



Probation Service Definition


ADMINISTRATIVE OFFICE OF THE COURTS & PROBATION

SERVICE NAME	Community Treatment Aid <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Juvenile
Category	Treatment
Setting	Services are provided in the youth’s natural environment and/or other appropriate location(s); may include other appropriate community locations where the parent or caregiver is present including a foster home, school or other appropriate community locations conducive for the delivery of community treatment aid (CTA) services.
Facility License	No license required
Service Description	<p>Community Treatment Aide (CTA) services are supportive, and psychoeducational interventions provided primarily in the youth’s natural environment. CTA services are expected to improve the youth’s level of functioning within their environment and to enhance the care giver’s ability to manage the youth’s symptoms related to their mental health or substance abuse diagnoses. Therefore, this service is delivered primarily to the parent/caregiver interacting with the youth, by a highly skilled, educated and trained paraprofessional under the direction and supervision of a licensed clinician who simultaneously provides family and individual therapy on a regular basis to the youth and their family.</p> <p>CTA services are supportive interventions designed to assist the individual, parent(s) or primary caregiver(s) to learn and rehearse the specific strategies and techniques that can decrease the severity of, or eliminate, symptoms and behaviors associated with the youth’s mental health disorder that create significant impairments in their functioning.</p> <p>The youth is treated under the care of a licensed supervising practitioner; during outpatient services, prescribed community treatment services must be part of an overall treatment plan</p> <p>CTA services are supportive psycho-educational interventions designed to assist the youth with compensating for, or eliminating, functional deficits and interpersonal and/or environmental barriers associated with their mental health disorder. CTA services shall enhance the youth and caregiver’s ability to manage the youth’s mental health. Activities shall have the intention of achieving the identified goals or objectives as set forth in the youth’s individualized treatment plan written by the supervising clinician.</p>

	All services provision will occur face-to-face with the identified youth and parent/caregiver.
Service Expectations	<ul style="list-style-type: none"> • An Initial Diagnostic Interview (IDI) will be completed prior to the beginning of treatment and will serve as the initial treatment plan until the comprehensive plan of care is developed. • Outpatient services shall be provided by a licensed practitioner whose scope of practice includes mental health and/or substance use disorder services. • The youth’s CTA plan shall be a part of the comprehensive treatment plan developed by the outpatient counseling provider and be developed in close collaboration with the CTA provider. • The CTA treatment plan will be reviewed and updated every 90 days or sooner as clinically indicated and demonstrate collaboration with the outpatient therapist. • Treatment interventions should be based on the comprehensive assessment and focused on specific treatment goals inclusive of the culture, trauma, expectations and needs as identified by the individual and their parent/caregiver. • The CTA staff are expected to provide interventions which may include: parent instruction, de-escalation techniques, behavioral management techniques, coping skills, and social and life skills development. • CTA services shall not be used in place of a school aide or other similar services not involving the parent. • CTA services shall be delivered under the direction and supervision of the therapist providing family and/or individual therapy. • The Supervising Practitioner will provide monthly supervision and direction to the CTA therapist. This contact may be by telephone and shall be documented in the member’s treatment record. • The parent/caregiver is fully engaged during all CTA services. • Services must be trauma informed, culturally sensitive, age and developmentally appropriate and incorporate evidence-based practices when appropriate. • Officer will verify with the CTA and therapist to determine if progress is being made. If progress is not indicated, the staff shall provide a rationale as to what changes will be made to initiate a plan to increase progress. <p>The role and responsibilities of the CTA include but are not limited to the following:</p> <ul style="list-style-type: none"> • Has a clear understanding of the treatment plan and discharge plan. • Supervision and rehabilitation of basic personal care and activities of daily living through training the youth and the usual caregiver. • Promoting improvement in the youth’s social skills and relationship skills through training, and education of the youth and the usual caregiver.

	<ul style="list-style-type: none"> • Teaching and instructing the caregiver in crisis de-escalation techniques. • Teaching and modeling for the youth and the youth's caregiver in appropriate behavioral treatment interventions and techniques • Teaching and modeling for the youth's caregiver the appropriate coping skills to manage dysfunctional behavior. • Providing information about medication compliance and relapse prevention. • Teaching and modeling proper and effective parenting practices
Service Frequency	The CTA service must be available during times that meet the need of the youth and their family to include after school, evenings and weekends. Scheduled therapeutic and CTA services should not interfere with the youth's academic and extracurricular schedule. The service provider must assure that the youth, and parent/caregiver has on-call access to a mental health provider on a 24-hour, seven-day per week basis.
Length of Stay	Length of service is individualized and based on clinical criteria for admission and a clinical need, as well as the youth's ability to make progress on individual treatment/recovery goals.
Staffing	<ul style="list-style-type: none"> • Supervising Practitioner: <ul style="list-style-type: none"> ○ Psychiatrist, Licensed Clinical Psychologist, LIMPH • Program/Clinical Director: <ul style="list-style-type: none"> ○ LMHP, Psychiatric RN, APRN, LIMHP, Licensed Psychologist • Therapist/licensed clinician: <ul style="list-style-type: none"> ○ LMHP, LIMHP, PLMHP, Licensed Psychologist, Provisionally Licensed Psychologist, APRN, Licensed Psychiatrist • Community Treatment Aides: <p>BS/BA in psychology, social work, child development or related field and equivalent of one year full-time experience in direct child/adolescent services or mental health and/or substance abuse services or time equivalent in graduate studies may substitute for work experience; or an Associate's Degree in human services or related field and have a minimum of two years (or full-time equivalent) experience in direct child/adolescent services or mental health and/or substance abuse services.</p> <ul style="list-style-type: none"> • Must be employed within the same agency as the therapist/licensed clinician.
Staff to Youth Ratio	CTA to individual/individuals served: typically one per youth and parent/caregiver, but one CTA may serve up to 10 youth.
Hours of Operation	Providers are expected to be flexible in scheduling and be available evenings and/or weekends to accommodate the service needs.

Service Desired Outcomes	<ul style="list-style-type: none"> • Treatment goals have been accomplished for the youth and parent/caregiver • Youth and parent/caregiver demonstrate de-escalation techniques, behavioral management techniques, coping skills, social and life skills development, child development, relapse prevention and medication compliance learned during service delivery. • Family can identify and make use of community resources and natural supports. • Youth and parent/caregiver have a goal-driven, comprehensive treatment and discharge plan. • Connections with other mental health/substance providers have been coordinated for the family or individual family members to access after discharge.
Unit and Rate	Per hour; see rate sheet



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