Probation Service Definition

ADMINISTRATIVE OFFICE OF THE COURTS & PROBATION

SERVICE NAME	**Substance Use Partial Care** ☐ **Adult** ☒ **Juvenile**
Category	Treatment
Setting	Hospital or non-hospital, community-based
Facility License	N/A
Service Description	Substance Use (SU)Partial Care is less intensive than inpatient, but more intense than community based intensive outpatient therapeutic care. Substance Use (SU) Partial Care provides a community based, coordinated set of individualized substance use treatment to youth who are not able to function full time in a normal school, work, and/or home environment and need additional structured actives of this level of case. SU Partial Care is less involved than inpatient or partial hospitalization services. SU Partial Care provides structure for activities of daily living including intensive group, family and individual therapy with essential education and treatment components to allow the youth to apply new skills within real world environments.
Service Expectations	• A substance use disorder (SUD) evaluation needs to be completed by a licensed clinician prior to the beginning of treatment. • If a prior SUD evaluation is determined to be clinically relevant and includes a current diagnosis, level of care recommendation and a discharge plan, it can serve as the admission assessment. If the prior assessment is not relevant or does not contain the necessary information, an SUD addendum would be necessary. • All individuals will be screened for co-occurring conditions throughout the assessment. If the clinician is a Licensed Alcohol and Drug Counselor (LADC) or a Provisional Licensed Alcohol and Drug Counselor (PLADC) and suspects a possible mental health symptoms, a referral is to be made to a clinician capable of diagnosing/treating co-occurring mental health and substance use disorders. • The youth's parent, guardian, caregiver must be involved in the assessment, treatment and discharge planning. Initial contact with the legal guardian/family must occur within the first 72 hours • A written initial treatment/recovery plan will be developed by the team (including the youth, their family /guardian, probation/problem solving court staff and other supports as appropriate) integrating individual strengths and needs, stating measurable goals, and including a documented discharge and relapse prevention plan completed within 24 hours of admission • Staff must be available to schedule meetings and sessions at a variety of times in order to support family/other involvement for the youth.

	• Family members are encouraged to participate in the assessment/treatment of the youth as appropriate and approved by the individual, and their participation or lack of participation is documented in the youth's record. • The written individualized treatment plan must be reviewed weekly or as medically necessary by the supervising clinician. The plan must be approved by youth, parent, guardian, caregiver • Services may include individual therapy, group therapy, family therapy, medication management if applicable and education for diagnosis, treatment and life skills • Provide a flexible meeting(s) schedule to include evenings and weekends to facilitate family participation. • Monitoring to promote successful reintegration into regular, productive daily activity such as work, school or family living • Other services could include 24 hours crisis management, family education, self-help group and support group orientation. • Consultation and/or referral for general medical, psychiatric, and psychological needs. • A crisis (safety risk/reduction) plan will be developed and updated as needed throughout the service. The youth parent/guardian/caregiver must be able to demonstrate they have the knowledge and skills to implement the crisis plan • A monthly family engagement meeting with all team members will be held in person or via tele services. • The agency/clinician will document the progress toward the individualized daily program schedule in their reports. Probation/Problem Solving Court Officer will verify with staff to determine if progress is being made. If progress is not indicated, the staff shall provide a rationale as to what changes will be made to initiate a plan to indicate progress • If a youth is gone without permission (after they have been in attendance at the facility) and does not return or cannot be located within 2 hours, the provider/agency will contact the assigned Probation/problem Solving Court Officer or if occurring after hours, the on-call/after hours contact identified for that youth. The agency will continue to make efforts to locate and engage with the youth, parent, and probation until the youth is located and/or discharged. Such efforts should be clearly documented and included in the documentation to probation including the dates /hours the youth's whereabouts were unknown and the efforts made to locate them. • Services must be trauma-informed, culturally and linguistically appropriate, age and developmentally appropriate and incorporate evidence-based practices when appropriate. • Discharge planning begins at the time of admission and includes: next appropriate level of care arrangements, scheduled follow-up appointments and assistance for the youth/family to develop community

	supports and resources. Consultation with community agencies on behalf of the youth/family will also as a part of the discharge planning. Program plan required ☒ Yes ☐ No
Service Frequency	Services will be provided 3-5 times per week for a minimum of 20 hours per week per the following schedule: • Individual therapy-minimum of 1 hour sessions per week • Group-minimum daily • Family therapy-minimum of 1 hour sessions per week • Recreation therapy-minimum daily • Psycho-educational groups-minimum daily
Length of Service	Is individualized and based on clinical criteria for admission and continuing stay, as well as the youth's ability to make progress on individual treatment/recovery goals.
Staffing	• Clinical Director-APRN, RN, LMHP, LIMHP, LADC, or licensed psychologist - to provide clinical supervision, consultation and support to all program staff and the Medicaid eligible individuals they serve. This individual will also continually incorporate new clinical information and best practices into the program to assure program effectiveness and viability, and assure quality organization and management of clinical records, and other program documentation. • Appropriately licensed and credentialed professionals working within their scope of practice to provide substance use disorder treatment who are knowledgeable about the biological and psychosocial dimensions of substance use disorder. • Direct care staff, holding a bachelor's degree or higher in psychology, sociology or a related human service field, are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable. • Other program staff may include Registered Nurse (RN)s, Licensed Practical Nurse (LPN) s, recreation therapists or social workers. This service requires Criminogenic Continuing Education Hours ☒ Yes (for Clinical staff) ☐ No
Staff to Client Ratio	• Clinician to youth: o Individual therapy-1:1 o Group therapy-1:12 maximum, 1:3 minimum o Family therapy-1:1

Hours of Operation	24 hours/7 days a week
Service Desired Outcomes	• Youth has made progress on treatment goals/objectives as outlined in the treatment plan • The precipitating condition and relapse potential is stabilized such that youth's condition can be managed without professional external supports and interventions. • The youth has alternative support systems secured to help the individual maintain stability • Youth has identified support systems to help maintain stability in the community. • Youth has improved functioning and behavior changes in life domains. • Medication management referral to prescribing clinician as deemed appropriate. • Risk reduction (safety, crisis) plan has been established. The youth, parent, guardian, caregiver must be able to demonstrate they have the knowledge and skills to implement the crisis plan • Clinician has coordinated with other treating professional as needed. Sufficient supports are in place and youth can move to a less restrictive environment
Unit and Rate	See rate sheet