# *Probation Service Definition*

*ADMINISTRATIVE OFFICE OF THE COURTS & PROBATION*

| SERVICE NAME | **Therapeutic Group Home**<br>**(Mental Health, Substance Use, Juveniles Who Sexually Harm)**<br>☐ **Adult** ☒ **Juvenile** |
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| **Category** | Residential Treatment |
| **Setting** | Therapeutic group home (ThGH) is licensed as required by the Department of Health and Human Services (DHHS) - Division of Public Health |
| **Facility License** | Mental Health Substance Use Treatment Center, Hospital, or Psychiatric Residential Treatment Facility |
| **Service Description** | Therapeutic group home (ThGH) is a facility based therapeutic residential service providing 24-hour awake supervision, clinical treatment and related services for youth diagnosed with a mental health, substance use disorder and/or who demonstrate sexually inappropriate behaviors who are at risk to re-offend.<br><br>The ThGH services addresses the identified persistent behavioral problems (limited coping skills, verbal /physical aggressive behaviors through a wide range of diagnostic and treatment services. The youth will have functional impairments in their daily living skills. The youth has a history of previous problems that cannot be met in a non-therapeutic environment.<br><br>THGH's deliver an array of clinical and related services, including psychiatric supports, integration with community resources and skill building taught within the context of a home-like setting. THGH treatment shall focus on reducing the severity of the behavioral health issues that were identified as the reasons for admission. Most often, targeted behaviors relate directly to the youth's ability to function successfully in the home and school environment (e.g. compliance with reasonable behavioral expectations, safe behavior and appropriate responses to social cues and conflicts).<br><br>Specializations can include therapy for youth with co-occurring disorders, eating disorders, trauma, youth who sexually harm and other areas. |
| **Service Expectations** | • ThGH must be recommended by a licensed clinician who is able to diagnose/treat major mental illness within their scope of practice. The youth's therapeutic goals are included in the pre-admission evaluation and include behaviorally defined objectives |

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| | • The youth's behavioral health condition can only be safely and effectively treated in a 24 hour therapeutic milieu with onsite behavioral health therapy due to significant impairments in home, school and community functioning caused by current mental health symptoms consistent with the DSM (current edition) diagnosis.<br>• Less restrictive community based services have been given a fully adequate trial, and were unsuccessful or, if not attempted, have been considered, but in either situation were determined to be unable to meet the youth's treatment needs and the reasons for that are discussed in the application. The youth doesn't require a more intensive level of care<br>• The youth's treatment goals are included in the pre-admission psychiatric or psychological evaluation and include behaviorally defined objectives that require, and can reasonably be achieved within, a THGH setting.<br>• Discharge planning begins upon admission, with concrete plans for the youth to transition back into the community beginning within the first week of admission, with clear action steps and target dates outlined in the treatment plan<br>• Every effort will be made to have youth, parent, guardian, caregiver be a part of the intake and/or discharge process, teleservices should be utilized.<br>• The team will work with the youth's parent/guardian/caregiver to develop a family centered, outcome-focused, individualized, comprehensive written treatment plan within 7 calendar days of admission and updates the treatment plan as frequently as clinically indicated but at least every 14 days. Each updated version of the plan of care shall be reviewed by each member of the team. The supervising practitioner and other treatment team members, including the youth and parent, guardian and caregiver must sign the plan.<br>• The individualized written treatment plan will be developed with the youth, probation/problem solving court officer, parent, guardian, caregiver, and other stakeholders identified, that will assist the youth in their treatment and prepare them for the transition home or other placement. The plan must address goals to include behavioral, medication compliance, education, transition plan, and criminogenic risk domains<br>• THGH has been prescribed by a psychiatrist or psychologist who has documented that a residential setting is the least restrictive clinically appropriate service that can meet the specifically identified treatment needs of the youth<br>• THGH is not being used for clinically inappropriate reasons, including as:<br>  • An alternative to incarceration, for preventative detention (e.g. to prevent running away or truancy), or as a means of ensuring community safety in an individual exhibiting primarily delinquent or antisocial behavior.<br>  • The equivalent of safe housing or permanency placement.<br>  • An alternative to parents', guardian's or agency's capacity to provide a place of residence for the individual.<br>  • A treatment intervention, when other less restrictive alternatives are available. |

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| | • Focus on reducing the behavior and symptoms of the mental health and/or substance use disorder that necessitated the removal of the individual from his or her usual living situation.<br>• Increase developmentally appropriate, normative and pro-social behavior in youth who are in need of out-of-home treatment<br>• The plan will ensure 24-hour crisis intervention is available to aid in the stabilization of crisis situations. The written safety plan (crisis) plan will be updated as needed throughout the service. The youth, agency staff/parent/guardian must be able to demonstrate they have the knowledge and skills to implement the plan<br>• Transition youth from therapeutic group home to the family or family like home, or community-based living with outpatient treatment.<br>• The THGH must provide 21 hours of active and rehabilitation treatment that will include, but not be limited to:<br>  • Three hours of weekly individual psychotherapy, substance use disorder counseling and/or group psychotherapy.<br>  • Twice monthly family psychotherapy and/or family substance use disorder counseling.<br>  • Psycho-educational groups and individual psycho-educational therapy services may<br>  • include, but are not limited to:<br>• Crisis intervention plan and aftercare planning<br>  • Social skills building<br>  • Life survival skills<br>  • Substance use disorder prevention intervention<br>  • Self-care services<br>  • Recreational activity<br>  • Medication education and medication compliance groups<br>  • Health care issues group (may include nutrition, hygiene and personal wellness)<br>• The program must have formal arrangement for access to:<br>  ▪ Nursing care (24 hours per day)<br>  ▪ Psychological services<br>  ▪ Pharmacy services<br>  ▪ Dietary services<br>• The THGH is required to coordinate with the youth's community resources, including schools, with the goal of transitioning the individual out of the program to a less restrictive care setting for continued, sometimes intensive, services as soon as possible and appropriate. |

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| | • The THGH program must incorporate some form of research-based, trauma-informed programming and training<br>• The youth doesn't require primary medical or surgical treatment.<br>• The youth's treatment goals are included in the pre-admission psychiatric or psychological evaluation and include behaviorally defined objectives that require, and can reasonably be achieved within, a THGH setting.<br>• Discharge planning begins upon admission, with concrete plans for the youth to transition back into the community beginning within the first week of admission, with clear action steps and target dates outlined in the treatment plan.<br>• A monthly family engagement meeting with all team members will be held in person or via tele services.<br>• The 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<br>• If a youth is gone without permission (after they have been in attendance at the facility) and does not return or cannot be located within 2 hours, the provider/agency will contact the assigned Probation/problem Solving Court Officer or if occurring after hours, the on-call/after hours contact identified for that youth. The agency will continue to make efforts to locate and engage with the youth, parent, and probation until the youth is located and/or discharged. Such efforts should be clearly documented and included in the documentation to probation including the dates /hours the youth's whereabouts were unknown and the efforts made to locate them<br>• Therapeutic leave days are an essential part of the treatment for youth/families involved in a THGH. The therapeutic leave days shall be included as part of the treatment plan as they become appropriate. Prior to the therapeutic leave days, the interdisciplinary team will develop/approve goals that will be completed when on therapeutic leave. Documentation of the youth's continued need for ThGH shall be documented on the monthly utilization reviews. The interdisciplinary team must approve notice of therapeutic leave days 48 hours in advance, unless an emergency arises or there is a reasonable need for the family to alter their plans.<br>• The agency will collaborate and proactively plan with the probation/problem solving court officer for the discharge of youth from service, this will plan will begin upon placement in crisis stabilization. During this process a trauma informed approach will be utilized to prepare the youth for the transition to ensure the most appropriate post-discharge placement is available for the youth prior to discharge. Criteria for discharge will be individualized, determined by the team, and approved by the court.<br>• If the therapeutic group home staff requests a youth to be removed from the group home, a family engagement meeting shall be held within 3 business days to develop a transition plan for the youth. The plan will include educational, clinical, living, environment and court approval etc. |

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| | • When the youth's discharge is not planned, the provider shall give probation/problem solving court officer a fourteen (14) calendar day notice in writing. During the fourteen (14) day period of time, the agency shall use a trauma informed approach to prepare the client for the impending discharge and will work collaboratively with probation to determine the most appropriate transition or post discharge placement for the youth. During this time a written transition plan will be completed, this plan will include how the youth's educational, clinical, living, and environmental needs will be met. This plan must be court approved.<br>• Probation/Problem Solving Court Staff may make an immediate change in placement without court approval only if the juvenile is in a harmful or dangerous situation (e.g. natural disaster). Approval of the court shall be sought within twenty-four hours after making the change in placement or as soon thereafter as possible. The office shall provide all interested parties with a copy of any report filed with the court by the office pursuant to this subsection. Reference NE Revised Statute 43-297.01. Probation Officers will work collaboratively with facility staff or foster parent(s) to determine if an immediate change in placement is necessary. The team will work collaboratively to execute a plan for the youth's immediate placement. The youth's educational, environmental, and emotional needs will all be addressed in this plan.<br>• Clinical Providers serving JSH individuals are required to provide documentation of completion of one of the following:<br>o Estimate of Risk of Adolescent Sex Offender Recidivism (ERASOR)<br>o Juvenile Sex Offender Assessment Protocol – II (JSOAP)<br>o Juvenile Sex Offender Recidivism Risk Assessment Tool-II (JSORRAT)<br>• They must also provide the following:<br>o 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.<br>o Education/training must be related to the specific population the provider is intending to serve (i.e., adult and/or juvenile).<br>o 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.<br>o Experience providing evaluation/treatment services must be documented and clearly illustrate hours providing services specific to this population.<br><br>Program plan required ☒ Yes ☐ No |

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| **Service Frequency** | • The THGH must provide 21 hours of active and rehabilitation treatment that will include, but not be limited to:<br>(3)Three hours of weekly individual psychotherapy, substance use disorder counseling and/or group psychotherapy<br>(2) times (Twice) monthly family psychotherapy and/or family substance use disorder counseling<br>• Psycho-educational groups and individual psycho-educational therapy services may include, but are not limited to:<br>▪ Crisis intervention plan and aftercare planning<br>▪ Social skills building<br>▪ Life survival skills<br>▪ Substance use disorder prevention intervention<br>▪ Self-care services<br>▪ Recreational activity<br>▪ Medication education and medication compliance groups<br>▪ Health care issues group (may include nutrition, hygiene and personalwellness) |
| **Length of Service** | Length of service is individualized and based on clinical criteria for admission and continuing services, as well as the youth's ability to make progress on individual treatment/recovery goals. |
| **Staffing** | • Clinical staff, licensed to practice in the State of Nebraska, acting within their scope may provide this service and include:<br>• Psychiatrist<br>• Physician Assistant (PA)<br>• Advanced Practice Registered Nurse – Nurse Practitioner (APRN-NP)<br>• Licensed Psychologist<br>• Provisionally Licensed Psychologist<br>• Licensed Independent Mental Health Practitioner (LIMHP)<br>• Licensed Mental Health Practitioner (LMHP)<br>• Provisionally Licensed Mental Health Practitioner (PLMHP)<br>• Licensed Alcohol and Drug Counselor (LADC)<br>• Provisionally Licensed Alcohol and Drug Counselor (PLADC)<br>• Service director must meet the requirements of a licensed clinical staff person<br>• Non-licensed direct care staff can provide psycho-educational & rehabilitative services only<br>• Direct care staff must be 21 years of age, (a minimum of) two years of post-high school education in a human services field, or two years working with youth, or a combination of work experience and education with one year of education substituting for one year's experience.<br>• 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.<br>• Services must be trauma-informed, culturally and linguistically appropriate, age and developmentally |

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| | appropriate and incorporate evidence-based practices when appropriate<br>• 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<br><br>This service requires Criminogenic Continuing Education Hours ☒ Yes ☐ No |
| **Staff to Client Ratio** | Youth Group Counseling = 1 therapist to a group of at least 3 and no more than 12 individual participants. 3 hours of availability per day<br>• Direct care day/evening staff to youth: 1:6, at least one additional staff must be "on-call" or available" to provide assistance within 30 minutes of call<br>• Direct care overnight awake staff to youth: 1:8, at least one additional staff must be "on-call" or available" to provide assistance within 30 minutes of call<br>• The minimum ratio of therapists/licensed practitioners to individuals served shall be at least1:12<br>• Direct care staff minimums at least 1:6 and a 1:8 overnight with a minimum of two staff on duty per day-time shift for an eight-bed capacity. This ratio may need to be increased if treatment interventions are delivered outside of the physical location of the program or due to a level of acuity of the individual<br>ThGH treatment team consists of the individual's family and/or legal guardian, the supervising physician, a licensed mental health professional, a registered nurse and direct care staff. |
| **Hours of Operation** | 24 hours/day, 7 days/week |
| **Service Desired Outcomes** | • Youth's mental health, substance use and sexually harming symptoms and behaviors have been ameliorated and daily functioning has improved.<br>• Youth is positively demonstrating all skills identified in the treatment plan.<br>• Youth is aware and demonstrates skills related to risk reduction/recovery plan.<br>• Youth and family have support systems secured and risk reduction plan in place to help maintain stability in the community.<br>• The individual is able to be safely treated in the community in an outpatient setting.<br>Youth has improved in their daily functioning and their behavioral health, substance use and inappropriate sexual behaviors have diminished. |
| **Unit and Rate** | See rate sheet |