



Probation Service Definition

ADMINISTRATIVE OFFICE OF THE COURTS & PROBATION

SERVICE NAME	Partial Hospitalization <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Juvenile
Category	Treatment
Setting	Psychiatric hospital or general hospital with a psychiatric unit; capacity to serve youth on a voluntary basis.
Facility License	Required Nebraska state licensing for hospitals as required by the Department of Health & Human Service (DHHS)-Division of Public Health.
Service Description	<p>Partial hospitalization is a hospital-based treatment services that is not as intense as acute inpatient hospitalization, it is the next level down in regard to services. The level of intensity is similar to an inpatient services, but on less than a 24-hour basis. These services include a therapeutic environment, nursing services, psychiatric evaluation, medication management, group, individual and family therapy. Typically, the youth poses a significant danger to self or others, or displays severe psychosocial dysfunction.</p> <p>Partial hospital treatment may be appropriate when a youth does not require the more restrictive and intensive environment of a 24-hour inpatient or residential setting, but a minimum of six hours of therapeutic services each day.</p> <p>Partial hospitalization can be used both as a transitional level of care (e.g., step-down from inpatient or residential treatment) as well as a stand-alone level of care to stabilize a deteriorating condition and avert hospitalization or residential treatment.</p>
Service Expectations	<ul style="list-style-type: none"> • Before admission for the partial hospitalization services or prior to authorization for payment, a physician with a specialty in psychiatry must make a medical evaluation of the youth’s need for care in the partial hospitalization service. An interdisciplinary/bio-psychosocial, trauma- informed evaluation and screening for substance use disorder, as needed, must be conducted by licensed clinician • Psychiatric diagnosis evaluation and nursing assessment completed within 24 hours of initiating services • An initial treatment/recovery plan developed by the multidisciplinary team (including the youth, their family or other supports as appropriate) integrating individual strengths and needs, stating measurable goals, and including a documented discharge and relapse prevention plan completed within 24 hours of admission • The individual treatment/recovery plan is reviewed at least weekly and more often as necessary, updated as medically indicated, and signed by the 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. • Medication management • Consultation services available, as needed, for general medical, dental, pharmacology, dietary, pastoral, emergency medical, therapeutic activities. • Laboratory and other diagnostic services, as needed. On-site nursing services are readily available • Individual, group, and family therapy services • School, if provided, needs to meet education requirements of a Level III service. School hours are not included in the minimum required treatment hours • Recreation and social services • Access to community-based rehabilitation/social services that can be used to help the youth transition to the community. • Face-to-face psychiatrist (APRN-NP) under psychiatrist supervision) visits 4 of 5 days. • Staff must be available to schedule meetings and sessions at a variety of times in order to support family/other involvement for the youth. • 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>Partial Hospitalization may be available 7 days/week with a minimum availability of 5 days/week. A minimum of 6 hours per day of treatment services (full day) A minimum of 3 hours of treatment services per day (half day) a minimum of 5 days per week. Services per the following schedule:</p> <ul style="list-style-type: none"> • Individual therapy-minimum of two (1) hour sessions per week • Group-minimum daily • Family therapy-minimum of one per week • Recreation therapy-minimum daily • Psycho-educational groups-minimum daily
Length of Stay	<p>The typical length of stay is 2 - 4 weeks. Length of stay is variable depending on presenting psychiatric symptoms and diagnosis but considering its time-limited expectations, a period of 14 to 28 days with decreasing attendance hours is typical. The number of days is driven by the medical necessity for the youth to remain at this level of care.</p>

Staffing	<p>Special Staff Requirements for Psychiatric Hospitals:</p> <ul style="list-style-type: none"> • Medical Director (Board or Board-eligible Psychiatrist) Psychiatrist(s) and/or Physicians(s) • Advanced Practice Registered Nurse – Nurse Practitioner (APRN-NP) or (RN) with psychiatric experience, specialty • RN(s) and APRN-NP(s) (psychiatric experience preferable); 24-hour nursing staff with a least 1 RN per shift • LIMHP, LMHP, LADC, LIMHP/LADC, Psychologist • Director of Social Work (MSW preferred) • Social Worker(s) (at least one social worker, director or otherwise, holding an MSW degree) • 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	<p>The minimum service staff to youth ratio is 1:3 The minimum therapist to youth ratio is 1:8</p>
Hours of Operation	24 hours/7 days a week
Service Desired Outcomes	<ul style="list-style-type: none"> • Acute psychiatric and/or substance use disorder symptoms are stabilized. The youth no longer meets clinical guidelines for partial hospitalization in a hospital setting. • Sufficient supports are in place and youth can move to a less restrictive environment: <ul style="list-style-type: none"> ▪ Treatment plan goals and objectives are substantially met ▪ The youth has met their treatment plan goals and objectives ▪ The precipitating condition and relapse potential is stabilized such that the youth’s condition can be managed without professional external supports and interventions. • The youth has an alternative support systems secured to help them maintain stability in the community
Unit and Rate	Per hour; see rate sheet

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