Probation Service Definition

ADMINISTRATIVE OFFICE OF THE COURTS & PROBATION

SERVICE NAME	**Psychiatric Residential Treatment Facility (PRTF)** **Mental Health, Substance Use, Youth Who Sexually Harm** ☐ **Adult** ☒ **Juvenile**
Category	Residential Treatment
Setting	The Psychiatric Residential Treatment Facility (PRTF) may be operated as a freestanding community based setting or operated by a hospital.
Facility License	The facility shall be licensed as required by the Department of Health & Human Services (DHHS)-Division of Public Health.
Service Description	A Psychiatric Residential Treatment Facility (PRTF) is a facility that provides inpatient psychiatric services to individuals under the age of 19. A PRTF will provide the inpatient psychiatric services under the direction of a physician will be accredited and will comply with all the requirements of applicable state and federal regulations. 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. Specializations can include therapy for clients with co-occurring disorders, eating disorders, trauma, individuals who sexually harm and other areas.

Service Expectations	• PRTF level of care is recommended by a team, including a physician, who determine that a physician supervised residential/inpatient setting is the most clinically appropriate service
	• Less restrictive approaches have been tried and were not successful or were determined to not be appropriate to meet the individual's needs
	• The individual demonstrates severe and persistent symptoms and functional impairments consistent with a DSM, current edition, diagnosis that requires 24-hour residential psychiatric treatment under the direction of a physician
	• The individual's symptoms/severe functional impairments include at least one of the following:
	  ○ Suicidal/homicidal ideation;
	  ○ Substance use disorder that meets ASAM level of care 3.7;
	  ○ Persistent or medically significant self-injury behaviors;

	○ A pattern of physical and verbal aggression; ○ Significant eating disorder symptoms; ○ Severe mood instability; ○ Psychotic symptoms; or ○ Sexually harmful behaviors • Inpatient psychiatric service are required to involve "active treatment" which means implementation of a professionally developed and supervised individual plan of care, which is designed to achieve the individual's discharge from inpatient status at the earliest possible time • An Initial Diagnostic Interview (IDI) must be completed prior to the beginning of treatment and functions as the initial treatment plan until a comprehensive treatment plan is developed • Every effort will be made to have youth/parent/guardian/caregiver be a part of the intake and/or discharge process, teleservices should be utilized • The individualized written treatment plan will be developed with the youth, Probation/Problem-Solving Court Officer, parent/guardian/caregiver and other stakeholders identified, that will assist the youth in their treatment and prepare them for the transition home or other placement. The treatment plan is based off evaluations of the youth's medical, psychological, social, behavioral and developmental needs The plan must address goals to include behavioral, medication compliance, education, transition plan, and criminogenic risk domains. The comprehensive treatment plan will be completed within 14 days post admit • The treatment plan will be reviewed every 30 days by the team • A PRTF individual shall receive 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). • The following psycho educational services are to be provided for youth with identified need in these areas: crisis intervention; life skills; social skills; substance use; self-care; medication; health care (nutrition, hygiene and personal wellness); vocational planning; and recreational activities • The plan will ensure 24-hour crisis intervention is available to aid in the stabilization of crisis situations. The written safety plan (crisis) plan will be updated as needed throughout the service. The youth, agency staff/parent/guardian must be able to demonstrate they have the knowledge and skills to implement the plan • The services can reasonably be expected to improve the youth's condition or prevent further regression so that the services will no longer be needed

	• PRTF services shall be family-centered, trauma informed, culturally sensitive, age and developmentally appropriate and incorporate evidence-based practices when appropriate • 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, adolescent 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. • 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. • A monthly family engagement meeting with all team members will be held in person or via tele services. • 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. • 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 • Clinical intervention staff shall meet face-to-face (in person) with the youth privately a minimum of one (1) to two (2) hours per day. NEED to check this

	• The agency will collaborate and proactively plan with Probation/Problem-Solving Court Staff for the discharge of youth from service, this will plan will begin upon placement. If a youth is going to be discharged a court ordered must be obtained. During this process a trauma informed approach will be utilized to prepare the youth for the transition to ensure the most appropriate post-discharge placement is available for the youth prior to discharge. Criteria for discharge will be individualized, determined by the team, and approved by the court. • The discharge plan must identify the anticipated parent/guardian/caregiver, what school the youth will attend recommendations for the Individual Educational Plan (IEP), outline the aftercare treatment plan, and identify potential barriers to the community reintegration and what has/is being done to address those barriers • If the agency requests a youth to be removed the facility, a family engagement meeting shall be held within 3 business days to develop a transition plan for the youth. The plan will include educational, clinical, living, environment etc. • When the youth's discharge is not planned, the provider shall give probation/problem solving court officer a fourteen (14) calendar day notice in writing. During the fourteen (14) day period of time, the agency shall use a trauma informed approach to prepare the client for the impending discharge and will work collaboratively with probation to determine the most appropriate transition or post discharge placement for the youth. During this time a written transition plan will be completed, this plan will include how the youth's educational, clinical, living, and environmental needs will be met. This plan must be court approved. • Probation/Problem Solving Court Staff may make an immediate change in placement without court approval only if the juvenile is in a harmful or dangerous situation (e.g. natural disaster). Approval of the court shall be sought within twenty-four hours after making the change in placement or as soon thereafter as possible. The office shall provide all interested parties with a copy of any report filed with the court by the office pursuant to this subsection. Reference NE Revised Statute 43-297.01. Probation Officers will work collaboratively with facility staff or foster parent(s) to determine if an immediate change in placement is necessary. The team will work collaboratively to execute a plan for the youth's immediate placement. The youth's educational, environmental, and emotional needs will all be addressed in this plan • A fourteen (14)-calendar day written notice is not required when the provider and probation mutually agree that it is in the best interests of the client to move sooner. • Services must be trauma-informed, culturally and linguistically appropriate, age and developmentally appropriate and incorporate evidence-based practices when 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 • Facilities will be in compliance with CFR title 42; Chapter IV; Subchapter G; Part 483; Subpart G regarding use of restraint or seclusion in Psychiatric Residential Treatment Facilities providing inpatient psychiatric services for youth under age 21

Service Frequency	• 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 the youth unless clinically contraindicated:
	  • Individual therapy and substance use counseling
	  • Group therapy and or substance use therapy
	  • Family therapy

Length of Service	Length of service is individualized and based on clinical criteria for admission and continuing services, as well as the youth'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: Advanced Practice Registered Nurse – Nurse Practitioner (APRN-NP); 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-NP or physician with a specialty in psychiatry ▪ Registered Nurse or APRN-NP, 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. • Supervising Physician: required to be a physician; the responsibilities of the supervising physician include but are not limited to the following: ▪ Complete an initial diagnostic interview (IDI) 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 • Service/Clinical Director: LMHP, Psychiatric RN, APRN-NP, 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-NP, 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-NP 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 • 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. • Services must be trauma-informed, culturally and linguistically appropriate, age and developmentally appropriate and incorporate evidence-based practices when appropriate • 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.
Staff to Client Ratio	Therapists/licensed practitioners to youth-1:10 Direct Care Staff-1:4 during awake hours; 1:6 during overnight
Hours of Operation	24 hours/7 days a week
Service Desired Outcomes	• Youth's mental health, substance use and sexually harming symptoms and behaviors have been ameliorated and daily functioning 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 risk reduction/recovery plan. • Youth and family have support systems secured and (safety plan) risk reduction plan in place to help maintain stability in the community. • Symptoms are stabilized and the individual no longer meets clinical guidelines for PRTF level of care. • The individual has made substantial progress on his/her self-developed recovery plan goals and objectives, and developed a crisis relapse/prevention plan. • The individual is able to be safely treated in the community in an outpatient setting.
Unit and Rate	See rate sheet