

**STATE OF NEBRASKA  
JUDICIAL BRANCH**



**Probation  
Rehabilitative Services  
Unit**

**STANDARDIZED MODEL  
FOR DELIVERY  
OF SERVICES**

**MAY 2026**

# **STANDARDIZED MODEL FOR DELIVERY OF SERVICES**

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## Standardized Model for Delivery of Services

### A. Policy:

In an effort to reduce recidivism, promote good citizenship, and enhance public safety, it is the intent of the Administrative Office of the Courts and Probation (hereinafter referred to as "AOCP") to provide a meaningful opportunity for Justice Involved Individuals (hereinafter referred to as "individuals") to engage in positive behavioral change and rehabilitation through Evidence-Based Practices. The Standardized Model for the Delivery of Services (hereinafter referred to as the "Standardized Model") and other Probation processes are designed to ensure that communication and collaboration between Probation Staff, Problem Solving Courts, and Registered Service Providers is consistent, open, and focused on reducing criminogenic risk and need factors as well as targeting responsivity factors and creating behavioral change. When these factors are reduced the individuals' ability to live a productive life is improved and positively impacting community safety.

The relationship between criminogenic risk, substance use, and mental health is complicated as well as social drivers of health. It has been an ongoing struggle for understanding between the clinical and criminal justice field. There has been longstanding research regarding the integration of criminogenic factors and mental illness related to criminal behavior, including substance use. Substances are often used to self-medicate when access to mental health services is not available, this adds to the risk. Prevalence rates of adult individuals incarcerated and/or involved in the justice system with mental health and substance use issues remains significantly higher than the general population. Juvenile mental health concerns are also significant; research has indicated that approximately 70% of youth in the juvenile justice population have a diagnosable mental health disorder and 25% have a severe mental health disorder as compared to 20% and 10% respectively in the general population of youth. Research by Ghiasi, Azhar, and Singh identify the need for an integrated, targeted approach to serving individuals with behavioral health needs involved in the criminal justice system which involves "rehabilitation, education and empowerment". Their research supports that a team approach involves psychiatrists, social workers, and patient advocates "it results in the best outcomes".

The Standardized Model is used to recognize the connection between substance use, mental health and delinquent or criminal behaviors and effectively support individual issues through a variety of treatment and supportive service modalities. Reliable data indicates that treatment is effective for adults and youth in the justice system. Research also shows that mandated treatment can be just as impactful as voluntary treatment. While

mental illness is not a strong predictor of delinquent, criminal or violent behavior, individuals experiencing mental health symptoms are disproportionately taken into custody and incarcerated or detained. This results in prevalent rates of adult individuals with serious mental illness in correctional facilities and rates are significantly higher than that of the general population. Many more adult individuals detained have mental health issues that require resource intensive responses but not rise to the same level of severity. Adult individuals experiencing mental health symptoms who are supervised under probation are also substantially more likely to have community supervision revoked, often related to their symptomology, resulting in extended involvement in the justice system. Research by Tomar et al demonstrated that "lack of training and knowledge of mental illness" results in probationers being identified as needing more intensive supervision resulting in increased opportunities for catching minor infractions resulting in revocations (Tomar N & 10.1186/s40352- 017-0). American Psychological Association (APA) has expressed concern about the availability of services for individuals with behavioral health needs in the justice system and maintains that effective collaboration between justice and behavioral health agencies produces better results for individuals and communities, while also decreasing strain on public resources.

## **B. Purpose and Scope:**

- 1. Purpose:** The Standardized Model was developed to ensure safe and consistent care for individuals by establishing the minimum acceptable requirements and responsibilities of a Registered Service Provider for evaluations, treatment and supportive services. It is well documented that services that are non-therapeutic in nature, such as housing, transportation, and support services are necessary for the ongoing stability and progress of individuals with behavioral health needs.
- 2. Scope:** In addition to applicable state and federal requirements, these rules prescribe the minimum service delivery standards for behavioral health and identified support services.
- 3. Definitions:**

### **Attachment #1** [Probation District Information and Office Locations.](#)

- a. Registered Service Provider for Treatment Services:** An individual or agency with a clear understanding of the Standardized Model that (1) agrees to adhere to all elements of the Standardized Model; (2) holds a valid license, when applicable, or certification which includes within its scope of practice the ability to administer substance use disorder and/or mental health or cooccurring evaluation and treatment services **Attachment #2**; (3) meets the basic educational requirements set forth in the service definitions and

and (4) registers its services with and is approved by the AOCP.

- b. **Registered Service Provider for Supportive Services:** An individual or agency with a clear understanding of the Standardized Model that (1) agrees to adhere to all elements of the Standardized Model; (2) meets the basic educational requirements set forth in the service definition; and (3) registers its services with and is approved by the AOCP.

## C. Procedures

### 1. Special Considerations for Working with Justice Involved

**Individuals:** This section highlights considerations for Registered Service Providers and Probation Staff regarding their work with individuals. Probation staff are trained with a focus on four core areas for the provision of services: assessment, case planning and case management followed by engagement to enhance motivation, incentives and sanctions and skill training with directed practice. Assessing risk, need and responsivity are also significant in working with justice involved individuals.

2. **Criminogenic Risk, Needs, and Responsivity:** Registered Service Providers shall have an understanding that justice-involved individuals present with unique risk, needs and responsivity factors. These factors are essential when completing evaluations, assessments, supportive and treatment services. Effective services must identify and address criminogenic risk and need throughout the therapeutic process if long- term behavioral change and a reduction of recidivism are to be achieved.

**Adult:** There are eight (8) domains that represent the most significant criminogenic risk factors for recidivism.

- a. **Antisocial Cognition/Attitudes:** The individual's attitudes, values, beliefs, thoughts, and feelings related to antisocial behavior, including perception of self and others in regard to law violations and alternatives to law violations. Procriminal or lack of prosocial attitudes increases the individual's risk.
- b. **Antisocial Behavior (adult):** A behavioral history of the individual, including the frequency of behavior in various settings, onset of behavior, and seriousness of behavior. Past behavior is one of the best predictors of future behavior. Association between past and future antisocial behavior increases as the rewards for antisocial behavior increase. The extent of the individual's prior delinquent and/or criminal history is an indicator of risk,.
- c. **Antisocial Personality:** General personality and behavioral patterns

associated with antisocial behavior, including indicators of Antisocial Personality Disorder and/or psychopathy, not to be indicated for juveniles. Antisocial personality traits, as evidenced by a history of antisocial patterns of behavior, are an indicator of increased risk.

- d. **Antisocial Associates:** Friends and acquaintances influence attitudes, values, and behavior. They serve as models for behavior and provide interpersonal rewards for individual behaviors. One of the single best predictors of engaging in criminal or antisocial behavior is having antisocial peers or companions who engage in negative social behaviors.
- e. **Family Circumstances:** Individuals are influenced by relationships with significant others in family and marital or parental relationships. Positive supports provide interpersonal rewards for prosocial behavior, while negative influences may model and/or reward antisocial behavior. If positive supports are lacking or absent in the marital or parenting role, the individual's risk is increased.
- f. **Education/Employment:** Academic and occupational achievement are indicators of a prosocial lifestyle. Involvement and commitment to these social institutions requires a significant amount of time, decreasing time devoted to antisocial activities. Lack of engagement in these social institutions, employment or education, suggests increased risk.
- g. **Leisure/Recreation:** Participating in prosocial leisure activities occupies time. Lack of prosocial leisure activities increases the risk of engagement in non-prosocial behavior due to lack of prosocial activities.
- h. **Substance Use:** Substance use creates barriers to prosocial behavior and positive interactions. Severe use can interfere with academic and/or occupational performance, impact social relationships, increase familial/marital stress and relationships, and even directly impact criminal or non-prosocial behavior. A current or historical alcohol and/or drug problem, as well as negative consequences associated with substance use, indicate increased risk.

**Youth:** These are the corresponding eight (8) domains that represent the most significant criminogenic risk factors for recidivism for youth.

- a. **Thoughts and Beliefs:** How the youth processes and interprets information High risk thinking patterns or beliefs about circumstances, failure to conform to social norms with respect to lawful behaviors.
- b. **Coping/Self Control:** How a youth manages emotions such as anger and frustrations.
- c. **Friends:** Their peer relations, how much they rely on peers involved in negative activities and if their peers are involved with law- violating behaviors.
- d. **Family/Relationship:** The household environment, family relationships may allow or tolerate certain behaviors in the home such as substance use or law- violating behavior and/or the family could have expectations that the youth is unable to meet.
- e. **Alcohol and Drug Use:** Relationship between substance use and actions that violate the law depends upon the nature of use and situation.
- f. **School:** The youth's school life, academic performance, attendance, social interactions.
- g. **Work:** Youth of age to seek employment, looking at their work ethic and ability to interact with others.
- h. **Use of Free Time:** How the youth spends their free time, is it productive, positive, and are they able to independently structure their time.

#### **D. Registered Service Provider Criteria:**

1. **Cultural Competence.** Awareness that individuals who have historically experienced sustained discrimination or reduced social opportunities because of their race, ethnicity, gender, sexual orientation, sexual identity, physical or mental disability, religion, or socioeconomic status receive the same opportunities as other individuals to engage in service provision. Services should be provided in line with the CLAS Standards (Culturally and linguistically appropriate services standards).
2. **Incentives and Sanctions.** Partnering and supporting Probation Officer's implementation of graduated responses for an individual's behavior are predictable, fair, and consistent. Positive reinforcement

includes the 4:1 ratio and Registered Service Providers partner with Probation staff to identify graduated sanctions to consistently address targeted behaviors. Reinforcement and graduated sanctions are administered in accordance with evidenced-based principles of effective behavior modification.

- 3. Professional Demeanor.** Responses to address problematic behavior are delivered with-dignity and respect to the individual. Modeling appropriate behavior is essential, in ensuring individual success and encouraging engagement.
- 4. Additional Referrals.** Individuals shall be referred for evaluation, treatment, and supportive services to address conditions identified through appropriate screening and assessment processes. Recommendations should include consideration of cultural influences, developmental delays and other significant factors that may influence success. The assessments should recommend behavioral health treatment and/or supportive services to address criminogenic risk and any identified barriers to long-term treatment success. Additional services may include but are not limited to substance use, mental health treatment, medication management services, housing assistance, trauma informed services, criminal thinking interventions, family or interpersonal counseling, vocational or educational services, and monitoring services. Individuals are only referred to services for which there is an assessed need. The sequence and timing of services is critical to the successful delivery of evaluation, treatment, and supportive services.
- 5. Therapeutic Adjustments.** Individuals will receive appropriate therapeutic responses for problematic behaviors with treatment interventions or supportive services. Individuals who engage in behaviors that may disrupt, contradict, or interfere with goals may be reviewed by the team members, it may be possible that a reassessment is requested, and the service plan adjusted accordingly. Ensuring individuals with substance use treatment needs are assessed, and treatment recommendations are in line with ASAM criteria.
- 6. Family Engagement and Support Systems.** Efforts are made to involve and engage the individual's family, this may include parents, significant others, care givers or positive supports. Engaging individuals in their community and all aspects of service provision and case management promote sustainable natural support system upon the discharge from services.
- 7. Team Response.** Probation Staff and Registered Service Providers are expected to work together to create a team dynamic that is supportive of the individual's supervision, treatment and supportive needs. The level

of engagement between Probation Staff and Registered Service Providers may vary based on the intensity of the individual's risk, needs, and responsivity. Clear, consistent communication is established between Probation Staff and Registered Service Providers to ensure accurate and timely information about each individual's progress in services. The Registered Service Provider is expected to participate in Family Team Meetings arranged by the probation staff or other professionals as a core team member supporting the youth and family.

- 8. Integrated Multidisciplinary Team.** A multidisciplinary team is a group of professionals of different disciplines, providing services to an identified individual. Each team member participates by ongoing communication with the team process and by engaging in team meetings to address the identified needs related to their area of expertise, and scope of practice. Registered Service Providers are expected to partner with the individual while also working collaboratively with the rest of the team and may provide training as needed. The team is to utilize strengths-based approaches with the individual and develop an integrated approach through case planning with a focus on the individual working toward shared goals. This may include, but not limited to, family members, a caseworker, peer support, care management, teacher, primary care provider, behavioral health providers and others.
- 9. Trauma Informed Care (TIC).** A trauma-informed delivery of behavioral health and supportive services includes an understanding of trauma, the impact on the individual and an awareness of the impact across settings, services, and populations. It involves viewing trauma through an ecological, generational and cultural lens, recognizing that context plays a significant role in how individuals perceive and process traumatic events, whether acute, generational and/or chronic. TIC requires awareness to anticipate and avoid institutional processes and practices that are likely to retraumatize individuals. This approach recognizes the importance of participation in the development, delivery, and evaluation of services.
- 10. Stages of Development.** Registered Service Providers working with juveniles and emerging adults involved in the justice system should demonstrate an awareness and knowledge related to the specific needs of individuals and their developmental stages. Awareness of the environmental impacts on their individual development. Services and interventions need to be in conjunction with research and recommendations related to brain development.

## **E. Registered Service Provider Expectations**

In addition to the Registered Service Provider Requirements found in the Standardized Model, Service Definitions and Standards of Practice, the AOC shall consider for registration only those individuals or agencies that demonstrate an understanding of the connection between behavioral health

and criminogenic factors as well as the need for supportive services and meet the following criteria specific to treatment services.

1. Demonstrate knowledge in group counseling through previous training or documented completion of an approved course in group therapy and dynamics.
2. Program Plans may be required depending on the services being offered by the Registered Provider Agency/Individual. The Program Plan is required as part of the approval process as a Registered Service Provider.
3. Submit the authorized Program Plan, according to the approved guidelines, which integrates individual satisfaction and treatment outcome measure(s) and adherence to the service definition.  
**Attachment #3**
4. Register their services for approval by AOCPS Rehabilitative Services and provide documentation and data from those services in accordance with all confidentiality requirements/HPPA.
5. Provide services in accordance with defined levels of care and best practice treatment standards as found within the Standardized Model, Standards of Practice and Service Definitions.

## **F. Risk Assessment and Screening:**

### **1. Probation Risk Assessment and Screening Tools**

- a. The validated risk assessment and screening tools are completed by Probation Staff. Results are utilized to determine risk, need, and responsibility for additional screening, evaluation and/or referral for services and assist to identify protective factors.
- b. If the findings of the risk assessments and screening tools indicate that further evaluation is needed, Probation Staff shall facilitate referrals for an appropriate evaluation or supportive services to the Registered Service Provider selected by the individual. The results of the screenings shall be included in the referral.
- c. Probation Staff provide the necessary information to the Registered Service Providers in conjunction with evaluation, treatment and/or supportive service needs identified in the assessment process.
- d. Validated risk assessment instruments and/or screening tools relative to specific areas of risk, need, or responsibility of the individual will also provide criteria for the individual's level of services.

## **G. Becoming a Registered Service Provider**

### **1. Registered Service Provider Process**

AOCP shall consider for registration and ongoing approval, individuals and agencies who have a clear understanding of the connection between mental health, substance use, supportive services and criminogenic factors as outlined in this document. They should also be familiar with validated evaluation tools, evidence-based best practices, trauma informed care, professional competence, ethical responses, brain development and procedural justice.

Per Nebraska Supreme Court Rule§ 6-1301, all services for Justice Involved Individuals must be provided by a Registered Service Provider approved by the Nebraska Administrative Office of Probation in at least one area of service, depending on the service(s) being provided: Adult and/or Juvenile Substance Use Disorder Services, Adult and/or Juvenile Mental Health Services and, upon application, prospective Registered Service Providers will be responsible for applicable guidelines and agree to follow the service requirements in the area(s) for which the individual or agency is applying.

Registered Service Providers must also have a working knowledge of the Standards of Practice as well as the Service Definitions specific to the services they are providing. These are identified on the Nebraska Supreme court [website](#) and the Service Rates for services are also listed.

Service Definitions - refer to appropriate service definitions for identified services, found on the Nebraska Supreme Court Website as either [adult](#) or [juvenile](#). Substance Use services must comply with ASAM criteria when addressing substance use services for adults and adolescents.

### **2. Registered Service Provider Requirements**

The purpose of Probation Financial Assistance Program is to assist individuals receiving identified, Court Ordered services and navigate access to recommended services to help improve outcomes. Only individuals/families who have met appropriate screening criteria are eligible to access funds through the Fee for Service Delivery Program. A balance of evidence-based practices, timely reporting, and fiscal responsibility must be considered when issuing and utilizing vouchers. Monetary vouchers are not intended to replace other means of financial assistance for individuals; instead, vouchers serve as a resource available to individuals when no other service payment options exist. Individuals are screened for the ability to pay including the availability of insurance to cover recommended services and application of the sliding fee scale. Whenever possible, individuals and their families are expected to contribute to the financial obligations associated with evaluations,

treatment, and supportive services. The AOCPP remains the payer of last resort for individuals.

AOCPP will not reimburse services prior to the provision of services and will only pay for services rendered. Services provided 1 year or more prior to billing will not be reimbursed.

It is the expectation that the voucher is issued prior to the Registered Service Provider initiating services except in cases of same day access services or where insurance is available. It is the responsibility of the AOCPP Staff and Registered Service Provider to ensure individuals are aware of their financial responsibility related to the cost of service.

### **3. Criminogenic Continuing Education (CEU) Requirements**

The first 6 criminogenic CEU's are required to be completed within the first six months of the approved application to be a Registered Service Provider with the remaining 6 CEU's to be completed during the first two years as a Registered Service Provider. Registered Service Providers are then required to complete 12 criminogenic CEU's every two years, please review Registered Service Provider Service Definition requirements to identify staff required to complete criminogenic CEU's.

To be considered for criminogenic credit, the requester shall submit an Application for Approval of Criminogenic CEUs to the Provider Network Specialist at [nsc.providernetwork@nejudicial.gov](mailto:nsc.providernetwork@nejudicial.gov). The request must include the training outline, presenter biography, and a description of how the training addresses working with justice- involved individuals to reduce criminogenic risk factors.

### **4. Registered Service Provider Quality Assurance**

The purpose of the Registered Service Provider Quality Assurance process is to provide oversight of services provided to individuals supervised by Probation Staff to ensure best practices are being utilized. This oversight involves regular on-site and off-site monitoring and reviewing of Registered Service Providers' services and programs to ensure fidelity to Probation's Standards of Practice, Service Definitions congruent with the services authorized, use of evidence-based practices and fiduciary responsibility.

It is the expectation that all providers are respectful to individuals they are serving, and services are in line with the service definitions, Standards of Practice, and Standardized Model. The AOCPP is responsible for standard and investigator quality assurance reviews. Concerns or grievances related to the provision of services should be managed following the grievance policy of the registered provider and the individual or provider may also inform the AOCPP Rehabilitative Services of their concerns via

the attached concern document.

There are two primary types of Quality Assurance Processes: Standard Reviews and Investigations. Reviews are completed on a random basis, and all services may be reviewed based on the services provided by that agency. Investigations are intentional and focused on a reported concern or issue. **Attachment #4A.**

Upon registration, Registered Service Provider agencies and individuals attest to comply with all aspects of the Quality Assurance Process, including, but not limited to recouping of payment, nonpayment, mandated program improvement plans, suspension from the Registered Service Provider List, or removal as a Registered Service Provider. Individuals and agencies registered will attest these requirements on an annual basis. **Attachment #4B.**

#### **H. Probation Staff Education and Training Expectations:**

Through the AOCP, training for Probation Staff is required. They must complete basic continuing education related to substance use, mental health disorders, the Standardized Model, criminogenics and assessment and screening instruments utilized. These training courses provide staff with the necessary skills to properly screen, assess; investigate and supervise individuals under probation and problem-solving court's authority.

Through the AOCP, training for all designated staff is required and will include the following components:

1. Understanding **AOCP Policies and Procedures** associated with the Standardized Model.
2. Understanding the **Principles of Criminogenic Risk/Need/Responsivity Factors** (to include but not limited to criminal/delinquent thinking and motivational interviewing).
3. Understand the components of the **Nebraska Behavioral Health Service Delivery System.**
4. Be trained on the **Standardized Model process**, to include:
  - a. Administration of authorized screening and assessment instrument(s).
  - b. Nebraska Standardized Reporting Format for Evaluations for all Justice Referrals.
  - c. Service Definitions and Service Interpretive Guidelines for adult and/or juvenile services.
  - d. Understand how the Standardized Model for Behavioral Health Compliance is incorporated into the investigation and case management of justice individuals.

## **I. Compliance with the Standardized Model:**

Probation staff are provided with guidelines to review and notify the AOCPS Rehabilitative Services Division of concerns. A quality review process may be initiated upon receiving the notification of concerns. Probation Staff and the AOCPS are mandatory reporters and are required to report any safety, abuse, and neglect concerns to the proper authority.

AOCPS utilizes a quality assurance process to ensure providers are complying with the expectations of the Standardized Model, [Standards of Practice](#), [Adult Service Definitions](#) and [Juvenile Service Definitions](#) to include Reviews and Investigations. On-site reviews, technical assistance, and program improvement plans may be implemented as needed for issues identified when a provider is not in compliance with expectations identified in the Standardized Model, Standards of Practice and Service Definitions. Noncompliance with a Performance Improvement Plan may result in further corrective action.

AOCPS can conduct investigations, impose sanctions, and suspend or remove providers from the Registered Service Provider List. For significant or egregious violations, a Corrective Action Plan may be initiated without the program improvement plan. No provider who has been suspended or removed from the Registered Service Provider List shall be utilized for services by the Nebraska Probation, nor shall such individual or agency be entitled to any compensation from AOCPS, during his or her suspension or removal. Please refer to Standardized Model Provider Expectations.

Non-licensed provider agencies/individuals are to implement best practice standards and be in compliance with the Standardized Model of Behavioral Health, Service Definitions, and Standards of Practice for the services provided.

## **J. Complaint Investigation Process:**

Probation Staff, Providers, and individuals under supervision are encouraged to provide input to the AOCPS concerning the status and services provided by local providers on the Registered Service Provider List. Local Probation Staff are also encouraged to report any concerns related to a Registered Service Provider to ensure quality services for individuals involved in the justice system. **Attachment #5.**

Rehabilitative Services will initiate a review of complaints or concerns expressed regarding Registered Service Providers. Registered Service Providers are reviewed on a random basis for Quality Assurance or when concerns are reported. This process is outlined in the Standardized Model Compliance Document.

## **K. Registered Service Provider Denial Process:**

1. An applicant who has been denied or Registered Service Provider/Agency who has been removed shall not accept any new service authorizations from the AOCP.
2. Individuals with licensure credentials are not eligible to be a registered service provider while in a probationary status with their licensure.
3. Individuals with legal charges, who have been on probation, or under legal supervision, must wait 6 months to be considered to register as a provider. It is expected that registered service providers notify the AOCP of any legal charges, and they will be suspended during the process of determining consequences/guilty of charges. If convicted, registered service provider will need to complete all legal requirements and wait 6 months for reconsideration to become a provider.

#### **L. Fee for Service Voucher Program:**

The Fee for Service Voucher Program is to provide necessary assistance to reduce the financial barriers for identified eligible individuals receiving court ordered supportive and treatment services. The provision of vouchers is only after all other funding sources have been exhausted such as private insurance, Medicaid, etc.

Adults with insurance are not eligible for fee for service vouchers unless a special eligibility request is submitted by the requesting officer and approved prior to the initiation of services. Sliding scale fees are considered for adults based on their income and expenses, the provider and Officer are to review the information to ensure the individual is aware of any ability to pay for services as a result. See [Adult Sliding Fee Scales](#).

The family of juveniles on probation are also assessed for ability to pay based on family income and are expected to exhaust all resources such as private insurance, Medicaid, etc. prior to the issuance of a fee for services voucher. The family income is assessed by the officer or Juvenile Justice Resource Supervisor, and the Family Income Fee for Service is applied to determine any expenditures required from the family specific to co-pays and deductibles. Juveniles are able to access fee for service vouchers to supplement services not covered by insurance and to assist with deductibles based on the family assessed ability to pay, statute guiding payment of service costs for youth on probation can be found at Nebraska Revised Statute§ 43-290.01.

#### **M. Registered Service Provider Network Directory:**

**Registered Service Provider Network Directory.** The AOCP is responsible for maintaining an updated listing as a resource for the Probation Districts. This list is updated monthly. The list will include individuals who have registered and met the identified criteria to provide services within their scope of practice to individuals involved in the justice system. See [Registered Service Providers by District](#).

1. It is the responsibility of the Registered Service Provider to inform the AOCP of any change in status, address, licensure, or service

provision in accordance with Probation guidelines and update their application in the Information Management System for Service Providers.

## **N. Release of Information**

Individuals who have evaluation, treatment or supportive service needs identified during the assessment and screening process, and/or services are court ordered, will be provided with the list of approved Registered Service Providers for the identified services. Following the selection of a Registered Service Provider.

Probation Staff will obtain a valid authorization to release information signed by the individual and remain on file during the period the individual is under presentence, predisposition investigation, predisposition supervision, or supervision for the duration of their status on probation or involvement in a problem-solving court. Releases are required to be updated on an annual basis to remain valid. The individual must sign a release to the provider, or a court order is required to provide information to the Registered Service Provider. Releases which are HIPPA Compliant and/or CFR 42 for substance use records, an agency specific release cannot be required for records to be released.

## **O. Referrals by Probation**

Probation Staff are responsible for utilizing approved risk/need/responsivity assessments and screening tools to identify the needs of the individual for further assessment. Probation Staff are required to send the assessment and screening information to the Registered Service Provider as selected by the individual. All referrals for evaluations and/or services shall be made to a Registered Service Provider chosen by the individual.

1. Referral for court ordered evaluation as recommended by the assessment and screening tools will be submitted, utilizing information from the Registered Service Provider, and AOCP Information Management System.
2. Probation Staff shall provide collateral information to the selected Registered Service Provider concerning the results of the risk assessments and screening tools, the current offense, prior record(s), drug testing results, and any available prior assessments. This information will be provided electronically through the Registered Service Provider and AOCP's Registered Service Provider Information Management System.
3. Probation Staff shall refer individuals for services based on the identified needs through the screening, assessment, and evaluation process, the appropriateness of services and in line with current

policies and protocols and is court ordered.

4. The Officer will ensure the individual meets target population, criteria for service provision, financial eligibility, and is court ordered. Individual ability to pay, access to insurance, and family resources for juveniles will be assessed. Referrals will comply with the individual services as identified for that service and criteria for the service.
5. Probation Staff shall provide the individual a choice of Registered Service Providers appropriate for their recommended service needs.

**P. Evaluations:**

1. All evaluations will be in compliance with the Standardized Model, non-compliance by the provider with required engagement in the evaluation process may result in denial of payment. **Attachment #6**
2. As per AOCPP policies and procedures, Probation Staff shall ensure all elements of the evaluation are included and the report is completed within the identified timeline. Evaluations not adhering to this format shall be reported to the Probation Officer's direct supervisor, Chief Probation Officer, or Problem-Solving Court Coordinator, Juvenile Justice Resource Supervisor will determine local engagement with the Registered Service Provider and whether subsequent referral to AOCPP is necessary.
3. Quality assurance statement - all evaluations are subject to audit review by the AOCPP.

**Q. Evidence-Based Treatment Approaches:**

Treatment providers are expected to be proficient and administer evidence-based services and treatment interventions. Behavioral and/or cognitive-behavioral treatments have been demonstrated to improve outcomes for those with diagnosed substance use, mental illness and/or those experiencing acute mental health symptoms. Service providers are expected to be proficient at delivering evidence-based practices within their service provision and scope of practice. It is up to the provider to research and select the most appropriate current evidence-based services for their individuals served.

1. **Group Services.** As part of the screening process, individuals should be screened for their suitability for group interventions. Group membership is guided by evidence-based selection criteria including participants identified gender, trauma histories, co-occurring psychiatric symptoms, and levels of motivation. Treatment groups ordinarily should have no more than eight to twelve participants as indicated on the service definition, and a

minimum of four participants, to create a supportive, effective group dynamic. For groups that are treating externalized or problematic behaviors, such as illegal activity, mental health, and substance use, the Registered Service Provider will determine appropriate staff supervision and service needs.

- 2. Medications.** Psychiatric treatment and medication management can significantly improve outcomes for individuals with mental health needs. Individuals prescribed psychoactive, psychotropic, or psychopharmaceutical medications should be based on medical necessity as determined by a treating physician or medication provider with expertise in psychiatry or a closely related field.
- 3. Medication Assisted Treatment.** There are a variety of medications that can be utilized to assist those with addiction in managing cravings and support, abstaining from substances. These should be prescribed and overseen by an approved prescriber and monitored appropriately by said prescriber.
- 4. Supportive Services.** Probation supports a variety of supportive services that are intended to support the family and individuals and is individualized to specific needs. Supportive services for youth often involve providing support to the family through assisting the parents with establishing boundaries, curfews, and improving communication. Youth also receive supportive services such as mentoring services and transportation to help them be more successful as they learn to navigate prosocial activities and develop relationships with peers with positive influence. Adult supportive services focus on supports to meet basic needs, such as housing and electronic or continuous monitoring.

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Morgan RD, Scanlon F, Van Horn SA. Criminogenic risk and mental health: a complicated relationship. *CNS Spectr* 2020 Apr; 25(2):237-244. ii Ghiasi N, Azhar Y, Singh J *Psychiatric Illness and Criminality* 2022, May  
[https://www.ncbi.nlm.nih.gov/books/NBK537064/#\\_ncbi\\_dlg\\_citbx\\_NBK537064](https://www.ncbi.nlm.nih.gov/books/NBK537064/#_ncbi_dlg_citbx_NBK537064).

# **STANDARDIZED MODEL FOR DELIVERY OF SERVICES**

## **ATTACHMENT 1**

### **Standardized Model Definitions**

## Standardized Model Definitions

**Chief Probation Officer** – Oversees the entire day-to-day operation of their respective Probation district. Leads district probation staff and programs; develops and implements policies and procedures.

**Chief Deputy Probation Officer** – Assists the Chief Probation Officer in administrative oversight for program case management services and compliance with policies and procedures.

**Problem-Solving Court Coordinator** – Serves under the authority of the problem-solving court judge and Chief Probation Officer. Responsible for a full range of programs and services to justice involved individuals. Supervisory duties in planning, delivery, coordination and evaluation of services, including case management.

**Reporting Center Coordinator** – Serves under the Chief Probation Officer, responsible for coordination of evidence-based programs and services for justice involved individuals. Supervisory duties in planning, delivery, coordination and evaluation of services, including case management.

**Probation Supervisor** – Responsible for managing, training and supervising daily activities and probation employees as assigned.

**Juvenile Justice Resource Supervisor (JJRS)** – Serves under the Chief Probation Officer, responsible for matching juvenile service needs and funding options relative to out-of-home care/placement and behavior health services. Conducts analysis and research of provided services to identify and develop interventions and best practices.

**Probation Treatment Officer** – Serves under the Chief Probation Officer and licensed as a Mental Health Practitioner, Clinical Social Worker or Alcohol and Drug Counselor. Provides day-to-day case management and supervision of high-risk individuals. Collaborates with community providers, stakeholders, and district probation staff to assess and implement best practices and intervention strategies.

**Specialized Populations Officer** – Provides day-to-day case management and supervision of high-risk individuals entered into the Problem-Solving Court program, post-release supervision, or other adult and juvenile probationers for specialized cases, such as sex offenses, domestic violence, drug/ co-occurring and gang.

**Probation Officer** – Provides day-to-day case management and supervision of a wide variety of adult and juvenile probationers typically low – moderate-risk. May perform pre-sentence/pre-disposition investigations.

**Probation District Placement Coordinator** – Supervision of intake staff, matching the service needs of juveniles with out of home placements, oversight and quality assurance of out of home placements

**Probation Officer Assistant (APO)** – Assists Specialized Populations Officers in performing supervision, case planning and/or monitoring high-risk individuals in the community.

**Case Monitor** – Responsible for coordinating and administering probationer assessments. Initiates and monitors referrals for treatment, payment of fines, restitution and/or community service. May monitor activities associated with the supervision of administrative and low-risk probation cases.

**Program Specialist** – Coordinating justice programming with focus on their specific responsibilities. This may include research, analysis, development and recommendations to their specific area of focus. (refer to organization chart for areas of focus).

**Quality Compliance Specialist** – Ongoing quality assurance review of services rendered by Probation Registered Service Providers, assess timeliness and accuracy of payments.

**Substance Use Monitor** – Monitoring, coordinating, arranging, and maintaining documentation for drug screens, providing assistance to Officers and individuals on probation

# **STANDARDIZED MODEL FOR DELIVERY OF SERVICES**

## **ATTACHMENT 2**

### **AOCP: Registered Service Provider Licensure Requirements**

**Administrative Office of the Courts and Probation  
Registered Service Provider Licensure Requirements**

**LIMHP – Licensed Independent Mental Health Practitioner**

**LMHP – Licensed Mental Health Practitioner**

**PLMHP – Provisionally Licensed Mental Health Practitioner** (Supervisor must be registered for the same service, and an approved RSP)

Adult Co-Occurring Evaluation	Juvenile Co-Occurring Evaluation
Adult Mental Health Evaluation	Juvenile Mental Health Evaluation
*Adult Sex Offense-Specific Evaluation	Juvenile Substance Use Evaluation
Adult Matrix Evaluation	Juvenile Substance Use Addendum
Adult Substance Use Evaluation	Juveniles Who Sexually Harm Risk Evaluation
Adult Substance Use Addendum	Acute Inpatient Hospitalization
Adult Substance Use Halfway House	Juvenile Mental Health Day Treatment
Adult Substance Use Outpatient Treatment (Individual)	Juvenile Substance Use Therapeutic Group Home
Adult Gambling Intensive Outpatient Counseling (Individual/Group)	Juvenile Mental Health Therapeutic Group Home
Adult Gambling Outpatient Counseling (Individual/Group)	Hospital Based Psychiatric Residential Treatment Facility (PRTF)
Adult Mental Health Outpatient Counseling (Individual)	Specialty Psychiatric Residential Treatment Facility (PRTF)
*Adult Sex Offense-Specific Outpatient Counseling (Individual/Group)	Multisystemic Therapy (MST)
Adult Co-Occurring Capable Short-Term Residential	*Juveniles Who Sexually Harm Therapeutic Group Home
Adult Substance Use Short-Term Residential	Juvenile Partial Hospitalization
Adult Substance Use Intensive Outpatient Counseling	Juvenile Substance Use Partial Care
Adult Matrix Substance Use Intensive Outpatient Treatment	Juvenile SUD Medical Detox
Adult Substance Use Outpatient Treatment (Individual)	Juveniles Who Sexually Harm Day Treatment
Adult Substance Use Outpatient Treatment (Group)	*Juveniles Who Sexually Harm Intensive Outpatient Counseling
Adult Mental Health Outpatient Counseling (Group)	*Juveniles Who Sexually Harm Outpatient Treatment (Group)
Juvenile Mental Health Outpatient Counseling (Group)	*Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family)
Juvenile Mental Health Outpatient Counseling (Individual/Family)	Juvenile Substance Use Outpatient Treatment (Individual/Family)
Juvenile Mental Health Intensive Outpatient Counseling	Juvenile Substance Use Intensive Outpatient
Functional Family Therapy	Juvenile Substance Use Outpatient Treatment (Group)

\*Requires pre-requisite training

**Administrative Office of the Courts and Probation  
Registered Service Provider Licensure Requirements**

**LADC – Licensed Alcohol and Drug Counselor**

**PLADC – Provisionally Licensed Alcohol and Drug Counselor**

*(PLADC must be supervised by a LADC who is affiliated with the same agency and approved for the same services).*

Adult Matrix Evaluation	Juvenile Substance Use Evaluation
Adult Substance Use Evaluation	Juvenile Substance Use Addendum
Adult Substance Use Addendum	Juvenile Substance Use Therapeutic Group Home
Adult Substance Use Halfway House	Hospital Based Psychiatric Residential Treatment Facility (PRTF)
Adult Substance Use Outpatient Treatment (Individual)	Specialty Psychiatric Residential Treatment Facility (PRTF)
Adult Substance Use Short-Term Residential	Juvenile Substance Use Partial Care
Adult Substance Use Intensive Outpatient Counseling	Juvenile SUD Medical Detox
Adult Matrix Substance Use Intensive Outpatient Treatment	Juvenile Substance Use Outpatient Treatment (Individual/Family)
Adult Substance Use Outpatient Treatment (Individual)	Juvenile Substance Use Intensive Outpatient
Adult Substance Use Outpatient Treatment (Group)	Juvenile Substance Use Outpatient Treatment (Group)
Adult Gambling Outpatient Counseling (Individual/Group)	Adult Gambling Intensive Outpatient Counseling (Individual/Group)

**Psych Assistant with LIMHP or LMHP (must have one), Psychologist, and Provisional Psychologist**

Can do the <i>same services</i> as an LIMHP or LMHP	
Adult Psychological Evaluation	Juvenile Psychological Evaluation

**Psychiatrist / Physician, Physician Assistant, and APRN**

Can do the <i>same services</i> as an LIMHP or LMHP	
Adult Psychological Evaluation	Juvenile Psychological Evaluation
Adult Medication Management	Juvenile Medication Management
Adult Initial Diagnostic Interview (Medication Prescriber Only)	Juvenile Psychiatric Evaluation
Initial Diagnostic Interview (Medication prescriber only)	Juvenile Psychiatric Evaluation Interview Only

**Requires a Polygraph License**

**Requires a Teaching License or Certificate**

Adult Sex Offense-Specific Polygraph Examination	Case Managed Tutoring
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**Administrative Office of the Courts and Probation  
Registered Service Provider Licensure Requirements**

**Requires an Agency Facility License**

<b>Residential Child-Caring Agency License</b>	<b>Child Placing Agency License</b>
Crisis Stabilization	Agency Supported Foster Care
Group Home A	Professional Foster Care
Group Home B	
Shelter Care	
Specialized Restorative Residential Program (RESTORE)	

<b>Mental Health Substance Use Treatment Center</b>	<b>Hospital</b>
Substance Use Short-Term Residential	Acute Inpatient Hospitalization
Co-Occurring Capable Short-Term Residential	Partial Hospitalization
Substance Use Halfway House	

<b>May be licensed as a Mental Health Substance Use Treatment Center, Hospital, or Psychiatric Residential Treatment Facility</b>	
Juveniles Who Sexually Harm Therapeutic Group Home	Hospital Based Psychiatric Residential Treatment Facility (PRTF)
Juvenile Substance Use Therapeutic Group Home	Specialty Psychiatric Residential Treatment Facility (PRTF)
Juvenile Mental Health Therapeutic Group Home	

# **STANDARDIZED MODEL FOR DELIVERY OF SERVICES**

## **ATTACHMENT 3**

### **Program Plan Overview**

## Program Plan Overview

**Date Submitted by Applicant:** Click or tap here to enter text.

**Applicant Name:** Click or tap here to enter text.

**Agency Name:** Click or tap here to enter text.

**Agency Address:** Click or tap here to enter text.

**Service Name:** Click or tap here to enter text.

**Category:** Treatment  Non-Treatment

**Facility License (if applicable):** Click or tap here to enter text.

**Program Overview** - This section should contain all of the following:

1. The program's mission

Click or tap here to enter text.

2. The program's philosophy

Click or tap here to enter text.

3. Goals, objectives and specific outcomes

Click or tap here to enter text.

4. a. For Treatment Services - Description of the treatment modalities to be provided to achieve the program objectives and meet client needs

Click or tap here to enter text.

b. For Non-Treatment Services – Description of the interventions to be provided to achieve the program objectives and meet client needs

Click or tap here to enter text.

5. Population served, to include information about:

a. Age (children, adolescents, older adults; specify age ranges)

Click or tap here to enter text.

b. Sex

Choose an item.

c. Gender (specifically women's issues)

Click or tap here to enter text.

## 6. Special Populations served

For example: physical or cognitive disabilities, co-occurring substance use and mental disorders, rural populations, HIV positive, homeless, veterans, race and ethnicity, sexual orientation, criminal justice population.

Click or tap here to enter text.

## 7. Settings (i.e., description, addresses, phone, and fax numbers)

Click or tap here to enter text.

## 8. Days of operation

Click or tap here to enter text.

## 9. Hours of operation

Click or tap here to enter text.

## 10. Frequency of services

Click or tap here to enter text.

## 11. Payer sources

Click or tap here to enter text.

## 12. Fees

Click or tap here to enter text.

## 13. Estimated length of stay for an individual to successfully complete the program

Click or tap here to enter text.

## 14. Staffing Expectations:

Click or tap here to enter text.

- **Licensure (if applicable)**

Click or tap here to enter text.

- **Required training and/or skill level**

Click or tap here to enter text.

- **Number of staff**

Click or tap here to enter text.

15. Description of how the program includes evidence-based practices

Click or tap here to enter text.

16. Describe how program activities are designed to the specific needs of the individual

Click or tap here to enter text.

17. Procedures for documentation, such as:

Click or tap here to enter text.

a. Progress notes and other relevant records include:

1) Progress towards identified goals and objectives Click or tap here to enter text.

2) Significant events in the person's life Click or tap here to enter text.

3) Changes in frequency of services and levels of care Click or tap here to enter text.

b. All documents generated by the organization include original (or electronic signatures), are signed, and are dated.

Click or tap here to enter text.

# **STANDARDIZED MODEL FOR DELIVERY OF SERVICES**

## **ATTACHMENT 4A**

Maintaining Registered  
Service Provider Status

## Maintaining Registered Service Provider Status

The Administrative Office of Courts and Probation (AOCP) engages in continuous quality improvement with providers to ensure compliance with the Standardized Model, Standards of Practice and Service Definitions. Procedures involve a Standard Quality Assurance Review, investigatory review, or direct follow-up in response to concerns initiated by staff, justice-involved individuals, or other providers regarding services being performed. This can include responses to licensure restrictions or notifications of non-compliance from Department of Health and Human Services (DHHS). The AOCP may also suspend or remove providers from the Registered Service Provider Network based on non-compliance with any of the above expectations.

If there are quality compliance concerns present, the agency and/or the provider may be required to implement a Program Improvement Plan (PIP) or Corrective Action Plan (CAP). Failure to adhere with the PIP or CAP process may result in removal. For significant or egregious violations, a CAP may be initiated without a PIP, or the agency or provider may be suspended from referrals pending an investigation and/or hearing and individuals may be removed from placement. No agency or provider who has been suspended or removed from the Registered Service Provider Network shall be utilized by Nebraska Probation for new service referrals, nor entitled to compensation from the AOCP.

District Probation Staff engage with community providers and if they become aware of practices that may not align with the requirements of the Registered Service Provider Network. The Probation staff will address concerns directly with the provider or agency and/or submit a Provider Concern Form to the AOCP. This form is available publicly on the Judicial Branch website. [Triaging Provider Concerns and Provider Concern Form](#).

### A. Complaint Reviews

District Probation Staff engage with community providers and address any concerns they may have related to the provision of services. District probation staff are encouraged to inform the AOCP Quality Assurance team, under the Rehabilitative Services Unit, at any time that they believe there are significant concerns regarding the environment and provision of services by a Registered Service Provider or they are of the opinion that their concerns are not being addressed by the Registered Service Provider.

The response to reported concerns will be prioritized by the five (5) levels as outlined on the document Triaging Provider Concerns, see link above.

#### 1. Documenting Provider Concern should include the following:

- a. Name of the person initiating the report or concern
- b. District or Division (if applicable)

- c. Registered Service Provider and Agency
- d. Service(s) or programs provided
- e. Detailed description of the issue, complaint, or concern, names of staff members, individuals involved, specific date(s) of the incident or violation
- f. Identify any steps that have been taken to address the concerns including dates of contact and specific parties
- g. Any supportive documentation that substantiates the concern

## 2. Processing the Receipt of the Concern

- a. The AOCPP will review the concern and follow up with Probation or those who may be involved with that provider
- b. The AOCPP will communicate with the provider/agency that a concern has been identified.
- c. If there is an active criminal investigation or DHHS review, the AOCPP will take steps to not disrupt the investigation.
- d. All concerns will be handled professionally and responded to in writing or by telephone, within fifteen (15) calendar days, AOCPP will:
  - i. Triage the seriousness and immediacy of the concern
  - ii. Determine whether the concern pertains to a matter within the authority of the AOCPP to investigate or act upon
  - iii. Review if there is sufficient information to resolve the issue or if further investigation is needed
  - iv. Consider opportunities for improvement
- e. The AOCPP reserves the right to determine responses to concerns submitted and reports will remain confidential within the AOCPP.

## B. AOCPP Response

The AOCPP response will vary based on the severity of the concern and impact on individuals in services. Concerns related to safety of individuals served or any suspension or hold status will be reported to the District and the court of jurisdiction for possible removal.

### 1. Potential Quality Concern

This type of concern may relate to fidelity of the services in which an opportunity for improvement may be addressed without formal action. These concerns are often programmatic and minimal adjustments to comply with the expectations in line with the Standardized Model, Standards of Practice and Service Definition may be required. This may result in a review or a PIP to resolve the issue.

## **2. Non-Compliance**

A provider/agency who fails to perform or maintain required training and knowledge for working with justice involved individuals as identified in the Standardized Model, Standards of Practice and Service Definition. This may result in an on-site review, review of records, policy and procedures. A PIP will be requested to address identified deficiencies with a 90-day review.

## **3. Investigated Complaints**

These are issues which persist, and the provider/agency is not responsive to coaching or communication and/or refuses to comply with the Standardized Model, Standards of Practice and Service Definitions or lack of cooperation with the PIP process. The provider/agency will be required to submit a CAP to ensure program compliance. Lack of response or compliance may result in removal from the Registered Service Provider Network.

## **4. Health and Safety**

These are high priority concerns and require immediate action that may result in immediate suspension until an investigation by the AOCPP or other involved state entities are concluded. Critical incidents involving any justice involved individuals that identify jeopardy to individual physical, psychosocial, mental and/or health needs will be responded to with swift actions.

## **5. Suspension, Holds, Investigations by External Agencies**

The AOCPP aligns with state credentialing and licensing entities; the provider/agency will not be allowed to provide services as required by the hold, suspension or investigation to justice-involved individuals until resolution of the issue.

## **C. Individual or Agency Concerns**

It is expected that Registered Service Providers conduct themselves in a professional and ethical manner. Any provider cited for a misdemeanor or felony act will be immediately suspended from the Registered Service Provider Network until disposition of the legal charges. Any provider/agency must have licensure in good standing to be approved and/or remain in the Registered Service Provider Network.

The AOCPP is a mandatory reporting agency, and all concerns of abuse or neglect will be reported to the DHHS Division of Public Health Licensure Unit, and/or the Child/Adult Abuse and Neglect Hotline as appropriate.

The provider is expected to report any legal offenses, charges, misdemeanors or felonies received to the AOCPP by the next business day.

The individual will be suspended during the course of the legal process. Charges dismissed will result in immediate reinstatement of the individual to the Registered Provider Network. Individuals convicted, placed on Probation, Diversion or Problem-Solving Court processes will be removed as a Registered Service Provider.

#### **D. Disciplinary Actions**

1. The following are possible disciplinary actions imposed on the provider/agency during any corrective action:
  - a. Requirement to complete educational courses, specified training or technical assistance
  - b. Temporary suspension of service referrals or authorizations
  - c. Removal, relocation or reassignment of any justice-involved individuals being served
  - d. Recoupment of payment for services that may have been falsified, or not rendered in line with the payment agreement
  - e. Removal from the Registered Service Provider Network dependent on the severity of the concern
  - f. Disabling access to the Service Provider Information Management System will be disabled during suspensions or removal; temporary 48-hour access may be granted for the completion of any vouchers

#### **E. Request for Hearing**

Provider/agency may request a hearing, in writing, to appeal removal as a Registered Service Provider within fifteen (15) calendar days from notice the disciplinary action.

##### **1. Provider Hearing**

If a hearing is to be scheduled, the provider/agency may submit documentation for consideration and the panel may accept testimony as deemed necessary. The Probation Administrator will identify a panel from the following:

- a. The Probation Administrator, who shall preside over the hearing
- b. One member of the Probation Services Advisory Committee
- c. One Registered Service Provider, to be appointed by the Probation Administrator

##### **2. Possible Outcomes**

- a. Upholding the removal from the Registered Service Provider Network
- b. Approved or continued status as a Registered Service Provider

- c. Approved or continued status as a Registered Service Provider with conditions that may include additional training, monitoring, or educational requirements

## **F. Reinstatement**

1. If removed from the Registered Service Provider Network, the provider/agency may submit a formal request to be reinstated.
  - a. The request must be submitted in writing to the Assistant Deputy for Rehabilitative Services and include: justification or mitigating information for consideration, (if applicable) formal documentation from DHHS that identifies that all expectations have been completed and the individual is in good standing, formal documentation that DHHS has removed or expunged the individual from the Central Registry
  - b. If removal was due to conviction of a criminal charge, the individual must wait six (6) months post successful completion of all court conditions before submitting a request for reinstatement
2. The request for reinstatement will be reviewed by one or more Deputy Administrators, and the provider/agency will receive written communication within thirty (30) calendar days of the final decision. If approved, the AOCPS will provide written instructions for completing a new application to the Registered Service Provider Network.

## **G. Reasons for Denial of Application**

A provider or agency application to the Registered Service Provider Network may be denied for any following

1. An active Probation, Diversion, Problem-Solving Court or court status or it has not been six (6) months since completion of legal responsibilities
2. Current or past disciplinary or non-disciplinary action on licensure that has not been disclosed
3. Misdemeanor or felony charges not disclosed
4. Active listing on the Nebraska Sex Offender Registry, Child Abuse and Neglect Central Registry, or Adult Protective Services Central Registry
5. Failure to completely answer questions or truthfully disclose related information
6. Incomplete application without an agency affiliation, identified service(s) and/or approved program plan



**STANDARDIZED MODEL  
FOR DELIVERY OF SERVICES**

**ATTACHMENT  
4B**

Registered Service Provider  
Attestations

## Registered Service Provider Attestations

### Registered Service Provider (Agency) Agreement

As an applicant to provide services as an Agency for the Administrative Office of the Courts and Probation (AOCP) Registered Service Provider Network, I hereby agree to be bound by:

I agree to the password and security requirements and will not allow my password to be used by any other individuals but myself.

[AOCP Password Policy](#)

When using teleservices, I agree that any technology used in both originating and distance sites meets industry standards for telehealth, including HIPAA compliance. I further agree to follow all applicable federal and state laws.

I have read, understand, and agree to follow the Supreme Court Service Definitions and Interpretive Guidelines (SIG).

[Adult Juvenile](#)

I acknowledge that in choosing to facilitate services that I must ensure that providers acting on behalf of the agency have fulfilled all educational and additional requirements associated with each service they provide.

I have read, understand, and agree to follow the current Standards of Practice.

[Adult Juvenile](#)

I have read, understand, and agree to follow all processes, procedures, requirements, expectations, responsibilities, etc. outlined in the [AOCP Registered Service Provider Handbook](#).

I have read, understand, and agree to follow all Supreme Court Applicable Rules and AOCP's processes that govern the Registered Service Provider network and the application of financial assistance, including the [Standardized Model](#) and Sliding Fee Scales as applicable for the Delivery of Substance Use Services (Nebraska Supreme Court Rule § 6-1301).

I am aware and agree to being subject to Quality Assurance reviews, as determined by the AOCP.

I understand that the AOCP may request additional information from me prior to the formal approval of my application. I also understand that the AOCP may conduct initial reviews in the provisional approval process, however, I am not permitted to provide any services to justice-involved individuals nor receive payment until or unless my application is formally approved, and I receive my log in credentials.

I understand that Voucher payment requests must be submitted upon completion of service and vouchers not submitted within two years of the completion of the service will be denied for payment.

## Registered Service Provider Attestations

I understand that approval of application to the Registered Service Provider Network is not a guarantee of service referral.

I agree that all internal agency processes have been followed to determine the identified Primary Authority as well as the appropriate person to complete and submit the application and attestations.

My agency agrees to all of the above. Should my agency fail to meet any of the outlined expectations and agreements noted above, I understand that my agency may not be paid for services rendered and/or may be removed as an approved agency within the AOC's Registered Service Provider Network. If my agency is removed, I understand and acknowledge that my agency will be unable to provide services to any individual within Nebraska State Probation or Nebraska Problem-Solving Courts and for those Parolees accessing services through any of Probation's information management systems.

### **Registered Service Provider (Individual) Agreement**

As an applicant to provide services as a Registered Service Provider for the Administrative Office of the Courts and Probation (AOC), I hereby agree that:

I agree to the password and security requirements and will not allow my password to be used by any other individuals but myself.

[AOC Password Policy](#)

When using teleservices, I agree that any technology used in both originating and distance sites meets industry standards for telehealth, including HIPAA compliance. I further agree to follow all applicable federal and state laws.

I have read, understand and agree to follow the Service Definitions and Service Interpretive Guidelines (SIG).

[Adult Juvenile](#)

I agree to fulfill all educational and additional requirements associated with each service for which I have applied.

I have read, understand and agree to follow the Standards of Practice.

[Adult Juvenile](#)

I have read, understand, and agree to follow all processes, procedures, requirements, expectations, responsibilities, etc. outlined in the [AOC Registered Service Provider Handbook](#).

I have read, understand, and agree to follow all Supreme Court Applicable Rules and AOC's processes that govern the Registered Service Provider Network and the application of financial assistance, including the [Standardized Model](#) and Sliding Fee

## Registered Service Provider Attestations

Scales as applicable for the Delivery of Substance Use Services (Nebraska Supreme Court Rule § 6-1301).

I authorize the AOCP to conduct criminal background checks, upon request, to assist in determining my eligibility to provide services to individuals served by Nebraska State Probation and Problem-Solving Courts.

I am aware and agree to being subject to Quality Assurance reviews, as determined by the AOCP.

I understand that the AOCP may request additional information from me prior to the formal approval of my application. I also understand that the AOCP may conduct initial reviews in the provisional approval process, however, I am not permitted to provide any services to justice-involved individuals nor receive payment until or unless my application is formally approved, and I receive my log in credentials.

I understand that Voucher payment requests must be submitted upon completion of service and vouchers not submitted within one year of the completion of the service will be denied for payment.

I understand that approval of application to the Registered Service Provider Network is not a guarantee of service referral.

I agree to all of the above. Should I fail to meet any of the outlined expectations and agreements noted above, I understand that I may not be paid for my services and/or I may be removed as a Registered Service Provider. If I am removed, I understand and acknowledge that I will be unable to provide services to any individual within Nebraska State Probation or Nebraska Problem-Solving Courts and for those Parolees accessing services through any of Probation's information management systems.

**STANDARDIZED MODEL  
FOR SERVICES**

**ATTACHMENT  
5**

**AOCP: Rehabilitative Services  
Provider Concern Form**

# Administrative Office of the Courts & Probation Rehabilitative Services – Provider Concern Form

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Name of Person Reporting the Concern: Click or tap here to enter text.

District or Division (if applicable): Click or tap here to enter text.

Service Provider and/or Agency: Click or tap here to enter text.

Service or Program: Click or tap here to enter text.

Please provide a detailed description of the issue, complaint, or concern, the names of staff members and any clients involved, the date(s) the incident or violation took place, and the specific rule or policy that corresponds to the concern. Additional supportive documentation that helps substantiates the concern may also be attached.

Click or tap here to enter text.

Describe any steps taken to address the concern, including dates of contact and the specific parties involved.

Click or tap here to enter text.

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send completed form and any supportive documentation to [nsc.qualityassurance@nejudicial.gov](mailto:nsc.qualityassurance@nejudicial.gov)

# Administrative Office of the Courts & Probation Rehabilitative Services – Provider Concern Form

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## For Rehabilitative Services Use only:

Rehabilitative Services Staff: Click or tap here to enter text.

Steps taken by Rehabilitative Services to address the concern(s):

Click or tap here to enter text.

### \*Outcome:

- Concern resolved and no further follow up is needed (green)
- Concern forwarded to District staff to work with Provider and/or Agency (green)
- Concern forwarded to the associated Program Specialist and/or Quality Assurance Specialist for potential fidelity review (blue)
- Concern forwarded to Quality Assurance Specialist for potential PIP (yellow)
- Concern forwarded to Provider Network Specialist for potential CAP (orange)
- Concern forwarded ASAP to Quality Assurance Specialist and Provider Network Specialist (red)
- Other (please describe):

Click or tap here to enter text.

\*A copy of the completed the Provider Concern Form will be filed in the Service Provider Information Management System.

Rehabilitative Services Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Triaging Provider Concerns

PROVIDER CONCERN PRIORITY LEVEL	EXPECTED RESPONSE
<p><b>Health and Safety</b> – concerns requiring immediate action and suspension until an investigation by the AOCPS or another state entity has concluded.</p> <p>Examples may include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Critical incidents involving one or more justice-involved individuals that are reported to be in immediate jeopardy for their physical, mental, psychosocial, and/or health needs which is likely to cause a serious adverse outcome such as injury, harm, impairment, or death.</li> <li>• The Registered Service Provider (RSP) receives a citation for either a misdemeanor or felony.</li> <li>• Circumstances demonstrate unprofessional or unethical conduct.</li> <li>• A hold, suspension, or investigation has been initiated by another state entity.</li> <li>• Fails to maintain individual credentials and/or facility licensure in good standing.               <ul style="list-style-type: none"> <li>○ May be self-reported by Service Provider or Agency</li> </ul> </li> </ul>	<p>Expected response for the <b>first person</b> aware of the concern:</p> <ul style="list-style-type: none"> <li>• Contact emergency personnel as needed.</li> <li>• Report to DHHS – Division of Public Health licensure and/or Child/Adult Abuse and Neglect Hotline as appropriate.</li> <li>• Notify Rehabilitative Service within 24 hours; submit Provider Concern Form.</li> </ul> <p>Rehabilitative Services:</p> <ul style="list-style-type: none"> <li>• Assistant Deputy Administrator immediately notifies Chief Probation Officers and Deputy Administrators regarding a hold or critical provider incident and of any clients involved.</li> <li>• If youth are placed at facility, the Assistant Deputy Administrator notifies Chief Probation Officers to inform judge and seek review hearing for an alternate placement if needed.</li> <li>• Ensures the Probation District follows up on the status of any justice-involved individuals directly or potentially impacted by the concern.</li> <li>• Service Quality Assurance Specialist initiates an Investigative Quality Assurance Review for possible disciplinary action if needed.</li> <li>• Provider Network Specialist initiates removal from the Registered Service Provider Network if warranted by investigatory review or change in licensure.</li> </ul>
<p><b>Investigated Complaints</b> – situations that may result in a Corrective Action Plan (CAP) or potential removal from the Registered Service Provider Network when the issue persists with no change or remediation.</p> <p>Examples may include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Not responsive to coaching or communication.</li> <li>• Refusal to follow the Standards of Practice, Service Definition, and Standardized Model.</li> <li>• Refusal to cooperate with the Program Improvement Plan process.</li> </ul>	<p>Expected Response from Staff:</p> <ul style="list-style-type: none"> <li>• Notify Rehabilitative Service within 15 days; submit Provider Concern Form.</li> </ul> <p>Rehabilitative Services:</p> <ul style="list-style-type: none"> <li>• Send email and certified letter to the RSP notifying the areas of non-compliance with a requirement to submit a CAP within 15 days.</li> <li>• Acceptance of CAP or notification it does not meet standards within 15 days.</li> <li>• If no response from the RSP, service provider and/or agency is removed from the Registered Service Provider Network.</li> <li>• Approved CAP is shared with Districts and associated AOCPS staff.</li> <li>• Follow up review conducted in 90 days.</li> </ul>
<p><b>Non-Compliance</b> – issues with a Registered Service Provider/Agency that may result in a Program Improvement Plan (PIP).</p> <p>Examples may include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Failure to perform or maintain required training and knowledge for working with justice-involved individuals as expected in the Standards of Practice, Service Definition, and Standardized Model.</li> </ul>	<p>Expected Response from Staff:</p> <ul style="list-style-type: none"> <li>• Notify Rehabilitative Service within 15 days; submit Provider Concern Form.</li> </ul> <p>Rehabilitative Services:</p> <ul style="list-style-type: none"> <li>• On-site and/or off-site review of client record/files will be conducted to ensure compliance with the RSP requirements.</li> <li>• Technical Assistance for RSP staff development and training opportunities may be offered proactively in the form of coaching/education to ensure service delivery meets compliance.</li> <li>• PIP requested, and the RSP is notified via email and in writing of the areas needing improvement.</li> <li>• PIP must be received from RSP within 30 calendar days.</li> <li>• Districts and associated AOCPS staff are notified of coaching and expectations.</li> </ul>

## Triaging Provider Concerns

PROVIDER CONCERN PRIORITY LEVEL	EXPECTED RESPONSE
<p><b>Potential Quality Concern</b> – relates to the fidelity of the service being performed, which may require further review to determine whether there is a need to investigate to confirm a quality assurance issue and/or an opportunity for improvement.</p> <p>Examples may include but are not limited to:</p> <ul style="list-style-type: none"> <li>• A variation in service delivery as outlined in the Standards of Practice, Service Definition, and/or Standardized Model. These concerns are considered programmatic in nature, with the potential to be addressed without formal action.</li> </ul>	<p>Expected Response from Staff:</p> <ul style="list-style-type: none"> <li>• Follow up with RSP to address fidelity concerns at the local level.</li> <li>• If unresolved, contact Program Specialist associated with service (if applicable), to conduct a programmatic review.</li> <li>• Notify Rehabilitative Service within 15 days of findings or request additional assistance; submit Provider Concern Form.</li> </ul> <p>Rehabilitative Services:</p> <ul style="list-style-type: none"> <li>• Review information and determine whether there is a need to conduct an investigatory review.</li> </ul>
<p><b>Early Resolution</b> – matters that can be discussed informally with the Registered Service Provider/Agency.</p> <p>Examples may include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Variation from the service definition, service interpretive guidelines and/or standards of practice that can be addressed through clarification and follow up at the local level.</li> <li>• Complaint has arisen from a misunderstanding, miscommunication, or an external influence beyond the control of the Service Provider/Agency.</li> <li>• Status, credentials, or qualifications of the provider or agency working with justice-involved individuals as an approved Registered Service Provider/Agency is in question.</li> <li>• The issue does not appear to be a violation of Registered Service Provider requirements.</li> </ul>	<p>Expected Response from Staff:</p> <ul style="list-style-type: none"> <li>• Every reasonable effort should be made first by the Probation District to resolve issues locally concerning service delivery and/or in coordination with the associated Program Specialist.</li> <li>• Confirm status with the Provider Network Team and/or direct the individual on necessary next steps to complete or revise application to the Registered Service Provider Network.</li> <li>• Document steps taken toward resolution; submit Provider Concern Form within 15 days if further assistance is needed.</li> </ul>

### CONTACTS FOR ASSISTANCE

For questions related to Registered Service Provider status, contact the Provider Network Team at 888-471-0869 Option 1, or [nsc.providernetwork@nejudicial.gov](mailto:nsc.providernetwork@nejudicial.gov).

For questions related to vouchers, contact the Quality Service Review Team at 888-471-0869 Option 2 or [nsc.probationvouchers@nejudicial.gov](mailto:nsc.probationvouchers@nejudicial.gov).

**Mark Bless** | Service Quality Assurance Specialist | 402-314-4415 | [mark.bless@nejudicial.gov](mailto:mark.bless@nejudicial.gov)

**Renee Faber** | Provider Network Specialist | 402-326-4909 | [renee.faber@nejudicial.gov](mailto:renee.faber@nejudicial.gov)

**Valerie Consbruck** | Financial Utilization Specialist | 402-314-9760 | [valerie.consbruck@nejudicial.gov](mailto:valerie.consbruck@nejudicial.gov)

**Kimberley Mundil** | Assistant Deputy Administrator for Rehabilitative Services | 402-326-0495 | [kimberley.mundil@nejudicial.gov](mailto:kimberley.mundil@nejudicial.gov)

**STANDARDIZED MODEL  
FOR DELIVERY OF SERVICES**

**ATTACHMENT  
6**

Nebraska Standard Reporting  
Format for  
Substance Use and Co-Occurring  
Evaluations  
for ALL Justice Referrals

**NEBRASKA STANDARD REPORTING FORMAT  
FOR SUBSTANCE USE AND CO-OCCURRING EVALUATIONS  
FOR ALL JUSTICE REFERRALS**

**A. DEMOGRAPHICS**

**B. PRESENTING PROBLEM / PRIMARY COMPLAINT**

1. External leverage to seek evaluation
2. When was client first recommended to obtain an evaluation
3. Synopsis of what led client to schedule this evaluation

**C. MEDICAL HISTORY**

1. Most Recent Appointments (primary care, medical, dental)
2. Hospitalizations-physical and mental health
3. Current Medications
4. Ongoing medical or chronic medical conditions
5. Potential history of head trauma

**D. WORK / SCHOOL / MILITARY HISTORY**

1. Education Completed
2. Training or Technical education completed
3. Profession/Trade/Specific Skills
4. How long was your longest job
5. Usual or last occupation
6. Employment pattern over the past 3 years
  - a. Full time
  - b. Part time
  - c. Student
  - d. Service
  - e. Retired/disabled
  - f. Unemployed

## **E. ALCOHOL / DRUG HISTORY SUMMARY**

1. Frequency and amount
2. Most recent use-substance and administration
3. Drug and/or alcohol of choice including tobacco use and vaping
4. History of substance-induced/use/disorder (identify the following for each substance used)
  - a. Use patterns
  - b. Consequences of use (physiological, legal, interpersonal, familial, vocational, etc.)
  - c. Periods of abstinence / when and why
  - d. Tolerance level
  - e. Withdrawal history and potential
  - f. Influence of living situation on use
  - g. Other addictive behaviors (e.g., gambling)
  - h. IV drug use
5. Prior substance use evaluations and findings
6. Prior substance use disorder treatment

## **F. LEGAL HISTORY** (Information from Criminal Justice System)

1. Criminal History and other information (including current legal and pending charges)
2. Next court appearance
3. Substance testing results
4. Risk assessments and results
5. Identify any treatment exclusionary factors (sex offender, criminal behavior, history of aggression)

## **G. FAMILY / SOCIAL PEER HISTORY**

1. Identification of legal guardianship
2. Pro-social resources/connections/activities/recovery supports
3. Family history (legal, substance use, generational trauma, juvenile/adult/protective custody)
4. Current family status-living environment, stability, access to resources

## **H. BEHAVIORAL HEALTH HISTORY**

1. Suicide risk-past/present
2. Previous/current mental health diagnosis
3. Mental Status Exam
4. Symptom and symptom management
5. Mental health medication, compliance indicators, access and resources

**I. COLLATERAL INFORMATION** (Information from Family/Friends/Criminal Justice/Other 2 are required or documentation of attempts/barriers)

1. Report any information about the client's use history, pattern, and/or consequences learned from other sources.
2. Identify any indicators from collateral report that may present as individual's agenda, etc.

**J. OTHER DIAGNOSTIC / SCREENING TOOLS - SCORE AND RESULTS**

1. Report the results and score from any other substance use assessment tool
2. Assessments specific to Diagnostic Criteria (JSH, SO, etc.)

**K. ASAM MULTIDIMENSIONAL ASSESSMENT**

1. Dimension 1: Intoxications, Withdrawal, and Addiction Medications
  - a. Intoxication and associated withdrawal
  - b. Withdrawal and associated risks
  - c. Addiction medication needs
2. Dimension 2: Biomedical Conditions
  - a. Physical health concerns
  - b. Pregnancy related concerns
  - c. Sleep concerns
3. Dimension 3: Psychiatric and Cognitive Conditions
  - a. Active psychiatric symptoms
  - b. Persistent disability
  - c. Cognitive functioning
  - d. Trauma-related needs
  - e. Psychiatric and cognitive history
4. Dimension 4: Substance Use-Related Risks
  - a. Likelihood of engaging in risky substance use
  - b. Likelihood of engaging in risky SUD related behaviors
5. Dimension 5: Recovery Environment Interactions
  - c. Ability to function effectively in current environment
  - d. Safety in current environment
  - e. Support in current environment
  - f. Cultural perceptions of substance use and addiction
6. Dimension 6: Person-Centered Conditions
  - a. Barriers to care
  - b. Patient preferences
  - c. Need for motivational enhancement

## **L. CLINICAL IMPRESSION**

1. Summary of evaluation
  - a. Behavior during evaluation (agitated, mood, level of cooperation)
  - b. Motivation to change
  - c. Level of engagement or defensiveness
  - d. Personal agenda
  - e. Discrepancies of information provided
2. Substance use or substance use disorder diagnostic impression
  - a. Justification and specific criteria
  - b. Identify the substance use and substance use disorder diagnostic impression
3. Strengths, needs, and preferences identified (for the client and the family)
4. Targeted treatment priorities

## **M. RECOMMENDATIONS**

1. Primary / ideal level of care recommendation
  - a. Identify the substance use or substance use disorder level of care and service(s) that would best meet the need of the client.
2. Available level of care / barriers to ideal recommendation
  - a. If the substance use or substance use disorder level of care and service(s) are not available or there is some other reason the client cannot receive that service, identify those reasons. Include the next best substance use level of care and service that the client can be referred to
3. Client / family response to recommendation
  - a. Document the individual's response to the level of care and service recommendation.
  - b. Include the family's response to the level of care and service recommendation.
4. Additional recommendations or referrals made based on identified needs-health care, employment, support.