

# SUPREME COURT OF NEBRASKA

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## ADMINISTRATIVE OFFICE OF THE COURTS & PROBATION

**Janice K. Walker**  
*State Court Administrator*

**Ellen Fabian Brokofsky**  
*State Probation Administrator*

Dear Prospective Registered Service Provider for Juvenile Services:

Thank you for your interest in working with juveniles served by Nebraska State Probation.

We look forward to collaborating with families, providers, and communities to provide quality services to these youth. Enclosed you will find all of the information needed to register your services with the Administrative Office of Probation.

Some highlights and reminders include:

- An overview of Nebraska Juvenile Services, definitions, and expectations.
- Providers must be registered with the Administrative Office of Probation to provide any services for juveniles involved with Nebraska State Probation.
- Regardless of the payment source, the Administrative Office of Probation's information management system will be utilized to provide progress reports in a timely manner.
- Providers of substance use services must also be registered and in good standing with the Administrative Office of Probation for the Standardized Model for the Delivery of Substance Use Services.
- Individuals in administrative positions who do not provide direct services to juveniles are not required to fill out the online registration in order to access the Administrative Office of Probation's information management system. These individuals should contact Kathy Cummins at (402) 471-8572 or by email to [kathy.cummins@nebraska.gov](mailto:kathy.cummins@nebraska.gov) to discuss options.
- Upon approval of your application, there is a 6 month grace period for the completion of any outstanding training and education requirements, during which you will be authorized to provide services.

A Registered Service Provider for Juvenile Services may be removed due to failure to comply with the rules of the Administrative Office of Probation. If you have any questions or comments, please email Jared Gavin, Fee for Service Delivery Specialist, at [jared.gavin@nebraska.gov](mailto:jared.gavin@nebraska.gov).

**Registered Service Provider for Juvenile Services  
Application Packet**

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## **Instructions for Completing the Application to Become a Registered Service Provider for Juvenile Services**

1. Review the Terms of Agreement for Registered Service Providers for Juvenile Services. Make sure you have a clear understanding of all requirements and agree to follow the guidelines set forth.
2. You will have 6 months to complete all required criminogenic continuing education hours. Any hours from the year prior to your application being accepted can be applied with approval of the Fee for Service Delivery Specialist or designee.
3. If you intend to provide services for substance use issues, you must also be registered and be in good standing with the Administrative Office of Probation for the Standardized Model for the Delivery of Substance Use Services.
4. If you are a provisionally licensed provider, your supervisor is required to review and co-sign all evaluations and case notes. Your supervisor must also be a Registered Service Provider for Juvenile Services and for the Standardized Model for the Delivery of Substance Use Services if you intend to provide services for substance use issues.
5. The application process depends on your current status as a provider with the Office of Probation Administration. Below are individualized instructions for how to access the appropriate application:

**New Provider Application** – This is for any provider not currently registered for any service with the Office of Probation Administration OR for providers that may be registered under an agency and want to be an independent provider or register under an additional agency. The application for this can be found online at:

<https://nsc-npacs-spapplication.ne.gov/npacs/spApplication/login.jsf>

**Existing Registered Service Provider Application** – Any approved provider who is registered under an agency and wants to register for Juvenile Services can apply online through the “New Application” link after logging in through the my.ne.gov website.

6. Make sure to complete each section thoroughly. You will be electronically notified as your application status changes or if additional information is necessary. An appeals process is on file with the Administrative Office of Probation if your application is denied.
7. You will receive instructions on how to accept vouchers and provide progress reports through the Administrative Office of Probation’s management information system following approval of your application.

If you have any questions, please email Jared Gavin, Fee for Service Delivery Specialist, at [jared.gavin@nebraska.gov](mailto:jared.gavin@nebraska.gov).

## **Terms of Agreement for Registered Service Providers for Juvenile Services**

By submitting an application to become a Registered Service Provider for Juvenile Services, I understand and agree to adhere to all elements of this Agreement, including data collection, when providing services to clients involved with Juvenile Services. This will apply to all juveniles who are served by Nebraska State Probation regardless of funding source.

### **Process:**

The Administrative Office of Probation shall consider for registration only those individuals/agencies that have a clear understanding of the connection between the service they provide, criminogenic risk, and behavior change. Registered Service Providers for Juvenile Services are also expected to meet the following criteria:

1. Hold a valid license to provide substance use or mental health services. If provisionally licensed, the provider must be working under the direct supervision of a fully-licensed provider who is also a Registered Service Provider. Out-of-home placement providers must hold proper credentialing/licensing for their service.
2. Have completed required training and 6 continuing education units of criminogenic risk factors contributing to a juvenile's delinquent behavior and participate in 12 continuing education units every 2 years following approval as a Registered Service Provider for Juvenile Services. If a current Registered Service Provider for the Standardized Model for the Delivery of Substance Use Services applies to be a Registered Service Provider for Juvenile Services, continuing education units previously attained will be applied.
3. Registered Service Providers for Juvenile Services will register either individually or as an agency depending on the service they intend to provide:
  - a. ***Substance Use Services and Services for Co-Occurring Disorders***  
All providers of substance use services or services for co-occurring disorders must also be registered and be in good standing with the Administrative Office of Probation for the Standardized Model for the Delivery of Substance Use Services. If you are a provisionally licensed provider, your supervisor must be a Registered Service Provider for Juvenile Services and must also be registered and in good standing with the Administrative Office of Probation for the Standardized Model for the Delivery of Substance Use Services.
  - b. ***Mental Health providers-Community-Based***  
Each community-based provider of mental health services will be registered individually. If you are a provisionally licensed provider, your supervisor must be a Registered Service Provider for Juvenile Services.
  - c. ***Non-treatment service providers-Community-Based***  
Non-treatment service providers will register as an agency and will select a representative to serve as a contact for their agency. The representative must be in a supervisory capacity for the provided service. This person will be responsible for completing the education hours required as a Juvenile Services Provider. It is recommended that all staff that provide direct care to juveniles complete the education requirements. This information does not apply to tracker services and additional information is available for this service

- d. Out of home placement and residential mental health treatment providers*  
Providers will register as an agency and will select a representative to serve as a contact for their agency. The representative must be in a supervisory capacity for the level of the provided service. This individual will be responsible for completing the continued education units required as a Registered Service Provider for Juvenile Services. It is recommended that all staff that provide direct care to juveniles complete the education units.
4. All providers must have an understanding of the expectations of being a Registered Service Provider for Juvenile Services, including the following:
- The use of validated evaluation tools when appropriate.
  - Register with the Administrative Office of Probation prior to providing services and provide progress reports in accordance with all confidentiality requirements in the management information system within a timely manner.
  - Provide services in accordance with the expectations of the Administrative Office of Probation.
  - Communicate and cooperate with referring juvenile justice agencies concerning service delivery and progress.
  - Agencies that provide treatment services agree to utilize only those employees who are Registered Service Providers for Juvenile Services.
  - Registered Service Providers for Juvenile Services will maintain access to the Internet and will maintain the ability to send and receive secure emails.
  - There is a 6 month grace period in which to obtain the needed equipment for Internet and email capabilities.
  - Hold and maintain appropriate licensure for the service(s) they provide.
  - Deliver services in a manner that is consistent with professional and ethical standards, with applicable laws and regulations, and with applicable accreditation standards.
  - Maintain high standards of professional competence and integrity by providing services within the recognized boundaries of their competence.
  - Cooperate with the Administrative Office of Probation in the initial and ongoing verification of professional credentials.
  - Immediately notify the Administrative Office of Probation if changes occur in the status of a professional credential, if changes occur in membership within a professional association, or if any other disciplinary action is taken against a provider.
  - Immediately notify the Administrative Office of Probation if privileges to practice or provide services for any insurance company/health plan are suspended or restricted.
  - Immediately notify the Administrative Office of Probation if any claim is made against a provider in a civil suit or if a claim is filed with a provider's professional liability insurance.
  - Immediately notify the Administrative Office of Probation if a provider voluntarily gives up privileges, registration, certification, or licensure to practice agrees to restrict their practice as a professional.
  - Immediately notify the Administrative Office of Probation of any legal charges received and of any allegations of abuse or neglect.
  - Cooperate with the Administrative Office of Probation to resolve complaints, reports of critical incidents, and quality assurance concerns.

**Failure to adhere to any of the terms listed above may result in denial or removal as a Registered Service Provider for Juvenile Services. The Administrative Office of Probation reserves the right to deny, audit, evaluate, and monitor the services of any and all participating individuals/agencies.**

## OVERVIEW OF JUVENILE SERVICES

### Administrative Office of Probation Vision

Be a nationally recognized leader in the field of justice committed to excellence and safe communities.

### Mission Statement of the Administrative Office of Probation

We, the leaders in community corrections, juvenile and restorative justice, are unified in our dedication to delivering a system of seamless services which are founded on evidence-based practices and valued by Nebraska's communities, victims, offenders and courts. We create constructive change through rehabilitation, collaboration, and partnership in order to enhance safe communities.

### Overview of Juvenile Services

It is the intent of Juvenile Services to provide meaningful opportunities for juveniles within the juvenile justice system to be rehabilitated. Providing beneficial, targeted services to juveniles on probation promotes behavior change and rehabilitation. It allows for the juvenile's needs to be met in the least intrusive, least restrictive manner; while maintaining the safety of the juvenile and the community. The Administrative Office of Probation is dedicated to working with families and with providers to eliminate the barriers to juveniles receiving needed services.

### **Procedures:**

#### A. Determination of Service Need

1. The probation officer will identify the service needs of juveniles through the preadjudication or investigative phase of the process or through supervision of a juvenile involved with Nebraska State Probation. Service needs will be identified and prioritized according to criminogenic risk and need factors. Behavioral health and substance use treatment services will have supporting recommendations from a qualified clinician. The emphasis is to provide the least restrictive services available to achieve behavior change and public safety.
2. During the investigative process, the probation officer will engage the family to determine if there are resources available to pay for needed services. This will include, but is not limited to the following: private pay, health care insurance, use of sliding-fee scales, and Medicaid/Medicare. Research indicates families who participate financially in their juvenile's care are more invested in the service the juvenile receives. This results in better outcomes for the juvenile, their family, and community.
3. If no other payment option is available for a needed service, the probation officer will determine if the juvenile meets the criteria for utilization of funds through the Fee for Service Program.
4. If the juvenile meets the criteria for funding, the need for a service voucher will be reviewed by the Juvenile Justice Resource Supervisor or their designee for approval.
5. Once approved by the Juvenile Justice Resource Supervisor or their designee, the probation officer will begin the referral process.

#### B. Service referral

The decision of which Registered Service Provider for Juvenile Services will provide the needed service will be made by the juvenile and her/his family, in consultation with the probation officer.

1. When a provider has been selected, the probation officer shall ensure a release of information has been signed and remains on file during the period of time a juvenile is being served.
2. The probation officer will fill out a probation referral form. Included in the referral is information regarding the juvenile's criminogenic risk, the results of any screening instruments utilized by the probation officer, and identification of the desired outcome for that service.
3. If the juvenile's services are to be funded by the Fee for Service Program, the probation officer will generate an authorization in the form of an electronic voucher in the management information system.
4. If another source will be used to fund the service, a non-monetary voucher will be generated by the probation officer to allow the provider to submit reports electronically through the Administrative Office of Probation's management information system.

C. Project Authorizations/Payment

1. Service vouchers will be approved for a specified length of time and at a specific rate determined for each level of care and service. A voucher must be pre-approved before services are delivered. There are times that vouchers cannot be immediately issued and communication from the Administrative Office of Probation, Chief Probation Officer, or the Juvenile Justice Resource Specialist will serve as the guarantee of payment if all other voucher rules are met.
2. Rates and lengths of the individual vouchers are noted in the Levels of Care/Services Definitions which are included in this packet.
3. The utilization of vouchers by Registered Service Providers will follow all rules of the Fee for Service Program.
4. Additional vouchers will be authorized only after approval by the probation officer. Continued service authorization must be pre-approved and will be based on the provider's monthly reports and consultation with the assigned probation officer. To recommend an additional service voucher be authorized, the probation officer must determine the service provided is beneficial to the juvenile, is in compliance with the juvenile's probation order, and reduction of criminogenic risk factors is being accomplished. This will be done by review of monthly provider reports, and in consultation with the Registered Service Provider for Juvenile Services, the juvenile and their family. The Court will be advised of changes in any levels of care for the juvenile, as per district process.
5. When the juvenile has insurance coverage, but the family is unable to pay deductibles and or co-pays, a voucher for financial assistance may be considered. Issuance of such a voucher is reviewed and approved through the District or Regional Juvenile Justice Resource Supervisor, or designee. The probation officer will initiate this review and should assistance be approved, the officer and provider will be advised of the percentage of the deductible and co-pay per unit the family can contribute.

D. Quality Assurance

Vouchers generated by probation officers and progress reports submitted by providers are periodically reviewed by quality assurance staff within the Administrative Office of Probation. It is the responsibility of the quality assurance staff to ensure service delivery compliance, fiscal

compliance, and reporting compliance. For information regarding quality assurance, please refer to the Juvenile Services Rules document. The Registered Service Provider for Juvenile Services Welcome Packet and Voucher Rules will be reviewed a minimum of one time each year, generally in October.

## **Service Definitions for Juvenile Services**

The services are divided into four categories: Substance Use Services, Other Treatment Services, Non-Treatment Services, and Out of Home Placements. Within each, you will find the expectations pertaining to that category of services.

Each category will have a first column where levels of care/services are defined. In the second column is the average length of time a juvenile is expected to utilize that service and/or the frequency the service is provided. The last column reflects the service units authorized per voucher. If the service is available for monetary vouchers, the payment per unit is listed.

All Registered Service Providers for Juvenile Services recognize the importance of engaging the juvenile's family in services to effect and sustain positive behavior change. Exceptions to this must be explicitly documented and discussed with the probation officer.

It is expected that providers have initial and frequent contact with the juvenile's probation officer to discuss how services will be a collaborative part of addressing the juvenile's criminogenic risk factors and enhancing behavior change. The submission of progress reports serves as one component of assessing and reassessing the juvenile's progress.

The payment amount reflects a standard maximum approved rate as approved by the Administrative Office of Probation.

Included at the end of this section are additional services that may be utilized with a juvenile during their course of probation. These services are provided within the probation district to support probation supervision and treatment / service interventions.

## Substance Use Services

Services that provide evaluation and treatment of substance use issues.

All providers of substance use services must also be registered and in good standing with the Administrative Office of Probation for the Standardized Model for the Delivery of Substance Use Services.

If you are a provisionally licensed provider, your supervisor must be a Registered Service Provider for Juvenile Services and must also be registered and in good standing with the Administrative Office of Probation for the Standardized Model for the Delivery of Substance Use Services.

**Please refer to the Reference Packet for the Standardized Model Application Process for information about the definitions and expectations for the services listed below.**

Service	Units per authorization, <i>Payment per unit.</i>
Substance Use Education / Intervention	15 hours, \$10/hour
Medical Detox*	3 days, \$282/day
Partial Care Treatment	30 days, \$70/day
Halfway House/Group Home*	30 days, \$97/day
Substance Use Evaluation	1 Evaluation, \$190
Substance Use Outpatient Counseling	8 sessions, \$88/session
Substance Use Intensive Outpatient Program	60 hours, \$27/hour
Substance Use Therapeutic Group Home or Therapeutic Community*	<p><b>Therapy and Room and Board</b> 30 days, \$272/day,</p> <p><b>Room and Board Only</b> (another payment source is paying for therapy) 30 days, \$89/day</p>

\*If the substance use service is provided in an out of home setting, Registered Service Providers for Juvenile Services must comply with the following expectations, in addition to the requirements of the Standardized Model for the Delivery of Substance Use Services:

- 1) The service must be recommended by an appropriately licensed behavioral health professional. Evaluation and treatment services are expected to identify behavioral health conditions in a timely manner and/or provide services that are reasonably expected to improve or maintain the juvenile's condition and functional level in order to prevent relapse or hospitalization.
- 2) Providers are expected to develop individualized treatment plans with clinical goals. Treatment services should utilize evidence-based practices that are appropriate for juveniles and their

families. Treatment records should be maintained in accord with professional and ethical standards, with applicable laws and regulations, and with applicable accreditation standards.

- 3) If a juvenile is not on Medicaid upon admission, providers of residential services shall immediately complete a Medicaid application on behalf of the juvenile. The provider should contact the probation officer or designee for information about the application process.
- 4) If a juvenile is receiving any federal financial assistance such as Social Security benefits or disability benefits, providers of residential services shall apply to become payee for such benefit and have the amount applied to the cost of the juvenile's treatment.
- 5) Transportation costs within a 25 mile radius of the Residential Service provider will be the responsibility of the Registered Service Provider for Juvenile Services. Transportation beyond that radius will be the responsibility of the juvenile's family.
- 6) The Provider shall contact the probation officer (or designee) and the family, immediately regarding all changes which will affect the juvenile's status (e.g. run away, suicidal ideation, medical emergency, law violation, detention, etc.)
- 7) Juveniles cannot be discharged or transferred from a residential service without the approval of the Court. A provider shall not allow the juvenile to move to any other facility or placement without approval of the court, including discharge.
- 8) Consideration will be given to transferring the juvenile to another provider/service if a lack of progress is noted in treatment, if the juvenile's criminogenic risk fails to decrease, or if barriers impede effective treatment. The probation officer, provider, the juvenile, and their family shall be involved in these discussions.
- 9) Discharge of a juvenile from treatment shall be considered when the provider, the juvenile's family, and the probation officer determine that one of the following has occurred: a) The juvenile requires a less restrictive level of care, b) The juvenile has achieved his/her treatment goals, or c) The juvenile requires a more restrictive level of care. Within 7 days of discharge, the provider is expected to complete a discharge summary (including a relapse prevention/transition plan) and enter it into the probation management information system.

## **Other Treatment Services**

Services that provide therapeutic counseling

### **General expectations for this category of services:**

- 1.) Other treatment services must be recommended by an appropriately licensed behavioral health professional.
- 2.) Evaluation and treatment services are expected to identify behavioral health conditions in a timely manner and/or provide services that are reasonably expected to improve or maintain the juvenile's condition and functional level in order to prevent relapse or hospitalization.
- 3.) Providers are expected to develop individualized treatment plans with clinical goals. Treatment services should utilize evidence-based practices that are appropriate for juveniles and their families. Treatment records should be maintained in accord with professional and ethical standards, with applicable laws and regulations, and with applicable accreditation standards.
- 4.) If a juvenile is not on Medicaid upon admission, providers of residential services shall immediately complete a Medicaid application on behalf of the juvenile. The provider should contact the probation officer or designee for information about the application process.
- 5.) If a juvenile is receiving federal financial assistance such as Social Security benefits or disability benefits, providers of residential services shall apply to become the payee for such benefit and have the amount applied to the cost of the juvenile's treatment.
- 6.) Transportation costs within a 25 mile radius of the residential service provider will be the responsibility of the provider. Transportation beyond that radius will be the responsibility of the family.
- 7.) The provider shall contact the probation officer (or designee) and the family, immediately regarding all changes which will affect the juvenile's status (e.g. run away, suicidal ideation, medical emergency, law violation, detention, etc.)
- 8.) Juveniles cannot be discharged or transferred from a residential service without the approval of the Court. A provider shall not allow the juvenile to move to any other facility or placement and shall not discharge the juvenile without approval of the court.
- 9.) Consideration will be given to transferring the juvenile to another provider or service if a lack of progress is noted in treatment, if the juvenile's criminogenic risk fails to decrease, or if barriers impede effective treatment. The probation officer, provider, the juvenile, and their family shall be involved in these discussions.
- 10.) Discharge of a juvenile from treatment shall be considered when the provider, the youth's family, and the probation officer determines that one of the following has occurred: a) The juvenile requires a less restrictive level of care, b) The juvenile has achieved her/his treatment goals, or c) The juvenile requires a more restrictive level of care.
- 11.) Within 7 days of discharge, the provider is expected to complete a discharge summary (including a relapse prevention/transition plan) and enter it in the management information system.

**OTHER TREATMENT SERVICES** Services that provide psychotherapy or counseling.

Lv- Intensity level of service within each LOC. 1-most intensive to 5 least intensive.

**Emergency Services**

Very short term-unscheduled service availability in time of crisis in a variety of settings.

Service	Service Description	Defined Time/Hrs./Length	Units per authorization, Payment per unit.
Lv-1 Acute Inpatient Hospitalization	The most intensive level of psychiatric care. 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 structure treatment milieu are required. The goal is to stabilize juvenile who display acute psychiatric conditions. Typically the juvenile poses a significant danger to self or others, or displays severe psychosocial dysfunction. Special treatment may include physical and mechanical restraint, seclusion, and a locked unit.	1-7+ days	7 days, \$645/day

**Non-Residential Services**

Least intensive services based on clinical need offered in a variety of community settings; juvenile lives independently with family, guardian, relatives, or can also be accessed while residing in foster care or group home settings.

Service	Service Description	Defined Time/Hrs./Length	Units per authorization, Payment per unit.
Lv-4 Outpatient Counseling	Behavioral Health services that are rendered in an office, clinic environment, an individual's home or other community locations appropriate to the provision of service for psychotherapy or counseling. Services can be delivered in individual, family, or group sessions, and can include specializations for juvenile with co-occurring disorders, eating disorders, and juvenile who sexually harm.	Varies- approx. 24 sessions in a 6 month period. 1-4 hours per week.	8 sessions, \$88/session
Lv. 4 Medication Management	Service rendered by a qualified Physician which sole purpose is to evaluate the juvenile's continued need for psychotropic medication, the provision of a prescription, and ongoing medical monitoring.	Varies, approximately one session each month	12 sessions, \$69/session

Service	Service Description	Defined Time/Hrs./Length	Units per authorization, Payment per unit.
Lv-3 Community Treatment Aide	Supportive, directive, and teaching services provided in the home, school and other appropriate location that assist the juvenile and/or family improve their capacity for living in the least restrictive environment. The juvenile is treated under the care of a supervising practitioner and treating practitioner and the prescribed community treatment services must be part of the overall treatment plan.	Varies on therapist's recommendation, emphasis on short-term intervention.	20 hours, \$44/hour
Lv-2 Intensive Outpatient Counseling	Provide time limited, multidisciplinary, multi-modal structured treatment in an outpatient setting. Programs are more significantly intensive than outpatient psychotherapy. The program shall be available at a minimum of 9 scheduled hours per week for at least 3 hours of availability per day. The program shall be offered at a minimum of 3 times per week but may also be available up to 7 days per week. Services can be delivered in individual, family, or group sessions, and can include specializations for juvenile with co-occurring disorders, eating disorders, and juveniles who sexually harm.	3 hours per day, 2-4 times a week, not generally exceeding 90 days, but will vary on client progress.	60 hours, \$27/hour
Lv-2 Partial Hospitalization	<p>Partial hospitalization is a hospital-based treatment program that provides treatment services at an intensity level similar to an inpatient setting; however, on less than a 24-hour basis. Partial hospitalization can be used 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 prevent the need for hospitalization or residential treatment.</p> <p>Provided services include nursing care; psychiatric evaluation and medication management; and individual, family, and group therapy; all within a therapeutic milieu.</p> <p>Partial hospital treatment may be appropriate when a juvenile does not require the more restrictive and intensive environment of a 24-hour inpatient or residential treatment setting, but does require up to six hours of clinical services on a daily basis.</p>	Varies-emphasis on short-term (3 weeks)	126 hours, \$42/hour

<b>Service</b>	<b>Service Description</b>	<b>Defined Time/Hrs./Length</b>	<b>Units per authorization, Payment per unit.</b>
Lv- 2 Functional Family Therapy (FFT)	<p>FFT is treatment delivered by a licensed therapist through short-term, intensive family focused intervention. Services are conducted in both clinic and home settings. Therapists have a caseload of around 10-12 clients.</p> <p>FFT is a strength-based model. It focuses on characteristics of the individual family members, family relational dynamics and their impact on promoting and maintaining problem behavior.</p> <p>To assure validity of the model, providers must have current certification to provide FFT and must provide documentation of this certification to the Office of Probation Administration.</p>	Average of 3 hours per week for 3 months, but will vary on client progress	30 days, \$430 per week per case
Lv-2 Multisystemic Therapy (MST)	<p>MST is treatment delivered by a licensed therapist. This is an intensive family and community-based treatment program that focuses on all the “systems” that impact the juvenile, home, family, school, neighborhood and peers. This approach best serves juveniles whose delinquent behavior can be linked to more than one of these “systems”</p> <p>Therapists see the juvenile in the community and in the home. Therapists are on call 24 hours a day. Therapists have a caseload of 4-6 clients.</p> <p>To assure validity of the model, providers must have current certification to provide MST and must provide documentation of this certification to the Office of Probation Administration.</p>	Average of 4 hours per week for 4 months, therapists are on-call as needed, hours will vary on client progress	30days, \$430 per week per case

<b>Service</b>	<b>Service Description</b>	<b>Defined Time/Hrs./Length</b>	<b>Units per authorization, Payment per unit.</b>
Lv-1 Day Treatment	<p>Day Treatment is an intensive, structured clinical program for juveniles who require integrated treatment and supportive services due to their behavioral health issues.</p> <p>Often these juveniles have not responded to treatment services offered at less intensive levels of care.</p> <p>Day Treatment programs typically provide 3 or 6 hours of programming on a daily basis, depending upon the needs of the juvenile. Often one of the differentiating criteria is where the juvenile attends school.</p> <p>Day Treatment programs may be developed with a specialty focus to treat behavioral health conditions; such as substance use disorders, eating disorders, or co-occurring conditions. Day Treatment programs can also be developed to provide treatment to a specific treatment population, such as youth who sexually harm. Day Treatment programs can also be developed to treat specific age groups of juveniles, such as transition-age youth or middle school-aged youth who have behavioral health issues.</p>	Services provided up to 5 days each week, for at least 3 hours each day, for an average of 5 to 6 weeks	90 hours, \$42/hour

## Evaluations

Services that include a review of information from multiple sources to determine behavioral health diagnoses and develop a treatment plan.

<b>Service</b>	<b>Service Description</b>	<b>Defined Time/Hrs./Length</b>	<b>Units per authorization, Payment per unit.</b>
Lv.4 Co-Occurring Evaluation	This evaluation includes a substance use evaluation which complies with the Standardized Model for the Delivery of Substance Use Service requirements and an Initial Diagnostic Interview.	The evaluation should be completed as soon as possible, and provided back to the referral source no later than 60 days from request.	1 Evaluation, \$287/Evaluation

Service	Service Description	Defined Time/Hrs./Length	Units per authorization, Payment per unit.
Lv.4 Psychiatric Evaluation	<p>This <u>outpatient</u> interview is conducted as a standalone evaluation to include a <i>Biopsychosocial</i> and <i>Initial Diagnostic Interview</i>, by a Physician or PA/APRN. It assesses or reassess, if the juvenile presents with a behavioral health condition, and focuses on the possible need for psychotropic medication.</p> <p>Psychiatric interview conducted subsequent to a comprehensive evaluation which included a social history will be reimbursed at \$127</p>	The evaluation should be completed as soon as possible, and provided back to the referral source no later than 60 days from request.	<p>1 Evaluation, \$324/Evaluation</p> <p>Psychiatric Interview Only \$127</p>
Lv.4 Psychological Evaluation	Evaluation consists of a <i>Biopsychosocial</i> evaluation, <i>mental status exam</i> and not to exceed 5 hours of psychological testing. Standardized testing is utilized to assess a juvenile's psychological or cognitive functioning.	The evaluation should be completed as soon as possible, and provided back to the referral source no later than 60 days from request.	1 Evaluation \$750/Evaluation
Lv.3 Juvenile Who Sexually Harm Risk Evaluation	<p>A comprehensive evaluation to determine the risk of a client continuing sexually inappropriate behaviors and treatment recommendations. These evaluations are completed with juveniles who are adjudicated for a sexual offense, or in a Pre-Treatment Evaluation further evaluation for sexual issues were indicated.</p> <p><b>This evaluation shall include the elements as found in the Youth Who Sexually Harm Evaluation Attachment</b></p>	The evaluation should be completed as soon as possible, and provided back to the referral source no later than 60 days from request.	1 Evaluation, \$1000/Evaluation

Service	Service Description	Defined Time/Hrs./Length	Units per authorization, Payment per unit
Lv-3 Professional Resource Family Care	<p>Professional Resource Family Care provides short-term and intensive supportive resources for the client and his/her family. It is intended to serve a crisis stabilization option for the family in order to avoid psychiatric inpatient and institutional treatment of the client by responding to potential crisis situations through the utilization of a co-parenting approach provided in a surrogate family setting.</p> <p>The goal is supporting the client and family in ways that address current acute and/or chronic mental health needs and coordinate a successful return to the family setting at the earliest possible time. During the time the professional resource family is supporting the client, there is regular contact with the family to prepare for the client's return and his/her ongoing needs as part of the family.</p>	1-3 months	<p><b>Therapy and Room and board</b> 30 days, \$108/day,</p> <p><b>Room and Board only</b> (insurance or Medicaid paying therapeutic service) 30 days, \$54/day</p>
Lv-2 Therapeutic Group Home	<p>The goal of a therapeutic group home is to maintain the client's connections to their community, yet receive and participate in a more intensive level of treatment in which the client lives safely in a 24-hour setting. Therapeutic group homes are facilities specifically designed not to resemble institutions that let 4-8 clients live in a home-like environment with an organized, professional staff who deliver safety, supervision, rehabilitation services, and treatment services.</p> <p>At least 21 hours of active and rehabilitation treatment per week for each client is required to be provided by qualified staff. Therapist to juvenile ratio is 1:12 minimum, staff to juvenile ratio is at minimum 1:6</p>	4-6 months	<p><b>Therapy and Room and board</b> 30 days, \$272/day</p> <p><b>Room and Board only</b> (insurance or Medicaid paying therapeutic service) 30 days, \$89/day</p>

Service	Service Description	Defined Time/Hrs./Length	Units per authorization, <u>Payment per unit</u>
Lv.1 Psychiatric Residential Treatment Facility	<p>Psychiatric residential treatment facility services are clinically necessary services provided to a client who requires 24-hour professional care and treatment in a highly structured, closely supervised environment. Professional care and treatment means care and treatment identified as medically necessary that can reasonably be expected to reduce or eliminate the client's mental health and/or substance use dysfunctions.</p> <p>Therapeutic interventions include:</p> <ol style="list-style-type: none"> <li>1. Twice weekly individual psychotherapy and/or substance use counseling;</li> <li>2. Daily group psychotherapy and/or substance use counseling;</li> <li>3. Weekly family psychotherapy and/or family substance use counseling. A family therapy session shall be provided on the day of admission and the day prior to discharge.</li> </ol>	4-6 months	<p><b>Hospital Based</b> 30 days, \$397/day</p> <p><b>Specialty Based</b> 30 days, \$314/day</p> <p><b>Community Based</b> 30 days, \$295/day</p>

## **NON-TREATMENT SERVICES**

Non-treatment related supports which effect positive behavior change.

### **General expectations for this category of services:**

- 1.) Providers are expected to develop individualized service plans with goals. Non-Treatment services should utilize evidence-based practices that are appropriate for juveniles. Records should be maintained in accord with professional and ethical standards, with applicable laws and regulations, and with applicable accreditation standards.
- 2.) Consideration will be given to transferring the juvenile to another provider or service if a lack of progress is noted, if the juvenile's criminogenic risk fails to decrease, or if barriers impede the effective delivery of services. The probation officer, provider, the juvenile, and their family shall be involved in these discussions.
- 3.) Discharge of a juvenile from non-treatment services shall be considered when the provider, the family, and probation officer determines that one of the following has occurred: a) The juvenile requires a less restrictive service, b) The juvenile has achieved her/his goals, or c) The juvenile requires a more restrictive service.
- 4.) Within 7 days of discharge, the provider is expected to complete a discharge summary (including a transition plan).

**NON-TREATMENT SERVICES**

Non-treatment related supports which effect positive change.

**Information Courses**

Formal courses designed to help encourage positive behavior and life choices.

<b>Service</b>	<b>Service Description</b>	<b>Defined Time/Hrs./Length</b>	<b>Units per authorization, Payment per unit</b>
Lv-5 General Education Class	Staff supervised education programs are very structured with a specific outcome for the juvenile. Minimally, one staff supervised 6-8 hour class, which can be completed in one day or over several weeks. These programs can cover a variety of topics and includes support groups or self-help referrals.	6-15 hours, in one session or several weeks.	15 hours, \$10/hour
Lv.4 Anger Management Class	These classes have the same general staffing and structure as general education classes, but focuses on developing the skills to control negative behaviors associated with anger.	6-15 hours, in one session or several weeks	15 hours, \$10/hour

**Family Support Services**

A variety of supports available to effectively build family strengths which impact at-risk behaviors in juveniles and overcome barriers to positively changing those behaviors.

<b>Service</b>	<b>Service Description</b>	<b>Defined Time/Hrs./Length</b>	<b>Units per authorization, Payment per unit</b>
Lv.4 Supervised Visitation	A worker who is assigned to monitor visitation between a juvenile and their parent/caretaker, according to the parameters outlined in a visitation plan approved by the Court. Each worker is expected to register individually.	Varies per case	20 hours, \$52/hour

Service	Service Description	Defined Time/Hrs./Length	Units per authorization, Payment per unit
Lv-3 Family Support Worker	A service which provides a worker in the home to assess family strengths and work with parents/caretakers on skill building in parenting, socialization, discipline and coping mechanisms. Weekly contact with the probation officer is required. Each family support worker is expected to register individually.	Ave. of 5 hours per week, 4-5 months	25 hours, \$52/hour
Lv-3 Family Partner	A service which provides the parent/caregiver with an adult peer mentor, who has also navigated the mental health/behavioral, welfare, and or justice system. Its primary function is to work with the parent and juvenile to increase family preservation through education, skill building and advocacy.	Ave. of 2 hours per week varies, but varies on need of the family, 6-8 months	20 hours, \$52/hour
Lv. 3 Professional Partner Program	The Professional Partner Program is provided by the Behavioral Health Regions. It is a Wraparound and Family-Centered case management service for severely emotionally disturbed children (birth to 21) and their families to help them achieve goals of stability, functioning, and community integration.	To be identified in the Individualized Family Service Plan	Presently provided at no cost through the Behavioral Health Regions for eligible juveniles.  Up to \$804.11 per month for other juveniles on a case by case basis.
Lv-2 Expedited Family Group Conference	An expedited and limited-scope family group decision making model, which engages the juvenile, their family, and supportive community agency members to resolve a crisis. A crisis which could impact the juvenile's placement in the home.	2-4 hours of conferencing, 5-14 hours of mediation center preparation and follow-up.	One (1) Conference, \$1,730/conf.

<b>Service</b>	<b>Service Description</b>	<b>Defined Time/Hrs./Length</b>	<b>Units per authorization, Payment per unit</b>
Lv-2 Intensive Family Preservation (IFP)	IFP services are provided by a team consisting of a licensed mental health professional and a skill builder. IFP services are provided in the family home and/or in another setting familiar to the family. IFP services are designed to improve family functioning to effect behavior change to reduce the juvenile's criminogenic risk and to increase the family's access to community resources and other informal and formal supports. Crisis management and stabilization is provided 24 hours each day, 7 days each week.	15 weeks	30 days, \$430 per week per case

### Ancillary Support Resources

A variety of supports available to effectively target at-risk behaviors in juvenile and overcome barriers to positively changing those behaviors.

<b>Service</b>	<b>Service Description</b>	<b>Defined Time/Hrs./Length</b>	<b>Units per authorization, Payment per unit</b>
Lv-3 Tracker	Tracker services are a community-based service that assists the probation officer with case management functions in the least restrictive manner. Tracker services provide support to juveniles through the development of a mentoring relationship with a positive role model. Tracker services provide the opportunity for face-to-face contacts in addition to contact with the Probation Officer. Refer to the Tracker Service Description and Expectations document for more detailed information. Each tracker is expected to register independently. One representative from the agency is expected to complete the continuing education requirements.	See Tracker Services Attachment	See Tracker Services Information
Lv-5 Summer School Tuition	Provision of this service eliminates the barrier for a juvenile to attend summer school, when caregivers cannot afford to do so, but it is critical to the juvenile's school success that they attend.	3 weeks per session	1 session, \$150/session

<b>Service</b>	<b>Service Description</b>	<b>Defined Time/Hrs./Length</b>	<b>Units per authorization, Payment per unit</b>
Lv-4 Transportation	The use of community resources to provide the availability to reliably keep appointments/visits which will facilitate positive change. These services are utilized when the family has no other resources to provide the transportation and the service is critical to the juvenile's improvement. Registered providers with the NJSDP will follow the established Transportation Rules for Service.	Number of Trips will vary according to the juvenile's needs and will be approved by the Resource Specialist/designee average 2-4 months	Rates will be consistent with a provider's contract with the Department of Health and Human Services or mirror standard DHHS rates. This service will be paid by invoice.
Lv-5 Activity Memberships	Providing access to memberships of organized clubs/activities which will build positive leisure/recreation options for the juvenile.	One per juvenile per month, and will be approved on a case by case basis by the Resource Specialist/Juvenile Justice Specialist or designee	Cost will vary per activity. This service will be paid by invoice.
Lv-2 Juvenile Offender/Victim and Conflict Mediation	A mediation center acts as an independent party to facilitate an agreement regarding restitution between the juvenile offender and the victim. Mediation can also be utilized for one-to-one private problem solving to resolve conflict between the juvenile, their family and or any parties.	5 hours	5 hours, \$150/hour
Lv-1 Day/Evening Reporting	Program which provides structure for juvenile who are in need of daily supervision and structure either, during the day hours or after-school and into the evening. Juveniles participate in activities that provide supervision, but also permit the juvenile to develop age-appropriate skills, learn to positively interact with others, and problem-solve issues leading to them requiring the extra structure. Programs promote educational improvement and may provide opportunities for community service. Transportation is included.	5-6 hours consecutively, generally 9am-3pm or 4pm to 9pm weekdays, 2 weeks-1 month	30 days, <i>Day Reporting \$120/day, Evening Reporting \$95/day</i>
Lv-3 Restitution Program	Juvenile is provided the opportunity to earn money for Court ordered restitution through volunteer work. Utilized when the juvenile is otherwise unable to be employed and earn the funds.	Determined by amount of money youth needs to earn.	Typically non-profit agencies-no cost or grant funded

<b>Service</b>	<b>Service Description</b>	<b>Defined Time/Hrs./Length</b>	<b>Units per authorization, Payment per unit</b>
Lv-3 Mentor	An individual who is dedicated to supporting a juvenile by visits, being involved in activities with him/her, reinforcing good choices and modeling positive behavior,	Ave. 3 hours per week 6-8 months	Typically non-profit agencies-no cost

**Education/Employment Services** A variety of supports available to improve educational and/or employment functioning.

<b>Service</b>	<b>Service Description</b>	<b>Defined Time/Hrs./Length</b>	<b>Units per authorization, Payment per unit</b>
Lv-5 Summer School Tuition	Provision of this service eliminates the barrier for a juvenile to attend summer school, when caregivers cannot afford to do so, but it is critical to the juvenile's school success that they attend.	3 weeks per session	1 session, \$150/session
Lv.-5 GED Testing	Provision of this service eliminates the barrier for a juvenile to take GED tests when caregivers cannot afford the fees.	One per testing area and retests upon approval of the Juvenile Justice Resource Supervisor	Cost will vary per current cost of testing. This service will be paid by invoice.
Lv-4 Educational Tutoring	An individual who assists a juvenile with additional instruction in academic classes.	Ave. 4 hours per week, 4-6 months	32 hours, \$20/hour tutoring,
Lv-3 Case Managed Tutoring	This wrap-around tutoring involves a certified teacher who engages with the juveniles and family in education case planning. This includes tutoring, communication with the school and possible additional educational assessments.	Ave. 4 hours per week, 4-6 months	32 hours, \$45/hour
Lv.-2 Employment Placement Program	Program specifically designed to build effective employment searching skills, interview skills and positive work ethic. Some programs incorporate GED classes. Also may include follow-up with youth after employment is obtained.	Minimum of 2 hours per week day until job is obtained; 8 weeks follow-up after job is obtained which includes at least one contact per week.	40 hours, \$38/hour

<b>Service</b>	<b>Service Description</b>	<b>Defined Time/Hrs./Length</b>	<b>Units per authorization, Payment per unit</b>
Lv-1 Alternative School	Serves a schooling alternative when the juvenile's regular education program is disrupted, or juvenile does not progress in a regular school environment. The program will utilize Nebraska certified teachers and provide curriculum which will transfer credits to the juveniles home school should they return. Transportation is not included.	Ave. 6 hours per day, 1-3 months	40 days, \$15/day

## **OUT OF HOME PLACEMENTS**

Residential services for youth, who despite reasonable efforts, cannot be maintained in the home.

### **General expectations for this category of services:**

- 1) Providers are expected to develop individualized service plans with goals. Out of home placements should utilize evidence-based practices that are appropriate for juveniles. Records should be maintained in accord with professional and ethical standards, with applicable laws and regulations, and with applicable accreditation standards.
- 2) Consideration will be given to transferring the juvenile to another provider or service if a lack of progress is noted, if the juvenile's criminogenic risk fails to decrease, or if barriers impede the effective delivery of services. The probation officer, provider, the juvenile, and their family shall be involved in these discussions.
- 3) Within 7 days of discharge, the provider is expected to complete a discharge summary (including a transition plan) in the management information system.
- 4) If a juvenile is not on Medicaid upon admission (with the exception of shelter care), providers shall immediately complete a Medicaid application on behalf of the juvenile. The provider should contact the probation officer or designee for information about the application process.
- 5) If a juvenile is receiving federal financial assistance such as Social Security benefits or disability benefits, providers shall apply to become the payee for such benefit and have the amount applied to the cost of the juvenile's treatment.
- 6) Transportation costs within a 25 mile radius of the provider will be the responsibility of the provider. Transportation beyond that radius will be the responsibility of the parent.
- 7) The provider shall contact the probation officer (or designee) and the family immediately regarding all changes which will affect the juvenile's status (e.g. run away, suicidal ideation, medical emergency, law violation, detention, etc.).
- 8) Juveniles cannot be discharged or transferred from an out of home setting without the approval of the Court.
- 9) Consideration will be given to transferring the juvenile to another provider/service if a lack of progress is noted in treatment, if the juvenile's criminogenic risk fails to decrease, or if barriers impede effective treatment. The probation officer, provider, the juvenile, and their family shall be involved in these discussions.
- 10) Discharge of a juvenile from treatment shall be considered when the , family, and probation officer determines that one of the following has occurred: a) The juvenile requires a less restrictive level of care, b) The juvenile has achieved her/his treatment goals, or c) The juvenile requires a more restrictive level of care.
- 11) Within 7 days of discharge, the provider is expected to complete a discharge summary (including a relapse prevention/transition plan) and enter it into the management information system.

**OUT OF HOME  
PLACEMENTS**

Residential services for juvenile, who despite reasonable efforts, cannot be maintained in the home.

Lv- Intensity level of service within each LOC. 1-most intensive to 5 least intensive.

**Temporary/Emergency  
Services**

Services to maintain youth in a safe environment during a crisis situation when they cannot be maintained at home.

Service	Service Description	Defined Time/Hrs./Length	Units per authorization, <i>Payment per unit</i>
Lv-4 Enhanced Shelter Care	Short-term residential service in a group setting utilizing 24 hour awake staff to provide safety and security for the youth and the community. Juveniles may access this service as an alternative to detention. The facility will provide increased structure, supervision, and security. Juveniles may attend school within the facility.	Designed not to exceed 30 days	30 days, \$180/day
Lv-3 Shelter Care	Short-term residential service designed to provide support to youth that require an immediate out of home placement because of safety concerns in their family home or because of disrupted placement.	Designed not to exceed 30 days.	30 days, \$150/day

**LOC-Independent Living**

Services to teach, encourage, and maintain self-sufficiency.

Service	Service Description	Defined Time/Hrs./Length	Units per authorization, <i>Payment per unit</i>
<b>LOC-Independent Living</b>	A living arrangement that maximizes a juvenile's independence within the community, when it is determined that they can live on their own rather than return to the family home. A staff provides assistance, skill training and support to a youth living independently or with a roommate who is also an independent living youth. For juveniles 17-18 yrs. old.	6 to 12 months	30 days, \$60/day

**LOC-Foster Care**

Agency supported residential services for juveniles in a family-like setting.

Service	Service Description	Defined Time/Hrs./Length	Units per authorization, Payment per unit.
Lv-3 Agency Supported Foster Care	<p>All Agency Supported Foster Care families must be licensed by the Department of Health and Human Services and must be associated with an agency to provide foster care. The agency is to provide support to both the juvenile and to the foster parents through face to face contacts, crisis stabilization, respite care, licensing activities and training, and other supports to minimize disruption and changes in placement. The foster families and agency will facilitate contact with the juvenile’s family as directed. The rate of payment and the expectations will, in part, be determined by the probation classification supervision level. Juveniles who are determined to be at the Community Based Resource (JCBR) level of supervision will be considered Foster Care Level 2 and juveniles who are determined to be at the Community Based Intervention (JCBI) level of supervision will be considered at Foster Care Level 3 (unless otherwise indicated).</p> <p>Foster Care Level 2 expectations includes the following: Face to face contact between assigned agency staff and the juvenile will occur a minimum of one (1) time each month in the foster home. A minimum of two (2) contacts between assigned agency staff and the foster family will occur each month. One (1) of these contacts must be face to face, while the other contact may occur via phone or email. Assigned agency staff will attend Family Team Meetings for juveniles in their care when invited and properly notified.</p> <p>Foster Care Level 3 expectations include: Face to face contact between assigned agency staff and the juvenile will occur a minimum of two (2) times per month. One (1) of these contacts will occur in the foster home. A minimum of one (1) face to face contact between assigned agency staff and the foster family will occur each week. At least one face to face contact will occur every other week. Alternate weekly contacts may occur via phone or email. Assigned agency staff will attend Family Team Meetings for juveniles in their care when invited and properly notified.</p>	6 to 8 months	30 days, <i>Foster Care Level 2 \$50/day, Foster Care Level 3, \$69/day</i>

Service	Service Description	Defined Time/Hrs./Length	Units per authorization, Payment per unit.
Lv-3 Relative/Kinship Foster Care	<p>Relative/Kinship Foster Care homes are not licensed by the Department of Health and Human Services. The 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.</p> <p>Relative/Kinship Foster Care expectations include: Face to face contact between assigned agency staff and the juvenile will occur a minimum of two (2) times per month. One (1) of these contacts will occur in the foster home. A minimum of one (1) face to face contact between assigned agency staff and the foster family will occur each week. At least one face to face contact will occur every other week. Alternate weekly contacts may occur via phone or email. Assigned agency staff will attend Family Team Meetings for juveniles in their care when invited and properly notified.</p>	6 to 8 months	30 days, \$69/day
Lv-2 Emergency Foster Care	Provides emergency 24-hour family foster care for the protection of youth under age 18, including runaways. Placement is made without prior planning and does not exceed 30 days. Foster care home must be associated with a child care agency.	less than 30 days	30 days, \$69/day
Lv-2 Respite Care	Respite services provide a short-term intervention to provide temporary relief from highly emotional situations to allow time for the juvenile and or family to calm. Services can be provided both in and out of the home.	3 weeks or less	30 days, \$69/day
Lv-5 Relative Kinship Home Evaluation	Home evaluation completed by an agency supported foster care provider to determine appropriateness of a potential relative/kinship foster home prior to placement of any juveniles. This evaluation includes evaluating the overall physical safety of the home and whether or not the physical needs of the juvenile can be met in this home. In addition, criminal background checks must be completed. For household members aged 13 and older, the background checks must include checks of the CPS Central Register and the APS Central Registry. For household members age 18 and older, the background check must include checks of the CPS Central Register, the APS Central Registry, the Sex Offender Registry, local law enforcement agency, and emergency, name-only check with the Nebraska State Patrol.	To be completed as soon as possible	1 evaluation, \$150

**LOC-Group Home Services**

Services provided to youth who require a 24 hour staffed residential setting that provides structure and supervision.

<b>Service</b>	<b>Service Description</b>	<b>Defined Time/Hrs./Length</b>	<b>Units per authorization, Payment per unit.</b>
Lv-1 Group Home A	A residential service in a group setting utilizing 24 hour awake staff to provide safety and security for the group home environment and the community. Juvenile in this level of care require consistent behavior management and supervision. Staff provides a safe and nurturing environment to help juvenile facilitate change in their behavior, attitudes and personal interactions.	4-6 months,	30 days, \$116/day
Lv-1 Group Home B	Refer to definition for Group Home A; however youth at this level do not require awake overnight staff to maintain safety and security in the home.	4-6 months	30 days, \$90/day
Lv-1 Maternity Group Home Non-Parenting	Placement provides services the same as others at the group home A level, however give preference to girls who are pregnant. Skill building in parenting is emphasized.	4-6 months	30 days, \$116/day
Lv-1 Maternity Group Home Parenting	Placement provides services the same as others at the group home A level, however give preference to girls who are parenting. Skill building in parenting is emphasized. Group home ensures the safety not only of the juvenile they serve, but also their dependent children.	4-6 months	30 days, \$152/day

## ADDITIONAL PROBATION DISTRICT SERVICES

Services in direct support of probation supervision

Tools and programs provided through the probation district to promote behavior change through additional structure, support, accountability. These services directly support day to day probation supervision, therefore are provided by a probation officer or through specific contractual agreements.

### LOC- Additional Probation District Services

Service	Service Description	Defined Time/Hrs./Length
Lv.-4 Electronic Monitoring	A tool of supervision whereby a tamper-proof monitoring anklet is placed on the probationer by the probation officer, to provide added structure, support, and accountability, while case management programming is being adjusted or established. This added support promotes public safety while the probationer is in transition.	Ave. of 4-6 weeks, or as by order of the Court
Lv.-3 Drug and Alcohol Testing	Preliminary tests breath or urine for drugs and alcohol authorized by the Court.	Frequency per order of the Court and case management need
Lv.-4 Continuous Alcohol Monitoring (CAM)	<p>The 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 juvenile:</p> <ol style="list-style-type: none"> <li>1) Is involved in substance use treatment.</li> <li>2) Has an extensive history of alcohol-related incidents.</li> <li>3) Demonstrates continued use of alcohol despite negative consequences and shows an unwillingness to discontinue its use.</li> <li>4) Is unable/unwilling to maintain a substantial period of abstinence through previous use of alcohol monitoring tools.</li> </ol>	Ave. of 90 days or as by order of the Court
Lv.-3 Cognitive Behavioral Group	Specific cognitive behavioral programs are utilized with high risk probationers to teach change in their patterns of feeling, thinking, and behaving which lead to criminal behavior.	Time to complete the course varies according to curriculum type used.

## **Tracker Service Description and Expectations**

The main role of the juvenile tracker is to assist the juvenile probation officer in the case management and supervision of juveniles placed on probation. This service is a critical wraparound intervention which allows a juvenile and their family to work to reduce their criminogenic risk and allows the juvenile to remain at home.

### **Statement of Work**

#### **1. Tracker Program Description**

The tracker program is a community-based program, aids the probation officer in case management functions in the least restrictive manner. The tracker program is an intensive one-on-one service providing aided supervision and support to juvenile probationer through the development of a mentoring relationship with a positive role model. Tracker services provide the opportunity for face-to-face contacts in addition to contact with the probation officer. Increased contact with the youth facilitates accountability and provides enhanced aided supervision.

Tracker services can include one or a combination of the following duties:

#### **Supervision**

The tracker program provides monitoring and supervision guided by the probation officer for youth through multiple scheduled and unscheduled face-to-face contacts, as well as telephone contacts. Services are based on the individualized needs of the client, as determined by the probation officer and in consultation with the service team. Random, unannounced and announced, checks on the youth may be completed at various times in the community, at school, at employment sites, and in the youth's home.

#### **Skill Building and Personal Development**

Trackers provide the youth with positive guidance. Trackers address the youth's independent living skills, emotional stability and self-esteem, and assist the youth with integrating back into family and community after out-of-home placement or detention. Trackers target these risk factors and help the youth develop positive decision-making, relationship and communication skills. Trackers work closely with probation officers and other community providers to address the probation plan and develop individualized programming and goals.

#### **Case Coordination and Collaboration**

The program will provide case coordination process to provide systematic, holistic and coordinated delivery of services to youth and their families. Successful coordination with a partnership with the family and other systems is required. Regularly scheduled team meetings consist of information-sharing, evaluation of goals, and planning for the future will be done on a monthly basis.

#### **Parent / Guardian and Family Involvement**

Parent(s) / Guardian(s) are an important part of the team and are encouraged to discuss their concerns and frustrations, and to collaborate with the trackers on issues involving their child. Parent(s) / Guardian(s) have the most important information about their child's needs and goals. Interventions in the family environment include

mediation, assistance with setting limits, establishing home rules, problem-solving techniques, and resource referral. The tracker will engage the family in all parts of aided case management and supervision.

### **School**

Trackers successfully collaborate and coordinate efforts with teachers, administrative personnel, and school counselors to address school-related problems. Trackers also perform scheduled and unscheduled drop-ins to monitor truancies and grades, attend district suspension meetings, or provide wake-up calls and transportation to and from school. The youth, parents, teachers, and trackers work closely as a team to develop interventions designed to reduce the risk of an incomplete school term.

### **Transportation and Daily Schedule Support**

As part of the tracker program direct service delivery is included. This direct service deliver includes transportation, attendance of court hearings, probation and other community appointments.

### **Restorative Justice**

Tracker staff will facilitates the youth's involvement in community service requirements by matching youth with service opportunities within local businesses and organizations. Trackers also problem-solve with youth about the negative effects of their law violation(s) on themselves, their families, and the community.

### **Leisure and Recreational Activities**

Trackers may assist a youth with participation in appropriate recreational and leisure activities and may accompany youth to activities in order to reduce the anxiety associated with making new friends. Trackers introduce youth to a variety of no or low cost activities in the community that are safe and drug and alcohol free.

### **Identification of Support Systems**

The tracker program emphasizes the importance of appropriate informal support systems and will facilitate the process of establishing and maintaining appropriate links. This support network may include positive peers, trusting adults, family members and community activities.

## **2. Level of Tracker Intensity**

The level of tracker intervention should match the least restrictive approach required to achieve the desired outcome. The expected duty areas and beginning level of intensity will be identified by the supervising probation officer through a referral form. These will be driven by case management needs related to criminogenic risk of the juvenile. Changes in level or area of concentration will be directed by the probation officer in consultation with the provider, the juvenile, their family and with the approval of the Court.

### **High**

The intensive level of tracker services is for those juveniles that are in need of extensive supervision and guidance. High Level has 4-7 face-to-face contacts per week with one of those meetings being with a parent / guardian, and 2-4 collateral contacts with one of those contacts being with a parent / guardian. Trackers meet with the supervising probation officer on a weekly basis to ensure goals of case management are being met.

Weekly written progress reports are submitted to the probation officer via the management information system. Curfew calls are made as needed.

Duration in this level is 2 weeks to 2 months. A voucher is typically issued for a 2 month period of time. Payment is \$27 per day.

### **Medium**

The Medium level of intensity has 1-4 face-to-face contacts per week with one of those meetings being with a parent / guardian, and 1-3 collateral contacts per week. The trackers also meet with the supervising probation officer 2-3 times per month to ensure goals of case management are being met. Weekly written progress reports are submitted to the probation officer via the management information system. Curfew calls are made as needed.

Duration in this level is 1 - 3 months. A voucher is typically issued for a 3 month period of time. Payment is \$23 per day

### **Low**

The Low level of intensity has 2-3 face-to-face contacts per month with one meeting with one of those meetings being with a parent / guardian, and 1-3 collateral contacts per month. The trackers also meet with the supervising probation officer one time during the month to ensure goals of case management are being met. Weekly written progress reports are submitted to the probation officer via the management information system. Curfew calls are made as needed.

Duration in this level is 1-3 months. A voucher is typically issued for a three month period of time. Payment is \$13 per day.

## **3. Reporting**

Progress reports will be entered into the Administrative Office of Probation's management information system every 7 calendar days from the start of the service. Use of the voucher will comply with the Juvenile Service Voucher Rules.

## **Sex Offender and Youth who Sexually Harm Evaluation Components**

1. Basic Demographic Information and reason for referral
2. Pre-Treatment Assessment Information
  - a. Initial Diagnostic Interview
  - b. Bio-Psychosocial (including but not limited to the following categories of information)
    - i. Mental Health
      1. Physical difficulties/disabilities
      2. Medications Used
    - ii. Medical History
      1. Past treatment information
      2. Medications used
      3. Past history of diagnosis
    - iii. Family and Peer History (for youth evaluations)
      1. Including family dynamics and response to the offense
    - iv. Alcohol/Drug issues and patterns
      1. Past treatment information
      2. Medications used (if any)
      3. Other
3. Information regarding the individual's score/risk level as determined by evidence based risk assessment, utilizing risk assessment instruments that meet the standard of practice, including both dynamic and static risk factors.
  - a. Recommended instruments
    - i. Static 99
      1. Not recommended to be used with offenses such as possession of child pornography.
      2. Only to be used on adult males 18 and older.
    - ii. STABLE 2007
      1. Only to be used on adult males 18 and older.
    - iii. ACUTE 2007
      1. Only to be used on adult males 18 and older.
    - iv. Psychopathy Checklist – Revised (PCL-R)
      1. Assesses specifically for psychopathy characteristics.
      2. Requires specialized training in order to complete and in some cases specific educational background.
      3. Can be used on adult males and females.
      4. Youth version available (PCL-R-Youth)
    - v. Sex Offense Risk Appraisal Guide (SORAG)
      1. Predictor of risk of violence and sexual re-offense for adult males.
    - vi. Violence Risk Scale for Sex Offenders
      1. Provides guidance on determining levels of supervision for adult males.
    - vii. Risk for Sexual Violence Protocol (RSVP)
      1. Appropriate to be used for internet/child pornography.
      2. Assists with determining treatment goals.
      3. May be used with both males and females.

- viii. Estimate of Risk of Adolescent Sex Offender Recidivism (ERASOR)
      - 1. To be used with youth who sexually harm age 12 to 18.
    - ix. Juvenile Sex Offender Assessment Protocol – II (JSOAP)
      - 1. To be used with boys between 12 and 18, who have been adjudicated for sexual offenses, as well as non-adjudicated youths with a history of sexually coercive behavior.
    - x. Juvenile Sex Offender Recidivism Risk Assessment Tool-II (JSORRAT)
      - 1. To be used with male youth who sexually harm.
  - b. Discuss specific areas of concern to be targeted, degree of risk and integration of results from other instruments completed.
4. Additional Psychological Testing when relevant, depending on the specific issues presented by the individual being evaluated (e.g. MMPI or MCMI)
  - a. If this is determined to be a need and the current evaluator is unable to perform the necessary assessments, the individual being evaluated shall be referred on for further testing and this shall be reported back to the probation officer/court.
5. Integration of information obtained from collateral contacts. Collateral contacts may include, but are not limited to:
  - a. Probation/Parole Officer
    - i. With court approval, the following information can be provided:
      - 1. Police Reports (recommended to review more than Uniform Crime Report)
      - 2. Prior Record (should include original charges if available)
      - 3. Results of assessment and any red flags raised
      - 4. Victim information
      - 5. Educational/employment information
  - b. Other Treatment providers
  - c. Family members (specific for youth who sexually harm evaluations)
6. Sexual history and current sexual behaviors (not all inclusive)
  - a. Including the following information
    - i. Abuse/Victimization
    - ii. Peer/Romantic relationships
    - iii. Sexually deviant fantasies
    - iv. Deviant sexual interests and paraphilias (assessed through clinical interview, review of collateral information and relevant risk assessment instruments (e.g. ABEL, plethysmograph, etc.))
      - 1. Current/Past/Potential Victim characteristics
        - a. Age
        - b. Gender
        - c. Other
    - v. Use of arousing materials
    - vi. Age of onset of offending behaviors
    - vii. Awareness of sexuality – when this first started and how
    - viii. Reinforcements for current behavior
      - 1. Alcohol/drug use
      - 2. Victim access
      - 3. etc.
7. Insight into offense precursors (Failure scenario)
  - a. This may include information about what triggered the current offense, and what may contribute to future triggers
  - b. Accessibility to victims
8. Individual's understanding of the offense and its impact on the victim

- a. May assist in establishing treatment goals
- 9. Protective factors
  - a. What is in place to assist the individual in avoiding relapse
    - i. e.g. community supports, intimate relationships, etc.
- 10. Diagnostic Impression and Findings
  - a. Amenability to treatment/prognosis
  - b. Internal Motivation
- 11. Recommendations
  - a. Level of care recommendations and recommendation for increased level of care if unsuccessful at this level
  - b. Recommendation of ability to be successful in community based treatment versus incarceration