



Probation Service Definition

ADMINISTRATIVE OFFICE OF THE COURTS & PROBATION

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| SERVICE NAME | Short-Term Residential (Co-Occurring Diagnosis Capable) – ASAM Level 3.5 <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile |
| Category | Treatment |
| Setting | Mental health substance use treatment center or other setting appropriate to the provision of short-term residential treatment services. |
| Facility License | As required by the Nebraska Department of Health and Human Services (DHHS) – Division of Public Health. |
| Service Description | Based on a recommendation from a Substance Use Assessment/Evaluation, Substance Use Short-Term Residential Treatment is a highly structured short-term substance use residential treatment program for adults with a primary substance use disorder or co-occurring diagnosis requiring a more restrictive treatment environment to prevent the continued use of substances. |
| Service Expectations | <ul style="list-style-type: none"> • A comprehensive Substance Use Assessment/Evaluation must be completed by a licensed clinician prior to the beginning of treatment. • If a recent Substance Use Assessment/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 a Substance Use Addendum would be necessary. • Client must meet current ASAM (American Society of Addiction Medicine) criteria for admission and continued stay. • Substance Use Short-Term Residential treatment (STR) should address mental health needs and/or co-occurring disorders. 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. • An initial treatment/recovery plan must be developed with the client within 24 hours of admission. The comprehensive treatment plan must be developed with the client within seven (7) days of admission and must be individualized and 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 individual’s progress. Review |

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| | <p>and update of the treatment plan, under clinical guidance and with the client, should occur every seven (7) days or more often as clinically indicated, and should be signed by the client and the treatment team.</p> <ul style="list-style-type: none"> • A nursing assessment by a licensed (in Nebraska or reciprocal) RN or LPN under RN supervision must be completed within 24 hours of admission with recommendations for further physical examination if necessary. • Therapies/interventions should include individual, family, and group psychotherapy, educational groups, motivational enhancement and engagement strategies, recreational activities and daily clinical services and are to be provided at a minimum of 42 hours per week. • Other services could include 24 hours crisis management, family education, self-help group and support group orientation, which are included in the minimum 42 hours per week. • Access to a licensed substance use/mental health clinician on a 24/7 basis. • The treatment team must consult with and/or refer to other providers for general medical, psychiatric, psychological and/or psychopharmacological needs as indicated. • Monitoring stabilized co-occurring mental health concerns. • Monitoring medication compliance. • The discharge plan will promote successful reintegration into productive daily activities such as work, school and/or family living, including the establishment of individual social supports to enhance recovery. The discharge plan should include recommendations for continuing care as clinically indicated. Services must be trauma-informed, culturally and linguistically appropriate, age and developmentally appropriate and incorporate evidence-based practices when appropriate. |
| Service Frequency | Provision of 42 or more hours per week of skilled treatment and interventions per week, which includes at least one (1) individual counseling session per week. |
| Length of Service | Length of service is individualized and based on clinical criteria for admission and continued treatment, as well as the client's ability to make progress on individual treatment/recovery goals. 30 to 45 days may be typical. |
| Staffing | <ul style="list-style-type: none"> • The clinical director is a licensed clinician (Psychiatrist, Licensed Psychologist, APRN-NP, RN, LIMHP, LMHP or LADC) with demonstrated work experience and education/training in both mental health and substance use disorders. The clinical director is responsible for all clinical decisions (including admissions, assessment, treatment/discharge planning and review). The clinical director also provides consultation and support to all direct care staff. The clinical director continually works to incorporate new clinical information and best practices into the program to assure program effectiveness and viability and ensure quality, organization and management of clinical records and other program documentation. • RNs and/or LPNs (under RN supervision) with substance use disorder treatment experience are preferred |

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| | <ul style="list-style-type: none"> • Other program staff may include RNs, LPNs, recreation therapists or social workers. • All clinical providers must hold a current, valid Nebraska license through the Nebraska Department of Health and Human Services (DHHS) – Division of Public Health, must act within their scope of practice to provide substance use and/or co-occurring substance use and mental health treatment and must be knowledgeable about the biological and psychosocial dimensions of substance use disorders. [Physician, Physician Assistant (PA), Advanced Practice Registered Nurse (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) or Provisionally Licensed Alcohol and Drug Counselor (PLADC)] • 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; two years of experience/training/ or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with behavioral health diagnoses is acceptable. • All providers must be trained in trauma-informed care, recovery principles and crisis management. |
| Staff to Client Ratio | <ul style="list-style-type: none"> • Clinical Director to direct care staff ratio as needed to meet all responsibilities. • 1:8 Direct Care Staff to individual served during waking hours • 1:8 Therapist/Licensed Clinician to individuals served • One (1) awake staff for each ten (10) individuals during client sleep hours (overnight) with on-call availability for emergencies; two (2) awake staff overnight for eleven (11) or more individuals served. • On-call availability of medical and direct care staff and licensed clinicians to meet the needs of the individuals served 24 hours per day, seven (7) days per week. |
| Hours of Operation | 24 hours per day, seven (7) days per week. |
| Service Desired Outcomes | <ul style="list-style-type: none"> • Individual has substantially met treatment plan goals and objectives. • Individual has identified and demonstrated ability to use support systems to help maintain stability in the community. • Individual has improved daily functioning and has reduced substance use symptoms. • Medication management referral to prescribing clinician is ongoing, as deemed appropriate. • Relapse prevention/risk reduction plan has been established; individual knows how to implement this plan. • Clinician has coordinated with other treating professionals as needed. |
| Unit and Rate | See rate sheet |