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52250-04

FUNCTIONAL FAMILY PRESERVATION PILOT CONTRACT

BETWEEN THE

**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES
AND**

OMNI BEHAVIORAL HEALTH

This contract is entered into by and between the Nebraska Department of Health and Human Services, **DIVISION OF CHILDREN AND FAMILY SERVICES** (hereinafter "DHHS"), and **Omni Behavioral Health, 5115 F Street, Omaha Nebraska 68117** (hereinafter "Contractor").

PURPOSE. The purpose of this contract is to provide Functional Family Preservation services for wards of the State of Nebraska and families of non court involved cases from the Southeast Service Area.

I. TERM AND TERMINATION

- A. TERM. This contract is in effect from April 17, 2012 until August 31, 2012.
- B. TERMINATION. This contract may be terminated at any time upon mutual written consent or by either party for any reason upon submission of written notice to the other party at least Thirty (30) days prior to the effective date of termination. DHHS may also terminate this contract in accord with the provisions designated "FUNDING AVAILABILITY" and "BREACH OF CONTRACT." In the event either party terminates this contract, the Contractor shall provide to DHHS all work in progress, work completed, and materials provided to it by DHHS in connection with this contract immediately.

II. CONSIDERATION

- A. TOTAL PAYMENT. DHHS shall pay the Contractor a total amount not to exceed **\$125,000.00** for the services specified herein.
- B. PAYMENT STRUCTURE. DHHS shall pay the Contractor **\$420.00 per case per week** for a maximum of 15 weeks. Payment will only be made for weeks when the Contractor is actively providing services for the family.
- C. PROMPT PAYMENT AND DISCOUNT.
 - 1. Payment shall be made in compliance with the Nebraska Prompt Payment Act, NEB. REV. STAT. §81-2401 through 81-2408 with a discount for early payment as provided in this section. Unless otherwise provided herein, payment shall be made by electronic means.

2. DHHS shall be entitled to a two percent (2%) discount of the amount requested in a bill if payment for delivered and accepted goods and/or services is made within ten (10) days after receipt of the bill.
3. For purposes of determining whether payment was made in accordance with this section, payment by DHHS shall be considered to be made on the date the warrant or check for such payment was mailed or payment was otherwise transmitted.
4. Bill shall mean a proper billing, invoice, report or other written document which requests a payment and which is supplemented by all necessary verification and forms required to process payments pursuant to this contract and agency regulations.
5. The ten (10) day discount period will be computed from the date of receipt of a properly executed bill or the date of completion of delivery of all goods and services in a satisfactory condition, whichever is later. When the last day of the discount period falls on a Saturday, Sunday, or legal state holiday, payment may be made on the following business day.

D. Automated Clearing House (ACH) Enrollment Form Requirements for Payment.

The vendor shall complete and sign the State of Nebraska ACH Enrollment Form and obtain the necessary information and signatures from their financial institution. The completed form must be submitted before payments to the vendor can be made.

Download ACH Form:

http://www.das.state.ne.us/accounting/nis/address_book_info.htm

III. SCOPE OF SERVICES

- A. The Contractor shall provide Functional Family Preservation services as described in the Omni Behavioral Health Functional Family Preservation Services Program Description included here as Attachment A.
- B. Performance Measures
 1. Children will remain safely in their home while actively receiving Functional Family Preservation services in 95% of the cases.
 2. Children will remain safely in their homes for 90 days after cessation of active Functional Family Preservation services in 95% of the cases.

IV. GENERAL PROVISIONS

A. ACCESS TO RECORDS AND AUDIT RESPONSIBILITIES.

1. All Contractor books, records, and documents regardless of physical form, including data maintained in computer files or on magnetic, optical or other media, relating to work performed or monies received under this contract shall be subject to audit at any reasonable time upon the provision of reasonable notice by DHHS. Contractor shall maintain all records for five (5) years from the date of final payment, except that records that fall under the provisions of Health Insurance Portability and Accountability Act (HIPAA) shall be maintained for six (6) full years from the date of

final payment. In addition to the foregoing retention periods, all records shall be maintained until all issues related to an audit, litigation or other action are resolved to the satisfaction of DHHS. All records shall be maintained in accordance with generally accepted business practices.

2. The Contractor shall provide DHHS any and all written communications received by the Contractor from an auditor related to Contractor's internal control over financial reporting requirements and communication with those charged with governance including those in compliance with or related to Statement of Auditing Standards (SAS) 112 *Communicating Internal Control related Matters Identified in an Audit* and SAS 114 *The Auditor's Communication with Those Charged With Governance*. The Contractor agrees to provide DHHS with a copy of all such written communications immediately upon receipt or instruct any auditor it employs to deliver copies of such written communications to DHHS at the same time copies are delivered to the Contractor, in which case the Contractor agrees to verify that DHHS has received a copy.
3. The Contractor shall immediately correct any material weakness or condition reported to DHHS in the course of an audit and notify DHHS that the corrections have been made.
4. In addition to, and in no way in limitation of any obligation in this contract, the Contractor shall be liable for audit exceptions, and shall return to DHHS all payments made under this contract for which an exception has been taken or which has been disallowed because of such an exception, upon demand from DHHS.
5. The above provisions shall survive termination of the contract.

B. AMENDMENT. This contract may be modified only by written amendment, executed by both parties. No alteration or variation of the terms and conditions of this contract shall be valid unless made in writing and signed by the parties.

C. ANTI-DISCRIMINATION. The Contractor shall comply with all applicable local, state and federal statutes and regulations regarding civil rights and equal opportunity employment, including Title VI of the Civil Rights Act of 1964; the Rehabilitation Act of 1973, Public Law 93-112; the Americans With Disabilities Act of 1990, Public Law 101-336; and the Nebraska Fair Employment Practice Act, NEB. REV. STAT. §§ 48-1101 to 48-1125. Violation of said statutes and regulations will constitute a material breach of contract. The Contractor shall insert this provision in all subcontracts.

D. ASSIGNMENT. The Contractor shall not assign or transfer any interest, rights, or duties under this contract to any person, firm, or corporation without prior written consent of DHHS. In the absence of such written consent, any assignment or attempt to assign shall constitute a breach of this contract.

- E. ASSURANCE. If DHHS, in good faith, has reason to believe that the Contractor does not intend to, is unable to, or has refused to perform or continue to perform all material obligations under this contract, DHHS may demand in writing that the Contractor give a written assurance of intent to perform. Failure by the Contractor to provide written assurance within the number of days specified in the demand may, at DHHS's option, be the basis for terminating this contract.
- F. BREACH OF CONTRACT. DHHS may terminate the contract, in whole or in part, if the Contractor fails to perform its obligations under the contract in a timely and proper manner. DHHS may, by providing a written notice of default to the Contractor, allow the Contractor to cure a failure or breach of contract within a period of thirty (30) days or longer at DHHS's discretion considering the gravity and nature of the default. Said notice shall be delivered by Certified Mail, Return Receipt Requested or in person with proof of delivery. Allowing the Contractor time to cure a failure or breach of contract does not waive DHHS's right to immediately terminate the contract for the same or different contract breach which may occur at a different time. DHHS may, at its discretion, contract for any services required to complete this contract and hold the Contractor liable for any excess cost caused by Contractor's default. This provision shall not preclude the pursuit of other remedies for breach of contract as allowed by law.
- G. CONFIDENTIALITY. Any and all information gathered in the performance of this contract, either independently or through DHHS, shall be held in the strictest confidence and shall be released to no one other than DHHS without the prior written authorization of DHHS, provided, that contrary contract provisions set forth herein shall be deemed to be authorized exceptions to this general confidentiality provision. This provision shall survive termination of this contract.
- H. CONFLICTS OF INTEREST. In the performance of this contract, the Contractor shall avoid all conflicts of interest and all appearances of conflicts of interest. The Contractor shall immediately notify DHHS of any such instances encountered so that other arrangements can be made to complete the work.
- I. DATA OWNERSHIP AND COPYRIGHT. All data collected as a result of this project shall be the property of DHHS. The Contractor shall not copyright any of the copyrightable material produced in conjunction with the performance required under this contract without written consent from DHHS. DHHS hereby reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use, and to authorize others to use the copyrightable material for state government purposes. This provision shall survive termination of this contract.
- J. DEBARMENT, SUSPENSION OR DECLARED INELIGIBLE. The Contractor certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

- K. DOCUMENTS INCORPORATED BY REFERENCE. All references in this contract to laws, rules, regulations, guidelines, directives, and attachments which set forth standards and procedures to be followed by the Contractor in discharging its obligations under this contract shall be deemed incorporated by reference and made a part of this contract with the same force and effect as if set forth in full text, herein.
- L. DRUG-FREE WORKPLACE. Contractor certifies that it maintains a drug-free workplace environment to ensure worker safety and workplace integrity. Contractor shall provide a copy of its drug-free workplace policy at any time upon request by DHHS.
- M. FEDERAL FINANCIAL ASSISTANCE. The Contractor will comply with all applicable provisions of 45 C.F.R. §§ 87.1-87.2. The Contractor shall not use direct federal financial assistance to engage in inherently religious activities, such as worship, religious instruction, and/or proselytization.
- N. FORCE MAJEURE. Neither party shall be liable for any costs or damages resulting from its inability to perform any of its obligations under this contract due to a natural disaster, or other similar event outside the control and not the fault of the affected party ("Force Majeure Event"). A Force Majeure Event shall not constitute a breach of this contract. The party so affected shall immediately give notice to the other party of the Force Majeure Event. Upon such notice, all obligations of the affected party under this contract which are reasonably related to the Force Majeure Event shall be suspended, and the affected party shall do everything reasonably necessary to resume performance as soon as possible. Labor disputes with the impacted party's own employees will not be considered a Force Majeure Event and will not suspend performance requirements under this contract.
- O. FUNDING AVAILABILITY. DHHS may terminate the contract, in whole or in part, in the event funding is no longer available. Should funds not be appropriated, DHHS may terminate the contract with respect to those payments for the fiscal years for which such funds are not appropriated. DHHS shall give the Contractor written notice thirty (30) days prior to the effective date of any termination. The Contractor shall be entitled to receive just and equitable compensation for any authorized work which has been satisfactorily completed as of the termination date. In no event shall the Contractor be paid for a loss of anticipated profit.
- P. GOVERNING LAW. The contract shall be governed in all respects by the laws and statutes of the State of Nebraska. Any legal proceedings against DHHS or the State of Nebraska regarding this contract shall be brought in Nebraska administrative or judicial forums as defined by Nebraska State law. The Contractor shall comply with all Nebraska statutory and regulatory law.
- Q. HOLD HARMLESS.
1. The Contractor shall defend, indemnify, hold, and save harmless the State of Nebraska and its employees, volunteers, agents, and its elected and appointed

officials ("the indemnified parties") from and against any and all claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and expenses ("the claims"), sustained or asserted against the State of Nebraska, arising out of, resulting from, or attributable to the willful misconduct, negligence, error, or omission of the Contractor, its employees, subcontractors, consultants, representatives, and agents, except to the extent such Contractor liability is attenuated by any action of the State of Nebraska which directly and proximately contributed to the claims.

2. DHHS's liability is limited to the extent provided by the Nebraska Tort Claims Act, the Nebraska Contract Claims Act, the Nebraska Miscellaneous Claims Act, and any other applicable provisions of law. DHHS does not assume liability for the action of its Contractors.

3. The above provisions shall survive termination of the contract.

R. INDEPENDENT CONTRACTOR. The Contractor is an Independent Contractor and neither it nor any of its employees shall for any purpose be deemed employees of DHHS. The Contractor shall employ and direct such personnel as it requires to perform its obligations under this contract, exercise full authority over its personnel, and comply with all workers' compensation, employer's liability and other federal, state, county, and municipal laws, ordinances, rules and regulations required of an employer providing services as contemplated by this contract.

S. INVOICES: Invoices for payments submitted by the Contractor shall contain sufficient detail to support payment. Any terms and conditions included in the Contractor's invoice shall be deemed to be solely for the convenience of the parties.

T. INTEGRATION. This written contract represents the entire agreement between the parties, and any prior or contemporaneous representations, promises, or statements by the parties, that are not incorporated herein, shall not serve to vary or contradict the terms set forth in this contract.

U. LOBBYING.

1. No Federal appropriated funds shall be paid, by or on behalf of the Contractor, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this contract or (a) the awarding of any Federal agreement; (b) the making of any Federal grant; (c) the entering into of any cooperative agreement; and (d) the extension, continuation, renewal, amendment, or modification of any Federal agreement, grant, loan, or cooperative agreement.

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any

agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this contract, the Contractor shall complete and submit Federal Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

- V. NEBRASKA NONRESIDENT INCOME TAX WITHHOLDING. Contractor acknowledges that Nebraska law requires DHHS to withhold Nebraska income tax if payments for personal services are made in excess of six hundred dollars (\$600) to any contractor who is not domiciled in Nebraska or has not maintained a permanent place of business or residence in Nebraska for a period of at least six months. This provision applies to individuals, to a corporation if 80% or more of the voting stock of the corporation is held by the shareholders who are performing personal services, and to a partnership or limited liability company if 80% or more of the capital interest or profits interest of the partnership or limited liability company is held by the partners or members who are performing personal services.

The parties agree, when applicable, to properly complete the Nebraska Department of Revenue Nebraska Withholding Certificate for Nonresident Individuals Form W-4NA or its successor. The form is available at:

http://www.revenue.ne.gov/tax/current/f_w-4na.pdf or
http://www.revenue.ne.gov/tax/current/fill-in/f_w-4na.pdf

- W. NEBRASKA TECHNOLOGY ACCESS STANDARDS.

The Contractor shall review the Nebraska Technology Access Standards, found at <http://www.nitc.state.ne.us/standards/accessibility/tacfinal.html> and ensure that products and/or services provided under the Contract comply with the applicable standards. In the event such standards change during the Contractor's performance, the State may create an amendment to the Contract to request that Contract comply with the changed standard at a cost mutually acceptable to the parties.

- X. NEW EMPLOYEE WORK ELIGIBILITY STATUS. The Contractor shall use a federal immigration verification system to determine the work eligibility status of new employees physically performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. § 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of a newly hired employee.

If the Contractor is an individual or sole proprietorship, the following applies:

1. The Contractor must complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at www.das.state.ne.us.

2. If the Contractor indicates on such attestation form that he or she is a qualified alien, the Contractor agrees to provide the US Citizenship and Immigration Services documentation required to verify the Contractor's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.
3. The Contractor understands and agrees that lawful presence in the United States is required and the Contractor may be disqualified or the contract terminated if such lawful presence cannot be verified as required by NEB. REV. STAT. § 4-108.

Y. PUBLIC COUNSEL. In the event Contractor provides health and human services to individuals on behalf of DHHS under the terms of this contract, Contractor shall submit to the jurisdiction of the Public Counsel under NEB. REV. STAT. §§ 81-8,240 through 81-8,254 with respect to the provision of services under this contract. This provision shall not apply to contracts between DHHS and long-term care facilities subject to the jurisdiction of the state long-term care ombudsman pursuant to the Long-Term Care Ombudsman Act. This provision shall survive termination of the contract.

Z. RESEARCH. The Contractor shall not engage in research utilizing the information obtained through the performance of this contract without the express written consent of DHHS. The term "research" shall mean the investigation, analysis, or review of information, other than aggregate statistical information, which is used for purposes unconnected with this contract. This provision shall survive termination of the contract.

AA. SEVERABILITY. If any term or condition of this contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and conditions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if this contract did not contain the particular provision held to be invalid.

BB. SUBCONTRACTORS. The Contractor shall not subcontract any portion of this contract without prior written consent of DHHS. The Contractor shall ensure that all subcontractors comply with all requirements of this contract and applicable federal, state, county and municipal laws, ordinances, rules and regulations.

CC. TIME IS OF THE ESSENCE. Time is of the essence in this contract. The acceptance of late performance with or without objection or reservation by DHHS shall not waive any rights of DHHS nor constitute a waiver of the requirement of timely performance of any obligations on the part of the Contractor remaining to be performed.

NOTICES. Notices shall be in writing and shall be effective upon receipt. Written notices, including all reports and other written communications required by this contract shall be sent to the following addresses:

FOR DHHS:

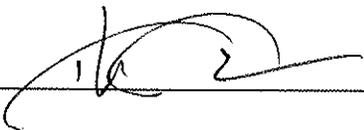
Sara Goscha
DHHS
P.O. Box 95026
Lincoln Nebraska 68509

FOR CONTRACTOR:

OMNI Behavioral Health
Attn: Kris Teris
5715 F St.
Omaha NE 68117

IN WITNESS THEREOF, the parties have duly executed this contract hereto, and each party acknowledges the receipt of a duly executed copy of this contract with original signatures.

FOR DHHS:



Thomas D. Pristow, Director
Division of Children and Family Services
Department of Health and Human Services

FOR CONTRACTOR:



COO

Title

DATE: 20 April 12

DATE: 4/24/12

**OMNI Behavioral Health
Functional Family Preservation (FFP) Services
Program Description**

<u>Mission Statement:</u>	Recognizing the importance of cooperation for improving the living conditions of children in every community. OMNI will promote those activities which enhance personal autonomy while promoting the spirit of the global community
<u>Service Definition:</u>	The overriding goals of FFP service are to eliminate or greatly reduce the frequency of the youth's referral behavior, empower parents with the skills and resources needed to independently address the inevitable difficulties that arise in raising children and adolescents and to empower youth to cope with family, peer, school, and neighborhood problems.
<u>Accreditation:</u>	The Joint Commission (JCAHO)
<u>Client/Population Served:</u>	Youth and families of all ages; all mental health/substance abuse issues served; all youth and family members are included in the treatment process. Specific emphasis on delinquent youth and families.
<u>Appropriate referrals:</u>	<ul style="list-style-type: none">-Reunification of youth/children back into the home (after short or extended shelter, foster care, ThGH, PRTF, or group-home stay)-Prevention of placement disruption due to youth behaviors or parenting deficiencies-Truancy or delinquent behavior-Difficulty managing mental health symptoms of youth or adults in the home-Poor use of community resources or difficulty accessing community resources for ongoing family success
<u>Service Hours:</u>	24/7
<u>Service Model:</u>	Functional Family Therapy (FFT), Functional Family Case Management, Homebuilder's Model, and CBT
<u>Service Setting:</u>	Home, school, community (all settings in which the family/youth require interventions)
<u>Length of service:</u>	15 weeks
<u>Cost:</u>	\$6,300 for 15 weeks duration or \$420/per week. Price includes direct client care from a therapist and interventionist, assessment costs, along with all clinical supervision and administrative costs. This does not include clothing or family supplies. However, OMNI will provide reinforcements for behavior modification and/or supplies need to build rapport or therapeutic alliance. 24/7 in home line of sight safety services and parenting time outside of necessary observations in order to provide treatment assessment and recommendations are not part of the OMNI FFP model.

Service Timelines:

Weeks 1-3: evaluation, risk management plan implemented and baseline of family needs/services identified through use of assessments and clinical observation, development of individualized treatment plan

Weeks 4-10: implementation of individualized treatment plan, skills training, intense interventions, engage community resources

Weeks 11-15: including refreshers, developing community supports, or remaining individual clinical issues.

Reports:

Initial Report-21 days (includes Bio-Psychosocial assessment, assessment results and interpretations, detailed individualized treatment plan and anticipated interventions, skill deficits, collateral contacts, substance abuse assessment, family observations, risks/safety concerns, obstacles to change, commitment to change, baseline functioning data, family strengths and weaknesses)

Final Report-10 weeks (includes outcome data, re-assessment results and interpretations, progress towards individualized goals, treatment interventions used, family participation, suitable community resources, ongoing family needs)

Aftercare Report/Plan-15 weeks (brief review of generalization of skills/interventions taught during the FFP process, ongoing needs, discharge information)

**Reports are outcome and assessment driven, with a strong therapeutic component and oversight

Assessments Used:

Behavioral history review, clinical observations, Parenting self-efficacy scale, North Carolina Assessment Scale, Peabody Treatment Progress Battery (includes several assessments), Adult-Adolescent Parenting Inventory, Satisfaction with Life Scale and Caregiver Strain

**A total of 19 assessments and assessment methods used to track initial baseline, treatment changes, and outcomes.

Staffing:

Director (LMHP, LIMHP, LCSW, LISCW or licensed psychologist)-Clinical Director
Psychologist (Ph.D or M.D.)-Supervising Practitioner

Nursing (APRN, RN)

Therapist (PLMHP, LMHP, LIMHP, LCSW, LISCW)

Specialist/Interventionists (BA, BS in psychology, sociology, or a related human service field)

Clinical Director Responsibilities:

1. Hold a current Nebraska license (LIMHP, LMHP, LCSW, LISCW, or licensed psychologist), working within the scope of his/her practice to provide clinical supervision, consultation, and support to staff and the individuals they serve.
2. Provide new clinical information and best practices into the program to assure effective interventions and practices.
3. Assure quality organization and management of clinical records, and other program documentation.
4. Manage therapists via their supervisor to provide direction to the program.
5. Monitor and manage program budget.

Supervising Practitioner Responsibilities:

1. Hold a current Nebraska license (Ph.D. or M.D.), and work within the scope of his/her practice to provide oversight of the program and clinical consultation.
2. The supervising practitioner will be available in person, by telephone, or telehealth to provide assistance and direction to the program as needed.
3. Depending on presentation of issues, a face-to-face meeting with the client may be needed if determined by the team.

Nursing Responsibilities:

1. Hold a current Nebraska nursing license (RN, APRN), and work within the scope of his/her practice.
2. Provide oversight and clinical recommendations regarding medication considerations within scope of practice.
3. Review health/nutrition screens completed by the FFP team and the family on each identified client to assist in identifying medical issues.

Therapist Responsibilities:

1. Hold a current Nebraska license (PLMHP, LMHP, LIMHP, LCSW, LISCW), and work within the scope of their practice.
2. Conduct in-depth interviews with potential client/family using standardized techniques and instruments in order to assess each family. Utilize evidence based practices when possible.
3. Obtain necessary and pertinent information about potential client/family from various agencies/individuals (including Lead agencies, Department of Health and Human Services, Child Protective Services, court system, attorneys, physicians, school system, etc.).
4. Provide clinical evaluation, assessment, and treatment services for the client/family.
 - a. Complete a evaluation of the client/family through an interview in conjunction with the specialist.
 - b. Develop a formulation of the client/family problem by analysis of data collected in the clinical assessment and conceptualization of that data based on clinical theory of personality and psychopathology.
 - c. Assess the need for additional, formal, psychological or psychiatric evaluations and coordinate their completion. Conduct ongoing assessment of client strengths and needs, which will include assessment tools implemented.
 - d. Develop and implement an individualized initial report based on the above evaluations and formulations within 21 days of admission. The initial report should include assessments, intervention strategies, staff responsible, duration of treatment, as well as measurable goals for intervention. The amount of various services provided must meet developed criteria.
 - e. Develop and maintain a clinical record for each client/family indicating presenting problem, evaluations, formulation and recommendations for intervention, projected duration of treatment and progress during treatment, as well as termination summary (including recommendations, after care plan), as appropriate and within a timely manner.
 - f. Administer and interpret identified assessments. Supervise administration of assessments done by Interventionist.
 - g. Maintain progress notes for each session weekly.
 - h. Obtain information regarding a health/nutrition screen that are reviewed by an RN and nutritionist (if recommended).

- i. When deemed necessary during ongoing treatment, secure psychological and psychiatric consultation to assist in the treatment of client/family.
 - j. To work under the supervision of the Director and Supervisor or designee with difficult or complex cases.
5. Teach various skills to client/family such as:
 - a. Parenting skills (using commonly acceptable techniques such as behavior management, management of emotions, stressors).
 - b. General home management skills.
 - c. Recreation/leisure time usage.
 - d. Transportation/mobility skills.
 - e. Substance abuse signs/symptoms.
 - f. Relapse prevention/Recovery. This does not include emergency detoxification.
 - g. Comply with "Therapeutic Practices" policy for specific therapeutic interventions acceptable for use. Utilize approaches congruent with FFT and CBT interventions.
 6. Coordinate and teach client/family in the development of and use of "helping networks" (human service agencies, family, neighbors, church, etc.) to solve common problems of rearing a family.
 7. Coordinate and collaborate with dietician, psychologist, psychiatrist, Interventionist, nurse, and/or medical personnel when necessary.
 8. Participate in and provide input for treatment team meetings regarding client/family.
 9. Provide supervision of and requisite training for the Interventionists/Specialist if applicable.
 10. Provide educational contacts about intensive home-based services to pertinent agencies/individuals.
 11. Advocate for family with pertinent agencies/individuals such that family is able to remain intact.
 12. Coordinate the overall operation of each family.
 13. Attend or coordinate Interventionist's attendance to court dates and all important meetings related to the family (i.e. IEP's, team meetings, school disciplinary meetings, etc.).
 14. Provide/Coordinate weekly communication to team members (through written reports, e-mail updates, phone calls, face-to-face meetings, etc.).
 15. Follow all agency policies, procedures, and regulations.
 16. Attend ongoing trainings necessary to maintain licensure and specialty.
 17. Participate in weekly, treatment team supervision sessions to review clients with the FFP Director, supervisor, and/or supervising practitioner, to discuss treatment strategies, and client progress. Supervision time is generally no less than 1-2 hours per week.
 18. To complete administrative tasks as appropriate.
 - a. Attend scheduled meetings.
 - b. Participate in selected in-service training sessions within and outside the agency.
 - c. Maintain daily record of time and service activities by way of event records and/or session notes.
 - d. Participate in quality assurance program and program evaluation activities as appropriate.

Specialist/Interventionist Responsibilities:

1. Hold a BS degree or higher in psychology, sociology, or a related human service field. Demonstrate skills and competencies in treatment of individuals with mental health diagnoses.
2. Provide social skills training (implementation, role-play, and practice skills).
3. Introduce recreational opportunities to assist in identifying social and physical outlets.
4. Monitor therapy goals (with supervision from team therapist) and interventions established by therapist and/or supervising practitioner.

5. Follow direction from team therapist in regards to appropriate interventions and skill development.
6. Maintain weekly communication with team members.
7. Attend court dates and all important meetings related to the family (i.e. IEP's, team meetings, school disciplinary meetings, etc.).
8. Assist with assessment administration and treatment implementation.
9. Participate in weekly, treatment team supervision sessions to review clients with the FFP Director, supervisor, team therapist, and/or supervising practitioner, to discuss treatment strategies, and client progress. Supervision time is generally no less than 1-2 hours per week.

Clinical Documentation/Session note Expectations:

Collateral contacts – this includes phone calls to NDHHS, guardian ad litem, community resources, staffings with supervisor. Note will record individuals present in each session. Goal-oriented recording methods identifying information, summary of case goals, plan from previous session, focused objectives this session, subjective data, objective evidence of overall progress, assessment, and plan for next session.

Session notes are forms used to record face-to-face contact (court, team meeting) with the client/family and contacts with case manager.

All documentation will follow the agency's written policy and procedures related to clinical records.

Referral Process:

Omaha: Call Megan Riebe at 397-9866 ext. 134.

Lincoln/greater Nebraska: Jamie Monfelt at 402-474-3322

You may make a referral for an emergency or non-emergency. OMNI FFP supervisor/therapists will help determine emergency criteria (assessment of emergency/risks). All non-emergency referrals will be contacted within 7 days. Emergency referral timeline will depend on family needs, request of referral source, and staff availability. OMNI will make every attempt to provide emergency referral response within 24 hours of the referral.