

## **CHAPTER 19:**

### **MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES IN THE COMMUNITY**

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# MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES IN THE COMMUNITY


This chapter should be read in conjunction with the earlier chapters, “Mental Health and Substance Abuse Services During Confinement” and “Health Insurance and Other Health Care Funding Sources in the Community.”

## Accessing mental health services

Mental health services in the community are available in many different settings including community health centers, schools, faith-based programs, state agencies, hospitals, private offices and your home.

There are a range of types of services available. These include:

- office-based outpatient services such as individual therapy and/or family therapy, medication management, and substance abuse treatment;
- intensive non-residential outpatient services such as community services, family stabilization services, observation/partial hospitalization, psychiatric day treatment, and substance abuse treatment;
- emergency services such as crisis intervention and screening, short-term crisis counseling, emergency medication management, and crisis stabilization;
- inpatient services such as hospitalization, short-term residential treatment, and longer-term residential treatment.

 **Tip for families:** To find services that are appropriate for your child, you might consult with, in addition to DYS, your mental health care insurance provider, your child’s pediatrician or other health care providers, your local Community Service Agency, your friends, your family, your religious advisor, your child’s school staff, and mental health care advocates, among others.


Most mental health services in the community are paid for by Medicaid or private insurance. Insurance coverage is discussed further in the chapter entitled “Health Insurance and Other Health Care Funding Sources in the Community.”

## Accessing emergency services and crisis evaluation

Youths may access emergency services during psychiatric crisis in several ways. As has been traditional in the past, a youth may go to an emergency room or call 911. Going to an emergency room is always appropriate if a youth has overdosed, injured himself, is intoxicated, or is experiencing the first onset of serious psychiatric symptoms.<sup>1</sup>

Recently, another source of emergency services has been created for certain categories of youths: Emergency Service Providers (ESPs). ESPs are available to MassHealth clients, Department of Mental Health clients and people without insurance. ESPs provide assessment, crisis intervention, mobile capacity, and referral services. All ESPs must have 24-hour mobile capacity for minors.<sup>2</sup>

ESP is available for youths living in the community, including youths residing in DYS staff secure treatment facilities.<sup>3</sup> ESP is not available to youths residing in DYS hardware secure treatment facilities as these youths are not eligible for MassHealth until they leave the facility.<sup>4</sup>

 **Tip for families:** Each community has its own ESP provider. You can find your community's provider at <http://www.masspartnership.com/provider/index.aspx?InkID=ESPArchiveMain.ascx>.

## Accessing *Rosie D.* services

*Rosie D.* is a class action federal court lawsuit that sought to compel the Commonwealth of Massachusetts to provide intensive home-based mental health services to individuals under age 21 with serious emotional disturbance, pursuant to the federal Medicaid Act. Under the Act's Early Prevention, Screening, Diagnosis and Treatment (EPSDT) mandate, all states must screen eligible children, diagnose conditions found, and furnish appropriate treatment to correct or ameliorate physical and mental health issues (promptly and for as long as is needed).

1 Center for Public Representation, Fact Sheet: Emergency Service Providers (ESPs) .

2 Emergency Service Program (ESP) Overview at 12, <http://www.masspartnership.com> (click on "ESP" and then on "ESP Overview") (visited Nov. 9, 2009).

3 DYS and EOHHS, DYS Strategic Direction on Children's Behavioral Health (Jan. 20, 2010), <http://www.rosied.org/resources/Documents/DYS%20protocol.final.doc>, at 5.

4 DYS and EOHHS, DYS Strategic Direction on Children's Behavioral Health (Jan. 20, 2010), <http://www.rosied.org/resources/Documents/DYS%20protocol.final.doc>, at 5.

The outcome of the suit, by order issued in 2006, was that Massachusetts had to comply with this mandate. Pursuant to that order, Massachusetts will provide home-based mental health services to youths who meet the following criteria:

- under age 21;
- reside in Massachusetts;
- eligible for MassHealth;
- diagnosed with a serious emotional, behavioral or psychiatric condition meeting the federal definitions of serious emotional disturbance (SED); and
- are determined through a mental health evaluation to need home-based services.

A remedial plan, issued by the federal court in February 2007, sought to restructure the children’s mental health system by incorporating intensive, home-based services, including behavioral health screenings, assessments, case management, crisis intervention, and in-home therapy supports.

The services available to youths depend on the type of MassHealth in which the youth is enrolled. Youths who are enrolled in MassHealth Standard or CommonHealth can access all *Rosie D.* services. Youths enrolled in MassHealth Family Assistance (direct coverage) can access In-Home Therapy and Mobile Crisis Intervention. As youths detained and committed to DYS are enrolled in MassHealth Standard, they should benefit from this new service system, should they experience behavioral health problems.

Individuals enrolled in MassHealth Standard can select an insurance plan to administer the behavioral health benefits. There are two types of plans: Primary Care Clinician (PCC) or a Managed Care Organization (MCO).

The PCC plan for MassHealth carves out behavioral health services to a separate entity known as the Massachusetts Behavioral Health Partnership (“Partnership” or “MBHP”). So, for individuals enrolled in the PCC plan, the Partnership manages the delivery of behavioral health services.

With respect to the MCOs – Fallon Community Health Plan, BMC HealthNet, Neighborhood Health Plan, Network Health, and Health New England – some provide behavioral health services from within their own network while others subcontract to another provider which has its own network of mental health providers. BMC HealthNet and Network Health Plan provide mental health services directly to MassHealth recipients. Neighborhood Health Plan and Fallon Community Health Plan subcontract with Beacon Health Strategies and Health New England subcontracts with MBHP. (See the section entitled “Health care coverage from health insurance programs” in Chapter 12, Medical Services During Confinement for more information on these MassHealth options.)

Depending on the insurance plan selected, different entities administer the behavioral health benefits. However, for all individuals, regardless of the insurance plan chosen, the available services and the ability to access them should be the same. In all cases, these are home and community-based services. They are delivered in a variety of settings – home (including foster homes), school, community. The services can be provided separately or in combination.

The new MassHealth home and community based services, including the screening and assessment services, are:

- Behavioral Health Screening;
- Comprehensive Diagnostic Assessments;
- Mobile Crisis Intervention;
- Crisis Stabilization Units;<sup>5</sup>
- In-Home Therapy;
- Intensive Care Coordination;
- Family Support and Training provided by Family Partners;
- In-Home Behavioral Services; and
- Therapeutic Mentoring.

To be eligible for a particular service, a youth must meet the service’s specific medical necessity criteria. More information about these services, including the service definitions, the medical necessity criteria, and lists of providers and contact information for these services, is available at <http://www.masspartnership.com/provider/index.aspx?InkID=CBHI.ascx>.

Some DYS involved youths who are returning to the community may benefit from Intensive Care Coordination. If this service may be appropriate, the DYS caseworker and DYS clinician will help the family identify the Community Service Agency (CSA) in the geographic area to

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<sup>5</sup> The federal Centers for Medicare and Medicaid Services (CMS) have not yet approved Massachusetts’ proposal for Crisis Stabilization Units and this service is, therefore, not yet available. It is unclear if CMS will or will not approve this service at some future time.

which the child is returning, and also inform the family of any specialized CSA serving their region.<sup>6</sup> Lists of the geographic and specialty CSAs are available at Alert 64 at <http://www.masspartnership.com/provider/index.aspx?InkID=CBHI.ascx>.

For more information about ensuring continuing of care regarding MassHealth services during the period of transition from confinement to community, see the section entitled “Continuity of Care” in Chapter 16, Transition Back to the Community.

A family may request Family Support and Training (through a Family Partner) in conjunction with the referral.<sup>7</sup> The family may make this request to the provider independently, or the DYS caseworker or district manager may assist the family by facilitating a phone call or meeting with the treatment provider.<sup>8</sup>

For referrals to In-Home Therapy and all other MassHealth behavioral health services, the DYS caseworker and DYS clinician will help the family identify providers in their community.<sup>9</sup>

The DYS caseworker is responsible for identifying and addressing the evolving needs of a youth living in the community under a grant of conditional liberty.<sup>10</sup> These needs and related services are added to the DYS service delivery plan as the needs emerge, and are reviewed and revised every six months.<sup>11</sup> For DYS youths in community placement, the DYS caseworker will identify, address, and document each youth’s behavioral health needs in the youth’s service delivery plan and relapse prevention plan (RPP).<sup>12</sup> The DYS caseworker then will facilitate access to the services identified in the plan.<sup>13</sup>

If the behavioral health needs of a youth change while the youth is living in the community, the DYS caseworker will:

- Consult with the DYS Community Clinical Coordinator and with any behavioral health provider(s) treating the youth, and devise

6 DYS and EOHHS, DYS Strategic Direction on Children’s Behavioral Health (Jan. 20, 2010), <http://www.rosied.org/resources/Documents/DYS%20protocol.final.doc>, at 4.

7 DYS and EOHHS, DYS Strategic Direction on Children’s Behavioral Health (Jan. 20, 2010), <http://www.rosied.org/resources/Documents/DYS%20protocol.final.doc>, at 4.

8 DYS and EOHHS, DYS Strategic Direction on Children’s Behavioral Health (Jan. 20, 2010), <http://www.rosied.org/resources/Documents/DYS%20protocol.final.doc>, at 4.

9 DYS and EOHHS, DYS Strategic Direction on Children’s Behavioral Health (Jan. 20, 2010), <http://www.rosied.org/resources/Documents/DYS%20protocol.final.doc>, at 4.

10 DYS and EOHHS, DYS Strategic Direction on Children’s Behavioral Health (Jan. 20, 2010), <http://www.rosied.org/resources/Documents/DYS%20protocol.final.doc>, at 6.


11 DYS and EOHHS, DYS Strategic Direction on Children’s Behavioral Health (Jan. 20, 2010), <http://www.rosied.org/resources/Documents/DYS%20protocol.final.doc>, at 6.


12 DYS and EOHHS, DYS Strategic Direction on Children’s Behavioral Health (Jan. 20, 2010), <http://www.rosied.org/resources/Documents/DYS%20protocol.final.doc>, at 6.

13 DYS and EOHHS, DYS Strategic Direction on Children’s Behavioral Health (Jan. 20, 2010), <http://www.rosied.org/resources/Documents/DYS%20protocol.final.doc>, at 6.

an appropriate intervention plan.<sup>14</sup> This process may include a meeting to review and revise the service delivery and relapse prevention plans and make referrals to additional behavioral health services and supports, as needed.<sup>15</sup>

- If the youth is not currently receiving behavioral health services, refer the youth to a MassHealth behavioral health provider for a behavioral health assessment and appropriate services intervention.<sup>16</sup>
- Document changes in the youth’s behavioral health needs and related services in the youth’s service delivery plan and RPP.<sup>17</sup>

 **Tip for families:** To learn more about how to access MassHealth behavioral services, you can contact your child’s insurance plan.

 **Tip for families:** More information about *Rosie D.* is available at <http://www.rosied.org/>, <http://www.mass.gov/masshealth/childbehavioralhealth>, and <http://www.masspartnership.com/provider/index.aspx?InkID=CBHI.ascx>.

## Accessing services from the Department of Mental Health

The Massachusetts Department of Mental Health (DMH) provides continuing care services to adults with serious mental illness and youths with serious emotional disturbance. To receive continuing care services from DMH, an individual must meet DMH eligibility standards. As indicated above, the clinical eligibility standards differ for children and adolescents (youths under age 19 at the time of application) and adults (age 19 and older).<sup>18</sup> Even after an individual has been found clinically eligible, access to services also will depend on a determination of need for DMH services.<sup>19</sup>

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14 DYS and EOHHS, DYS Strategic Direction on Children’s Behavioral Health (Jan. 20, 2010), <http://www.rosied.org/resources/Documents/DYS%20protocol.final.doc>, at 6.

15 DYS and EOHHS, DYS Strategic Direction on Children’s Behavioral Health (Jan. 20, 2010), <http://www.rosied.org/resources/Documents/DYS%20protocol.final.doc>, at 6.

16 DYS and EOHHS, DYS Strategic Direction on Children’s Behavioral Health (Jan. 20, 2010), <http://www.rosied.org/resources/Documents/DYS%20protocol.final.doc>, at 6.

17 DYS and EOHHS, DYS Strategic Direction on Children’s Behavioral Health (Jan. 20, 2010), <http://www.rosied.org/resources/Documents/DYS%20protocol.final.doc>, at 6.

18 104 CMR 29.04(2).

19 104 CMR 29.04(3).

## Clinical eligibility

In order to be clinically eligible for DMH continuing care services, an individual must have a qualifying mental disorder as the primary disorder requiring treatment, and meet functional impairment and illness duration criteria. The eligibility criteria vary depending on the age of the applicant, as follows:

### *Adult applicants*

The adult applicant must have a severe and persistent mental illness that has resulted in functional impairment that substantially interferes with or limits one or more major life activities.<sup>20</sup> In addition, the qualifying mental disorder must have lasted for, or be expected to last for, at least one year.<sup>21</sup>

The qualifying mental disorders are:

- schizophrenia and other psychotic disorders (excluding psychotic disorders due to a general medical condition and substance-induced psychotic disorders);
- mood disorders (excluding dysthymia and mood disorders due to a general medical condition);
- anxiety disorders (excluding anxiety disorders due to a general medical condition and substance induced anxiety disorders);
- dissociative disorders;
- eating disorders; and
- borderline personality disorder.<sup>22</sup>

### *Child and adolescent applicants*

A child or adolescent applicant must be under age 19 at the time of application.<sup>23</sup> The qualifying mental, behavioral or emotional disorder must substantially interfere with or limit his or her role or functioning in family, school, or community activities.<sup>24</sup> In addition, the serious mental disturbance must have lasted for, or be expected to last for, at least one year.<sup>25</sup>

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<sup>20</sup> 104 CMR 29.04(2)(a).

<sup>21</sup> 104 CMR 29.04(2)(a).

<sup>22</sup> DMH, Guidelines for Eligibility for Mental Health Services (January 1, 2000), <http://www.mass.gov/dmh>.


<sup>23</sup> 104 CMR 29.04(2)(b).


<sup>24</sup> 104 CMR 29.04(2)(b).


<sup>25</sup> 104 CMR 29.04(2)(b).

The qualifying mental disorders are:

- schizophrenia and other psychotic disorders (excluding psychotic disorders due to a general medical condition and substance-induced psychotic disorders);
- mood disorders (excluding dysthymia and mood disorders due to a general medical condition);
- anxiety disorder (excluding anxiety disorders due to a general medical condition and substance induced anxiety disorders);
- dissociative disorders;
- eating disorders;
- borderline personality disorder;
- attention-deficit/hyperactivity disorder.<sup>26</sup>

 **Tip for families:** Individuals age 18 and 19 complete the adult application, but those individuals who are between age 18 and 18¾ who are not eligible for adult services will be considered under the child/adolescent eligibility criteria. Individuals between age 18¾ and 19 who are not eligible for adult services may receive short-term child/adolescent services. DMH, Guidelines for Eligibility for Mental Health Services (January 1, 2000), <http://www.mass.gov/dmh>.

 **Tip for families:** There is a standard application for DMH eligibility, available from DMH or <http://www.mass.gov/dmh>, which should be submitted to a local DMH office. If your child has a mental health clinician, that person should assist in completing the application.

 **Tip for families:** Even if you are not sure of your child's eligibility, you may want to pursue services. DMH sometimes provides short-term services pending an eligibility determination.

## Determination of need for Department of Mental Health services

Once an individual is found clinically eligible, DMH will determine whether the individual has a need for DMH services. The determination of need is based on

<sup>26</sup> DMH, Guidelines for Eligibility for Mental Health Services (January 1, 2000), <http://www.mass.gov/dmh>.

- contact with the applicant and legally authorized representative to review youth's request for service and current status;
- whether the individual's needs can be met by a DMH service;
- the individual's current medical entitlements and insurance that allow for provision of appropriate services in the community; and
- the availability of appropriate services from other public or private entities.<sup>27</sup>

## Available services

For children under age 19 who are found eligible, DMH services may include:

- extended-stay inpatient treatment;
- residential treatment;
- day treatment and/or in-home treatment;
- case management and medication management services;
- family support services;
- after-school programs;
- skills training and support services for children and families; and
- clubs and other community-based continuing care services.

## **Juvenile Forensic Transition Initiative<sup>28</sup>**

For some DYS involved youths, access to DMH services is pursued by DYS in collaboration with a DMH Juvenile Forensic Transition Team (FTT) staff member while the youth is still confined. The Juvenile Forensic Transition Team Initiative is a program in which DYS and DMH collaborate to better serve DYS committed youths with psychiatric challenges that may make them eligible for DMH services as they prepare to reenter the community.

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<sup>27</sup> 104 CMR 29.04(3).

<sup>28</sup> Information in this section is based upon correspondence from Robert Kinscherff, Department of Mental Health to MHLAC (Feb. 2007).

Three to six months prior to community re-entry, DYS Clinical Coordinators will identify youths who might meet the criteria for DMH services.<sup>29</sup> The DYS Clinical Coordinators will then contact the DMH Juvenile FTT staff member to initiate the DMH eligibility process. FTT staff and DYS will complete a DMH eligibility determination and complete a community re-entry plan prior to the youth's release from secure treatment. If the DYS committed youth is already DMH eligible, the FTT staff member will work with DMH staff in re-entry planning, including making a determination of whether the youth will receive an extension of eligibility past age 19 (based upon the earlier eligibility for Child/Adolescent DMH services), or if an application should be made for DMH adult services eligibility.

In addition to focusing on youths with significant mental illness in DYS secure treatment settings, the Juvenile FTT also consults on the service needs for DYS youths who may be eligible for DMH specific services and are being served in detention, other treatment settings and in the community.<sup>30</sup>

## **Accessing substance abuse services**

Substance abuse treatment should be available to all DYS involved youths being served in the community who need such services. Services may be provided by DYS or by other providers.

If a youth identified as having a substance abuse problem is released to the community, the re-entry plan should include specific provisions for substance abuse treatment.<sup>31</sup>

## **DYS services**

DYS partners with the Bureau of Substance Abuse Services (BSAS) of the Department of Public Health (discussed further below) to adapt and implement a substance abuse intervention program called CASASTART.<sup>32</sup> CASASTART is a community-based program designed to keep high-risk youths free of drug and crime involvement through intensive preventative services and community-based law enforcement activities.<sup>33</sup> CASASTART is currently available in three regions: West (Springfield

29 Correspondence from Jane E. Tewksbury, Department of Youth Services to MHLAC (Dec. 27, 2007).

30 Correspondence from Tina Adams, DMH to MHLAC (Sept. 16, 2009).

31 Correspondence from Jane E. Tewksbury, Department of Youth Services to MHLAC (Dec. 27, 2007).

32 DPH and EOHHS, Strategic Opportunities for the Department of Public Health and the Children's Behavioral Health Initiative (Sept. 1, 2009), [http://www.rosied.org/resources/Documents/DPH%20Protocols\\_final.doc](http://www.rosied.org/resources/Documents/DPH%20Protocols_final.doc), at 3.

33 DYS, 2007 Annual Report (Mar. 2009), [http://www.mass.gov/Eeohhs2/docs/dys/annual\\_report\\_2007.pdf](http://www.mass.gov/Eeohhs2/docs/dys/annual_report_2007.pdf), at 43.


and Holyoke), Metro (South Dorchester and Roxbury), and Northeast (Lawrence and Lynn).<sup>34</sup>

## Bureau of Substance Abuse Services

In addition to the substance abuse services provided by DYS run or contracted programs, the Department of Public Health's Bureau of Substance Abuse Services (BSAS) also coordinates a range of substance abuse services, including outpatient services, stabilization programs for youths in crisis, residential treatment, school-based programs, and mental health services for conditions related to substance abuse. These services are provided in schools, community agencies and health centers, or other community-based locations.

Certain community-based programs may be limited to youths in the program's community. There may be a wait to obtain services.

Most outpatient substance abuse programs available through BSAS provide services regardless of a youth's health insurance coverage. Additionally, BSAS staff can help youths enroll in a comprehensive MassHealth health insurance plan.<sup>35</sup>

 **Tip for families:** To access adolescent outpatient substance abuse programs services, call the Massachusetts Substance Abuse Information and Education Helpline at (800) 327-5050. You also can read about the available services at the web site of the BSAS's Office of Youth and Young Adult Services at [http://www.mass.gov/dph/bsas/treatment/young\\_adult\\_services.htm](http://www.mass.gov/dph/bsas/treatment/young_adult_services.htm).

Among the services that BSAS sponsors through its Office of Youth and Young Adult Services are:

- **Adolescent Outpatient Substance Abuse Providers --** Approximately 60 community-based outpatient providers are approved to provide adolescent services. Providers would bill insurance, including MassHealth.
- **Adolescent Detoxification/Stabilization Services --** Providers offer youths in crisis medical monitoring to stabilize their physical and emotional states. Once stabilized, the youth receives a comprehensive


<sup>34</sup> DYS, DYS Responses to MHLAC Questions (Jan. 22, 2010) (on file with MHLAC), at 4.

<sup>35</sup> DPH and EOHHS, Strategic Opportunities for the Department of Public Health and the Children's Behavioral Health Initiative (Sept. 1, 2009), [http://www.rosied.org/resources/Documents/DPH%20Protocols\\_final.doc](http://www.rosied.org/resources/Documents/DPH%20Protocols_final.doc), at 10.

assessment. These services are for males and females between the ages of 13 and 17.

- **Adolescent Residential Treatment** -- There are currently five gender specific short-term (an average of 90 days) residential treatment programs. There are girls' programs in Worcester and Lawrence and boys' programs in Danvers, Quincy, and Springfield.
- **Adolescent/Young Adult Recovery Home** -- There are two gender specific recovery home model residential programs for substance abusing youths between the ages of 16 and 19. The residential component consists of three phases and may be up to a 6 month program.<sup>36</sup>

BSAS also offers several Family Services that serve parents and their children.<sup>37</sup>

 **Tip for families:** It is important to remember that if your child is still under DYS supervision, he will continue to be supervised by his DYS caseworker, even while he resides at one of these residential programs. He also will continue to be subject to the conditions of his grant of conditional liberty.

There is a process to access these residential programs. Youths that exhibit high risk behavior must undergo a full substance abuse assessment by an approved outpatient adolescent services provider.<sup>38</sup> If the assessment indicates the need for residential substance abuse treatment, the assessment is forwarded to a central intake coordinator for the state, located at the Institute for Health and Recovery in Cambridge.<sup>39</sup> The coordinator reviews referrals and coordinates admission to residential programs. If an alternative program is appropriate, the coordinator will offer suggestions.<sup>40</sup>

The residential programs are voluntary (i.e., youths sign themselves

36 DPH and EOHHS, Strategic Opportunities for the Department of Public Health and the Children's Behavioral Health Initiative (Sept. 1, 2009), <http://www.rosied.org/resources/Documents/DPH%20Protocols.final.doc>, at 2-3.

37 For descriptions of these services, see DPH and EOHHS, Strategic Opportunities for the Department of Public Health and the Children's Behavioral Health Initiative (Sept. 1, 2009), <http://www.rosied.org/resources/Documents/DPH%20Protocols.final.doc>, at 3-4.


38 Institute For Health and Recovery, Youth Substance Abuse Treatment Programs: Fact Sheet for State Agencies and the Courts (rev. 03/29/2007); Telephone conversation with Peter Kosciusko, Director of Substance Abuse Services, DYS (Feb. 10, 2011).

39 Institute For Health and Recovery, Youth Substance Abuse Treatment Programs: Fact Sheet for State Agencies and the Courts (rev. 03/29/2007); Telephone conversation with Peter Kosciusko, Director of Substance Abuse Services, DYS (Feb. 10, 2011).

40 Institute For Health and Recovery, Youth Substance Abuse Treatment Programs: Fact Sheet for State Agencies and the Courts (rev. 03/29/2007); Telephone conversation with Peter Kosciusko, Director of Substance Abuse Services, DYS (Feb. 10, 2011).

in).<sup>41</sup> The programs function like a group home.<sup>42</sup> The programs do not use behavior modification or restraints, so youths must be able to maintain self-control in order to be eligible for a slot.<sup>43</sup>

Families will be asked to share the cost of residential treatment based on a sliding scale.<sup>44</sup> Family contribution, if any, will be arranged with the program based on individual circumstances.<sup>45</sup>

 **Tip for families:** To locate an approved provider to conduct an assessment of the need for residential services or to learn more about the referral process, contact the Massachusetts Substance Abuse Information and Education Helpline at (800) 327-5050.

Planning for a youth's release from residential programs should start when he arrives at the program. This process includes planning for appropriate mental health services once the youth returns to the community.<sup>46</sup>

## Substance abuse testing

Drug testing of DYS youths in the community may be conducted by a youth's substance abuse treatment provider as part of the youth's treatment plan or other medically necessary treatment.<sup>47</sup> Only outpatient treatment providers or DYS health services staff may administer these tests; all other DYS staff are prohibited from doing so.<sup>48</sup> Substance abuse test results administered by a sheriff's office, probation department or other non-health provider may not be used as the sole reason for imposing sanctions on a DYS involved youth.<sup>49</sup> However, if a substance abuse test given by an outside health provider is positive, DYS staff may consider implementing the revocation process.

### For further discussion of substance abuse testing of DYS

41 Telephone conversation with Maggie Giles, Director of Youth Services, Central Intake Coordinator, Institute for Health and Recovery (Feb. 20, 2007).

42 Telephone conversation with Maggie Giles, Director of Youth Services, Central Intake Coordinator, Institute for Health and Recovery (Feb. 20, 2007).

43 Telephone conversation with Maggie Giles, Director of Youth Services, Central Intake Coordinator, Institute for Health and Recovery (Feb. 20, 2007).

44 Institute for Health and Recovery, Pre-Admission Checklist (undated).

45 Institute for Health and Recovery, Pre-Admission Checklist (undated).

46 DPH and EOHHS, Strategic Opportunities for the Department of Public Health and the Children's Behavioral Health Initiative (Sept. 1, 2009), [http://www.rosied.org/resources/Documents/DPH%20Protocols\\_final.doc](http://www.rosied.org/resources/Documents/DPH%20Protocols_final.doc), at 10.

47 DYS Policy # 2.3.6(a) Client Substance Abuse Assessment, Prevention and Treatment (Oct. 1, 2009), Policy, I.1.

48 DYS Policy # 2.3.6(a) Client Substance Abuse Assessment, Prevention and Treatment (Oct. 1, 2009), Policy, I.3.

49 DYS Policy # 2.3.6(a) Client Substance Abuse Assessment, Prevention and Treatment (Oct. 1, 2009), Policy, I.2.

committed youths in DYS community programs, see the section entitled “Substance abuse testing” in Chapter 13, Mental Health and Substance Abuse Services During Confinement.

