County of Marin	POLICY NO. BHRS-60
Behavioral Health and Recovery Services (BHRS)	Next Review Date: October 2023
POLICY:	Date Approved: October 9, 2020
ADOLESCENT & YOUTH TREATMENT SUPERSEDES – MHSUS-ADP-02	By:

### POLICY: ADOLESCENT & YOUTH TREATMENT

# I. <u>PURPOSE:</u>

The purpose of this policy is to ensure the County and its contractors are in compliance with Federal and State standards and guidelines when providing adolescent and youth treatment services.

#### II. REFERENCES:

State-County Substance Abuse Prevention and
Treatment (SABG) Performance Contract
DHCS Youth Treatment Guidelines
California Health and Safety Code 11759: Adolescent Alcohol and
Drug Treatment and Recovery Program Act of 1998

#### III. POLICY:

It is the policy of Marin County Behavioral Health and Recovery Services (BHRS) to ensure compliance with the terms of the SABG Performance Contract with regard to adolescent and youth treatment services. This includes ensuring that any and all contracted services are in compliance with the State of California Department of Health Care Services (DHCS) Youth Treatment Guidelines.

# IV. AUTHORITY/RESPONSIBILITY:

Contract Managers
County Alcohol and Drug Administrator

#### V. <u>PROCEDURE:</u>

The County of Marin does not provide direct adolescent treatment services to clients but contracts out services to community-based organizations. The County ensures that Contractors receiving funding under the SABG Performance Contract comply with requirements of funding sources, including the SAPT Adolescent Treatment Funds, and applicable laws and regulations through the below methods.

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The County selects adolescent contractors through a Request for Proposal process. Proposals are analyzed and scored for age-appropriate adolescent services and modalities. The providers must be experienced in current best practices for adolescent service delivery, and programmatic elements must align with DHCS Youth Treatment Guidelines.

Contractor compliance with this policy shall be achieved through:

- 1. Distribution of the Youth Treatment Guidelines in the Contractor Manual annually at contract renewal.
- 2. Approval of contract as to form and legal affect by county counsel.
- 3. Signature of Contractor on contract agreeing to all conditions set forth in the contract.
- 4. Approval and execution of contract by the County Board of Supervisors, County Administrative Officer or HHS Director.
- 5. Monthly review of services rendered for all adolescent contracted services is performed by the Contract Manager to ensure services provided are aligned to the contract and relevant funding streams and that payments for services adhere to the DHCS funding Hierarchy-Payment of First and Last Resort.
- 6. Annual completion of the Self Audit (Adolescent Treatment Services) by relevant Contractors, and subsequent review by BHRS Contract Manager, including Contractor's signed attestation of adherence to all laws and regulations.
- 7. At annual Site Visit, Contract Manager shall review contractor policy and procedures regarding youth treatment and review a sample of client files to ensure services provided align with the Youth Treatment Guidelines.

## **BHRS**

# **Checklist for New or Revised Policies and Procedures**

Please submit this checklist to the BHRS Policy and Procedure Working Group Lead along with the first draft copy of your policy and accompanying documents.

ate of initial submission: 10/6/2020
ype of Update:  ☐ New – Justification: ☐ Revision to Existing Policy or Procedure, Policy Number:
omplete Title of Policy:
ead Staff Name / Subject Matter Expert: Cat Condon
ther Staff Involved in Drafting of Policy: N/A in the update
ystem(s) of Care Affected: □ ALL BHRS □ Mental Health Only ■ SUDS only
1. For <b>new</b> policies, summarize what the policy covers and explain the need for a new policy.
OR For revised policies, summarize the changes that need to be made to the existing policy:
Updated names and references. Requirements remain the same.
2. List any existing governmental regulations that relate to policy or state "None":
SABG; DHCS Youth Treatment Guidelines
3. Describe how policy will impact consumer access to care or state "N/A":
Describes how we will ensure delivery of high quality care to adolescents
4. Have you compared this policy to similar policies in other counties? ☐ Yes ☐ No If so, list counties whose policies were reviewed:
<ol> <li>Will this policy require staff training? □ Yes ■ No         If so, indicate what staff will need to be trained and what training will be needed.     </li> </ol>
6. Will forms need to be developed or revised for this policy or policy update? ☐ Yes ■ No If so, list forms that will need to be developed or revised (please list form number if available):
7. Describe any other changes that will need to be made in Behavioral Health (financial, consumer care, etc.) as a result of this policy:
None

# BHRS Checklist for New or Revised Policies and Procedures

**8.** Who needs to review this policy? BHRS staff: Dr. Jei Africa (signature)

Other County Staff:

Community partners: