

<b>Service Name</b>	<b>Transitional Living Halfway House</b>
<b>Category</b>	Behavioral Health Treatment
<b>Setting</b>	Facility Based
<b>Facility License</b>	As required by the Nebraska Department of Health and Human Services (DHHS) – Division of Public Health
<b>Service Description</b>	Halfway House is a transitional, 24-hour structured supportive living/treatment/recovery facility located in the community for adults seeking reintegration into the community generally after primary treatment. This service provides safe housing, structure and support, affording individuals an opportunity to develop and practice their interpersonal and group living skills, strengthen recovery skills and reintegrate into their community, find/return to employment or enroll in school.
<b>Service Expectations</b>	<ul style="list-style-type: none"> <li>• Ensure a strengths based substance use disorder assessment and mental health screening conducted by licensed clinician will be completed at admission with ongoing assessment as needed.</li> <li>• Ensure an individualized treatment/recovery plan, including discharge and relapse prevention, is developed under clinical supervision with the individual (consider community, family and other supports) within 14 days of admission. The plan should address the Driver as identified by Probation and short term goals.</li> <li>• Review and update of the treatment/recovery plan with the individual and other approved family/supports every 30 days or more often as medically indicated.</li> <li>• Monitor to promote successful reintegration into regular, productive daily activity such as work, school or family living.</li> <li>• Monitor stabilized co-occurring mental health problems.</li> <li>• Consultation and/or referral for general medical, psychiatric, psychological, and psychopharmacology needs.</li> <li>• Provide a minimum of 8 hours of skilled treatment and recovery focused services per week including therapies/interventions such as individual, family, and group psychotherapy, educational groups, motivational enhancement and engagement strategies.</li> <li>• Ensure facilities are safe and secure for all residents.</li> <li>• Residents must have access to resources to address basic needs including food, clothing, transportation, hygiene and healthcare.</li> <li>• The provider will ensure 24-hour crisis intervention is available to aid in the stabilization of crisis situations.</li> <li>• The provider will stipulate accountability to probation requirements and engage in ongoing communication with supervising officers in regards to case plans; specifically the provider will report instances when individual on probation is suspected to be under the influence of drugs or alcohol, when an individual on probation does not stay at facility overnight, and/or suspected criminal behavior.</li> <li>• Medication coordination with behavioral health and medical professionals as necessary.</li> <li>• Relapse prevention/risk reduction plan has been established; individual knows how to implement this plan.</li> <li>• The collaborative discharge plan will promote successful reintegration into productive daily activities such as work, school and/or family living, including the establishment of individual social supports to enhance recovery. The discharge plan should include recommendations for continuing care as clinically indicated.</li> <li>• Services must be trauma informed, culturally sensitive, age and developmentally appropriate and incorporate evidence-based practices.</li> </ul>
<b>Service Frequency</b>	24 hours/day, 7 days/week

<b>Length of Assistance</b>	Individualized based on needs of individual; Probation will provide financial assistance for up to 12 Weeks (84 days)
<b>Staffing</b>	<ul style="list-style-type: none"> <li>• Clinical Director (APRN, RN, LMHP, LIMHP, or licensed psychologist) or LADC working with the program and responsible for all clinical decisions (i.e. admissions, assessment, treatment/discharge planning and review) and to provide consultation and support to care staff and the individuals they serve.</li> <li>• Appropriately licensed and credentialed professionals working within their scope of practice to provide substance use disorder treatment. LADC's and PLADC's are included and Behavioral Health Services funded programs must have a minimum of 50% licensed alcohol and drug counselors.</li> <li>• Direct Care Staff, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable.</li> <li>• All staff should be educated/trained in rehabilitation and recovery principles.</li> <li>• Staff must have experience, knowledge and education with all facility programming.</li> <li>• Staff must be affiliated with an agency registered as a service provider.</li> </ul>
<b>Staff to Client Ratio</b>	<ul style="list-style-type: none"> <li>• Clinical Director to direct care staff ratio as needed to meet all responsibilities</li> <li>• 1:10 Direct Care Staff to Individual (day and evening hours), 1:12 Therapist to Individual</li> <li>• 1 staff awake overnight with on-call availability</li> <li>• On-call availability of direct care staff and licensed clinicians 24/7</li> </ul>
<b>Service Desired Outcomes</b>	<ul style="list-style-type: none"> <li>• The individual resides and actively participates in programming/services</li> <li>• The individual has developed support systems to help maintain stability in the community</li> <li>• Individual has substantially met transition plan goals and objectives</li> <li>• Individual has improved daily functioning and has reduced criminogenic risk</li> <li>• Individual has identified a long-term, safe, sober and stable housing</li> <li>• Provider has coordinated with other professionals as needed</li> </ul>
<b>Unit and Rate</b>	Per Day