



Probation Service Definition

ADMINISTRATIVE OFFICE OF THE COURTS & PROBATION

SERVICE NAME	Crisis Stabilization <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Juvenile
Category	Out-of-Home placement/Non-treatment
Setting	Residential-Shelter Only
Facility License	As required by the Nebraska Department of Health and Human Services (DHHS)-Division of Public Health
Service Description	This service is utilized to achieve stabilization in a therapeutic environment until a youth can transition home or to a placement. Crisis Stabilization may be utilized as an alternative to detention. Youth in this service require crisis intervention, consistent behavior management, supervision and therapeutic services.
Service Expectations	<ul style="list-style-type: none"> • Complete an initial diagnostic interview (IDI) if one has not been completed within the preceding 12 months, or if one is not available. This is part of the crisis stabilization service. If an IDI has been completed within the last 12 months a licensed mental health practitioner should review and update as necessary via an addendum. • Develop a written individualized crisis stabilization plan with the youth, probation/problem solving court officer, family, and other stakeholders identified, that will assist the youth in stabilization and preparing for transition home or other placement. The plan must address stabilization goals to include behavioral, medication compliance, education, transition, and criminogenic domains. • Individualization of the plan will be determined based on service referral information, relevant collateral documentation/assessments and youth/family goals. The written plan shall include approval, when appropriate, by the probation/problem solving court officer to allow youth to leave the facility for planned supervised outings, home visits, etc. Home visits will not be withheld from the youth based on behavioral concerns. • Youth may continue therapeutic services with their current clinician in addition to crisis stabilization services. Crisis stabilization staff will collaborate and be in communication with the youth's current treating clinician outside of crisis stabilization. Note: Financial assistance (outside of the crisis stabilization rate) will not be provided to the current clinician if they are employed or affiliated with the crisis stabilization provider. • Clinical staff will work in collaboration with placement staff to assist the youth in achieving stabilization goals. • Participation in family engagement team meetings in person or via teleservices to provide necessary information on the youth's behavior and progress in crisis stabilization service as well as assist the family in preparing for the youth's return home or to a necessary placement.

	<ul style="list-style-type: none"> • Based on the plan goals, the youth shall be involved in structured programming to include evidence based crisis intervention strategies, behavior management plan, community support planning, family engagement, teaching/educational interventions, and strategies that aid in individual skill development. • Family engagement shall include regular phone contact and visitation with family members. Family engagement shall be flexible to meet the non-traditional hours needed by families. Phone contact and visits shall not be tied to behavior management levels and shall not be removed as a consequence. • The provider will ensure that educational needs are being met. School may be in the community or on site. Youth shall attend their home school whenever possible. • The provider will ensure 24-hour crisis intervention (by a licensed clinician) is available to aid in the stabilization of crisis situations. • Transportation will be provided to and from dental and medical appointments, school, court, therapy, home visits and routine day to day activities. Transportation costs within a 25 mile radius will be the responsibility of the provider. Parent/guardian shall be involved in the transportation of the youth. • Develop and implement a crisis plan for the youth and family. The youth and family will demonstrate how to implement the crisis plan. • Officer will verify with staff 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. • The provider will aid the probation/problem solving court officer in transition planning to begin upon activation of the crisis stabilization. The court must approve all discharges and placement changes. • The agency will collaborate and proactively plan with the probation/problem solving court officer for the discharge of youth from service, this will plan will begin upon placement in crisis stabilization. During this process a trauma informed approach will be utilized to prepare the youth for the transition to ensure the most appropriate post-discharge placement is available for the youth prior to discharge. Criteria for discharge will be individualized, determined by the team, and approved by the court. • When the youth's discharge is not planned, the provider will give probation 72 hours written notice. During this time frame, the provider will use a trauma informed approach to prepare the youth for the impending discharge and will work collaboratively with probation to determine the most appropriate post discharge placement for the youth. The plan will include educational needs, clinical needs, living environment etc. A 72 hour written notice is not required when the provider and probation mutually agree that it is in the best interest of the youth to move sooner.
Service Frequency	<p>24 hours/7 days</p> <p>Clinical intervention staff shall meet with the youth privately a minimum of one (1) to two (2) sessions per week with increased individual time if necessary to achieve and maintain stability. Clinical intervention staff will</p>

	collaborate and be in communication with the youth's treating practitioner. Clinical staff will work in collaboration with placement staff to assist the youth in achieving stabilization goals.
Length of Stay	Up to 30 days
Staffing	<p>Staffing Requirements of crisis stabilization:</p> <ul style="list-style-type: none"> • Staff shall demonstrate skill and competency in the treatment of youth with mental health and substance use disorders prior to the delivery of services • The team shall include, as a minimum, one of the following: <ul style="list-style-type: none"> ○ Therapist: LMHP; LIMHP; PLMHP ○ Direct care staff: must be 21 years of age and have a minimum of two years' experience working with youth, two years education in the human service field or a combination of work experience and education with one year of education substituting for one year of experience. • All staff that have direct contact with youth will have training in evidence-based youth development principles, best practice in juvenile justice and criminogenic risk and needs. • All providers must be trained in trauma-informed care, recovery principles and crisis management. • Crisis stabilization service is expected to maintain staff ratio to accommodate transportation and activities of the facility.
Staff to Client Ratio	Staffing ratios will be as required by the DHHS-Division of Public Health
Hours of Operation	24/7 days a week
Service Desired Outcomes	<ul style="list-style-type: none"> • Youth maintains continuity with their education. • The primary outcome is to enable the youth to stabilize in their environment and move to their home or to the next placement. • Youth's behavior will be stabilized. • Youth will maintain placement in the least restrictive environment. • Youth will demonstrate positive skills in communication, social skills, coping/anger management, family functioning, these skills will be based on the probation/problem solving court staff's referral.
Unit and Rate	Per day; see rate sheet

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