b) to maximize the safety of other youth and staff from possible erratic or dangerous behavior of an intoxicated youth or one who is in withdrawal;
  - c) to determine which substance(s) were used by the youth; and
  - d) to ensure youth is placed properly. Placement may include a specific substance use placement (such as detox) where recommended by health services staff.

J. Youth Refuses to go for Medical Clearance

1. If youth in **residential placement** refuses to go for medical clearance and employee has reasonable belief of youth's substance use, employee shall notify the location supervisor who shall follow these steps:
  - a) Immediately assign specific employee for "one-to-one" coverage of the at-risk youth until seen by health services. Such one to one coverage requires employee to monitor youth and comply with the following:
    - i.) Remain within six feet of the resident never leaving the youth unattended, or let the youth out of their sight;
    - ii) When the youth is in the bathroom or taking a shower, the monitoring employee need not keep the youth in direct sight but should supervise the youth in such a manner that they can assure their safety including engaging in continuous conversation, and observing feet, head or other observable parts of the youth excluding their genitalia.
    - iii) When in the bedroom, youth's bedroom door shall remain open, and employee must stay within the doorway or within the room at all times;
  - b) Alert medical or regional on-call of youth's refusal and reason and schedule youth to be seen by regional health services;
  - c) While on one to one, assigned employee shall keep with them the "Behavioral Observation Sheet" and document on an hourly basis or until seen by health services the youth's behavior including specific signs and symptoms, if any, as directed by medical on call.



- d) During the “one-to-one” observation location employees, including Juvenile Justice Youth Development Specialists(JJYDS), advocate and clinical, shall speak with the youth to encourage the youth to go for medical clearance.
  - e) Not allow youth to participate in general programming until seen by health services; and
  - f) Keep youth under “one-to-one” observation until youth has been evaluated by the Health Services team and deemed medically safe to be removed from “one-to-one” watch status.
2. If youth in **transitional independent living** refuses to go for medical clearance and employee has reasonable belief of youth’s substance use and deems medical clearance necessary, employee shall notify supervisor who shall:
- a) assign specific employee for “one-to-one” coverage of the at-risk youth. Such one to one coverage requires employee to monitor youth and comply with the following:
    - i.) Remain within six feet of the resident never leaving the youth unattended, or let the youth out of their sight;
    - ii) When the youth is in the bathroom or taking a shower, the monitoring employee need not keep the youth in direct sight but should supervise the youth in such a manner that they can assure their safety including engaging in continuous conversation, and observing feet, head or other observable parts of the youth excluding their genitalia.
    - iii) When in the bedroom, youth’s bedroom door shall remain open, and employee must stay within the doorway or within the room at all times;
  - b) During the “one-to-one” observation location employees, including regional on call, JJYDS, advocate, caseworker and clinical, shall be notified to speak with the youth to encourage the youth to go for medical clearance.
  - c) Keep youth under “one-to-one” observation until youth has been evaluated by youth’s outside health service provider. Such youth shall not attend school or work until such clearance has been obtained by DYS or outside provider health services.
3. If youth in **community placement** refuses to go for medical clearance and employee has reasonable belief of youth’s substance use, Caseworker may notify parent to come get youth if not at home; request parent or legal guardian remain with youth at location including home; keep youth at location, including home, with supervision until more stable.

4. At any time where there is an increasing concern of health or safety of the youth, staff may refer back to Section H.

K. Additional Immediate Steps in Response to Youth Needing Medical Clearance

1. In all residential, transitional independent living and community cases where there is an acute and urgent need or reasonable belief of substance use requiring medical clearance, other immediate actions shall be considered including:
  - a. Notification and discussion with parents or guardians (if not already notified);
  - b. Notification of regional health services staff if in residential placement (if not already notified);
  - c. Notification to CIC through serious incident reporting if emergency services called;
  - d. Outreach to a MassHealth treatment provider or the youth's current treatment provider requesting an urgent visit;
  - e. Commencement of the revocation process if youth has a GCL including the youth's return to secure custody; and/or
  - f. Remain with youth until such time as a plan is in place that provides for the youth's physical and emotional safety.
2. If the youth is within a residential program, staff shall:
  - a. Refer the youth for an assessment through the program's contracted health service provider;
  - b. Review and revise the youth's treatment/service delivery plan in collaboration with the youth's family; and
  - c. Review case management plan including passes and placement status.

L. Documentation

1. The Assessment Clinician shall set the initial assessment of the youth's substance use track in JJEMS as part of the initial Assessment Process.
2. The Caseworker shall record any changes to the substance use track in JJEMS any time after the initial assessment in the A-Substance Abuse Track E-file including a youth moving from the Treatment Track to Prevention Track.

M. Substance Use Testing of DYS Youth

1. All drug testing shall be conducted by the outpatient substance use treatment provider or other outpatient medical provider as part of the treatment plan. No random or surveillance drug testing is allowed unless prescribed by the provider.
2. Drug test results received from a sheriff's office, probation department and other similar agencies shall not be the sole reason to impose a behavior management sanction on a youth. Such information may be the basis of reasonable suspicion.

3. Any authorized drug testing shall be performed by outpatient substance use disorder treatment provider or other outpatient medical provider. No other DYS or provider staff shall be authorized under any circumstances to collect, observe or handle urine or other bodily fluids for the purposes of collecting samples from DYS youth for substance use testing.
4. DYS and provider staff are prohibited from referring DYS youth to other non health service provider entities, such as a Sheriff's Department or Probation Department, for substance use testing.
5. Staff must treat the results of any drug test as confidential in order to protect the privacy of the youth. Staff may not discuss the results with anyone other than a treatment provider and state or provider staff involved with the youth's case.

N. Training Requirements

1. All DYS state and provider clinical staff located in DYS Assessment programs shall receive training on the approved substance use assessment tool as determined by the Director of Substance Use.
2. DYS, as directed by DYS Training Director and Substance Use Services Director, shall provide training on substance abuse prevention and treatment including the signs, symptoms, behavior and credible information giving rise to a reasonable belief that a youth is using drugs or alcohol.
3. Contracted Providers shall provide similar training modules to staff if not attending DYS training.
4. All DYS trainings shall be documented through the DYS Training Center.

## **PERFORMANCE MEASURES:**

1. DYS detention locations offer an approved DYS substance use prevention education curriculum presented by clinical staff or designee.
2. All DYS committed youth shall receive a substance use prevention or treatment track designation during their Assessment Program placement as set by the Assessment Clinician.
3. DYS State and Contracted Provider programs for committed youth will provide at least one session per week of substance use disorder treatment services for youth on the Treatment track.
4. DYS State and Contracted Provider programs for committed youth will provide at least one session per week of substance use prevention curriculum to all youth on the Prevention Track.
5. Caseworkers shall document the outpatient substance use treatment provider in JJEMS for all committed youth in community placement on the treatment track.
6. Director of Substance Use Services shall monitor and report quarterly data on:
  - a. Correct Assignment of all committed youth on the Treatment or Prevention Track;
  - b. Number of youth who were determined to have violated their GCL due to substance use; and
  - c. Number of youth seen by health services for medical clearance.

	<i>Commonwealth of Massachusetts</i>
	<i>Executive Office of Health and Human Services</i>
	<b>Department of Youth Services</b>

## DYS Notification of Suspected Substance Use Contact Form

To Emergency Services Location

\_\_\_\_\_ (Add Name of Emergency Services Location here)

\_\_\_\_\_ (Add name of Youth) is presently in the care and custody of the Department of Youth Services.

This youth has been sent to your facility for medical clearance secondary to suspicion of the use of drugs and/or alcohol and remains under the jurisdiction of DYS.

Upon discharge from your Emergency Services, this youth will be returning to a group residential program supervised by Department of Youth Services' staff. Please be aware that there is no 24-hour on-site medical coverage at the DYS facility.

If this youth is safe for discharge to our program, we require that a medical provider from your facility have direct communication with a representative of DYS-contracted health services providers in order to ensure the safe transition to our program and an appropriate plan of care for the youth. Please contact the DYS-contracted health services provider on-call at \_\_\_\_\_ (DYS number for regional health services).

Thank you for your assistance and attention to this youth.

Name of Medical Staff who received this form: \_\_\_\_\_ (please print)

**DYS Staff shall retain a completed copy of this notification and return it to the DYS Regional Health Services for this youth upon return.**



<i>Commonwealth of Massachusetts</i>
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<b>Department of Youth Services</b>

### **Emergency Medical Assistance Protocol**

**In the event that a life threatening emergency occurs your first call should be to 911-Emergency Medical Services.**

**CALL 911 in the following circumstances and provide First Aid/CPR per training until Emergency Medical Services arrive:**

- Choking with inability to speak
- Allergic reaction with difficulty breathing and/or facial swelling
- Seizure activity without a known history
- Person unconscious, semi-conscious or severely confused
- Severe difficulty breathing/asthma attack
- Heavy/uncontrolled bleeding
- Coughing/Vomiting large amounts of blood
- Head/neck injury
- Bone/joint injury with obvious deformity/bone exposed through skin/large swelling/intense pain
- Suspected drug or alcohol overdose
- Sudden severe or persistent pain
- Severe chest pain
- Severe burns
- Use of EpiPen, Narcan or AED

**If you have any doubt about injury severity, CALL 911 and provide First Aid/CPR per training until Emergency Medical Services arrive.**

Health Services, On Site or On Call if after hours, should be notified of the event once 911 has been called. First Aid/CPR should continue until that time that Health Services or Emergency Medical personnel arrive.

Medical On Call is to be utilized as a resource for guidance and non-911 medical issues/concerns that arise, 24/7, outside of the regular hours that medical staff are on site. Medical On Call is NOT an emergency service!

**Medical On Call Phone Number-** . Please allow 15 minutes for Medical On Call to call back. If no call back in 15 minutes- please call again. Please have youth available to speak with Medical On Call.

# **Training Bullets for the updated DYS Policy on Youth Substance Abuse**

## **Assessment, Prevention and Treatment 02.03.06(c)**

### ➤ **Requirements for Review**

- All Direct Care State and Provider Employees shall review the policy with these training points.
- Refer questions to your location supervisor who can refer questions to the DYS Director of Substance Abuse.
- Policy is effective March 20, 2020

### ➤ **Important Policy and Procedure Language to review for Changes**

- Policy Language has been updated changing Substance ABUSE to Substance USE. This language change throughout the policy reflects current practice language in Substance Use Services.
- There has been no change where All youth (except youth in overnight arrest locations) receive education of substance use issues depending on where they are placed. All committed youth will be assessed and placed on a prevention or treatment track.
- 02.03.06(c). A. Review updates to the definitions including Community Placement and Transition to Independent Living.
- 02.03.06(c).B. No changes. Substance Abuse Services for Overnight Arrest – No youth shall be admitted if there is a reasonable belief the youth has acute or urgent needs. If so, the law enforcement officer shall bring the youth for medical clearance.
- 02.03.06(c). C-G . No significant changes. Staff shall review as needed.
- 02.03.06(b.) H. Revised Section emphasizing for a youth who has acute and urgent needs – specifically - slurring of speech or other difficulty with communication, difficulty with balance/gait, excessive drowsiness or weakness, disorientation or hallucinations, and/or any evidence of a life-threatening medical emergency as outlined in the DYS Emergency Medical Assistance Protocol (see attached) - DYS state or provider residential or community staff shall call 911 immediately for the transport and medical clearance of youth. For Residential Staff only, Medical On-Call shall be notified after 911 is called and Emergency Services are on the way.
  - This section has been revised to emphasize that staff does not need permission to call 911
  - New language also asked that “[u]pon release, staff shall have the medical facility complete the DYS Notification of Suspected Substance Use Contact Form (see attached) and leave a completed copy with the Emergency Services. Staff shall also return a completed copy of the form to the Regional Health Services.
- 02.03.06(b.) I. No significant changes. Please review in detail for youth who does not have acute and urgent needs but medical clearance is STILL REQUIRED. This need could be from personal observation of the youth or due to a treatment plan that has been tailored for this youth.

**Training Bullets for the updated DYS Policy on Youth Substance Abuse**  
**Assessment, Prevention and Treatment 02.03.06(c)**

- 02.03.06(b). J.(1) New Section that breaks out when a Youth in Residential Placement refuses to go for Medical Clearance. This section details the required steps for staff. It removes the prior language of 'full watch' removing the need to call the crisis team. All other steps should be the same from the prior policy.
- 02.03.06(b).J.(2) New Section for when a Youth in Transitional Independent Living refuses to go for Medical Clearance. Same requirements as if youth was in Residential Placement requiring the Transitional Independent Living provider to call for additional staff if needed to comply and get youth cleared before continuing with daily activities.
- 02.03.06(b). K- M. No significant new language.
- Performance Measures have been added that may be used in monitoring policy compliance.