OREGON YOUTH AUTHORITY

Policy Statement

Part III – Youth Services (Community)

Subject:

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

Section – Policy Number:	*Supersedes:*	*Effective Date:*	*Date of Last Review/Revision:*
C: Case Planning and Review – 3.1	**III-C-3.1 (07/20)** **III-C-3.1 (10/10)**	**01/29/2026**	**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 (Adjudicated youths; intake assessments; reformation plan; 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:	**Approved:**
Assistant Director Development Services	Mike Tessean, 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.

OYA has identified diversity, equity and inclusion as an agency priority and initiative, with a goal to build a respectful, diverse, equitable, and inclusive environment for youth and staff that is free from harassment, discrimination and bias. OYA works toward greater equity by providing all youth with the culturally appropriate services and supports they need to access and fully participate in substance use treatment.

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 outlines standards for assessment and treatment referral for SUD for youth in community placements.

IV. GENERAL STANDARDS:

A. Substance Use Screening and Assessment

1. OYA youth on probation

a) Upon a youth's commitment to OYA probation, a juvenile parole/probation officer (JPPO) must identify any substance use concerns by reviewing the youth's history of substance use, OYA Risk and Needs Assessment 2.0 (RNA), Juvenile Crime Prevention assessment (JCP), and recent substance use assessments.

See OYA policy III-B-2.0 New Commitments to OYA Legal Custody for more information about required assessments.

b) If there are substance use concerns and no completed substance use assessments within the last six months, the

youth must promptly be referred for a substance use screening or assessment.

c) The screening or assessment tool must meet American Society of Addiction Medicine (ASAM) criteria.

2. OYA paroled youth

JPPOs 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 Referral

1. JPPOs must refer youth to community treatment using ASAM criteria to determine level of care needed.

2. JPPOs must prioritize and make a reasonable effort to refer youth to culturally responsive community SUD programs that are aligned with ASAM levels of care and emphasize evidence-based curricula focused on risk factors associated with delinquent behavior and substance abuse.

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.

5. JPPOs must ensure youth case plans reflect SUD treatment goals and are reviewed and updated during regularly scheduled Multidisciplinary (MDT) meetings.

6. 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