Probation Service Definition

ADMINISTRATIVE OFFICE OF THE COURTS & PROBATION

SERVICE NAME	**Substance Use Partial Care** ☐ **Adult** ☒ **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	Substance Use Partial Care is less intensive than inpatient, but more intense than community based intensive outpatient therapeutic care. Substance Use (SU) Partial Care provides a community based, coordinated set of individualized substance use treatment to youth who are not able to function full time in a normal school, work, and/or home environment and need additional structured actives of this level of case. SU Partial Care is less involved than inpatient or partial hospitalization services. SU Partial Care 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.
Service Expectations	• A substance use disorder (SUD) evaluation needs to be completed by a licensed clinician prior to the beginning of treatment. • If a prior SUD assessment is determined to be clinically relevant and includes a current diagnosis, level of care recommendation and a discharge plan, it can serve as the admission assessment. If the prior assessment is not relevant or does not contain the necessary information, an SUD addendum would be necessary. • All individuals will be screened for co-occurring conditions throughout the assessment. If the clinician is a LADC or a PLADC and suspects a possible mental health condition, a referral is to be made to a clinician capable of diagnosing/treating co-occurring mental health and substance use disorders. • The youth's family must be involved in the assessment, treatment and discharge planning. Initial contact with the legal guardian/family must occur within the first 72 hours • A written treatment/recovery plan will be developed, the comprehensive individualized treatment/recovery plan, including discharge and relapse prevention, developed under clinical supervision with the individual within seven days of admission.

	• Family members are encouraged to participate in the assessment/treatment of the individual as appropriate and approved by the individual, and their participation or lack of participation is documented in the individual's record • Review and update of the treatment/recovery plan under clinical supervision with the individual and other approved family/supports at every 30 days or more often as needed. • Therapies/interventions should include a minimum of 20 hours per week of individual, family, and group substance use disorder counseling, and educational groups. • Provide a flexible meeting(s) schedule to include evenings and weekends to facilitate family participation • Monitoring to promote successful reintegration into regular, productive daily activity such as work, school or family living. • Other services could include 24 hours crisis management, family education, self-help group and support group orientation. • Consultation and/or referral for general medical, psychiatric, and psychological needs. • All staff will be educated/trained in recovery principles and trauma informed care. • 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. • 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.
Service Frequency	Services will be provided 3-5 times per week for a minimum of 20 hours per week per the following schedule: • 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
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	• Clinical Director-APRN, RN, LMHP, LIMHP, LADC, or licensed psychologist - to provide clinical supervision, consultation and support to all program staff and the Medicaid eligible individuals they serve. This individual will also continually incorporate 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. • Appropriately licensed and credentialed professionals working within their scope of practice to provide substance use disorder treatment who are knowledgeable about the biological and psychosocial dimensions of substance use disorder. • Direct care staff, holding a bachelor's degree or higher in psychology, sociology or a related human service field, are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable. • Other program staff may include RNs, LPNs, recreation therapists or social workers. • All staff are to be trained in recovery and trauma informed care**.**
Staff to Client Ratio	• Clinician to youth: o Individual therapy-1:1 o Group therapy-1:12 maximum, 1:3 minimum o Family therapy-1:1
Hours of Operation	24 hours/7 days a week
Service Desired Outcomes	• The youth's documented treatment plan, goals and objectives have been substantially met. The youth has made significant progress on their treatment plan goals and objectives. • The precipitating condition and relapse potential is stabilized such that youth's condition can be managed without professional external supports and interventions. • The youth has alternative support systems secured to help the individual maintain stability. • Youth has identified support systems to help maintain stability in the community, • Youth has improved functioning and behavior changes in life domains. • Risk reduction plan has been established; youth knows how to implement this plan • Clinician has coordinated with other treating professional as needed. Sufficient supports are in place and youth can move to a less restrictive environment:
Unit and Rate	Per day; see rate sheet

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Service Interpretive Guideline]