



## ***Probation Service Definition***

ADMINISTRATIVE OFFICE OF PROBATION

<b>SERVICE NAME</b>	<b>Mental Health Outpatient Counseling</b> <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Juvenile
<b>Category</b>	Mental Health
<b>Setting</b>	Professional office environment in a mental health center, substance use treatment center or private practice appropriate to the provision of evaluation/assessment services.
<b>Facility License</b>	As required by Nebraska Department of Health and Human (NDHHS) division of public health if in a mental health center, the center must be licensed.
<b>Service Description</b>	<p>Based off a recommendation from an evaluation, mental health counseling is a clinical service provided by a licensed therapist with an individual in which the focus is on treatment of mental illness or emotional disturbance.</p> <p>Outpatient counseling is to improve or alleviate symptoms that may significantly interfere with functioning in at least one life domain (e.g., familial, social, work, educational) through scheduled therapeutic visits with the therapist. Services can be delivered in individual, family, or group sessions, and can include specializations for individuals with co-occurring disorders, eating disorders, trauma, and sexualized behaviors.</p>
<b>Service Expectations</b>	<p>MH counseling involves the followings:</p> <ul style="list-style-type: none"> <li>• The evaluation or equivalent service must have been conducted by a mental health clinician within their scope of practice prior to the beginning of treatment</li> <li>• Mental health counseling providers may accept a prior mental health evaluations conducted in the last 6 months. The clinical record shall reflect that such evaluations have been reviewed and updated when appropriate prior to the initiation of any mental health services</li> <li>• Interventions are developed to address mental illness symptoms and impaired functioning as identified in the comprehensive evaluation. The evaluation and interventions inform and establish the time-limited and measurable, symptom-focused treatment goals and objectives in the individualized treatment plan.</li> </ul>

	<ul style="list-style-type: none"> <li>• Mental health counseling in a series of time-limited, structured sessions that work toward the attainment of mutually defined goals as identified in the treatment plan.</li> <li>• For mental health counseling services for youth, the therapist shall ensure timely collateral contacts with family members, parents or guardian and/or with other agencies or providers providing services to the youth.</li> <li>• The treatment/discharge plan is reviewed and updated as frequently as medically indicated, but at a minimum of every 90-calendar days, and signed by all participants.</li> <li>• Discharge planning shall occur upon initiation of MH counseling</li> <li>• Provide referral for general medical, psychiatric, psychological, and psychopharmacology needs.</li> <li>• The therapist will assist in identification and utilization of community resources and natural supports, which must be identified in the discharge plan</li> <li>• When other individuals are participating in the treatment sessions, the focus and documentation must be based on the goals outlined in the treatment plan.</li> <li>• The therapist/provider must coordinate care with the individual’s primary care physician (PCP) and other treatment providers</li> </ul>
<b>Service Frequency</b>	Up to 2 (1) hour sessions per week to include individual and group.
<b>Length of Stay</b>	Length of treatment is individualized and based on clinical criteria for admission and continued treatment, as well as the client’s ability to benefit from individual treatment/recovery goals.
<b>Staffing</b>	<p>Clinicians, who may provide this service within their scope of practice and are licensed to practice in the State of Nebraska, include:</p> <ul style="list-style-type: none"> <li>• Licensed Mental Health Practitioner (LMHP)</li> <li>• Provisionally Licensed Mental Health Practitioner (PLMHP)</li> <li>• Licensed Independent Mental Health Practitioner (LIMHP)</li> <li>• Licensed Psychologist</li> <li>• Provisionally Licensed Psychologist</li> <li>• Advanced Practice Registered Nurse (APRN)</li> <li>• Psychiatrist</li> </ul> <p>Additional training may be required for counseling individuals in specialized populations to include but not limited to co-occurring disorders, eating disorders, trauma and sexualized behaviors.</p>
<b>Staff to Client Ratio</b>	Individual Counseling = 1 therapist to 1 youth

	<p>Family Counseling = 1 therapist to 1 family Youth Group Counseling = 1 therapist to 8 youths (minimum 1:3; maximum 1:8)</p> <p>Family Counseling = 1 therapist to 1 family</p> <p>Adult Group Counseling = 1 therapist to 12 adults (minimum 1:3; maximum 1:12)</p>
<b>Hours of Operation</b>	Day, evening hours including weekends
<b>Service Desired Outcomes</b>	<ul style="list-style-type: none"> <li>• Progress on treatment goals as outlined in the treatment plan.</li> <li>• Improved in their daily functioning and their behavioral health have diminished.</li> <li>• Community support systems secured and crisis plan in place to help maintain stability in the community.</li> <li>• Medication management referral to prescribing clinician is ongoing, as needed</li> <li>• Provider has coordinated with other treating community professionals, as needed</li> </ul>
<b>Unit and Rate</b>	<p>Individual Counseling = Per client hour</p> <p>Group Counseling = Per staff hour</p> <p>Family Counseling = Per family hour</p>

[Click to direct to Service Interpretive Guideline]

