RESOLUTION AUTHORIZING CHAIRMAN TO SIGN AGREEMENT WITH CAPSTONE BEHAVIORAL HEALTH FOR EVALUATION, COUNSELING, MENTAL/BEHAVIORAL HEALTH SERVICES FOR JUVENILE DIVERSION SERVICES

WHEREAS, pursuant to Neb. Rev. Stat. §23-104(6), the County has the power to do all acts in relation to the concerns of the County necessary to the exercise of its corporate powers; and,

WHEREAS, pursuant to Neb. Rev. Stat. §23-103, the powers of the County as a body are exercised by the County Board; and,

WHEREAS, the County of Sarpy desires to enter into a contract with Capstone Behavioral Health ("Consultant") evaluation, counseling and mental/behavior health services for Juvenile Diversion Services, as described in the attached agreement; and,

WHEREAS, the Consultant has the required qualifications and experience to provide these services.

NOW, THEREFORE, BE IT RESOLVED by the Sarpy County Board of Commissioners that this Board hereby approves and adopts the agreement with Capstone Behavioral Health, a copy of which is attached.

BE IT FURTHER RESOLVED that the Chairman of this Board, together with the County Clerk is hereby authorized to sign on behalf of this Board the agreement with Capstone Behavioral Health, a copy of which is attached, and any other related documents, the same being approved by the Board.

The above resolution was approved by a vote of the Sarpy County Board of Commissioners at a public meeting duly held in accordance with applicable law on the 30th day of August, 2016.

Sarpy County Board Chairman

Sarpy County Clerk
Memo

To: Sarpy County Board of Commissioners
From: Beth Garber

Re: Juvenile Diversion Services Agreement with Capstone Behavioral Health

From time to time Juvenile Diversion Services seeks evaluations, counseling and mental/behavior health services for some of the Juvenile Diversion clients and families. Capstone Behavioral Health is on the Nebraska Administrative Office of Probation and provides such services. Compensation for services is listed within the agreement. All services under the agreement are paid for utilizing a grant from the Nebraska Crime Commission.

If you have any questions, please contact me at bgarber@sarpy.com.

August 25, 2016

Beth Garber

Cc: Deb Houghtaling
Mark Wayne
Scott Bovick
Brian Hanson
Jenn Thomas
Counseling Services Agreement

This Agreement is entered into by and between Sarpy County, Nebraska, a body politic and corporate (hereinafter “Sarpy”) and Capstone Behavioral Health, a company/sole proprietor (hereinafter “Consultant”). Collectively, Sarpy and Consultant are hereinafter sometimes referred to as a “Party” or the “Parties”.

Preliminary Statement

WHEREAS, Sarpy may retain independent Consultants to perform professional services to or for Sarpy or any department thereof; and,

WHEREAS, the Diversion Office of the County Attorney utilizes counseling, mental health and substance abuse treatment programs in order to reduce incarceration and recidivism among individuals accepted into the Diversion Program; and,

WHEREAS, Sarpy desires to obtain evaluation, counseling, and mental/behavioral health services for some of its juvenile Diversion Office clients and families who are struggling with family, behavioral or emotional problems; and,

WHEREAS, The Nebraska Administrative Office of Probation maintains a list of Registered Service Providers for said services; and,

WHEREAS, Consultant is currently a Registered Service Provider with the Nebraska Administrative Office of Probation for said services; and,

WHEREAS, Consultant represents that it is qualified to perform said evaluation, counseling, and mental/behavioral health services for juveniles and families and desires to so perform pursuant to the terms and provisions of this Agreement and the applicable Nebraska Administrative Office of Probation guidelines attached as Exhibit A. In the event that there is a conflict in procedure between this Agreement and Exhibit A, this Agreement shall take priority.

NOW, THEREFORE, in consideration of, and based upon the foregoing Preliminary Statement and the mutual promises and agreements set forth below, the receipt and adequacy of which are hereby acknowledged, the Parties hereto agree as follows:

Scope of Services

1. A Sarpy Diversion Officer will refer juveniles or families to Consultant for one or more of the Services listed in paragraph 4. Upon receipt of the referral, Consultant shall seek out collateral information from the assigned Diversion Officer regarding the reason for referral, perform an evaluation, and determine a treatment plan. Consultant shall have written authorization from a Diversion Officer prior to providing any treatment.

2. With a signed release of information to Sarpy, Consultant shall provide Sarpy with a copy of the evaluation, treatment plan outlining the services to be provided, and progress notes.
3. The Diversion Officer may authorize up to eight (8) outpatient treatment sessions for the juvenile or family. Consultant may be allowed to provide additional outpatient treatment sessions following the written approval from Jennifer Thomas, Assistant Director of Diversion, Carisa Gosda, Diversion Supervisor or Jean Brazda, Diversion Director.

4. Consultant may provide the following evaluation, counseling, and mental/behavioral health services, (hereinafter “Services”) to those juveniles or families referred to Consultant including:
   a. Outpatient counseling services for mental health and substance abuse;
   b. Outpatient intensive counseling services for mental health and substance abuse;
   c. Substance abuse evaluations,
   d. Co-occurring evaluations;
   e. Psychiatric evaluations;
   f. Psychiatric interview;
   g. Psychological evaluations including any testing; and
   h. Risk evaluations for juveniles who sexually harm.

Payment:

5. Sarpy shall only be responsible for payment pursuant to the terms of this Agreement.
   a. Consultant shall keep track of the dates and times of the Services and submit an invoice to Jennifer Thomas, Assistant Director. Invoices shall be submitted no more frequently than every two (2) weeks. All invoices for the month are required to be submitted no later than the 5th of the following month. Invoices shall be due and payable within thirty (30) days of receipt. If Sarpy objects to all or any portion of an invoice, Sarpy shall so notify Consultant within fourteen (14) calendar days of the invoice date, identify the cause of disagreement, and pay when due that portion of the invoice, if any, not in dispute. The remainder may be paid upon resolution of the dispute.
   b. Sarpy shall only be responsible for payment of Services not covered by participants’ insurance. It shall be the responsibility of the Consultant to request insurance information from the participant.
   c. In no event will invoices be submitted more than 90 days after service is provided.
   d. Sarpy funds this Agreement with a grant from the Nebraska Crime Commission. The grant funding ends June 30, 2017. All invoices are required to be submitted no later than July 5, 2017; or, in the event of a renewal period, invoices are to be submitted no later than the July 5th immediately following the end of the renewal term.
   e. Compensation for Services shall not exceed the following amounts and shall be invoiced as follows:
      i. Substance abuse services:
         1. Evaluation, $190 per evaluation.
         2. Outpatient counseling, $88 per session.
         3. Intensive outpatient counseling, $27 per hour.
      ii. Co-occurring evaluation, $313 per evaluation.
      iii. Psychiatric evaluation, $324 per evaluation.
iv. Psychiatric interview, $127
v. Psychological evaluation, $750 per evaluation; $90 for any additional testing.
vi. Risk evaluation for juvenile who sexually harms, $1,000 per evaluation.
vii. Outpatient counseling, $88 per session.

General Terms and Conditions

6. Independent Contractor Status. Consultant and Consultant’s representatives, agents, or employees shall in the performance of this Agreement at all times be an independent contractor and not an employee or agent of Sarpy. Further, it is agreed that nothing contained herein is intended or should be construed in any manner as creating or establishing a partnership or joint venture between the Parties.

7. Term and Termination. The term of this Agreement shall be from July 1, 2016 to June 30, 2017. This Agreement may be terminated by either Party at any time, without cause, with thirty (30) days written notice to the other Party. If the Agreement is terminated then Sarpy shall only be responsible for payment pursuant to the terms of this Agreement which are rendered prior to the effective date of the termination.

8. Automatic Renewal Period. This Agreement will automatically renew for one (1) year periods under the same terms and conditions unless a Party gives written notice to the other Party that the Agreement is terminated.

9. Licensing and Permitting. If Consultant or any of its agents is required to maintain a license, or to maintain in force and effect any permits issued by any governmental or quasi-governmental entity in order to perform the Services which are the subject of this Agreement, then prior to the effective date of this Agreement, and as a condition precedent to its taking effect, Consultant shall provide to Sarpy a copy of its current license and permits required to operate in the State of Nebraska, which license and permits shall be in good standing and shall not be subject to any current action to revoke or suspend, and shall remain so throughout the term of this Agreement.

Consultant shall notify Sarpy immediately in the event of suspension, revocation or any change in status (or in the event of initiation of any action to accomplish such suspension, revocation and /or change in status) of license or certification held by Consultant or its agents.

Consultant shall provide Registered Service Provider documentation from the Nebraska Administrative Office of Probation prior to the effective date of this agreement. Consultant shall notify Sarpy immediately of any change of status of being a Registered Service Provider with the Nebraska Administrative Office of Probation.

10. Indemnification. Each Party agrees to defend, indemnify and hold harmless the
other Party, (including its officers, agents and employees) from and against any and all claims, demands, liabilities and costs incurred by the indemnified Party, including reasonable attorney's fees, directly arising out of, or in connection with the indemnifying Party's performance of any service or any other act or omission by or under the direction of the indemnifying Party or its officers, agents, or employees.

11. **Insurance.** Consultant shall maintain insurance as listed below. The insurance coverage shall be kept in force during the life of the Agreement and if there is any event of cancellation or material change in any of the insurance coverage, the Consultant shall notify Sarpy within thirty (30) days. All insurance coverages herein required of the Consultant shall be written by an insurance company or companies transacting business as an admitted insurer in the State of Nebraska or under the Nebraska Surplus Lines Insurance Act. All insurance companies must possess a minimum A.M. Best Insurance Company rating of A-.

Consultant shall furnish evidence that the insurance company or companies being used by the Consultant meet the minimum requirements listed in this section. Consultant shall require each and every subcontractor, agent, or employee performing under this Agreement to be covered by Consultant's insurance policies or maintain the same coverages required of Consultant. Consultant shall furnish proof of insurance coverage upon the signing of this Agreement.

a. Professional liability insurance with a minimum coverage of $1,000,000 per occurrence, and $1,000,000 aggregate.

b. Automobile liability insurance with coverage for damages resulting from bodily injury, including death and property damage, which may arise from the operations of any owned, hired or non-owned automobile. The minimum acceptable limit of liability shall be $1,000,000 Combined Single Limit for each accident. Sarpy is to be named as an additional insured on the insurance coverage required under this section.

c. Workers' Compensation and Employers Liability Insurance. The minimal acceptable limits shall be the statutory limits as required by the State of Nebraska for Coverage A, Workers' Compensation and $500,000 each accident for Coverage B, Employers Liability.

d. Commercial General Liability Insurance should include broad form coverage written on a commercial general liability form and written on an occurrence basis. The coverage must protect against claims for damages resulting from bodily injury, including death, personal injury and property damage. The minimum acceptable limits of liability shall be $1,000,000 each occurrence. If the coverage contains a general aggregate, such limit shall not be less than $2,000,000. The products/completed operations limit shall not be less than $2,000,000. Sarpy is to be named as an additional insured on the insurance coverage required under this section.

12. **Choice of Law.** This Agreement shall be governed in all respects by the laws of the State of Nebraska.

13. **Amendment/Merger/Assignment.** This Agreement constitutes the entire agreement between the Parties hereto with respect to the subject matter hereof and supersedes all
prior agreements and understandings, oral and written, between the Parties with respect to the subject matter of this Agreement. This Agreement may not be amended, modified, or altered unless by written agreement signed by all Parties to this Agreement. Any attempted assignment without such approval shall be void and shall constitute a breach of contract.

14. **Severability.** In the event any portion of this Agreement may be held invalid or unenforceable for any reason, it is agreed that any invalidity or unenforceability shall not affect the remainder of this Agreement and the remaining provisions shall remain in full force and effect, and any court of competent jurisdiction may so modify any objectionable provision of this Agreement so as to render it valid and enforceable.

15. **Representations.** Each Party hereto represents and warrants to the other that (i) it has all necessary right, power and authority to enter into this Agreement, and (ii) the execution and delivery of this Agreement and the performance and observance of all obligations and conditions to be performed or observed by such Party have been duly authorized by all necessary action on behalf of such Party.

16. **Good Faith.** Every representation, covenant, warranty, or other obligation within this Agreement shall carry with it an obligation of good faith in its performance or enforcement.

17. **New Employee Work Eligibility Status.** The Consultant agrees to comply with the residency verification requirements of Neb. Rev. Stat. §4-108 through §4-114. The Consultant is required and hereby agrees to 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 Consultant is an individual or sole proprietorship, the following applies:

a. The Consultant must complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at [www.das.state.ne.us](http://www.das.state.ne.us).

b. If the Consultant indicates on such attestation form that he or she is a qualified alien, the Consultant agrees to provide the US Citizenship and Immigration Services documentation required to verify the Consultant’s lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.

c. The Consultant understands and agrees that lawful presence in the United States is required and the Consultant may be disqualified or the contract terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. Sect.4-108.

18. **Notice.** The Parties agree to cooperate in the undertakings contemplated by this Agreement and shall share and exchange necessary reports and other documents as
required and when reasonably requested by other Parties to this Agreement. Any notice required under this Agreement shall be in writing and shall be sent by certified mail, return receipt requested, to the addresses as noted below. Any party to this Agreement may change its address for notice specified hereunder by sending written confirmation of such change by certified mail, return receipt requested, to the other Parties to this Agreement.

Sarpy:
Jennifer Thomas
Sarpy County Diversion Services
1257 Golden Gate Drive 11W
Courthouse Annex West
Papillion, NE 68046

And

Debra Houghtaling
Sarpy County Clerk
1210 Golden Gate Drive
Papillion, NE 68046

Consultant:
Capstone Behavioral Health
1941 South 42nd Street
Suite 328
Omaha, NE 68105

19. **Conflict of Interest.** Pursuant to Neb Rev. Stat. §23-3113, the Parties hereto declare and affirm that no officer, member, or employee of the County, and no member of its governing body, and no other public official of the County who exercises any functions or responsibilities in the review or approval of the undertaking described in this contract, or the performing of Services pursuant to this contract, shall participate in any decision relating to this Agreement which affects his or her personal interest, or any corporation, partnership, or association in which he or she is directly or indirectly interested; nor shall any employee of the County, nor any member of its governing body, have any interest, direct or indirect, in this Agreement or the proceeds thereof.

20. **Headings.** The headings herein are for convenience of reference only and shall in no way affect interpretation of this Agreement.

[The Remainder of This Page Intentionally Left Blank; Signature Page Follows.]
IN WITNESS WHEREOF, we the contracting Parties, by our respective and duly authorized agents, hereto affix our signatures and enter into this Agreement. Executed on the dates indicated with the signatures below.

Executed by Sarpy County this 30th day of August, 2016

SARPY COUNTY, NEBRASKA
A Political Subdivision

Chairperson, Board of Commissioners

Approved as to form:

Sarpy County Attorney
Executed by Consultant this 16th day of August, 2016.

Consultant:

Capstone Behavioral Health

By: [Signature]

Name: Brian Andersen

Its: Director of Therapy
Exhibit A
Fee for Service Delivery Program

Juvenile Services Guide

Dear Prospective Registered Service Provider for Juvenile Services:

Thank you for your interest in working with juveniles served by Nebraska State Probation.

We look forward to collaborating with families, providers, and communities to provide quality services to these youth. Enclosed you will find all of the information needed to register your services with the Administrative Office of Probation.

Some highlights include:

- An overview of Nebraska Juvenile Services, definitions, and expectations.
- Providers must be registered with the Administrative Office of Probation to provide any services for juveniles involved with Nebraska State Probation.
- Regardless of the payment source, the Administrative Office of Probation's information management system will be utilized to submit timely progress reports.
- Providers of substance use services must also be registered and in good standing with the Standardized Model for the Delivery of Substance Use Services.
- Individuals in administrative positions who do not provide direct services to juveniles are not required to fill out the online registration in order to access the Administrative Office of Probation's information management system. These individuals should contact the Fee for Service Delivery Program at (402) 471-8572 or by email to nsc.probationvouchers@nebraska.gov to discuss options.
- Upon approval of your application, there is a 6 month grace period for the completion of any outstanding training and education requirements, during which you will be authorized to provide services.

A Registered Service Provider for Juvenile Services may be removed due to failure to comply with the rules of the Administrative Office of Probation. If you have any questions or comments, please email Jared Gavin, Fee for Service Delivery Specialist, at jared.gavin@nebraska.gov.
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Instructions for Completing the Application to Become a Registered Service Provider for Juvenile Services

1. Review the Terms of Agreement for Registered Service Providers for Juvenile Services. Make sure you have a clear understanding of all requirements and agree to follow the guidelines set forth including the identified service definition and rate.

2. You will have 6 months to complete all required criminogenic continuing education hours. Any hours from the year prior to your application being accepted can be applied with approval of the Fee for Service Delivery Specialist or designee.

3. If you intend to provide services for substance use, you must also be registered and be in good standing with the Standardized Model for the Delivery of Substance Use Services.

4. If you are a provisionally licensed provider, your supervisor is required to review and co-sign all clinical work. Your supervisor must also be a Registered Service Provider for Juvenile Services and for the Standardized Model for the Delivery of Substance Use Services if you intend to provide services for substance use.

5. The application process depends on your current status as a provider with the Office of Probation Administration. Below are individualized instructions for the appropriate process:

   **New Provider Application** – This is for any provider not currently registered for any service with the Office of Probation Administration OR for providers that may be registered under an agency and want to be an independent provider or register under an additional agency. The application for this can be found online at:

   https://nsc-npacs-spapplication.ne.gov/npmcs/spApplication/login.jsf

   **Existing Registered Service Provider Application** – Any approved provider who is registered under an agency and wants to register for Juvenile Services can apply online through the “New Application” link after logging in through the my.ne.gov website.

6. Make sure to complete each section thoroughly. You will be electronically notified as your application status changes or if additional information is necessary.

If you have any questions, please email Jared Gavin, Fee for Service Delivery Specialist, at jared.gavin@nebraska.gov.
Terms of Agreement for
Registered Service Providers for Juvenile Services

By submitting an application to become a Registered Service Provider for Juvenile Services, I understand and agree to adhere to all elements of this Agreement, including data collection, when providing services to clients involved with Juvenile Services. This will apply to all juveniles who are served by Nebraska State Probation regardless of funding source.

Process:
The Administrative Office of Probation shall consider for registration only those individuals / agencies that have a clear understanding of the connection between the services they provide, criminogenic risk, and behavior change. Registered Service Providers for Juvenile Services are also expected to meet the following criteria:

1. Hold a valid license to provide substance use or mental health services. If provisionally licensed, the provider must be working under the direct supervision of a fully-licensed provider who is also a Registered Service Provider. Out-of-home placement providers must hold proper credentialing/licensing for their service in their jurisdiction and update the Office of Probation Administration with any changes or disciplinary action. Any out-of-home providers (crisis, holdover, etc.) must keep the Office of Probation Administration informed of any material changes to their submitted program plan or any disciplinary or criminal investigations or determinations.

2. Have completed required training and 6 continuing education units of criminogenic risk factors contributing to a juvenile’s delinquent behavior and participate in 12 continuing education units every 2 years following approval as a Registered Service Provider for Juvenile Services.

3. Registered Service Providers for Juvenile Services will register either individually or as an agency depending on the service they intend to provide and their agency’s preference for non-treatment services:

   a. Substance Use Services and Services for Co-Occurring Disorders
      All providers of substance use services or services for co-occurring disorders must also be registered and be in good standing with the Standardized Model for the Delivery of Substance Use Services. If you are a provisionally licensed provider, your supervisor must be a Registered Service Provider for Juvenile Services and must also be registered and in good standing with the Standardized Model for the Delivery of Substance Use Services.

   b. Mental Health Providers-Community-Based
      Each community-based provider of mental health services will be registered individually. If you are a provisionally licensed provider, your supervisor must be a Registered Service Provider for Juvenile Services.

   c. Non-Treatment Service Providers-Community-Based
      Non-treatment service providers may register as an agency with a representative to serve as the contact for their agency or have all providers register individually. The representative must be in a supervisory capacity for the provided service.
person will be responsible for completing the education hours required as a Juvenile Services Provider. It is recommended that all staff that provide direct care to juveniles complete the education requirements.

d. Out of Home Placement and Residential Mental Health Treatment Providers

Providers will register as an agency and will select a representative to serve as a contact for their agency. The representative must be in a supervisory capacity for the level of the provided service. This individual will be responsible for completing the continued education units required as a Registered Service Provider for Juvenile Services. Other staff may register and will also be responsible for completing the continued education units required as a Registered Service Provider for Juvenile Services. It is recommended that all staff that provide direct care to juveniles complete the education units.

4. All providers must have an understanding of the expectations of being a Registered Service Provider for Juvenile Services, including the following:

- Agree to the service definition and rate for the service being provided.
- The use of validated evaluation tools when appropriate.
- Register with the Administrative Office of Probation prior to providing services and provide progress reports in accordance with all confidentiality requirements in the management information system within a timely manner.
- Provide services in accordance with the expectations of the Administrative Office of Probation.
- Communicate and cooperate with referring juvenile justice agencies concerning service delivery and progress.
- Agencies that provide treatment services agree to utilize only those employees who are Registered Service Providers for Juvenile Services.
- Hold and maintain appropriate licensure for the service(s) they provide in their jurisdiction.
- Deliver services in a manner that is consistent with professional and ethical standards, with applicable laws and regulations, and with applicable accreditation standards.
- Maintain high standards of professional competence and integrity by providing services within the recognized boundaries of their competence.
- Cooperate with the Administrative Office of Probation in the initial and ongoing verification of professional credentials.
- Cooperate with the Administrative Office of Probation in on and off site quality compliance reviews.
- Immediately notify the Administrative Office of Probation if changes occur in the status of a professional credential or if any other disciplinary action is taken against a provider.
- Immediately notify the Administrative Office of Probation if privileges to practice or provide services for any insurance company / health plan are suspended or restricted, including Medicaid / Magellan.
• Immediately notify the Administrative Office of Probation if any claim is made against a provider in a civil suit or if a claim is filed with a provider’s professional liability insurance.

• Immediately notify the Administrative Office of Probation if a provider voluntarily gives up privileges, registration, certification, or licensure to practice agrees to restrict their practice as a professional.

• Immediately notify the Administrative Office of Probation of any legal charges received and of any allegations of abuse or neglect.

• Cooperate with the Administrative Office of Probation to resolve complaints, reports of critical incidents, and quality assurance concerns.

Failure to adhere to any of the terms listed above may result in denial or removal as a Registered Service Provider for Juvenile Services. The Administrative Office of Probation reserves the right to deny, audit, evaluate, and monitor the services of any and all participating individuals/agencies.
OVERVIEW OF JUVENILE SERVICES

Administrative Office of Probation Vision
Be a nationally recognized leader in the field of justice committed to excellence and safe communities.

Mission Statement of the Administrative Office of Probation
We, the leaders in community corrections, juvenile and restorative justice, are unified in our dedication to delivering a system of seamless services which are founded on evidence-based practices and valued by Nebraska's communities, victims, offenders and courts. We create constructive change through rehabilitation, collaboration, and partnership in order to enhance safe communities.

Overview of Juvenile Services
It is the intent of Juvenile Services to provide meaningful opportunities for juveniles within the juvenile justice system to be rehabilitated. Providing beneficial, targeted services to juveniles on probation promotes behavior change and rehabilitation. It allows for the juvenile's needs to be met in the least intrusive, least restrictive manner; while maintaining the safety of the juvenile and the community. The Administrative Office of Probation is dedicated to working with families and with providers to eliminate the barriers to juveniles receiving needed services.

Procedures:

A. Determination of Service Need

1. The probation officer will identify the service needs of juveniles through the preadjudication or investigative phase of the process or through supervision of a juvenile involved with Nebraska State Probation. Service needs will be identified and prioritized according to criminogenic risk and need factors. Behavioral health and substance use treatment services will have supporting recommendations from a qualified clinician. The emphasis is to provide the least restrictive services available to achieve behavior change and maintain public safety.

2. During the investigative process, the probation officer will engage the family to determine if there are resources available to pay for needed services. This will include, but is not limited to the following: private pay, health care insurance, use of sliding-fee scales, and Medicaid/Medicare. Research indicates families who participate financially in their juvenile's care are more invested in the service the juvenile receives. This results in better outcomes for the juvenile, their family, and community.

3. If no other payment option is available for a needed service, the probation officer will determine if the juvenile meets the criteria for utilization of funds through the Fee for Service Delivery Program.

4. If the juvenile meets the criteria for funding, the need for a service voucher will be reviewed by the Juvenile Justice Resource Supervisor or their designee for approval.
5. Once approved by the Juvenile Justice Resource Supervisor or their designee, the probation officer will begin the referral process.

B. Service referral

The decision of which Registered Service Provider for Juvenile Services will provide the needed service will be made by the juvenile and her/his family, in consultation with the probation officer. This may also be determined by the Court.

1. When a provider has been selected, the probation officer shall ensure a release of information has been signed and remains on file during the period of time a juvenile is being served to allow information from the provider to probation and the Court. This is different than Court owned investigations and evaluations which require a Court order for release to providers.

2. If the juvenile’s services are to be funded by the Fee for Service Delivery Program, the probation officer will generate an authorization in the form of an electronic voucher in the information management system.

3. If another source will be used to fund the service, a non-monetary voucher will be generated by the probation officer to allow the provider to submit reports electronically through the Administrative Office of Probation’s information management system.

C. Project Authorizations/Payment

1. Service vouchers will be approved for a specified length of time and at a specific rate determined for each level of care and service. A voucher must be pre-approved before services are delivered. There are times that vouchers cannot be immediately issued and written communication from the Juvenile Justice Resource Specialist (JPRS), Chief Probation Officer, or the Administrative Office of Probation will serve as the guarantee of payment if all other voucher rules are met.

2. Rates and lengths of the individual vouchers are noted in the Levels of Care / Services Definitions which are included in this guide.

3. The utilization of vouchers by Registered Service Providers will follow all rules of the Fee for Service Delivery Program.

4. Additional vouchers will be authorized only after approval by the probation officer. Continued service authorization must be pre-approved and will be based on the provider's monthly reports and consultation with the assigned probation officer. To recommend an additional service voucher be authorized, the probation officer must determine the service provided is beneficial to the juvenile, is in compliance with the juvenile’s probation order, and reduction of criminogenic risk factors is being accomplished. This will be done by review of monthly provider reports, and in consultation with the Registered Service Provider for Juvenile Services, the juvenile and their family. The Court will be advised of changes in any levels of care for the juvenile, as per district process.
5. When the juvenile has insurance coverage, but the family is unable to pay deductibles and or co-pays, a voucher for financial assistance may be considered. Issuance of such a voucher is reviewed and approved through the Juvenile Justice Resource Supervisor or designee. The probation officer will initiate this review and should assistance be approved, the officer and provider will be advised of the percentage of the deductible and co-pay per unit the family can contribute.

D. Quality Assurance
Vouchers generated by probation officers and progress reports submitted by providers are periodically reviewed by quality assurance staff within the Administrative Office of Probation either on or off site. It is the responsibility of the quality assurance staff to ensure service delivery compliance, fiscal compliance, and reporting compliance. For information regarding quality assurance, please refer to the Juvenile Services Rules document. The Juvenile Services Guide and Voucher Rules will be reviewed a minimum of one time each year, generally in October.
Service Definitions for Juvenile Services

The services are divided into four categories: Substance Use Services, Other Treatment Services, Non-Treatment Services, and Out of Home Placements. Within each, you will find the expectations pertaining to that category of services.

Each category will have a first column where levels of care/services are defined. In the second column is the average length of time a juvenile is expected to utilize that service and/or the frequency the service is provided. The last column reflects the service units authorized per voucher. If the service is available for monetary vouchers, the payment per unit is listed.

All Registered Service Providers for Juvenile Services recognize the importance of engaging the juvenile’s family in services to affect and sustain positive behavior change. Exceptions to this must be explicitly documented and discussed with the probation officer.

It is expected that providers have initial and frequent contact with the juvenile’s probation officer to discuss how services will be a collaborative part of addressing the juvenile’s criminogenic risk factors and enhancing behavior change. The submission of progress reports serves as one component of assessing and reassessing the juvenile’s progress. As well the process of discontinuing or discharging a youth from services should begin immediately upon intake or the start of services with a focus on sustainability once the court is no longer involved.

The payment amount reflects a standard maximum approved rate as approved by the Administrative Office of Probation.

Included at the end of this section are additional services that may be utilized with a juvenile during their course of probation. These services are provided within the probation district to support probation supervision and treatment / service interventions.
Substance Use Services

All providers of substance use services must also be registered and in good standing with the Standardized Model for the Delivery of Substance Use Services.

If you are a provisionally licensed provider, your supervisor must be a Registered Service Provider for Juvenile Services and must also be registered and in good standing with the Standardized Model for the Delivery of Substance Use Services.

Please refer to the Reference Guide for the Standardized Model Application Process for information about the definitions and expectations for the services listed below.

<table>
<thead>
<tr>
<th>Service</th>
<th>Units per authorization, Payment per unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Use Education / Intervention</td>
<td>15 hours, $10/hour</td>
</tr>
<tr>
<td>Medical Detox*</td>
<td>3 days, $282/day</td>
</tr>
<tr>
<td>Partial Care Treatment</td>
<td>30 days, $70/day</td>
</tr>
<tr>
<td>Halfway House/Group Home*</td>
<td>30 days, $97/day</td>
</tr>
<tr>
<td>Substance Use Evaluation</td>
<td>1 Evaluation, $190</td>
</tr>
<tr>
<td>Substance Use Outpatient Counseling</td>
<td>8 sessions, $88/session</td>
</tr>
<tr>
<td>Substance Use Intensive Outpatient Program</td>
<td>60 hours, $27/hour</td>
</tr>
<tr>
<td>Substance Use Therapeutic Group Home or Therapeutic Community*</td>
<td>Therapy and Room and Board 30 days, $272/day, Room and Board Only (another payment source is paying for therapy) 30 days, $89/day</td>
</tr>
</tbody>
</table>

*If the substance use service is provided in an out of home setting, Registered Service Providers for Juvenile Services must comply with the Other Treatment Services Expectations, in addition to the requirements of the Standardized Model for the Delivery of Substance Use Services.
Other Treatment Services

General expectations for this category of services:

1.) The service must be recommended by an appropriately licensed behavioral health professional. Evaluation and treatment services are expected to identify behavioral health conditions in a timely manner and/or provide services that are reasonably expected to improve or maintain the juvenile's condition in order to prevent relapse or hospitalization.

2.) Providers are expected to develop individualized treatment plans with clinical goals. Treatment services should utilize evidence-based practices that are appropriate for juveniles and their families. Treatment records should be maintained in accordance with professional and ethical standards, with applicable laws and regulations, and with applicable accreditation standards.

3.) If a juvenile is not on Medicaid upon admission, providers of residential services shall immediately complete a Medicaid application on behalf of the juvenile. The provider should contact the probation officer or designee for information about the application process. (If a provider feels an application is inappropriate for placement based on medical necessity criteria, the rationale shall be given to the Juvenile Justice Resource Supervisor to staff with the Funding Specialist. An application for medical coverage shall still be submitted).

4.) If a juvenile is receiving any federal financial assistance such as Social Security benefits or disability benefits, providers of residential services shall apply to become payee for such benefit and have the amount applied to the cost of the juvenile's treatment.

5.) Transportation costs will be the responsibility of the Registered Service Provider for Juvenile Services. For excessive transportation beyond a 30 mile radius, the juvenile’s family should be engaged to assist.

6.) The provider shall contact the probation officer (or designee) and the family, immediately regarding all incidents which affect the juvenile (e.g. run away, suicidal ideation, medical emergency, law violation, detention, etc.)

7.) Juveniles cannot be discharged or transferred from a residential service without the approval of the Court. A provider shall not allow the juvenile to discharge or move to any other facility or placement without approval of the Court. (If the provider feels the youth’s immediate safety or the safety of others is in jeopardy, law enforcement should be immediately notified and will have the authority to remove a youth if taken into custody).

8.) Consideration will be given to transferring the juvenile to another provider/service if a lack of progress is noted in treatment, if the juvenile's criminogenic risk fails to decrease, or if barriers impede effective treatment. The probation officer, provider, the juvenile, and their family shall be involved in these discussions.

9.) Discharge of a juvenile from treatment shall be considered when the provider, the juvenile's family, and the probation officer have met and most determine that one of the following has occurred: a) The juvenile's ongoing treatment needs can be met at a less restrictive level of
care, b) The juvenile has achieved his/her treatment goals, c) The juvenile is not benefiting from the current level of care, or d) The juvenile requires a more restrictive level of care.

10.) Within 7 days of discharge, the provider is expected to complete a discharge summary (including a relapse prevention/transition plan) and enter it into the probation information management system.
### Emergency Services

Short term-unscheduled service availability in time of crisis in a variety of settings.

<table>
<thead>
<tr>
<th>Service</th>
<th>Service Description</th>
<th>Defined Time/Hrs./Length</th>
<th>Units per authorization, Payment per unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Inpatient Hospitalization</td>
<td>The most intensive level of psychiatric care. Services are provided in a 24-hour secure and protected, medically staffed and psychiatrically supervised treatment environment. 24-hour skilled nursing care, daily medical care and a structure treatment milieu are required. The goal is to stabilize juveniles who display acute psychiatric conditions. Typically the juvenile poses a significant danger to self or others, or displays severe psychosocial dysfunction. Special treatment may include physical and mechanical restraint, seclusion, and a locked unit.</td>
<td>1-7+ days</td>
<td>7 days, $645/day</td>
</tr>
</tbody>
</table>

### Non-Residential Services

Least intensive services based on clinical need offered in a variety of community settings; juvenile lives independently with family, guardian, relatives, or can also be accessed while residing in foster care or group home settings.

<table>
<thead>
<tr>
<th>Service</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Outpatient Counseling</td>
<td>Behavioral health services that are rendered in an office, clinic environment, an individual's home or other community locations appropriate to the provision of service for psychotherapy or counseling. Services can be delivered in individual, family, or group sessions, and can include specializations for juvenile with co-occurring disorders, eating disorders, trauma, and juvenile who sexually harm.</td>
<td>Varies- approx. 24 sessions in a 6 month period. 1-4 hours per week.</td>
<td>8 sessions, $88/session</td>
</tr>
<tr>
<td>Medication Management</td>
<td>Service rendered by a qualified physician with the sole purpose of evaluating the juvenile's continued need for psychotropic medication, the provision of a prescription, and ongoing medication monitoring.</td>
<td>Varies, approximately one session each month</td>
<td>12 sessions, $69/session</td>
</tr>
<tr>
<td>Service</td>
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</tr>
<tr>
<td>Community Treatment Aide</td>
<td>Supportive, directive, and teaching services provided in the home, school and/or other appropriate location(s) that assist the juvenile and/or family to improve their capacity for living in the least restrictive environment. The juvenile is treated under the care of a supervising practitioner and the prescribed community treatment services must be part of the overall treatment plan.</td>
<td>Varies on behavioral health provider's recommendation, emphasis on short-term intervention.</td>
<td>20 hours, $44/hour</td>
</tr>
<tr>
<td>Intensive Outpatient</td>
<td>Provide time-limited, multidisciplinary, multimodal structured treatment in an outpatient setting. Programs are more significantly intensive than outpatient psychotherapy. The program shall be available at a minimum of 9 scheduled hours per week for at least 3 hours of availability per day. The program shall be offered at a minimum of 3 times per week but may also be available up to 7 days per week. Services can be delivered in individual, family, or group sessions, and can include specializations for juvenile with co-occurring disorders, eating disorders, and juveniles who sexually harm.</td>
<td>3 hours per day, 2-4 times a week, not generally exceeding 90 days, but will vary on client progress.</td>
<td>60 hours, $27/hour</td>
</tr>
<tr>
<td>Partial Hospitalization</td>
<td>Partial hospitalization is a hospital-based treatment program that provides treatment services at an intensity level similar to an inpatient setting; however, on less than a 24-hour basis. Partial hospitalization can be used as a transitional level of care (e.g., step-down from inpatient or residential treatment) as well as a stand-alone level of care to stabilize a deteriorating condition and prevent the need for hospitalization or residential treatment. Provided services include nursing care, psychiatric evaluation and medication management; and individual, family, and group therapy; all within a therapeutic milieu. Partial hospital treatment may be appropriate when a juvenile does not require the more restrictive and intensive environment of a 24-hour inpatient or residential treatment setting, but does require up to six hours of clinical services on a daily basis.</td>
<td>Varies—emphasis on short-term (3 weeks)</td>
<td>126 hours, $42/hour</td>
</tr>
<tr>
<td>Service</td>
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</tr>
<tr>
<td>Functional Family Therapy (FFT)</td>
<td>FFT is treatment delivered by a licensed therapist through short-term, intensive family focused intervention. Services are conducted in both clinic and home settings. Therapists have a caseload of around 10-12 clients. FFT is a strength-based model. It focuses on characteristics of the individual family members, family relational dynamics and their impact on promoting and maintaining problem behavior. To ensure fidelity of the model, providers must have current certification to provide FFT and must provide documentation of this certification to the Office of Probation Administration. (MSE and IDI Included)</td>
<td>Average of 3 hours per week for 3 months, but will vary on client progress and will generally be more intensive at the beginning of service delivery</td>
<td>28 days, $430 per week per case</td>
</tr>
<tr>
<td>Intensive Family Preservation (IFP)</td>
<td>IFP services are provided by a team consisting of a licensed mental health professional and a skill builder. IFP services are provided in the family home and/or in another setting familiar to the family. IFP services are designed to improve family functioning to effect behavior change to reduce the juvenile’s criminogenic risk and to increase the family’s access to community resources and other informal and formal supports. Crisis management and stabilization is provided 24 hours each day, 7 days each week. (The homebuilder’s model is the standard used by Probation Administration and requires the involvement of licensed clinical staff)</td>
<td>Average of 3 hours per week for 15 weeks, but will vary on client progress and will generally be more intensive at the beginning of service delivery</td>
<td>30 days, $430 per week per case</td>
</tr>
</tbody>
</table>
## Multisystemic Therapy (MST)

MST is treatment delivered by a licensed therapist. This is an intensive family and community-based treatment program that focuses on all the “systems” that impact the juvenile, home, family, school, neighborhood and peers. This approach best serves juveniles whose delinquent behavior can be linked to more than one of these “systems.” Therapists see the juvenile in the community and in the home. Therapists are on call 24 hours a day. Therapists have a caseload of 4-6 clients.

To ensure fidelity of the model, providers must have current certification to provide MST and must provide documentation of this certification to the Office of Probation Administration.

(MSE and IDI Included)

<table>
<thead>
<tr>
<th>Service Description</th>
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</tr>
</thead>
<tbody>
<tr>
<td>MST is treatment delivered by a licensed therapist. This is an intensive family and community-based treatment program that focuses on all the “systems” that impact the juvenile, home, family, school, neighborhood and peers. This approach best serves juveniles whose delinquent behavior can be linked to more than one of these “systems.” Therapists see the juvenile in the community and in the home. Therapists are on call 24 hours a day. Therapists have a caseload of 4-6 clients. To ensure fidelity of the model, providers must have current certification to provide MST and must provide documentation of this certification to the Office of Probation Administration. (MSE and IDI Included)</td>
<td>Average of 4 hours per week for 4 months, therapists are on-call as needed, hours will vary on client progress and will generally be more intensive at the beginning of service delivery</td>
<td>28 days, $430 per week per case</td>
</tr>
</tbody>
</table>

## Evaluations

Services that include a review of information from multiple sources to determine behavioral health diagnoses and develop a treatment plan.

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Co-Occurring Evaluation</td>
<td>This evaluation includes a substance use evaluation which complies with the Standardized Model for the Delivery of Substance Use Service requirements and an Initial Diagnostic Interview. The evaluation should be completed as soon as possible, and provided back to the referral source no later than 60 days from request.</td>
<td>1 Evaluation, $313/Evaluation</td>
<td>1 Evaluation, $313/Evaluation</td>
</tr>
<tr>
<td>Service</td>
<td>Service Description</td>
<td>Defined Time/Hrs./Length of authorization, Payment per unit.</td>
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<td></td>
</tr>
<tr>
<td>Psychiatric Evaluation</td>
<td>This outpatient interview is conducted as a standalone evaluation to include a Biopsychosocial and Initial Diagnostic Interview, by a Physician or PA/APRN. It assesses or reassess, if the juvenile presents with a behavioral health condition, and focuses on the possible need for psychotropic medication.</td>
<td>The evaluation should be completed as soon as possible, and provided back to the referral source no later than 60 days from request.</td>
<td></td>
</tr>
<tr>
<td>Psychological Evaluation</td>
<td>Evaluation consists of a Biopsychosocial evaluation, mental status exam and not to exceed 5 hours of psychological testing. Standardized testing is utilized to assess a juvenile’s psychological or cognitive functioning.</td>
<td>The evaluation should be completed as soon as possible, and provided back to the referral source no later than 60 days from request.</td>
<td></td>
</tr>
<tr>
<td>Juvenile Who Sexually Harm Risk Evaluation</td>
<td>A comprehensive evaluation to determine the risk of a client continuing sexually inappropriate behaviors and treatment recommendations. These evaluations are completed with juveniles who are adjudicated for a sexual offense, or in a Pre-Treatment Evaluation further evaluation for sexual issues were indicated.</td>
<td>The evaluation should be completed as soon as possible, and provided back to the referral source no later than 60 days from request.</td>
<td></td>
</tr>
</tbody>
</table>
**Residential Services**

Treatment Services provided in a 24 hour residential setting.

<table>
<thead>
<tr>
<th>Service</th>
<th>Service Description</th>
<th>Defined Time/Length</th>
<th>Units per authorization, Payment per unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Resource Family Care</td>
<td>Professional Resource Family Care provides short-term and intensive supportive resources for the client and his/her family. It is intended to serve a crisis stabilization option for the family in order to avoid psychiatric inpatient and institutional treatment of the client by responding to potential crisis situations through the utilization of a co-parenting approach provided in a surrogate family setting. The goal is supporting the client and family in ways that address current acute and/or chronic mental health needs and coordinate a successful return to the family setting at the earliest possible time. During the time the professional resource family is supporting the client, there is regular contact with the family to prepare for the client's return and his/her ongoing needs as part of the family.</td>
<td>1-3 months</td>
<td>Therapy and Room and board&lt;br&gt;30 days, $108/day,&lt;br&gt;Room and Board only (insurance or Medicaid paying therapeutic service) 30 days, $54/day</td>
</tr>
<tr>
<td>Therapeutic Group Home</td>
<td>The goal of a therapeutic group home is to maintain the client's connections to their community, yet receive and participate in a more intensive level of treatment in which the client lives safely in a 24-hour setting. Therapeutic group homes are facilities specifically designed not to resemble institutions that let 4-8 clients live in a home-like environment with an organized, professional staff who deliver safety, supervision, rehabilitation services, and treatment services. At least 21 hours of active and rehabilitation treatment per week for each client is required to be provided by qualified staff. Therapist to juvenile ratio is 1:12 minimum, staff to juvenile ratio is at minimum 1:6</td>
<td>4-6 months</td>
<td>Therapy and Room and board&lt;br&gt;30 days, $272/day,&lt;br&gt;Room and Board only (insurance or Medicaid paying therapeutic service) 30 days, $89/day</td>
</tr>
<tr>
<td>Service</td>
<td>Service Description</td>
<td>Defined Time/Hrs./Length</td>
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</tr>
<tr>
<td>Psychiatric Residential Treatment Facility</td>
<td>Psychiatric residential treatment facility services are clinically necessary services provided to a client who requires 24-hour professional care and treatment in a highly structured, closely supervised environment. Professional care and treatment means care and treatment identified as medically necessary that can reasonably be expected to reduce or eliminate the client’s mental health and/or substance use dysfunctions. Therapeutic interventions include: 1. Twice weekly individual psychotherapy and/or substance use counseling; 2. Daily group psychotherapy and/or substance use counseling; 3. Weekly family psychotherapy and/or family substance use counseling. A family therapy session shall be provided on the day of admission and the day prior to discharge.</td>
<td>Average 60 days; Not to Exceed 6 months</td>
<td>Hospital Based 30 days, $397/day</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Specialty Based 30 days, $314/day</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Community Based 30 days, $295/day</td>
</tr>
</tbody>
</table>
NON-TREATMENT SERVICES

General expectations for this category of services:

1.) Providers are expected to develop individualized service plans with goals. Non-Treatment services should utilize evidence-based practices that are appropriate for juveniles. Records should be maintained in accord with professional and ethical standards, with applicable laws and regulations, and with applicable accreditation standards.

2.) Consideration will be given to transferring the juvenile to another provider or service if a lack of progress is noted, if the juvenile’s criminogenic risk fails to decrease, or if barriers impede the effective delivery of services. The probation officer, provider, the juvenile, and their family shall be involved in these discussions.

3.) Discharge of a juvenile from non-treatment services shall be considered when the provider, the family, and the probation officer have met and most determine that one of the following has occurred: a) The juvenile requires a less restrictive service, b) The juvenile has achieved her/his goals, or c) The juvenile requires a more restrictive service.

4.) Within 7 days of discharge, the provider is expected to complete a discharge summary (including a transition plan).
## Non-Treatment Services

Non-treatment related supports which effect positive change.

### Information Courses

Formal courses designed to help encourage positive behavior and life choices.

<table>
<thead>
<tr>
<th>Service</th>
<th>Service Description</th>
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</tr>
</thead>
<tbody>
<tr>
<td>General Education Class</td>
<td>Staff supervised education programs are very structured with a specific outcome for the juvenile. Minimally, one staff supervised 6-8 hour class, which can be completed in one day or over several weeks. These programs can cover a variety of topics and includes support groups or self-help referrals.</td>
<td>6-15 hours, in one session or several weeks.</td>
<td>15 hours, $10/hour</td>
</tr>
<tr>
<td>Anger Management Class</td>
<td>These classes have the same general staffing and structure as general education classes, but focuses on developing the skills to control negative behaviors associated with anger.</td>
<td>6-15 hours, in one session or several weeks</td>
<td>15 hours, $10/hour</td>
</tr>
</tbody>
</table>

### Family Support Services

A variety of supports available to effectively build family strengths which impact at-risk behaviors in juveniles and overcome barriers to positively changing those behaviors.

<table>
<thead>
<tr>
<th>Service</th>
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<th>Defined Time/Hrs./Length</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Supervised Visitation</td>
<td>A worker who is assigned to monitor visitation between a juvenile and their parent/caretaker, according to the parameters outlined in a visitation plan approved by the Court. Each worker is expected to register individually.</td>
<td>Varies per case</td>
<td>20 hours, $52/hour</td>
</tr>
<tr>
<td>Service</td>
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</tr>
<tr>
<td>Family Support Worker</td>
<td>A service which provides a worker in the home to assess family strengths and work with parents/caretakers on skill building in parenting, socialization, discipline and coping mechanisms. Weekly contact with the probation officer is required. Each family support worker is expected to register individually.</td>
<td>Ave. of 5 hours per week, 4-5 months</td>
<td>25 hours, $52/hour</td>
</tr>
<tr>
<td>Family Partner</td>
<td>A service which provides the parent/caregiver with an adult peer mentor, who has also navigated the mental health/behavioral, welfare, and or justice system. Its primary function is to work with the parent and juvenile to increase family preservation through education, skill building and advocacy.</td>
<td>Ave. of 2 hours per week varies, but varies on need of the family, 6-8 months</td>
<td>20 hours, $52/hour</td>
</tr>
<tr>
<td>Professional Partner Program</td>
<td>The Professional Partner Program is provided by the Behavioral Health Regions. It is a Wraparound and Family-Centered case management service for severely emotionally disturbed children (birth to 21) and their families to help them achieve goals of stability, functioning, and community integration.</td>
<td>To be identified in the Individualized Family Service Plan</td>
<td>Presently provided at no cost through the Behavioral Health Regions for eligible juveniles. Up to $804.11 per month for other juveniles on a case by case basis.</td>
</tr>
<tr>
<td>Expedited Family Group Conference</td>
<td>An expedited and limited-scope family group decision making model, which engages the juvenile, their family, and supportive community agency members to resolve a crisis. A crisis which could impact the juvenile's placement in the home.</td>
<td>2-4 hours of conferencing, 5-14 hours of mediation center preparation and follow-up.</td>
<td>One (1) Conference, $1,730/avg.</td>
</tr>
</tbody>
</table>

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Ancillary Support Resources

A variety of supports available to effectively target at-risk behaviors in juvenile and overcome barriers to positively changing those behaviors.

<table>
<thead>
<tr>
<th>Service</th>
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<th>Defined Time/Hrs./Length</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Tracker</td>
<td>Tracker services are a community-based service that assists the probation officer with case management functions in the least restrictive manner. Tracker services provide support to juveniles through the development of a mentoring relationship with a positive role model. Tracker services provide the opportunity for face-to-face contacts in addition to contact with the Probation Officer. Refer to the Tracker Service Description and Expectations document for more detailed information.</td>
<td>See Tracker Service Description and Expectations</td>
<td>See Tracker Service Description and Expectations</td>
</tr>
<tr>
<td>Transportation</td>
<td>The use of community resources to provide the availability to reliably keep appointments/visits which will facilitate positive change. These services are utilized when the family has no other resources to provide the transportation and the service is critical to the juvenile's improvement. Registered providers with the NJSDP will follow the established Transportation Rules for Service.</td>
<td>See Transportation Service Description and Expectations</td>
<td>See Transportation Service Description and Expectations</td>
</tr>
<tr>
<td>Activity Memberships</td>
<td>Providing access to memberships of organized clubs/activities which will build positive leisure/recreation options for the juvenile.</td>
<td>One per juvenile per month, and will be approved on a case by case basis by Administration</td>
<td>Cost will vary per activity. This service will be paid by invoice.</td>
</tr>
<tr>
<td>Juvenile / Victim and Conflict Mediation</td>
<td>A mediation center acts as an independent party to facilitate an agreement regarding restitution between the juvenile and the victim. Mediation can also be utilized for one-to-one private problem solving to resolve conflict between the juvenile, their family and or any parties.</td>
<td>5 hours</td>
<td>5 hours, $150/hour</td>
</tr>
<tr>
<td>Service</td>
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</tr>
<tr>
<td>Day/Evening Reporting</td>
<td>Program which provides structure for juvenile who are in need of daily supervision and structure either, during the day hours or after-school and into the evening. Juveniles participate in activities that provide supervision, but also permit the juvenile to develop age-appropriate skills, learn to positively interact with others, and problem-solve issues leading to them requiring the extra structure. Programs promote educational improvement and may provide opportunities for community service. Transportation is included.</td>
<td>5-6 hours consecutively, generally 9am-3pm or 4pm to 9pm weekdays, 2 weeks-1 month</td>
<td>30 days, Day Reporting $120/day, Evening Reporting $95/day</td>
</tr>
<tr>
<td>Restitution Program</td>
<td>Juvenile is provided the opportunity to earn money for Court ordered restitution through volunteer work. Utilized when the juvenile is otherwise unable to be employed and earn the funds.</td>
<td>Determined by amount of money youth needs to earn.</td>
<td>Typically non-profit agencies-no cost or grant funded</td>
</tr>
<tr>
<td>Mentoring</td>
<td>An individual who is dedicated to supporting a juvenile by visits, being involved in activities with him/her, reinforcing good choices and modeling positive behavior,</td>
<td>Ave. 3 hours per week 6-8 months</td>
<td>Typically non-profit agencies-no cost</td>
</tr>
</tbody>
</table>
**Education/Employment Services**

A variety of supports available to improve educational and/or employment functioning.

<table>
<thead>
<tr>
<th>Service</th>
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</thead>
<tbody>
<tr>
<td>Summer School Tuition</td>
<td>Provision of this service eliminates the barrier for a juvenile to attend summer school, when caregivers cannot afford to do so, but it is critical to the juvenile's school success that they attend.</td>
<td>3 weeks per session</td>
<td>1 session, $150/session</td>
</tr>
<tr>
<td>GED Testing</td>
<td>Provision of this service eliminates the barrier for a juvenile to take GED tests when caregivers cannot afford the fees.</td>
<td>One per testing area and retests upon approval of the Juvenile Justice Resource Supervisor</td>
<td>Cost will vary per current cost of testing. This service will be paid by invoice.</td>
</tr>
<tr>
<td>Educational Tutoring</td>
<td>An individual who assists a juvenile with additional instruction in academic classes.</td>
<td>Ave. 4 hours per week, 4-6 months</td>
<td>32 hours, $20/hour</td>
</tr>
<tr>
<td>Case Managed Tutoring</td>
<td>This wrap-around tutoring involves a certified teacher who engages with the juveniles and family in education case planning. This includes tutoring, communication with the school and possible additional educational assessments.</td>
<td>Ave. 4 hours per week, 4-6 months</td>
<td>32 hours, $45/hour</td>
</tr>
<tr>
<td>Employment Placement Program</td>
<td>Program specifically designed to build effective employment searching skills, interview skills and positive work ethic. Some programs incorporate GED classes. Also may include follow-up with youth after employment is obtained.</td>
<td>Minimum of 2 hours per week day until job is obtained; 8 weeks follow-up after job is obtained which includes at least one contact per week.</td>
<td>40 hours, $38/hour</td>
</tr>
<tr>
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<tr>
<td>Alternative School</td>
<td>Serves a schooling alternative when the juvenile's regular education program is disrupted, or juvenile does not progress in a regular school environment. The program will utilize Nebraska certified teachers and provide curriculum which will transfer credits to the juveniles home school should they return. Transportation is not included.</td>
<td>Ave. 6 hours per day, 1-3 months</td>
<td>30 days, $15/day</td>
</tr>
</tbody>
</table>
OUT OF HOME PLACEMENTS

General expectations for this category of services:

1) Providers are expected to develop individualized service plans with goals. Out of home placements should utilize evidence-based practices that are appropriate for juveniles. Records should be maintained in accord with professional and ethical standards, with applicable laws and regulations, and with applicable accreditation standards.

2) Consideration will be given to transferring the juvenile to another provider or service if a lack of progress is noted, if the juvenile’s criminogenic risk fails to decrease, or if barriers impede the effective delivery of services. The probation officer, provider, the juvenile, and their family shall be involved in these discussions.

3) Within 7 days of discharge, the provider is expected to complete a discharge summary (including a transition plan) in the management information system.

4) If a juvenile is not on Medicaid upon admission, providers of residential services shall immediately complete a Medicaid application on behalf of the juvenile. The provider should contact the probation officer or designee for information about the application process. (If a provider feels an application is inappropriate for placement based on medical necessity criteria, the rationale shall be given to the Juvenile Justice Resource Supervisor to staff with the Funding Specialist. An application for medical coverage shall still be submitted). Facilities outside Nebraska should submit an application for coverage to their state. If a juvenile is receiving federal financial assistance such as Social Security benefits or disability benefits, providers shall apply to become the payee for such benefit and have the amount applied to the cost of the juvenile’s treatment.

5) Transportation costs within a 25 mile radius of the provider will be the responsibility of the provider. Transportation beyond that radius will be the responsibility of the parent.

6) The provider shall contact the probation officer (or designee) and the family immediately regarding all changes which will affect the juvenile’s status (e.g. run away, suicidal ideation, medical emergency, law violation, detention, etc.).

7) Juveniles cannot be discharged or transferred from an out of home setting without the approval of the Court.

8) Consideration will be given to transferring the juvenile to another provider/service if a lack of progress is noted in treatment, if the juvenile’s criminogenic risk fails to decrease, or if barriers impede effective treatment. The probation officer, provider, the juvenile, and their family shall be involved in these discussions.

9) Discharge of a juvenile from treatment shall be considered when the family, and probation officer determines that one of the following has occurred: a) The juvenile requires a less restrictive level of care, b) The juvenile has achieved her/his treatment goals, or c) The juvenile requires a more restrictive level of care.

10) Within 7 days of discharge, the provider is expected to complete a discharge summary (including a relapse prevention/transition plan) and enter it into the management information system.
OUT OF HOME PLACEMENTS

Temporary/Emergency Services

Services to maintain youth in a safe environment during a crisis situation when they cannot be maintained at home.

<table>
<thead>
<tr>
<th>Service</th>
<th>Service Description</th>
<th>Defined Time/Hrs./Length</th>
<th>Units per authorization, Payment per unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-Term Crisis Stabilization Center</td>
<td>Short-term, crisis stabilization placement to assist juveniles and/or families in returning to pre-crisis level of functioning. An individualized, crisis screening will be completed to assist in the development of a stabilization plan, during the admission process. The plan will address and problem-solve around the issue(s) contributing to the crisis and placement options. Juveniles will participate in individual, group, or family counseling with a licensed therapist, as appropriate, in addition to other structured psycho-educational and therapeutic milieu activities. Upon stabilization, the focus will be to assist juveniles and/or families in accessing additional support services that will continue to help maintain functioning within their home or community setting upon discharge.</td>
<td>Designed for 1-7 days; not to exceed 30 days</td>
<td>30 days, $210/day</td>
</tr>
<tr>
<td>Enhanced Shelter Care</td>
<td>Short-term residential service in a group setting utilizing 24 hour awake staff to provide safety and security for the youth and the community. Juveniles may access this service as an alternative to detention. The facility will provide increased structure, supervision, and security. Juveniles may attend school within the facility.</td>
<td>Designed not to exceed 30 days</td>
<td>30 days, $180/day</td>
</tr>
<tr>
<td>Shelter Care</td>
<td>Short-term residential service designed to provide support to youth that require an immediate out of home placement because of safety concerns in their family home or because of disrupted placement.</td>
<td>Designed not to exceed 30 days</td>
<td>30 days, $150/day</td>
</tr>
</tbody>
</table>
Independent Living Services to teach, encourage, and maintain self-sufficiency.

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<tr>
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</thead>
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<tr>
<td>Independent Living</td>
<td>A living arrangement that maximizes a juvenile's independence within the community, when it is determined that they can live on their own rather than return to the family home. A staff provides assistance, skill training and support to a youth living independently or with a roommate who is also an independent living youth. For juveniles 17-18 yrs. old.</td>
<td>6 to 12 months</td>
<td>30 days, $60/day</td>
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<tr>
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<tr>
<td>Agency Based Foster Care</td>
<td>All Agency Supported Foster Care families must be licensed by the Department of Health and Human Services and must be associated with an agency to provide foster care. The agency is to provide support to both the juvenile and to the foster parents through face to face contacts, crisis stabilization, respite care, licensing activities and training, and other supports to minimize disruption and changes in placement. The foster families and agency will facilitate contact with the juvenile's family as directed. The rate of payment and the expectations will, in part, be determined by the probation classification supervision level. Juveniles who are determined to be at the Community Based Resource (CBR) level of supervision will be considered Foster Care Level 2 and juveniles who are determined to be at the Community Based Intervention (CBI) level of supervision will be considered at Foster Care Level 3 (unless otherwise indicated). Foster Care Level 2 expectations includes the following: Face to face contact between assigned agency staff and the juvenile will occur a minimum of one (1) time each month in the foster home. A minimum of two (2) contacts between assigned agency staff and the foster family will occur each month. One (1) of these contacts must be face to face, while the other contact may occur via phone or email. Assigned agency staff will attend Family Team Meetings for juveniles in their care when invited and properly notified. Foster Care Level 3 expectations include: Face to face contact between assigned agency staff and the juvenile will occur a minimum of two (2) times per month. One (1) of these contacts will occur in the foster home. A minimum of one (1) face to face contact between assigned agency staff and the foster family will occur each week. At least one face to face contact will occur every other week. Alternate weekly contacts may occur via phone or email. Assigned agency staff will attend Family Team Meetings for juveniles in their care when invited and properly notified.</td>
<td>6 to 8 months</td>
<td>30 days, Foster Care Level 2 $50/day, Foster Care Level 3, $69/day</td>
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<tr>
<td>Relative/Kinship Foster Care</td>
<td>Relative/Kinship Foster Care homes are not licensed by the Department of Health and Human Services. The Relative/Kinship Foster care home must be associated with an agency, must have completed a Relative/Kinship Home Evaluation, and must be approved by the Court. Relative/Kinship Foster Care expectations include: Face to face contact between assigned agency staff and the juvenile will occur a minimum of two (2) times per month. One (1) of these contacts will occur in the foster home. A minimum of one (1) face to face contact between assigned agency staff and the foster family will occur each week. At least one face to face contact will occur every other week. Alternate weekly contacts may occur via phone or email. Assigned agency staff will attend Family Team Meetings for juveniles in their care when invited and properly notified.</td>
<td>6 to 8 months</td>
<td>30 days, $69/day</td>
</tr>
<tr>
<td>Emergency Foster Care</td>
<td>Provides emergency 24-hour family foster care for the protection of youth under age 18, including runaways. Placement is made without prior planning and does not exceed 30 days. Foster care home must be associated with a child care agency.</td>
<td>less than 30 days</td>
<td>30 days, $69/day</td>
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<tr>
<td>Respite Care</td>
<td>Respite services provide a short-term intervention to provide temporary relief from highly emotional situations to allow time for the juvenile and or family to calm. Services can be provided both in and out of the home.</td>
<td>3 weeks or less</td>
<td>30 days, $69/day</td>
</tr>
<tr>
<td>Relative Kinship Home Assessment</td>
<td>Home evaluation completed by an agency supported foster care provider to determine appropriateness of a potential relative/kinship foster home prior to placement of any juveniles. This evaluation includes evaluating the overall physical safety of the home and whether or not the physical needs of the juvenile can be met in this home. In addition, criminal background checks must be completed. For household members aged 13 and older, the background checks must include checks of the CPS Central Register and the APS Central Registry. For household members age 18 and older, the background check must include checks of the CPS Central Register, the APS Central Registry, the Sex Offender Registry, local law enforcement agency, and emergency, name-only check with the Nebraska State Patrol.</td>
<td>To be completed as soon as possible</td>
<td>1 evaluation, $150</td>
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Group Home Services

Services provided to youth who require a 24 hour staffed residential setting that provides structure and supervision.

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<tr>
<td>Group Home A</td>
<td>A residential service in a group setting utilizing 24 hour awake staff to provide safety and security for the group home environment and the community. Juvenile in this level of care require consistent behavior management and supervision. Staff provides a safe and nurturing environment to help juvenile facilitate change in their behavior, attitudes and personal interactions.</td>
<td>4-6 months</td>
<td>30 days, $135/day</td>
</tr>
<tr>
<td>Group Home B</td>
<td>Refer to definition for Group Home A; however youth at this level do not require awake overnight staff to maintain safety and security in the home.</td>
<td>4-6 months</td>
<td>30 days, $100/day</td>
</tr>
<tr>
<td>Maternity Group Home Non-Parenting</td>
<td>Placement provides services the same as others at the group home A level, however give preference to girls who are pregnant. Skill building in parenting is emphasized.</td>
<td>4-6 months</td>
<td>30 days, $135/day</td>
</tr>
<tr>
<td>Maternity Group Home Parenting</td>
<td>Placement provides services the same as others at the group home A level, however give preference to girls who are parenting. Skill building in parenting is emphasized. Group home ensures the safety not only of the juvenile they serve, but also their dependent children.</td>
<td>4-6 months</td>
<td>30 days, $152/day</td>
</tr>
</tbody>
</table>
ADDITIONAL PROBATION DISTRICT SERVICES
Services in direct support of probation supervision

Tools and programs provided through the probation district to promote behavior change through additional structure, support, accountability. These services directly support day to day probation supervision, therefore are provided by a probation officer or through specific contractual agreements.

Additional Probation District Services

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<th>Service</th>
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<tr>
<td>Electronic Monitoring</td>
<td>A tool of supervision whereby a tamper-proof monitoring anklet is placed on the probationer by the probation officer, to provide added structure, support, and accountability, while case management programming is being adjusted or established. This added support promotes public safety while the probationer is in transition.</td>
<td>Ave. of 4-6 weeks, or as by order of the Court</td>
</tr>
<tr>
<td>Continuous Alcohol Monitoring (CAM)</td>
<td>The CAM device is a tamper-resistant ankle bracelet that measures the individual's perspiration for the presence of alcohol excreted through the skin. It is a tool of supervision for use when the juvenile: 1) Is involved in substance use treatment. 2) Has an extensive history of alcohol-related incidents. 3) Demonstrates continued use of alcohol despite negative consequences and shows an unwillingness to discontinue its use. 4) Is unable/unwilling to maintain a substantial period of abstinence through previous use of alcohol monitoring tools.</td>
<td>Ave. of 90 days or as by order of the Court</td>
</tr>
<tr>
<td>Cognitive Behavioral Group</td>
<td>Specific cognitive behavioral programs are utilized with high risk probationers to teach change in their patterns of feeling, thinking, and behaving which lead to criminal behavior.</td>
<td>Time to complete the course varies according to curriculum type used</td>
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</tbody>
</table>