



Probation Service Definition

ADMINISTRATIVE OFFICE OF PROBATION

SERVICE NAME	Therapeutic Group Home Mental Health, Substance Use, Youths Who Sexually Harm <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Juvenile
Category	Mental Health, Substance Use, Youth Who Sexually Harm (JSH)
Setting	Therapeutic group home (ThGH) is licensed as a residential mental health, substance abuse treatment centers as approved by Nebraska Department of Health and Human Services (NDHHS) Division of Public Health.
Facility License	The facility must be licensed by NDHHS, Division of Public Health as a substance use or mental health center.
Service Description	<ul style="list-style-type: none"> • Therapeutic group home (ThGH) is a facility based therapeutic residential service providing 24-hour awake supervision, clinical treatment and related services for youth diagnosed with a mental health, substance use disorder and or who demonstrates sexually inappropriate behaviors who are at risk to re-offend. The youth also will demonstrate persistent behavioral problems that can only be managed with a moderate level of structure; the youth will have functional impairments in daily living skills. The youth has a history of previous problems that cannot be met in a non-therapeutic environment. • Therapeutic interventions include behavior modification and individual, family and group therapy in a therapeutic environment; related services shall include psychiatric supports; research-based, trauma-informed services; training; integration with community resources, including school; and skill building offered in a residential setting. • Inter disciplinary team includes (youth, family, guardian, educational and employment services, probation officer, medical doctor and psychologist/psychiatrist and other supportive individuals). • Services must include family involvement in treatment planning, a multidisciplinary team approach to active treatment that includes review of progress with updated treatment plans semi-monthly, and transition/discharge planning. Educational services shall be received on site or in other settings. • The ThGH shall maintain the youth’s connection to their community. The ThGH goal is to restore the youth to an improved level of functioning ultimately resulting in the youth living and functioning in a non-therapeutic environment with the return to a home environment.

Service Expectations	<ul style="list-style-type: none"> • ThGH must be recommended by a licensed clinician who is able to diagnose/treat major mental illness within his/her scope of practice. The youth's therapeutic goals are included in the pre-admission evaluation and include behaviorally defined objectives. • A face-to-face initial treatment plan (treatment goals, safety plan) shall be completed within 24 hrs. by a supervising practitioner (licensed psychologist). • Within seven days of admission, a comprehensive treatment plan including the Child and Adolescent Needs and Strengths (CANS) assessment shall be developed with the assistance of the interdisciplinary team • Provide a face-to-face treatment intervention within 14 calendar days after admission. • Update treatment plans every 14 days or more often as clinically indicated by interdisciplinary team. • Communicate with interdisciplinary team members monthly. • THGH must have formal arrangements for access to 24 hour nursing care, psychological, pharmacy and dietary services. • Transition/discharge planning must occur upon admission. <ul style="list-style-type: none"> • Therapeutic leave days are an essential part of the treatment for youth/families involved in ThGH. 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 be completed when on therapeutic leave. Documentation of the youth's continued need for ThGH shall follow therapeutic leave days.
Service Frequency	<p>ThGH shall provide 21 hours of active/rehabilitative treatment per week---all these services combined must add up to 21 hours.</p> <ul style="list-style-type: none"> • Individual therapy: 3 (1) hour sessions per week • Family therapy: 2 (1) hour session per month (minimum) • Group therapy: 1 (1) hour session per week; maximum 8 youth in group (minimum) • Psycho-educational & rehabilitative sessions: 3 (1) hour education sessions per week (minimum)
Length of Stay	Up to 6 months
Staffing	<ul style="list-style-type: none"> • Clinical staff, licensed to practice in the State of Nebraska, acting within their scope may provide this service and include: <ul style="list-style-type: none"> ▪ Licensed Mental Health Practitioner (LMHP) ▪ Provisionally Licensed Mental Health Practitioner (PLMHP) ▪ Licensed Independent Mental Health Practitioner (LIMPHP)

	<ul style="list-style-type: none"> ▪ Licensed Psychologist ▪ Provisionally Licensed Psychologist ▪ Psychiatrist ▪ Advanced Practice Registered Nurse (APRN) ▪ Licensed Recreational Therapist ▪ Licensed Alcohol and Drug Counselor (LADC) ▪ Provisionally Licensed Alcohol and Drug Counselor (PLADC) <ul style="list-style-type: none"> • Service director must meet the requirements of a licensed clinical staff person. • Non-licensed direct care staff can only provide psycho-educational & rehabilitative services only. • 67% of direct care staff must have a bachelor’s degree or 2 years of post-high school education in a human services field. • Service director is a licensed clinician who oversees the implementation and coordination of treatment services. • At least one person who meets supervisory staff qualifications must be on duty 24 hours per day, 7 days per week.
Staff to Client Ratio	<ul style="list-style-type: none"> • Clinician to youth: Individual therapy – 1:1; Group therapy – 1:8 maximum, 1:3 minimum; Family therapy – 1:1 • Direct care day/evening staff to youth: 1:3, at least one additional staff must be “on-call” or available” to provide assistance within 30 minutes of call. • Direct care overnight awake staff to youth: 1:5, at least one additional staff must be “on-call” or available” to provide assistance within 30 minutes of call. • No ThGH shall have groups of youth exceeding twelve in number who are receiving a common schedule, regularly interacting and housed within the same living space. • Multiple treatment ThGH units may be in a common facility if the unit’s schedules are coordinated to maintain separation so the youth do not regularly interact with groups larger than twelve.
Hours of Operation	24/7
Service Desired Outcomes	<ul style="list-style-type: none"> • Youth has made progress on treatment goals as outlined in the treatment plan. • Transition to a community-based setting to continue to address goals established in the treatment plan. • Youth has improved in their daily functioning and their behavioral health, substance use and inappropriate sexual behaviors have diminished.
Unit and Rate	Per day

NHHS Regulation and Licensure 175 NAC 18 175 NAC 19

American Society of Addiction Medicine (ASAM) 3rd Edition 2013 NE Division of Behavioral Health NAC 206

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