

SUBSTANCE USE SERVICES FOR JUVENILE JUSTICE CLIENTS

The terms listed are for use by all behavioral health and substance use providers, and justice entities in referring justice system juveniles to substance use services provided in Nebraska.

LEVEL OF CARE (LOC) :	General category that includes several similar types of services. Intensity level of services within each level of care is listed from least intensive to most intensive.
Substance Use Services (SU) :	Specific service name that more specifically identifies the type of actual substance use service a juvenile will receive.
Juvenile :	Age 18 and below.

NOTE: Not all of these services are available in Nebraska; some services may be available in some areas but not in others. This service array is intended to be continuum of substance use services that could meet various needs at different levels of severity.

LOC: CRISIS SERVICES

(very short term, unscheduled service availability in time of crisis in a variety of settings)

SERVICE	GENERAL DESCRIPTION	SERVICE FREQUENCY	LENGTH OF STAY	STAFFING
Crisis Phone Line	Clinician on-call for early intervention, screening, referral.	Available 24 hours per day, 7 days per week.	Completed in less than 2 hours.	SU or dual (SU/MH) credentialed clinician.
Youth Crisis Response	Up to two-member clinical team that offers on-site crisis stabilization, brief SU screening usually at crisis location, brief interventions and supportive services therapy to stabilize the crisis, coordination of services and referrals to help a juvenile and/or family to alleviate a crisis and facilitate involvement in ongoing services; crisis services may be provided in a variety of settings dependent on severity of crisis. Assess trauma history/symptoms. Referral for Emergency SU Evaluation, Crisis Stabilization, Emergency Shelter, if necessary.	Available on call 24 hours per day, 7 days per week.	Completed in less than 8-12 hours.	Crisis Clinical Teams include a clinician licensed by the State of Nebraska.
Emergency SU / Co-Occurring Evaluation	SU Evaluation or Co-Occurring Evaluation needed on an urgent and unscheduled basis; do a complete evaluation per Standardized Model requirements and gather collateral information. Information gathered in the SSI should be included. Assess trauma history/symptoms. Evaluation Tool Required: Comprehensive Adolescent Severity Inventory (CASI). Approved State Reporting Format: SU/Co-Occurring Evaluation results are required to be provided in a state approved format only.	Available <u>within 24 hours</u> to do a thorough evaluation.	Completed within 14 days of initial contact with juvenile.	All evaluations completed for justice juveniles MUST be completed by a clinician dual licensed or licensed by the State of Nebraska to assess and treat substance use disorder problems AND who have completed the Standardized Model requirements, the state approved CASI training and the criminal justice behaviors/thinking training.
Youth Emergency Community Support	Short term case management support service for juveniles due to a recent urgent situation once the crisis has been stabilized and who have accessed emergency or crisis services. 1:1 staff to client service to ensure juvenile focuses on relapse and recovery management.	Available on call 24 hours per day, 7 days per week.	Length of stay limited to 60 days.	Emergency Community Support Worker with bachelor's degree in human services related field and training and competencies in

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	Services include case management, referral to SU or other services or resources, skills teaching; assistance with daily living, if age appropriate and/or coordination between the juvenile, family/caregiver and providers. Implement trauma informed care. **Must include a Transition Discharge Plan if juvenile is aging out of the system that provides appropriate services in case of relapse beyond age 19.			treatment of juveniles with SU/behavioral health problems; supervised by licensed professionals.
Emergency Shelter	Residential or home-based service for a short term placement of a juvenile in a substance use and/or mental health crisis; medically stable; limited nursing coverage; facility must keep juvenile safe. Implement trauma-informed care. Program has capability to supervise alcohol/drug social setting detoxification (non-medical) when necessary; on-site clinically managed and monitored services. **Must include a Transition Discharge Plan if juvenile is aging out of the system that provides appropriate services in case of relapse beyond age 19.	Available 24 hours per day, 7 days per week; 24-hour awake staff.	Length of stay varies by legal status, but emphasis is short term but not more than 7-14 days depending on the substances involved.	Respite provider/worker must have a two-year college degree or post high school education plus a minimum of two years' experience in the field and training in age appropriate services for juveniles. Provider may be a family member/caregiver who has experience & understanding of specific juvenile behavioral health/substance use issues.
Short Term Crisis Stabilization Center	Residential based program where juveniles in urgent/emergency need can receive crisis stabilization services in a safe, structured setting. The short-term, crisis stabilization assists juveniles and/or families in returning to pre-crisis level of functioning. An individualized, crisis screening will be completed to assist in the development of a stabilization plan, during the admission process. The plan will address and problem-solve around the issue(s) contributing to the crisis and placement options. Juveniles will participate in individual, group, or family counseling in addition to other structured psycho-educational and therapeutic milieu activities. Trauma history and symptoms are assessed; treatment initiated. Upon stabilization of substance use and other issues, the focus will be to assist juveniles and/or families in accessing additional support services that will continue to help maintain functioning within their home or community setting upon discharge. **Must include a Transition Discharge Plan if juvenile is aging out of the system that provides appropriate services in case of relapse beyond age 19.	Available 24 hours per day, 7 days per week. Therapeutic activities must occur daily. Staff ratios include: 1:12 therapist to individual and 1:6 direct care worker to individual.	Designed for 1-7 days; not to exceed 30 days.	Counseling therapy is with a licensed therapist, as appropriate. If SU is diagnosed, therapy must be with a therapist licensed in substance use disorders.
Medical Detox	Twenty-four (24) hr. medically supervised hospital setting alcohol/drug detoxification where severe medical issues are involved; facility must keep juvenile safe. Trauma history/symptoms assessed/treatment initiated. **Must include a Transition Discharge Plan if juvenile is aging out of the system that provides appropriate services in case of relapse beyond age 19.	Available 24 hours per day, 7 days per week.	Length of stay varies but usually not more than 7-10 days depending on the substances involved.	Medical staff coverage.

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LOC: SCREENING AND EVALUATION SERVICES

(screening or evaluation tools used to determine the level of a SU problem & make appropriate service referral; generally provided in a non-residential setting)

SERVICE	GENERAL DESCRIPTION	SERVICE FREQUENCY	LENGTH OF STAY	STAFFING
Screening	<p>General preliminary screening by provider to identify a substance use problem and early intervention or treatment; includes a screening for mental health and gambling issues. Trauma history/symptoms assessed. Refer for a complete SU evaluation.</p> <p>Screening Tool Required: the Simple Screening Instrument (SSI) that indicates the need for a further evaluation is completed by the criminal justice system and is sent to the SU provider.</p>	As needed on less than an emergency or urgent basis.	Completed in less than 2 hours of initial contact with juvenile.	SU or dual (SU/MH) credentialed clinician.
SU / Co-Occurring Evaluation	<p>SU Evaluation or Co-Occurring Evaluation that meets all the Standardized Model requirements. SU evaluation should refer to information contained in the SSI. Trauma history/symptoms assessed. SU / Co-Occurring Evaluation available with any state approved and registered SU service provider.</p> <p>Evaluation Tool Required: Comprehensive Adolescent Severity Inventory (CASI).</p> <p>Approved State Reporting Format: SU / Co-Occurring Evaluation results are required to be provided in a state approved reporting format only.</p>	As needed, available on a scheduled basis.	Completed within 30 days of initial contact with juvenile.	All evaluations completed for justice juveniles MUST be completed by a dual or SU clinician licensed by the State of Nebraska to assess and treat substance use problems AND who have completed the Standardized Model requirements, the state approved CASI training and the criminal justice behaviors/thinking training.

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LOC: NON-RESIDENTIAL SERVICES

(least intensive services based on clinical need offered in a variety of community settings; youth/child lives independently with family, guardian, relatives, or other).

NON-RESIDENTIAL SERVICES: A range of services for youth at risk of developing, or who have substance use problems, specific functional deficits, problems with intoxication or withdrawal, but few biomedical complications. Youth may have significant deficits in the areas of readiness to change, relapse, continued use or continued problem potential or recovery environment and is in need of interventions directed by addiction specialists rather than medical or psychiatric personnel in a variety of non-residential settings.

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Prevention and Education	Education, training, skills building and other activities designed to prevent abusing substances. Should include a tool such as the 40 Developmental Assets; work completed with juvenile and family members, together and/or separately.	As needed to complete the education program.	As needed to complete the education program.	Professionals or individuals with experience and training in the field of substance use disorders and/or behavioral health.
Intervention	Intervention counseling therapy and education for persons experimenting or currently using substances but who are NOT abusing or dependent; staff supervised EDUCATION programs are very structured with a specific outcome for the client; includes support group or self-help referrals. Trauma history/symptoms assessed/treatment initiated. **Must include a Transition Discharge Plan if juvenile is aging out of the system that provides appropriate services in case of relapse beyond age 19.	Minimally one staff supervises 6 or 8 hour class; other options might include eight one-hour sessions, 3-4 four-hour sessions.	Length of stay varies as needed to complete education program.	SU or dual (SU/MH) credentialed clinician.
Outpatient Therapy	Individual, group and/or family counseling/therapy for a variety of substance use disorders which disrupt a juvenile's life; treatment focus is on permanent change of behaviors and modifying thought patterns, coping with problems, improving functioning, and other services to achieve successful outcomes and prevent relapse; includes brief therapy model (3-5 sessions); group therapy sessions include approx. 3-8 persons; family counseling is included. Trauma history/symptoms assessed/treatment initiated. **Must include a Transition Discharge Plan if juvenile is aging out of the system that provides appropriate services in case of relapse beyond age 19.	May average 10-12 sessions at 1-4 hours per week but treatment frequencies and duration will vary. There are no more than 3-8 juveniles in therapy groups.	Length of stay varies depending on individual illness and response to treatment, usually 3-9 months.	Services provided by licensed addiction specialists.
SU / Co-Occurring Community Support	Support for a children and youth with substance use or co-occurring disorder, habitual use and functional deficits; 1:1 staff to client support in school, residence or other non-office location to ensure child's focus on rehabilitating his/her social and relationship skills; aiding the child in using appropriate coping skills; child, guardian, and family relationship building; relapse and recovery mgmt. and skill teaching; provides client advocacy; assistance with schooling, housing, accessing transportation, and a variety of other case management activities; ensure attendance at medical appointments or SU non-residential treatment services; coordination of a care/case plan and services, often provided concurrently with another SU non-residential service. Trauma history/symptoms assessed/treatment initiated. **Must include a Transition Discharge Plan if juvenile is aging out of the system that	Available on call 24 hours per day, 7 days per week.	Length of stay varies but averages 3 - 6 months.	Community Support workers have four-year education degrees and experience and/or training in substance use and co-occurring disorders.

SERVICE	GENERAL DESCRIPTION	SERVICE FREQUENCY	LENGTH OF STAY	STAFFING
	provides appropriate services in case of relapse beyond age 19.			
Wraparound / Professional Partner – SU or Co-Occurring	Professional Partner Wraparound is a community-based team-driven service approach to coordinate services and supports to juveniles and their families. It is individualized, built on strengths and meets the needs of juveniles and families across life domains to promote success, safety and permanence in home, school and community. Trauma history/symptoms assessed/treatment initiated. Families must be full and active partners in every level of the wraparound process. The juvenile’s family selects members of the team of professionals and non-professionals. The team includes the family, juvenile, natural supports, agencies and community services working together to develop, implement and evaluate the individual juvenile’s support plan. The formal and informal services in the Plan of Care are based on a collaborative process and comprehensive evaluation of the needs and strengths of the juvenile, the family and the community. The Professional Partner coordinates team meetings and purchases services that implement the juvenile’s plan. **Must include a Transition Discharge Plan if juvenile is aging out of the system that provides appropriate services in case of relapse beyond age 19.	Wraparound must be flexible and available during times that meet the need of the juvenile and their family/caregiver to include after school, evening and weekends. Wraparound should not interfere with the juvenile’s academic and extra-curricular schedule. Team meetings occur monthly, phone contact is weekly.	Length of stay is individualized and based on criteria for admission and continued treatment as well as the juvenile’s ability to make progress on individual treatment goals. Typical length of stay is 9-12 months.	Wraparound Coordinator has a bachelor’s or an associate’s degree in human services and two-four years’ experience in substance use and behavioral health field with demonstrated training, skills and competencies in the care of juveniles with a <u>substance use disorder or co-occurring behavioral health diagnosis</u> . Training required in the approved wraparound curriculum.
Intensive Outpatient Therapy	Intensive group, family and individual therapy and counseling for juveniles with substance use or co-occurring disorders; provide essential education and treatment counseling components while allowing juveniles to apply new skills within real world environments; offered in day or evening, before or after work or school; more intensive than Outpatient Therapy and less intensive than partial care. Staff to juvenile caseload: 1:1 Individual; 1:1 Family; 1:3 minimum and no more than 1:12 maximum for group treatment. Trauma history/symptoms assessed/treatment initiated. **Must include a Transition Discharge Plan if juvenile is aging out of the system that provides appropriate services in case of relapse beyond age 19.	Service includes a combination of group sessions 3-5 times per week plus individual sessions 1-3 hours per week for a minimum of 9 group hours per week; there are no more than 3-8 juveniles in therapy groups; total services to the juvenile average 10-15 hours per week; hours per week taper to a prescribed schedule or to juvenile need as juvenile to transitions to the less intensive Outpatient Therapy or other service. Intensity of service is higher to address criminogenic risk.	Length of stay varies with individual response to treatment but the intensity of the service averages 5-6 weeks in duration.	Counseling therapy provided by licensed addiction specialists or dually credentialed clinicians; non-clinical workers have four-year education degrees and experience and/or training in substance use.
SU Partial Care	Very intensive day treatment program for juveniles with substance use disorders; medical backup; includes individual and group counseling, medication monitoring services; services may occur during school hours, but education must be available through other resources; client needs are of higher intensity need than Intensive Outpatient. Trauma history/symptoms are assessed and treatment is initiated. **Must include a Transition	Services are provided 5 days per week at 6-10 hours daily including minimum of 4 hours daily of primary SU treatment. Groups include no more than 3-8 juveniles.	Varies but averages 5-6 weeks; this is the highest intensity, non-residential service.	Licensed addiction specialists provide clinical services.

SERVICE	GENERAL DESCRIPTION	SERVICE FREQUENCY	LENGTH OF STAY	STAFFING
	Discharge Plan if juvenile is aging out of the system that provides appropriate services in case of relapse beyond age 19.			

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LOC: RESIDENTIAL SERVICES

(treatment services provided in a 24 hour community based residential setting)

CLINICALLY MANAGED RESIDENTIAL SERVICES: An array of residential services for youth who need a safe living environment to develop recovery skills; have specific functional deficits; minimal problems with intoxication or withdrawal and few biomedical complications; youth may have significant deficits in the areas of readiness to change, relapse, continued use or continued problem potential or recovery environment and thus is in need of interventions directed by addiction specialists rather than medical or psychiatric personnel.

SERVICE	GENERAL DESCRIPTION	SERVICE FREQUENCY	LENGTH OF STAY	STAFFING
SU Group Home	CLINICALLY MANAGED, LOW INTENSITY: Non-medical transitional residential program of substance use disorder treatment for youth who are transitioning from more intensive treatment to family/independent living; structured living environment and semi-structured activities designed to develop/support recovery living and relapse prevention skills; maintaining the skills necessary for a life free from substance use outside of residential treatment; service has ability to arrange for services or support/coordinate access to school, work, concurrent emotional/behavioral/other treatment activities; treatment plan must include relapse prevention planning (crisis); facility must keep juvenile safe. Trauma history/symptoms assessed/treatment initiated. **Must include a Transition Discharge Plan if juvenile is aging out of the system that provides appropriate services in case of relapse beyond age 19.	Service provided daily in a 24/7 residential setting.	Length of stay varies but averages 3 - 6 months.	Staffing must include a licensed substance use disorder counselor.
SU Therapeutic Group Home	CLINICALLY MANAGED, MEDIUM INTENSITY: Non-medical residential program of substance use disorder treatment for youth with chronic substance use, repeated relapse and/or resistance to treatment whose substance use recovery efforts are effected by emotional, behavioral or cognitive problems; 24-hour structured therapy to promote sustained focus on recovery tasks; program relies on a treatment community or milieu as the agent of change for acquiring recovery and basic life skills; skills are built through a longer term, highly structured set of activities; services include individual & group counseling therapy, relapse prevention (crisis), education, vocational & skill building; treatment goals include motivation to change, anger management, conflict resolution, values clarification & limit setting; program facilitates integration into the community, is staff secure & has ability to arrange for services or support/coordinate access to school, work; SU-ThGH programs specialize in serving youth in the justice system, many with conduct or personality disorders; facility must keep juvenile safe. Trauma history/symptoms are assessed and treatment is initiated. **Must include a Transition Discharge Plan if juvenile is aging out of the system that provides appropriate services in case of relapse beyond age 19.	Service provided daily in a 24/7 residential setting.	Length of stay varies from 6 -12 months.	Staffing includes LADCs for treatment services, LMHPs to address mental health issues and access to medical or other consultation; can include peer led activities.

SERVICE	GENERAL DESCRIPTION	SERVICE FREQUENCY	LENGTH OF STAY	STAFFING
<p>Psychiatric Residential Treatment Facility (PRTF) – Substance Use or Co-Occurring Disorder Specific</p> <p>[** NOTE: Youth may need to be admitted through a MH diagnosis to be Medicaid eligible.]</p>	<p>CLINICALLY MANAGED, HIGH INTENSITY: psychiatric residential treatment facility services specifically address substance use disorders or a combination of substance use and mental health disorders; services are clinically necessary services provided to a juvenile who requires 24-hour professional care and an entrenched pattern of usage with an inability to remain drug free outside of 24-hour care; intensive, comprehensive addiction recovery service or co-occurring treatment in a highly structured, closely supervised environment. Professional care and treatment means care and treatment identified as medically necessary that can reasonably be expected to reduce or eliminate the juvenile’s substance use or co-occurring SU/MH dysfunctions; but at a higher intensity level; access to medical evaluation and consultation available 24/7; significant emphasis is on readiness to change and treatment engagement; experience induces the adolescent into a peer group; promote coordination of the multiple systems surrounding the youth and implement strategies for ongoing engagement in treatment; physician monitoring and nursing care observation available as needed; program is staff secure; facility must keep juvenile safe. Trauma history/symptoms are assessed and treatment is initiated. **Must include a Transition Discharge Plan if juvenile is aging out of the system that provides appropriate services in case of relapse beyond age 19.</p>	<p>Therapeutic interventions include:</p> <ol style="list-style-type: none"> 1. Twice weekly individual psychotherapy and substance use disorder counseling; 2. Daily group psychotherapy and substance use disorder counseling; and 3. Weekly family psychotherapy and family substance use disorder counseling. A family therapy session shall be provided on the day of admission and the day prior to discharge. 	<p>Length of stay varies but averages 45-60 days.</p>	<p>Interdisciplinary staff including LMHP, LADC, psychologists as needed; physicians/nurses to administer/monitor medications; addiction treatment by licensed addiction specialists.</p>