

Guidelines supporting Exhibit-Y

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Purpose Statement

Exhibit-Y sets forth the terms and conditions applicable to treatment and related services funded by the Illinois Department of Human Services (DHS) Division of Alcoholism and Substance Abuse (DASA) for substance abuse intervention and treatment services designed for youth. These guidelines have been written to serve as a companion to that exhibit. The purpose of the guidelines is to 1) clarify definitions; 2) outline expectations for plans and agreements required by the Division for recipients of youth-specific funding; and 3) provide resources, including templates, for meeting the requirements set forth in the exhibit.

Definitions for general terms in Exhibit-Y are provided in the “Definitions” section, below. In addition, definitions for *BARJ*, *Community Linkage Agreements* and associated terms are provided in those sections.

Templates are provided for the BARJ plan and for Community Linkage Agreements. These plans and agreements are required, but providers who already have these documents are encouraged to submit them in their current form. The template is provided for the convenience of providers who are building these documents from scratch. If you have existing documents, we may ask you to append those documents if they do not meet all the needs delineated in the Guidelines. However, providers need not rewrite their documents to match the templates.

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General Definitions

As of the publication date of these guidelines, Administrative Rule 2060 is under review. All definitions referencing Administrative Rule 2060 as the source refer to the current, active Rule 2060. If the rule change were to be published during the fiscal year for which these guidelines are active, the guidelines will not be updated to reflect any definitions changed in the rule until the following fiscal year. Rather, the definitions in the active Rule 2060 should be referenced for changes.

"Consumer-oriented", in the context of adolescent treatment, means that treatment should be aimed at the needs of the adolescent and his/her family.

"Continuing care" means that the treatment continuum extends beyond traditional treatment. The treatment program should plan for recovery support during and after treatment. These plans should be made early in the treatment planning process and adjusted at the time of discharge.

"Culturally sensitive" means to consider the perspective of another culture in the actions of a patient or client, and to base the treatment on that perspective. For example, to understand that particular behaviors have different meanings in different cultures, and to adjust the approach accordingly.

"Due diligence" is the use of reasonable efforts to involve parents or another supportive adult for the purpose of providing ongoing support to the adolescent in treatment. A rule of thumb is three attempts, documented in the client record. When three attempts have failed, the child should be asked for another contact who may be supportive.

"Family" means whomever the adolescent identifies and deems important to support his/her well-being, whether or not the person(s) lives with the adolescent. Traditionally, this might be biological parents, adoptive parents, stepparents, and grandparents. Non-traditionally, this might be adult guardians, adult siblings, other relatives or mentors.

"Geographically accessible" means the shortest and/or least time consuming travel from residence to treatment facility. Its intent is that travel by either public transportation or private vehicle should not cause undue hardship for the individual seeking services.

"Integrated treatment plan" means a plan that has been jointly developed for adolescents by providers of mental health and substance use disorder services. This plan recognizes and provides direction and equal status to the co-occurring nature of this disorder.

"Integrated and comprehensive" means that treatment services should incorporate other needs of the adolescent, including but not limited to juvenile justice, mental health, medical, child welfare, family system, and educational needs. Thus, services for treatment should be coordinated with other service providers. This requires an assessment of such needs at intake.

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"Intervention" means activities or services that assist persons and their significant others in coping with the immediate problems of substance abuse or dependence and in reducing their substance use. Such services facilitate emotional and social stability and involve referring persons for treatment, as needed. (Source: 2060.103)

“Resiliency” includes the innate strengths, abilities, and positive capacity of people to handle and cope with adverse circumstances; the underlying protective factors in individuals that contribute to positive outcomes in spite of negative risk factors.

"Treatment" means a continuum of care provided to persons addicted to or abusing alcohol or other drugs that is designed to identify and change patterns of behavior that are maladaptive, destructive and/or injurious to health; or to restore appropriate levels of physical, psychological, and/or social functioning. (Source: 2060.103)

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Co-occurring Disorders

If a co-occurring disorder has been identified, whether through the knowledge of an existing diagnosis or an assessment at the time of admission, the disorder should be addressed in an integrated way to the best of the ability of the agency. DASA recognizes, as stated by CSAT¹, "Different levels and types of integration are possible, and there is no one way to achieve integrated treatment. Further, not all agencies have the same capacity or resources for achieving treatment integration."

The minimum standard for achieving integrated treatment is an integrated treatment plan. This means that the mental health needs are included as a goal in the treatment plan.

¹ Center for Substance Abuse Treatment. *Definitions and Terms Relating to Co-Occurring Disorders*. COCE Overview Paper 1. DHHS Publication No. (SMA) 06-4163 Rockville, MD: Substance Abuse and Mental Health Services Administration, and Center for Mental Health Services, 2006.

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Family Involvement

Family Involvement is an expectation in adolescent substance abuse treatment. Training on this topic was offered in SFY2008 with accompanying technical assistance. Providers with staff turnover or who otherwise need technical assistance with family involvement may request an electronic version of this training.

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BARJ

Generally, BARJ is the concept of restorative justice which holds that when a crime is committed the offender incurs an obligation to restore the victim, the community and the general state of 'well being' before the offense. Enacted January 1, 1999 (Illinois revised Juvenile Court Act, 705ILCS 405/5-101), BARJ became the guiding philosophy for Illinois' juvenile justice system. In Illinois, BARJ is not a program; it is a philosophy with an almost identical set of coherent values and a number of guiding principles of restorative justice. A few of these principles include:

- Accountability for the offender means accepting responsibility and acting to repair the harm done.
- The community is responsible for the well-being of its members, including both the victim and the offender.
- All human beings have dignity and worth.
- Restoration, repairing the harm, and rebuilding community relationships is the primary goal of restorative justice.

Illinois BARJ has three main goals:

1. **Accountability.** BARJ strategies provide opportunities for offenders to be accountable to those they have harmed and enable them to repair the harm they caused to the extent possible.
2. **Community safety.** BARJ recognizes the need to keep the community safe. Community safety can be accomplished through BARJ strategies by building relationships and empowering the community to take responsibility for the well-being of its members.
3. **Competency development.** BARJ seeks to increase the pro-social skills of offenders. Addressing the factors that lead youth to engage in delinquent behavior and building on the strengths evident in each youth increases their competencies.

Within the adolescent treatment system, more than half of admissions are from the criminal justice system. Accordingly, by incorporating a BARJ objective we can enhance adolescent and community treatment strategies.

Providers shall establish and maintain a BARJ Plan, which shall be submitted to DASA's Program Manager by the end of the first quarter, if they serve youth involved with the Illinois Community Court system.

The BARJ Plan must include a paragraph describing how your agency incorporates BARJ principles into practice.

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BARJ Plan - Template

Agency Name _____

Youth Contact _____

Contact Address _____

Contact Phone _____ Contact Email _____

Describe your plan for BARJ:

BARJ

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Community Linkage Agreements

Definitions

"Linkage Agreement" means a written agreement with an external organization to supplement existing levels of care and to arrange for other specialty services not directly provided by the organization. (DASA Administrative Rule 2060.103)

Guidelines

Community Linkage Agreements are already required by Rule 2060:

2060.329 Referral Procedure

a) Written procedures shall be established for the referral of patients to other providers for services that are not available within the organization and/or that are requested by the patient. These procedures shall include the following:

- 1) the method of obtaining any necessary written consent from the patient for transfer of any relevant portion of the patient record and for communication regarding patient services with that provider;*
- 2) the method for ensuring continuity of patient care which shall include a written referral document that indicates the reason for the referral, provides information about any service received to date and any additional services needed or requested, specifies any necessary continued coordination between the providers and the time frame for any necessary follow-up reports; and*
- 3) the method by which a patient may request a referral.*

b) Each organization shall have a written linkage agreement, specifying the above provisions, with any other provider that it routinely utilizes for referrals unless otherwise required by the Department

Providers shall establish and maintain appropriate Community Linkage Agreements. Providers need not send the actual linkage agreements to the Program Manager; rather, providers should send a list of linkage agreements in the following format: Email is the preferred method of receipt.

Linkage With (Agency Name)	Agency Type (i.e. Treatment, Prevention, Mental Health, etc.)	Is Linkage New Since July 1, 2007? (Y/N, Date if Available)	Changes in agreement since July 1, 2007? (No, or describe changes)	Services Provided
<i>Sample agency</i>	<i>SA Prevention</i>	<i>Yes, 1/1/2008</i>	<i>N/a</i>	
<i>Sample agency 2</i>	<i>SA Treatment</i>	<i>No</i>	<i>New contact</i>	

The template on the following page is for your use. It is available electronically at www.IllinoisTreatmentWorks.org. Change the language to meet the needs of your agency while meeting the guidelines above.

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MEMORANDUM OF UNDERSTANDING /
LINKAGE AGREEMENT

(Template)

(Use this template to formalize a working relationship with another agency, institution or group to describe how the two organizations will work together.)

BETWEEN

(Your Agency Name)

AND

(Partner Agency)

I. PURPOSE

This agreement will clarify the collaborative roles and responsibilities of the two agencies with respect to referral and linkage for substance abuse services. Agency X provides substance abuse treatment services in accordance with the Illinois Department of Human Services Work Plan. Agency Y is a Illinois Department of Human Services, Division of Alcoholism and Substance Abuse licensed adolescent treatment facility.

The intention of this agreement is to strive to provide integrated and high quality services seamlessly across the continuum of prevention, early intervention, treatment, and recovery for adolescent clients/patients and their families.

This agreement is to define a working relationship between Agency X and Agency Y to link and refer individuals between the two agencies. Individuals under this agreement include adolescents and their family members participating in a treatment program at Agency X whose service needs are best described under the category of high risk and with the individual's signed consent as defined by the Institute of Medicine (IOM) category-indicated and would be better served in licensed treatment facility will be referred and linked to Agency Y. Individuals assessed by Agency Y who do not meet the program participation criteria but are better suited to the sister agency described in this agreement will be referred to Agency X when it is deemed necessary and with the signed consent of the individual.

II. AUTHORITY OR LEGAL STATUS

Agency X and Y are operating under the citations stated to coordinate when possible and needed linkages and referrals for adolescents and their families.

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77 Illinois Administrative Code, CH.X.SEC.2060, and Section 2060.329: Referral Procedure.

Coordination of prevention activities and treatment services with the provision of appropriate services 42 U.S.C. 300x-28 (c) and 45 C.F.R. 96.132 (c)).

III. ROLES AND RESPONSIBILITIES

Parties under this agreement will obtain consent from the individuals and or families prior to making the linkage on the individual or families behalf. “ Informed Consent” means a legally valid written consent by an individual or legal guardian that authorizes treatment, intervention, or other services or the release of information about an individual, and that gives appropriate information to the individual so that he or she can authorize the service or disclosure with understanding the consequences.

IV. GENERAL TERMS AND CONDITIONS

The aspects of the agreement will be reviewed on at least an annual basis. Either party may cancel this agreement with ten day written notice to the other party. An amendment to the agreement must be in writing and agreed upon by both parties prior to execution of the amendment’s terms and conditions.

V. SIGNATURES

Include signature lines and date for all signatures required by Agency X and Agency Y.

Signature, Agency X

Date

Signature, Agency Y

Date

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Outcome Data

DASA will collect aggregate outcome data from providers in FY 2009 to shape the reporting National Outcome Measures that are required by The Center for Substance Treatment. In FY09, participation in this collection is voluntary but will be used to inform data collection in future years. DASA is scheduled to require this data in FY10.

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Provider Community

DASA will create opportunities for networking and learning, facilitating community among the providers funded under Exhibit Y. Provider participation in these events is integral to the success of creating and sustaining such a community. Opportunities may include, but are not limited to...

- Quarterly meetings. Providers funded by Exhibit Y are required to attend quarterly provider workgroup meetings. These meetings will be held in two locations, one in the Chicago Metropolitan area and one downstate. Meeting dates and locations will be announced at the beginning of the fiscal year.
- Data collection. Data may be collected from providers by DASA in the form of online polls, surveys by mail or during quarterly meetings, needs assessments or other methods. Such data will be used to inform policy that best meets the needs of adolescents, develop training for providers, or answer questions about the state of the field.
- Training. DASA does its best to plan training that is not only informative, but that also allows providers to share strategies and tools related to service provision for youth and their families. Training on adolescent-specific topics is required for staff.

Providers are encouraged to contact the Adolescent Program Manager with questions and concerns. The Manager will contact each program by email with communications about quarterly meetings, training opportunities, etc. Individuals who wish to be added to this list should contact the Manager.

Questions regarding DARTS billing and other general contract questions should be directed to the DASA Help Desk. Providers are encouraged to copy (cc:) the Adolescent Manager on these emails to keep the Manager apprised of issues and developments in your program, and to enable later references to such issues and developments.

Providers are invited to send ideas, questions, or suggestions about these guidelines to the Adolescent Program Manager for response and inclusion in next year's guidelines.

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Abbreviations

Acronym	Stands for...
AATI	Adolescent Addictions Training Institute
AODA	Alcohol and Other Drugs of Abuse
CADC	Certified Alcohol And Other Drug Abuse Counselor
DARTS	Division's Automated Reporting and Tracking System
DASA or IDHS/DASA	Illinois Department of Human Services- Division of Alcoholism and Substance Abuse
DCFS	Illinois Department of Children and Family Services
DCHP	Illinois Department of Human Services- Division of Community Health and Prevention
DHFS or HFS	Illinois Department of Healthcare and Family Services
DHS	Illinois Department of Human Services
DJJ	Illinois Department of Juvenile Justice
DMH	Division of Mental Health
DMH	Illinois Department of Human Services- Division of Mental Health
DOC	Department of Corrections
DOJJ	Department of Juvenile Justice
EBT/EBP	Evidence-Based Treatment/Evidence-Based Practices
Exhibit Y or Y-Exhibit	Youth Contract Exhibit
FFP	Federal Financial Participation (Medicaid matching)
FY	Fiscal Year
GAIN	Global Appraisal of Individual Needs
IAODAPCA	Illinois Alcohol And Other Drug Abuse Professional Certification Association, Inc.
IDHS or DHS	Illinois Department of Human Services
IFF	Illinois Federation of Families
IFR	Intact Family Recovery
IL SAC	Illinois Substance Abuse Treatment Coordination
IL SAP	Illinois Student Assistance Program
ISBE	Illinois State Board of Education
JMATE	Joint Meeting on Adolescent Treatment Effectiveness
LEA	Local Education Agencies
MIC	Metropolitan Interagency Council
MISA	Mental Illness and Substance Abuse
PTR	Prevention-Treatment-Recovery
SAPT Block Grant	Substance abuse Prevention and Treatment Block Grant
SDFSCA	Safe and Drug Free Schools and Communities Act
SEA	State Education Agency

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Acronym	Stands for...
SFY	State Fiscal Year
SOC-C	System of Care-Chicago
TA	Technical Assistance
TOT	Training of Trainers
USDE	United States Department of Education
YC	DASA Youth Sub-committee
Y-Exhibit or Exhibit Y	Youth contract exhibit