



## ***Probation Service Definition***

ADMINISTRATIVE OFFICE OF THE COURTS & PROBATION

<b>SERVICE NAME</b>	<b>Mental Health / Co-Occurring Outpatient Counseling (Individual/Group/Family)</b> <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile
<b>Category</b>	Treatment
<b>Setting</b>	Professional office environment, clinic, mental health substance use treatment center, private practice, teleservice or other setting appropriate to the provision of outpatient services.
<b>Facility License</b>	N/A
<b>Service Description</b>	Based on a recommendation from a Mental Health or Co-Occurring Evaluation, Mental Health / Co-Occurring Outpatient Counseling is a scheduled therapeutic encounter between the licensed clinician and the client for the purposes of treating mental health or co-occurring mental health and substance use disorders. The focus of Mental Health Outpatient/Co-Occurring Counseling is to improve or alleviate symptoms that may significantly interfere with functioning in at least one life domain (e.g., familial, social, occupational, educational, etc.). The goals, frequency, and duration of outpatient treatment will vary according to individual needs and response to treatment. Specializations can include psychotherapy for clients with co-occurring disorders, eating disorders, reactions to trauma, individuals who sexually harm and other areas.
<b>Service Expectations</b>	<ul style="list-style-type: none"><li>• A comprehensive biopsychosocial evaluation (Mental Health or Co-Occurring Evaluation) must be completed by a licensed clinician prior to the beginning of treatment.</li><li>• If a recent Mental Health/Co-Occurring Evaluation is clinically relevant and includes a current diagnosis and level of care recommendation, it can serve as the admission assessment. If the prior assessment is not relevant or does not contain the necessary information, then the clinical record shall reflect that such evaluations have been reviewed and updated as appropriate prior to the initiation of services.</li><li>• The written treatment plan, developed with the client at the onset of services, must be individualized and must include the specific referral question, problems, behaviors or skills to be addressed; clear and realistic goals and objectives; services, strategies and methods of intervention to be implemented; criteria for achieving goals; target dates; and methods for evaluating the client's progress.</li></ul>

	<ul style="list-style-type: none"> <li>Review and update of the treatment plan, under clinical guidance and with the client, should occur <b>at least monthly every ninety (90) days</b> or more often as clinically indicated, and should be signed by the client and the treatment team.</li> </ul> <p>The treating clinician must consult with and/or refer to other providers for general medical, psychiatric, psychological and/or psychopharmacological needs as indicated.</p> <ul style="list-style-type: none"> <li>Services must be trauma informed, culturally and linguistically appropriate, age and developmentally appropriate and incorporate evidence-based practices when appropriate.</li> <li>Development of an individualized, written wellness/risk reduction plan, including community and natural supports, which the client can utilize in times of stress, both during and after services. Clients should demonstrate knowledge and skill sufficient to implement the wellness/risk reduction plan.</li> </ul> <p>Program plan required <input checked="" type="checkbox"/> Yes (for Group services) <input type="checkbox"/> No</p>
<b>Service Frequency</b>	The frequency and duration of Mental Health/Co-Occurring Outpatient Counseling will vary according to individual needs and response to treatment. Outpatient services are typically offered one time per week; however, the service can be offered more or less frequently depending on client need.
<b>Length of Service</b>	Length of treatment is individualized and based on clinical need for continued services, as well as the client's ability to benefit from individual treatment/recovery goals.
<b>Staffing</b>	<ul style="list-style-type: none"> <li>Physician</li> <li>Physician Assistant (PA)</li> <li>Advanced Practice Registered Nurse – Nurse Practitioner (APRN-NP)</li> <li>Licensed Psychologist</li> <li>Provisionally Licensed Psychologist</li> <li>Licensed Independent Mental Health Practitioner (LIMHP)</li> <li>Licensed Mental Health Practitioner (LMHP)</li> <li>Provisionally Licensed Mental Health Practitioner (PLMHP)</li> <li>All providers must hold a current, valid Nebraska license through the Nebraska Department of Health and Human Services (DHHS) – Division of Public Health and must act within their scope of practice</li> <li>All providers must be trained in trauma-informed care, recovery principles and crisis management; additional training may be required for individuals working with specialized populations, such as individuals with problematic sexual behavior <ul style="list-style-type: none"> <li>Providers for Sex Offender specific treatment must also have one of the following trainings and provide their certificate of completion:</li> <li>Vermont Assessment for Sex Offender Risk- 2 (VASOR-2)</li> <li>Sex Offender Treatment Intervention Progress Scale (SOTIPS)</li> <li>Static 99R</li> <li>STABLE 2007</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ ACUTE 2007</li> <li>○ Psychopathy Checklist – Revised (PCL-R)</li> <li>○ Sex Offense Risk Appraisal Guide (SORAG)</li> <li>○ Violence Risk Scale for Sex Offenders</li> <li>○ Risk for Sexual Violence Protocol (RSVP)</li> </ul> <p>Providers for Sex Offense Services must also demonstrate:</p> <ul style="list-style-type: none"> <li>○ A minimum of 24 hours of documented offense-specific evaluation/treatment education/training involving evidence-based practices within the last five (5) years OR consistent and continued experience providing evaluation/treatment services to this population for at least five (5) years OR a combination of education/training and experience, as approved by the Administrative Office of the Courts and Probation.</li> <li>○ Education/training must be related to the specific population the provider is intending to serve (i.e., adult and/or juvenile).</li> <li>○ Documentation must be in the form of a training completion certificate or letter from the training provider and must include the number of continuing education units (i.e., CEUs) or hours of education/training.</li> <li>○ Experience providing evaluation/treatment services must be documented and clearly illustrate hours providing services specific to this population.</li> </ul>
	This service requires Criminogenic Continuing Education Hours <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Staff to Client Ratio</b>	Individual Counseling = 1 therapist to 1 client Group Counseling = 1 therapist to a group of at least 3 and no more than 12 individual participants Family Counseling = 1 therapist to 1 family
<b>Hours of Operation</b>	Providers are expected to be flexible in scheduling to accommodate service needs, which may include evening and/or weekend availability.
<b>Service Desired Outcomes</b>	<ul style="list-style-type: none"> <li>• Client has substantially met treatment plan goals and objectives.</li> <li>• Client has identified support systems to help maintain stability in the community.</li> <li>• Client has improved functioning and behavior changes in life domains.</li> <li>• If Medication Management is appropriate, the referral to a medication prescriber is in-place and ongoing.</li> <li>• An individualized wellness/risk reduction plan has been established; client knows how to implement this plan.</li> <li>• Clinician has coordinated with other treating professionals as needed.</li> </ul>
<b>Unit and Rate</b>	<ul style="list-style-type: none"> <li>• See rate sheet</li> </ul>