



Probation Service Definition


ADMINISTRATIVE OFFICE OF THE COURTS & PROBATION

SERVICE NAME	Day Treatment <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Juvenile
Category	Treatment
Setting	Hospital or non-hospital, community-based
Facility License	As required by the Department of Health and Human Services (DHHS)- Division of Public Health
Service Description	<p>Day treatment services are less intensive than partial hospitalization but more intense than community-based intensive outpatient therapeutic services. Day treatment provides a community-based, coordinated set of individualized behavioral health/psychiatric treatment services to youth who are not able to function full-time in a normal school, work, and/or home environment and need the additional structured activities of this level of care. While less intensive than hospital-based day treatment, this service includes diagnostic, medical, psychiatric, psychosocial, and adjunctive treatments in a structured setting. Day treatment generally occur in a hospital based setting.</p> <p>Day treatment services typically are less medically involved than acute inpatient or partial hospitalization services. Day treatment provides structure for activities of daily living including intensive group, family and individual therapy with essential education and treatment components to allow the youth to apply new skills within real world environments.</p>
Service Expectations	<ul style="list-style-type: none"> • An initial diagnostic interview (IDI) by the day treatment psychiatrist within 24 hours of admission. • Interdisciplinary biopsychosocial assessment within 24 hours of admission including alcohol and drug screening and assessment as needed. • History and evaluation will be present in youth’s record within 30 days of admission. • A treatment/recovery plan developed by the multidisciplinary team integrating individual strengths & needs, considering community, family and other supports, stating measurable goals, including documented discharge and relapse prevention plan completed within 72 hours of admission. • The individual treatment plan is reviewed at a minimum 2 times monthly and more often as necessary, updated as clinically indicated, and signed by the supervising practitioner and other treatment team members, including the youth being served.

	<ul style="list-style-type: none"> • Discharge planning begins at the time of admission and includes: next appropriate level of care arrangements, scheduled follow-up appointments and assistance for the youth/family to develop community supports and resources. Consultation with community agencies on behalf of the youth/family upon permission from the legal guardian. • Medication management • Consultation services available, as needed, for general medical, dental, pharmacology, dietary, pastoral, emergency medical, therapeutic activities upon permission from the legal guardian. • Laboratory and other diagnostic services, as needed. On-site nursing services are readily available • Individual, group, and family therapy services. • School is a normal component of the treatment plan, involvement with school personnel to monitor the ongoing impact of treatment and to facilitate approaches of working with the youth upon permission from the legal guardian. • Staff must be available to schedule meetings and sessions at a variety of times in order to support family/other involvement for 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. • Services must be trauma informed, culturally sensitive, age and developmentally appropriate and incorporate evidence-based practices when appropriate.
Service Frequency	<p>Services per the following schedule:</p> <ul style="list-style-type: none"> • Individual therapy-minimum of 1 hour sessions per week • Group-minimum daily • Family therapy-minimum of 1 hour sessions per week • Recreation therapy-minimum daily • Psycho-educational groups-minimum daily • Psychiatrist/ Advanced Practice Registered Nurse-Nurse Practitioner (APRN-NP) shall have one visit per week with the youth
Length of Stay	Is individualized and based on clinical criteria for admission and continuing stay, as well as the youth’s ability to make progress on individual treatment/recovery goals.

Staffing	<ul style="list-style-type: none"> ▪ Clinical Director (APRN, RN, LMHP, LIMHP, or licensed Psychologist) working with the program to provide clinical supervision, consultation and support to staff and the individuals they serve, continually incorporating new clinical information and best practices into the program to assure program effectiveness and viability, and assure quality organization and management of clinical records, and other program documentation. ▪ Nursing (Advanced Practice Registered Nurse – Nurse Practitioner (APRN-NP) Registered Nurse (RN) (psychiatric experience preferred.) ▪ Therapist (Psychiatrist, APRN, Psychologist, Provisionally Licensed Psychologist, LMHP, PLMHP, LIMHP); dual licensure preferable for working with mental health (MH) /substance use disorder (SUD) symptoms. ▪ All providers must hold a current, valid Nebraska license through the Nebraska Department of Health and Human Services (DHHS) – Division of Public Health and must act within their scope of practice. ▪ All providers must be trained in trauma-informed care, recovery principles and crisis management. ▪ Direct care: The direct care staff shall meet one of the following requirements: <ul style="list-style-type: none"> ▪ A bachelor’s degree or higher in psychology, sociology or related human service field; or ▪ Be 21 years of age and have a minimum of two years’ experience working with behavioral health, 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.
Staff to Client Ratio	<ul style="list-style-type: none"> • Clinician to youth: <ul style="list-style-type: none"> ○ Individual therapy-1:1 ○ Group therapy-1:12 maximum, 1:3 minimum ○ Family therapy-1:1
Hours of Operation	<p>Shall be available 7 days/week with a minimum availability of 5 days/week including days, evenings and weekends to allow time outside of school/work hours for the youth and their family.</p>
Service Desired Outcomes	<ul style="list-style-type: none"> • Acute psychiatric, substance use symptoms and sexually harming behaviors are stabilized and daily functioning has improved. • The youth no longer meets clinical guidelines for day treatment services. • Sufficient supports are in place and the youth can move into a less restrictive community-based environment • Medications are managed by the youth independently or with assistance from a community-based support and/or parent/guardian/caretaker. • Youth is positively demonstrating all skills identified in the treatment plan. Youth is aware and demonstrates skills related to crisis/recovery plan. • Youth and family have support systems secured and crisis plan in place to help maintain stability in the community.

Unit and Rate	Per hour; see rate sheet
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 [\[Click here to view Service Interpretive Guideline\]](#)