

Nebraska Behavioral Health System

Service Definitions

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NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



DEPARTMENT OF SERVICES • DEPARTMENT OF REGULATION AND LICENSURE • DEPARTMENT OF FINANCE AND SUPPORT

ADULT DUAL DISORDER DEFINITION

- **Dual Disorder Treatment Services in NBHS is defined as services that provide primary treatment to consumers with Axis I substance dependence disorder and Axis I major mental illness (Schizophrenia, Mood Disorders including Bipolar and Major Depression, other Psychotic Disorders).**
 - Consumers served exhibit more unstable or disabling co-occurring substance dependence and serious and persistent mental illness disorders.
 - Typical consumer is unstable or disabled to such a degree that specific psychiatric and mental health supports, monitoring and accommodation are necessary in order to participate in addictions treatment.
 - Treatment programs demonstrate a philosophy of integrated treatment in treatment plans, program plans, staffing and services provided. Both disorders are treated as primary.

For persons whose mental illness or substance disorder is less active, a program may elect to enhance their services to address the consumer's other relatively stable diagnostic or subdiagnostic co-occurring disorder. The primary focus of such programs is mental health or addictions treatment rather than dual diagnosis concerns and is not primary, integrated dual disorder treatment.

Admission Requirement

Except for *Acute Inpatient, Emergency Protective Custody, Mobile Crisis, Secure Residential and Crisis Stabilization and Treatment* persons admitted to programs must be medically and psychiatrically stable.

Behavioral Health Services

Network providers shall have available sufficient staff, appropriately credentialed, to provide for substance abuse treatment or mental health treatment. Programs shall have arrangements to assess the need for mental health and substance abuse services among clients of the agency and shall make services available to the client upon recognition either through referral or as a part of the program activities.

Emergency Services

All programs shall have policies and procedures in place to facilitate client movement to emergency services including transportation arrangements. Policies and procedures shall state the extent to which clients are permitted to return to the original services following emergency services and whether additional client screening/assessment is required. Emergency services shall be available 24 hours a day 7 days a week.

Individual Service Plan

Each person served by the Nebraska Behavioral Health System shall have prepared a service

plan which addresses functional strengths and limitations as well as providing guidance to the service needs of the individual. The service plan shall be prepared on the basis of the results of medical, and psychosocial tests and contain an assessment of the consumers mental health and substance abuse status. The service plan is to be prepared with the assistance of the consumer, family members and professionals. The service plan shall be prepared with as much information as can be garnered from the consumer, and significant others in the consumers life. Each service plan is to be updated on a regular schedule within programs and before initiation of a new service to respond to the service needs of the individual. The service plan is to be a dynamic living document which responds to the consumers needs and directs the service planning and implementation. Service plans between agencies should be coordinated. The service plan includes measurable goals and objective for the consumer, for the consumers participation in a program and for interactions of significant others in the consumers life.

Medication Aide Act

All facilities whether residential or non-residential will be guided by the Medication Aide Act and the medication dispensation activities covered under that Act (NRRS Sections 71-6718 to 71-6742.)

Multi-disciplinary Team

Includes psychologist, psychiatrist, nursing and social services that shall assess and plan for individual services. When appropriate such team shall include a state approved substance abuse treatment and/or prevention professional.

Referral Network

All programs shall have a referral network to facilitate movement of clients to the most appropriate level of care, whether to a more intensive or less intensive service. Additionally, programs shall provide for referrals, and if appropriate, case management, to justice, social, economic, health and human services and shall document referral and or case management activities.

Uniform Licensing Law

All personnel employed at facilities will be appropriately credentialed as set forth in the Uniform Licensing Law (NRRS Sections 71-101 to 71-1,107.30, 71-1,133 to 71-1,338, 71-1,343, 71-1301 to 71-1354, and 71-2801 to 71-2822.).

Nebraska Behavioral Health System

Service Definitions

Adult Gambling Services

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Outpatient Therapy/Assessment - Gambling**

Level of Care Level 4 - Non Residential

Updated:12/14/2001

Behavioral Area **Gambling**

Persons Admitted to this service must be medically and psychiatrically stable.

Description

Outpatient therapy is a specialized behavioral health service for persons experiencing a wide range of gambling related problems that cause moderate disruptions in the individual's life. Outpatient services provide to each consumer an appropriate assessment and/or diagnosis of pathological or problem gambling and, at a minimum, a screening for any concurrent mental health and/or substance related disorders. Therapy is designed to change maladaptive behaviors, modify thought patterns, cope with problems, improve functioning, improve understanding of factors producing problems, and identify workable steps to address problems and related goals. Such programs may include collateral services such as referral to appropriate concurrent mental health and/or substance abuse services and coordination of other social services received by the consumer.

Length of Service Approximately 15 sessions

Staff/Client Ratio 1:1 - Group of 2-8

Staffing Requirement

Staff must be either a Certified Compulsive Gambling Counselor (CCGC) in the State of Nebraska or document thirty (30) hours of specialized gambling treatment education as stipulated by the Division. Noncertified professionals must be under the clinical supervision of a CCGC and possess a credential that allows for the legal practice of counseling in the State of Nebraska. All staff must meet the requirements of applicable licensing and certification entities consistent with their scope of practice.

Services

Assessment, Individual, Family, Group, and Educational services are provided. Services are generally provided in sessions of less than three hours.

Consumer Needs

An individual with low to moderate symptomatology (GAF 31-70) with, low to moderate risk of harm to self and others, low to high risk of relapse, low to moderate need for professional structure.

Consumer Outcome

Precipitating condition and relapse potential have been stabilized such that the condition can be managed with less than monthly treatment plan adjustment. Low to moderate symptomatology, low risk of harm to self or others, low risk of relapse, and low need for professional structure.

Nebraska Behavioral Health System

Service Definitions

Adult Mental Health Services

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Assertive Community Treatment (ACT)**

Level of Care Level 1 - Non Residential

Updated:12/14/2001

Behavioral Area Mental Health - Adult

Persons Admitted to this service must be medically and psychiatrically stable.

Description

Assertive Community Treatment (P/ACT) is a self contained clinical team which assumes responsibility for directly providing comprehensive treatment, rehabilitation and support services to eligible consumers with severe and persistent mental illness or dually diagnosis (MH/SA). The Program of Assertive Community Treatment Team has continuous responsibility for: (1) assessment of the consumer's individual status and needs; (2) development of the treatment plan with the consumer and his/her significant other(s); (3) directing and providing identified treatment and rehabilitation services; (4) providing needed treatment in a culturally sensitive and competent manner. Individualized services are provided on a long term care basis emphasizing continuity of care givers over time. Services are delivered in in-vivo home and community settings, with and emphasis on assertive outreach to consumers. The Program of Assertive Community Treatment Team (P/ACT) shall have the capacity to provide multiple contacts per week to consumers experiencing severe symptoms and/or significant problems in daily living. These multiple contacts may be as frequent as two to three times per day, seven days per week, depending on consumer need. The P/ACT team shall have the capacity to adjust the service intensity to a consumer as determined by the individual's needs at any given time. The (P/ACT) services are available 365 day per year with staff on duty at a minimum of 13 hours per day on weekdays and 8 hours per day on weekends and holidays, and on call all other times of the day. Psychiatric backup is available 24 hours per day.

Length of Service Duration as needed to achieve continuous stability

Staff/Client Ratio 1:10 for each clinical member of P/ACT

Staffing Requirement

The following disciplines shall be represented on the Assertive Community Treatment Team: Psychiatrist, Registered Nurse, Substance Abuse Specialist, Vocational Specialist, MSW, Psychologist, Mental Health Technician. In addition, some P/ACT teams include Peer Support Staff as members of the team. Specific staffing ratios by discipline are contained in the Nebraska Standards for Program of Assertive Community Treatment (P/ACT) services .

Ratios:

1:10 for each clinical member of the P/act team (excluding the psychiatrist, peer support staff, and program assistance). Average enrollment/team is generally 100-120 consumers.

Services

As determined by individual consumer needs. P/ACT teams shall have the capacity to provide up to multiple contact in any one day if necessary. Specific services and frequency of therapeutic contacts are detailed in the Nebraska Standards for Program of Assertive Community Treatment (P/ACT) services.

AVERAGE LENGTH OF STAY

Duration as needed to achieve continuous stability in all three functional areas. Consumers may require P/ACT services for extended periods, often years. In order for a consumer to be referred to a less intensive level of care, functional competence must be demonstrated (as evidenced by lack of need for face to face contact for the same period of time). Decisions to refer to less intensive levels of care are made by consensus among P/ACT staff and the consumer.

Consumer Needs

Usually high utilization of psychiatric hospital resources (admissions and/or length of stay), with less than satisfactory responsiveness to treatment. SPMI or dual diagnosis (MH/SA) chronic, moderate to severe symptomatology (GAF 20-60), high risk for relapse, high risk for harm, high need for external professional structure, two or more functional limitations in the areas of vocational/educational, social skills, or ADL's, requires up to daily treatment plan adjustment, is treatment resistant or unable to remain in stable community living settings even with the maximum use of available community mental health resources.

Consumer Outcome

Improved stability, decreased frequency/duration of psychiatric hospitalization, low to moderate symptomatology (GAF 31-

70), moderate risk for relapse, low to moderate risk for harm, moderate need for external professional structure, restoration of functional capacity in the areas of vocational/educational, social skills, or ADL's, weekly to monthly frequency of treatment plan adjustment.

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Assessment/Evaluation Only**

Level of Care Level 1 - Non Residential

Updated:09/29/2000

Behavioral Area Mental Health - Adult

Persons Admitted to this service must be medically and psychiatrically stable.

Description

Assessments are conducted by a Certified Alcohol/Drug Abuse Counselor to evaluate youth that exhibit behaviors which may be indicative of a substance abuse problem. Such an assessment would attempt to determine if a substance problem exists, the extent of the problem, identify biopsychosocial and other contributing factors, and recommend what, if any, treatment is needed. An assessment should specify youth strengths and weaknesses which will aid in formulating a treatment plan. Standardized screening and assessment tools may be used when conducting a substance abuse evaluation.

Length of Service

Staff/Client Ratio

Staffing Requirement

Services

Consumer Needs

Consumer Outcome

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Case Monitoring**

Level of Care Level 5 - Non Residential

Updated:05/28/2002

Behavioral Area Mental Health - Adult

Persons Admitted to this service must be medically and psychiatrically stable.

Description

1. The Case Monitoring Service is designed for persons eligible under the State definition for Community Support Mental Health or Substance Abuse, who have made significant progress in recovery and stable community living, or for those consumers unwilling to accept the more intensive and rehabilitative community support service.2. Case Monitoring Services are designed to monitor a consumer's progress in community living and provide crisis/relapse prevention or intervention as needed.

Length of Service One to two years (need based)

Staff/Client Ratio 1:40

Staffing Requirement

1. Minimum staff qualifications are: a bachelor's degree, or post high school course work in psychology, social work, sociology, and/or other related fields; two years experience in the delivery of community mental health services or other related human service programs; ability to identify substance abuse issues plus demonstrated skills and competencies to work with people with mental illness and/or dual diagnosis (MI/SA), as determined by the program; and completion of the staff training curriculum for initial orientation and continuing education.

2. Monitoring services must be provided by staff who are not providing any other behavioral health services at the time of contact.

3. Consultation by professionals licensed/certified by the Department of Health & Human Services Licensure and Regulation on general medical, psychopharmacology, and psychological issues, as well as overall program design issues, shall be available and used as needed by staff and/or with consumers.

Services

1. Documentation of consumer's current services, supports, and resources utilized to maintain stable community living.
2. Documentation of consumer's relapse/crisis triggers and required interventions. A crisis/relapse prevention plan is incorporated into the consumer's individual service plan.
3. Provides monitoring, oversight and follow-up as identified in the consumer's individual service plan (examples; Services, appointments, reminders...)
4. Provide contact with consumer as needed.
5. Refer to other necessary services as needed.
6. Intervene to protect current gains and prevent losses or decompensation/relapse

Consumer Needs

Consumer Outcome

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Community Support MH (Adult)**

Level of Care Level 3 - Non Residential

Updated:05/28/2002

Behavioral Area Mental Health - Adult

Persons Admitted to this service must be medically and psychiatrically stable.

Description

1. The Mental Health Community Support program is for persons disabled by severe and persistent mental illness.
2. This service is designed to provide direct face to face contact with consumers to develop skills necessary to live as independent a life in the community as the consumer is able.
3. Emphasis is on an active rehabilitation plan addressing all functional deficits.
4. Ancillary services include case management and advocacy.

Length of Service Six months to two years (need based)

Staff/Client Ratio 1:20

Staffing Requirement

1. Minimum staff qualifications are: a bachelor's degree, or post high school course work in psychology, social work, sociology, and/or other related fields; two years experience in the delivery of community mental health services or other related human service programs; ability to identify substance abuse issues plus demonstrated skills and competencies to work with people with mental illness and/or dual diagnosis (MI/SA), as determined by the program; and completion of the staff training curriculum for initial orientation and continuing education.
2. Community support services must be provided by community support staff who are not providing any other behavioral health services at the time of contact.
3. Consultation by professionals licensed/certified by the Department of Health & Human Services Licensure and Regulation on general medical, psychopharmacology, and psychological issues, as well as overall program design issues, shall be available and used as needed by staff and/or with consumers.

Services

1. Ensure the completion of a comprehensive assessment for each consumer to identify needed supports including but not limited to: rehabilitation, employment, housing, educational and ; substance abuse services; medical and dental services; and other activities to help recovery.
2. The community support worker is responsible for development of an Individual Service Plan (ISP) that encompasses the active support/rehabilitative interventions identified in the comprehensive assessment to facilitate active recovery.
3. Community support workers actively teach skill building concepts necessary to continue toward recovery.
4. The community support worker is responsible for leading a team to develop strategies to actively engage the consumer in necessary behavioral health treatment, psychiatric rehabilitation services, and other necessary services/supports.
5. Initially the community support worker may need to actively link, refer and coordinate necessary services and supports identified in the individual service plan, but the community support workers primary mission is to teach the consumer skill building concepts necessary to maintain and support their own recovery.
6. Facilitate communication between various providers serving the consumer.
7. Monitor consumer progress in services received and facilitate revision to the individual service Plan.
8. Provide contact as needed with other service provider(s), family members, and/or other significant people in the consumers life to facilitate the communication necessary to support the consumer in community living.
9. Provide support and intervention to the consumer in times of crisis and if hospitalization becomes necessary, facilitate in cooperation with the inpatient treatment provider, the consumer's transition back into the community with appropriate revision to the individual service plan.
10. Establish hours of service delivery that ensures program staff are accessible and responsive to the needs of the consumer. Scheduled services shall include evening and weekend hours.

Consumer Needs

Consumer Outcome

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Crisis Assessment/Evaluation - MH**

Level of Care Emergency

Updated:12/14/2001

Behavioral Area Mental Health - Adult

Persons Admitted to this service must be medically and psychiatrically stable.

Description

Length of Service

Staff/Client Ratio

Staffing Requirement

Services

Consumer Needs

Consumer Outcome

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Day Rehabilitation**

Level of Care Level 3 - Non Residential

Updated:03/10/1998

Behavioral Area Mental Health - Adult

Persons Admitted to this service must be medically and psychiatrically stable.

Description

The desired outcome of the Day Rehabilitation program is (1) to enhance and maximize the consumer's ability to function in community settings, and (2) to decrease the frequency and duration of hospitalization. Individuals served in this program receive rehabilitation and support services to develop and maximize the skills needed to successfully live in the community. Day rehabilitation is facility based program for persons disabled by severe and persistent mental illness. The program shall provide pre-vocational services, planned socialization and skills training, community living skills and daily living skills training, and recreation activities focused on identified rehabilitation needs. Prevocational services include services designed to rehabilitate and develop the general skills and behaviors needed to prepare the consumer to be employed and/or engage in other related substantial gainful activity (the program does not provide assistance in obtaining permanent competitive employment positions for consumers.). The program provides consumer skills development for self administration of medication, as well as recognition of signs of relapse and control of symptoms.

Length of Service 6 months to 5 years.

Staff/Client Ratio 1:6

Staffing Requirement

The program shall have a licensed mental health practitioner or higher on staff. Direct care staff shall have a bachelor's degree, or post high school course work in psychology, social work, sociology, and/or other related fields; two years experience in the delivery of community mental health services or other related human service programs; plus demonstrated skills and competencies to work with people with mental illness as determined by the program. Consultation by professionals licensed/certified by the Department of Health and Human Services on general medical, psychopharmacology, and psychological issues, as well as overall program design issues, shall be available and used as needed by staff and/or with consumers.

Services

Day rehabilitation services shall be available to consumers for a minimum of five hours per day, five days per week. The program shall have regularly scheduled evening and weekend hours available. The program must provide or otherwise demonstrate that each consumer served has on call access to mental health provider on a 24 hour, 7 day per week basis.

Consumer Needs

An individual with a moderate symptomatology (GAF 31-60), low to moderate risk of harm to self or others, 2 or more functional limitations, moderate risk of relapse, moderate need for professional structure. Requires weekly to monthly treatment plan adjustment.

Consumer Outcome

Living in as independent a residential setting as possible, decreased frequency and duration of hospital stays, substantial gainfully activity. Precipitating condition and relapse potential have been stabilized such that the condition can be managed with less than monthly treatment plan adjustment. Low to moderate symptomatology, low risk of harm to self or others, 2 or more functional limitations, low risk of relapse, a low need for professional structure.

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Day Support (Drop In Center)**

Level of Care Level 5 - Non Residential

Updated:03/10/1998

Behavioral Area Mental Health - Adult

Persons Admitted to this service must be medically and psychiatrically stable.

Description

Day Support is a facility based program for persons disabled by severe and persistent mental illness. The desired outcome of the Day Support program is: (1) to enhance the consumer's ability to function in a community setting, and (2) to decrease the frequency and duration of hospitalization. Consumers are served in Day Support programs either before enrollment in, or after completion of, a day Rehabilitation program. It is designed to engage consumers and motivate their participation in more intensive Day Rehabilitation services consistent with their ability and stage of recovery; and to provide extended support to individuals after they have moved from Day Rehabilitation to employment. Individuals served in this program receive support services to develop and maximize the skills needed to successfully live in the community. The program provides outreach services, opportunities for socialization skills, and recreation activities.

Length of Service Pre Day Rehab: 3 to 6 months. Post: to 5 years

Staff/Client Ratio 1:20 (minimum)

Staffing Requirement

The program shall have a licensed mental health practitioner or higher on staff. Direct care staff shall have a bachelor's degree, or post high school course work in psychology, social work, sociology, and/or other related fields; two year experience in the delivery of community mental health services or other related human service programs; plus demonstrated skills and competencies to work with people with mental illness as determined by the program. Consultation by professionals licensed/certified by the Department of Health and Human Services on general medical, psychopharmacology, and psychological issues, as well as overall program design issues, shall be available and used as needed by staff and/or with consumers.

Services

Day Support services shall be available to consumers five days per week. The program shall have regularly scheduled evening and weekend hours available. The program must provide or otherwise demonstrate that each consumer served has on call access to mental health provider on a 24 hour, 7 day per week basis.

Consumer Needs

An individual with a moderate to severe symptomatology (GAF 21-51), low to moderate risk of harm to self or others, 2 or more functional limitations in the areas of vocational/educational, social skills, or ADL's, low to moderate risk of relapse, moderate to high need for professional structure.

Consumer Outcome

Living in as independent a residential setting as possible, decreased frequency and duration of hospitalizations. Substantial gainful activity. Precipitating condition and relapse potential have been stabilized such that the condition can be managed with less than monthly treatment plan adjustment. Low to moderate symptomatology, low risk of harm to self or others, 2 or more functional limitations, low risk of relapse.

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Day Treatment**

Level of Care Level 1 - Non Residential

Updated:03/10/1998

Behavioral Area Mental Health - Adult

Persons Admitted to this service must be medically and psychiatrically stable.

Description

The Day Treatment for adults program is a specialized, facility based, scheduled, mental health treatment program for people 19 and over who may be experiencing a wide range of mental health problems. This program may serve as a medically supervised alternative to psychiatric short term inpatient services. The day treatment for adults program provides intensive, individually planned, medically necessary day programming services. The treatment services may include assessment and diagnostic services, medication services, individual therapy, group therapy and family therapy. The Day Treatment for adults program is generally designed for persons transferred from inpatient services but who still have problems with their mental illness and are not ready for the less intensive treatment services. This program also serves as an alternative to hospitalization for those who need a structured psychiatrically directed multidisciplinary treatment program and have a living situation which provides adequate support.

Length of Service 21 to 45 days

Staff/Client Ratio 1:5

Staffing Requirement

The Day Treatment program is directed by supervising practitioner who is either a licensed psychiatrist or licensed psychologist. Other direct service staff must be licensed consistent with the scope of practice for the services they provide. The program has the capacity to provide daily treatment plan review by a multidisciplinary treatment team. The Day treatment program has daily access to psychiatrist for medication adjustment. The program shall ensure that there is sufficient psychiatric coverage to provide a minimum of two fact to fact psychiatric contacts per week for each consumer in the program. Consultation by professionals licensed certified by the Department of Health and Human Services on general medical, psychopharmacology, and psychological issues, as well as overall program design issues, shall be available and used as needed by staff and/or with consumers.

Services

Services just be available for minimum of six hours a day, five days a week with provisions available for services 24 hours a day seven days a week. The program has the capacity to meet consumer needs at unscheduled times.

Consumer Needs

The consumer of the Day Treatment for Adults Program is experiencing moderate to severe (GAF 31-50) psychiatric symptoms that result in a significant interference in at least one functional area (Social, vocational/educational, and/or ADL's); she/he is at high risk for relapse, high to moderate risk of harm to self or others, has a high need for external professional structure, requires medication management.

Consumer Outcome

Precipitating condition and relapse potential have been stabilized such that condition can be managed with less than daily treatment team adjustment. Moderate to severe symptomatology (GAF 31-50), moderate to low risk of relapse, moderate to low risk of harm to self or others, moderate to high need for external professional structure, functional limitation in as least one area (social, vocational/educational, ADL's).

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Intermediate Residential**

Level of Care Residential - Intermediate

Updated:12/14/2001

Behavioral Area Mental Health - Adult

Persons Admitted to this service must be medically and psychiatrically stable.

Description

(DRAFT)

1) Intermediate Residential program provides highly structured, community based comprehensive residential treatment for adults with severe and persistent mental illness based on the pervasiveness of the impact of the mental illness on the individual's life or because of a history of repeated short-term or less restrictive treatment experiences.

2) These programs must provide psychosocial skill-building through a set of treatment activities designed to facilitate individual change and rehabilitation. Intermediate Residential programs shall have the capacity to meet the medical needs of the clients served.

Length of Service Typically 18 to 36 Months; Average 24 Months

Staff/Client Ratio Days: 1:5 program staff,
Overnight: 1: 10 awake

Staffing Requirement

(DRAFT)

1) The program is staffed 24 hours, 7 days per week.

2) Consultation by professionals licensed/certified by the Department of Health and Human Services, on general medical, psychopharmacology, and psychological issues, as well as overall program design issues, shall be available and used as needed by staff and/or with clients.

3) Direct care staff shall have a bachelor's degree, or post high school course work in psychology, social work, sociology, and/or other related fields; or two years experience in the delivery of community mental health services or other related human service programs; or demonstrated skills and competencies to work with people with mental illness as determined by the program.

4) Program staff shall have knowledge of mental health rehabilitation principals.

Services

(DRAFT)

1) Clients entering the program will have a comprehensive substance abuse and mental health evaluation prior to admission.

2) The program is able to arrange for general medical, psychopharmacology, and psychological services as indicated by client need

3) Programming occurs seven days a week at a minimum of 42 hours per week (I.e. educational, vocational, social skill building, relapse prevention, nutrition, daily living skills, individual/group therapy, psychological testing and assessment, etc.), which must be provided by appropriately credentialed staff.

4) Programming is based on an assessment of individual needs, from which an individualized service plan is created. The individual plan shall include activities to improve community living skills.

5) Programming will include a strong emphasis on psychosocial skill building.

6) Intermediate residential clients are supported by funding through intermediate residential facilities to ancillary services as they transition to alternative services until achievement of community alternatives.

Consumer Needs

Consumer Outcome

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Medication Management**

Level of Care Level 5 - Non Residential

Updated:03/10/1998

Behavioral Area Mental Health - Adult

Persons Admitted to this service must be medically and psychiatrically stable.

Description

Service consists of prescription of appropriate psychotropic drugs, as well as following the therapeutic response to, and identification of side effects associated with the prescribed medication. In addition, ancillary services necessary to support the medication regimen are also provided.

Length of Service On Going

Staff/Client Ratio 1:1

Staffing Requirement

Regular Med check: MD or PA/NP - 15 min, RM - 15 min, and/or case manager 15 min.

Extended Med Check: MD or PA/NP - 30 min, RN or Case Manager 30 min.

Services

As needed, but generally at least once every three months.

Consumer Needs

Mild to severe symptomatology (GAF 21-70), moderate to high risk of relapse, low to high risk of harm to self or others, high need for professional structure, one or more functional limitations, potential need for treatment plan adjustment at each visit.

Consumer Outcome

Consumer is stabilized on a medication regimen. Mild to moderate symptomatology (GAF 65-70), low to moderate risk for relapse, low to moderate risk for harm to self or others, moderate need for professional structure, one or more functional limitations, potential need for treatment plan adjustment at each visit.

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Psychiatric Residential Rehabilitation**

Level of Care Residential - Transitional

Updated:12/14/2001

Behavioral Area Mental Health - Adult

Persons Admitted to this service must be medically and psychiatrically stable.

Description

(DRAFT)

1) Psychiatric Residential Rehabilitation is a facility based, non hospital or nursing facility program for persons disabled by severe and persistent mental illness, who are unable to reside in a less restrictive residential setting due to the pervasiveness of their impairment.

2) The Psychiatric Residential Rehabilitation program provides psychosocial rehabilitation and skill acquisition in community living skills, daily living skills, self medication, and other related psychiatric rehabilitation services as needed to meet individual client needs, facilitating movement to a less restrictive setting.

3) These facilities are integrated into the community, and every effort is made for these 8-10 bed residences to approximate other homes in their neighborhoods.

Length of Service Typically 6 to 18 months; Average 12 Months

Staff/Client Ratio Days: 1:4

Overnight: 1:10 awake, with an additional staff member on call

Staffing Requirement

1) The program is staffed 24 hours, 7 days per week.

2) The program must have the appropriate staff coverage to provide services for clients needing to remain in the residence during the day

3) Consultation by professionals licensed/certified by the Department of Health and Human Services, on general medical, psychopharmacology, and psychological issues, as well as overall program design issues, shall be available and used as needed by staff and/or with clients.

4) Direct care staff shall have a bachelor's degree, or post high school course work in psychology, social work, sociology, and/or other related fields; or two years experience in the delivery of community mental health services or other related human service programs; or demonstrated skills and competencies to work with people with mental illness as determined by the program.

5) A Program shall designate professionals who are clinically and programmatically responsible for the service with sufficient qualifications to organize the program as well as to supervise the clinical and programmatic activities of the staff.

6) Program staff shall have knowledge of mental health rehabilitation principals.

Services

(DRAFT)

1) Clients entering the program will have a comprehensive substance abuse and mental health evaluation prior to admission.

2) The program is able to arrange for general medical, psychopharmacology, and psychological services as indicated by client need

3) The program shall prepare an active rehabilitation plan for each client that shall include at a minimum 35 hours of individual service each week.

4) The program shall provide a minimum of 25 hours of on site psychosocial rehabilitation and skill acquisition activities per week (i.e. educational, social skill building, community living skills, relapse prevention, nutrition, daily living skills) must be provided. 5) Clients shall be served with a minimum of 20 hours of additional off site Day Rehabilitation Service or vocational or educational opportunities.

6) The program provides Community living skills and daily living skills development.

7) The program provides Client skills development for self administration of medication, as well as recognition of signs or relapse and control of symptoms.

8) The program provides skill building in the usage of public transportation and or assistance in accessing suitable local transportation to and from the Psychiatric Residential Rehabilitation program.

9) The program provides referrals, problem identification problem solution, and coordination of the Residential Rehabilitation program with other services the client may be receiving.

Consumer Needs

Consumer Outcome

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Vocational Support**

Level of Care Level 3 - Non Residential

Updated:03/10/1998

Behavioral Area Mental Health - Adult

Persons Admitted to this service must be medically and psychiatrically stable.

Description

The desired outcome of the Vocational Support Program is to assist the consumer to obtain and maintain employment. The program is designed to aid the consumer in obtaining permanent, competitive employment, and to provide ongoing support for continued successful employment. The Vocational Support program serves persons disabled by severe and persistent mental illness and/or substance abuse. The program shall provide on going, as needed, assistance and support, at the job setting and/or away from the work site, to an employed consumer which is required in order for the individual to remain employed. This support may include e assistance in learning newly assigned job duties, assist in solving job related interpersonal problems, and other related support functions necessary for the consumer to remain employed. The program shall provide; as needed contact with the employer, family member(s) and/or other significant people in the consumer's life, as long as the contact is related directly to the support the individual's needs in maintaining employment. Meeting locations are designed to assist the individual in maintaining successful employment, and may include the consumer's place of employment, or other mutually agreed upon community location(s).

Length of Service Six to Twenty-four months

Staff/Client Ratio 1:20

Staffing Requirement

Minimum staff qualifications are: completion of the staff training curriculum for initial orientation, and continuing education. The minimum education/experience requirements are: Bachelor's degree, or post high school course work in Psychology, Social work, sociology, and/or other related fields: two(2) years experience in the delivery of community mental health services, or other related human service programs; plus demonstrated skills an competencies to work with people with mental illness as determined by the program. Consultation by professionals licensed/certified by the Department of Health and Human Services on general medical, psychopharmacology, and psychological issues, as well as overall program design issues, shall be available and used as needed by staff and/or with consumers. Additionally, consultations with individual having demonstrated competency in the area of Vocational, Rehabilitation, and/or employment services, shall be available and used as needed

Services

On going as needed.

Consumer Needs

Mild to moderate symptomatology (GAF41-70), low to moderate risk of relapse, low to moderate risk for harm to self or others, low to moderate need for external professional structure, at least two functional limitations in the areas of vocational/educational, social skills, or ADL's, requires up to monthly treatment plan adjustment.

Consumer Outcome

Consumer is competitively employment. Mild to moderate symptomatology (GAF 41-70), low risk of relapse, low risk for harm to self or others, low to moderate need for external professional structure, at least two functional limitations in the areas of vocational/educational, social skills, or ADL's, requires up to monthly treatment plan adjustment.

Nebraska Behavioral Health System

Service Definitions

Youth Mental Health Services

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Day Treatment**

Level of Care Level 4 - Non Residential

Updated:09/29/2000

Behavioral Area Mental Health -Youth

Persons Admitted to this service must be medically and psychiatrically stable.

Description

Day treatment programs for children/adolescents are facility based programs designed to serve the child or adolescent diagnosed with a severe emotional disturbance or severe emotional disturbance and a behavior disorder. Day treatment is an intensive, non-residential service that typically provides counseling, family services including therapy and parent training, vocational training, crisis intervention, skill building, education, behavior modification and recreational therapy. The desired outcomes of day treatment are to integrate the youth back into a less restrictive classroom setting and stabilize the youth in the community in the least restrictive setting. Day treatment programs shall provide an Individual Day Treatment Education Plan consistent with the school's Individual Education Plan designed to promote reintegration into school and community. An LMNP will be the mental health clinical component. A Certified Special Education teacher with a current teaching certificate will provide educational services.

Length of Service

Staff/Client Ratio

Staffing Requirement

Services

Consumer Needs

Consumer Outcome

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Home Based Therapy**

Level of Care Non-Residential

Updated:09/29/2000

Behavioral Area Mental Health -Youth

Persons Admitted to this service must be medically and psychiatrically stable.

Description

Home Based Services for Children and Adolescents are intensive therapeutic services for children with severe emotional disturbances and their families, available 24 hours a day in the family home setting. Services may include individual and family therapy, parenting skill development, needs assessment and coordination with other community based services, anger control and communication training and crisis intervention. Services are designed to strengthen the family to prevent youth placement outside the home, link the family with community support resources, and support the youth's transition back into the home following out-of-home placement. Aftercare components include provider follow-up, availability for crisis intervention, and coordination with other related support programs.

Length of Service

Staff/Client Ratio

Staffing Requirement

Services

Consumer Needs

Consumer Outcome

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Medication Management**

Level of Care Non-Residential

Updated:09/21/2000

Behavioral Area Mental Health -Youth

Persons Admitted to this service must be medically and psychiatrically stable.

Description

Assisting child or family financially to obtain prescribed medication as deemed appropriate by a licensed physician

Length of Service

Staff/Client Ratio

Staffing Requirement

Services

Consumer Needs

Consumer Outcome

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Respite Care**

Level of Care Residential

Updated:09/29/2000

Behavioral Area Mental Health -Youth

Persons Admitted to this service must be medically and psychiatrically stable.

Description

Respite Care is designed to provide temporary, specialized care for a youth with a severe emotional disturbance in the absence of his/her primary care giver. Respite care allows a reprieve for the primary care giver, including biological, adoptive and foster parents who are caring for the youth. Respite care workers will have specialized knowledge and skills to provide quality care needed to meet the special needs of the youth with a severe emotional disturbance. Services may be provided on a planned or unscheduled basis due to crisis or other events, which arise. Respite care assists in reaching the outcome of maintaining the child/youth's placement in the home and preventing placement in a more institutional setting.

Length of Service

Staff/Client Ratio

Staffing Requirement

Services

Consumer Needs

Consumer Outcome

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **The Professional Partner Program**

Level of Care Non-Residential

Updated:09/29/2000

Behavioral Area Mental Health -Youth

Persons Admitted to this service must be medically and psychiatrically stable.

Description

The Professional Partner Program is a strength-based, family-centered, and partnership-oriented approach to intervention for children with serious emotional and behavioral issues and their families. The program is based on the following key components: (1) A clear point of access to services 24-hours a day, 7 days a week; (2) A designated Professional Partner with a small caseload to assist families in navigating the system; (3) A single, coordinated assessment addressing multiple agency requirements; (4) Flexible funding, not tied to specific service categories, but used for creative services and supports unique to each child and family's needs; (5) A comprehensive multidisciplinary child and family team that includes both professional and informal supports; (6) Use of an Individualized Family Service Plan (IFSP) to address the unique needs of the youth, while maximizing the extent to which the expertise and wisdom of family members are taken into account; and (7) Outcome-based accountability. The Professional Partner Program promotes utilization of the least restrictive, least intrusive, and developmentally appropriate interventions in accordance with the strengths and needs of each individual youth. The mission of the Program is to use the wraparound approach to coordinate these services and supports to these families, and to ensure that they have a voice, ownership, and access to a comprehensive, individualized support plan.

Length of Service

Staff/Client Ratio

Staffing Requirement

Services

Consumer Needs

Consumer Outcome

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Youth Outpatient**

Level of Care Level 1 - Non Residential

Updated:09/29/2000

Behavioral Area Mental Health -Youth

Persons Admitted to this service must be medically and psychiatrically stable.

Description

Outpatient therapy is a specialized mental health program for youth experiencing a wide range of mental health problems that cause moderate and/or acute disruptions in the individual's life. Outpatient programs provide individual, family, and group treatment services, generally on a regularly scheduled basis. The outpatient program provides to each youth served the appropriate assessment and/or diagnosis of the mental health problem, as well as effective treatment to change behaviors, modify thought patterns, cope with problems, improve functioning, improve understanding of factors producing problems, identify workable steps to address the problems and other related goals. Such problems may include the collateral or adjunctive services. Adjunctive services are designed to link and coordinate other services necessary for the youth, in order to achieve successful outcomes. These services may include information gathering and reporting, coordination of services, referral facilitation, and related activities to assure coordination between programs.

Length of Service

Staff/Client Ratio

Staffing Requirement

Services

Consumer Needs

Consumer Outcome

Nebraska Behavioral Health System

Service Definitions

Adult Mental Health and Substance Abuse Services

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **24 hr Crisis Phone/Clinician on Call**

Level of Care Emergency

Updated:12/14/2001

Behavioral Area MH/SA - Adult

Persons Admitted to this service must be medically and psychiatrically stable.

Description

Length of Service

Staff/Client Ratio

Staffing Requirement

Services

Consumer Needs

Consumer Outcome

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Crisis Response Intervention/Teams**

Level of Care Emergency

Updated:12/14/2001

Behavioral Area MH/SA - Adult

Persons Admitted to this service must be medically and psychiatrically stable.

Description

Length of Service

Staff/Client Ratio

Staffing Requirement

Services

Consumer Needs

Consumer Outcome

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Crisis Stabilization and Treatment**

Level of Care Emergency

Updated:03/07/2002

Behavioral Area MH/SA - Adult

Description

Length of Service

Staff/Client Ratio

Staffing Requirement

Services

Consumer Needs

Consumer Outcome

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Dual Disorder Residential**

Level of Care Residential - Transitional

Updated:12/14/2001

Behavioral Area MH/SA - Adult

Persons Admitted to this service must be medically and psychiatrically stable.

Description

(DRAFT)

- 1) The Residential program is designed to serve persons with Axis I major mental illness with co-occurring substance dependence.
- 2) This Residential program provides simultaneous and integrated treatment of co-occurring psychiatric and substance dependence disorders, by developing concurrent and specific treatment/rehabilitation regimes for both disorders (one comprehensive plan addressing the individuals service needs).
- 3) This residential program will include medication management and psychiatric rehabilitation for the mental illness, combined with participation in a recovery program for the substance dependence.
- 4) Prior to admission, an assessment must be completed that addresses the individual's strengths and needs in mental health and substance dependence domains. The assessment must be completed by an LMHP and a CADAC or by staff who are dually credentialed (LMHP/CADAC).

Length of Service Typically 4 to 8 months; Average 6 Months.

Staff/Client Ratio 1:4

Staffing Requirement

- 1) The program is staffed on a 24 hour basis, and has access to on call medical personnel
- 2) All substance abuse counseling services must be provided by a Certified Alcohol/Drug Abuse Counselor (CADAC) or supervised Provisional CADAC
- 3) Consultation by professionals licensed/certified by the Department of health and Human Services on general medical, psychopharmacology, and psychological issues, as well as overall program design issues, shall be available and used as needed by staff and/or with Clients
- 4) Direct care staff shall have a bachelor's degree, or post high school course work in psychology, social work, addictions, sociology, and/or other related fields; or two years experience in the delivery of community substance abuse, mental health or other related human service programs; or demonstrated skills and competencies to work with people with substance dependence and major mental illness, as determined by the program.
- 5) Direct care staff shall include at a minimum either (a) one LMHP and one CADAC, or (b) one dually credentialed staff.
- 6) The clinical supervision must be provided by a dually credential person with a minimum of an LMHP and CADAC (provisional credentials- in one of the two areas MH or SA would be -acceptable?).

Services

(DRAFT)

- 1) Clients entering the program will have a comprehensive substance abuse and mental health evaluation prior to admission.
- 2) The program is able to arrange for general medical, psychopharmacology, and psychological services as indicated by client need
- 3) 42 hours a week of integrated mental health and substance dependence services, which includes (but is not limited to) a combination of: individual/group/family therapy, educational, vocational, social skill building, recreational, spiritual, medication management, relapse prevention, and daily living skills.
- 4) All individual service plans are developed by an interdisciplinary team which includes the client, a physician or a licensed allied health professional, the client's primary therapist, a Certified Alcohol/Drug Abuse Counselor, and other appropriate program staff.

Consumer Needs

Consumer Outcome

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Emergency Community Support**

Level of Care **Emergency**

Updated:05/28/2002

Behavioral Area **MH/SA - Adult**

Persons Admitted to this service must be medically and psychiatrically stable.

Description

1. Emergency community support is an unscheduled short term, time limited service designed to provide maximum supportive Mental Health or Substance Abuse service to intervene in a crisis in the consumers life that would otherwise interrupt the consumers recovery.
2. Emergency community support may arrange for immediate access to mental health and substance abuse services on an unscheduled basis to intervene in a crisis and/or promote consumer retention in community based services
3. Emergency community support provides direct support and intervention to arrange for necessary supports and service needed to retain community involvement and get the consumer back on the road to recovery as an alternative to residential services.
4. Prevent recidivism into any of the other emergency programs and/or promote successful community tenure of persons discharged from emergency programs.

Length of Service 90 days Maximum

Staff/Client Ratio 1:15.

Staffing Requirement

1. Minimum staff qualifications are: a bachelor's degree, or post high school course work in psychology, social work, sociology, and/or other related fields; two years experience in the delivery of community mental health services or other related human service programs; ability to identify substance abuse issues plus demonstrated skills and competencies to work with people with mental illness and/or dual diagnosis (MI/SA), as determined by the program; and completion of the staff training curriculum for initial orientation and continuing education.
2. Emergency Community support services must be provided by community support staff who are not providing any other behavioral health services at the time of contact.
3. Consultation by professionals licensed/certified by the Department of Health & Human Services Licensure and Regulation on general medical, psychopharmacology, and psychological issues, as well as overall program design issues, shall be available and used as needed by staff and/or with consumers.

Services

1. Working with the consumer, and other professionals, develop and immediately implement an assessment and an Individual Service Plan that addresses consumer needs in the areas of: community living skills, daily living skills, interpersonal skills, psychiatric emergency/relapse; medication management including recognition of signs and symptoms of relapse and control of symptoms, mental health, physical health care, vocational/educational, housing, employment and substance abuse services, resource acquisition, and other related areas necessary for successful community living.
2. Arranges appropriate treatment for individuals who are or have received Emergency MH/SA services and require transition to appropriate treatment and/or other community services.
3. Implement strategies to provide direct support and intervention on behalf of consumers in necessary behavioral health treatment, psychiatric rehabilitation services, and other necessary services/supports and to retain active consumer involvement.
4. Facilitate communication between various providers serving the consumer.
5. Working on behalf of the consumer actively link, refer and coordinate services and supports as identified in the consumer's Individual Service Plan.
6. Provide communications with and between other service provider(s), family members, and/or other significant people in the consumers life.
7. Establish hours of service that ensures program staff are accessible and responsive to the needs of the consumer on a 24 hour 7 day a week basis.
8. Consumer support workers actively teach skill building concepts necessary to pursue recovery.
9. Actively assist the consumer to identify and eliminate barriers to recovery in a consumers life. Such barriers may include, but not limited to, arranging for or providing transportation, crisis intervention, and other ancillary services

Consumer Needs

Consumer Outcome

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Emergency Protective Custody**

Level of Care Emergency

Updated:10/20/2000

Behavioral Area MH/SA - Adult

Description

Secured and locked facility designed to hold persons who have been judged a danger to themselves or others during acute psychotic or substance abuse emergency. Services are provided by highly trained staff on a 24-7 basis

Length of Service

Staff/Client Ratio

Staffing Requirement

Services

Consumer Needs

Consumer Outcome

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Intensive Outpatient**

Level of Care Level 2 - Non Residential

Updated:03/24/1998

Behavioral Area MH/SA - Adult

Persons Admitted to this service must be medically and psychiatrically stable.

Description

Intensive Outpatient (SA) provides group focused, non-residential services for substance abusing individuals who require a more structured treatment environment than that provided by outpatient counseling, but who do not require a residential program. Activities of this program must focus on aiding clients to recognize their substance abuse problems and to develop knowledge and skills for making lifestyle changes necessary to maintain a life free from substance abuse. It is a non-residential, facility based, multi-service program centered around group counseling services designed to stabilize and treat persons with moderate to severe substance abuse problems. Other services could include: 24 hour crisis management, individual counseling; education about AOD issues, family education and counseling, self help group and support group orientation.

Length of Service 6 to 8 weeks

Staff/Client Ratio NA

Staffing Requirement

Program must have a minimum of 50% CADAC certified staff providing direct drug and alcohol abuse counseling. All other staff providing drug and alcohol abuse counseling must at least be registered and working toward CADAC certification.

Services

The program will include a minimum of 10 hours per week of structured activities at a minimum of 3 to 5 times per week of individual, group and /or family counseling for each client. Average length of stay of 6 to 8 weeks.

Consumer Needs

A consumer that has an unstable substance abuse problem with moderate to severe symptomatology (GAF > 31), a moderate risk of relapse, low to moderate risk of harm to self and/or others, a need for moderate professional structure, one or more limitations in functional areas (Vocational, Social, ADL) who requires up to weekly treatment plan adjustment.

Consumer Outcome

Precipitating condition and relapse potential have been stabilized such that condition can be managed with less than weekly professional intervention or contact. Mild to moderate symptomatology (GAF 31-70), low to moderate risk of relapse, low to moderate risk of harm to self and/or others, a low need for professional structure, one or more limitations in functional areas (vocational, social, ADL) who requires weekly to monthly treatment plan adjustment.

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Mobile Crisis**

Level of Care Emergency

Updated:12/14/2001

Behavioral Area MH/SA - Adult

Description

The desired outcomes for the Emergency Psychiatric Mobile Crisis Program are (a) referral to the most appropriate, least restrictive service which can address the consumer's needs; (b) the minimum intervention required to address the presenting problem(s); and (c) early intervention designed to help prevent unnecessary hospitalization. The program offers an individual experiencing a mental health crisis a range of options twenty-four (24) hours per day, seven (7) days per week, provided by trained program staff backed by consultation from a mental health professional. The Mobile Crisis Program must include the capacity to provide: (1) Twenty-four hour access to program staff trained in mental health crisis intervention techniques; (2) Screening for referral to an inpatient psychiatric program; (3) Consultation to law enforcement in conjunction with Nebraska Mental Health Commitment Act; (4) Access to an appropriate facility to complete the assessment as set out in the Nebraska Mental Health Commitment Act.

Length of Service

Staff/Client Ratio

Staffing Requirement

Services

Consumer Needs

Consumer Outcome

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Outpatient Therapy**

Level of Care Level 3 - Non Residential

Updated:03/10/1998

Behavioral Area MH/SA - Adult

Persons Admitted to this service must be medically and psychiatrically stable.

Description

Outpatient therapy is a specialized mental health and substance abuse treatment program for persons experiencing a wide range of mental health and substance abuse problems that cause moderate and/or acute disruptions in the individual's life. Outpatient treatment programs provide individual, family, or group treatment services, generally on a regularly scheduled basis. The outpatient program provides to each person served the appropriate assessment and/or diagnosis of the mental health and/or substance abuse problem, as well as effective treatment to change behaviors, modify thought patterns, cope with problems, improve functioning, improve understanding of factors producing problems, identify workable steps to address the problems and/or other related goals. Such programs may include the collateral and/or adjunctive services. Adjunctive services are designed to link consumers of the outpatient program who are either youth (ages 0-18) or persons disabled by severe and persistent mental illness to other programs and coordinating the various services to achieve successful outcomes. Adjunctive services include information gathering, and reporting, coordination of services, referral facilitation, and related activities to assure there is coordination between the various programs serving the consumer. Adjunctive services are limited to individuals who are not also admitted to a community support program.

Length of Service Approximately 10 Session

Staff/Client Ratio 1:1 or Groups of 3-8

Staffing Requirement

Staff must meet the requirements of applicable licensing and certification entities consistent with their scope of practice

Services

Services offered in outpatient program are generally provided in sessions of less than three hours, on an individual, family, or group basis.

Consumer Needs

An individual with mild to moderate symptomatology (GAF 31-70), low to moderate risk of harm to self or others, 1 or more functional limitations, low to moderate risk of relapse, low need for professional structure.

Consumer Outcome

Precipitating condition and relapse potential have been stabilized such that the condition can be managed with less than monthly treatment plan adjustment. Low to moderate symptomatology, low risk of harm to self and others, 1 or more functional limitations, low risk of relapse, a low need for professional structure.

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Psych Respite**

Level of Care Residential

Updated:03/07/2002

Behavioral Area MH/SA - Adult

Persons Admitted to this service must be medically and psychiatrically stable.

Description

Respite Care is designed to provide temporary, specialized care for a youth with a severe emotional disturbance in the absence of his/her primary care giver. Respite care allows a reprieve for the primary care giver, including biological, adoptive and foster parents who are caring for the youth. Respite care workers will have specialized knowledge and skills to provide quality care needed to meet the special needs of the youth with a severe emotional disturbance. Services may be provided on a planned or unscheduled basis due to crisis or other events, which arise. Respite care assists in reaching the outcome of maintaining the child/youth's placement in the home and preventing placement in a more institutional setting.

Length of Service

Staff/Client Ratio

Staffing Requirement

Services

Consumer Needs

Consumer Outcome

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Psychological Testing**

Level of Care Level 1 - Non Residential

Updated:03/07/2002

Behavioral Area MH/SA - Adult

Persons Admitted to this service must be medically and psychiatrically stable.

Description

Assessments are conducted by a Certified Alcohol/Drug Abuse Counselor to evaluate youth that exhibit behaviors which may be indicative of a substance abuse problem. Such an assessment would attempt to determine if a substance problem exists, the extent of the problem, identify biopsychosocial and other contributing factors, and recommend what, if any, treatment is needed. An assessment should specify youth strengths and weaknesses which will aid in formulating a treatment plan. Standardized screening and assessment tools may be used when conducting a substance abuse evaluation.

Length of Service

Staff/Client Ratio

Staffing Requirement

Services

Consumer Needs

Consumer Outcome

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Urgent Assessment/Evaluation -- MH or SA**

Level of Care Emergency

Updated:12/14/2001

Behavioral Area MH/SA - Adult

Persons Admitted to this service must be medically and psychiatrically stable.

Description

Length of Service

Staff/Client Ratio

Staffing Requirement

Services

Consumer Needs

Consumer Outcome

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Urgent Outpatient Therapy -- MH or SA**

Level of Care Emergency

Updated:12/14/2001

Behavioral Area MH/SA - Adult

Persons Admitted to this service must be medically and psychiatrically stable.

Description

Length of Service

Staff/Client Ratio

Staffing Requirement

Services

Consumer Needs

Consumer Outcome

Nebraska Behavioral Health System

Service Definitions

Youth Mental Health and Substance Abuse Services

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Urgent Outpatient Therapy -- MH or SA**

Level of Care Emergency

Updated:12/14/2001

Behavioral Area MH/SA - Adult

Persons Admitted to this service must be medically and psychiatrically stable.

Description

Length of Service

Staff/Client Ratio

Staffing Requirement

Services

Consumer Needs

Consumer Outcome

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Crisis Assessment/Evaluation**

Level of Care Emergency - Medical

Updated:09/21/2000

Behavioral Area MH/SA - Youth

Persons Admitted to this service must be medically and psychiatrically stable.

Description

Provision of services in residential setting for child or family experiencing periodic or acute episodes of problems in functioning. Examples of residential crisis services include runaway shelters, crisis group homes, therapeutic foster care programs used for short term crisis placements, hospital emergency rooms and crisis stabilization units. Most crisis intervention services contain the following characteristics: available 24 hours a day/ 7 days a week; share common purpose of stabilization of crisis situation in most normalized setting available; short term duration

Length of Service

Staff/Client Ratio

Staffing Requirement

Services

Consumer Needs

Consumer Outcome

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Crisis Inpatient - Youth**

Level of Care Residential - Secure

Updated:03/07/2002

Behavioral Area MH/SA - Youth

Persons Admitted to this service must be medically and psychiatrically stable.

Description

Length of Service

Staff/Client Ratio

Staffing Requirement

Services

Consumer Needs

Consumer Outcome

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Outpatient Therapy**

Level of Care Non-Residential

Updated:09/21/2000

Behavioral Area MH/SA - Youth

Persons Admitted to this service must be medically and psychiatrically stable.

Description

An intervention designed to decrease distress, psychological symptoms and maladaptive behavior or to improve adaptive and prosocial functioning of an individual. Theoretical approaches to therapy range from psychodynamic, behavioral, cognitive-behavioral to a systems approach. May take place in a variety of settings.

Length of Service UNIT: Hour

Staff/Client Ratio

Staffing Requirement

Services

Consumer Needs

Consumer Outcome

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **School wrap around Service**

Level of Care Non-Residential

Updated:09/21/2000

Behavioral Area MH/SA - Youth

Persons Admitted to this service must be medically and psychiatrically stable.

Description

Services originating within or created by the school system and provided within the school setting to prevent emotional disturbances or to identify a child with problems before the problems become serious as well as to ensure a proper education for the child/family member. Various components of school services may include: assessment and planning, resource rooms, self-contained special education, special schools, home-bound instruction, residential schools and alternative programs. These services originate from school or other outside agency as opposed to internal mentoring services provided by the Professional Partner Program (see Mentoring Services).

Length of Service

Staff/Client Ratio

Staffing Requirement

Services

Consumer Needs

Consumer Outcome

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Youth Assessment/Evaluation Only**

Level of Care Non-Residential

Updated:09/21/2000

Behavioral Area MH/SA - Youth

Persons Admitted to this service must be medically and psychiatrically stable.

Description

A broad, ecological approach to the collection and review of necessary and appropriate information for a particular individual seeking treatment prior to the provision of services. The information is used to develop an individualized intervention or treatment plan. The information typically gathered includes identification of any contributing medical problems, battery of psychological tests, assessment of intelligence and academic achievement, legal history, offender issues, victim issues, substance use/abuse history, social and behavioral functioning, family functioning, child's environment, strengths and limitations, presenting problem and goals and mental status. Assessment may also include risk assessment (e.g., in forensic settings) as well as child abuse assessment. Assessment as defined within this category is distinguished from assessment performed by Professional Partner (refer to Professional Partnering Services). The length of an assessment could range from 30 minutes to 4 hours depending on the nature of the assessment.

Length of Service UNIT: Hour

Staff/Client Ratio

Staffing Requirement

Services

Consumer Needs

Consumer Outcome

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Youth Intensive Outpatient**

Level of Care Level 1 - Non Residential

Updated:09/29/2000

Behavioral Area MH/SA - Youth

Persons Admitted to this service must be medically and psychiatrically stable.

Description

Intensive Outpatient provides group focused, non-residential services for substance abusing youths who require a more structured treatment environment than that provided by outpatient counseling, but who do not require a residential program. Activities must focus on aiding youth to recognize their substance abuse problems and to develop knowledge and skills for making lifestyle changes necessary to maintain a life free from substance abuse. It is a non-residential, facility based, multi-service program centered around group counseling services designed to stabilize and treat youth with moderate to severe substance abuse problems. Other services could include: 24 hour crisis management, individual counseling; education about AOD issues, family education and counseling, self help group and support group orientation.

Length of Service

Staff/Client Ratio

Staffing Requirement

Services

Consumer Needs

Consumer Outcome

Nebraska Behavioral Health System

Service Definitions

Adult Substance Abuse Services

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Assessment/Evaluation Only**

Level of Care Level 1 - Non Residential

Updated:03/07/2002

Behavioral Area Substance Abuse - Adult

Persons Admitted to this service must be medically and psychiatrically stable.

Description

Assessments are conducted by a Certified Alcohol/Drug Abuse Counselor to evaluate youth that exhibit behaviors which may be indicative of a substance abuse problem. Such an assessment would attempt to determine if a substance problem exists, the extent of the problem, identify biopsychosocial and other contributing factors, and recommend what, if any, treatment is needed. An assessment should specify youth strengths and weaknesses which will aid in formulating a treatment plan. Standardized screening and assessment tools may be used when conducting a substance abuse evaluation.

Length of Service

Staff/Client Ratio

Staffing Requirement

Services

Consumer Needs

Consumer Outcome

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Case Monitoring**

Level of Care Level 5 - Non Residential

Updated:05/28/2002

Behavioral Area Substance Abuse - Adult

Persons Admitted to this service must be medically and psychiatrically stable.

Description

1. Support Mental Health or Substance Abuse, who have made significant progress in recovery and stable The Case Monitoring Service is designed for persons eligible under the State definition for Community living, or for those consumers unwilling to accept the more intensive and rehabilitative community support service.
2. Case Monitoring Services are designed to monitor a consumer's progress in community living and provide crisis/relapse prevention or intervention as needed.

Length of Service One to two years (need based)

Staff/Client Ratio 1:40

Staffing Requirement

1. Minimum staff qualifications are: a bachelor's degree, or post high school course work in psychology, social work, sociology, and/or other related fields; two years experience in the delivery of community mental health services or other related human service programs; ability to identify substance abuse issues plus demonstrated skills and competencies to work with people with mental illness and/or dual diagnosis (MI/SA), as determined by the program; and completion of the staff training curriculum for initial orientation and continuing education.
2. Monitoring services must be provided by staff who are not providing any other behavioral health services at the time of contact.
3. Consultation by professionals licensed/certified by the Department of Health & Human Services Licensure and Regulation on general medical, psychopharmacology, and psychological issues, as well as overall program design issues, shall be available and used as needed by staff and/or with consumers.

Services

1. Documentation of consumer's current services, supports, and resources utilized to maintain stable community living.
2. Documentation of consumer's relapse/crisis triggers and required interventions. A crisis/relapse prevention plan is incorporated into the consumer's individual service plan.
3. Provides monitoring, oversight and follow-up as identified in the consumer's individual service plan (examples; Services, appointments, reminders...)
4. Provide contact with consumer as needed.
5. Refer to other necessary services as needed.
6. Intervene to protect current gains and prevent losses or decompensation/relapse.

Consumer Needs

Consumer Outcome

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Civil Protective Custody**

Level of Care Emergency

Updated:10/20/2000

Behavioral Area Substance Abuse - Adult

Persons Admitted to this service must be medically and psychiatrically stable.

Description

Secured room within a detoxification center designed to allow for persons judged by law enforcement to be a danger to themselves or others because of acute intoxication and who have been signed into custody.

Length of Service Maximum Length is 24 hours

Staff/Client Ratio Nearly 1/2

Staffing Requirement

Services

Consumer Needs

Consumer Outcome

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Community Support SA (Adult)**

Level of Care Level 3 - Non Residential

Updated:05/28/2002

Behavioral Area Substance Abuse - Adult

Persons Admitted to this service must be medically and psychiatrically stable.

Description

1. The Substance Abuse Community Support program is for persons whose primary diagnosis is substance dependent as defined by the DSM IV.
2. This service is designed to provide direct face to face contact with consumers to develop skills necessary to live as independent a life in the community as the consumer is able.
3. Emphasis is on an active rehabilitation plan addressing all functional deficits.
4. Ancillary services include case management and advocacy

Length of Service Six months to two years (need based)

Staff/Client Ratio 1:20

Staffing Requirement

1. Minimum staff qualifications are: A bachelor's degree, or post high school course work in psychology, social work, sociology, and/or other related fields, with specific training relative to chemical dependency and recovery; two years experience in the delivery of substance abuse services or other related human service programs; demonstrate the ability to identify mental health issues; plus demonstrated skills and competencies to work with people with substance abuse as determined by the program; and completion of the staff training curriculum for initial orientation and continuing education. 2. Community support services must be provided by a community support staff who is not providing any other behavioral health services at the time of contact. 3. Consultation by professionals licensed/certified by the Department of Health & Human Services Licensure and Regulation on general medical, psychopharmacology, and psychological issues, as well as overall program design issues, shall be available and used as needed by staff and/or with consumers.

Services

1. Ensure the completion of a comprehensive assessment for each consumer to identify needed supports including but not limited to: rehabilitation, employment, housing, educational, and mental health services; medical and dental services; and other activities to help recovery.
2. The Community support worker is responsible for development of an Individual Service Plan (ISP) that encompasses the active support/rehabilitative interventions identified in the comprehensive assessment to facilitate active recovery.
3. Community support workers actively teach skill building and concepts necessary to continue toward recovery.
4. The Community support worker is responsible for leading a team to develop strategies to actively engage the consumer in necessary behavioral health treatment, psychiatric rehabilitation services, and other necessary services/supports.
5. Initially the community support worker may need to actively link, refer and coordinate necessary services and supports identified in the individual service plan, but the community support workers primary mission is to teach the consumer skill building concepts necessary to maintain and support their own recovery.
6. Facilitate communication between various providers serving the consumer.
7. Monitor consumer progress in services received and facilitate revision to the individual service plan.
8. Provide contact as needed with other service provider(s), family members, and/or other significant people in the consumers life to facilitate the communication necessary to support the consumer in community living.
9. Provide support and intervention to the consumer in times of crisis and if hospitalization becomes necessary, facilitate in cooperation with the inpatient treatment provider, the consumer's transition back into the community with appropriate revision to the individual service plan.
10. Establish hours of service delivery that ensures program staff are accessible and responsive to the needs of the consumer. Scheduled services shall include evening and weekend hours.

Consumer Needs

Consumer Outcome

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Crisis Assessment/Evaluation - SA (CADAC)**

Level of Care Emergency

Updated:12/14/2001

Behavioral Area Substance Abuse - Adult

Persons Admitted to this service must be medically and psychiatrically stable.

Description

Length of Service

Staff/Client Ratio

Staffing Requirement

Services

Consumer Needs

Consumer Outcome

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Halfway House**

Level of Care Residential - Transitional

Updated:12/14/2001

Behavioral Area Substance Abuse - Adult

Persons Admitted to this service must be medically and psychiatrically stable.

Description

(DRAFT)

1) Adult Halfway House programs provide the least restrictive transitional residential treatment services for substance dependent persons seeking to re-integrate into the community.

2) These programs must provide a structured set of activities designed to develop the recovery and living skills necessary for an independent life free from substance abuse outside of a primary residential treatment program.

3) These facilities are integrated into the community, and every effort is made for these residences to approximate other homes in their neighborhoods

Length of Service Typically 6 to 12 months, Average 9 months

Staff/Client Ratio Days: 1:10 7am to 11 pm Monday through Friday.
Certified staff shall be on site from 7 a.m. to 11 p.m. Monday through Friday.
Certified Staff shall be on call at all other times.
Overnight: 1:20 Awake

Staffing Requirement

(DRAFT)

1) The program is staffed on a 24 hour basis, and has access to on call medical personnel.

2) All substance abuse counseling services must be provided by a Certified Alcohol/Drug Abuse Counselor (CADAC) or supervised Provisional CADAC).

3) Consultation by professionals licensed/certified by the Department of Health and Human Services, on general medical, psychopharmacology, and psychological issues, as well as overall program design issues, shall be available and used as needed by staff and/or with clients.

4) Direct care staff shall have a bachelor's degree, or post high school training in substance abuse, addictions, psychology, social work, sociology, and/or other related fields; or two years experience in the delivery of substance abuse services or other related human service programs; or demonstrated skills and competencies to work with people with chronic substance dependence as determined by the program.

5) A Program shall designate professionals who are clinically and programmatically responsible for the service with sufficient qualifications to organize the program as well as to supervise the clinical and programmatic activities of the staff

6) Clinical staff are knowledgeable about the biological and psychosocial dimensions of abuse and dependence.

Services

(DRAFT)

1) Clients entering the program will have a comprehensive substance abuse evaluation prior to admission, which includes a screening of mental health needs.

2) The program is able to arrange for general medical, psychopharmacology, and psychological services as indicated by client need.

3) Services are designed to improve the resident's ability to structure and organize the tasks of daily living and recovery such as personal responsibility, personal appearance and timeliness.

4) A Variety of community and on site Planned clinical program activities are designed to develop and apply recovery skills, including relapse prevention, interpersonal choices, and development of a social network supportive of recovery. These activities must include individual and group therapy, and may include (but are not limited to) psycho-educational groups and occupational or recreational activities.

5) A minimum of eight hours per week of on site structured programming which includes but not limited to one to one counseling or individual session per client per week, a group session, two community self help groups per week,.

6) Counseling and clinical monitoring promote successful initial involvement, or re-involvement, in regular productive daily activity and as indicated successful reintegration into family living.

7) Random drug screening to shape behaviors and reinforce treatment gains, as appropriate to the patient's individual treatment plan.

8) Staff observe self medication in accord with physician orders.

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Halfway House**

Consumer Needs

Consumer Outcome

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Long Term Substance Abuse**

Level of Care Residential - Intermediate

Updated:12/14/2001

Behavioral Area Substance Abuse - Adult

Persons Admitted to this service must be medically and psychiatrically stable.

Description

(DRAFT)

- 1) Extended Residential is a structured, longer term, comprehensive, clinically managed, medium intensity residential treatment for substance dependent adults for whom shorter term more intensive treatment is inappropriate; either because of the pervasiveness of the impact of the substance abuse on the individual's life or because of significant cognitive impairments.
- 2) Interpersonal and group living skills generally are promoted in this level of care through community meetings involving residents and staff.
- 3) Extended residential treatment is characterized by slower paced treatment interventions. Services may be provided in a purposefully repetitive fashion because of the special treatment needs of the residents.
- 4) The program must focus on developing knowledge and skills necessary to achieve a life free from substance abuse in the community.
- 5) Extended Residential services require individualized treatment planning that supports appropriate transition to less intense services based on client need.

Length of Service Typically 12 to 24 Months; Average 18 Months

Staff/Client Ratio Days: 1:10
Overnight: 1:10 awake, with an additional staff member on call.
Certified staff shall be on call at all times

Staffing Requirement

(DRAFT)

- 1) The program is staffed on a 24 hour basis, and has access to on call medical personnel.
- 2) All substance abuse counseling services must be provided by a Certified Alcohol/Drug Abuse Counselor (CADAC) or supervised Provisional CADAC.
- 3) Consultation by professionals licensed/certified by the Department of Health and Human Services, on general medical, psychopharmacology, and psychological issues, as well as overall program design issues, shall be available and used as needed by staff and/or with Clients.
- 4) Direct care staff shall have a bachelor's degree, or post high school training in substance abuse, addictions, psychology, social work, sociology, and/or other related fields; or two years experience in the delivery of substance abuse services or other related human service programs; or demonstrated skills and competencies to work with people with chronic substance dependence as determined by the program.
- 5) Clinical staff are knowledgeable about the biological and psychosocial dimensions of abuse and dependence.

Services

(DRAFT)

- 1) Clients entering the program will have a comprehensive substance abuse evaluation prior to admission, which includes a screening of mental health needs.
- 2) The program is able to arrange for general medical, psychopharmacology, and psychological services as indicated by client need.
- 3) The program has the capacity to provide 30 hours a week of treatment and recovery services. These services must include individual and group therapy and may include, but is not limited to, family counseling; recreational activities; spirituality; lectures and vocational skill building.
- 4) The program is able to arrange for appropriate general medical, psychopharmacological, and psychological services as needed.
- 5) Services are designed to improve the resident's ability to structure and organize the tasks of daily living and recovery such as personal responsibility, personal appearance, and timeliness.
- 6) Planned clinical program activities are designed to develop and apply recovery skills, including relapse prevention, interpersonal choices, and development of a social network supportive of recovery. These services are characterized by slower paced treatment interventions. Services may be provided in a purposefully repetitive fashion because of the special treatment needs of the residents.
- 7) Counseling and clinical monitoring promote successful initial involvement or reinvolvement in regular productive daily activity,

and as indicated, successful reintegration into community living.

8) Clinical and didactic motivational interventions within individual, group, and milieu therapeutic contexts, are designed to facilitate the resident's understanding of the relationship between substance-related and attendant life problems.

9) Random drug screening may be utilized to shape behaviors and reinforce treatment gains as identified in the individual treatment plan.

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Long Term Substance Abuse**

10) Staff observe self medication in accord with physician orders.

Consumer Needs

Consumer Outcome

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Methadone Maintenance and Detoxification**

Level of Care Level 5 - Non Residential

Updated:03/10/1998

Behavioral Area Substance Abuse - Adult

Persons Admitted to this service must be medically and psychiatrically stable.

Description

Methadone Maintenance and Detoxification Programs provide medical and social services to heroin/opiate addicted adults along with outpatient substance abuse treatment counseling services. This program must provide detoxification and maintenance services with the purpose of rehabilitation from substance abuse. Methadone detoxification services include dispensing methadone or other narcotic drugs in decreasing doses to an individual in order to alleviate symptoms of withdrawal from the continuous or sustained drug free state. Methadone maintenance services include the continued monitored use of methadone as a substitute for heroin/other opiates, at relatively stable dosages, with the express purpose of future detoxification once the client has been rehabilitated.

Length of Service 12 months

Staff/Client Ratio 1:10

Staffing Requirement

All substance abuse therapy services must be provided by a certified alcohol/drug Abuse Counselor (CADAC). The program has either on staff or through consultant agreements the following professionals licensed/certified by the Department of Health and Human Services: Physician, registered nurse, pharmacist.

Services

Clients may be seen as frequently as daily for methadone treatment. All clients must be seen at least monthly for substance abuse counseling.

Consumer Needs

Mild to severe symptomatology (GAF 21-70), moderate to high risk for relapse, moderate to high risk for harm to self or others, high need for professional structure, one or more functional limitations, potential need for treatment plan adjustment at each visit.

Consumer Outcome

consumer is stabilized on a methadone/medication regimen. Mild to moderate symptomatology (GAF 60-70), low to moderate risk of relapse, low to moderate risk for harm to self or others, moderate need for professional structure, one or more functional limitations, potential need for treatment plan adjustment at each visit.

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Partial Care**

Level of Care Level 1 - Non Residential

Updated:03/10/1998

Behavioral Area Substance Abuse - Adult

Persons Admitted to this service must be medically and psychiatrically stable.

Description

Partial Care Programs provide group-focused, non-residential services for substance abusing individuals who require a more restrictive treatment environment than that provided by outpatient counseling, but who do not require a residential program. Activities of this program must focus on aiding clients to recognize their substance abuse problems and to develop knowledge and skills for making lifestyle changes necessary to maintain a life free from substance abuse and to provide adequate professional structure to prevent immediate relapse.

Length of Service 6-8 Weeks

Staff/Client Ratio 1:7

Staffing Requirement

Program must have a minimum of 50% CADAC certified staff providing direct drug and alcohol abuse counseling. All other staff providing drug and alcohol abuse counseling must at least be registered and working toward CADAC certification

Services

Partial Care would average, at the minimum, 30 hours per week of structured activities including a minimum of 15 hours of individual, group, and/or family counseling for each client. Partial Care could be provided on an outpatient basis in a short-term residential setting.

Consumer Needs

Consumer with substance abuse problems that are unstable, symptoms that are moderate to severe (GAF >41), have functional limitations in two areas (Vocational, Social, ADL) with high risk of relapse, high to moderate need for professional structure, moderate to low risk of harm to self and/or others, and need for weekly treatment plan adjustment.

Consumer Outcome

Precipitating condition and relapse potential have been stabilized such that condition can be managed with less than daily professional intervention or contact. Symptoms are moderate to severe (GAF 31-41), have functional limitations in at least one area (Vocational, Social, ADL), with low to moderate risk of relapse, low to moderate need for professional structure, low to moderate risk of harm to self and/or others, and need for less than monthly treatment plan adjustment.

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Short Term Residential**

Level of Care Residential

Updated:12/14/2001

Behavioral Area Substance Abuse - Adult

Persons Admitted to this service must be medically and psychiatrically stable.

Description

(DRAFT)

- 1) Short Term Residential programs provide for highly structured, intensive, comprehensive substance abuse services in a residential setting for individuals who are substance dependent
- 2) Activities of this program must provide a daily structure sufficient to prevent access to abused substances.
- 3) The program must focus on developing knowledge and skills necessary to achieve a life free from substance abuse.
- 4) Short-term residential services require appropriate transition to less intense services based on client need.
- 5) Persons of this program are likely not to be able to maintain sobriety do to a number of complications in their recovery readiness, environment or medical condition.
- 6) Clients of this program are not likely to have supportive environments which will aid in maintaining sobriety.

Length of Service Typically 14 to 45 Days; Average 21 Days

Staff/Client Ratio Days: 1:4.
Overnight: Two awake staff on duty at all times overnight.
Certified staff shall be on call at all times

Staffing Requirement

- 1) The program is staffed on a 24 hour basis, and has access to on call medical personnel.
- 2) All substance abuse counseling services must be provided by a Certified Alcohol/Drug Abuse Counselor (CADAC) or supervised Provisional CADAC.
- 3) Consultation by professionals licensed/certified by the Department of Health and Human Services, on general medical, psychopharmacology, and psychological issues, as well as overall program design issues, shall be available and used as needed by staff and/or with clients.
- 4) Direct care staff shall have a bachelor's degree, or post high school training in substance abuse, addictions, psychology, social work, sociology, and/or other related fields; or two years experience in the delivery of substance abuse services or other related human service programs; or demonstrated skills and competencies to work with people with chronic substance dependence as determined by the program.
- 5) Clinical staff are knowledgeable about the biological and psychosocial dimensions of abuse and dependence.

Services

(DRAFT)

- 1) Clients entering the program will have a comprehensive substance abuse evaluation prior to admission, which includes a screening of mental health needs.
- 2) The program is able to arrange for appropriate medical procedures, which may include a complete medical exam and indicated laboratory and toxicology tests.
- 3) Physician monitoring and nursing care and observation are available as needed based on clinical judgement.
- 4) Program has the ability to check a consumer's compliance in taking any prescribed medications
- 5) Comprehensive array of programming from 9:00 a.m. to 9:00 p.m., seven days a week.
- 6) Program has access to psychiatric consultation.
- 7) A range of cognitive, behavioral and other therapies are administered to the consumer on an individual or group basis.
- 8) Health education services are provided.
- 9) Program activities are designed to enhance the consumer's understanding of his/her substance dependence and the application of recovery skills.
- 10) Services for the consumer's family and significant others are provided.

Consumer Needs

Consumer Outcome

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Social Setting Detoxification**

Level of Care Emergency

Updated:03/10/1998

Behavioral Area Substance Abuse - Adult

Persons Admitted to this service must be medically and psychiatrically stable.

Description

Social Setting Emergency Detoxification programs provide intervention in substance abuse emergencies on a twenty four (24) hour per day basis to individuals experiencing acute intoxication. Such programs must have the capacity to provide a safe residential setting with staff present for observation, must deliver services designed to physiologically restore the individual from an acute state of intoxication. Such services must include provisions for administration of fluids, provision for rest, substance abuse education, counseling and referral. Social setting detoxification programs provide care to persons whose condition necessitates observation by a qualified person but does not necessitate medical treatment.

Length of Service 2-5 days

Staff/Client Ratio 1:8

Staffing Requirement

All substance abuse assessment and therapy services must be provided by a Certified Alcohol/Drug Abuse Counselor (CADAC). Consultation by professionals licensed/certified by the Department of Health and Human Services, i.e. physician, registered nurse, licensed mental health professional, psychopharmacology, etc., shall be available and used as needed by staff and/or with consumers.

Services

The program will provide a comprehensive substance abuse assessment. A screening of mental health needs will be conducted as needed. Program has the capacity to assess for medical needs.

Consumer Needs

An individual with a moderate to severe symptomatology (GAF 31-60), moderate to high risk of harm to self or others, 2 or more functional limitations in the areas of vocational/educational, social skills, or ADL's, high risk of relapse, moderate to high need for professional structure, requires daily to weekly treatment plan adjustment.

Consumer Outcome

Consumer is successfully detoxified and assessed for service/treatment needs.

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Therapeutic Community**

Level of Care Residential - Transitional

Updated:12/14/2001

Behavioral Area Substance Abuse - Adult

Persons Admitted to this service must be medically and psychiatrically stable.

Description

(DRAFT)

- 1) Therapeutic community programs provide long term comprehensive residential treatment for substance abusing individuals for whom shorter term treatment is inappropriate, either because of the pervasiveness of the impact of the substance abuse on the individual's life or because of a history of repeated short term or less restrictive treatment experiences.
- 2) The program is characterized by the reliance on the treatment community (clients, staff, others) as a therapeutic agent that introduces and enforces appropriate social values and behaviors and by a focus on reintegration of the resident into the greater community, with a particular emphasis on employment and education. Treatment is specific to maintaining abstinence and preventing relapse but also vigorously promotes personal responsibility and positive character change.
- 3) These programs must provide psychosocial skill building through a long term, highly structured set of treatment activities which define progress toward individual change and rehabilitation, and which incorporate a series of defined phases.
- 4) Client progress must be marked by advancement through these phases to less restrictiveness and more personal responsibility.

Length of Service Typically 9 to 15 Months, average 12 Months

Staff/Client Ratio Days: 1:10
Overnight: 1:10 awake, with an additional staff member on call.
Certified staff shall be on call at all times

Staffing Requirement

- 1) The program is staffed on a 24 hour basis, and has access to on call medical personnel.
- 2) All substance abuse counseling services must be provided by a Certified Alcohol/Drug Abuse Counselor (CADAC) or supervised Provisional CADAC.
- 3) Consultation by professionals licensed/certified by the Department of Health and Human Services, on general medical, psychopharmacology, and psychological issues, as well as overall program design issues, shall be available and used as needed by staff and/or with clients.
- 4) Direct care staff shall have a bachelor's degree, or post high school training in substance abuse, addictions, psychology, social work, sociology, and/or other related fields; two years experience in the delivery of substance abuse services, or other related human service programs; or demonstrated skills and competencies to work with people with chronic substance dependence as determined by the program.
- 5) All staff have therapeutic community training or demonstrated competency in the model.
- 6) Clinical staff are knowledgeable about the biological and psychosocial dimensions of abuse and dependence.

Services

(DRAFT)

- 1) Clients entering the program will have a comprehensive substance abuse evaluation prior to admission, which includes a screening of mental health needs.
- 2) The program is able to arrange for general medical, psychopharmacology, and psychological services as indicated by client need
- 3) The program has the capacity to provide 30 hours a week of therapeutic programming (exclusive of the therapeutic milieu time), which may include a mixture of: individual, group, therapy, psychological testing and assessment, educational, vocational, social skill building, relapse prevention, nutrition, daily living skills, etc.
- 4) The program is able to arrange for general medical, psychopharmacology, and psychological services as needed.
- 5) Program phases are designed to improve the resident's ability to structure and organize the tasks of daily living and recovery such as personal responsibilities, personal appearance, and timeliness.
- 6) Planned clinical program activities are designed to develop and apply recovery skills, including relapse prevention, interpersonal choices, and development of a social network supportive of recovery.
- 7) Counseling and clinical monitoring to promote successful initial involvement, or re-involvement, in regular, productive daily activity (such as work or school) and, as indicated, successful reintegration into family living.
- 8) Clinical and didactic motivational interventions within individual, group, and milieu therapeutic contexts, are designed to

facilitate the resident's understanding of the relationship between substance-related and attendant life problems.

9) Planned community reinforcement designed to foster pro-social values and group living skills.

10) Random drug screening may be utilized to shape behaviors and reinforce treatment gains as identified in the individual treatment plan.

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Therapeutic Community**

Consumer Needs

Consumer Outcome

Nebraska Behavioral Health System

Service Definitions

Youth Substance Abuse Services

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Community Support - Youth**

Level of Care Non-Residential

Updated:12/01/2001

Behavioral Area Substance Abuse -Youth

Persons Admitted to this service must be medically and psychiatrically stable.

Description

The community support program is for persons disabled by severe and persistent mental illness and is designed to: (1) provide/develop the necessary services and supports which enable consumers to live successfully in the community, (2) maximize the consumer's community participation and quality of life, (3) facilitate communication and coordination between multiple service providers that serve the same consumer, and (4) decrease the frequency and duration of hospitalization. Community support provides consumer advocacy, ensures continuity of care, supports consumers in time of crisis, provides/procures skill training, ensure the acquisition of necessary resources and assists the consumer in achieving community/social integration. The community support program provides a clear focus of accountability for meeting the consumer's needs within the resources available in the community. The role(s) of the community support provider may vary based on consumer's needs. Community support is an in-vivo service with most contacts typically occurring outside the program office (i.e., in the consumer's place of residence or other community locations consistent with individual consumer choice/need.

Length of Service 24 to 36 months

Staff/Client Ratio 1:25

Staffing Requirement

Services

Consumer Needs

Consumer Outcome

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Youth Halfway House**

Level of Care Residential

Updated:09/29/2000

Behavioral Area Substance Abuse -Youth

Persons Admitted to this service must be medically and psychiatrically stable.

Description

Youth Halfway House programs provide transitional residential treatment services for youth seeking to re-integrate into the community, generally after short term or intermediate residential treatment. These programs must provide a structured set of activities designed to develop the independent living skills necessary to remain free from substance abuse outside a residential treatment setting. They should assist the youth to return home or to access a temporary family home environment. The program must also focus on assisting youth to maintain educational involvement.

Length of Service

Staff/Client Ratio

Staffing Requirement

Services

Consumer Needs

Consumer Outcome

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Youth Outpatient**

Level of Care Level 2 - Non Residential

Updated:09/29/2000

Behavioral Area Substance Abuse -Youth

Persons Admitted to this service must be medically and psychiatrically stable.

Description

Outpatient therapy is a specialized substance abuse program for youth experiencing a substance abuse problem that causes moderate and/or acute disruptions in the youth's life. Outpatient programs provide individual, family, and group treatment services, generally on a regularly scheduled basis. The outpatient program provides to each youth served the appropriate assessment and/or diagnosis of the substance abuse problem, as well as effective treatment to change behaviors in order to attain and maintain a substance abuse free lifestyle. Programs may include collateral or adjunctive services. Adjunctive services are designed to link and coordinate other services necessary for the youth, in order to achieve successful outcomes. These services may include information gathering and reporting, coordination of services, referral facilitation, and related activities to assure coordination between programs.

Length of Service

Staff/Client Ratio

Staffing Requirement

Services

Consumer Needs

Consumer Outcome

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Youth Outpatient Services**

Level of Care Non-Residential

Updated:09/21/2000

Behavioral Area Substance Abuse -Youth

Persons Admitted to this service must be medically and psychiatrically stable.

Description

Includes a range of counseling and educational approaches to be used for youth with substance abuse problems and their families. The most commonly used type of service is referred to as substance abuse counseling and involves individual, group and family counseling. The primary emphasis is on substance abuse but related psychiatric, emotional and social issues are also addressed. Outpatient services may also include educational or didactic services to learn about abuse and its consequences in non-threatening settings. Services may also include "intensive outpatient services", structured programs involving the youth for 9 to 20 hours per week. Regular drug testing is often part of outpatient services.

Length of Service

Staff/Client Ratio

Staffing Requirement

Services

Consumer Needs

Consumer Outcome

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Youth Partial Care**

Level of Care Level 2 - Non Residential

Updated:09/29/2000

Behavioral Area Substance Abuse -Youth

Persons Admitted to this service must be medically and psychiatrically stable.

Description

Partial Care Programs provide group-focused, non-residential services for substance abusing youth who require a more restrictive treatment environment than that provided by outpatient counseling, but do not require a residential program. Activities of this program must focus on aiding youth and their families in recognizing their substance abuse problems, and assisting youth to develop knowledge and skills necessary for making lifestyle changes necessary to maintain a life free from substance abuse. Partial care staff will work cooperatively with the schools to support successful educational performance by the youth, documenting that educational services have been maintained while in care. Adequate professional structure to prevent immediate relapse must be provided. Partial care would average, at the minimum, 30 hours per week of structured activities and may include individual, family and group counseling services.

Length of Service

Staff/Client Ratio

Staffing Requirement

Services

Consumer Needs

Consumer Outcome

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Youth Therapeutic Community**

Level of Care Residential - Transitional

Updated:09/29/2000

Behavioral Area Substance Abuse -Youth

Persons Admitted to this service must be medically and psychiatrically stable.

Description

Therapeutic Community programs provide long term comprehensive residential treatment for substance abusing youth for whom shorter term treatment is inappropriate, either because of the pervasiveness of the impact of substance abuse on the youth's life or because of a history of repeated short term or less restrictive treatment experiences. These programs provide psychosocial skill building through a long term, highly structured set of peer oriented treatment which define progress toward individual change and rehabilitation. Activities are developmentally appropriate for youth, and incorporate a series of defined phases. The program is staffed on a 24 hour basis, and has access to on call medical personnel. Youth educational needs may be met on site.

Length of Service

Staff/Client Ratio

Staffing Requirement

Services

Consumer Needs

Consumer Outcome

Nebraska Behavioral Health System

Service Definitions

Regional Center Services

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Acute Psychiatric Inpatient Program**

Level of Care Residential - Secure

Updated:10/19/2000

Behavioral Area Regional Center Service

Description

The desired outcomes for the Emergency Psychiatric Inpatient program are (1) to establish an accurate diagnosis, (2) to reduce, stabilize, or manage the consumer's psychiatric symptoms, and (3) facilitate discharge or transfer to the least restrictive legally feasible program as soon as possible. Individuals served in this program are experiencing debilitating psychiatric symptoms which cannot be alleviated through a less restrictive program, and are assessed to be mentally ill and dangerous. The Emergency Psychiatric Inpatient Program is a medically necessary and intensive, psychiatric, facility-based program. The program includes an assessment of individual needs, initiates intensive psychiatric care, and provides other related services to support the consumer. The program provides a structured environment; close supervision; active therapeutic management including medication services; and the availability of 24-hour medical consultation seven days per week. The anticipated average length of stay is less than eight (8) days.

Length of Service

Staff/Client Ratio

Staffing Requirement

Services

Consumer Needs

Consumer Outcome

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Secure Residential**

Level of Care Residential - Secure

Updated:03/10/1998

Behavioral Area Regional Center Service

Description

The Secure Residential program is designed to serve persons with a high risk for harm to self or others. Secure Residential programs are locked facilities designed to provide a safe environment in which to contain harmful consumer behavior. The desired outcome of the Secure Residential program are to: (1) Stabilize the consumer's acute symptoms (MH and /or SA); (2) engage the individual to participate in a program treatment, rehabilitation, and recovery; and (3) transition the individual to as least restrictive a level of care as is clinically feasible, as rapidly as possible. The individuals served in this program generally present more pervasive and severe problems in such areas as behavior, vocational adjustment, social adjustment, interpersonal relationships, self-care, etc. Secure Residential programs are medically necessary, intensive, and highly structured programs. They provide assessment and treatment (MH and SA), behavior management, psychosocial skill-building, education, and coping skills for relapse prevention. Programming should include: individual/group counseling, vocational, social skill building, nutrition, daily living skills, etc. Secure Residential programs shall have the capacity to meet the medical needs of the clients served.

Assessments must address the individual's strengths and needs in both the Mental Health and Substance Abuse domains, and must include the participation of individuals who are dually credentialed (LMHP/CADAC). All individual service plans are developed by an interdisciplinary team which includes the consumer, a psychiatrist licensed by the Department of Health and Human Services, a registered nurse, the consumer's primary therapist, a department certified Alcohol/Drug Abuse counselor, and other appropriate program staff.

Length of Service 3 to 12 months

Staff/Client Ratio 1:4

Staffing Requirement

The Program must be staffed consistent with the applicable certification requirements (204 NAC 003.02). In addition, the following disciplines must be represented in staffing ratios: Psychiatrist, MH/SA counselor, psychiatrist nurse, case manager (MSW), recreational therapist, technicians. MH/SA counselors must be dually credentialed (LMHP ?CADAC). Consultation by professionals licensed/certified by the Department of Health and Human Services, on general medical, psychopharmacology, and psychological issues, as well as overall program design issues, shall be available and used as needed by staff and/or consumers.

Services

Secure Residential facilities are staffed 24hours per day Seven(7) day per week. Programming occurs primarily onsite seven days a week at a minimum of 42 hours per week (i.e. educational, vocational, social skill building, relapse prevention, nutrition, daily living skills, individual/group therapy, psychological testing and assessment, etc.), which must be provided by appropriately credentialed staff.

Consumer Needs

An individual with severe symptomatology (GAF 31-41), high risk of harm to self or others, 2 or more functional limitations in the areas of vocational/educational, social skills, or ADL's, high risk of relapse, high need for professional structure, requires daily to weekly treatment plan adjustment.

Consumer Outcome

Precipitating condition and relapse potential have been stabilized such that the condition can be managed with nor more than weekly treatment plan adjustment. Moderate to high symptomatology, moderate risk of harm to self or others, 2 or more functional limitations, high risk of relapse, moderate to high need for professional structure.

Behavioral Health Service Definitions

Office of Mental Health, Substance Abuse and Addiction

Service Name **Transitional Crisis Program**

Level of Care Emergency - Medical

Updated:10/19/2000

Behavioral Area Regional Center Service

Persons Admitted to this service must be medically and psychiatrically stable.

Description

Transitional Crisis Program - The Transitional Crisis Program is a facility-based residential program for people who have been assessed under an Emergency Psychiatric Program, but do not require hospitalization. The program provides a limited temporary residential placement with supervision before the consumer returns to the community. The program serves people who are medically and psychiatrically stable, have a voluntary legal status, are considered not to be a current threat to self and/or others. Due to the lack of adequate community-based support services and ongoing mental health care, they are at high risk for a psychiatric crisis and more restrictive care. The Emergency Psychiatric Transitional Crisis Program may also serve as a transitional residential service for consumers from a psychiatric inpatient program, if beds are available. The average length of service shall not exceed thirty (30) days.

Length of Service

Staff/Client Ratio

Staffing Requirement

Services

Consumer Needs

Consumer Outcome

