

Intoxicated Youth and Youth with Substance Use Disorder in JDACs and TFs (Title 15, Section 1431)

720.1 PURPOSE:

To establish guidelines for the identification and management of alcohol and other substance intoxication and/or withdrawal by youth upon entry into Juvenile Detention and Assessment Centers (JDACs) and Treatment Facilities (TFs). This process includes, but is not limited to, treatment, counseling, and coordination with mental health services.

720.2 DEFINITIONS:

Intoxication: An abnormal state of being under the influence of drugs or alcohol.

Detoxification: The management of physical withdrawal symptoms of a person who is dependent on alcohol or drugs. Detoxification is only done under physician supervision in accordance with local, state, and federal laws.

Medical Clearance/Jail Check: A clinical assessment of the youth's physical and mental status from a medical provider at a hospital emergency room with documentation indicating the youth's health status for booking into the JDAC or TF.

720.3 GUIDELINES:

- A. Youth experiencing life-threatening intoxication (overdose) or withdrawal shall be transferred immediately to an emergency room.
- B. A medical clearance shall be obtained prior to booking any youth who is intoxicated to the extent that they are a threat to themselves or others.
- C. On-site individual counseling, group therapy, and self-help groups are available.
- D. Didactic approaches to drug education are provided collaboratively between all disciplines.
- E. Referrals to the FAST Alcohol and Drug Counselor can be made by the youth, court officers, Probation officers, custody staff, or medical staff via the respective communication paths.
- F. FAST Service Request forms are available on each unit for the youth to request services.

720.4 RESPONSIBILITIES:

- I. Correctional Nurse I/II:
 - A. Conduct a medical evaluation on youth who are suspected or identified as intoxicated or in withdrawal by utilization of the Standardized Procedures for Registered Nurses:

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1. Intoxication or Withdrawal
 2. Diagnostic Screening During Intake Process
 3. Medication-Assisted Treatment
 4. Opioid Overdose
 5. Pregnancy
- B. Contact the on-site/on-call physician/provider upon determination of intoxication if necessary or if withdrawal symptoms are suspected and/or observed.
- C. Collaborate with the Watch Commander to determine the best method of transportation in the event the youth is sent to the emergency room for evaluation.
- D. Complete a Child Abuse Report for the fetus of the pregnant youth if it is confirmed the youth is intoxicated.
- E. Initiate a referral to the Forensic Adolescent Services Team (FAST) Alcohol and Drug Counselor for coordination of mental health and substance abuse services when appropriate.
- F. Place the youth on a medical watch, notify the Watch Commander, and instruct custody staff to monitor the youth under constant supervision if the youth is at risk of more severe progressive levels of intoxication or withdrawal.
- G. Conduct a medical evaluation for all youth whose intoxication persists beyond four (4) hours from the time of admission.
- H. Determine when the youth is no longer considered intoxicated and advise custody staff when the monitoring requirements should be discontinued.
- II. Health Service Manager:
- A. Shall monitor compliance with this procedure by periodic review of logs, incident reports, safety reviews, and other safeguards conducted in the normal course of business on a weekly, monthly, and yearly basis.
 - B. Ensure healthcare and custody staff are provided training at least every two years on how to recognize intoxication overdose, and withdrawal signs/symptoms, and to consider the known history of ingestion that should prompt immediate referral for medical evaluation and treatment.
- III. Physician/Provider:
- A. Refer pregnant youth who reported, confirmed, or are suspected to have opioid use disorder to the emergency department.
 - B. Continue therapy, or initiate a plan for appropriate treatment for youth on medication-assisted treatment (MAT).
 - C. Recognize and treat disorders associated with alcohol and other drug use (e.g. HIV, liver disease) per physician/provider orders.
 - D. Refer youth with any signs of withdrawal to the emergency department.

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- IV. Forensic Adolescent Services Team (FAST):
- A. Include the youth's substance abuse history in the mental health assessment.
 - B. Refer the youth to the FAST Alcohol and Drug Counselor for substance abuse assessment and referral to community resources when appropriate.
 - C. Upon receipt of a referral, review the youth's health record for substance abuse history and review Caseload Explorer (CE) for court information, then triage the referral as follows:
 - 1. Detention date, court date(s), and projected/known release date.
 - 2. Youth's substance use disorder history.
 - 3. History of JDAC/TF alcohol and drug counseling services.
 - D. Conduct a face-to-face assessment if clinically indicated.
 - E. Provide the youth with information regarding the self-help groups that are available while in custody.
 - F. Provide ongoing support services, counseling, and case management considering results from substance use disorder screening, the youth's participation, and court proceedings.
 - G. Prior to the youth's release, provide an individually developed list of community resources that address the following areas at a minimum:
 - 1. Academics.
 - 2. Vocational skills.
 - 3. Job-related skills.
 - 4. Social skills.
 - 5. Independent living skills.
 - 6. Information about continuing psychological treatment and medication, including substance abuse treatment programs, substance abuse self-help groups, and substance abuse counseling.
 - 7. Information regarding the youth's legal rights.
 - H. Upon the youth's release, provide a referral to Juvenile Justice Community Reintegration (JJCR) for follow-up and continued case management services.
 - I. Provide the youth referrals to community providers for more intensive treatment and counseling services upon their release from custody.
- V. Intake Probation Officer/Watch Commander (WC)/Treatment Facility Supervisor (TFS):
- A. Contact the Correctional Nurse to request an evaluation if the youth is suspected to be intoxicated.

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- B. Instruct the arresting officer to take the youth for a jail check prior to booking when appropriate (refer to the Intake/MAYSI Screening, Assessment, and Admittance procedure).
 - C. Approve the youth to be transported for a medical clearance/jail check if referred by the Correctional Nurse.
 - D. Collaborate with the Correctional Nurse to determine the best method of transportation in the event the youth is sent to the emergency department for further evaluation.
 - E. Review the discharge and clearance paperwork from the hospital, ensure the annotation indicates the youth is medically cleared for booking based upon clearance for intoxication and/or substance abuse, and forward it to nursing staff.
 - 1. Contact the Correctional Nurse to determine if the documentation on the medical clearance paperwork is unclear.
 - F. Make the final decision to book the youth.
 - G. Designate housing, including the use of any protective environment for placement of intoxicated youth.
 - H. Watch Commander/Treatment Facility Supervisor shall assign a Probation Corrections Officer to provide constant supervision when determined necessary by Medical Services.
- VI. Probation Corrections Officers (PCO):
- A. Complete and utilize required training to recognize intoxication and withdrawal signs and symptoms of youth.
 - B. Supervise and monitor the youth via safety checks at least once every fifteen (15) minutes or more frequently if recommended by the Correctional Nurse until resolution of the intoxicated state.
 - C. If the youth's intoxication or withdrawal appears to progress, the youth has an urgent medical need, and/or the youth's medical condition changes, notify nursing immediately and document the findings and notification in CE. Refer to applicable procedures (E.g. Code Blue and First Aid, Medical Watch, etc.).
 - D. Include the youth's substance abuse history in the 30-Day Case Plan Report.
 - E. Follow the regular Medical Treatment Plan and/or the Individual Treatment Plan (ITP) when established.