



## Probation Service Definition

ADMINISTRATIVE OFFICE OF THE COURTS & PROBATION

<b>Service Name</b>	<b>Substance Use Outpatient Counseling (Individual/Group/Family)</b> <input type="checkbox"/> Adult <input checked="" 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 environment appropriate to the provision of outpatient services.
<b>Facility License</b>	N/A
<b>Service Description</b>	<p>Based on a clinical recommendation from a Substance Use or Co-Occurring Evaluation. Substance Use Outpatient Counseling is a scheduled therapeutic encounter between the licensed clinician and the youth for the purposes of treating substance use disorders.</p> <p>The focus of Substance Use 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.). Services can be delivered in individual, family, or group sessions.</p>
<b>Service Expectations</b>	<ul style="list-style-type: none"> <li>• A comprehensive biopsychosocial evaluation (Substance Use or Co-Occurring Evaluation) must be completed by a licensed clinician prior to the beginning of treatment.</li> <li>• If a recent Substance Use/Co-Occurring Evaluation 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>• Youth must meet current ASAM (American Society of Addiction Medicine) criteria for admission and continued stay.</li> <li>• The individualized written treatment will be developed with the youth, parent/guardian/caregiver, (consultation with the probation/problem solving court staff) at the onset of outpatient counseling, the plan must include the specific referral question, behaviors or skills to be addressed; clear, realistic goals and objectives; services, strategies and methods of intervention to be implemented; criteria for achieving goals; target dates; and methods for evaluating the youth’s progress</li> <li>• Review and update of the treatment plan, under clinical guidance and with the youth, should occur <del>at least monthly</del> <b>every ninety (90) days</b> or more often as clinically indicated, and should be signed by the youth and the parent, guardian/caregiver</li> <li>• Services must be trauma-informed, culturally and linguistically appropriate, age and developmentally appropriate and incorporate evidence-based practices when appropriate</li> </ul>



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	<ul style="list-style-type: none"> <li>• If clinically indicated, the therapist upon permission from the legal guardian shall communicate with current/former providers as appropriate to coordinate services</li> <li>• A crisis (safety risk/reduction) plan will be developed and updated as needed throughout the service. The youth parent/guardian/caregiver must be able to demonstrate they have the knowledge and skills to implement the crisis plan</li> <li>• The clinician agency will document the progress toward the individualized daily program schedule in their reports. Probation/Problem Solving Court Officer will verify with staff to determine if progress is being made. If progress is not indicated, the staff shall provide a rationale as to what changes will be made to initiate a plan to indicate progress</li> <li>• The therapist will assist in the identification and utilization of community resources and natural supports, which must be identified in the written discharge 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/Outpatient Counseling will vary according to the youth’s 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 the youth’s need.
<b>Length of Service</b>	Length of treatment is individualized and based on clinical need for continued services, as well as the youth’s ability to benefit from individual treatment/recovery goals.
<b>Staffing</b>	<ul style="list-style-type: none"> <li>• Psychiatrist</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>• Licensed Alcohol and Drug Counselor (LADC)</li> <li>• Provisionally Licensed Alcohol and Drug Counselor (PLADC)</li> <li>• All providers must hold a current, valid Nebraska license through the Nebraska Department of Health and</li> </ul>



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	<p>Human Services (DHHS) – Division of Public Health and must act within their scope of practice.</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>• Additional training may be required for counseling individuals in specialized populations to include but not limited to co-occurring disorders, eating disorders, and trauma and sexualized behaviors.</li> </ul> <p><b>AND</b> have completed the Standardized Model requirements and the criminal behaviors/thinking training. Additional training may be required for counseling individuals in specialized populations to include but not limited to co-occurring disorders, eating disorders, trauma and sexualized behaviors</p> <p>This service requires Criminogenic Continuing Education Hours <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<b>Staff to Client Ratio</b>	<p>Individual Counseling = 1 therapist to 1 youth Family            Counseling = 1 therapist to 1 family            Youth Group Counseling = 1 therapist to a group of at least 3 and no more than 12 individual participants.</p>
<b>Hours of Operation</b>	<p>Typical office hours with available evening and weekend hours by appointment</p>
<b>Service Desired Outcomes</b>	<ul style="list-style-type: none"> <li>• Youth has made progress on treatment goals/objectives as outlined in the treatment plan</li> <li>• Youth has identified support systems to help maintain stability in the community.</li> <li>• Youth has improved functioning and behavior changes in life domains.</li> <li>• Medication management referral to prescribing clinician as deemed appropriate.</li> <li>• Risk reduction (crisis) plan has been established. The youth, parent, guardian, caregiver must be able to demonstrate they have the knowledge and skills to implement the crisis plan</li> </ul>
<b>Unit and Rate</b>	<p>See rate sheet.</p>