



Probation Service Definition

ADMINISTRATIVE OFFICE OF THE COURTS & PROBATION

SERVICE NAME	Day Treatment <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Juvenile
Category	Treatment
Setting	Hospital or community-based
Facility License	As required by the Department of Health and Human Services (DHHS)- Division of Public Health
Service Description	<p>Day Treatment (Psychiatric) provides a hospital based or community based, intensive, and coordinated set of individualized treatment services to youth with psychiatric disorders who have difficulty functioning full-time in a school, work, and/or home environment and need the additional structured activities of this level of service.</p> <p>Day treatment services are less intensive than partial hospitalization but more intense than community-based intensive outpatient therapeutic services. This service includes diagnostic, medical, psychiatric, psychosocial, and adjunctive treatment modalities in a highly 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 components to allow the youth to apply new skills within real world environments.</p>
Service Expectations	<ul style="list-style-type: none"> • An Initial Diagnostic Interview (IDI) is completed prior to the beginning of treatment and functions as the initial treatment plan until a comprehensive treatment plan is developed. • Clinically appropriate programmatic assessments, as determined necessary, to assess the youth for substance use disorders, or specialized treatment needs such as eating disorders. • A written individualized treatment plan developed by the multidisciplinary team (to include parent/guardian/caregiver, youth, probation/problem-solving court officer) within 72 hours of admission that integrates the youth’s strengths & needs, formal and informal supports, measurable goals, and a documented discharge and relapse prevention plan • The youth’s treatment plan is reviewed at least twice monthly and more often as necessary, updated as clinically indicated, and signed by the supervising practitioner and other treatment team members, including the youth being served • Medication management will be included if a medical necessity which includes prescription if applicable, psycho-education and consultation

	<ul style="list-style-type: none"> • A monthly family engagement meeting with all team members will be held in person or via tele services. • The agency will document the progress toward the individualized daily program schedule in their reports. Probation/ problem solving court officer will verify with staff to determine if progress is being made. If progress is not indicated, the staff shall provide a rationale as to what changes will be made to initiate a plan to increase progress • A crisis (safety/risk/reduction) plan will be developed and updated as needed throughout the service. The youth parent/guardian/caregiver must be able to demonstrate they have the knowledge and skills to implement the crisis plan • If a youth is gone without permission (after they have been in attendance at the facility) and does not return or cannot be located within 2 hours, the provider/agency will contact the assigned Probation/problem Solving Court Officer or if occurring after hours, the on-call/after hours contact identified for that youth. The agency will continue to make efforts to locate and engage with the youth, parent, and probation until the youth is located and/or discharged. Such efforts should be clearly documented and included in the documentation to probation including the dates /hours the youth’s whereabouts were unknown and the efforts made to locate them • Consultation services available for general medical, pharmacology, psychological, dietary, pastoral, emergency medical, recreation therapy, laboratory, dietary if meals are served, and other diagnostic services. Ancillary service referral as needed: (dental, optometry, ophthalmology, other mental health and/or social services, etc.) • Individual, group, and family therapy services. One billable session of psychotherapy and/or substance use counseling services, per scheduled treatment day, that demonstrate the youth is receiving active treatment for their psychiatric condition • Access to community based rehabilitation/social services that can be used to help the youth transition to the community • Face-to-face (in person) psychiatrist/APRN visits 1X weekly • Provide at least two of the following optional services. The youth is required have a need for the services, a supervising practitioner has to order the services, and the services have to be a part of the individual's treatment plan: <ul style="list-style-type: none"> • The following is provided or supervised by a licensed or certified therapist: recreational therapy; speech therapy; occupational therapy; vocational skills therapy; and self-care services.
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	<ul style="list-style-type: none"> • Educational services provided by a teacher specially trained to work with individuals experiencing mental health or substance use problems (services, when required by law, will be available, though not necessarily provided by the day treatment program). • Social work provided by a bachelor level social worker (case management activities). • Social skills building. • Life survival skills. <p>• Psychotherapy and substance use disorder counseling services are required to be provided by clinical staff who are operating within their scope of practice and under the direction of the supervising practitioner.</p>
Service Frequency	<p>Services per the following schedule:</p> <ul style="list-style-type: none"> • Individual therapy-minimum of 1 hour sessions per week • Group-minimum daily • Family therapy-minimum of 1 hour sessions per week • Recreation therapy-minimum daily • Psycho-educational groups-minimum daily • Psychiatrist/ Advanced Practice Registered Nurse-Nurse Practitioner (APRN-NP) shall have one visit per week with the youth
Length of Service	<p>Is individualized and based on clinical criteria for admission as well as the youth's ability to make progress on their treatment/recovery goals. The amount, duration, and frequency of the service should be documented in the treatment plan.</p>
Staffing	<ul style="list-style-type: none"> • Supervising Practitioner (psychiatrist) • Clinical Director (APRN, RN, LMHP, LIMHP, or licensed Psychologist) working with the program to provide <ul style="list-style-type: none"> • 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 • Depending on the size of the program more than one Clinical Director may be needed to meet these expectations. • Nursing (APRN, RN, psychiatric experience preferred) • Therapist (Psychiatrist, APRN, Psychologist, Provisionally Licensed Psychologist, LMHP, PLMHP, LIMHP) • Direct care staff shall have demonstrated skills and competencies in treatment with individuals with a behavioral health diagnosis, demonstrated by at least one of the following: two years lived experience; two

	<p>years' direct care experience in a human service field; two years of training in a human service field; or a</p> <ul style="list-style-type: none"> • Bachelor's degree or higher in psychology, sociology, or related human service field, which is preferred. • All staff should be educated/trained in rehabilitation recovery principles <p>All providers must hold a current, valid Nebraska license through the Nebraska Department of Health and Human Services (DHHS) – Division of Public Health and must act within their scope of practice</p> <ul style="list-style-type: none"> • Services must be trauma-informed, culturally and linguistically appropriate, age and developmentally appropriate and incorporate evidence-based practices when appropriate
Staff to Client Ratio	<ul style="list-style-type: none"> • Clinical Director to direct care staff ratio as needed to meet all responsibilities; Therapist/Individual: 1 to 12; Care Worker/Individual: 1 to 6
Hours of Operation	Shall 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 the youth and their family.
Service Desired Outcomes	<ul style="list-style-type: none"> • Acute psychiatric, substance use symptoms and self-harming behaviors are stabilized and daily functioning 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 and/or parent/guardian/caretaker • The youth has stabilized or substantially met their treatment plan goals /objectives. Youth is positively demonstrating all skills identified in the treatment plan • Risk reduction plans has been establish; youth and parents/guardian are able to demonstrate they have the knowledge and skills to implement the plan • Youth and family have support systems secured and crisis plan in place to help maintain stability in the community
Unit and Rate	See rate sheet