



Probation Service Definition

ADMINISTRATIVE OFFICE OF THE COURTS & PROBATION

SERVICE NAME	Psychiatric Residential Treatment Facility (PRTF) Mental Health, Substance Use, Youth Who Sexually Harm <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Juvenile
Category	Residential Treatment
Setting	The Psychiatric Residential Treatment Facility (PRTF) may be operated as a freestanding community setting or operated by a hospital.
Facility License	The facility shall be licensed as required by the Department of Health & Human Services (DHHS)-Division of Public Health.
Service Description	<p>PRTF treatment provides 24-hour clinically indicated services for youth under the age of 19 who have demonstrated symptoms consistent with a DSM (most recent version) diagnosis related to severe/persistent psychiatric disorders and/or who demonstrate sexually inappropriate behaviors who are at risk to re-offend.</p> <p>Youth involved with this service are a danger to self and others and there may be presence of active psychosis inhibiting the ability to function appropriately.</p> <p>The youth receives therapeutic intervention/specialized services to initiate a process to reduce/eliminate current symptoms in a therapeutic environment with a high degree of supervision and structure due to the impaired functionality across psychosocial domains.</p> <p>The PRTF service addresses the identified problems through a wide range of diagnostic and treatment services as well as through training in basic skills such as social skills and activities of daily living in the context of a comprehensive, interdisciplinary treatment plan. Professional care and treatment is identified as clinically indicated, that can reasonably be expected to reduce or ameliorate the youth’s mental health, substance use and/or sexually harming symptoms</p> <p>Requires a certificate of need by an independent team that includes a physician.</p> <p>Specializations can include psychotherapy for clients with co-occurring disorders, eating disorders, trauma, individuals who sexually harm and other areas.</p>

<p>Service Expectations</p>	<ul style="list-style-type: none"> • Every effort will be made to have families be a part of the intake and/or discharge process, teleservices should be utilized. • PRTF services shall be family-centered, trauma informed, culturally sensitive, age and developmentally appropriate and incorporate evidence-based practices when appropriate. • PRTF services shall be provided under the direction of a licensed physician with a specialty in Psychiatry • Additional assessments and screenings are completed as determined by the physician and interdisciplinary team and shall take place as an ongoing activity throughout the entire length of stay • The interdisciplinary team consists of the youth, family, guardian, therapist/licensed clinician, supervising physician, physician, registered nurse, probation/problem solving court officer, and may also include other supportive individuals such as psychologist, social worker, register nurse, or occupational therapist, identified by the supervising physician’s recommendations • The interdisciplinary team works with the youth’s family to develop a family centered, outcome-focused, comprehensive treatment plan within 14 calendar days of admission and updates the treatment plan as frequently as clinically indicated but at least every 30 days. Each updated version of the plan of care shall be reviewed by each member of the treatment team. The supervising physician approves the plan of care by signing it • Treatment interventions shall be outcome/trauma focused, based on the comprehensive assessment, trent goals, cultural competence, expectations/needs as identified by the youth and their family • The comprehensive treatment plan will be developed by an interdisciplinary team, the individual, and their family/legal guardian. The treatment plan is based off evaluations of the individual’s medical, psychological, social, behavioral and developmental needs. The treatment plan will identify objectives, the therapies/activities designed to meet those objectives and a discharge plan. The comprehensive treatment plan will be completed within 14 days post admit • The treatment plan will be reviewed every 30 days by the team • Family interventions shall relate to the youth’s treatment plan and include skill building regarding mental health/substance use disorder symptom management. If youth demonstrates sexually harming behaviors, the treatment plan will focus on these types of behavior. This may include de-escalation techniques, behavioral management techniques, coping skills, social and life skills development, child development, medication compliance and relapse/recovery • Adjunctive therapies such as life skills, community support building, leisure skill building, time management, pre-vocational skill building and health education (e.g., nutrition, hygiene, medication management, personal wellness, etc.) may also be a part of the treatment service
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	<ul style="list-style-type: none"> • Education including medication management will be provided by the appropriate staff person within the PRTF to youth/family/guardian regarding expected benefits, potential side effects, potential interactions, dosage, obtaining/filling prescriptions, etc. • Mandatory treatment services include ongoing assessment, individual, group and family psychotherapy or substance use disorder counseling service, and psycho-educational services • Provide awareness and skill development for youth and/or family/guardian in regards to accessing community- based resources/natural supports that could be utilized to facilitate youth’s function and stability within the community • All physical/medical, dental, vision, and mental health/substance use disorder and youth who demonstrate sexually harming behaviors needs shall be identified and met by the interdisciplinary treatment plan • 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 should not be tied to behavior management levels and shall not be removed as a consequence. • 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 agency will collaborate and proactively plan with probation/problem solving court staff for the discharge of youth from service, this will plan will begin upon placement. If a youth is going to be discharged a court ordered must be obtained. 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. • If the agency requests a youth to be removed the facility, a family engagement meeting shall be held within 3 business days to develop a transition plan for the youth. The plan will include educational, clinical, living, environment etc. • When the youth’s discharge is not planned, the provider shall give the probation/problem solving court officer a fourteen (14) calendar day notice in writing. During the fourteen (14) day period of time, the agency shall use a trauma informed approach to prepare the client for the impending and will work collaboratively with probation to determine the most appropriate transition or post discharge placement for the youth. • A fourteen (14) calendar day written notice is not required when the provider and probation mutually agree that it is in the best interests of the client to move sooner. • PRTFs incorporate a trauma informed and recovery-based philosophy in treatment services, as appropriate
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	<ul style="list-style-type: none"> The service shall have formal arrangements for access to psychological, pharmacy, dietary, laboratory, physical therapy, transportation, and medical services, as necessary. Optional services may be provided: recreational, speech, occupational, vocational skills therapy.
Service Frequency	<ul style="list-style-type: none"> PRTF shall provide 40 hours of psychotherapy and other treatment interventions each week which include: individual, group and family psychotherapy/substance use disorder counseling; OT/PT; speech; laboratory services; transportation; medical services as necessary; and nursing services available 24/7 (may be on call during sleep hours). PRTF shall provide active/rehabilitative treatment per week. The following services are included in the PRTF rate and will be available to individual unless clinically contraindicated: <ul style="list-style-type: none"> Individual therapy and substance use counseling Group therapy and or substance use therapy Family therapy
Length of Stay	Length of service is individualized and based on clinical criteria for admission and continuing stay, as well as the individual's ability to make progress on individual treatment/recovery goals.
Staffing	<p>Staffing Requirements of the PRTF:</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 Staff shall pass background checks with child abuse, sex offender, adult abuse and motor vehicle registers All staff shall understand and demonstrate competency in the use of restraints and seclusion as per 42 CFR § The team shall include, as a minimum, one of the following: <ul style="list-style-type: none"> A board-eligible or board-certified psychiatrist; or A licensed psychologist and a physician licensed to practice medicine or osteopathy; or A physician licensed to practice medicine or osteopathy with specialized training and experience in the diagnosis and treatment of mental diseases and a licensed psychologist The team shall also include one of the following: <ul style="list-style-type: none"> Supervising practitioner (required to be a physician) Clinical director: Advanced Practice Registered Nurse – Nurse Practitioner (APRN-NP); Physician with a specialty in psychiatry, Psychologist, LIMHP and/or LMHP with appropriate licensure by the Department of Public Health; <ul style="list-style-type: none"> Therapist: LMHP; LIMHP; PLMHP; LADC; a licensed and/or provisionally licensed Psychologist; licensed APRN-NP or physician with a specialty in psychiatry Registered Nurse or APRN-NP, and

	<ul style="list-style-type: none"> ▪ Direct care staff: must be 21 years of age and have a minimum of two years' experience working with children, 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. • <u>Supervising Physician</u>: required to be a physician; the responsibilities of the supervising physician include but are not limited to the following: <ul style="list-style-type: none"> ▪ Complete an initial diagnostic interview (IDI) prior to delivering treatment services within 24 hours of admission. If the referring physician is the same physician of the PRTF, the referral assessment can serve as the admission diagnostic interview if the assessment provides clear direction regarding recommendations to develop the treatment plan and was completed within the previous 30 days. Provide supervision and direction for crises ▪ Provide a face-to-face treatment service every 30 days at minimum, every seven days is the preference ▪ Directly participate in and supervise the development of the comprehensive treatment plan within 14 days of admission. (The recommendations of the supervising physician serve as the treatment plan until the comprehensive treatment plan is developed by the 14th day following admission) ▪ Update the goal-directed treatment plan with the treatment team each 30 days at minimum, every seven days is the preference ▪ Review and supervise discharge planning with each treatment plan review and provide direction for adjustment as necessary ▪ Provide continuous and ongoing assessment to assure the clinical needs of the youth and family are met. This includes transitioning of youth to other treatment and care settings, or other types of supports as necessary • <u>Service/Clinical Director</u>: LMHP, Psychiatric RN, APRN-NP, LIMHP, Licensed Psychologist, or licensed physician with a specialty in psychiatry licensed by the State of Nebraska, providing services within his or her scope of practice and licensure, and has two years of professional experience in a treatment setting similar to a PRTF. The Service/Clinical Director cannot also serve in the role of the service's therapist • <u>Therapist/licensed clinician</u>: LMHP, LIMHP, PLMHP, LADC, Licensed Psychologist, Provisionally Licensed Psychologist, APRN-NP, Licensed Psychiatrist licensed in Nebraska and operating within their scope of practice and meeting service requirements • <u>Registered Nurse or Advanced Practicing Registered Nurse</u>: RN or APRN-NP licensed by the State in which she/he practices operating within his/her scope of practice and shall have documented experience and training in the treatment of children and youth. The PRTF shall have nursing services available 24/7, 365 days a year (may be on call during sleep hours) by an onsite nurse during awake hours and by one call availability during sleep hours
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	<ul style="list-style-type: none"> • <u>Direct care staff</u>: must be 21 years of age and have a minimum of two years' experience working with children, 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 • <u>PRTF Treatment Team</u>: consists of the youth's family and/or legal guardian, the Supervising Physician, a licensed mental health professional, the RN and Direct Care Staff
Staff to Client Ratio	Therapists/licensed practitioners to youth-1:10 Direct Care Staff-1:4 during waking hours; 1:6 overnight
Hours of Operation	24 hours/7 days a week
Service Desired Outcomes	<ul style="list-style-type: none"> • Youth's psychiatric, substance use and sexually harming symptoms and behaviors have been ameliorated and daily functioning has improved • Medications are managed by the youth independently or with assistance from a community-based support • Youth is positively demonstrating all skills identified in the treatment plan. • Youth is aware and demonstrates skills related to risk reduction/recovery plan. • Youth and family have support systems secured and risk reduction plan in place to help maintain stability in the community.
Unit and Rate	Per day; see rate sheet

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Service Interpretive Guideline]