



## ***Probation Service Definition***

ADMINISTRATIVE OFFICE OF THE COURTS & PROBATION

<b>SERVICE NAME</b>	<b>Substance Use Outpatient Counseling (Individual/Group/Family)</b> <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Juvenile
<b>Category</b>	Treatment
<b>Setting</b>	Professional office environment, clinic, mental health substance use center, private practice, teleservice or other environment appropriate to the provision of evaluation/assessment services
<b>Facility License</b>	As required by the Nebraska Department of Health and Human Services (DHHS)-Division of Public Health.
<b>Service Description</b>	<p>Based on a recommendation from a Substance Use or Co-Occurring Evaluation. Substance Use Outpatient Counseling is a scheduled therapeutic encounter between the licensed clinician and the youth for the purposes of treating substance use disorders.</p> <p>The focus of Substance Use Counseling is to improve or alleviate symptoms that may significantly interfere with functioning in at least one life domain (e.g., familial, social, occupational, educational, etc.). Services can be delivered in individual, family, or group sessions.</p>
<b>Service Expectations</b>	<ul style="list-style-type: none"> <li>• A comprehensive biopsychosocial evaluation (Substance Use or Co-Occurring Evaluation) must be completed prior to the beginning of treatment.</li> <li>• If a recent Substance Use/Co-Occurring Evaluation is determined to be clinically relevant and includes a current diagnosis and level of care recommendation, it can serve as the admission assessment. If the prior assessment is not relevant or does not contain the necessary information, then the clinical record shall reflect that such evaluations have been reviewed and updated as appropriate prior to the initiation of services.</li> <li>• Youth must meet current ASAM (American Society of Addiction Medicine) criteria for admission and continued stay.</li> <li>• The treatment and discharge plan, developed with the youth at the onset of services, must be individualized and must include the specific problems, behaviors or skills to be addressed; clear and realistic goals and objectives; services, strategies and methods of intervention to be implemented; criteria for achieving goals; target dates; and methods for evaluating the client’s progress.</li> <li>• Review and update of the treatment plan, under clinical guidance and with the client, should occur at least monthly or more often as clinically indicated, and should be signed by the youth and the treatment team.</li> </ul>

	<ul style="list-style-type: none"> <li>• Substance Use Outpatient treatment should address substance use needs. If the treating clinician suspects mental health needs/co-occurring disorders and diagnosis/treatment for mental health/co-occurring needs is not within the treating clinician’s scope of practice, a referral should be made to a clinician capable of diagnosing/treating mental health/co-occurring needs.</li> <li>• Develop and implement a crisis plan for the youth and family. The youth and family will demonstrate how to implement the crisis plan.</li> <li>• 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.</li> <li>• Services must be trauma informed, culturally sensitive, age and developmentally appropriate and incorporate evidence-based practices when appropriate.</li> <li>• If clinically indicated, the therapist upon permission from the legal guardian shall communicate with current/former providers as appropriate to coordinate services.</li> <li>• The therapist will assist in the identification and utilization of community resources and natural supports, which must be identified in the discharge plan.</li> </ul>
<b>Service Frequency</b>	The frequency and duration of substance use counseling will vary according to individual needs and response to treatment. Outpatient services are typically offered one time per week; however, the service can be offered more or less frequently depending on youth’s need.
<b>Length of Stay</b>	Length of treatment is individualized and based on clinical need for continued services, as well as the youth’s ability to benefit from individual treatment/recovery goals.
<b>Staffing</b>	<ul style="list-style-type: none"> <li>• Psychiatrist</li> <li>• Physician Assistant (PA)</li> <li>• Advanced Practice Registered Nurse – Nurse Practitioner (APRN-NP)</li> <li>• Licensed Psychologist</li> <li>• Provisionally Licensed Psychologist</li> <li>• Licensed Independent Mental Health Practitioner (LIMHP)</li> <li>• Licensed Mental Health Practitioner (LMHP)</li> <li>• Provisionally Licensed Mental Health Practitioner (PLMHP)</li> <li>• Licensed Alcohol and Drug Counselor (LADC)</li> <li>• Provisionally Licensed Alcohol and Drug Counselor (PLADC)</li> <li>• 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.</li> </ul>

	<ul style="list-style-type: none"> <li>All providers must be trained in trauma-informed care, recovery principles and crisis management <b>AND</b> have completed the Standardized Model requirements and the criminal behaviors/thinking training. Additional training may be required for counseling individuals in specialized populations to include but not limited to co-occurring disorders, eating disorders, trauma and sexualized behaviors</li> </ul>
<b>Staff to Youth Ratio</b>	<p>Individual Counseling = 1 therapist to 1 youth</p> <p>Family Counseling = 1 therapist to 1 family</p> <p>Youth Group Counseling = 1 therapist to a group of at least 3 and no more than 12 individual participants.</p>
<b>Hours of Operation</b>	Providers are expected to be flexible in scheduling and be available evenings and/or weekends to accommodate the service needs.
<b>Service Desired Outcomes</b>	<ul style="list-style-type: none"> <li>Youth has substantially met treatment plan goals and objectives.</li> <li>Youth has identified support systems to help maintain stability in the community.</li> <li>Youth has improved functioning and behavior changes in life domains.</li> <li>Medication management referral to prescribing clinician is ongoing, as deemed appropriate.</li> <li>Risk reduction plan has been established; youth knows how to implement this plan.</li> <li>Progress on treatment goals as outlined in the treatment plan</li> </ul>
<b>Unit and Rate</b>	Per session; see rate sheet

[Click to direct to Service Interpretive Guideline]

