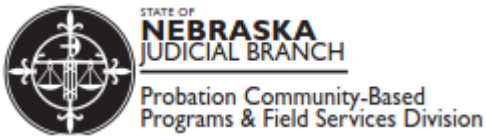
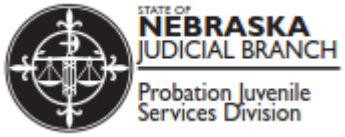
JUVENILE SERVICES GUIDE

ADMINISTRATIVE OFFICE OF PROBATION





EFFECTIVE JULY 1, 2017 – JULY 1, 2019

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TREATMENT SERVICES

SERVICE NAME	**Acute Inpatient Hospitalization** ☐ **Adult** ☒ **Juvenile**
Category	Mental health
Setting	Psychiatric hospital or general hospital with a psychiatric unit; capacity to serve youth on a voluntary or involuntary basis.
Facility License	Required Nebraska state licensing for hospitals as required by the Department of Health & Human Services (DHHS), Division of Public Health.
Service Description	Acute inpatient service is the most intensive level of psychiatric care. It is designed to provide medically necessary, intensive assessment, psychiatric treatment and support to stabilize youths who display acute psychiatric conditions. Typically, the youth poses a significant danger to self or others, or displays severe psychosocial dysfunction. Special intervention may include physical and mechanical restraint, seclusion and a locked unit. Services are provided in a 24-hour secure and protected, medically staffed and psychiatrically supervised treatment environment. 24 -hour skilled nursing care, daily medical care and a structured treatment milieu are required.
Service Expectations	• The following assessments must be conducted: Initial Diagnostic Interview (IDI), nursing assessments, laboratory, radiological, substance use disorder; physical and neurological exams and other diagnostic tests as necessary • 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 • 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 • Provide a flexible meeting(s) schedule to include evenings and weekends to facilitate family participation • Provide an intensive and comprehensive active treatment program that includes professional psychiatric, medical, surgical, nursing, social work, psychological, and activity therapies required to carry out an individual treatment plan for each individual and their family • The treatment plan must be reviewed weekly or as medically necessary

	• 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 • Services may include individual therapy, group therapy, family therapy and education for diagnosis, treatment and life skills • The inpatient services will have access to dietary, pastoral, emergency medical, recreational therapy, psychological, laboratory and other diagnostic services • The need for psychotropic medications is assessed by the physician with ongoing medication management, as needed • Psychological testing services, as needed • Consultation services available, as needed, for general medical, dental, pharmacology, dietary, pastoral, emergency medical, therapeutic activities • Laboratory and other diagnostic services, as needed
Service Frequency	Face-to-face evaluation and treatment by a physician, or a physician extender, six out of seven days Psychiatric nursing interventions are available to youth 24/7 Programming services provided daily
Length of Stay	The number of days is driven by the medical necessity for the youth to remain at this level of care.
Staffing	**Special Staff Requirements for Psychiatric Hospitals** • Medical Director (Board or Board-eligible Psychiatrist) Psychiatrist(s) and/or Physicians(s) • APRN or (RN) with psychiatric experience, specialty • RN(s) and APRN(s) (psychiatric experience preferable); 24-hour nursing staff with a least 1 RN per shift • LIMHP, LMHP, LADC, LIMHP/LADC, Psychologist • Director of Social Work (MSW preferred) • Social Worker(s) (at least one social worker, director or otherwise, holding an MSW degree) • Technicians, high school with Joint Commission on the Accreditation of Healthcare Organization (JCAHO) approved training and competency evaluation; 2 years of experience in mental health service preferred • Direct care: The direct care staff shall meet one of the following requirements: ▪ A bachelor's degree or higher in psychology, sociology or related human service field; or ▪ Be 21 years of age and have a minimum of two years' experience working with behavioral health, 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

Staff to Client Ratio	• Availability of medical personnel must be sufficient to meet psychiatrically/medically necessary treatment needs for youths served • Psychiatric RN availability must be assured 24 hours each day • The number of qualified therapists, support personnel, and consultants must be adequate to provide comprehensive therapeutic activities consistent with each patient's active treatment program • Availability of medical personnel must be sufficient to meet psychiatric/medically necessary treatment needs for individuals served
Hours of Operation	24 hours/7 days a week
Service Desired Outcomes	• Acute psychiatric and/or substance use disorder symptoms are stabilized. The youth no longer meets clinical guidelines for acute care in a hospital setting • Sufficient supports are in place and individual can move to a less restrictive environment: ▪ Treatment plan goals and objectives are substantially met ▪ The youth has met their treatment plan goals and objectives ▪ The precipitating condition and relapse potential is stabilized such that the youth's condition can be managed without professional external supports and interventions ▪ The youth has an alternative support systems secured to help them maintain stability in the community
Unit and Rate	Per day

ADMINISTRATIVE OFFICE OF PROBATION

Service Interpretive Guidelines

Acute Inpatient Hospitalization

SERVICE DEFINITION:

Acute inpatient service is the most intensive level of psychiatric care. It is designed to provide medically necessary, intensive assessment, psychiatric treatment and support to stabilize youths who display acute psychiatric conditions. Typically, the youth poses a significant danger to self or others, or displays severe psychosocial dysfunction. Special intervention may include physical and mechanical restraint, seclusion and a locked unit. Services are provided in a 24-hour secure and protected, medically staffed and psychiatrically supervised treatment environment. 24 -hour skilled nursing care, daily medical care and a structured treatment milieu are required.

EXPECTATIONS/REQUIREMENTS:

- In the event a youth is in imminent danger (suicidal or homicidal) to self or others, the probation officer, or another individual, would contact local law enforcement for the determination of admission into the hospital
- Admission will be determined by the hospital staff after an initial assessment
- Probation officer makes contact by phone daily with the hospital for updates on treatment plan, goals and discharge
- Probation officer notifies all interested parties of any placement change
- Probation officer will attend any meetings initiated by the hospital staff; this will assist in maintaining family engagement
- This service is for stabilization of suicidal /homicidal symptoms or behaviors

Discharge planning will be initiated at the time of admission. The written discharge plan will include:

- Next appropriate community-based service(s)
- Follow up appointments scheduled in conjunction with family
- Community supports and resources for the youth/family
- Consultation with community agencies on behalf of or in conjunction with the youth/family
- Update information every time there is a change in the youth/family circumstances
- What to do if a youth is in imminent danger (self/others)

SERVICE NAME	**Community Treatment Aid** ☐ **Adult** ☒ **Juvenile**
Category	Mental health and substance use
Setting	Services are provided primarily in the youth's natural environment and/or other appropriate location(s); may include other appropriate community locations where the parent or caregiver is present including a foster home, school or other appropriate community locations conducive for the delivery of community treatment aid (CTA) services.
Facility License	Providers will maintain licensure as required by the Department of Health & Human Services (DHHS).
Service Description	• CTA is defined as supportive, directive, and a teaching service provided in the home, school and/or other appropriate location(s) that assists the youth and/or family to improve their capacity for living in the least restrictive environment. The youth is treated under the care of a licensed supervising practitioner; during outpatient services, prescribed community treatment services must be part of an overall treatment plan • CTA services are supportive psycho-educational interventions designed to assist the youth with compensating for, or eliminating, functional deficits and interpersonal and/or environmental barriers associated with their mental illness. CTA services shall enhance the youth and caregiver's ability to manage the youth's mental health. Activities included shall have the intention of achieving the identified goals or objectives as set forth in the youth's individualized treatment plan
Ser ice Expectations	• CTA services shall not be used in place of a school aide or other similar services not involving the parent • CTA services are designed to assist the youth with compensating for or eliminating functional deficits and interpersonal and/or environmental barriers associated with their mental diagnosis • CTA services shall enhance the youth's and caregiver's ability to manage the youth's mental health and substance use disorder symptoms. Activities included shall have the intention of achieving the identified goals or objectives set forth in the youth's individualized treatment plan • Activities designed by CTA treatment aid may include activities related to: 1. Developing a written safety plan with input from the therapist, the youth and the parents/caregivers 2. Instructing the parents or caregivers in de-escalation techniques and strategies

	3. Teaching and modeling appropriate behavioral treatment interventions and techniques and coping skills with the youth and the youth's parents or caregivers 4. Collecting information about medication compliance and developing reminder strategies and other interventions to enhance compliance as needed 5. Assisting parents/caregivers with reporting medication effects, side effects, concerns regarding side effects or compliance problems and other information regarding progress and barriers to the treating therapist and the prescribing physician 6. Teaching and modeling proper and effective parenting practices 7. Training and rehabilitation regarding basic personal care and activities of daily living
Service Frequency	The CTA service must be available during times that meet the need of the youth and their family to include after school, evenings or weekends or both. Scheduled therapeutic and CTA services should not interfere with the youth's academic and extracurricular schedule.
Length of Stay	Up to 6 months; the length of stay is individualized and based on clinical criteria.
Staffing	**CTA Supervisor**: The CTA program/clinical director may be a licensed physician, psychologist, an RN, an APRN, LIMHP, PLMHP or LMHP. The director shall have two years of professional experience in mental health and/or substance use disorder treatment of individuals under the age of 21. **CTA Therapist**: The CTA program therapist shall be a licensed physician, psychologist, LIMHP, LMHP or APRN. The CTA may be a PLMHP or a provisionally licensed psychologist only if employed by an accredited organization. The CTA therapist shall meet all the requirements for outpatient therapy and must coordinate and collaborate with the CTA direct staff. Must be employed within the same agency as the therapist/licensed clinician, unless an exception has been granted. **CTA Aides** must have: (A) bachelor's degree in psychology, social work, child development or a related field and the equivalent of one year of full-time experience in direct child/youth services or mental health and/or substance use disorder services. Equivalent time in graduate studies may substitute for work experience; **OR** (B) two years post-high school education in the human services or related fields and a minimum of two years' experience in direct child/youth services or mental health and/or substance use disorder services.
Staff to Youth Ratio	CTA to individual/individuals served: typically one per youth and parent/caregiver, but one CTA may serve up to 10 youth; one CTA may serve multiple individuals.
Hours of Operation	24 hours/day, 7 days/week
Service Desired Outcomes	• Treatment goals have been accomplished for the youth and parent/caregiver

	• Youth and parent/caregiver demonstrate de-escalation techniques, behavioral management techniques, coping skills, social and life skills development, child development, relapse prevention and medication compliance learned during service delivery. • Family can identify and make use of community resources and natural supports. • Youth and parent/caregiver have a goal-driven, comprehensive treatment and discharge plan. • Connections with other mental health/substance providers have been coordinated for the family or individual family members to access after discharge.
Unit and Rate	Per hour

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Service Interpretive Guidelines

Community Treatment Aid

SERVICE DEFINITION:

CTA is defined as supportive, directive, and a teaching service provided in the home, school and/or other appropriate location(s) that assists the youth and/or family to improve their capacity for living in the least restrictive environment. The youth is treated under the care of a licensed supervising practitioner; during outpatient services, prescribed community treatment services must be part of an overall treatment plan.

CTA services are supportive psycho-educational interventions designed to assist the youth with compensating for, or eliminating, functional deficits and interpersonal and/or environmental barriers associated with their mental illness. CTA services shall enhance the youth and caregiver's ability to manage the youth's mental health. Activities included shall have the intention of achieving the identified goals or objectives as set forth in the youth's individualized treatment plan.

EXPECTATIONS/REQUIREMENTS:

- This service would typically assist in addressing youth with high risk and/or need in Family Circumstances/Parenting, Substance Use (SU), Personality/Behavior/Attitudes/Orientation and/or Peer Relations
- Probation officer will communicate with the treatment team (therapist and CTA) to assist in developing an individualized treatment plan for the youth
- Probation officer will communicate monthly, at a minimum, for updates on treatment plan and goals
- Goals will be observable and measurable, they will be developed in conjunction with the youth, family, therapist and CTA
- Probation officer will assist in maintaining family engagement and facilitate family team meetings to encourage communication and progress
- Probation officer will verify with the therapist and CTA if progress is being made. If progress is not indicated, the therapist and CTA shall provide a rationale as to what changes will be made to initiate a plan to increase progress

Discharge planning will be initiated at the time of admission. The written discharge plan will include:

- Next appropriate community services
- Follow-up appointments scheduled in conjunction with family
- Community supports and resources for the youth/family
- Consultation with community agencies on behalf of or in conjunction with the youth/family

- Update every time there is a change in the youth/family circumstances

SERVICE NAME	**Co-Occurring Evaluation** ☐ **Adult** ☒ **Juvenile**
Category	Co-occurring (CO) substance use and mental health.
Setting	Professional office environment in a mental health center, substance use treatment center or private practice appropriate to the provision of evaluation/assessment services.
Facility License	As required by the Department of Health and Human Services (DHHS), Division of Public Health
Service Description	• A CO evaluation is a thorough clinical, strengths-based evaluation of a youth experiencing substance use/mental health symptoms. This evaluation must be completed prior to the initiation of any behavioral health services. The CO evaluation will determine a mental health/substance use disorder diagnoses, history of behaviors, trauma history/symptoms, criminogenic risk and risk of dangerousness to self and/or others, recommended behavioral health service(s) level and include the youth's and family's assessment of the situation. Based on the evaluation, appropriate behavioral health referrals will be provided • The evaluation will meet all the Standardized Model for the Delivery of Substance Use Service requirements. If the Simple Screening Instrument (SSI) requires a referral for a Substance Use (SU) evaluation, the results of the SSI are sent to the SU provider to be included in the evaluation document
Service Expectations	• Evaluations will include these areas: ▪ Comprehensive biopsychosocial evaluation for mental illness ▪ Comprehensive Adolescent Severity Inventory (CASI) for substance use disorder ▪ Use of American Society of Addiction Medicine (ASAM) Criteria ▪ Multidimensional risk profile to determine type and intensity of services ▪ Presenting problem and medical history ▪ School and/or work history ▪ Alcohol/drug ▪ Mental health, gambling and behavioral history ▪ Family/social/peer history ▪ Legal/probation/risk history ▪ Collateral information

	▪ Relationship with substance use/mental health and criminal justice involvement/criminogenic risks ▪ Assess trauma history and symptoms and suicide ideation ▪ Diagnostic assessment and screening tools with scores and interpretations ▪ Diagnosis and clinical impressions ▪ Individualized recommendations with rationale for why recommendations are made A comprehensive bio psychosocial evaluation is obtained through collateral contacts with significant others or family members to gather relevant information about individual and family functionality and through collateral contacts with former and current healthcare providers, friends, and court contacts to verify medical history, substance usage, and legal history. Communication is contingent upon the legal guardian giving permission for communication to occur. **Structured Interview Tool Required for SU Evaluation**: CASI -- The Comprehensive Addiction Severity Index for Adolescents (CASI) is required to be used as a face-to-face structured interview guide, to be scored and utilized to provide information for the bio psychosocial assessment/substance use disorder evaluation and the multidimensional risk profile. **Reporting Format**: CO Evaluation must be provided in Nebraska Standard Reporting Format for Substance Abuse Evaluations for all Justice Referrals.
Service Frequency	Interview sessions scheduled as needed with youth and family to complete the CO evaluation. Preferred collateral contacts from recent past should include provider(s), family, school personnel, friends and probation officer. The youth's attorney is not included as collateral.
Length of Stay	Evaluation must be completed and sent to the probation officer within the timeframe set by the court, including 21 or 30-day evaluations.
Staffing	• The mental health clinician will have a master's degree or advanced degree of Ph.D or Psy.D, in social work, counseling, education or other relevant human service profession and be licensed in the State of Nebraska as a mental health practitioner with the ability to diagnose within the scope of practice • LADC, LIMHP/LADC, LMHP/LADC, LIMHP/PLADC, PLMHP/PLADC, must have a current Nebraska License **AND** have completed the Standardized Model requirements, the state approved CASI training and the criminal behaviors/thinking training • Provisionally Licensed Alcohol and Drug Counselor (PLDAC) and Provisionally Licensed Mental Health Practioner (PLMHP) are permitted to conduct the evaluation within their scope of practice and with supervision as required by DHHS Division of Public Health

	• A staff licensed as an LADC or PLADC can complete the substance use only section of evaluation. They will need a licensed or provisionally licensed person to complete the mental health portion of the evaluation • A MH clinician and a SU clinician will work as a team in completing an evaluation of a CO
Staff to Client Ratio	1 therapist to 1 youth.
Hours of Operation	Providers are expected to be flexible in scheduling and be available evenings and/or weekends to accommodate the service needs.
Service Desired Outcomes	The evaluation will identify a substance use and mental health diagnoses and provide recommendations of services and rationale for why the services are needed to address and stabilize the acuity of the diagnoses.
Unit and Rate	Per evaluation

ADMINISTRATIVE OFFICE OF PROBATION

Service Interpretive Guidelines

Co-Occuring Evaluation

SERVICE DEFINITION:

A co-occurring (CO) evaluation is a thorough clinical, strengths-based evaluation of a youth experiencing substance use/mental health symptoms. This evaluation must be completed prior to the initiation of any behavioral health services. The CO evaluation will determine a mental health/substance use disorder diagnoses, history of behaviors, trauma history/symptoms, criminogenic risk and risk of dangerousness to self and/or others, recommended behavioral health service(s) level and include the youth's and family's assessment of the situation. Based on the evaluation, appropriate behavioral health referrals will be provided.

The evaluation will meet all the Standardized Model for the Delivery of Substance Use Service requirements. If the Simple Screening Instrument (SSI) requires a referral for a Substance Use (SU) evaluation, the results of the SSI are sent to the SU provider to be included in the evaluation document.

EXPECTATIONS/REQUIREMENTS:

- The probation officer is responsible for reviewing all youth screenings/risk assessments to determine if the youth has a need for further evaluation
- The probation officer shall work with the youth and family to determine a Registered Service Provider (RSP) to conduct the evaluation
- The probation officer will communicate with the RSP to provide all collateral information to assist with the completion of the evaluation
    1. All evaluations should lead to a clinical recommendation for a treatment service, which could include a result of no clinical recommendation
    2. Evaluations should NOT recommend non-treatment, out-of-home placement or detention and evaluations should NOT identify or refer to particular agencies offering the recommended service
- This service would assist in addressing youth who have risk and needs related to SU and MH symptoms. The outcome of this evaluation is for diagnosis and recommendations
- Probation officer will utilize the RSP's clinical recommendations to assist in developing the individualized case management plan

Probation Service Definition

SERVICE NAME	**Day Treatment** ☐ **Adult** ☒ **Juvenile**
Category	Mental Health
Setting	Hospital or non-hospital, community-based
Facility License	As required by the Department of Health & Human Services (DHHS), Division of Public Health.
Service Description	Day treatment services are less intensive than partial hospitalization but more intense than community-based intensive outpatient therapeutic services. Day treatment provides a community-based, coordinated set of individualized behavioral health/psychiatric treatment services to youth who are not able to function full-time in a normal school, work, and/or home environment and need the additional structured activities of this level of care. While less intensive than hospital-based day treatment, this service includes diagnostic, medical, psychiatric, psychosocial, and adjunctive treatment modalities in a structured setting. Day treatment services typically are less medically involved than acute inpatient or partial hospitalization services. Day treatment provides structure for activities of daily living including intensive group, family and individual therapy with essential education and treatment counseling components to allow the youth to apply new skills within real world environments.
Service Expectations	• An initial diagnostic interview by the day treatment psychiatrist within 24 hours of admission • Interdisciplinary bio-psychosocial assessment within 24 hours of admission including alcohol and drug screening and assessment as needed • A history and evaluation needs to be present in youth's record within 30 days of admission • A treatment/recovery plan developed by the multidisciplinary team integrating individual strengths & needs, considering community, family and other supports, stating measurable goals, including documented discharge and relapse prevention plan completed within 72 hours of admission • The individual treatment plan is reviewed at a minimum 2X monthly and more often as necessary, updated as medically indicated, and signed by the supervising practitioner and other treatment team members, including the youth being served

	• 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 • Medication management • Consultation services available, as needed, for general medical, dental, pharmacology, dietary, pastoral, emergency medical, therapeutic activities • Laboratory and other diagnostic services, as needed. On-site nursing services are readily available • Individual, group, and family therapy services • School is a normal component of the treatment plan, involvement with school personnel to monitor the ongoing impact of treatment and to facilitate approaches of working with the youth • Staff must be available to schedule meetings and sessions at a variety of times in order to support family/other involvement for the youth • Develop and implement a crisis plan for the youth and family
Service Frequency	Weekly (1) hour individual session (SU, MH or co-occurring) Daily group therapy (SU, MH or co-occurring)—up to minimum 7 hours per week—flexibility shall be offered 12 hours per day/7 days per week Weekly (1) hour family session Providers shall have a minimum of 3 hours per day –a minimum of 5 days per week---days, nights and weekends
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 Director (APRN, RN, LMHP, LIMHP, or licensed Psychologist) working with the program to provide clinical supervision, consultation and support to staff and the individuals they serve, continually incorporating 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 • Nursing (APRN, RN) (psychiatric experience preferred) • Therapist (Psychiatrist, APRN, Psychologist, Provisionally Licensed Psychologist, LMHP, PLMHP, LIMHP) (dual licensure preferable for working with mental health (MH) /substance use disorder (SUD) issues • All staff must currently be licensed in the state of Nebraska and working within their scope of practice • Direct care staff, must have a bachelor's degree or higher in psychology, sociology or a related human service field and two years experience/training, with demonstrated skills and competencies in treatment of youth with mental illness, is accepted

	• All staff should be trained in developmentally appropriate rehabilitation and recovery principles
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	May be available 7 days/week with a minimum availability of 5 days/week including days, evenings and weekends to allow time outside of school/work hours for youths and outside of work hours for family.
Service Desired Outcomes	• Acute psychiatric, substance use symptoms and sexually harming behaviors are stabilized and daily functionality has improved. The youth no longer meets clinical guidelines for day treatment services • Sufficient supports are in place and the youth can move into a less restrictive community-based environment • 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 crisis/recovery plan • Youth and family have support systems secured and crisis plan in place to help maintain stability in the community
Unit and Rate	Per hour. One-half day = minimum of 3 hours. Full day = minimum of 5 hours.

SERVICE DEFINITION:

Day treatment services are less intensive than partial hospitalization but more intense than community-based intensive outpatient therapeutic services. Day treatment provides a community-based, coordinated set of individualized behavioral health/psychiatric treatment services to youth who are not able to function full-time in a normal school, work, and/or home environment and need the additional structured activities of this level of care. While less intensive than hospital-based day treatment, this service includes diagnostic, medical, psychiatric, psychosocial, and adjunctive treatment modalities in a structured setting.

Day treatment services typically are less medically involved than acute inpatient or partial hospitalization services. Day treatment provides structure for activities of daily living including intensive group, family and individual therapy with essential education and treatment counseling components to allow the youth to apply new skills within real world environments.

EXPECTATIONS/ REQUIREMENTS:

- This service is utilized for youth who have a history of mental health issues currently experiencing significant symptoms that do not require hospitalization but requires more intensive services than outpatient or IOP, but less intensive service than partial hospitalization
- This service can be utilized as a next appropriate service for a youth discharging from inpatient hospitalization and/or partial hospitalization. This service can also be utilized to prevent the need for partial or inpatient hospitalization
- This service would typically assist in addressing youth/family high in risk and/or need in Family Circumstances/Parenting SU, Education/Employment and/or Personality/Behavior
- Probation officer will communicate weekly, at a minimum, for updates on treatment plan and goals
- Goals will be observable and measurable; they will be developed in conjunction with the youth, family and treatment team
- Probation officer will assist in maintaining family engagement and facilitate family team meetings to encourage communication and progress
- Probation officer will verify with the day treatment provider if progress is being made. If progress is not indicated, the day treatment team shall provide a rationale as to what changes will be made to initiate a plan to increase progress

Discharge planning will be initiated at the time of admission. The written discharge plan will include:

- Next appropriate community-based therapeutic services
- Follow up appointments scheduled in conjunction with family

- Community supports and resources for the youth/family
- Consultation with community agencies on behalf or in conjunction with the youth/family
- Update information every time there is a change in the youth/family circumstances
- What to do if a youth is in imminent danger (self/others)

SERVICE NAME	**Functional Family Therapy** ☐ **Adult** ☒ **Juvenile**
Category	Mental Health
Setting	Services are provided primarily in the youth's natural environment and/or other appropriate location(s); may include other appropriate community locations where the parent or caregiver is present including a foster home, school or other appropriate community locations conducive for the delivery of functional family therapy (FFT) services.
Facility License	The agency providing functional family therapy (FFT) services must be consistent with licensing standards as required by the Department of Health & Human Services (DHHS), Division of Public Health and certification from the Institute for FFT, Inc.
Service Description	Functional family therapy (FFT) is a home-based, intensive therapeutic intervention designed to increase family skills in order to promote positive family relationships. FFT is a model designed to engage and motivate families to reduce or eliminate the problem behaviors and negative family relational patterns through individualized family interventions and increase the family's capacity to use community resources and engage in relapse prevention. FFT is used for families with at-risk youth age 10-18 and under to address issues within the family such as conflict, school problems, drug/alcohol issues, oppositional/defiant behaviors, family communication problems, relationship dynamics, youth justice involvement, and other challenging behaviors. FFT uses assessment and intervention to address risk and protective factors within and outside of the family that impact the youth and their adaptive development. FFT lessens the intense negativity, hopelessness and blaming families often experience when the youth is in crisis. A strong emphasis is placed on partnering with each family to understand characteristics of the individual family members, family relational dynamics and their impact on promoting and maintaining problem behavior.
Service Expectations	• Therapy sessions are scheduled to implement the FFT service phases that build upon each other:

	▪ Engagement, designed to emphasize within youth and family, factors that protect youth and families from early service dropout ▪ Motivation, designed to change maladaptive emotional reactions and beliefs, and increase alliance, trust, hope, and motivation for lasting change ▪ Ongoing assessment, designed to clarify individual, family and larger system relationships, especially the interpersonal functions of behavior and how they relate to change techniques ▪ Behavior change, which consists of communication training, specific tasks and technical aids, parenting skills, contracting and response-cost techniques, and youth compliance and skill building ▪ Generalization, during which family case management is guided by individualized family functional needs, their interaction with environmental constraints and resources, and the alliance with the FFT therapist/family case Manager • Therapeutic sessions with the youth and family include: ▪ Reframing behaviors to reduce negativity and blame and increase motivation for change ▪ Ongoing assessment of the function of behaviors with respect to family relationships and needs ▪ Trust and alliance-building with all family members ▪ Developing plans and skills to minimize and overcome setbacks ▪ Empowering the family to connect with appropriate supports (both natural and formal) ▪ Homework assignments are given to practice what is being learned in therapy sessions ▪ Communication training ▪ Psychoeducational and parent training (e.g., learning contracting, reward and consequence techniques) ▪ Responding to barriers throughout the FFT process
Service Frequency	FFT lasts up to 4 months. Number of sessions shall be based on the family and youth's needs. Families are seen weekly but sessions can occur more often if needed. Low to moderate risk youth--- FFT therapist meets with the family for up to 12 (1) hour sessions within the 4 months High-risk youth---FFT therapist meets with the family for up to 30 (1) hours session within the 4 months.
Length of Stay	Up to 4 months, will be based on clinical criteria.
Staffing	FFT therapists must have weekly supervision by a master's level clinician, and attend recommended supervision with an FFT consultant. The FFT therapist to supervisor ratio will be no more than 4 clinicians per 1 supervisor.
Staff to Client Ratio	1 clinician to 10-12 families

Hours of Operation	Services occur during day, evening or weekend hours. FFT services are available 24 hours per day, 7 days a week, while the family is receiving services.
Service Desired Outcomes	• Per FFT fidelity the following outcomes will be met: – Youth remain at home – Improved family functionality – Improved behavior & mental health – Reduced substance use – Treatment completion
Unit and Rate	Per hour

ADMINISTRATIVE OFFICE OF PROBATION

Service Interpretive Guidelines

Functional Family Therapy

SERVICE DEFINITION:

Functional family therapy (FFT) is a home-based, intensive therapeutic intervention designed to increase family skills in order to promote positive family relationships. FFT is a model designed to engage and motivate families to reduce or eliminate the problem behaviors and negative family relational patterns through individualized family interventions and increase the family's capacity to use community resources and engage in relapse prevention.

FFT is used for families with at-risk youth age 10-18 and under to address issues within the family such as conflict, school problems, drug/alcohol issues, oppositional/defiant behaviors, family communication problems, relationship dynamics, youth justice involvement, and other challenging behaviors.

FFT uses assessment and intervention to address risk and protective factors within and outside of the family that impact the youth and their adaptive development. FFT lessens the intense negativity, hopelessness and blaming families often experience when the youth is in crisis. A strong emphasis is placed on partnering with each family to understand characteristics of the individual family members, family relational dynamics and their impact on promoting and maintaining problem behavior.

EXPECTATIONS/REQUIREMENTS:

- This service would typically assist in addressing youth with high risk and/or need in Family Circumstances/Parenting or at risk for out-of-home placement
- This service would be utilized to assist families in maintaining the youth in the family home and/or for transitioning from an out-of-home placement
- This service targets the entire family unit and is typically approved when all family members are present. The probation officer must approve any deviation from this requirement
- This service should impact family functioning as a whole as well as the youth's individual functioning
- This service will teach the youth and family how to utilize skills taught to them during FFT to minimize future involvement in the justice system
- Probation officer shall communicate with the FFT therapist to assist in developing an individualized treatment plan (ITP) for the youth
- Probation officer shall communicate weekly, at a minimum, for updates on the treatment plan and goals
- The probation officer will assist in maintaining family engagement and facilitate family team meetings to encourage communication and progress

- Probation officer will verify with the FFT therapist if progress is being made. If progress is not indicated, the FFT therapist shall provide a rationale as to what changes will be made to initiate a plan to increase progress

Discharge planning will begin at the time of service initiation. The provider's written discharge plan will include:

- Recommendation for next appropriate community services
- Follow-up appointments scheduled in conjunction with the family
- Community supports and resources for the youth/family
- Consultation with community agencies on behalf of, or in conjunction with the youth/family
- Update every time there is a change in the youth/family circumstances
- Summary of goals and objectives completed by the FFT therapist

SERVICE NAME	**Intensive Outpatient Counseling (IOP)** ☐ **Adult** ☒**Juvenile**
Category	Mental Health or Substance Use
Setting	Professional office environment in a mental health center, substance use treatment center or private practice appropriate to the provision of evaluation/assessment services.
Facility License	As required by the Department of Health & Human Services (DHHS), Division of Public Health
Service Description	Intensive Outpatient (IOP) substance use counseling is based off a recommendation from a substance use evaluation, Intensive outpatient counseling (IOP) is a clinical service provided by a licensed therapist in which the focus is on the treatment of substance use. IOP is an intensive group, family and individual counseling to improve or alleviate symptoms that may significantly interfere with functionality in at least one life domain (e.g. familial, social work, educational) through scheduled therapeutic visits and essential education. Service is more intensive than outpatient therapy and less intensive than day treatment or partial care.
Service Expectations	IOP substance use involved the following: • The evaluation or equivalent service must have been conducted by a clinician within their scope of practice prior to the beginning of treatment • IOP counseling providers may accept prior substance use evaluations conducted in the last 6 months. The clinical record shall reflect that such evaluations have been reviewed and updated when appropriate prior to the initiation of any mental health services • Interventions are developed to address substance use symptoms and impaired functionality as identified in the comprehensive evaluation. The evaluation and interventions inform and establish the time-limited and measurable, symptom-focused treatment goals and objectives in the individualized treatment plan • IOP counseling is a series of time-limited, structured individual and group sessions that work toward the attainment of mutually defined goals as identified in the treatment plan • The therapist upon permission from the legal guardian shall communicate with current/former providers as appropriate to coordinate current services

	• The treatment/discharge plan is reviewed and updated as frequently as medically indicated, every 30 days and signed by all participants • Discharge planning shall occur upon initiation of IOP counseling • Provide referral for general medical, psychiatric, psychological, and psychopharmacology needs • The therapist will assist in identification and utilization of community resources and natural supports, which must be identified in the discharge plan • When other individuals are participating in the treatment sessions, the focus and documentation must be based on the goals outlined in the treatment plan • The therapist/provider must coordinate care with the individual's primary care physician (PCP) and other treatment providers if medically or clinically necessary • Psycho-educational and rehabilitation services such as life skills, community support building, leisure skill building, time management, pre-vocational skill building and health education (e.g., nutrition, hygiene, medications, personal wellness, etc.) may also be a part of the treatment services provided by a non-licensed staff
Service Frequency	Provision of nine or more hours per week of skilled treatment, with at least three hours of availability per day. A minimum of one hour needs to be an individual session. Scheduled hours at minimum are three times per week, and may be available up to seven days per week. The hours and days of treatment are to be reduced as clinically defined when a youth nears completion of the program. Sessions include therapeutic, rehabilitation counseling, psycho education, and/or family/support system services based on clinical/medical need.
Length of Stay	Length of treatment is individualized and based on clinical criteria for admission and continued treatment, as well as the client's ability to benefit from individual treatment/recovery goals.
Staffing	Clinicians, who may provide this service within their scope of practice and are licensed to practice in the State of Nebraska, include: • Licensed Alcohol/Drug Counselor (LADC) • Licensed Mental Health Practitioner (LMHP) • Provisionally Licensed Mental Health Practitioner (PLMHP) and Provisionally Licensed Alcohol and Drug Counselor (PLDAC) are permitted to conduct the clinical sessions within their scope of practice and with supervision as required by DHHS Division of Public Health • Licensed Independent Mental Health Practitioner (LIMHP) • Licensed Psychologist • Provisionally Licensed Psychologist

	• Advanced Practice Registered Nurse (APRN) • Psychiatrist Additional training may be required for counseling individuals in specialized populations to include but not limited to co-occurring disorders, eating disorders, and trauma and sexualized behaviors. • Non-licensed staff: hold a bachelor's degree or higher in psychology, sociology or a related human service field but two years of coursework in a human services field and~~/or~~ two years of experience/training with demonstrated skills and competencies in treatment of youth with mental illness is acceptable • All staff should be educated and/or trained and have documented education, experience, training and competency in developmentally appropriate therapeutic rehabilitation and recovery principles for the age of the youths served
Staff to Client Ratio	Individual Counseling = 1 therapist to 1 youth Family Counseling = 1 therapist to 1 family 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.
Hours of Operation	Providers are expected to be flexible in scheduling and be available evenings and/or weekends to accommodate the service needs.
Service Desired Outcomes	• Progress on treatment goals as outlined in the treatment plan • Improved in their daily functionality and their substance use symptoms have diminished • Community support systems secured and crisis plan in place to help maintain stability in the community • Medication management referral to prescribing clinician is ongoing, as needed • Upon permission from the legal guardian, the provider will coordinate with all medical and behavioral health providers if medically or clinically necessary
Unit and Rate	Per hour

ADMINISTRATIVE OFFICE OF PROBATION

Service Interpretive Guidelines

Intensive Outpatient Counseling

SERVICE DEFINITION:

Intensive Outpatient (IOP) substance use counseling is based off a recommendation from a substance use evaluation, Intensive outpatient counseling (IOP) is a clinical service provided by a licensed therapist in which the focus is on the treatment of substance use.

IOP is an intensive group, family and individual counseling to improve or alleviate symptoms that may significantly interfere with functionality in at least one life domain (e.g. familial, social work, educational) through scheduled therapeutic visits and essential education. Service is more intensive than outpatient therapy and less intensive than day treatment or partial care.

EXPECTATIONS / REQUIREMENTS:

- This service would typically assist in addressing youth with high risk and/or need in Family Circumstances/Parenting, Attitudes/Orientation, and/or, Personality/Behavior
- This service is utilized for a youth who can be managed in the community, and requires counseling services more than 3 times per week
- The probation officer will communicate with the IOP therapist to assist in developing an individualized treatment plan for the youth
- Probation officer will communicate monthly, at a minimum, for updates on treatment plan and goals
- Probation officer will assist in maintaining family engagement and facilitate family team meetings to encourage communication and progress
- Probation Officer will verify with the IOP therapist if progress is being made. If progress is not indicated, the IOP therapist shall provide a rationael as to what changes will be made to initiate a plan to increase progress

Discharge planning will be initiated at the time of admission. The written discharge plan will include:

- Recommendations for next appropriate community services
- Follow-up appointments scheduled in conjunction with family
- Community supports and resources for the youth/family
- Consultation with community agencies on behalf of, or in conjunction with the youth/family
- Update every time there is a change in the youth/family circumstances

SERVICE NAME	**Juveniles Who Sexually Harm Risk Evaluation** ☐ **Adult** ☒ **Juvenile**
Category	Mental Health
Setting	Professional office environment in a mental health center, substance use treatment center or private practice appropriate to the provision of evaluation/assessment services.
Facility License	As required by the Department of Health & Human Services (DHHS), Division of Public Health.
Service Description	• An evaluation for a youth under the age of 19 who is adjudicated for a sexual offense, this evaluation is thorough clinical, strengths-based evaluation of a youth demonstrating sexualized behaviors. This evaluation must be completed prior to the initiation of any behavioral health services for youth who sexually harm • The Juveniles who Sexually Harm (JSH) evaluation will determine the risk of a youth continuing sexually inappropriate behaviors and treatment recommendations. The evaluations will focus on sexualized behaviors, mental health, history of behaviors, trauma history/symptoms, criminogenic risk and risk of dangerousness to self and/or others, recommended behavioral health service(s) level and include the youth's and family's assessment of the situation. Based on the evaluation, appropriate behavioral health referrals will be provided
Service Expectations	Evaluations will include these areas: ▪ Screens and/or assessments (SOAP-II, J-SORRAT-II, ERASOR) for youth who demonstrate sexualized behaviors ▪ Interpretations of screens and/or assessment completed for the evaluation ▪ Comprehensive biopsychosocial evaluation for sexualized behaviors and mental illness ▪ Multidimensional risk profile to determine type and intensity of services ▪ Presenting problem and medical history ▪ School and/or work history ▪ Alcohol/drug ▪ Mental health, gambling and behavioral history ▪ Family/social/peer history

	▪ Legal/probation/risk history ▪ Collateral information ▪ Relationship with substance use/mental health and criminal justice involvement/criminogenic risks ▪ Assess trauma history and symptoms and suicide ideation ▪ Diagnostic assessment and screening tools with scores and interpretations ▪ Diagnosis and clinical impressions ▪ Individualized recommendations with rationale for why recommendations are made A comprehensive bio psychosocial evaluation is obtained through collateral contacts with significant others or family members to gather relevant information about individual and family functionality and through collateral contacts with former and current healthcare providers, friends, and court contacts to verify medical history, substance usage, and legal history. Communication is contingent upon the legal guardian giving permission for communication to occur.
Service Frequency	Interview sessions are scheduled with the youth and family to complete the JSH evaluation. Preferred collateral contacts from recent past should include provider(s), family, school personnel, friends and probation officer. The youth's attorney is not included as collateral.
Length of Stay	Evaluation must be completed and sent to the probation officer within the timeframe set by the court, including 21- or 30-day evaluations.
Staffing	• The mental health clinician will have a master's degree or advanced degree of Ph.D or Psy.D, in social work, counseling, education or other relevant human service profession and be licensed in the State of Nebraska as a mental health practitioner with the ability to diagnose within the scope of practice • LIMHP, LMHP, LIMHP, PLMHP, must have a current Nebraska License **AND** the state approved CASI training and the criminal behaviors/thinking training • Provisionally Licensed Mental Health Practitioner (PLMHP) are permitted to conduct the evaluation within their scope of practice and with supervision as required by DHHS Division of Public Health • Experience, training and testing in evaluating youth who demonstrate inappropriate sexual behavior, assessing risk for sexually harmful behavior.
Staff to Client Ratio	Evaluation must be completed and sent to the probation officer within the timeframe set by the court, including 21 or 30 day evaluations.
Hours of Operation	Providers are expected to be flexible in scheduling and be available evenings and/or weekends to accommodate the service needs.

Service Desired Outcomes	The evaluation will identify a diagnosis and provide recommendations of services and rationale for why the services are needed to address and stabilize the acuity of the diagnoses.
Unit and Rate	Per Evaluation

ADMINISTRATIVE OFFICE OF PROBATION

Service Interpretive Guidelines

Juveniles Who Sexually Harm Risk Evalution

SERVICE DEFINITION:

An evaluation for a youth under the age of 19 who is adjudicated for a sexual offense, this evaluation is thorough clinical, strengths-based evaluation of a youth demonstrating sexualized behaviors. This evaluation must be completed prior to the initiation of any behavioral health services for youth who sexually harm.

The Juveniles who Sexually Harm (JSH) evaluation will determine the risk of a youth continuing sexually inappropriate behaviors and treatment recommendations. The evaluations will focus on sexualized behaviors, mental health, history of behaviors, trauma history/symptoms, criminogenic risk and risk of dangerousness to self and/or others, recommended behavioral health service(s) level and include the youth's and family's assessment of the situation. Based on the evaluation, appropriate behavioral health referrals will be provided.

EXPECTATIONS / REQUIREMENTS:

- The probation officer is responsible for reviewing all youth screenings/risk assessments to determine if the youth has a need for further evaluation
- The probation officer shall work with the youth and family to determine a Registered Service Provider (RSP) to conduct the evaluation
- The probation officer will communicate with the RSP to provide all collateral information to assist with the completion of the evaluation
    1. All evaluations should lead to a clinical recommendation for a treatment service, which could include a result of no clinical recommendation
    2. Evaluations should NOT recommend non-treatment, out-of-home placement or detention and evaluations should NOT identify or refer to particular agencies offering the recommended service
- This service would assist in addressing youth who have risk and needs related to sexualized behaviors and mental health symptoms. The outcome of this evaluation is for diagnosis and recommendations
- Probation officer will utilize the RSP's clinical recommendations to assist in developing the individualized case management plan

SERVICE NAME	**Medication Management** ☐ **Adult** ☒ **Juvenile**
Category	Mental Health
Setting	Professional office environment in a mental health center, substance use treatment center, hospital, or private practice appropriate to the provision of evaluation/assessment services.
Facility License	As required by Department of Health and Human Services (DHHS), Division of Public Health
Service Description	Medication management is a psychiatric/mental health/medical outpatient intervention used to reduce/stabilize and/or eliminate psychiatric symptoms through pharmacologic management with the goal of improved functionality, including management and reduction of psychiatric symptoms. Medication management by a qualified prescriber is the initial evaluation of the youth's need for psychotropic medications and the provision of a prescription, as needed. During medication management, there is ongoing medical monitoring/evaluation related to the youth's use of the psychotherapeutic medication, and education about those medications for the youth and family.
Service Expectations	This service will include the following: • Medical evaluation of the youth's need for pharmacological intervention to address psychiatric/mental health symptoms as documented in the initial psychiatric evaluation • An assessment has previously been conducted and a recommendation for medication assessment is requested because a behavioral health condition was identified and focused on the need for possible psychotherapeutic medication • Identification of psychotherapeutic medication(s) that will help stabilize a youth's behavioral health symptoms • Prescription of medications will include consideration of allergies, substance use, current medications, medical history, physical status and other pertinent information • Routine monitoring of the medication prescription, symptoms, side effects, lab work if required to monitor physical effects of medication, administration and supervision • Inform youth/parent/guardian and family regarding medication, side effects so that they can effectively participate in decisions concerning medication that is administered to the youth

	• If clinically necessary, the therapist upon permission from the legal guardian shall communicate with current/former providers as appropriate to coordinate services • When there are barriers to obtaining prescribed medication guide youth/family in obtaining prescribed medications
Service Frequency	As often and for as long as deemed medically necessary and client/guardian continues to consent
Length of Stay	As often and for as long as deemed medically necessary and client/guardian continues to consent
Staffing	A prescribing medical professional must maintain a current license as directed by Nebraska Department of Health and Human Services (DHHS): • Advanced Practice Registered Nurse (APRN) • Physician Assistant • Psychiatrist
Staff to Client Ratio	As per physician or approved designee caseload
Hours of Operation	Providers are expected to be flexible in scheduling and be available evenings and/or weekends to accommodate the service needs.
Service Desired Outcomes	• Youth education pertaining to the medication to support the individual in making an informed decision for its use • Well-informed/educated individuals and family members • Decreased/minimized symptoms and improved/maintained functionality for individuals receiving the service
Unit and Rate	Per session

ADMINISTRATIVE OFFICE OF PROBATION

Service Interpretive Guidelines

Medication Management

SERVICE DEFINITION:

Medication management is a psychiatric/mental health/medical outpatient intervention used to reduce/stabilize and/or eliminate psychiatric symptoms through pharmacologic management with the goal of improved functionality, including management and reduction of psychiatric symptoms. Medication management by a qualified prescriber is the initial evaluation of the youth's need for psychotropic medications and the provision of a prescription, as needed. During medication management, there is ongoing medical monitoring/evaluation related to the youth's use of the psychotherapeutic medication, and education about those medications for the youth and family.

EXPECTATIONS / REQUIREMENTS:

- This service is utilized for a youth with psychiatric needs that need to be addressed with psychotherapeutic medications to reduce, stabilize, or reduce psychiatric symptoms
- Probation officer will communicate every 3 months, at a minimum, for updates on the medication management plan

Probation Service Definition

SERVICE NAME	**Mental Health Evaluation** ☐ **Adult** ☒ **Juvenile**
Category	Mental Health
Setting	Professional office environment in a mental health center, substance use treatment center or private practice appropriate to the provision of evaluation/assessment services.
Facility License	As required by the Department of Health & Human Services, (DHHS) Division of Public Health
Service Description	A mental health (MH) evaluation is a thorough clinical, strengths-based evaluation of a youth experiencing mental health symptoms. This evaluation must be completed prior to the initiation of any behavioral health services. The MH evaluation will determine a mental health disorder diagnoses, history of behaviors, trauma history/symptoms, criminogenic risk and risk of dangerousness to self and/or others, recommended behavioral health service(s) level and include the youth's and family's assessment of the situation. Based on the evaluation, appropriate behavioral health referrals will be provided.
Service Expectations	• Evaluations will include these areas: ▪ Comprehensive biopsychosocial evaluation for mental illness ▪ Multidimensional risk profile to determine type and intensity of services ▪ Presenting problem and medical history ▪ School and/or work history ▪ Alcohol/drug ▪ Mental health, gambling and behavioral history ▪ Family/social/peer history ▪ Legal/probation/risk history ▪ Collateral information ▪ Relationship with substance use/mental health and criminal justice involvement/criminogenic risks ▪ Assess trauma history and symptoms and suicide ideation ▪ Diagnostic assessment and screening tools with scores and interpretations ▪ Diagnosis and clinical impressions ▪ Individualized recommendations with rationale for why recommendations are made

	A comprehensive bio psychosocial evaluation is obtained through collateral contacts with significant others or family members together relevant information about individual and family functioning and through collateral contacts with former and current healthcare providers, friends, and court contacts to verify medical history, substance usage, and legal history. Communication is contingent upon the legal guardian giving permission for communication to occur.
Service Frequency	Interview sessions scheduled as needed with youth and family to complete the MH evaluation. Preferred collateral contacts from recent past should include provider(s), family, school personnel, friends and probation officer. The youth's attorney is not included as collateral.
Length of Stay	Evaluation must be completed and sent to the probation officer within the timeframe set by the court, including 21 or 30 day evaluations.
Staffing	• The mental health clinician will have a master's degree or advanced degree of Ph.D or Psy.D, in social work, counseling, education or other relevant human service profession and be licensed in the State of Nebraska as a mental health practitioner with the ability to diagnose within the scope of practice • LIMHP, LMHP, LIMHP, PLMHP, must have a current Nebraska License **AND** the state approved CASI training and the criminal behaviors/thinking training • Provisionally Licensed Mental Health Practitioner (PLMHP) is permitted to conduct the evaluation within their scope of practice with supervision as required by DHHS, Division of Public Health
Staff to Client Ratio	1 therapist to 1 youth
Hours of Operation	Providers are expected to be flexible in scheduling and be available evenings and/or weekends to accommodate the service needs.
Service Desired Outcomes	The evaluation will identify any mental health diagnoses and provide recommendations of services and rationale for why the services are needed to address and stabilize the acuity of the diagnoses.
Unit and Rate	Per evaluation (pilot only)

ADMINISTRATIVE OFFICE OF PROBATION

Service Interpretive Guidelines

Mental Health - Evaluation

SERVICE DEFINITION:

A mental health (MH) evaluation is a thorough clinical, strengths-based evaluation of a youth experiencing mental health symptoms. This evaluation must be completed prior to the initiation of any behavioral health services. The MH evaluation will determine a mental health disorder diagnoses, history of behaviors, trauma history/symptoms, criminogenic risk and risk of dangerousness to self and/or others, recommended behavioral health service(s) level and include the youth's and family's assessment of the situation. Based on the evaluation, appropriate behavioral health referrals will be provided.

EXPECTATIONS/ REQUIREMENTS:

- The probation officer is responsible for reviewing all youth screenings/risk assessments to determine if the youth has a need for further evaluation
- The probation officer shall work with the youth and family to determine a Registered Service Provider (RSP) to conduct the evaluation
- This service would assist in addressing youth who have risk and needs related to behavioral and/or MH symptoms. The outcome of this evaluation is for diagnosis and clinical recommendations
- The probation officer will communicate with the RSP to provide all collateral information to assist with the completion of the evaluation
    1. All evaluations should lead to a clinical recommendation for a treatment service, which could include a result of no clinical recommendation
    2. Evaluations should NOT recommend non-treatment, out-of-home placement or detention and evaluations should NOT identify or refer to particular agencies offering the recommended service
- This service would assist in addressing youth who have needs related to mental and/or behavioral health needs
- Probation officer will utilize the provider's clinical recommendations to assist in developing the individualized case management plan

SERVICE NAME	**Mental Health Outpatient Counseling** ☐ **Adult** ☒ **Juvenile**
Category	Mental Health
Setting	Professional office environment in a mental health center, in-home, substance use treatment center or private practice appropriate to the provision of evaluation/assessment services.
Facility License	As required Department of Health & Human (DHHS) Division of Public Health.
Service Description	Based off a recommendation from an evaluation, mental health counseling is a clinical service provided by a licensed therapist with an individual in which the focus is on treatment of mental illness or emotional disturbance. Outpatient counseling is to improve or alleviate symptoms that may significantly interfere with functionality in at least one life domain (e.g., familial, social, work, educational) through scheduled therapeutic visits with the therapist. Services can be delivered in individual, family, or group sessions, and can include specializations for individuals with co-occurring disorders, eating disorders, trauma, and sexualized behaviors.
Service Expectations	MH counseling involves the followings: • The evaluation or equivalent service must have been conducted by a mental health clinician within their scope of practice prior to the beginning of treatment • Mental health counseling providers may accept a prior mental health evaluations conducted in the last 6 months. The clinical record shall reflect that such evaluations have been reviewed and updated when appropriate prior to the initiation of any mental health services • Interventions are developed to address mental illness symptoms and impaired functionality as identified in the comprehensive evaluation. The evaluation and interventions inform and establish the time-limited and measurable, symptom-focused treatment goals and objectives in the individualized treatment plan • Mental health counseling in a series of time-limited, structured sessions that work toward the attainment of mutually defined goals as identified in the treatment plan • If clinically necessary, the therapist upon permission from the legal guardian shall communicate with current/former providers as appropriate to coordinate services

	• The treatment/discharge plan is reviewed and updated as frequently as medically indicated, but at a minimum of every 90-calendar days, and signed by all participants • Discharge planning shall occur upon initiation of MH counseling • Provide referral for general medical, psychiatric, psychological, and psychopharmacology needs • The therapist will assist in identification and utilization of community resources and natural supports, which must be identified in the discharge plan • When other individuals are participating in the treatment sessions, the focus and documentation must be based on the goals outlined in the treatment plan • The therapist/provider must coordinate care with the individual's primary care physician (PCP) and other treatment providers if medically or clinically necessary • Discharge planning must occur upon admission • Trauma history/symptoms are assessed
Service Frequency	Services will be individualized and based on clinical criteria up to two, sessions per week.
Length of Stay	The duration of outpatient services shall vary based on the youth's ability to benefit from the individual's needs and their response to the day-to-day treatment intervention.
Staffing	Clinicians, who may provide this service within their scope of practice and are licensed to practice in the State of Nebraska, include: • Licensed Mental Health Practitioner (LMHP) • Provisionally Licensed Mental Health Practitioner (PLMHP) are permitted to conduct the clinical sessions within their scope of practice and with supervision as required by DHHS Division of Public Health • Licensed Independent Mental Health Practitioner (LIMHP) • Licensed Psychologist • Provisionally Licensed Psychologist • Advanced Practice Registered Nurse (APRN) • Psychiatrist 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.
Staff to Client Ratio	Individual Counseling = 1 therapist to 1 youth Family Counseling = 1 therapist to 1 family Youth Group Counseling = 1 therapist to a group of at least 3 and no more than 12 individual participants.
Hours of Operation	Providers are expected to be flexible in scheduling and be available evenings and/or weekends to accommodate the service needs.

Service Desired Outcomes	• Progress on treatment goals as outlined in the treatment plan • Improved in their daily functionality and their behavioral health have diminished • Community support systems secured and crisis plan in place to help maintain stability in the community • Medication management referral to prescribing clinician is ongoing, as needed • Upon permission from the legal guardian, the provider will coordinate with all medical and behavioral health providers if medically or clinically necessary
Unit and Rate	Per session

ADMINISTRATIVE OFFICE OF PROBATION

Service Interpretive Guidelines

Mental Health Outpatient Counseling

SERVICE DEFINITION:

Based off a recommendation from an evaluation, mental health counseling is a clinical service provided by a licensed therapist with an individual in which the focus is on treatment of mental illness or emotional disturbance.

Outpatient counseling is to improve or alleviate symptoms that may significantly interfere with functionality in at least one life domain (e.g., familial, social, work, educational) through scheduled therapeutic visits with the therapist. Services can be delivered in individual, family, or group sessions, and can include specializations for individuals with co-occurring disorders, eating disorders, trauma, and sexualized behaviors.

EXPECTATIONS/REQUIREMENTS:

- Shall only be referred with a valid evaluation recommending outpatient counseling
- MH is a responsivity factor, which may need to be addressed in order to reduce risk
- This service is for youth whose MH symptoms can be managed in the community
- The probation officer will communicate with the MH therapist to assist in developing an individualized treatment plan for the youth
- Probation officer will engage the family to assist in the selection of a Registered Service Provider (RSP) and facilitate family team meetings
- Probation officer will verify with the therapist if progress is being made. If progress is not indicated, the therapist shall provide a rationale as to what changes will be made to initiate a plan to increase progress
- Probation officer will engage family to ensure goals of therapy are being met
- Probation officer shall ensure the entire family team, including stakeholders, understands the treatment plan

Discharge planning will begin at the initiation of services. The written discharge plan will include:

- Follow-up appointments scheduled in conjunction with family
- Community support services and resources for the youth/family
- Consultation with community agencies on behalf of, or in conjunction with the youth/family
- Update every time there is a change in the youth/family circumstances

SERVICE NAME	**Multi-Systemic Therapy (MST)** ☐ **Adult** ☒ **Juvenile**
Category	Mental Health
Setting	Community-based services are provided primarily in the youth's natural environment and/or other appropriate location(s); may include other appropriate community locations where the parent or caregiver is present, school or other appropriate community locations conducive for the delivery of multi-systemic therapy (MST) services.
Facility License	The agency providing Multi-Systemic Therapy (MST) services must be consistent with licensing standards as required by the Department of Health & Human Services (DHHS), Division of Public Health. Agency must be certified as an MST certified treatment provider. Certification signifies that the organization has complied with MST standards and has met the required criteria in the following areas: quality assurance, data collection, program monitoring, contract status and payment status.
Service Description	MST is a service that targets youth age 12-17 and their families who have antisocial, aggressive or violent behaviors and: ▪ are at risk of out-of-home placement due to delinquency ▪ adjudicated and returning from out-of-home placement ▪ chronic or violent criminal activity ▪ serious emotional disturbances ▪ substance use disorder MST is a community-based, family-driven intensive model of treatment based on evidence-based interventions that target high-risk behavior in youth and increase protective factors. The purpose of MST is to keep youth in the home by delivering an intensive therapy to the family within their home. MST therapist meets with youth, family, caregiver as well as others in the youth's ecology to achieve treatment goals. The following is an overview of the MST services. These are not comprehensive nor should they take the place of the MST model and the fidelity to the MST model. Fidelity to the MST model is essential to the success of the youth and family.

	MST is built on the principle that a seriously troubled youth's behavioral problems are multi-dimensional and must be confronted using multiple strategies. The serious behavior problems of a youth typically stem from a combination of influences, family factors, deviant peer groups, problems in school/community, and individual characteristics. This approach best serves youth whose delinquent behavior can be linked to more than one of these systems. MST recognizes that each system plays a critical role in a youth's world and each system requires attention when effective change is needed to improve the quality of life for youth and their families.
Service Expectations	• MST services include an initial and ongoing assessment to identify the focus ((fit) - factors driving the problem behavior) of the MST intervention. Once the fit is identified the therapist will develop interventions focusing on the following areas: individual therapeutic interventions with the youth\their family, peer interventions, case management and stabilization • If clinically necessary, the therapist upon permission from the legal guardian shall communicate with current/former providers as appropriate to coordinate services. • Specialized therapeutic and rehabilitative interventions are available to address substance use disorder, sexual abuse, sex offending, and domestic violence. MST involves families and other systems such as the school, probation officers, extended families, and community connections • Each youth referred to the service is assigned an MST therapist who designs individualized interventions in accordance with the MST treatment principles, thereby addressing specific needs of the youth and his or her specific environment. Developmentally appropriate interventions are appropriate to the youth's age and developmental needs • After the initial sessions, family members who attend family sessions with the therapist will vary depending on the nature of the particular problem being discussed. For example, youth are not included in sessions addressing intimate marital issues between parents or dealing with poor parental discipline, so as not to undermine parental authority. As part of the process, the counselor works closely with teachers, neighbors, extended family, members of the youth's peer group and parents • The primary goals of MST are to: ▪ Develop in parents or guardians, the capacity to manage future difficulties ▪ Reduce youth criminal activity and reduce antisocial behaviors such as drug abuse ▪ Achieve outcomes of decreasing rates of incarceration and other out-of-home placements • Service staff creates strong working relationships with referral sources such as youth, justice and the family court. They work closely with deputy youth officers, social welfare workers, teachers, and guidance counselors to obtain the perspectives of multiple systems that have the common goal of improving youth and family treatment goals • MST components such as availability of the MST staff, flexible scheduling, and delivery of services in the home all provide safety for the family, prevent violence, develop a joint working relationship between therapist and

	family, provide the family with easier access to needed services, increase the likelihood that the family will stay in treatment, and help the family maintain changes in behaviors • The therapist and parents/guardians introduce the youth to positive peer recreational leisure activities to reduce criminal risk • Therapists assist parents/guardians in improving parenting skills and family relations: ▪ Involve the youth with friends who do not participate in criminal behavior ▪ Help him or her get better grades or start to develop a vocation ▪ Help the youth participate in positive activities, such as sports or school clubs ▪ Create a support network of extended family, neighbors and friends to help the parents/guardians maintain the changes ▪ Build on strengths ▪ Develop treatment plan together • Families have less contact with the therapist as they get closer to being discharged from treatment
Service Frequency	MST services last up to five months. Number of sessions shall be based on the youth's/family's needs. Services will be individualized and based on clinical needs. The hours per week will taper to a prescribed schedule as the youth's functionality improves.
Length of Stay	Up to five months, length of treatment is individualized based on progress of the youth and family. The duration of MST services shall vary based on the youth's ability to benefit from the individual's needs and their response to the day-to-day treatment intervention
Staffing	• An MST therapist consists of a minimum LMHP (Licensed Mental Health Practitioner) or PLMHP (Provisional Licensed Mental Health Practitioner, MST-trained and certified • MST Therapist = master's degree in social work, counseling, education or other relevant human service profession, with two years of experience in children and family services. Licensed in the state of Nebraska and must practice within scope • Therapists must complete the MST five-day orientation training and participate in ongoing MST training. • MST therapists must also participate in a weekly consultation with a master's level MST consultant to maintain fidelity to the MST model • Agency must be licensed as an MST agency • Active MST team requires MST certification of a clinical supervisor and at least 2-4 MST certified treatment providers
Staff to Client Ratio	1 MST therapist to 4-5 youth/families 1 MST supervisor to 2-4 MST therapists
Hours of Operation	Services occur during day, evening or weekend when the youth\families can attend sessions. MST services are available 24 hours/day, 7 days/week

Service Desired Outcomes	• Youth remains in home and school ▪ Improve school attendance and performance • Improve relations with peers and adults ▪ Decrease association with deviant peers, increase association with positive peers • Improve family functionality ▪ Improve parenting practices ▪ Decrease in conflict and hostility ▪ Increase family cohesion, adaptability and supportiveness • Fewer behavior problems ▪ Significant improvements in internalizing and externalizing problems • Reduce Substance Use • Reduction in criminal recidivism, arrest and incarceration ▪ Less criminal activity ▪ Arrested for less serious offenses • Fewer days out of home • Decrease problem behaviors ▪ Fewer internalizing and externalizing behaviors
Unit and Rate	Per unit

ADMINISTRATIVE OFFICE OF PROBATION

Service Interpretive Guidelines

Multi-Systemic Therapy

SERVICE DEFINITION:

MST is a service that targets youth age 12-17 and their families who have antisocial, aggressive or violent behaviors and:

- are at risk of out-of-home placement due to delinquency
- adjudicated and returning from out-of-home placement
- chronic or violent criminal activity
- serious emotional disturbances
- substance use disorder

MST is a community-based, family-driven intensive model of treatment based on evidence-based interventions that target high-risk behavior in youth and increase protective factors. The purpose of MST is to keep youth in the home by delivering an intensive therapy to the family within their home. MST therapist meets with youth, family, caregiver as well as others in the youth's ecology to achieve treatment goals.

The following is an overview of the MST services. These are not comprehensive nor should they take the place of the MST model and the fidelity to the MST model. Fidelity to the MST model is essential to the success of the youth and family.

MST is built on the principle that a seriously troubled youth's behavioral problems are multi-dimensional and must be confronted using multiple strategies. The serious behavior problems of a youth typically stem from a combination of influences, family factors, deviant peer groups, problems in school/community, and individual characteristics. This approach best serves youth whose delinquent behavior can be linked to more than one of these systems. MST recognizes that each system plays a critical role in a youth's world and each system requires attention when effective change is needed to improve the quality of life for youth and their families.

EXPECTATIONS/REQUIREMENTS:

This service would typically assist in addressing youth with high risk and/or need in Family Circumstances/Parenting, Attitudes/Orientation, Education/Employment, Peer Relations, Substance Use, Leisure/Recreation and/or, Personality/Behavior.

- This service would be utilized to assist families in maintaining the youth in the family home and/or for transitioning from out-of-home placement.
- This service targets the entire family unit and is typically approved when all family members are present. The probation officer must approve any deviation from this requirement.
- This service should impact the family functionality as a whole as well as the youth's individual functionality.
- This service will teach the youth and family how to utilize skills taught to them during MST to minimize future involvement in the justice system.
- Probation officer will communicate with the MST therapist to assist in developing an individualized treatment plan for the youth.
- Probation officer shall communicate weekly, at a minimum for updates on the treatment plan and goals.
- The probation officer will assist in maintaining family engagement and facilitate family team meetings to encourage communication and progress.
- Probation officer will verify with the MST therapist if progress is being made. If progress is not indicated, the MST therapist shall provide a rationale as to what changes will be made to initiate a plan to increase progress.

Discharge planning will begin at the time of service initiation. The written discharge plan will include:

- Recommendation for next appropriate community services.
- Follow up appointments scheduled in conjunction with the family.
- Community supports and resources for the youth/family.
- Consultation with community agencies on behalf of, or in conjunction with the youth/family.
- Update every time there is a change in the youth/family circumstances.
- Summary of goals and objectives completed by the MST therapist.

SERVICE NAME	**Partial Hospitalization** ☐ **Adult** ☒ **Juvenile**
Category	Mental Health
Setting	Psychiatric hospital or general hospital with a psychiatric unit; capacity to serve youth on a voluntary basis.
Facility License	Required Nebraska state licensing for hospitals as required by the Department of Health & Human Services, Division of Public Health.
Service Description	Partial hospitalization is a hospital-based treatment services that is not as intense as acute inpatient hospitalization, it is the next level down in regard to services. The level of intensity is similar to an inpatient services, but on less than a 24-hour basis. These services include a therapeutic environment, nursing services, psychiatric evaluation, medication management, group, individual and family therapy. Typically, the youth poses a significant danger to self or others, or displays severe psychosocial dysfunction. Partial hospital treatment may be appropriate when a youth does not require the more restrictive and intensive environment of a 24-hour inpatient or residential setting, but a minimum of six hours of therapeutic services each day. Partial hospitalization can be used both as a transitional level of care (e.g., step-down from inpatient or residential treatment) as well as a stand-alone level of care to stabilize a deteriorating condition and avert hospitalization or residential treatment.
Service Expectations	• Before admission for the partial hospitalization services or prior to authorization for payment, a physician with a specialty in psychiatry must make a medical evaluation of the youth's need for care in the partial hospitalization service. An interdisciplinary/bio-psychosocial, trauma- informed evaluation and screening for substance use disorder, as needed, must be conducted by licensed clinician • Psychiatric diagnosis evaluation and nursing assessment completed within 24 hours of initiating services • An initial treatment/recovery plan developed by the multidisciplinary team (including the youth, their family or other supports as appropriate) integrating individual strengths and needs, stating measurable goals, and including a documented discharge and relapse prevention plan completed within 24 hours of admission

	• The individual treatment/recovery plan is reviewed at least weekly and more often as necessary, updated as medically indicated, and signed by the treatment team members including the youth being served • 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 • Medication management • Consultation services available, as needed, for general medical, dental, pharmacology, dietary, pastoral, emergency medical, therapeutic activities • Laboratory and other diagnostic services, as needed. On-site nursing services are readily available • Individual, group, and family therapy services • School, if provided, needs to meet education requirements of a Level III service. School hours are not included in the minimum required treatment hours • Recreation and social services • Access to community-based rehabilitation/social services that can be used to help the youth transition to the community • Face-to-face psychiatrist (APRN under psychiatrist supervision) visits 4 of 5 days • Staff must be available to schedule meetings and sessions at a variety of times in order to support family/other involvement for the youth
Service Frequency	Partial Hospitalization may be available 7 days/week with a minimum availability of 5 days/week. A minimum of 6 hours per day of treatment services (full day) A minimum of 3 hours of treatment services per day (half day) a minimum of 5 days per week. Services per the following schedule: • Individual therapy - minimum of two (1) hour sessions per week • Group – minimum daily • Family therapy - minimum of one per week • Recreation therapy – minimum daily • Psycho-educational groups – minimum daily
Length of Stay	The typical length of stay is 2 - 4 weeks. Length of stay is variable depending on presenting psychiatric symptoms and diagnosis but considering its time-limited expectations, a period of 14 to 28 days with decreasing attendance hours is typical. The number of days is driven by the medical necessity for the youth to remain at this level of care.
Staffing	**Special Staff Requirements for Psychiatric Hospitals:**

	• Medical Director (Board or Board-eligible Psychiatrist) Psychiatrist(s) and/or Physicians(s) • APRN(s) (with psychiatric specialty) • APRN or (RN) with psychiatric experience • RN(s) and APRN(s) (psychiatric experience preferable); 24-hour nursing staff with a least 1 RN per shift • LIMHP, LMHP, LADC, LIMHP/LADC, Psychologist (or ASO approved provisional licensure) • Director of Social Work (MSW preferred) • Social Worker(s) (at least one social worker, director or otherwise, holding an MSW degree) • Technicians, high school with JCAHO approved training and competency evaluation; 2 years of experience in mental health service preferred
Staff to Client Ratio	The minimum service staff to youth ratio is 1:3 The minimum therapist to youth ratio is 1:8
Hours of Operation	Service operates during day, evening hours and weekend hours, 24 hours/day, 7days/week
Service Desired Outcomes	• Acute psychiatric and/or substance use disorder symptoms are stabilized. The youth no longer meets clinical guidelines for partial hospitalization in a hospital setting • Sufficient supports are in place and the youth can move into a less restrictive therapeutic environment. • Treatment plan goals and objectives are substantially met
Unit and Rate	Per hours

ADMINISTRATIVE OFFICE OF PROBATION

Service Interpretive Guidelines

Partial Hospitalization

SERVICE DEFINITION:

Partial hospitalization is a hospital-based treatment services that is not as intense as acute inpatient hospitalization, it is the next level down in regard to services. The level of intensity is similar to an inpatient services, but on less than a 24-hour basis. These services include a therapeutic environment, nursing services, psychiatric evaluation, medication management, group, individual and family therapy. Typically, the youth poses a significant danger to self or others, or displays severe psychosocial dysfunction.

Partial hospital treatment may be appropriate when a youth does not require the more restrictive and intensive environment of a 24-hour inpatient or residential setting, but a minimum of six hours of therapeutic services each day.

Partial hospitalization can be used both as a transitional level of care (e.g., step-down from inpatient or residential treatment) as well as a stand-alone level of care to stabilize a deteriorating condition and avert hospitalization or residential treatment.

EXPECTATIONS/REQUIREMENTS:

- This service is utilized for a youth who has a history of mental health issues currently experiencing significant symptoms that does not require hospitalization but requires more intensive services than intensive outpatient (IOP) or day treatment
- This service can be utilized as a next appropriate service for a youth discharging from an acute inpatient hospitalization. This service can also be utilized to prevent the need for admission to an acute inpatient hospitalization
- An evaluation by a licensed clinician will need to have been completed prior to partial hospitalization services being recommended
- Probation officer shall communicate weekly, at a minimum, for updates on treatment plan and goals. Communication may occur more often depending on the complexity of the psychiatric symptoms
- Probation officer will attend any meetings initiated by the hospital staff; this will assist in maintaining family engagement
- This service is for stabilization of suicidal/homicidal symptoms or behaviors

- Probation officer will verify with the licensed clinician if progress is being made. If progress is not indicated, the licensed clinician shall provide a rationale as to what changes will be made to initiate a plan to increase progress

Discharge planning will be initiated at the time of admission. The written discharge plan will include:

- Next appropriate community-based therapeutic services
- Follow up appointments scheduled in conjunction with family
- Community supports and resources for the youth/family
- Consultation with community agencies on behalf of, or in conjunction with the youth/family
- Update information every time there is a change in the youth/family circumstances
- What to do if a youth is in imminent danger (self/others)

SERVICE NAME	**Psychiatric Evaluation** ☐ **Adult** ☒ **Juvenile**
Category	Mental Health
Setting	Professional office environment in a mental health center, substance use treatment center or private practice appropriate to the provision of evaluation/assessment services.
Facility License	As required by Division of Health and Human Services (DHHS) Division of Public Health
Service Description	• Psychiatric evaluation consists of a biopsychosocial evaluation of the youth's psychiatric symptoms in context of family, education, community and culture. This evaluation may occur at the onset of treatment or later in treatment depending on the diagnosis and treatment recommendations • It is provided by a licensed professional – Advanced Practice Registered Nurse (APRN), Physician Assistant (PA), or Psychiatrist, who will assess the youth's presenting psychiatric conditions and symptoms, medical status, medication needs and/or substance use status • The evaluation will include the chief complaint, history of present illness/behavioral health needs, review of pertinent systems of care, and a bio psychosocial assessment
Service Expectations	• A comprehensive psychiatric evaluation and written report should identity the specific needs for a recommendation for psychotherapeutic medications • A comprehensive psychiatric evaluation will include the following areas: ▪ Presenting problem and chief complaint related to psychiatric concerns ▪ Age appropriate bio psychosocial history, to include multi-cultural/ethnic influences ▪ Medical history ▪ Educational/or work history ▪ Mental health and behavioral/cognitive/emotional functionality and history ▪ Maladaptive or problem behaviors, functionality/functional status ▪ Alcohol/drug history ▪ Social and peer-group history ▪ Family circumstances/custody status/environment and home ▪ Strengths and relationships with family/significant others

	▪ Legal/probation/criminogenic risk history ▪ Trauma history Obtain collateral information upon permission from the legal guardian ▪ Mental status exam ▪ Diagnostic assessment/screening tools with scores and interpretation ▪ Clinical impressions and diagnosis including rationale, problems identified and strengths of youth and family ▪ Individualized recommendations with rationale
Service Frequency	Evaluation, diagnosis and medication recommendations should be completed as soon as possible after requested.
Length of Stay	Evaluation should be completed as soon as possible.
Staffing	Clinician within their scope of practice and licensed in the State of Nebraska: • Advanced Practice Registered Nurse (APRN) specialized training in psychiatric evaluations • Physician Assistant (PA) specialized training in psychiatric evaluations • Psychiatrist
Staff to Client Ratio	1 clinician to 1 youth
Hours of Operation	Providers are expected to be flexible in scheduling and be available evenings and/or weekends to accommodate the service needs.
Service Desired Outcomes	The evaluation will identify a substance use and mental health diagnoses and provide recommendations of services and rationale for why the services are needed to address and stabilize the acuity of the diagnoses.
Unit and Rate	Per evaluation

ADMINISTRATIVE OFFICE OF PROBATION

Service Interpretive Guidelines

Psychiatric Evaluation

SERVICE DEFINITION:

Psychiatric evaluation consists of a biopsychosocial evaluation of the youth's psychiatric symptoms in context of family, education, community and culture. This evaluation may occur at the onset of treatment or later in treatment depending on the diagnosis and treatment recommendations.

It is provided by a licensed professional – Advanced Practice Registered Nurse (APRN), Physician Assistant (PA), or Psychiatrist, who will assess the youth's presenting psychiatric conditions and symptoms, medical status, medication needs and/or substance use status.

The evaluation will include the chief complaint, history of present illness/behavioral health needs, review of pertinent systems of care, and a bio psychosocial assessment.

EXPECTATIONS/ REQUIREMENTS:

- The probation officer is responsible for reviewing all youth screenings/risk assessments to determine if the youth has any unmet psychiatric health needs that cannot be determined by a psychological or mental health evaluation
- This service would assist a youth in the following:
    - If the youth is not stabilized in their current treatment due to impairments in emotional, cognitive, physical and or behavioral functioning
    - Determine a diagnosis and clinical recommendations for psychotherapeutic medication
- The probation officer shall work with the youth/family to determine a Registered Service Provider (RSP) to conduct the evaluation
- The probation officer will utilize the provider recommendations to assist in developing the individualized case management plan
- The evaluation will include a description of present problems and symptoms, information about health, illness, and treatment (physical and psychiatric), current medications, parent and family health and psychiatric histories, information related to youth's development, school/friend, family relationships and an interview of youth, parents/caregiver and any needed lab work blood tests, x-rays and special assessments
- The probation officer will communicate with the provider to provide all collateral information to assist with the completion of the evaluation
- The psychiatric evaluation may need court approval in some cases

- Provider and probation officer shall engage in conversation(s) regarding the psychotherapeutic recommendation and the integration of recommendations to the court. This discussion must be incorporated into a report to the court

Referrals questions may include:
Is the youth's psychiatric symptoms impeding completing of probation?

Probation Service Definition

SERVICE NAME	**Psychiatric Residential Treatment Facility (PRTF)** **Mental Health, Substance Use, Youth Who Sexually Harm** ☐ **Adult** ☒ **Juvenile**
Category	Mental Health, Substance Use, Youth Who Sexually Harm
Setting	The psychiatric residential treatment facility (PRTF) may be operated as a freestanding community setting or operated by a hospital. A PRTF will be licensed as a residential mental health, substance abuse treatment centers, or hospital setting as approved by 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	• PRTF treatment provides 24-hour clinically necessary 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 • 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 • 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 • 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 • Requires a certificate of need by an independent team that includes a physician
Service Expectations	• PRTF services shall be family-centered, culturally competent and developmentally 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 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 medically 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, treatment 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 • 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 • Discharge planning starts at admission, shall be included in the treatment plan and in all treatment plan reviews. Prior to discharge the PRTF staff shall facilitate and document that contacts are made with the community service or treatment provider identified in the discharge plan • PRTFs incorporate a trauma informed and recovery-based philosophy in treatment services, as appropriate • 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	Every effort will be made to have families be a part of the intake discharge process. 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: • 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	Staffing Requirements of the PRTF: • 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: ▪ 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:

	▪ Supervising practitioner (required to be a physician) ▪ Clinical director: APRN; Physician with a specialty in psychiatry, Psychologist, LIMHP and/or LMHP with appropriate licensure by the Department of Public Health; ▪ Therapist: LMHP; LIMHP; PLMHP; LADC; a licensed and/or provisionally licensed Psychologist; licensed APRN or physician with a specialty in psychiatry ▪ Registered Nurse or APRN, and ▪ 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: ▪ Complete an initial diagnostic interview 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, 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

	• Therapist/licensed clinician: LMHP, LIMHP, PLMHP, LADC, Licensed Psychologist, Provisionally Licensed Psychologist, APRN, Licensed Psychiatrist licensed in Nebraska and operating within their scope of practice and meeting service requirements • Registered Nurse or Advanced Practicing Registered Nurse: RN or APRN 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 • 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 • PRTF Treatment Team: 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/day, 7 days/week
Service Desired Outcomes	• Youth's psychiatric, substance use and sexually harming symptoms and behaviors have been ameliorated and daily functionality 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 crisis/recovery plan • Youth and family have support systems secured and crisis plan in place to help maintain stability in the community
Unit and Rate	Per day

ADMINISTRATIVE OFFICE OF PROBATION

Service Interpretive Guidelines

Psychiatric Residential Treatment Facility
Mental Health, Substance Use, Juveniles Who Sexually Harm

SERVICE DEFINITION:

PRTF treatment provides 24-hour clinically necessary 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.

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.

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.

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.

Requires a certificate of need by an independent team that includes a physician.

EXPECTATIONS/REQUIREMENTS:

- Requires a certificate of need by an independent team that includes a physician
- This service would typically assist in addressing youth with high needs in responsibility factors such as mental health (MH), substance use (SU) and sexually inappropriate behaviors and in need of 24/7 awake therapeutic services/supports and interventions
- This service is the highest level of treatment for the youth who demonstrates severe and persistent symptoms and functional impairments consistent with a MH, SU or inappropriate sexually harming DSM (most recent version) diagnosis, which require 24/7, awake residential psychiatric treatment, under the direction of a physician

- Probation officer would not recommend this service, as this is a clinical recommendation. A PRTF must be recommend by a licensed clinician who is able to diagnose/treat major mental illness within his/her scope of practice
- The probation officer must ensure the licensed clinician who recommends the PRTF complete the application for the PRTF treatment services.
- Probation officer shall communicate weekly for updates on treatment plan and goals
- Goals must be measurable and developed with the youth and interdisciplinary team
- Probation officer will assist in maintaining family engagement and facilitate family team meetings to encourage communication and progress
- Probation officer will verify with the PRTF treatment staff if progress is being made. If progress is not indicated, the PRTF staff shall provide a rationale as to what changes will be made to initiate a plan to increase progress
- Therapeutic leave days are an essential part of the treatment for client/families involved in ThGH. The interdisciplinary team must approve notice of therapeutic leave days 48 hours in advance. The probation officer shall have face-to-face visits with the youth when they are on therapeutic leave days to ensure the youth is following goals to completion during therapeutic leave days

Individualized transition plan (ITP) will be initiated at the time of admission. The written ITP plan will include:

- Transition planning begins immediately upon admission. Probation officer shall do transition work with the family to prepare the youth to return home. This includes family team meetings, therapeutic team meetings, building formal and informal supports, home visits, therapeutic leave days etc.
- Transition plans will be finalized in the ITP and will include items such as: recommendation for community-based services, follow-up appointments made in conjunction with the family and available community supports and resources. The ITP will be approved by the court prior to the youth's return home

The ITP will also include the following:

- Recommendations for next appropriate community services
- Follow up therapeutic appointments scheduled in conjunction with family
- Community supports and resources for the youth/family
- Consultation with community agencies on behalf of or in conjunction with the youth/family
- Update every time there is a change in the youth/family circumstances

SERVICE NAME	**Psychological Evaluation** ☐ **Adult** ☒ **Juvenile**
Category	Mental Health
Setting	Professional office environment in a mental health center, substance use treatment center or private practice appropriate to the provision of evaluation/assessment services. Exceptions to this setting would need to be authorized.
Facility License	As required by Department of Health and Human Services (DHHS), Division of Public Health.
Service Description	• Evaluation consists of a biopsychosocial evaluation and not more than 5 hours of psychological testing. Standardized testing is utilized to assess a youth's psychological or cognitive functioning • Psychological testing may be completed at the onset of treatment to assist with necessary differential diagnosis issues and/or to help resolve specific treatment planning questions. It also may occur later in treatment if the individual's condition has not progressed since the initial treatment plan and there is no clear explanation for the lack of improvement • Psychological testing is based on objective, specific question(s) that need to be answered. It involves the administration of one or more standardized psychological tests and measurements, instruments or procedures to observe and record human behavior. This requires the application of appropriate normative data for interpretation or classification of results applied to the youth tested
Service Expectations	• A basic biopsychosocial evaluation and written report should be completed following the standardized psychological reporting format. The recommendations from the evaluation will identify the specific need for and reasons why psychological testing is needed • The primary focus of psychological evaluation is the psychological testing. Requested tests must be standardized, valid and reliable in order to answer the specific clinical question for the specific population under consideration. The most recent version of the test must be used, except as outlined in Standards for Educational and Psychological Testing™ • Psychological testing may include the following: ▪ Intelligence/achievement; cognitive abilities ▪ Personality

	▪ Aptitudes and Attitudes ▪ Neuropsychological functionality (linked to brain structure or pathway; assesses impairment after injury or illness known to affect neurocognitive functionality) • The testing results based on the referral question(s) must be reasonably anticipated to provide information that will effectively guide the course of appropriate treatment • Results of testing are scored, interpreted and a formal report explains the testing in writing. The report is sent to the referring clinician/agency for use in treatment planning. Every family and youth is entitled to a clear explanation of the results of testing and recommendations for treatment • Examples of psychological tests that may be used, but not limited to, include: (1) Individual tests to evaluate cognitive and intellectual abilities: a. The Wechsler series b. The Stanford-Binet c. The Kaufman Assessment Battery for Children (2) Individual, objective, and projective tests of personality and emotional states and traits: a. The Minnesota Multiphasic Personality Inventory b. The Millon Clinical Multiaxial Inventory c. The Millon Adolescent Clinical Inventory d. Projective techniques including: • The Rorschach Ink Blots • Thematic Apperception Test • The Holtzman Ink Blots (3) Individual tests of neuropsychological functionality: a. The Halstead-Reitan Battery b. The Luria-Nebraska Battery c. The Lezak or Kaplan Battery d. The NEPSY
Service Frequency	Evaluation and testing should be completed as soon as possible after requested. The psychological testing should not need to be completed more than once unless there is a major change in the youth's symptoms and behaviors.
Length of Stay	Evaluation should be completed as soon as possible.
Staffing	Clinician within their scope of practice and licensed in the State of Nebraska. Doctoral-level psychologist (Ph.D., Psy.D. or Ed.D.) or medical psychologist

Staff to Client Ratio	1 clinician to 1 youth
Hours of Operation	In an office setting during day or evening hours, weekends or by special appointment at other hours, if necessary. Providers are expected to be flexible in scheduling.
Service Desired Outcomes	• Psychological test results provide additional data and information to assist with development of the treatment plan • Youth completes all tests requested • Youth, family and/or caregiver are informed of the test results and how they will help develop an age-appropriate treatment plan • Testing results provide guidance for treatment plan strategies and are incorporated into the initial Evaluation
Unit and Rate	Per evaluation

ADMINISTRATIVE OFFICE OF PROBATION

Service Interpretive Guidelines

Psychological Evaluation

SERVICE DEFINITION:

Evaluation consists of a biopsychosocial assessment and not more than 5 hours of psychological testing. Standardized testing is utilized to assess a youth's psychological or cognitive functioning.

Psychological testing may be completed at the onset of treatment to assist with necessary differential diagnosis issues and/or to help resolve specific treatment planning questions. It also may occur later in treatment if the individual's condition has not progressed since the initial treatment plan and there is no clear explanation for the lack of improvement.

Psychological testing is based on objective, specific question(s) that need to be answered. It involves the administration of one or more standardized psychological tests and measurements, instruments or procedures to observe and record human behavior. This requires the application of appropriate normative data for interpretation or classification of results applied to the youth tested.

EXPECTATIONS/REQUIREMENTS:

- The probation officer is responsible for reviewing all youth screenings/risk assessments to determine if the youth has a need for further evaluation
- This service would assist in clarifying a youth's diagnosis:
    - If there are conflicting diagnoses
    - If the youth is not stabilized in their current treatment
    - To determine if youth is competent
    - If there is an elevated risk for violent behavior
    - If they were amenable to treatment
- The probation officer shall work with the youth and family to determine a Registered Service Provider (RSP) to conduct the evaluation
- The evaluation will include validated psychological testing, a face-to-face clinical interview, review of documents, use of behavioral rating scales, consultation with collateral sources, and the youth's history
- The probation officer will communicate with the RSP to provide all collateral information to assist with the completion of the evaluation
- Probation officer will utilize the provider recommendations to assist in developing the individualized case management plan
- Provider and officer shall engage in conversation regarding the clinical recommendations and the integration of recommendations to the court. These discussions must be incorporated into a report to the court

Referral Questions may include:

- Is the youth's I.Q. impeding their completion of probation?
- Does the youth have multiple conflicting diagnoses that need to be a clarified?
- Is the youth's mental health impeding their completion of probation?

Probation Service Definition

SERVICE NAME	**Substance Use Evaluation** ☐ **Adult** ☒ **Juvenile**
Category	Substance use (SU)
Setting	Professional office environment in a mental health center, substance use treatment center or private practice appropriate to the provision of evaluation/assessment services.
Facility License	As required by Division of Health and Human Services (DHHS) Division of Public Health
Service Description	• A substance use evaluation is a thorough clinical, strengths-based evaluation of a youth experiencing substance use/mental health symptoms. This evaluation must be completed prior to the initiation of any behavioral health services. The SU evaluation will determine a substance use disorder diagnoses, history of behaviors, trauma history/symptoms, criminogenic risk and risk of dangerousness to self and/or others, recommended behavioral health service(s) level and include the youth's and family's assessment of the situation. Based on the evaluation, appropriate behavioral health referrals will be provided • The evaluation will meet all the Standardized Model for the Delivery of Substance Use Service requirements. If the Simple Screening Instrument (SSI) requires a referral for a substance use (SU) evaluation, the results of the SSI are sent to the SU provider to be included in the evaluation document
Service Expectations	• Evaluations will include these areas: ▪ Comprehensive Adolescent Severity Inventory (CASI) for substance use disorder ▪ Use of American Society of Addiction Medicine (ASAM) Criteria ▪ Multidimensional risk profile to determine type and intensity of services ▪ Presenting problem and medical history ▪ School and/or work history ▪ Alcohol/drug ▪ Mental health, gambling and behavioral history ▪ Family/social/peer history ▪ Legal/probation/risk history ▪ Collateral information ▪ Relationship between SU and criminal justice involvement/criminogenic risks ▪ Assess trauma history and symptoms and suicide ideation

	▪ Diagnostic assessment and screening tools with scores ▪ Diagnosis and clinical impressions ▪ Individualized recommendations with rationale for why recommendations are made A comprehensive bio psychosocial evaluation is obtained through collateral contacts with significant others or family members to gather relevant information about individual/family functionality and through collateral contacts with former and current healthcare providers, friends, and court contacts to verify medical history, substance usage, and legal history. Communication is contingent upon the legal guardian giving permission for communication to occur. **Structured Interview Tool Required for SU Evaluation**: CASI -- The Comprehensive Addiction Severity Index for Adolescents (CASI) is required to be used as a face-to-face structured interview guide, to be scored and utilized to provide information for the bio psychosocial assessment/substance use disorder evaluation and the multidimensional risk profile. **Reporting Format**: SU Evaluation must be provided in Nebraska Standard Reporting Format for Substance Abuse Evaluations for all Justice Referrals.
Service Frequency	Interview sessions are scheduled with the youth and family to complete the SU evaluation. Preferred collateral contacts from recent past should include provider(s), family, school personnel, friends and probation officer. The youth's attorney is not included as collateral.
Length of Stay	Evaluation must be completed and sent to the probation officer within the timeframe set by the court, including 21 or 30 day evaluations.
Staffing	• The mental health clinician will have a master's degree or advanced degree of Ph.D or Psy.D, in social work, counseling, education or other relevant human service profession and be licensed in the State of Nebraska as a mental health practitioner or drug/alcohol counselor with the ability to diagnose within the scope of practice • LADC, LIMHP/LADC, LMHP/LADC, LIMHP/PLADC, PLMHP/PLADC, must have a current Nebraska License **AND** have completed the Standardized Model requirements, the state approved CASI training and the criminal behaviors/thinking training • Provisionally Licensed Alcohol and Drug Counselor (PLDAC) and Provisionally Licensed Mental Health Practioner (PLMHP) are permitted to conduct the evaluation within their scope of practice with supervision as required by DHHS Division of Public Health
Staff to Client Ratio	1 therapist to 1 youth
Hours of Operation	Providers are expected to be flexible in scheduling and be available evenings and/or weekends to accommodate the service needs.
Service Desired Outcomes	The evaluation will identify a substance use diagnosis and provide recommendations of services and rationale for why the services are needed to address and stabilize the acuity of the diagnoses.

Unit and Rate	Per Evaluation

ADMINISTRATIVE OFFICE OF PROBATION

Service Interpretive Guidelines

Substance Use Evaluation

SERVICE DEFINITION:

A substance use (SU) evaluation is a thorough clinical, strengths-based evaluation of a youth experiencing substance use/mental health symptoms. This evaluation must be completed prior to the initiation of any behavioral health services. The SU evaluation will determine a substance use disorder diagnoses, history of behaviors, trauma history/symptoms, criminogenic risk and risk of dangerousness to self and/or others, recommended behavioral health service(s) level and include the youth's and family's assessment of the situation. Based on the evaluation, appropriate behavioral health referrals will be provided.

The evaluation will meet all the Standardized Model for the Delivery of Substance Use Service requirements. If the Simple Screening Instrument (SSI) requires a referral for a substance use (SU) evaluation, the results of the SSI are sent to the SU provider to be included in the evaluation document.

EXPECTATIONS/REQUIREMENTS:

- The probation officer is responsible for reviewing all youth screenings/risk assessments to determine if the youth has a need for further evaluation
- The probation officer shall work with the youth and family to determine a Registered Service Provider (RSP) to conduct the evaluation
- This service would assist in addressing youth who have needs related to SU. The outcome of the evaluation is diagnosis and clinical recommendations
- The probation officer will communicate with the RSP to provide all collateral information to assist with the completion of the evaluation
    1. All evaluations should lead to a clinical recommendation for a treatment service, which could include a result of no clinical recommendation
    2. Evaluations should NOT recommend non-treatment, out-of-home placement or detention and evaluations should NOT identify or refer to particular agencies offering the recommended service
- This service would typically assist in addressing youth high in SU domains
- Probation officer will utilize the provider's clinical recommendations to assist in developing the individualized case management plan

Probation Service Definition

SERVICE NAME	**Substance Use Outpatient Counseling** ☐ **Adult** ☒ **Youth**
Category	Substance Use
Setting	Professional office environment in a mental health center, in-home, substance use (SU) treatment center or private practice appropriate to the provision of evaluation/assessment services.
Facility License	As required by Division of Health and Human Services (DHHS) Division of Public Health
Service Description	Based off a recommendation from an evaluation substance use (SU) counseling is a clinical service provided by a licensed therapist with an individual in which the focus is on treatment of a substance use disorder. Substance use outpatient counseling is to improve or alleviate symptoms that may significantly interfere with functionality in at least one life domain (e.g., familial, social, work, educational) through scheduled therapeutic visits between the therapist and the youth. Services can be delivered in individual, family, or group sessions.
Service Expectations	SU counseling involves the following: • The SU evaluation or equivalent service must have been conducted by a within their scope of practice prior to the beginning of treatment • SU counseling providers may accept a prior SU evaluation conducted within the last 6 months. The clinical record shall reflect that such evaluations have been reviewed and updated when appropriate prior to the initiation of any substance use services • Interventions are developed to address symptoms and impaired functionality as identified in the comprehensive SU evaluation. The evaluation and interventions inform and establish the time-limited and measurable, symptom-focused treatment goals and objectives in the treatment plan • Individual, group or family counseling must be developmentally appropriate for the age of the youth • SU counseling in a series of time-limited, structured sessions that work toward the attainment of mutually defined goals as identified in the treatment plan • If clinically necessary, the therapist upon permission from the legal guardian shall communicate with current/former providers as appropriate to coordinate services

	• The treatment/discharge plan is updated and reviewed at a minimum of every 90-calendar days, and signed by all participants • The therapist will assist in the identification and utilization of community resources and natural supports, which must be identified in the discharge plan • When other individuals are participating in the treatment sessions, the focus and documentation must be based on the goals outlined in the treatment plan • The therapist/provider must coordinate care with the individual's primary care physician (PCP) and other treatment providers if medically or clinically necessary • Discharge planning must occur upon admission • Trauma history/symptoms are assessed
Service Frequency	Services will be individualized and based on based on clinical criteria up to two, sessions per week.
Length of Stay	The duration of outpatient services shall vary based on the youth's ability to benefit from the individual's needs and their response to the day-to-day treatment intervention
Staffing	Clinicians, who may provide this service within their scope of practice and are licensed to practice in the State of Nebraska, include: • Licensed Alcohol and Drug Counselor (LDAC) • Licensed Independent Mental Health Practitioner (LIMHP) • Licensed Mental Health Practitioner (LMHP) • Provisionally Licensed Mental Health Practitioner (PLMHP) and Provisionally Licensed Alcohol and Drug Counselor (PLDAC) are permitted to conduct the clinical sessions within their scope of practice and with supervision as required by DHHS Division of Public Health • Dually Licensed Clinician (LDAC/LMHP) • Licensed Psychologist • Provisionally Licensed Psychologist • Advanced Practice Registered Nurse (APRN) • Psychiatrist Clinicians must have experience and training in treating substance use disorders.
Staff to Client Ratio	Individual Counseling = 1 therapist to 1 youth Family Counseling = 1 therapist to 1 family Youth Group Counseling = 1 therapist to a group of at least 3 and no more than 12 individual participants.
Hours of Operation	Providers are expected to be flexible in scheduling and be available evenings and/or weekends to accommodate the service needs.

Service Desired Outcomes	• Progress on treatment goals as outlined in the treatment plan • Improved in their daily functionality and their behavioral health have diminished • Community support systems secured and crisis plan in place to help maintain stability in the community • Medication management referral to prescribing clinician is ongoing, as needed • Upon permission from the legal guardian, the provider will coordinate with all medical and behavioral health providers if medically or clinically necessary
Unit and Rate	Per session

ADMINISTRATIVE OFFICE OF PROBATION

Service Interpretive Guidelines

Substance Use Outpatient Counseling

SERVICE DEFINITION:

Based off a recommendation from an evaluation substance use (SU) counseling is a clinical service provided by a licensed therapist with an individual in which the focus is on treatment of a substance use disorder.

Substance use outpatient counseling is to improve or alleviate symptoms that may significantly interfere with functionality in at least one life domain (e.g., familial, social, work, educational) through scheduled therapeutic visits between the therapist and the youth. Services can be delivered in individual, family, or group sessions.

EXPECTATIONS/ REQUIREMENTS:

- Shall only be referred with a valid evaluation recommending SU outpatient counseling
- Reducing the risk of substance use may result in risk reduction in other domains
- This service is for youth whose substance use symptoms can be managed in the community
- The probation officer will communicate with the substance use therapist to assist in developing an individualized treatment plan for the youth
- Probation officer will engage the family to assist in the selection of a Registered Service Provider (RSP) and facilitate family team meetings
- Probation officer will verify with the therapist if progress is being made. If progress is not indicated, the therapist shall provide a rationale as to what changes will be made to initiate a plan to increase progress
- Probation officer will engage family to ensure goals of therapy are being met
- Probation officer shall ensure the entire family team including stakeholders understand the treatment plan

Discharge planning will be initiated at the time of admission. The written discharge plan will include:

- Follow-up appointments scheduled in conjunction with family
- Community support services and resources for the youth/family
- Consultation with community agencies on behalf of, or in conjunction with the youth/family
- Update every time there is a change in the youth/family circumstances

SERVICE NAME	**Therapeutic Group Home** **Mental Health, Substance Use, Youths Who Sexually Harm** ☐ **Adult** ☒ **Juvenile**
Category	Mental Health, Substance Use, Youth Who Sexually Harm (JSH)
Setting	Therapeutic group home (ThGH) is licensed as required by the Department of Health and Human Services (DHHS), Division of Public Health
Facility License	As required by the Division of Public Health (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 demonstrates 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 • Therapeutic interventions include behavior modification and individual, family and group therapy in a therapeutic environment; related services shall include psychiatric supports; research-based, trauma-informed services; training; integration with community resources, including school; and skill building offered in a residential setting • Inter-disciplinary team may include staff, youth, family, guardian, educational and employment services, probation officer, medical doctor and psychologist/psychiatrist and other supportive individuals • Services must include family involvement in treatment planning, a multidisciplinary team approach to active treatment that includes review of progress with updated treatment plans semi-monthly, and transition/discharge planning. Educational services shall be received on site or in other settings • The ThGH shall maintain the youth's connection to their community. The ThGH goal is to restore the youth to an improved level of functioning ultimately resulting in the youth living and functioning in a non-therapeutic environment with the return to a home environment

	• The ThGH is required to coordinate with the individual's community resources, including schools, with the goal of transitioning the individual out of the program to a less restrictive care setting for continued, sometimes intensive, services as soon as possible and appropriate • The ThGH program must incorporate some form of research-based, trauma-informed programming and training
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 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 • 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
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	Up to 6 months; the length of stay is individualized and will be based on clinical criteria.
Staffing	• Clinical staff, licensed to practice in the State of Nebraska, acting within their scope may provide this service and include: ▪ Licensed Mental Health Practitioner (LMHP) ▪ Provisionally Licensed Mental Health Practitioner (PLMHP) ▪ Licensed Independent Mental Health Practitioner (LIMPHP) ▪ Licensed Psychologist ▪ Provisionally Licensed Psychologist ▪ Psychiatrist ▪ Advanced Practice Registered Nurse (APRN) ▪ Licensed Recreational Therapist ▪ Licensed Alcohol and Drug Counselor (LADC) ▪ Provisionally Licensed Alcohol and Drug Counselor (PLADC) • Service director must meet the requirements of a licensed clinical staff person • Non-licensed direct care staff can only 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 • Service director is a licensed clinician who oversees the implementation and coordination of treatment services
Staff to Client Ratio	Individual Counseling = 1 therapist to 1 youth Family Counseling = 1 therapist to 1 family

	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, the registered nurse and direct care staff
Hours of Operation	24 hours/day, 7 days/week
Service Desired Outcomes	• Youth has made progress on treatment goals as outlined in the treatment plan • 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

ADMINISTRATIVE OFFICE OF PROBATION

Service Interpretive Guidelines

Therapeutic Group Home
Mental Health, Substance Use, Juveniles Who Sexually Harm

SERVICE DEFINITION:

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 demonstrates 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.

Therapeutic interventions include behavior modification and individual, family and group therapy in a therapeutic environment; related services shall include psychiatric supports; research-based, trauma-informed services; training; integration with community resources, including school; and skill building offered in a residential setting.

Inter disciplinary team may include staff, youth, family, guardian, educational and employment services, probation officer, medical doctor and psychologist/psychiatrist and other supportive individuals.

Services must include family involvement in treatment planning, a multidisciplinary team approach to active treatment that includes review of progress with updated treatment plans semi-monthly, and transition/discharge planning. Educational services shall be received on site or in other settings.

The ThGH shall maintain the youth's connection to their community. The ThGH goal is to restore the youth to an improved level of functioning ultimately resulting in the youth living and functioning in a non-therapeutic environment with the return to a home environment.

The ThGH is required to coordinate with the individual's community resources, including schools, with the goal of transitioning the individual out of the program to a less restrictive care setting for continued, sometimes intensive, services as soon as possible and appropriate.

The ThGH program must incorporate some form of research-based, trauma-informed programming and training.

EXPECTATIONS / REQUIREMENTS:

- There are multiple ThGHs who specialized in MH, SU and juveniles who sexually harm (JSH)
- Probation officer would not recommend this service, as this is a clinical recommendation. A ThGH must be recommended by a licensed clinician who is able to diagnose/treat major mental illness within his/her scope of practice
- The probation officer must ensure the licensed clinician who recommends the ThGH complete the application for the ThGH treatment services
- This service would typically assist in addressing youth with high needs in responsivity factors such as MH, SU and sexually inappropriate behaviors and in need of 24/7 awake therapeutic services/supports and interventions
- The probation officer will communicate with the provider and provide collateral information to assist with the development of the treatment plan
- Goals must be measurable and developed with the youth and interdisciplinary team
- Probation officer shall communicate weekly for updates on treatment plan and goals
- Probation officer will assist in maintaining family engagement and facilitate family team meetings to encourage communication and progress
- Therapeutic leave days are an essential part of the treatment for client/families involved in ThGH. The interdisciplinary team must approve notice of therapeutic leave days 48 hours in advance. The probation officer shall have a face-to-face visit with the youth when they are on therapeutic leave days to ensure youth is following goals to complete during therapeutic leave days
- Probation officer will verify with the ThGH treatment staff if progress is being made. If progress is not indicated, the ThGH staff shall provide a rationale as to what changes will be made to initiate a plan to increase progress

Individualized transition plan (ITP) will be initiated at the time of admission. The written ITP plan will include:

Transition planning begins immediately upon admission. Probation officer shall do transition work with the family to prepare the youth to return home. This includes family team meetings, therapeutic team meetings, building formal and informal supports, home visits, therapeutic leave days etc.

Transition plans will be finalized in the ITP and will include items such as: recommendation for community-based services, follow up appointments made in conjunction with the family and available community supports and resources. The ITP will be approved by the court prior to the youth's return home.

The ITP will also include the following:

- Recommendations for next appropriate community services
- Follow up appointments scheduled in conjunction with family
- Community supports and resources for the youth/family
- Consultation with community agencies on behalf of, or in conjunction with the youth/family
- Update every time there is a change in the youth/family circumstances

NON-TREATMENT SERVICES

Probation Service Definition

ADMINISTRATIVE OFFICE OF PROBATION

Service Name	**Day and Evening Reporting** ☐ **Adult** ☒ **Juvenile**
Category	Non-treatment
Setting	Community-Based
Facility License	Licensure is not required for this service
Service Description	Short-term service which provides comprehensive programming during school and after school for youth who lack structure and supervision to reduce the use of detention and out-of-home placement. Services and activities may include, but are not limited to, life and leisure skill development, tutoring, parenting education, GED preparation, vocational instruction and recreational activities.
Service Expectations	• Agency staff must contact the youth and the youth's parent(s) and/or guardian(s) to arrange the intake • Agency staff must notify the probation officer immediately if youth's whereabouts is unknown and/or has not reported to the program within 24 hours • Agency develops collaborative partnerships with the local probation office and other agencies, as well as, the youth and families' community resources and support systems. • Agency must offer a meal if services are delivered during standard meal times (i.e. 12 pm for lunch and 6 p.m. for dinner) • Agency must provide transportation for youth to and from the center within a 30 mile radius. • Agency staff must contact a custodian for the youth and arrange the intake • Agency will develop a service plan with the youth based upon the probation referral and family/youth intake interview • Agency must have a daily program schedule
Service Frequency	As designated by probation officer
Length of Stay	Up to sixty (60) days
Staffing	Agency staff must be at least 21 years of age and, at a minimum, possess a high school diploma or general education diploma and demonstrate relevant experience and training. Staff must be affiliated with a probation-registered agency.
Staff to Client Ratio	Staff ratio of no more than six (6) youth per staff unless a gender-specific program design is in place. Transportation staffing should be separate from facility staffing ratio.
Hours of Operation	Day Reporting 9:00 a.m. to 3:00 p.m. and Evening reporting 3:00 p.m. to 9:00 p.m. at a minimum
Service Desired Outcomes	Youth will have: • Increased supervision

	• Supervised education and study time • And access to pro-social and enrichment programming
Unit and Rate	Per day

ADMINISTRATIVE OFFICE OF PROBATION

Service Interpretive Guidelines

Day and Evening Reporting

SERVICE DESCRIPTION:

Short-term service which provides comprehensive programming during school and after school for youth who lack structure and supervision to reduce the use of detention and out-of-home placement. Services and activities may include, but are not limited to, life and leisure skill development, tutoring, parenting education, General Education Development (GED) preparation, vocational instruction and recreational activities.

EXPECTATIONS/REQUIREMENTS:

Prior to the authorization of this service, all other formal and informal supports should be explored to provide the necessary supervision. This service may be used on a short-term basis when a youth is unable to attend school for situations such as suspension or when a parent/guardian lacks the ability to properly supervise the youth during high risk behavior times such as after school.

- Target population is moderate to high in the Family Circumstances/Parenting, Leisure/Recreation, Education/Employment, Personality/Behavior, Attitudes/Orientation, Substance Abuse, and Peer Relations areas
- If this service is being used to help temporarily with supervision after school, the goal would be for the team to work together to find a more permanent solution that can sustain the youth's supervision needs
- The agency will be in contact with the probation officer at least weekly via face-to-face or phone
- The probation officer will direct the number of hours the youth needs for supervision and will ensure the service is meeting the needs of the youth and family

SERVICE NAME	**Ecological In-Home Family Treatment (Boys Town Model)** ☐ **Adult** ☒ **Juvenile**
Category	Non-treatment
Setting	Community-based
Facility License	Licensure is not required for this service
Service Description	The Ecological In-Home Family Treatment (EIHFT) Model is a strength-based in-home and community-based intervention designed to reduce youth and family risk factors contributing to delinquent behaviors while increasing youth and family protective factors. The service is designed to work with both youth and families to enhance and improve their functionality in the home and community. Services are designed to: • Address behavioral problems of youth • Improve family functionality and stability • Increase youth and community safety This service is utilized for youth between the ages of 10-18 with extensive family-related risk factors. The EIHFT Model is a structured, strength-based service designed to work with both the youth and family to address risk factors that contribute to delinquent behavior at home and in the community. Family Consultants work collaboratively with probation officers, youth, schools, mental health professionals, family members and others as identified by the family to enhance and improve the youth and family's functionality in the home and community and, to the extent possible, prevent the need for the youth to be detained or referred to an out-of-home setting and to safely maintain at home and in the community. This service is designed to promote long-term family stability and healthy developmental functionality of youth served.

Service Expectations	Family Consultants work with the youth, family and others (as identified by the family and youth) to: • Implement focused interventions and behavioral techniques to enhance skill development, such as social skills, problem-solving skills, decision-making skills, etc. • Interventions are utilized to: ▪ Develop risk management/safety planning ▪ Improve communication ▪ Build skills to strengthen the family ▪ Support therapeutic objectives ▪ Help identify and improve ineffective patterns of interaction ▪ Identify and utilize community resources ▪ Develop and maintain natural supports for the youth and family, and ▪ Help parents/guardians learn to manage the stress of raising an adolescent Components of the intervention model consist of: • Engagement • Assessment and Service planning • Functional Life Skills training for both parents and youth • Accessing resources and formal/informal supports • Case closure planning
Service Frequency	An average of 4 hours per week for up to 4 months but will vary on youth's progress and will generally be more intensive at the beginning of service delivery.
Length of Stay	Average range is up to 3-6 months
Staffing	Bachelor's Degree in a related field. Staff are trained in the Boys Town Teaching Model and the Boys Town In Home Family Services Model, which is informed by research evidence.
Staff to Client Ratio	1 family consultant to 6 families
Hours of Operation	24 hours/day, 7 days/week

Service Desired Outcomes	• Families will remain intact and youth will reside at home • Youth will have improved relationships with peers and adults • Youth will be attending school or will have graduated • Youth ages 13 and older will be arrest-free at the 6- and 12-month follow up • Family functionality has improved • Youth has improved in their daily functionality and their behavioral health symptoms have diminished • Youth criminogenic risk is reduced • Youth and family have implemented informal and formal support systems secured and crisis plan in place to help maintain stability in the community • Crisis plan is in place; youth and parents/caregiver know how to implement it • Youth and parents/caregiver have been connected to community supports as needed • Provider has coordinated with other treating community professionals as needed
Unit and Rate	Per hour

ADMINISTRATIVE OFFICE OF PROBATION

Service Interpretive Guidelines

Ecological In-Home Family Treatment (Boys Town Model)

SERVICE DEFINITION:

The Ecological In-Home Family Treatment (EIHFT) Model is a strength-based in-home and community-based intervention designed to reduce youth and family risk factors contributing to delinquent behaviors while increasing youth and family protective factors. The service is designed to work with both youth and families to enhance and improve their functionality in the home and community. Services are designed to:

- Address behavioral problems of youth
- Improve family functionality and stability
- Increase youth and community safety

This service is utilized for youth between the ages of 10-18 with extensive family-related risk factors. The EIHFT Model is a structured, strength-based service designed to work with both the youth and family to address risk factors that contribute to delinquent behavior at home and in the community. Family Consultants work collaboratively with probation officers, youth, schools, mental health professionals, family members and others as identified by the family to enhance and improve the youth and family's functionality in the home and community and, to the extent possible, prevent the need for the youth to be detained or referred to an out-of-home setting and to safely maintain at home and in the community. This service is designed to promote long-term family stability and healthy developmental functionality of youth served.

EXPECTATIONS/REQUIREMENTS:

- This service would typically assist in addressing, at a minimum, youth with high risk and/or need in Family Circumstances/Parenting
- This service would be utilized to assist families in maintaining the youth in the family home and/or for transitioning from an out-of-home placement
- This service shall teach the youth and family how to access and utilize formal and informal supports in their environment to minimize future involvement in the justice system
- EIHFT will assist the family in developing and implementing skills in the future, to increase their family functioning without formal system interventions
- Probation officer shall communicate with the EIHFT staff to assist in developing an individualized treatment plan for the youth
- The probation officer shall communicate weekly, at a minimum, for updates on the IHFS case plan and goals

- Probation officer shall assist in maintaining family engagement and facilitate family team meetings to encourage communication and progress
- Probation officer shall verify with the EIHFT staff if progress is being made. If progress is not indicated, the IHFS staff shall provide a rationale as to what changes will be made to initiate a plan to increase progress

Discharge planning will begin at the time of service initiation. The provider's written discharge plan will include:

- Recommendations for next appropriate community services
- Follow up appointments scheduled in conjunction with family
- Community supports and resources for the youth/family
- Consultation with community agencies on behalf or in conjunction with the youth/family
- Update every time there is a change in the youth/family circumstances
- Summary of goals and objectives completed by the IHFS staff

Probation Service Definition

ADMINISTRATIVE OFFICE OF PROBATION

SERVICE NAME	**Employment Placement Program** ☐ Adult ☒ Juvenile
Category	Non-Treatment
Setting	Community-Based
Facility License	Licensure is not required for this service
Service Description	A service specifically designed to build effective employment skills, interview skills, and positive work ethic. This service is individualized to assist the youth to overcome barriers to employment.
Service Expectations	The employment placement program is responsible for introducing the youth to the skills necessary to prepare for, search, find, and maintain employment. This is accomplished through: • Providing guidance to the youth to discover the kind of work they are interested in and able to do • Teaching the youth how to search for employment in their community • Helping the youth prepare an application to use for their job search • Assisting the youth in searching for employment • Providing guidance during the application and interview process • Supporting the youth to prepare for their first day on the job and problem solve issues that may arise when employment is started • Following up with the youth after 30 days to see how the things are going as well as be available to the youth when needed during the first 30 days for support
Service Frequency	The frequency shall be approved by the probation officer and will be no more than 10 hours per week.
Length of Stay	90 days
Staffing	Affiliated with an agency who is a registered provider
Staff to Client Ratio	Determined by the agency. Agency will ensure youth are directly supervised
Hours of Operation	Flexible in order to meet the needs of the youth and family
Service Desired Outcomes	• The youth has increased understanding of their skills, interests, and the employment process • The youth obtains documentation necessary to assist in employment search • The youth has found and maintained employment for 30 days or more
Unit and Rate	Hourly

ADMINISTRATIVE OFFICE OF PROBATION

Service Interpretive Guidelines

Employment Placement Program

SERVICE DESCRIPTION:

A service specifically designed to build effective employment skills, interview skills, and positive work ethic. This service is individualized to assist the youth to overcome barriers to employment.

EXPECTATIONS/REQUIREMENTS:

This service should only be probation funded if all other resources have been exhausted including, but not limited to, community funded programs, Rural Improvement for Schooling and Employment (RISE), Vocational Rehabilitation and other family funded services.

- Target population is youth who have a documented pattern demonstrating a need for employment support, youth transitioning to independence, and high school graduates
- Officer guides program intensity and ensures program time is focused on education, not supervision

Probation Service Definition

ADMINISTRATIVE OFFICE OF PROBATION

Service Name	**Expedited Family Group Conference** ☐ **Adult** ☒ **Juvenile**
Category	Non-Treatment
Setting	Community-based
Facility License	Licensure is not required for this service
Service Description	An expedited and focused family group decision making model, which engages the youth, their family, and supportive community agency members to resolve an identified barrier to youth success. The focus is often on the immediate problematic behavior and solution related to that behavior; however, it may include solutions to longer term barriers that impact the youth's and family's success. With the support of a trained mediator, the team identifies the youth's and family's strengths, discusses the behaviors and factors creating barrier(s), and empowers the youth, family, friends and community to create a plan to address the youth's behavior. The plan will also provide the necessary supports to effectively overcome identified barriers with the overarching goal of enhancing family and community engagement. This will prevent the utilization of out-of-home placement and other deeper end services to manage youth behavior as a means to ensure community safety.
Service Expectations	Provider shall: • Identify location for the conference • Perform an exhaustive search of all extended family members • Identify and contact all relevant service providers • Prepare all conference participants for the conference itself • Provide a written plan to the officer/team within five business days of the conference • Provide post conference facilitation/follow up if requested by the probation officer within 30 days of the conference
Service Frequency	• Facilitate the group conference no later than five business days from date of initial contact with the officer when in a response to a crisis. Whenever possible the conference must be held within 72 hours of the crisis
Length of Stay	One conference per voucher

Staffing	This service does not take the place of case management strategies employed by the probation officer to assist the youth in working through difficult situations. All staff and affiliates must abide by Nebraska's Family Group Conferencing Policies and Standards in accordance with the Office of Dispute Resolution.
Staff to Client Ratio	As set by the selected mediation center
Hours of Operation	Flexible to accommodate family and team schedule
Service Desired Outcomes	To develop a family-driven comprehensive plan to overcome identified barriers
Unit and Rate	Per conference

ADMINISTRATIVE OFFICE OF PROBATION

Service Interpretive Guidelines

Expedited Family Group Conference

SERVICE DESCRIPTION:

An expedited and focused family group decision making model, which engages the youth, their family, and supportive community agency members to resolve an identified barrier to youth success. The focus is often on the immediate problematic behavior and solution related to that behavior; however, it may include solutions to longer term barriers that impact the youth's and family's success.

With the support of a trained mediator, the team identifies the youth's and family's strengths, discusses the behaviors and factors creating barrier(s), and empowers the youth, family, friends and community to create a plan to address the youth's behavior. The plan will also provide the necessary supports to effectively overcome identified barriers with the overarching goal of enhancing family and community engagement. This will prevent the utilization of out-of-home placement and other deeper end services to manage youth behavior as a means to ensure community safety.

EXPECTATIONS/REQUIREMENTS:

This service may be used when the court has ordered the service.

- The probation officer shall ensure the provider has all necessary collateral information prior to the initiation of this service
- The probation officer shall communicate with the provider and obtain a report when the service is completed

Target population are youth who require assistance from a skilled mediator to overcome complex barriers such as lingering or transitioning from placement, youth lacking family engagement and families resistant to the probation case planning process who could benefit from a neutral party to re-engage.

- The officer shall participate in person at the conference as a member of the team
- The officer shall identify the goals and barriers in the referral to direct the focus of the conference

Probation Service Definition

ADMINISTRATIVE OFFICE OF PROBATION

SERVICE NAME	**Family Partner** ☐ **Adult** ☒ **Juvenile**
Category	Non-Treatment
Setting	Community-Based
Facility License	Licensure is not required for this service.
Service Description	A service which provides the parent/guardian with a peer mentor who has navigated the behavioral health, child welfare, and/or juvenile justice systems. Its primary function is to work with the parent and youth to enhance family functionality through education, skill building, and advocacy.
Service Expectations	The Family partner is responsible for enhancing the communication and understanding of the systems that the family and youth may be involved in by providing clarity of the court and juvenile justice systems. This is accomplished through: • Visits within the home environment • Establishing a relationship with the family, probation and service providers • Developing a working knowledge of the youth's case history and team/family goals • Acting as a role model by having contact within the home environment and attends team meetings • Communication with the probation officer to understand the youth's case management goals • Spending 1-3 hours per week engaged with the youth and family. It is anticipated that more contact would be needed early in the service to establish rapport with the youth and family • Advocating for the youth and family/guardian in any domain identified in the team plan
Service Frequency	Up to 3 hours per week
Length of Stay	Up to 6 months
Staffing	Staff must be associated with a recognized State of Nebraska family advocacy agency and that agency shall register as a probation service provider.
Staff to Client Ratio	Determined by agency
Hours of Operation	Flexible in order to meet the needs of the youth and family
Service Desired Outcomes	• The youth and family have an increased understanding of the roles and purposes of the various systems that may be involved in their case • To enhance family engagement and family self-sufficiency

	• The youth's successful discharge from probation • Increase in family engagement and a reduction of formal system supports
Unit and Rate	Hourly

ADMINISTRATIVE OFFICE OF PROBATION

Service Interpretive Guidelines

Family Partner

SERVICE DESCRIPTION:

A service which provides the parent/guardian with a peer mentor who has navigated the behavioral health, child welfare, and/or juvenile justice systems. Its primary function is to work with the parent and youth to enhance family functionality through education, skill building, and advocacy.

EXPECTATIONS/REQUIREMENTS:

This service may be used when family engagement needs to be enhanced and the Court has ordered the service.

- The family partner is a supportive service that can be utilized when a family is struggling to navigate the system(s) they may be involved in. It must be clear in the team plan/goals that this will assist the youth in having better outcomes while on probation
- Target population is parents/guardian of high risk and/or need youth. This may include a high needs status youth
- This service would typically assist in addressing youth high in the Family Circumstances/Parenting domain
- The family partner should be an active participant in team meetings and other appointments as identified in the plan
- The probation officer must have regular communication with the family partner. This would be a minimum of one time per week via face-to-face or phone
- The probation officer must ensure the family partner is supporting the team plan in a positive manner

Probation Service Definition

ADMINISTRATIVE OFFICE OF PROBATION

SERVICE NAME	**Family Support** ☐ **Adult** ☒ **Juvenile**
Category	Non-Treatment
Setting	Will take place in the environment outlined in the referral and team plan
Facility License	Licensure is not required for this service
Service Description	Family support services offer face-to-face goal-driven support for youth and family/guardian to enhance family functionality.
Service Expectations	The Family support worker shall support the youth and family/guardian in development of skills to effectively interact and manage the youth by: • YLS scores in the moderate to high range in the following domain – Family Circumstances/Parenting • Accomplish goals identified by probation referral and enhanced by the family team • Model appropriate coping skills and conflict resolution strategies to normal adolescent behavior • Connect the family to community resources and supports • Conduct an intake assessment to supplement the family team goals to determine the family's needs and strengths within 7 days of accepting the youth/family into the program • The goals/objectives will be based on the probation officer's recommendations and YLS scores • Communicating with the probation officer at least weekly via face-to-face, phone, or email contact • Participate in family team meetings • Develop a safety plan for crisis situations
Service Frequency	Variable depending on court order and family team identified goals. It is expected that this service is more intensive at the onset of the service and will reduce as the youth and family make progress. The frequency must be approved by the probation officer and will be no more than 8 hours/week.
Length of Stay	Up to 4 months
Staffing	A family support worker must hold a Bachelor's Degree in a related field or have two (2) years of experience, or an Associate's Degree with four years experience, with in-home behavioral interventions. Provider must have in their policies/procedures exceptions to these requirements. Each family support worker must be affiliated with an agency. Each family support worker must register individually with the Office of Probation Administration.
Staff to Client Ratio	Determined by the agency
Hours of Operation	Hours of operation must meet the family's needs
Service Desired Outcomes	• Enhanced family functionality and communication

	• Decreased need for emergency interventions • Youth remains in the home/community • Increased ability to apply appropriate rewards and consequences
Unit and Rate	Hourly

Service Interpretive Guidelines

Family Support

SERVICE DESCRIPTION:

Family support services offer face-to-face goal-driven support for youth and family/guardian to enhance family functionality.

EXPECTATION/REQUIREMENTS:

This service may be used when a family is struggling with healthy functioning and/or struggling to work together to help the youth reduce their risk and meet probation goals. The court has ordered the service.

- Target population is youth with high risk and/or need, youth with elevated family circumstances and parenting domain, or at-risk, out-of-home placement
- This service targets the entire family unit and is typically provided when all family members are present. The probation officer must approve any deviation from this requirement
- The service should impact the family functioning as a whole as well as the youth's individual functioning
- The goals for this service are developed by probation with input from the family team
- The probation officer must have regular communication with the family support worker. This would be a minimum of one time per week via face-to-face or phone
- This service will intentionally target assessed high risk needs and provide skill development. It should not be used as an extension of supervision

Probation Service Definition

ADMINISTRATIVE OFFICE OF PROBATION

SERVICE NAME	General Education Class ☐ Adult ☒ Juvenile
Category	Non-Treatment
Setting	Provider facility
Facility License	Licensure is not required for this service
Service Description	A topic driven class that educates the youth regarding the reason for the referral. The referral to the class should be directly related to the reason the youth was placed on probation or an identified risk from probation assessments or screenings. Class shall be probation-approved, evidence-based, promising practice of research-formed curriculum and must not already be embedded in another service.
Service Expectations	• Provider will implement the class with fidelity to the curriculum • Provider will apply consistent expectations to assess successful completion • Provider will provide a safe environment for students to learn • The class will provide documentation of success and completion
Service Frequency	In one session or over several weeks
Length of Stay	Up to 15 hours as determined by curriculum standards
Staffing	Staff must be trained according to curriculum standards
Staff to Client Ratio	Will be trained in working with youth and adolescent behaviors and group socialization
Hours of Operation	Groups may be scheduled outside of normal working/school hours, including, but not limited to evenings and weekends
Service Desired Outcomes	• Participant shall complete the program goals and demonstrate proficiency in topic
Unit and Rate	Hourly

ADMINISTRATIVE OFFICE OF PROBATION

Service Interpretive Guidelines

General Education Class

SERVICE DEFINITION:

A topic driven class that educates the youth regarding the reason for the referral. The referral to the class should be directly related to the reason the youth was placed on probation or an identified risk from probation assessments or screenings. Class shall be probation-approved, evidence-based, promising practice of research-formed curriculum and must not already be embedded in another service.

EXPECTATIONS/REQUIREMENTS:

- The curriculum presented by the provider will be approved by the Administrative Office of Probation
- This service shall be court ordered or can be utilized when applying a sanction to address an alleged violation of probation
- This service should be utilized for low and moderate risk youth. This type of service is not ideal for high risk youth due to lack of cognitive restructuring that is expected in this service
- The service can assist a youth in completion of a court order and educate the youth in the particular referral topic to prevent and/or correct problematic behaviors
- The officer and provider engagement will be for a brief period of time during the duration of the class. The officer shall engage with the provider to ensure that the youth attended, participated and completed the class
- The officer shall receive notice of completion by receiving a certificate that can be submitted to the Courts and verifies that the youth has successfully completed the desired program.
- Should only be probation-funded if all other payment resources have been exhausted AND completion is required by a court order

Probation Service Definition

SERVICE NAME	**Intensive Family Preservation** ☐ **Adult** ☒ **Juvenile**
Category	Non-treatment
Setting	Community-based
Facility License	Licensure is not required for this service
Service Description	• Intensive Family Preservation (IFP) is a team approach (therapist and skill builder) that provides both therapeutic and skill-building intensive interventions within the family home and community settings • The IFP therapist/skill builder will develop and implement goals and objectives. The skill builder will take direction from the IFP therapist so they work with the family and youth to achieve goals and objectives • Youth and families referred may have mental health issues, family relationship problems, youth delinquency, truancy, and abuse/neglect issues. The purpose of IFP is to prevent out-of-home placement of the youth and/or to reunify families • The goal of IFP is to preserve family (bio or foster) integrity, improved family functionality, access informal and formal community resources for long-term support, reduce youth's criminogenic risk and improve capacity to function effectively in the community after IFP services are completed
Service Expectations	The first three (3) weeks of IFP services are to assess, develop a written safety plan, and gather information with the family as well as building a therapeutic relationship with the family based on needs/strengths/services. The next 4 to 10 weeks of IFP services are for training, education, and coaching the individualized services; weeks 10 to 15 are for review of the material taught, developing community supports, working on therapeutic issues, relapse prevention, plans to address future issues, and the generalization of skills. • Intervention at the crisis point - IFP therapists reach families when the families are in crisis. Youth/family is seen within 24 hours of referral • Treatment in the natural setting - Service takes place in the family home or an environment in the community where the problems are occurring and, ultimately, where they need to be resolved • Accessibility and responsiveness - A therapist is on call 24/7. Families are given as much time as they need, when they need it. This accessibility also allows close monitoring of potentially dangerous situations • Intensity - Time-limited services designed to intervene with the immediate crisis; develop & teach the skills necessary for the family to remain intact

	• Lower caseloads - Therapists and skill builders (team) have fewer cases. This enables them to be accessible and provide intensive services. • Research-based interventions - Therapists utilize a range of evidence-based services and interventions, including crisis intervention, motivational interviewing, parent education, building of skills taught, and cognitive/behavioral therapy. • Flexibility - Services are provided when and where the youth's needs are. The IFP team provides a wide range of services, assisting families meeting basic Maslow's needs to evidenced-based therapeutic techniques. IFP teams teach basic skills (accessing/using public transportation systems, budgeting, and accessing/using social services agencies). They also educate families in areas of their therapeutic needs (counseling, child development, parenting skills, anger and mood management, appropriate communication, and assertiveness to reduce criminogenic risk). • Crisis management and stabilization is provided 24/7.
Service Frequency	• Minimum of (3) hours per week from the skill builder. • Minimum of (1) hour of therapeutic engagement shall accompany every 3 hours of skill building. • At the onset of IFP services, the hours may be more intense, the hours per week will taper to a prescribed schedule as a youth's functionality improves. The IFP therapist and probation officer will determine the frequency and duration of IFP sessions. Sessions may be long and must continue as the situation warrants.
Length of Stay	Up to 15 weeks
Staffing	• An IFP team consists of an LMHP (Licensed Mental Health Practitioner) or PLMHP (Provisional Licensed Mental Health Practitioner) and a skill builder with an associate's degree or 2 years of experience in children/family services. • IFP Therapist = master's degree in social work, counseling, education or other relevant human service profession, with 2 years of experience in children and family services preferred but not required. Licensed in the state of Nebraska and must practice within their scope. • Position training must include components of the Home Builder's Model such as improve family functioning, increase social support, increase parenting skills, prevent or reduce child neglect, improve school attendance, establish daily routines, enhance motivation, help clients become self-directed, decrease conflict, etc.
Staff to Client Ratio	1 therapist and 1 skill builder to 6 families
Hours of Operation	24hours/day, 7 days/week
Service Desired Outcomes	• Youth remains in home environment or transitions home. • Youth has made progress on therapist and skill builder goals as outlined in the IFP plan. • Family functionality has improved.

	• Youth has improved in their daily functionality and their behavioral health symptoms have diminished. • Youth criminogenic risk is reduced. • Youth and family have implemented informal and formal support systems and a crisis plan is in place to help maintain stability in the community. • Crisis plan is in place; youth and parents/caregiver know how to implement it. • Youth and parents/caregiver have been connected to community supports, as needed. • Provider has coordinated with other treating community professionals, as needed.
Unit and Rate	Weekly

ADMINISTRATIVE OFFICE OF PROBATION

Service Interpretive Guidelines

Intensive Family Preservation

SERVICE DEFINITION:

Intensive Family Preservation (IFP) is a team approach (therapist and skill builder) that provides both therapeutic and skill-building intensive interventions within the family home and community settings.

The IFP therapist/skill builder will develop and implement goals and objectives. The skill builder will take direction from the IFP therapist so they work with the family and youth to achieve goals and objectives.

Youth and families referred may have mental health issues, family relationship problems, youth. delinquency, truancy, and abuse/neglect issues. The purpose of IFP is to prevent out-of-home placement of the youth and/or to reunify families

The goal of IFP is to preserve family (bio or foster) integrity, improved family functionality, access informal and formal community resources for long-term support, reduce youth's criminogenic risk and improve capacity to function effectively in the community after IFP services are completed.

EXPECTATIONS/REQUIREMENTS:

- This service would typically assist in addressing, at a minimum, youth with high risk and/or need in Family Circumstances/Parenting
- This service would be utilized to assist families in maintaining the youth in the family home and/or for transitioning from an out-of-home placement
- This service shall teach the youth and family how to access and utilize formal and informal supports in their environment to minimize future involvement in the justice system
- IFP will assist the family in developing and implementing skills in the future to increase their family functioning without formal system interventions
- Probation officer shall communicate with the IFP team to assist in developing an individualized treatment plan for the youth
- The probation officer shall communicate weekly, at a minimum, for updates on the IFP treatment plan and goals
- Probation officer shall assist in maintaining family engagement and facilitate family team meetings to encourage communication and progress
- Probation officer shall verify with the IFP therapist if progress is be being made. If progress is not indicated, the IFP therapist shall provide a rationale as to what changes will be made to initiate a plan to increase progress

Discharge planning will begin at the time of service initiation. The provider's written discharge plan will include:

- Recommendations for next appropriate community services
- Follow up appointments scheduled in conjunction with family
- Community supports and resources for the youth/family
- Consultation with community agencies on behalf or in conjunction with the youth/family
- Update every time there is a change in the youth/family circumstances
- Summary of goals and objectives completed by the IFP team

Probation Service Definition

ADMINISTRATIVE OFFICE OF PROBATION

SERVICE NAME	**Justice Wraparound Program** ☐ **Adult** ☒ **Juvenile**
Category	Non Treatment
Setting	Community-based
Facility License	Licensure is not required for this service
Service Description	Justice Wraparound Program (JWP) is an intensive coordination service, utilizing the "wraparound" approach. Justice wraparound is designed to assist youth and their family with developing a team of formal and informal supports focused on stabilizing family and youth functionality in the least restrictive, least intrusive environment. The plan that is developed is strength based, developmentally appropriate, and culturally component. The JWP program combines an assessment and treatment planning process that utilizes the wraparound approach through developing referral sources, collaborative working relationships and integration. Probation-involved youth ages 18 and younger.
Service Expectations	The JWP shall include: • Completion of a developmentally appropriate screening, which may include Child and Adolescent Functional Assessment Scale (CAFAS) • Development of a wraparound team consisting of individuals identified by the youth and parent/guardian including informal and formal supports such as friends, relatives, therapists, family advocates, teachers and probation officer • Development of an individualized, comprehensive plan based on the youth and their family's strengths and needs across life domains, including mental health, substance abuse, residential, parent/guardian, education, vocational, financial, social/recreational, medical, criminogenic factors, legal, safety, and cultural. The plan will take into consideration strengths, needs and risks identified by probation officer and Youth Level of Service (YLS) tool. Initial plan must be developed within 10 days of admission, the comprehensive plan within 30 days of admission with revisions/updated every 90 days or more often, as needed

Service Frequency	Wraparound team meetings occur at the frequency and duration needed by the parent/guardian and youth with the average being two to three times per month, but at a minimum two times per month. Meetings occur more often early in service provision and may taper off as the youth and family move close to discharge. This is in addition to two times per month for family team meetings.
Length of Stay	Up to 12-18 months
Staffing	Bachelor's degree preferred; Associate's degree in human services and two years' experience in behavioral health field; or four years' experience in a behavioral health field with demonstrated skills and competencies in the care of youth with a behavioral health diagnosis. Access to clinical consultation must be available to staff in times of wraparound team emergency. Staff are trained in a nationally approved/supported model and affiliated with a probation registered provider.
Staff to Client Ratio	14 youths to 1 (one) Justice wraparound partner
Hours of Operation	24 hours/day, 7 days/week. Emergency response is required
Service Desired Outcomes	Per JWP the following outcomes will be met: • Youth improves school attendance • Formal services and informal supports in place as appropriate • Progress on family goals • Enhanced family functionality and self-sufficiency • Develop a continuing plan of care • Maintain youth in their community
Unit and Rate	Per day

ADMINISTRATIVE OFFICE OF PROBATION

Service Interpretive Guidelines

Justice Wraparound Program

SERVICE DEFINITION:

Justice Wraparound Program (JWP) is an intensive coordination service, utilizing the "wraparound" approach. Justice wraparound is designed to assist youth and their family with developing a team of formal and informal supports focused on stabilizing family and youth functionality in the least restrictive, least intrusive environment. The plan that is developed is strength based, developmentally appropriate, and culturally component.

The JWP program combines an assessment and treatment planning process that utilizes the wraparound approach through developing referral sources, collaborative working relationships and integration.

Probation-involved youth ages 18 and younger.

EXPECTATIONS/REQUIREMENTS

- This service would typically assist in addressing youth with high risk and/or need in Family Circumstances/Parenting, Attitudes/Orientation, Education/Employment, Peer Related, Leisure/Recreation and or Personality/Behavior
- This service would be utilized to assist families in maintaining the youth in the family home and/or transitioning from out-of-home placement
- The service should impact the family functioning as a whole
- Probation officer shall communicate minimally two times per month for updates on the plan of care and progress
- The probation office will assist the JWP partner in maintaining family engagement and facilitate family team meetings
- Probation officer will verify with the Registered Service Provider (RSP) progress is being made. If progress is not indicated, the Registered Service Provider (RSP) shall provide a rationale as to what changes will be made to initiate a plan to increase progress
- Probation officer will communicate with the JWP partner to assist in developing an individualized plan of care with the family

DISCHARGE PLANNING

Discharge planning will be initiated at the time of admission. The written discharge plan will include:

- Next appropriate community services
- Consultation with community agencies on behalf of or in conjunction with the youth/family.
- Update every time there is a change in the youth/family circumstances

- Follow-up appointments scheduled in conjunction with family
- Community supports and resources for the youth/family

Probation Service Definition

ADMINISTRATIVE OFFICE OF PROBATION

SERVICE NAME	Mediation ☐ Adult ☒ Juvenile
Category	Non-Treatment
Setting	Community-based
Facility License	Licensure is not required for this service
Service Description	Mediation is a private problem-solving process to resolve conflict and reach an agreement between the youth, their family and or any parties. This may include restitution agreements between the youth and victim.
Service Expectations	The mediation center will work with the youth, family, and victim to come to resolution on questions of restitution as a result of a legal offense or resolve a particular issue of conflict referred by the probation office. • Identify, contact and prepare relevant participants • Identify location for mediation • Provide written updates and resolution decision to probation
Service Frequency	Up to 5 hours of mediation including preparation and meeting time, however, this may vary depending on the complexity of the case with prior probation approval.
Length of Stay	One mediation session will generally be utilized, however may require additional meetings per the mediation center's view of what will be needed to resolve the issue.
Staffing	Staff must be associated with a non-profit mediation center as determined by the Administrative Office of the Court's Dispute Resolution and Mediation Division Policies and Standards. The mediation center must become a Registered Service Provider (RSP).
Staff to Client Ratio	As set by the selected mediation center
Hours of Operation	Flexible to accommodate individual needs
Service Desired Outcomes	An agreement is reached between all parties as to the issue at conflict and/or the question of restitution due to the victim in a case.
Unit and Rate	Hourly

ADMINISTRATIVE OFFICE OF PROBATION

Service Interpretive Guidelines

Mediation

SERVICE DESCRIPTION:

Mediation is a private problem-solving process to resolve conflict and reach an agreement between the youth, their family and or any parties. This may include restitution agreements between the youth and victim.

EXPECTATIONS/REQUIREMENTS:

- This service is beneficial when matters of restitution due to a legal offense cannot be resolved through the Victim Impact Statement Protocol
- Other specific issues of dispute between parties that may be impacting a youth's case may also benefit from resolution through mediation. The mediation should be intentionally planned through the team plan process and clear goals must be established for the mediation in conjunction with the mediator

Youth participating in this service could be of various risk levels and may score higher in Attitudes/Orientation.

For this service to align with Restorative Justice principles, it must benefit the youth, victim and community.

This service does not take the place of case management strategies employed by the probation officer to assist the youth in working through difficult situations.

Probation Service Definition

ADMINISTRATIVE OFFICE OF PROBATION

Service Name	**Tracker** ☐ **Adult** ☒ **Juvenile**
Category	Non-Treatment
Setting	Community-based
Facility License	Licensure is not required for this service
Service Description	Tracker services are community-based and aid the probation officer in case management functions. Tracker services provide one-on-one support to youth under the supervision of Probation through the development of a mentoring relationship with a positive role model. The Tracker role is skill building to support risk reduction and enhance the youth's success in the community. Tracker services provide face-to-face contacts in addition to contact with the probation officer, parent(s)/guardian, and other collateral contacts such as school officials, therapists, etc.
Service Expectations	Tracker services are to be facilitated by providers who were selected through the Request for Qualification (RFQ) process. Please refer to the RFQ for additional service expectations.
Service Frequency	As outlined in the Request For Qualifications (RFQ), there are two levels of tracking services. High Intensity Trackers Dosage should include: • 4-5 face to face contacts with youth per week • 1 face to face contact with parent/guardian per week • 1 collateral contact per week • Computer checks/call-In checks to schools for attendance and grades • Meet with probation officer face-to-face once per week Low/Mid Intensity Trackers dosage should include: • 2-3 face-to-face contacts with the youth per week • 1 face-to-face contact with parent/guardian per week • 1 collateral contact per week • Computer checks/call-in check to schools for attendance and grades • Bi-weekly contact with probation officer, can be completed via phone, email or in person
Length of Stay	Service will be authorized for up to 30 days
Staffing	Tracker must be associated with the selected RFQ provider
Staff to Client Ratio	These parameters were not identified in the RFQ. The ratios listed below would be ideal: • High Intensity Tracker no more than 30 youth per tracker • Low/Mid Intensity Tracker no more than 50 youth per tracker

	It is Probation's expectation that there will be one assigned continuous tracker per youth
Hours of Operation	24 hours/day, 7 days/week
Service Desired Outcomes	Outcomes for this service should include but not be limited to the youth remaining within the community setting, reduction in high risk areas, transition down in services and through increased skills, able to achieve goals that allow youth to remain in the community through risk reduction, transition down in services and successful completion of CAM services.
Unit and Rate	Per face-to-face contact

ADMINISTRATIVE OFFICE OF PROBATION

Service Interpretive Guidelines

Tracker

SERVICE DEFINITION:

Tracker services are community-based and aid the probation officer in case management functions. Tracker services provide one-on-one support to youth under the supervision of Probation through the development of a mentoring relationship with a positive role model. The Tracker role is skill building to support risk reduction and enhance the youth's success in the community. Tracker services provide face-to-face contacts in addition to contact with the probation officer, parent(s)/guardian, and other collateral contacts such as school officials, therapists, etc.

EXPECTATIONS/REQUIREMENTS:

- Target population are youth with high risk and/or need youth. This may include a high needs status youth. Youth should have at least three high domains and are at risk for out-of-home placement.
- Probation officer must provide a referral with goals reflective of the court order and linked to high domains.
- Tracker will participate in family team meetings.
- Tracker must communicate with the probation officer to understand the youth's case management goals and progress.
- Tracker services can be used as an alternative to detention (ATD) where available.
- Probation officers will verify progress is being made. If progress is not shown, provider will supply rationale as to what changes will be made to initiate progress.

Please reference the Request for Qualifications (RFQ) for all expectations of trackers, below are the expectations related to dosage:

- ***High Intensity Tracker*** – At this level, Probation's expectation is that the tracker shall:
    i. *Dosage: Conduct four-five face to face contacts with youth per week cycle.* Documentation must outline the skill building areas addressed, a Specific, Measureable, Attainable, Relevant, Timely (SMART) goal, and action steps for next meeting. Such contacts should not be limited to Monday through Friday and should not be limited to transportation and curfew checks.
    ii. *Dosage: Conduct one face-to-face contact with parent/guardian per week cycle.* Documentation must outline the skill building area addressed as well as how parent's responsibility is being enhanced. Action steps for next week should be identified.
    iii. *Dosage: Conduct one collateral contact per week cycle.* A collateral contact is a contact within the community that provides support to the youth. Documentation must detail how

the collateral contact is enhancing the youth's ability to function without constant supervision.

iv. *Dosage: Conduct computer checks/call-in checks to schools for attendance and grades.* When directed by the probation officer, tracker will conduct computer checks for attendance and grades. (May be conducted by provider's administrative staff with communication to tracker of outcome(s) of such checks.)

v. *Dosage: Meet with probation officer face-to-face once per week.* Such meetings are to discuss progress of youth towards identified goals. Tracker should be prepared to discuss youth's strengths, progress being made, and potential barriers. Vidyo is considered face-to-face contact.

- **Low/Mid Intensity Tracker** - At this level, Probation's expectation is that the tracker shall:
  i. Dosage: Conduct two-three face-to-face contacts with youth per week cycle. Documentation must outline the skill building areas addressed, a SMART goal, and action steps for next meeting. Such contacts should not be limited to Monday through Friday and should not be limited to transportation and curfew checks.
  ii. Dosage: Conduct one face-to-face contact with parent/guardian per week cycle. Documentation must outline the skill building area addressed as well as how parent's responsibility is being enhanced. Action steps for next week should be identified.
  iii. Dosage: Conduct one collateral contact per week cycle. A collateral contact is a contact within the community that provides support to the youth. Documentation must detail how the collateral contact is enhancing the youth's ability to function without constant supervision.
  iv. Dosage: Conduct computer checks/call-in checks to schools for attendance and grades. When directed by the probation officer, tracker will conduct computer checks for attendance and grades. (May be conducted by provider's administrative staff with communication to tracker of outcome(s) of such checks.)
  v. Dosage: Email or telephone contact with probation officer once bi-weekly. Such contact is to discuss progress of youth towards identified goals. Tracker should be prepared to discuss youth's strengths, progress being made, and potential barriers.

- Tracking services will continue during breaks in the academic calendar (such as spring break, winter break, etc.). If school is not in session, the tracker should continue meeting with the youth and engaging other relevant members of the youth's support system.
- Curfew checks, if ordered or requested by probation officer, shall be done in person. Any requests for exceptions to this requirement must be reviewed and approved by Probation.
- If a tracker has a foreseeable absence, such as a planned vacation, the tracker/provider needs to make arrangements for another qualified tracker to provide coverage to ensure there are no gaps in services.
- Unless specifically requested by the probation officer and approved by Probation, tracking services will be temporarily suspended during periods of detention, hospitalization, or other facility placement to avoid duplication of services and unnecessary expenditure of funds.
- Providers should ensure that the tracker is housed at the office closest to the youth. This is to ensure funding is being used efficiently.
- Provider must be able to substantiate, either through court-submittal documentation or expert testimony, that the services provided meet the established standards of accuracy and reliability as required by the courts.
- Tracker requirements based on level of Intensity Tracker Voucher. Contacts occurring multiple times per day shall be counted as one (1) contact for purposes of these requirements.

Probation Service Definition

SERVICE NAME	**Transportation** ☐ Adult ☒ Youth
Category	Non-Treatment
Setting	This service occurs in a vehicle. An employee may need to wait with the youth and family at the identified transportation location to supervise the time between a round trip transport as authorized by the probation officer.
Facility License	Agencies authorization, oversight, and insurance coverage approved by the Nebraska Public Service Commission for the provision of this service.
Service Description	• Secure transportation- the company shall utilize a vehicle equipped to perform this type of transport, caged vehicle with safety locks. The company must also have drivers that are trained in mechanical restraints to include leg shackles, waist chains and handcuffs. The company shall be authorized to provide this type of transportation by the Public Service Commission • Community-based transportation (non-secure) - This type of transportation does not require a vehicle with special equipment or mechanical restraints. Community-based transportation shall be utilized for youth in community settings or when a youth is leaving a secure facility to a least restrictive environment
Service Expectations	1) Safety Safety of the youth is paramount. It is expected that transportation agency must: a) Maintain safe, reliable vehicles b) Retain adequate insurance c) Ensure safe and responsible drivers d) Ensure consistent and prompt schedules i) Enables youth to be picked up as scheduled and arrive on time to their destination ii) Common pick-up locations, such as a school, must be in a safe area and easy for the youth to access e) If providing secure transportation, drivers must be trained and demonstrate skill in mechanical restraints f) Ensure youth does not have access to belongings, specifically medication g) Ensure line-of-site supervision when possible. If restroom stops are needed, preference will be given to police stations, probation offices and rest areas over gas stations and stores

	2) Referrals a) Once availability has been confirmed, all referral information and scheduling will be facilitated electronically through the Registered Service Provider's (RSP)site i) Utilization of the RSP's site will follow the RSP manual, found within the RSP's site Toolbox. b) For active, on-going transportation requests, a new referral / authorization will be available in the RSP's site each month 3) Communication Open and collaborative communication between probation personnel and the transportation provider is necessary for effective service delivery. a) The transportation agency/driver will notify probation personnel immediately if: i) Concerning issues arising from a scheduled transport ii) Changes to transportation availability iii) Miscellaneous issues concerning probation process 4) Response to Missed Scheduled Transportation ("No Show") a) Upon arrival at the pick-up location, the transportation agency/driver will: i) Notify the youth that transportation has arrived including: (1) Honk and call youth's contact number ii) If no response is received, wait a minimum 5 minutes beyond the original pick-up time to give the youth an opportunity to acknowledge the transportation (1) Notify the probation officer of a missed scheduled transport within 24 hours via the RSP Site
Service Frequency	Varies based off of the need of the youth and family as approved by probation and court order.
Length of Stay	N/A
Staffing	• Preferred that youth are transported individually in the vehicle, however, if there is an identified need by the company to have multiple youths in a vehicle, the probation officers that have arranged the transports shall be notified so that appropriate information (i.e. Gender differences assault, history, etc.) is provided to the transport company to increase the opportunity for a safe transport to occur • Drivers must have passed a defensive driving course • If providing secure transportation, drivers must demonstrate skill in the proper use of mechanical restraints
Staff to Client Ratio	Varies based off of information received by the company from the probation staff to make sure that the transport is performed safely

Hours of Operation	The transportation companies will have the ability to conduct a transport 24 hours a day, 7 days a week with 24 hour notice. The transportation company will provide after-hours contact to the probation system to have the ability to arrange transportation on emergency basis that do not allow for a 24 hour notice.
Service Desired Outcomes	Identified person is safely transported to the location identified by the probation officer
Unit and Rate	Per mile

ADMINISTRATIVE OFFICE OF PROBATION

Service Interpretive Guidelines

Transportation

SERVICE DEFINITION:

Secure transportation- the company shall utilize a vehicle equipped to perform this type of transport, caged vehicle with safety locks. The company must also have drivers that are trained in mechanical restraints to include leg shackles, waist chains and handcuffs. The company shall be authorized to provide this type of transportation by the Public Service Commission.

Community-based transportation (non-secure) - This type of transportation does not require a vehicle with special equipment or mechanical restraints. Community-based transportation shall be utilized for youth in community settings or when a youth is leaving a secure facility to a least restrictive environment.

EXPECTATIONS/REQUIREMENTS:

- This service allows probation officers to eliminate a barrier that may exist for the youth and family to effectively complete court ordered conditions of probation
- Transportation services through Probation Administration funding, eliminates barriers to youth receiving needed services. A common barrier for youth in the justice system is having reliable transportation and making needed rehabilitative services inaccessible. Whenever possible, youth and their families are to be responsible for transportation. Only youth identified by the probation officer and approved by the Juvenile Justice Resource Supervisor/designee are eligible for funding for transportation services
- Probation officers choosing to utilize this service shall complete an on-line transportation course through Judicial Branch Education that will give instructions on expectations and issuing vouchers for transportation in the Probation Information Management System
- Communication between the probation officer and the transportation company including specifics of the youth that would help the company complete the transportation successfully, for example, if the youth has a history of run behavior, violence towards staff members, and the need for a same sex driver or if the youth should not be transported with individuals of the opposite sex
- Referrals for transportation services:
    - The referring probation officer will contact the transportation company to assess availability
        - All efforts will be made to make referrals 48 hours prior to needed transport
        - Emergency situations may arise resulting in a request with less than 48 hours' notice
    - Once availability has been confirmed, all referral information and scheduling will be facilitated electronically through the Nebraska Probation Information Management System

    - For active, on-going transportation requests, a new referral/voucher will be created each month
- Open and collaborative communication between probation personnel and the transportation providers is necessary for effective service delivery
- Communication to the transportation company should include:
    - Verbal confirmation of available transport slots
    - Referral information from the probation officer
    - Changes to electronic schedule
    - Miscellaneous issues concerning transportation services
- In order to avoid "No Shows" for scheduled transportation, the probation officer will:
    - Emphasize to the family and youth the importance of keeping scheduled transportation appointments
    - Arrange with the family a location and time that will allow the youth to be available for pick-up by the transportation company
    - Explain to the family and youth that 2 unexcused missed appointments for arranged transportation will result in them no longer being able to utilize funding for transportation services
    - The transportation companies should advise the officer of a no-show within 24 hours through the Nebraska Probation Information Management System
    - It is highly important for the officer to provide the transportation company with the correct contact information of the youth and family to help ensure the transport can be completed. The probation officer shall also provide the company a with their contact information so that communication can occur as needed during this service
- This service can be utilized for any risk level
- A secure transportation should only be considered when a youth is going to a secure facility, from Court to a secure facility, or when the Court indicates a youth may flee the jurisdiction or is a danger to the community

Probation Service Definition

SERVICE NAME	Tutoring ☐ Adult ☒ Juvenile
Category	Non-Treatment
Setting	Community-Based
Facility License	Licensure is not required for this service
Service Description	A short-term service which provides instruction and guidance to a student for the purpose of enhancing educational success in a school setting. The tutor will work with the youth, parent and officer to identify barriers and develop a plan for educational success.
Service Expectations	The tutor is responsible for increasing a student's knowledge and understanding in the probation officer-referred areas of instruction. This is accomplished through: • Determine the level at which the student is struggling • Allow the student to learn at pace that is comfortable but challenging • Teach the student basic concepts of the subject • Provide a process for the student to find the answer • Encourage students success and to develop their own strategies • Advocate for their student in educational opportunities • The tutor will maintain contact with the officer
Service Frequency	The frequency shall be approved by the probation officer and will be no more than 5 hours per week
Length of Stay	Up to 90 days
Staffing	Certified teacher, certified tutor or affiliated with an agency providing tutoring
Staff to Client Ratio	Up to 2 per session
Hours of Operation	Flexible in order to meet the needs of the youth and family
Service Desired Outcomes	• The youth has an increased understanding of the referral area of instructor • Improved grades and homework completion in the subject referral area of instructor • Maintain or improved attendance
Unit and Rate	Hourly

ADMINISTRATIVE OFFICE OF PROBATION

Service Interpretive Guidelines

Tutoring

SERVICE DESCRIPTION:

A short-term service which provides instruction and guidance to a student for the purpose of enhancing educational success in a school setting. The tutor will work with the youth, parent and officer to identify barriers and develop a plan for educational success.

EXPECTATIONS/REQUIREMENTS:

This service may be used when a student needs assistance to improve school performance, all school resources have been exhausted and the Court has ordered the service.

- A tutor is a supportive service that can be utilized when a student is struggling in a subject area(s) while enrolled in school. It must be clear in the team plan/goals that this will assist the youth with a better outcome in the student's school performance
- In order to access this service, officer must have completed the following steps:
    - Meet with family and school to evaluate resources
    - Communicate with teacher to identify issues in the subject area
- The probation officer must ensure the tutor is supporting the team plan in a positive manner through ongoing communication to ensure progress is made and goals are achieved
- Target population are youth identified as high risk in the education domain or a youth whose participation will address overall risk reduction
- Tutor should be actively engaged with the youth throughout the session

Probation Service Definition

ADMINISTRATIVE OFFICE OF PROBATION

SERVICE NAME	**Wraparound Program** ☐ **Adult** ☒ **Juvenile**
Category	Non Treatment
Setting	Community-based
Facility License	Licensure is not required for this service
Service Description	Wraparound is an intensive coordination service, utilizing the "wraparound" approach. Wraparound is family centered, strength- based and acknowledges the youth and family as equal partners. Wraparound promotes the least restrictive, least intrusive and developmentally appropriate interventions in regard to the youth and family/guardian's needs within their own environment. The mix, intensity, duration and location of services and supports are individually tailored to meet the unique needs of each youth and his or her family/guardian. The wraparound program combines an assessment and treatment planning process that utilizes the wraparound approach through developing referral sources, collaborative working relationship and integration. Different tracks of wraparound • Traditional wraparound –Youth 21 and under who have a diagnosable disorder of SED Serious Emotional Disturbance • Transitional age wraparound –Youth under the age of 19, who have a diagnosable disorder with serious complex needs. More intensive than Traditional—length of stay 90 days • Justice wraparound-Youth 18 and under who are involved in Juvenile Justice
Service Expectations	The wraparound shall include: • Complete a developmentally appropriate screening which may include Child and Adolescent Functional Assessment Scale (CAFAS) or Preschool and Early Childhood Functional Assessment (PECFAS) and Intake/Interpretive Summary within 30 days of admission • Development of a wraparound team consisting of individuals identified by the youth and parent/guardian including informal and formal supports such as friends, relatives, therapists, family advocates, teachers and probation officer

	• Individualized comprehensive plan developed based on the youth and their families' strengths and needs across life domains, including mental health, substance abuse, residential, parent/guardian , education, vocational, financial, social/recreational, medical, criminogenic factors, legal, safety, and cultural. The plan will take into consideration strengths, needs and risks identified by probation officer and Youth Level of Service (YLS) tool. Initial plan must be developed within 10 days of admission, the comprehensive plan within 30 days of admission with revisions/updated every 90 days or more, as needed
Service Frequency	Wraparound team meetings occur at the frequency and duration needed by the parent/guardian and youth with the average being two to three times per month, but at a minimum, monthly. Meetings occur more often early in service provision and may taper off as youth and family move close to discharge. This is in addition to monthly family team meetings.
Length of Stay	Up to 12-18 months
Staffing	Bachelor's degree preferred; Associate's degree in human services and 2 years' experience in behavioral health field; or four years' experience in behavioral health field with demonstrated skills and competencies in the care of youth with a behavioral health diagnosis. Access to clinical consultation must be available to staff in times of wraparound team emergency. Staff are trained in a nationally approved/supported model and affiliated with a probation registered provider.
Staff to Client Ratio	14 youth to 1 (one) wraparound partner
Hours of Operation	24 hours/day, 7 days/week. Emergency response is required
Service Desired Outcomes	• Formal services and informal supports in place as appropriate • Progress on goals • Enhanced family functioning and self-sufficiency • Develop a continuing plan of care • Maintain youth in their community
Unit and Rate	Professional Partner paid by DBH if eligible

Service Interpretive Guidelines

Wraparound Service

SERVICE DEFINITION:

Wraparound is an intensive coordination service, utilizing the "wraparound" approach. Wraparound is family centered, strength- based and acknowledges the youth and family as equal partners. Wraparound promotes the least restrictive, least intrusive and developmentally appropriate interventions in regard to the youth and family/guardian's needs within their own environment. The mix, intensity, duration and location of services and supports are individually tailored to meet the unique needs of each youth and his or her family/guardian. The wraparound program combines an assessment and treatment planning process that utilizes the wraparound approach through developing referral sources, collaborative working relationship and integration.

Different tracks of wraparound:

- Traditional wraparound –Youth 21 and under who have a diagnosable disorder of SED Serious Emotional Disturbance
- Transitional age wraparound –Youth under the age of 19, who have a diagnosable disorder with serious complex needs. More intensive than Traditional—length of stay 90 days
- Justice wraparound-Youth 18 and under who are involved in Juvenile Justice

EXPECTATIONS/REQUIREMENTS:

Target population is youth with complex behavioral and mental health needs, family systems concerns, chronic truancy and expulsion from school, self-destructive behavior and suicidal attempts that, without intervention, may result in deeper system involvement or out-of-home placement. It may also be used to support those youth returning to the community or transitioning to the adult system of care.

Wraparound should be used to enhance family engagement and facilitate self-sufficiency to move the youth down and out of the court system.

This is a case management tool to further address unmet needs while the officer focuses on reducing risk. Youth with serious emotional disturbances may qualify for region-funded wraparound. Officer should first refer to existing programs before funding this service by probation.

OUT-OF-HOME PLACEMENT SERVICES

Probation Service Definition

ADMINISTRATIVE OFFICE OF PROBATION

SERVICE NAME	**Agency Based Foster Care** ☐ **Adult** ☒ **Juvenile**
Category	Out-of-Home Placement / Non-treatment
Setting	Residential
Facility License	As required by the Department of Health and Human Services (DHHS), Division of Public Health
Service Description	Agency Based Foster Care is a temporary placement that is provided in a licensed foster home when family or kinship options are not available. The foster home is supported by a licensed agency or through the Department of Health and Human Services. The foster home provides 24 hour supervision for youth by a trained foster family. Youth in foster care require consistent behavior management, supervision and support. Foster families will provide a safe and nurturing environment to help youth facilitate change in their behavior, attitudes, and personal interactions.
Service Expectations	1. Develop an individualized service plan with the youth, youth's family, foster family, supporting agency, probation officer and other stakeholders identified, enabling the youth to move back home as soon as service goals are met. The plan must address goals and criminogenic risk. 2. Participation in monthly family team meetings. Will include foster care specialist and foster family as identified by the team. 3. The supporting agency and foster home will partner with the youth's identified family to ensure family voice and choice and that transition planning occurs timely and intentionally. 4. Structured living environment to include evidence based youth developmental principles (physical, psychological, emotional), community engagement and support, and family engagement. 5. Family engagement shall include regular phone contact, visitation with family members, and family engagement shall be flexible to meet the non-traditional hours needed by families. Phone contact and visits shall not be tied to behaviors and shall not be removed as consequences. 6. Intentional home visits should be planned with the youth, youth's family, foster family, supporting agency, and probation officer and shall be utilized to enhance family functionality and in the achievement of service goals. Home visits shall be in the family home and the visits shall not be removed as a consequence of behavior.

	7. Foster home and the supporting agency will ensure that educational needs are being met. Youth shall attend their home school whenever possible. 8. The supporting agency will ensure 24 hour crisis intervention is available to aid in the stabilization of crisis situations. 9. Provide transport as necessary to and from dental and medical appointments, school, court, therapy, home visits, and routine day-to-day activities. Transportation costs for the first 100 miles in a calendar month will be the responsibility of the foster family. Transportation beyond that radius will be the responsibility of the parent. 10. The foster family and supporting agency will aid the probation officer in transition planning to begin upon admission to the foster home. Criteria for discharge will be individualized, determined by the team, and approved by the court.
Service Frequency	24 hours/day, 7 days/week
Length of Stay	Up to 6 months
Staffing	• Licensed by the State of Nebraska • Foster home and supporting agency will comply with all staffing requirements of the DHHS, Division of Public Health • All foster families will have training on evidence-based youth developmental principles (emotional, physiological), best practice in juvenile justice, and criminogenic risk and needs
Staff to Client Ratio	Staffing ratios will be provided based on DHHS, Division of Public Health licensing regulations for foster homes
Hours of Operation	24 hours/day, 7 days/week
Service Desired Outcomes	Youth will stabilize and show improved functionality based on successful completion of individualized plan, including initial goals and reduction of identified criminogenic domains. Prevention of placement in a more restrictive environment, and a demonstration of improved family functionality. The primary outcome is to enable the youth to move back home as soon as service goals are met.
Unit and Rate	Per day

ADMINISTRATIVE OFFICE OF PROBATION

Service Interpretive Guidelines

Agency Based Foster Care

SERVICE DEFINITION:

Agency Based Foster Care is a temporary placement that is provided in a licensed foster home when family or kinship options are not available. The foster home is supported by a licensed agency or through the Department of Health and Human Services. The foster home provides 24 hour supervision for youth by a trained foster family. Youth in foster care require consistent behavior management, supervision and support. Foster families will provide a safe and nurturing environment to help youth facilitate change in their behavior, attitudes, and personal interactions.

EXPECTATIONS/REQUIREMENTS:

An agency supporting foster homes must have an approved license as required by the Department of Health and Human Services (DHHS), Division of Public Health. All foster homes will be licensed through the DHHS with the support of the licensed agency or the DHHS.

Agency based foster care is typically utilized for high risk youth who are in need of a structured environment due to the inability of the youth to function at home.

Agency based foster care may be used for youth who score high in Family Circumstances/Parenting, Personality/Behavior, and/or Attitudes/Orientation.

Probation officer will facilitate monthly family team meetings with identified stakeholders. Attendance of the foster parents shall be identified on a case-by-case basis.

Transition planning begins immediately upon admission to the foster home. Officers must be doing transition work with the youth's family and the foster family to prepare the youth to return home. This includes family team meetings, building formal and informal supports, home visits, etc.

Family phone calls, visits and home visits should occur on a regular basis. Home visits should be planned through the family team meeting process and should be based on the goals of the team plan, not related to the discipline plan being implemented in the foster home.

Planning should occur to ensure parental preferences and cultural values are maintained while ensuring the foster parents are supported in the work being done to help the youth. For example: haircuts, body piercings, cell phones, tattoos, etc.

Officers should be able to observe a consistent and highly structured daily schedule to include skill development, and the youth should be engaged in developmentally appropriate activities as would be considered typical in a family home.

For the youth to be successful, it is required that officers engage in consistent communication through in-person visits, team meetings, and phone calls with the youth, youth's family, and the foster family.

Probation officers must be responsive to all crisis situations.

Probation officers must familiarize themselves with the supporting agency, the foster family, and the rules and expectations put in place by both.

Officer will prepare the youth and family to transition into the facility, including ensuring they arrive with belongings, medication if necessary.

Probation Service Definition

SERVICE NAME	**Crisis Stabilization** ☐ **Adult** ☒ **Juvenile**
Category	Out-of-Home placement / Non-treatment
Setting	Residential – Shelter Only
Facility License	As required by the Department of Health & Human Services (DHHS), Division of Public Health
Service Description	This service is utilized to achieve stabilization until a youth can transition home or to a necessary placement. Crisis Stabilization may be utilized as an alternative to detention. Youth in this service require crisis intervention, consistent behavior management, supervision and support. Licensed and non-licensed staff provide a safe and nurturing environment through building relationships, teaching strategies and interventions to achieve stabilization.
Service Expectations	1. Develop an individualized crisis stabilization plan with the youth, probation officer, family, and other stakeholders identified, that assists the youth in stabilization and preparing for transition home or necessary placement. The plan must address stabilization goals to include: behavioral, medication compliance, education, transition, and criminogenic domains. 2. Individualization of the plan will be determined based on service referral information, relevant collateral documentation/assessments and family goals. The plan shall include approval, when appropriate, by the probation officer and/or court to allow youth to leave the facility for planned supervised outings, home visits, etc. 3. Clinical intervention staff shall meet with the youth privately a minimum of one (1) to two (2) times weekly with increased individual time as deemed necessary to achieve and maintain stability. Clinical intervention staff will collaborate and be in communication with the youth's treating practitioner. Clinical staff will work in collaboration with placement staff to assist the youth in achieving stabilization goals. 4. Crisis stabilization service is expected to maintain staff ratio's to accommodate transportations and activities of the facility. 5. Participation in family team meetings to provide necessary information on the youth's behavior and progress in crisis stabilization service as well as assist the family in preparing for the youth's return home.

	6. Based on the plan goals, youth shall be involved in structured programming to include evidence based crisis intervention strategies, behavior management plan, community support planning, family engagement, teaching/educational interventions, and strategies that aid in individual skill development. 7. 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 shall not be tied to behavior management levels and shall not be removed as a consequence. 8. The provider will ensure that educational needs are being met. School may be in the community or on site. Youth shall attend their home school whenever possible. 9. The provider will ensure 24-hour crisis intervention is available to aid in the stabilization of crisis situations. 10. Provide transport as necessary to and from dental and medical appointments, school, court, therapy, home visits and routine day to day activities. Transportation costs within a 25 mile radius will be the responsibility of the provider. Transportation beyond that radius will be the responsibility of the parent. 11. The provider will aid the probation officer in transition planning to begin upon activation of the crisis stabilization. Criteria for discharge will be individualized, determined by the team, and approved by the court.
Service Frequency	24 hours/day, 7 days/week
Length of Stay	Up to 30 days
Staffing	The provider will comply with all staffing requirements of the DHHS, Division of Public Health. Providers registered to provide crisis stabilization will have 24 hour awake staff. Any clinical strategies and interventions delivered within the scope of this service will be delivered by a fully or provisionally licensed Mental Health Practitioner in the State of Nebraska. All staff that have direct contact with youth will have training in evidence based youth development principles, best practice in juvenile justice and criminogenic risk and needs.
Staff to Client Ratio	Staffing ratios will be as required by the DHHS, Division of Public Health
Hours of Operation	24 hours/day, 7 days/week
Service Desired Outcomes	Youth receives services and support which stabilize the youth and prevents placement in a more restrictive environment. While in crisis stabilization, youth maintain continuity with their education. The primary outcome is to enable the youth to stabilize and develop a plan to transition back home or necessary placement as soon as service goals are met.
Unit and Rate	Per day

ADMINISTRATIVE OFFICE OF PROBATION

Service Interpretive Guidelines

Crisis Stabilization

SERVICE DEFINITION:

This service is utilized to achieve stabilization until a youth can transition home or to a necessary placement. Crisis Stabilization may be utilized as an alternative to detention. Youth in this service require crisis intervention, consistent behavior management, supervision and support. Licensed and non-licensed staff provide a safe and nurturing environment through building relationships, teaching strategies and interventions to achieve stabilization.

EXPECTATIONS/REQUIREMENTS:

Crisis stabilization must occur in a facility with an approved license as required by the Department of Health and Human Services (DHHS), Division of Public Health.

An officer would add crisis stabilization services for a youth in shelter for high risk youth who are in need of a structured environment due to a behavioral health crisis. Youth experiencing active suicidal behavior are not appropriate for crisis stabilization, however crisis stabilization could be used as a transition from acute care if needed.

Crisis stabilization may be utilized as an ATD at the point of intake screening, probation violation, or as a planned transition from out-of-home placement when determined by the team that such transition is necessary. If using as an ATD, the youth would score at the high end of the Alternatives to Detention section of the Intake Risk Assessment Instrument (RAI). Youth may also have high domains of Family Circumstances/Parenting, Personality/Behavior, Substance Use, and/or Attitudes/Orientation.

Typical crisis stabilization service includes crisis stabilization strategies implemented by a licensed mental health practitioner. Clear communication between the probation officer, court, and facility staff is critical to ensure probation youth are approved to participate in off-site outings. Situations where youth may not be approved include: court order, extensive runaway behavior, risk to the community, etc.

Transition planning begins immediately upon admission to crisis stabilization. Officers must be doing transition work with the family to prepare the youth to return home. This includes family team meetings, building formal and informal supports, home visits, etc.

Family phone calls, visits and home visits should occur on a regular basis. Home visits should be planned through the family team meeting process and should be based on the goals of the team plan, not related to the facility's levels service.

Officers should be able to observe a consistent and highly structured daily schedule that includes crisis intervention strategies, education, groups, and skill development.

Out-of-home, non-treatment is not designed to reduce criminogenic risk.

Out-of-home, non-treatment success is based on compliance and ability to follow a set daily structure.

Consistent communication through in-person visits, team meetings, and phone calls with the youth, family and facility are required for the youth to be successful.

Probation officers must be responsive to all crisis situations within a facility regarding the youth.

Probation officers must familiarize themselves with the facility structure, scheduled services, rules, etc.

SERVICE NAME	**Group Home A** ☐ **Adult** ☒ **Juvenile**
Category	Out-of-Home (OHP) placement / Non-treatment
Setting	Residential
Facility License	As required by Department of Health & Human Services (DHHS), Division of Public Health
Service Description	Group Home A is a licensed, temporary, non-treatment facility providing 24-hour supervision for youth in an age-appropriate, individualized and structured group setting. The Group Home A service is provided by trained staff who are awake overnight. Youth in this level of care require consistent behavior management, supervision and support. Staff provide a safe and nurturing environment to help youth facilitate change in their behavior, attitudes and personal interactions.
Service Expectations	1. Develop an Individualized Service Plan with the family, youth, probation officer and other stakeholders identified, enabling the youth to move back home as soon as service goals are met. The plan must address goals and criminogenic domains. 2. Participation in monthly family team meetings. 3. Based on the plans goals, youth shall be involved in structured programming to include an evidence based behavior management plan, community support planning, family engagement, teaching/educational interventions, and strategies that aid in individual skill development. 4. 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. 5. Home visits should be intentional and planned with the family, youth, and probation officer to enhance family functionality and aid in the achievement of service goals. Home visits shall be in the family home whenever possible and the visits shall not be removed as a consequence of the behavior management system. 6. The provider will ensure that educational needs are being met. School may be in the community or on-site. Youth shall attend their home school whenever possible. 7. The provider will ensure 24-hour crisis intervention is available to aid in the stabilization of crisis situations.

	8. Provide transport as necessary to and from dental and medical appointments, school, court, therapy, home visits and routine day-to-day activities. Transportation costs within a 25 mile radius will be the responsibility of the provider. Transportation beyond that radius will be the responsibility of the parent. 9. The provider will aid the probation officer in transition planning to begin upon admission to the facility. Criteria for discharge will be individualized, determined by the team, and approved by the court. 10. Discharge from the placement shall not be contingent upon completion of a levels or behavior management program.
Service Frequency	24 hours/day, 7 days/week
Length of Stay	Up to 6 months
Staffing	The provider will comply with all staffing requirements of the DHHS and Human Services Division of Public Health. All staff have direct contact with youth and will have an understanding of evidence-based youth development principles, best practice in juvenile justice and criminogenic risk and needs.
Staff to Client Ratio	Staffing ratios will be as required by the DHHS, Division of Public Health
Hours of Operation	24-hour, awake overnight staff
Service Desired Outcomes	To provide group home care, where youth receives services and support which improve or stabilize the youth, prevents placement in a more restrictive environment, and a demonstration of improved family functionality. The primary outcome is to enable the youth to move back home as soon as service goals are met.
Unit and Rate	Per day

Service Interpretive Guidelines

Group Home A

SERVICE DEFINITION:

Group Home A is a licensed, temporary, non-treatment facility providing 24-hour supervision for youth in an age-appropriate, individualized and structured group setting. The Group Home A service is provided by trained staff who are awake overnight. Youth in this level of care require consistent behavior management, supervision and support. Staff provide a safe and nurturing environment to help youth facilitate change in their behavior, attitudes and personal interactions.

EXPECTATIONS/REQUIREMENTS:

Group home A must have an approved license as required by the Department of Health and Human Services Division (DHHS), Division of Public Health.

Group home A is typically utilized for high risk youth who are in need of a structured environment due to the inability of the youth to function at home, or a home-like setting.

Group home A may be used for youth who score high in Family Circumstances/Parenting, Personality/Behavior, and/or Attitudes/Orientation.

Transition planning begins immediately upon admission to the group home. Officers must be doing transition work with the family to prepare the youth to return home. This includes family team meetings, building formal and informal supports, home visits, etc. Officer will prepare the youth and family to transition into the facility, including ensuring they arrive with belongings and medication if necessary.

Family phone calls, visits and home visits should occur on a regular basis. Home visits should be planned through the family team meeting process and should be based on the goals of the team plan, not related to the facility's levels services.

Officers should be able to observe a consistent and highly structured daily schedule that includes education, groups, and life skill development. While many group homes utilize a levels program, completion of all levels is not a pre-requisite for successful discharge.

Out-of-home, non-treatment is not designed to reduce criminogenic risk. Youth should be matched with targeted services and/or interventions to reduce assessed risks.

Out-of-home, non-treatment success is based on compliance and ability to follow a set daily structure.

A minimum of weekly communication through in-person visits, team meetings, and phone calls with the youth, family and facility are required for the youth to be successful. This contact should include safety

and transition planning. Probation officers must be responsive to all crisis situations within a facility regarding the youth.

Probation officers must familiarize themselves with the facility structure, programming, rules, etc.

Officer will attempt to prepare the youth and family for transition to the shelter and should ensure they have access to belongings, medications, education and family contacts, community connections and therapists upon admission.

Probation Service Definition

ADMINISTRATIVE OFFICE OF PROBATION

SERVICE NAME	**Group Home B** ☐ **Adult** ☒ **Juvenile**
Category	Out-of-Home (OHP) placement / Non-treatment
Setting	Residential
Facility License	As required by Department of Health & Human Services (DHHS), Division of Public Health
Service Description	Group Home B is a licensed, temporary, non-treatment facility providing 24-hour supervision for youth in an age-appropriate, individualized and structured group setting. The Group Home B service is provided by trained staff who are not required to be awake overnight. Youth in this level of care require consistent behavior management, supervision and support. Staff provide a safe and nurturing environment to help youth facilitate change in their behavior, attitudes and personal interactions.
Service Expectations	1. Develop an Individualized Service Plan with the family, youth, probation officer and other stakeholders identified, enabling the youth to move back home as soon as service goals are met. The plan must address goals and criminogenic domains. 2. Participation in monthly family team meetings. 3. Based on the plan goals, youth shall be involved in structured programming to include an evidence based behavior management plan, community support planning, family engagement, teaching/educational interventions, and strategies that aid in individual skill development. 4. 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 shall not be tied to behavior management levels and shall not be removed as a consequence. 5. Home visits should be intentional and planned with the family, youth, and probation officer to enhance family functionality and aid in the achievement of service goals. Home visits shall be in the family home when available and the visits shall not be removed as a consequence of the behavior management system. 6. The provider will ensure that educational needs are being met. School may be in the community or on-site. Youth shall attend their home school whenever possible.

	7. The provider will ensure 24-hour crisis intervention is available to aid in the stabilization of crisis situations. 8. Provide transport as necessary to and from dental and medical appointments, school, court, therapy, home visits and routine day to day activities. Transportation costs within a 25 mile radius will be the responsibility of the provider. Transportation beyond that radius will be the responsibility of the parent. 9. The provider will aid the probation officer in transition planning to begin upon admission to the facility. Criteria for discharge will be individualized, determined by the team, and approved by the court. 10. Discharge from the placement shall not be contingent upon completion of a levels or behavior management program.
Service Frequency	24 hours/day, 7 days/week
Length of Stay	Up to 6 months
Staffing	The provider will comply with all staffing requirements of the DHHS and Human Services Division of Public Health. All staff have direct contact with youth and will have an understanding of evidence-based youth development principles, best practice in juvenile justice and criminogenic risk and needs.
Staff to Client Ratio	Staffing ratios will be as required by the DHHS, Division of Public Health
Hours of Operation	24-hour, no awake overnight staff
Service Desired Outcomes	To provide group home care, where youth receives services and support which improve or stabilize the youth, prevents placement in a more restrictive environment, and a demonstration of improved family functionality. The primary outcome is to enable the youth to move back home as soon as service goals are met.
Unit and Rate	Per day

ADMINISTRATIVE OFFICE OF PROBATION

Service Interpretive Guidelines

Group Home B

SERVICE DEFINITION:

Group Home B is a licensed, temporary, non-treatment facility providing 24-hour supervision for youth in an age-appropriate, individualized and structured group setting. The Group Home B service is provided by trained staff who are not required to be awake overnight. Youth in this level of care require consistent behavior management, supervision and support. Staff provide a safe and nurturing environment to help youth facilitate change in their behavior, attitudes and personal interactions.

EXPECTATIONS/REQUIREMENTS:

Group home B must have an approved license as required by the Department of Health and Human Services Division (DHHS), Division of Public Health.

Group home B is typically utilized for high risk youth who are in need of a structured environment due to the inability of the youth to function at home.

Group home B may be used for youth who score high in Family Circumstances/Parenting, Personality/Behavior, and/or Attitudes/Orientation.

Transition planning begins immediately upon admission to the group home. Officers must be doing transition work with the family to prepare the youth to return home. This includes family team meetings, building formal and informal supports, home visits, etc. Officer will prepare the youth and family to transition into the facility, including ensuring they arrive with belongings and medication if necessary.

Family phone calls, visits and home visits should occur on a regular basis. Home visits should be planned through the family team meeting process and should be based on the goals of the team plan, not related to the facility's levels services.

Officers should be able to observe a consistent and highly structured daily schedule that includes education, groups, and life skill development. While many group homes utilize a levels service, completion of all levels is not a pre-requisite for successful discharge.

Out-of-home, non-treatment is not designed to reduce criminogenic risk. Youth should be matched with targeted services and/or interventions to reduce assessed risks.

Out-of-home, non-treatment success is based on compliance and ability to follow a set daily structure.

A minimum of weekly communication through in-person visits, team meetings, and phone calls with the youth, family and facility are required for the youth to be successful. This contact should include safety and transition planning. Probation officers must be responsive to all crisis situations within a facility regarding the youth.

Probation officers must familiarize themselves with the facility structure, services, rules, etc.

Officer will attempt to prepare the youth and family for transition to the shelter and should ensure they have access to belongings, medications, education and family contacts, community connections and therapists upon admission.

SERVICE NAME	**Independent Living** ☐ **Adult** ☒ **Juvenile**
Category	Non-treatment
Setting	Residential
Facility License	Licensure is not required for this service
Service Description	Independent living is a living arrangement for youth 17-18 years old that maximizes a youth's independence and engagement within the community. A staff provides assistance, skill training, and support to a youth living independently, or with a roommate who is also in the program. The service assists the youth in developing the competence and skill that enable them to reside independently in the community.
Service Expectations	1. Develop a plan with the family, youth, other identified stakeholders, and probation officer, thus enabling the youth to move back home, or discharge off of Probation, once clear service goals are met that address criminogenic domains. 2. Participation in monthly family team meetings. 3. Based on the plan's goals, youth shall be involved in highly structured daily activities to include but not be limited to teaching/educational interventions, employment/employment training, community support planning, family engagement, and strategies that aid in individual skill development in the community. 4. Family engagement shall include regular phone contact and visitation with family members. The supporting agency will ensure regular family engagement is occurring. Phone contact and visits shall not be tied to behavior management levels and shall not be removed as a consequence. 5. Intentional home visits, when appropriate, should be planned with the family, youth, and probation officer and shall be utilized to enhance family functionality in the achievement of service goals. 6. Supporting agency will ensure that educational needs are being met. School may be in the community or in an alternative program at a facility. Youth shall attend their home school whenever possible. 7. The provider will ensure 24-hour crisis intervention is available and clearly understood by the youth. 8. Ensure that the youth has transport available to and from dental and medical appointments, school, employment, court, therapy, home visits and routine day-to-day activities. Transportation costs within a

	25 mile radius will be the responsibility of the provider. Transportation beyond that radius will be the responsibility of the parent. 9. Supporting agency will aid the probation officer in transition planning to begin upon admission to the program. Criteria for discharge will be individualized, determined by the team, and approved by the court.
Service Frequency	24 hours/day, 7 days/week
Length of Stay	Up to 6 months
Staffing	All staff have direct contact with youth and will have an understanding of youth development principles, trauma informed care, best practice in juvenile justice and criminogenic risk and needs.
Staff to Client Ratio	1:6
Hours of Operation	24-hour emergency contact
Service Desired Outcomes	To provide an out-of-home environment in which the youth can: • Learn to independently develop positive daily structure • Develop self-reliance • Enhance personal, family and community functionality • Successfully complete an individualized plan, including initial goals and reduction of identified criminogenic domains • Attend school regularly without the need of outside supports • Maintain steady employment and learns employment skills • Is discharged from Probation
Unit and Rate	Per day

Service Interpretive Guidelines

Independent Living

SERVICE DEFINITION:

Independent living is a living arrangement for youth 17-18 years old that maximizes a youth's independence and engagement within the community. A staff provides assistance, skill training, and support to a youth living independently, or with a roommate who is also in the program. The service assists the youth in developing the competence and skill that enable them to reside independently in the community.

EXPECTATIONS/REQUIREMENTS:

Independent living traditionally is not utilized by probation youth as the goal is typically permanency. Independent living should only be used by probation when all other options to have the youth remain in the home have been exhausted. Independent living may be used for youth who score high in Family Circumstances/Parenting,
Transition planning begins immediately upon admission to independent living. Officers must be doing transition work with the family to prepare the youth to return home, the identified community-based living situation, or discharge from probation. This includes family team meetings, building formal and informal supports, home visits, etc.

Family phone calls, visits and home visits should occur on a regular basis. Home visits should be planned through the family team meeting process and should be based on the goals of the team plan, not related to the provider's levels services.

Officers should be able to observe a consistent and highly structured daily schedule that includes education, employment, groups, and life skill development.

Independent living success occurs when the youth is able to demonstrate the ability to live independently, maintain their educational goals and hold steady employment.

Consistent communication through in-person visits, team meetings, and phone calls with the youth, family and the provider are required for the youth to be successful.

Probation officers must be responsive to all crisis situations regarding the youth.

Probation officers must familiarize themselves with the independent living structure, services, rules, etc.

SERVICE NAME	**Maternity Group Home Parenting** ☐ **Adult** ☒ **Juvenile**
Category	Out-of-Home (OHP) placement / Non-treatment
Setting	Residential
Facility License	As required by Department of Health & Human Services (DHHS), Division of Public Health
Service Description	Maternity group home is a temporary placement, licensed non-treatment facility providing 24-hour supervision for females actively parenting youth in an age-appropriate, individualized and structured group setting. The Maternity group home service is provided by trained staff who have additional training in supporting youth who are parenting. This service requires consistent behavior management, supervision and support. Staff provide a safe and nurturing environment to help youth facilitate change in their behavior, attitudes, personal interactions, and build parenting competencies.
Service Expectations	1. Develop an Individualized Service Plan with the youth, family, probation officer and other stakeholders identified, enabling the youth to move back home as soon as service goals are met. The plan must address goals and criminogenic domains. 2. Support the youth in development of parenting skills. Special consideration should be made in their service plan goals to remain separate from their parenting supports and needs. 3. Participation in monthly family team meetings. 4. Based on the goals, youth shall be involved in structured programming to include an evidence based behavior management plan, community support planning, family engagement, teaching/educational interventions, and strategies that aid in individual skill development. 5. 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 shall not be tied to behavior management levels and shall not be removed as a consequence. 6. Home visits should be intentional and planned with the youth, family, and probation officer to enhance family functionality and aid in the achievement of service goals. Home visits shall be in the family home and the visits shall not be removed as a consequence of the behavior management system. 7. The provider will ensure that educational needs are being met. School may be in the community or on site. Youth shall attend their home school whenever possible.

	8. The provider will ensure 24-hour crisis intervention is available to aid in the stabilization of crisis situations. 9. Provide transport as necessary to and from dental and medical appointments, school, court, therapy, home visits and routine day to day activities. Transportation costs within a 25 mile radius will be the responsibility of the provider. Transportation beyond that radius will be the responsibility of the parent. 10. The provider will aid the probation officer in transition planning to begin upon admission to the facility. Criteria for discharge will be individualized, determined by the team, and approved by the court.
Service Frequency	24 hours/day, 7 days/week
Length of Stay	Up to 6 months
Staffing	The provider will comply with all staffing requirements of the DHHS, Division of Public Health. All staff have direct contact with youth and will have an understanding of evidence-based youth development principles, best practice in juvenile justice and criminogenic risk and needs.
Staff to Client Ratio	Staffing ratios will be as required by DHHS, Division of Public Health
Hours of Operation	Provided per licensure as group home A or group home B
Service Desired Outcomes	To provide group home care, where youth receives services and support which improve or stabilize the youth, prevents placement in a more restrictive environment, and a demonstration of improved family functionality. The primary outcome is to enable the youth to move back home as soon as service goals are met.
Unit and Rate	Per day

ADMINISTRATIVE OFFICE OF PROBATION

Service Interpretive Guidelines

Maternity Group Home Parenting

SERVICE DEFINITION:

Maternity group home is a temporary placement, licensed non-treatment facility providing 24-hour supervision for females actively parenting youth in an age-appropriate, individualized and structured group setting. The Maternity group home service is provided by trained staff who have additional training in supporting youth who are parenting. This service requires consistent behavior management, supervision and support. Staff provide a safe and nurturing environment to help youth facilitate change in their behavior, attitudes, personal interactions, and build parenting competencies.

EXPECTATIONS/REQUIREMENTS:

Maternity group home parenting must have an approved license as required by the Department of Health and Human Services (DHHS), Division of Public Health.

Maternity group home parenting is typically utilized for high risk female youth who are actively parenting and in need of a structured environment due to the inability of the youth to function at home, or home-like setting

Maternity group home parenting may be used for youth who score high in Family circumstances/ Parenting, Personality/Behavior, and/or Attitudes/Orientation.

Transition planning begins immediately upon admission to the group home. Officers must be doing transition work with the family to prepare the youth to return home. This includes family team meetings, building formal and informal supports, home visits, etc. Officer will prepare the youth and family to transition into the facility, including ensuring they arrive with belongings and medication if necessary.

Family phone calls, visits and home visits should occur on a regular basis. Home visits should be planned through the family team meeting process and should be based on the goals of the team plan, not related to the facility's levels services.

Officers should be able to observe a consistent and highly structured daily schedule that includes education, groups, and life skill development with a focus on parenting skills. The officer should see clear services that focus on the health and well-being of the youth and their child. While many group homes utilize a levels service, completion of all levels is not a pre-requisite for successful discharge.

Out-of-home, non-treatment success is based on compliance and ability to follow a set daily structure.

A minimum of weekly communication through in-person visits, team meetings, and phone calls with the youth, family and facility are required for the youth to be successful. This contact should include safety and transition planning. Probation officers must be responsive to all crisis situations within a facility regarding the youth.

Probation officers must familiarize themselves with the facility structure, services, rules, etc.

Officer will attempt to prepare the youth and family for transition to the shelter and should ensure they have access to belongings, medications, education and family contacts, community connections and therapists upon admission.

SERVICE NAME	**Relative/Kinship Foster Care** ☐ **Adult** ☒ **Juvenile**
Category	Out-of-Home (OHP) Placement / Non-treatment
Setting	Residential
Facility License	As required by Department of Health & Human Services (DHHS), Division of Public Health
Service Description	Relative/kinship foster care is a temporary placement that is provided in an unlicensed relative/kinship home. Relative/kinship foster care home must be associated with an agency, must have completed a relative/kinship home evaluation, and must be approved by the Court. The relative/kinship foster home provides 24 hour supervision for youth by someone known to the child. Youth in foster care consistent behavior management, supervision and support. Foster families will provide a safe, secure, least restrictive and nurturing environment to help youth facilitate change in their behavior, attitudes, and personal interactions.
Service Expectations	1. Develop an Individualized Service Plan with the youth, youth's family, relative/kinship foster family, associated agency, probation officer and other stakeholders identified, enabling the youth to move back home as soon as service goals are met. The plan must address goals and criminogenic risk. 2. Participation in monthly family team meetings. 3. The supporting agency and relative/kinship foster home will partner with the youth's identified family to ensure family voice and choice and that transition planning occurs timely and intentionally. 4. Structured living environment to include evidence based youth development principles, community engagement and support, and family engagement. 5. Family engagement shall include regular phone contact, visitation with family members, and family engagement shall be flexible to meet the non-traditional hours needed by families. Phone contact and visits shall not be tied to behaviors and shall not be removed as consequences. 6. Intentional home visits should be planned with the youth, youth's family, relative/kinship foster family, associated agency, and probation officer and shall be utilized to enhance family functionality and in the achievement of service goals. Home visits shall be in the family home and the visits shall not be removed as a consequence of behavior. 7. Relative/kinship foster family and associated agency will ensure that educational needs are being met. Youth shall attend their home school whenever possible.

	8. The associated agency will ensure 24-hour crisis intervention is available to aid in the stabilization of crisis situations. 9. Provide transport as necessary to and from dental and medical appointment, school, court, therapy, home visits, and routine day to day activities. Transportation costs for the first 100 miles in a calendar month will be the responsibility of the relative/kinship foster family. Transportation beyond that radius will be the responsibility of the parent. 10. The relative/kinship foster family and associated agency will aid the probation officer in transition planning to begin upon admission to the relative/kinship foster home. Criteria for discharge will be individualized, determined by the team, and approved by the court.
Service Frequency	24 hours/day, 7 days/week
Length of Stay	Up to 6 months
Staffing	• Licensed by the State of Nebraska • Relative/kinship foster home and supporting agency will comply with all staffing requirements of the DHHS, Division of Public Health. All foster families will have an understanding of evidence based youth development principles, best practice in juvenile justice, and criminogenic risk and needs
Staff to Client Ratio	N/A
Hours of Operation	24 hours/day, 7 days/week
Service Desired Outcomes	Youth will stabilize and show improved functionality based on successful completion of individualized plan, including initial goals and reduction of identified criminogenic domains. Prevention of placement in a more restrictive environment, and a demonstration of improved family functionality. The primary outcome is to enable the youth to move back home as soon as service goals are met.
Unit and Rate	Per evaluation

ADMINISTRATIVE OFFICE OF PROBATION

Service Interpretive Guidelines

Relative/Kinship Foster Care

SERVICE DEFINITION:

Relative/kinship foster care is a temporary placement that is provided in an unlicensed relative/kinship home. Relative/kinship foster care home must be associated with an agency, must have completed a relative/kinship home evaluation, and must be approved by the Court. The relative/kinship foster home provides 24 hour supervision for youth by someone known to the child. Youth in foster care consistent behavior management, supervision and support. Foster families will provide a safe, secure, least restrictive and nurturing environment to help youth facilitate change in their behavior, attitudes, and personal interactions.

EXPECTATIONS/REQUIREMENTS:

An agency supporting foster homes must have an approved license as required by the Department of Health and Human Services Division (DHHS), Division of Public Health. All foster homes will be licensed through the (DHHS) with the support of the licensed agency or the DHHS.

This service is utilized when a youth is in need of a foster placement. Efforts should be made to place the youth with a relative that doesn't require formal support. However, this service may be utilized to support a family placement that is experiencing financial or other barriers to accepting the youth.

Relative/kinship foster care is typically utilized for high risk youth who are in need of a structured environment due to the inability of the youth to function at home.

Relative/kinship foster care may be used for youth who score high in Family Circumstances/Parenting, Personality/Behavior, and/or Attitudes/Orientation.

Transition planning begins immediately upon admission to the relative/kinship foster home. Officers must be doing transition work with the youth's family and the foster family to prepare the youth to return home. This includes family team meetings, building formal and informal supports, home visits, etc.

Probation officer will facilitate monthly family team meetings with identified stakeholders. Attendance of the foster parents shall be identified on a case-by-case basis.

Family phone calls, visits and home visits should occur on a regular basis. Home visits should be planned through the family team meeting process and should be based on the goals of the team plan, not related to the discipline plan being implemented in the foster home.

Planning should occur to ensure parental preferences and cultural values are maintained while ensuring the foster parents are supported in the work being done to help the youth. For example: haircuts, body piercings, cell phones, tattoos, etc.

For the youth to be successful, it is required that officers engage in consistent communication through in-person visits, team meetings, and phone calls with the youth, youth's family, and the foster family.

Officers should engage in consistent communication through in person visits, team meetings, and phone calls with the youth, youth's family, and the relative/kinship foster family are required for the youth to be successful.

Probation officers must be responsive to all crisis situations.

Probation officers must familiarize themselves with the supporting agency, the relative/kinship foster family, and the rules and expectations put in place by both.

Probation Service Definition

ADMINISTRATIVE OFFICE OF PROBATION

SERVICE NAME	**Shelter Care** ☐ **Adult** ☒ **Juvenile**
Category	Out-of-Home (OHP) placement / Non-treatment
Setting	Residential
Facility License	As required by Department of Health & Human Services (DHHS), Division of Public Health
Service Description	Shelter Care is a licensed non-treatment facility providing 24-hour supervision for youth in an age-appropriate, individualized and structured group setting. The Shelter Care service is utilized as a temporary placement to achieve stabilization until a youth can transition to home, community-based or treatment placement. Shelter Care may be utilized as an alternative to detention. Youth in this service require consistent behavior management, supervision and support. Staff provide a safe and nurturing environment through building relationships, teaching strategies and interventions.
Service Expectations	1. Develop a short term individualized plan with the youth, family, probation officer, and other stakeholders identified, to prepare the youth for transition home, community-based or treatment placement. The plan must address short term goals and criminogenic domains. 2. Individualization of the plan will be determined based on service referral information and any relevant collateral documentation/assessments. The plan shall be probation and Court directed and shall outline the plan for supervised outings, home visits, etc. based upon individual youth risks and needs. 3. Shelter service is expected to maintain staff ratio's to accommodate transportations and activities of the facility. 4. Participation in family team meetings to provide necessary information on the youth's behavior and progress in shelter. 5. Based on the short term goals, youth shall be involved in structured programming to include an evidence based behavior management plan, community support planning, family engagement, teaching/educational interventions, and strategies that aid in individual skill development. 6. 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 shall not be tied to behavior management levels and shall not be removed as a consequence.

	7. The Provider will ensure that educational needs are being met. School may be in the community or on site. Youth shall attend their home school whenever possible. 8. The Provider will ensure 24-hour crisis intervention is available to aid in the stabilization of crisis situations. 9. Provide transport as necessary to and from dental and medical appointments, school, court, therapy, home visits and routine day to day activities. Transportation costs within a 25 mile radius will be the responsibility of the provider. Transportation beyond that radius will be the responsibility of the parent. 10. The Provider will aid the probation officer in transition planning to begin upon admission to the shelter. Criteria for discharge will be individualized, determined by the team, and approved by the court.
Service Frequency	24 hours/day, 7 days/week
Length of Stay	Up to 30 days
Staffing	Facility will comply with all staffing requirements of the DHHS, Division of Public Health. Providers registered to provide shelter care will have 24-hour awake staff. All staff that have direct contact with youth will have an understanding of evidence based youth development principles, best practice in juvenile justice and criminogenic risk and needs.
Staff to Client Ratio	Staffing ratios will be as required by DHHS, Division of Public Health
Hours of Operation	24 hours/day, 7 days a week
Service Desired Outcomes	Youth receives services and support which prevents placement in a more restrictive environment. While in shelter, youth maintain continuity with their education. The primary outcome is to enable the youth to move back home or necessary placement as soon as service goals are met.
Unit and Rate	Per Day

ADMINISTRATIVE OFFICE OF PROBATION

Service Interpretive Guidelines

Shelter Care

SERVICE DEFINITION:

Shelter Care is a licensed non-treatment facility providing 24-hour supervision for youth in an age-appropriate, individualized and structured group setting. The Shelter Care service is utilized as a temporary placement to achieve stabilization until a youth can transition to home, community-based or treatment placement. Shelter Care may be utilized as an alternative to detention. Youth in this service require consistent behavior management, supervision and support. Staff provide a safe and nurturing environment through building relationships, teaching strategies and interventions.

EXPECTATIONS/REQUIREMENTS:

Shelter care must have an approved license as required by the Department of Health and Human Services (DHHS), Division of Public Health.

When placing youth in shelter, it is expected that the length of stay will not exceed thirty days.

Shelter service may be utilized as an alternative to detention at the point of intake screening, probation violation, or as a planned transition from out-of-home placement when determined by the team that such transition is necessary. Youth would score at the high end of the Alternatives to Detention section of the Intake Risk Assessment Instrument (RAI).

Shelter is typically utilized for high risk youth who are in need of a structured environment and do not score for secure or staff secure detention. The structure is needed due to the inability of the youth to function at home or in placement.

Typical shelter services include off-site activities in the community. Clear communication between the probation officer, court, and facility staff is critical to ensure probation youth are approved to participate in such outings. Situations that may not be approved include: court order, extensive runaway behavior, risk to the community, etc.

Transition planning begins immediately upon admission to the shelter. Officers must be doing transition work with the family to prepare the youth to return home. This includes family team meetings, building formal and informal supports, home visits, etc. Officer will prepare the youth and family to transition into the facility, including ensuring they arrive with belongings and medication if necessary.

Family phone calls, visits and home visits should occur on a regular basis. Home visits should be planned through the family team meeting process and should be based on the goals of the team plan, not related to the facility's levels service.

Officers should be able to observe a consistent and highly structured daily schedule that includes education, groups, and life skill development. While many group homes utilize a levels service, completion of all levels is not a pre-requisite for successful discharge.

Out-of-home, non-treatment is not designed to reduce criminogenic risk. Youth should be matched with targeted services and/or interventions to reduce assessed risks.

Out-of-home, non-treatment success is based on compliance and ability to follow a set daily structure.

A minimum of weekly communication through in-person visits, team meetings, and phone calls with the youth, family and facility are required for the youth to be successful. This contact should include safety and transition planning. Probation officers must be responsive to all crisis situations within a facility regarding the youth.

Probation officers must familiarize themselves with the facility structure, services, rules, etc.

Officer will attempt to prepare the youth and family for transition to the shelter and should ensure they have access to belongings, medications, education and family contacts, community connections and therapists upon admission.

ADDITIONAL SERVICES

SERVICE NAME	**Continuous Alcohol Monitoring** ☒ **Adult** ☒ **Juvenile**
Category	Non-Treatment
Setting	Community-based
Facility License	Licensure is not required for this service
Service Description	Continuous Alcohol Monitoring (CAM) device is a tamper-resistant ankle bracelet that measures the individual's perspiration for the presence of alcohol excreted through the skin. It is a tool of supervision for use when the client: • Is involved in substance use treatment • Has an extensive history of alcohol-related incidents • Demonstrates continued use of alcohol despite negative consequences and shows an unwillingness to discontinue its use • Is unable/unwilling to maintain a substantial period of abstinence through previous use of alcohol monitoring tools
Service Expectations	1. Provider shall be able to effectively provide both landline, cellular or ethernet communication lines. Probation officer shall determine the type of communication to use – landline, cellular or ethernet. 2. Provider shall submit a list of the CAM monitors it uses for each type of communication (landline, cellular or ethernet). a. When a request for service is made to the provider, the provider will respond to the identified location within two (2) business days. b. Provider is required at all times to provide active, direct supervision of any probationer that is placed on CAM, as well as effective and timely monitoring services and response to alerts in the noted service area. c. All events/alerts will be addressed and documented with notification to the supervising probation officer by the next business day. d. Unhook is to occur as instructed by probation officer. e. Maintenance of the equipment, including battery replacement, as necessary.

	Probation requires the use of the newest technologies and techniques within each type of communication in order to maximize the efficiency and effectiveness in the monitoring of clients.
Service Frequency	Service is provided continuously while authorized by probation.
Length of Stay	Up to 90-day or as outlined by court order.
Staffing	Staff must have experience, knowledge and education on how to set up and install CAM device, youth development principles, best practice in the justice and criminogenic risk and needs. Staff must be affiliated with an agency registered as a service provider.
Staff to Client Ratio	No specific ratios outlined.
Hours of Operation	365 days per year, 24 hours per day.
Service Desired Outcomes	Outcomes for this service should include but not limited to the probationer remaining within the community setting, reduction in high risk areas, transition down in services, abstaining from alcohol and successful completion of probation services.
Unit and Rate	Per day

ADMINISTRATIVE OFFICE OF PROBATION

Service Interpretive Guidelines

Continuous Alcohol Monitoring

SERVICE DEFINITION:

Continuous Alcohol Monitoring (CAM) device is a tamper-resistant ankle bracelet that measures the youth's perspiration for the presence of alcohol excreted through the skin. It is a tool of supervision for use when the client:

- Is involved in substance use treatment
- Has an extensive history of alcohol-related incidents
- Demonstrates continued use of alcohol despite negative consequences and shows an unwillingness to discontinue its use
- Is unable/unwilling to maintain a substantial period of abstinence through previous use of alcohol monitoring tools

Probation requires the use of the newest technologies and techniques within each type of communication in order to maximize the efficiency and effectiveness in the monitoring of youth.

EXPECTATIONS/REQUIREMENTS:

- Target population are clients identified as high risk in the Substance Use domain, high risk to relapse and who have been unable to abstain from alcohol use
- Service is designed to serve as a supervision tool, not to replace case management responsibilities
- Service is authorized up to 90 days or as ordered by the court
- CAM staff will communicate with the probation officer to understand the client's case management goals

Probation Service Definition

ADMINISTRATIVE OFFICE OF PROBATION

Service Name	**Electronic Monitoring** ☐ **Adult** ☒ **Juvenile**
Category	Non-Treatment
Setting	Community-based
Facility License	Licensure is not required for this service
Service Description	Electronic monitoring (EM) is as an electronic system that provides the probation officer a report about whether the youth is at home when he/she is required to remain home. Electronic monitoring service is a tool to assist in creating a daily schedule to aid in the supervision of youth through notifications of their location and provides alerts to probation officers when the daily schedule has not been followed.
Service Expectations	Electronic monitoring services are to be provided by selected providers who were selected through the Request for Qualification (RFQ) process. Probation requires the use of the newest technologies and techniques within each type of communication in order to maximize the efficiency and effectiveness in the monitoring of youth. • When a request for service is made the provider will respond to the identified location within two (2) hours • Hook-up and unhook of all electronic monitors and initial response to all events/alerts of youth on electronic monitoring unit • Unhook is to occur as instructed by probation officer • An accessible and efficient means of establishing changing curfews and approved locations for each youth on a case by case basis to be determined by the supervising probation officer • Please refer to the RFQ on service expectations
Service Frequency	Service is provided continuously while authorized by probation 365 days per year, 24 hours per day
Length of Stay	Up to 30 days and staffing should occur for continuation of service
Staffing	Electronic monitoring staff must be affiliated with selected RFQ providers
Staff to Client Ratio	No specific ratios outlined
Hours of Operation	365 days per year, 24 hours per day

Service Desired Outcomes	Outcomes for this service should include but not limited developing a daily schedule, the youth remaining within the community setting, reduction in high risk areas, transition down in services and successful completion of electronic monitoring services.
Unit and Rate	Rate is determined by the RFQ, please reference this document for specifics

ADMINISTRATIVE OFFICE OF PROBATION

Service Interpretive Guidelines

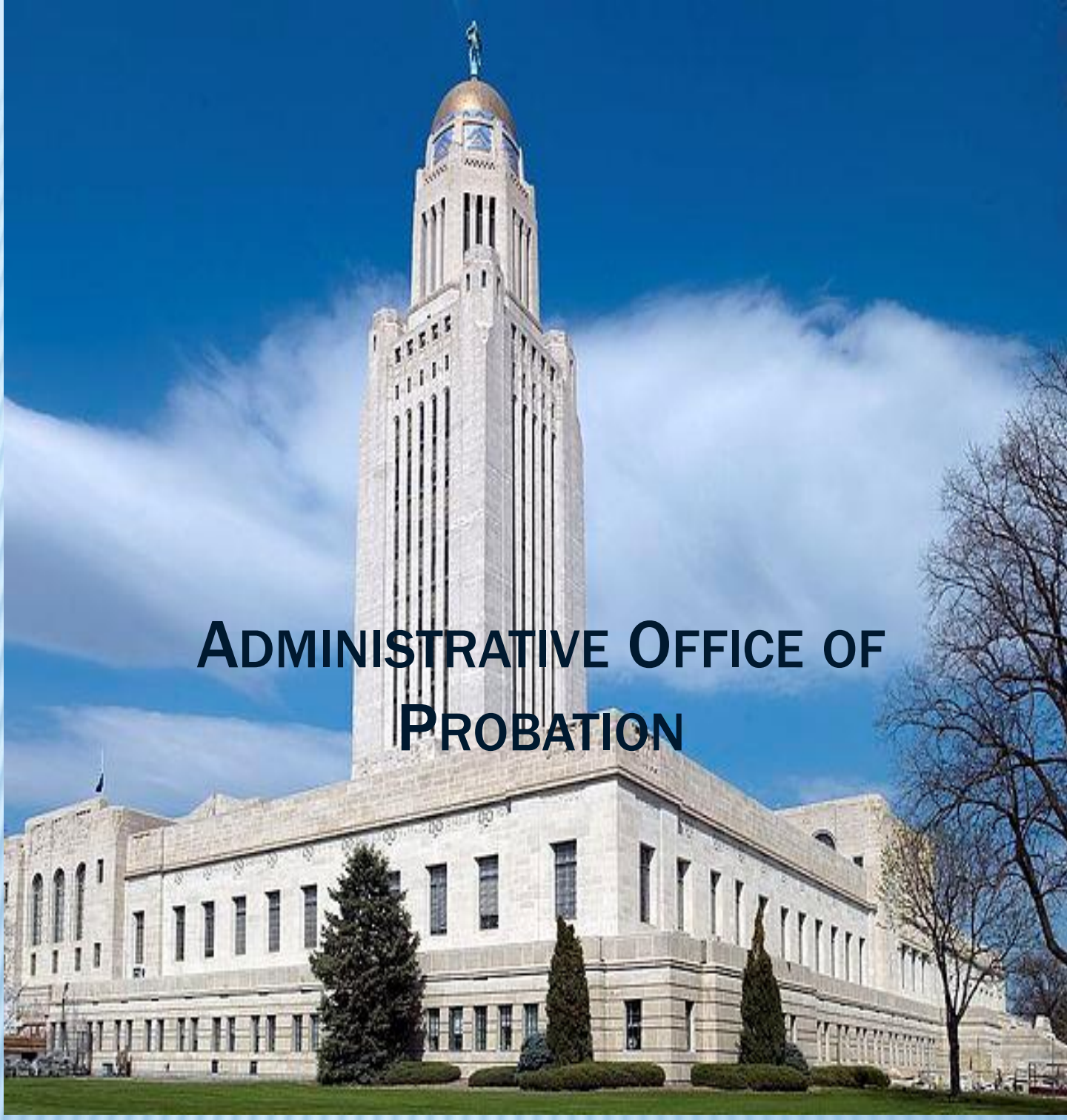
Electronic Monitoring

SERVICE DESCRIPTION:

Electronic monitoring (EM) is as an electronic system that provides the probation officer a report about whether the youth is at home when he/she is required to remain home. Electronic monitoring service is a tool to assist in creating a daily schedule to aid in the supervision of youth through notifications of their location and provides alerts to probation officers when the daily schedule has not been followed.

EXPECTATION/REQUIREMENTS:

- Target population are youth identified as high risk to the community, youth should have at least 3 high domains and are at risk for out-of-home placement
- Electronic Monitoring should be used as an alternative for detention, for those youth who would otherwise be detained
- **GPS** – Global Positioning System for individuals that pose a risk to individuals or persons
- **EM** – intended for stabilization involving structured scheduling and whereabouts (i.e. monitoring when the person is gone and away from home)
- Service is designed to be short-term in nature
- Service is authorized up to 30 days and must be staffed for service to remain in place
- Service is not intended to be used when a youth has a positive urine analysis (UA), when skipping school, or as punishment
- Service can be used to assist youth struggling to maintain a daily schedule. Service can assist in establishing a daily schedule
- Service is designed to enhance supervision while maintaining the youth in the community
- Probation officer must provide a referral with goals reflective of the court order and linked to the high domains
- EM staff will participate in family team meetings
- EM staff will communicate with the probation officer to understand the youth's case management goals
- Probation officers will verify progress is being made. If progress is not shown, provider will supply rationale as to what changes will be made to initiate progress
- If the Probation Officer receives notification of a low/dead battery, they are expected to follow up with attempting phone contact with the youth/family within 1 hour of receiving this notification
- If the Probation Officer receives notification of a cut strap/tamper, they are expected to follow up with attempting phone contact with the youth/family within 1 hour of receiving this notification
- Probation officer is expected to attend and participate in the initial installation of the EM with the family and provider, to assist with setting expectations and answering any questions



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