



Probation Service Definition

ADMINISTRATIVE OFFICE OF PROBATION

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| SERVICE NAME | Psychiatric Residential Treatment Facility, Mental Health, Substance Use, Youth Who Sexually Harm <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Juvenile |
| Category | Mental Health, Substance Use, Youth Who Sexually Harm |
| Setting | The psychiatric residential treatment facility (PRTF) may be operated as a freestanding community setting or operated by a hospital. A PRTF will be licensed as a residential mental health, substance abuse treatment centers, or hospital setting as approved by Nebraska Department of Health and Human Services (NDHHS) Division of Public Health. |
| Facility License | The facility shall be licensed by Nebraska Department of Health and Human Services (NDHHS), Division of Public Health as a substance use, mental health center or hospital. |
| Service Description | <ul style="list-style-type: none"> • PRTF treatment provides 24-hour clinically necessary services for youth under the age of 19 who have demonstrated symptoms consistent with a DSM (most recent version) diagnosis related to severe/persistent psychiatric substance use disorders and/or who demonstrate sexually inappropriate behaviors who are at risk to re-offend. • The youth receives therapeutic intervention/specialized services to initiate a process to reduce/eliminate current symptoms in a therapeutic environment with a high degree of supervision and structure due to the impaired functioning across psychosocial domains. • 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. |
| Service Expectations | <ul style="list-style-type: none"> • PRTF services shall be family-centered, culturally competent and developmentally appropriate. • PRTF services shall be provided under the direction of a licensed physician with a specialty in psychiatry. |

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| | <ul style="list-style-type: none"> • An evaluation is completed prior to delivering treatment services and within 24 hours of admission. If the physician who made the referral is the same physician of the PRTF service, then the referral evaluation, if completed within the previous 30 days, can serve as the admission diagnostic interview and can provide clear direction to the PRTF service regarding recommendations to develop the treatment plan. • Additional assessments and screenings are completed as determined by the physician and interdisciplinary team and shall take place as an ongoing activity throughout the entire length of stay. • The interdisciplinary team consists of the youth, family, guardian, therapist/licensed clinician, supervising physician, physician, psychologist, social worker, register nurse, occupational therapist, probation officer and other supportive individuals identified by the supervising physician’s recommendations and family preferences. • The interdisciplinary team develops/signs a family centered, outcome focused comprehensive treatment plan within 14 calendar days of admission and updates the treatment plan as frequently as medically indicated but at least every 30 days. Each updated version of the plan of care shall be reviewed, approved and signed by each member of the treatment team and the supervising physician. • Treatment interventions shall be outcome/trauma focused, based on the comprehensive assessment, treatment goals, cultural competence, expectations/needs as identified by the youth and their family. • 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, child 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. • Mandatory treatment services include ongoing assessment, individual, group and family psychotherapy or substance use disorder counseling service, and psycho-educational services. • The PRTF therapist will complete the child youth needs and strengths (CANS) assessment within 10 days of admission, after each 90 days and again at discharge if at least 30 days have passed since the last CANS. |
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| | <ul style="list-style-type: none"> • 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. • Discharge planning starts at admission, shall be included in the treatment plan and in all treatment plan reviews. Prior to discharge the PRTF staff shall facilitate and document that contacts are made with the community service or treatment provider identified in the discharge plan. • PRTFs incorporate a trauma informed and recovery-based philosophy in treatment services. • 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. • Therapeutic leave days are an essential part of the treatment for youth/families involved in PRTF. The therapeutic leave days shall be included as part of the treatment plan as they become appropriate. The interdisciplinary team must approve notice of therapeutic leave days 48 hours in advance. • Prior to the therapeutic leave days, the interdisciplinary team will develop/approve goals that will completed when on therapeutic leave. Documentation of the youth’s continued need for PRTF shall follow therapeutic leave days. • Provide transport as necessary to and from dental and medical appointments, school, court, therapy, home visits and routine day to day activities. Transportation costs within a 25 mile radius will be the responsibility of the provider. Transportation beyond that radius will be the responsibility of the parent. |
| Service Frequency | <p>PRTF shall provide 40 hours of active/rehabilitative treatment per week---all services combined must add up to 40 hours.</p> <ul style="list-style-type: none"> • Individual Therapy = 2 (1) hour session per week (psychotherapy and/or substance use, youth who sexually harm counseling). • Group Therapy = (1) hour session per day (group psychotherapy and/or substance use, youth who sexually harm counseling). • Family Therapy = (1) hour session per week (family psychotherapy and/or substance use, youth who sexually harm counseling). • A family therapy session shall be provided on the day of admission and the day prior to discharge. |

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| Length of Stay | Up to 120 days |
| Staffing | <p>Staffing Requirements of the PRTF:</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ▪ 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: <ul style="list-style-type: none"> ▪ A psychiatric social worker; or ▪ A licensed registered nurse with specialized training or one year experience in treating mentally ill individuals; or ▪ A licensed occupational therapist who has specialized training or one year of experience in treating mentally ill individuals; or ▪ A licensed psychologist. • <u>Supervising Physician: (Psychiatrist)</u>: the responsibilities of the supervising physician include but are not limited to the following: <ul style="list-style-type: none"> ▪ Complete an initial diagnostic interview 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 14 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, 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, 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 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 maintain 24-hour nursing coverage by a registered nurse seven days per week, 365 days per year.
- Direct Care/Behavioral Technician: Be 21 years of age or older and at least three years older than the oldest resident and have a high school diploma or its equivalent. Direct care staff shall be appropriately trained and responsible for basic interaction care such as supervision, daily living care and mentoring of the residents as well as assisting in the implementation of the plan of care that is within their scope of practice. Direct Care provide psycho-educational activities and interventions to support youth in developing social, recreational and other independent living skills, as appropriate.

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| | <ul style="list-style-type: none"> • <u>PRTF Treatment Team</u> consists of the youth's family and/or legal guardian, the Supervising Physician, a licensed mental health professional, the RN and Direct Care Staff. |
| Staff to Client Ratio | Therapists/licensed practitioners to youth - 1:10. Direct Care Staff - 1:4 during waking hours; 1:6 overnight. |
| Hours of Operation | 24/7 |
| Service Desired Outcomes | <ul style="list-style-type: none"> • Youth's psychiatric, 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 crisis/recovery plan. • Youth and family have support systems secured and crisis plan in place to help maintain stability in the community. |
| Unit and Rate | Per day |

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