Probation Service Definition

ADMINISTRATIVE OFFICE OF THE COURTS & PROBATION

SERVICE NAME	**Therapeutic Group Home (Mental Health, Substance Use, Juveniles Who Sexually Harm)** ☐ **Adult** ☒ **Juvenile**
Category	Residential Treatment
Setting	Therapeutic group home (ThGH) is licensed as required by the Department of Health and Human Services (DHHS) - Division of Public Health
Facility License	The facility shall be licensed as required by the Department of Health & Human Services (DHHS)-Division of Public Health
Service Description	Therapeutic group home (ThGH) is a facility based therapeutic residential service providing 24-hour awake supervision, clinical treatment and related services for youth diagnosed with a mental health, substance use disorder and/or who demonstrate sexually inappropriate behaviors who are at risk to re-offend. The youth also will demonstrate persistent behavioral problems (limited coping skills, verbally and/or physically aggressive behavior) that can only be managed with a moderate level of structure; the youth will have functional impairments in daily living skills. The youth has a history of previous problems that cannot be met in a non-therapeutic environment. Specializations can include psychotherapy for youth with co-occurring disorders, eating disorders, trauma, individuals who sexually harm and other areas.
Service Expectations	• ThGH must be recommended by a licensed clinician who is able to diagnose/treat major mental illness within their scope of practice. The youth's therapeutic goals are included in the pre-admission evaluation and include behaviorally defined objectives • Complete a written treatment plan within seven days. The treatment plan 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 achievement; target dates; methods for evaluating the individual's progress; and the responsible professional • The individual treatment plan is reviewed at least every 14 days or more often as necessary, updated as medically indicated and signed by the supervising practitioner and other treatment team members, including the individual and/or legal guardian being served • Communicate with interdisciplinary team members monthly. • 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.
	• The program must have formal arrangement for access to:
	    ▪ Nursing care (24 hours per day)
	    ▪ Psychological services
	    ▪ Pharmacy services
	    ▪ Dietary services
	• Transition/discharge planning must occur upon admission
	• Therapeutic leave days are an essential part of the treatment for youth/families involved in a THGH. The therapeutic leave days shall be included as part of the treatment plan as they become appropriate. Prior to the therapeutic leave days, the interdisciplinary team will develop/approve goals that will be completed when on therapeutic leave. Documentation of the youth's continued need for ThGH shall be documented on the monthly utilization reviews. The interdisciplinary team must approve notice of therapeutic leave days 48 hours in advance, unless an emergency arises or there is a reasonable need for the family to alter their plans.
	• The agency will collaborate and proactively plan with the probation/problem solving court officer for the discharge of youth from service, this will plan will begin upon placement in crisis stabilization. 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 therapeutic group home staff requests a youth to be removed from the group home, 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 and court approval etc.
	• When the youth's discharge is not planned, the provider shall give 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 discharge and will work collaboratively with probation to determine the most appropriate transition or post discharge placement for the youth. During this time a written transition plan will be completed, this plan will include how the youth's educational, clinical, living, and environmental needs will be met. This plan must be court approved.
	• Probation/Problem Solving Court Staff may make an immediate change in placement without court approval only if the juvenile is in a harmful or dangerous situation (e.g. natural disaster). Approval of the court shall be sought within twenty-four hours after making the change in placement or as soon thereafter

	as possible. The office shall provide all interested parties with a copy of any report filed with the court by the office pursuant to this subsection. Reference NE Revised Statute 43-297.01. Probation Officers will work collaboratively with facility staff or foster parent(s) to determine if an immediate change in placement is necessary. The team will work collaboratively to execute a plan for the youth's immediate placement. The youth's educational, environmental, and emotional needs will all be addressed in this plan.
Service Frequency	• The THGH must provide 21 hours of active and rehabilitation treatment that will include, but not be limited to: (3)Three hours of weekly individual psychotherapy, substance use disorder counseling and/or group psychotherapy (2) times (Twice) monthly family psychotherapy and/or family substance use disorder counseling • Psycho-educational groups and individual psycho-educational therapy services may include, but are not limited to: ▪ Crisis intervention plan and aftercare planning ▪ Social skills building ▪ Life survival skills ▪ Substance use disorder prevention intervention ▪ Self-care services ▪ Recreational activity ▪ Medication education and medication compliance groups ▪ Health care issues group (may include nutrition, hygiene and personal wellness)
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	• Clinical staff, licensed to practice in the State of Nebraska, acting within their scope may provide this service and include: • Psychiatrist • Physician Assistant (PA) • Advanced Practice Registered Nurse – Nurse Practitioner (APRN-NP) • Licensed Psychologist • Provisionally Licensed Psychologist • Licensed Independent Mental Health Practitioner (LIMHP) • Licensed Mental Health Practitioner (LMHP) • Provisionally Licensed Mental Health Practitioner (PLMHP)

	• Licensed Alcohol and Drug Counselor (LADC) • Provisionally Licensed Alcohol and Drug Counselor (PLADC) 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 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 • Service director must meet the requirements of a licensed clinical staff person • Non-licensed direct care staff can provide psycho-educational & rehabilitative services only • Direct care staff must be 21 years of age, (a minimum of) two years of post-high school education in a human services field, or two years working with youth, or a combination of work experience and education with one year of education substituting for one year's experience.
Staff to Client Ratio	Youth Group Counseling = 1 therapist to a group of at least 3 and no more than 12 individual participants. 3 hours of availability per day. • Direct care day/evening staff to youth: 1:6, at least one additional staff must be "on-call" or available" to provide assistance within 30 minutes of call • Direct care overnight awake staff to youth: 1:8, at least one additional staff must be "on-call" or available" to provide assistance within 30 minutes of call • The minimum ratio of therapists/licensed practitioners to individuals served shall be at least 1:12 • Direct care staff minimums at least 1:6 and a 1:8 overnight with a minimum of two staff on duty per day-time shift for an eight-bed capacity. This ratio may need to be increased if treatment interventions are delivered outside of the physical location of the program or due to a level of acuity of the individual • ThGH treatment team consists of the individual's family and/or legal guardian, the supervising physician, a licensed mental health professional, a registered nurse and direct care staff
Hours of Operation	24 hours/day, 7 days/week
Service Desired Outcomes	• 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 • Transition to a community-based setting to continue to address goals established in the treatment plan • Youth has improved in their daily functioning and their behavioral health, substance use and inappropriate sexual behaviors have diminished
Unit and Rate	Per day; see rate sheet

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Service Interpretive Guideline]