2022-2023

JUVENILE SERVICES COMMITTEE AND NEBRASKA COALITION FOR JUVENILE JUSTICE JOINT ANNUAL REPORT

Recommendations to the Nebraska Children's Commission and the Judiciary Committee of the Legislature

Submitted Pursuant to Neb. Rev. Stat. 43-4203 and 43-2412(1)(b)

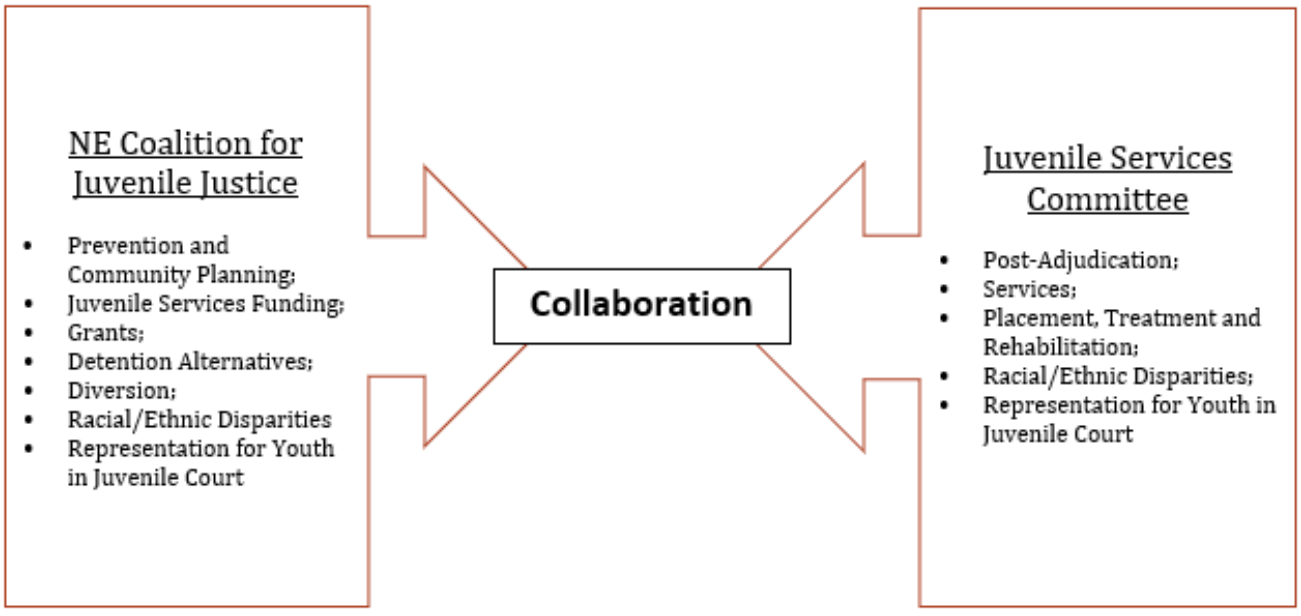
BACKGROUND

Juvenile Services Committee (JSC) of the Nebraska Children's Commission and the Nebraska Coalition for Juvenile Justice (NCJJ) present this joint report as a thoughtful contribution to the reform of juvenile justice in Nebraska and in compliance with Neb. Rev. Stat. 43-4203 and 43-2412(1)(b). The recommendations contained in this joint report support the ongoing juvenile justice reform efforts, and reflect a collaborative, open, and inclusive process of discussion and information sharing.

In order to enhance collaboration, coordinate initiatives, and increase the impact and efficacy of juvenile justice reform in Nebraska, the JSC and NCJJ have begun collaborating in the form of joint meetings, joint reporting, and inclusive workgroups. This collaboration will allow the most coordinated response possible for juvenile justice reform, while allowing each body to meet its statutory obligations in the most efficient way possible.

The two have divided initiatives and work based on the juvenile justice continuum of care.

These groups will work together towards juvenile justice reform and improved outcomes for Nebraska's youth and families. Both groups remain willing to serve as a resource to the Legislature, Governor, Judicial Branch, and state agencies for any juvenile justice related issue or initiative.



RECOMMENDATIONS

MISSION AND GOAL

Mission: Design a comprehensive, accountable, culturally competent, continuum of care in the juvenile justice system that meets the needs of families and youth while maintaining public safety.

Goal: To work collaboratively with the executive, legislative, judicial, and county branches of government, the Nebraska Children's Commission (Commission), and other key stakeholders to establish and support the development of the ideal Juvenile justice System that will prevent children and youth from entering or becoming more deeply involved in the juvenile justice system.

Juvenile Services Committee Recommendations	Strategic Priority
The workgroup recommends there be a collaborative effort to increase awareness, define roles and partner with Managed Care Organizations (MCOs) to increase access to the services available through not only Medicaid but all funding streams	• Services Array
DHHS consider and adopt this workgroup's revisions and key concepts to the current Community Treatment Aide definition which will provide a service available in a youth's community while actively working on their treatment plan.	• Services Array

JUVENILE SERVICES COMMITTEE

Deb VanDyke Ries (Nebraska Court Improvement Project) and Nick Juliano (RADIUS) serve as the co-chairs for the JSC.

During this reporting year, the JSC acknowledged that racial and ethnic disparities (R/ED) was a larger conversation than what one workgroup can do. Within the JSC and the Commission, these topics need to be a part of every conversation surrounding juvenile justice. The R/ED workgroup will reconvene if there are specific issues to be addressed but have not met on a regular basis this year because of how intertwined conversations is with other issues. Future work related to R/ED includes completing a Strengths, Weaknesses, Opportunities, Threats (SWOT) analysis to determine what opportunities can be found to make real impact on disproportionality within Nebraska's youth systems.

The JSC is charged with reviewing the role and effectiveness of the YRTC and established a workgroup to address this in previous years. DHHS has created a 5-year plan the JSC supports and has not identified any immediate recommendations for the upcoming year. The Office of Juvenile Services Administrator, Mark LaBouchardiere, from DHHS attends and updates the JSC to provide any information to inform future decision making. YRTC normalcy reports are also reviewed by the Nebraska Children's Commission to ensure activities are focused on the youth and normalize their experience as much as possible while involved with YRTC. The JSC intends to keep the YRTC as an ongoing item of discussion and create a workgroup as needed.

ACCESS TO TREATMENT WORKGROUP

Julie Smith, Chair

The Access to Treatment Workgroup was formed in July 2022 bringing together experts from the community to explore the scope of the problem, identify underlying issues contributing to the problem; and develop actionable steps to improve timely access to clinically indicated treatment services.

The group has identified six overarching solutions to overcome the barriers impacting access to treatment services in Nebraska:

1. Improve timely access to a robust continuum of treatment services
2. Address compensation and training to attract and retain a highly skilled network of providers
3. Incentivize collaboration on complex cases
4. Evaluate funding structures and rates
5. Increase access to individual and family supports necessary to serve youth at home and in the community safely
6. Evaluate the intersection of mental health and prevention services to improve future outcomes

Although not the current focus, the workgroup identified several systemic issues that have a direct impact on access to services. Policy, statute or regulation assessment and change will be necessary priorities of any further cross-systems work related to access to services. These areas have a direct impact on access to treatment services and should be considered priorities of any further cross-systems work related to access to treatment. Recommendations from this group will not address the needs of the highest needs youth with complexity however is intended to offer alternatives to PRTF for youth with less acuity making more capacity for youth with the highest need.

ACCESS TO TREATMENT WORKGROUP

During the last reporting year, the group has focused on two specific areas:

1. Utilization of Care Management

Care Management is a valuable resource provided by the Managed Care Organizations (MCOs) designed to help their members access services. To maximize effectiveness and reduce the impact of silos on the access to services, there must be a clear understanding by all system partners such as DHHS-CFS, DHHS-DD, DHHS-DBH, Behavioral Health Regions, Probation, Medicaid and MCOs regarding their roles, resources, payment options and the interconnectedness between agencies. The workgroup recommends there be a collaborative effort to increase awareness, define roles and partner with MCOs to increase access to the services available through not only Medicaid but all funding streams.

One factor identified impacting effective utilization of care management is lack of a clear understanding of roles and responsibilities for each person who identifies as a Case Manager across the various agencies. This has created system gaps that prevent the timely access to services and fuels conflict between system partners and further delays access to services. The workgroup is undertaking an effort to develop documents that:

- Clearly outline the roles, responsibilities, and limitations of each system partner
- Maps the interconnectedness between agencies
- Outlines processes including authorization, payment, and processes specific to youth under Court supervision.
- Identifies opportunities for innovation, collaboration, and blended funding streams

Prior efforts have relied heavily on engagement and a "storytelling" model without companion written documents created by and agreed upon by all system partners resulting in further miscommunication and lost institutional knowledge with turnover and workforce changes.

2. Evaluating the Community Treatment Aide (CTA) definition

After determining the service continuum creates gaps in services and an overreliance on Psychiatric Residential Treatment Facilities (PRTF), the workgroup started to evaluate what services could bridge the gap between outpatient services and PRTF that still offer more intensive, skill-based supports designed to keep a youth in their community. CTA is a supportive service paid for by Medicaid as a skill-based supplement to individual and family therapy when included as a part of an individual's treatment plan. The workgroup reviewed the current service definition to ensure CTA would be accessible for the intended target population and provide the supports needed for youth currently requiring more intensive treatment than outpatient services alone. Several proposed revisions in Appendix A have been suggested to further refine the service definition. Medicaid staff have been part of this discussion, and the workgroup would recommend that DHHS adopt the revisions provided.

NEBRASKA COALITION FOR JUVENILE JUSTICE

The Nebraska Coalition for Juvenile Justice (NCJJ) was created in 2000 by LB1167 and codified at Neb. Rev. Stat. §43-2411 as an advisory committee to the Nebraska Commission on Law Enforcement and Criminal Justice (Nebraska Crime Commission). The NCJJ was formed to recommend grant recipients to the Nebraska Crime Commission; identify juvenile justice issues, share information, and monitor and evaluate programs in the juvenile justice system; recommend guidelines and supervision procedures to be used to develop or expand local diversion programs for juveniles; and prepare an annual report including recommendations on administrative and legislative actions which would improve the juvenile justice system. Elaine Menzel (Nebraska Association of County Officials) serves as the Chair and Kari Rumbaugh (Nebraska Probation Administration) serve the Vice Chair of the NCJJ.

While the NCJJ is no longer federally mandated, due to the withdrawal from Title II funding, the NCJJ remains active with five standing subcommittees who meet in addition to quarterly NCJJ meetings: Executive, Grant Review, Racial/Ethnic Disparities (R/ED), Diversion, and Community Planning.

The goal of the NCJJ is to improve all aspects of the juvenile justice system throughout Nebraska by assisting communities and the state with planning and implementation of systemic improvements, advocacy, education, and award recommendations of state funds for such purposes. The ultimate goal of the NCJJ is to improve the lives and futures of children, youth, and families involved with the juvenile justice system.

Due to the desire to not duplicate efforts with other statewide commissions and coalitions, and to develop strong recommendations for juvenile justice in Nebraska, the NCJJ joined with the Juvenile Services Committee of the Nebraska Children's Commission to hold joint meetings and provide annual recommendations.

During this fiscal year the NCJJ was able to secure a federal Title II grant to support the State Advisory Group (NCJJ) in meetings and training for members. The NCJJ was able to maintain four young adults representing lived experience in the juvenile justice system, as well as obtain appointment of an Indian tribal representative.

GRANT REVIEW SUBCOMMITTEE

The Grant Review Subcommittee is responsible for making funding recommendations to the Crime Commission for the Community-based Juvenile Services Aid grant (CBA) and the Juvenile Services grant (JS). Annually, funds are announced and distributed on a formula basis for CBA funds and on a competitive basis for JS funds. If any county or tribe does not request their CBA formula amount, those funds are put into a competitive pot of funding called Enhancement-based grant (EB) funds. Counties and tribes are also able to apply for these EB funds in addition to their CBA formula allocation. If Nebraska were to receive federal Office of Juvenile Justice and Delinquency Prevention funds (Title II) in the future, the grant review subcommittee would also make the funding recommendations for this competitive funding.

Community-based Juvenile Services Aid

Community-based Juvenile Services Aid are state funds appropriated by the Nebraska Legislature and administered by the Nebraska Crime Commission. The Community-based Juvenile Services Aid Program promotes the development and implementation of community-based programs designed to prevent unlawful behavior and to effectively minimize the depth and duration of the juvenile's involvement in the juvenile justice system. Funds are awarded to aid recipients prioritizing programs and services that will divert juveniles from the juvenile justice system, reduce the population of juveniles in juvenile detention and secure confinement, and assist in transitioning juveniles from out-of-home placements. Eligible applicants are limited to individual counties, multiple counties, federal or state recognized Indian tribes, or any combination of the entities listed.
This year the grant review subcommittee assisted in the review of Community-based Juvenile Services grant requests in the amount of $5,798,000.00. Thirty-two Community-based Juvenile Services grants and 14 Enhancement Based grants were awarded for project period July 1, 2022 to June 30, 2023. An additional 15 Supplemental Enhancement Based grants were awarded to 11 counties totaling $699,638.00. In total through the Community-based Juvenile Services grant, $6,497,638.00 was awarded. (See distribution of funds table below).

GRANT REVIEW SUBCOMMITTEE

Juvenile Services Funds

Juvenile Services funds are state funds appropriated by the Nebraska Legislature and administered by the Nebraska Crime Commission. Availability of funds are announced on an annual basis and applications are accepted through a competitive grant process. Funds received through the Juvenile Services Grant Program shall be used exclusively to assist the recipient in the implementation and operation of programs or the provision of services identified in the recipient's community plan, including; programs for local planning and service coordination; screening, assessment and evaluation; diversion; alternatives to detention; family support services; treatment services; reentry services; truancy prevention and intervention programs; and other services documented by data that will positively impact juveniles and families in the juvenile justice system. Applicants are limited to community-based agencies or organizations, political subdivisions, school districts, federally recognized or state-recognized Indian tribes, or any combination of the entities listed. Projects funded through juvenile services funds include but are not limited to programs for assessment and evaluation, family support services, alternatives to detention, mentoring, school programs, diversion and to address Racial and Ethnic Disparities. For fiscal year 2023, Juvenile Services grant requests totaling $1,968,026.00 were reviewed and awarded to 11 counties or organizations for a total of $564,600.00 for project period July 1, 2022 – June 30, 2023. An additional two (2) Supplemental Juvenile Service grants were awarded to two (2) agencies totaling $35,599.00. In total through the Juvenile Services grant, $600,199.00 was awarded (See distribution of funds table).

DIVERSION SUBCOMMITTEE

The Juvenile Diversion Subcommittee of the NCJJ is a working group established in 2013. The duties of the subcommittee, as outlined in Neb. Rev. Stat. §81-1427, include assisting in regular strategic planning related to supporting, funding, monitoring, and evaluating the effectiveness of plans and programs receiving funds from the Community-based Juvenile Services Aid Program.

In January of 2018, the subcommittee developed a strategic plan identifying priorities of the subcommittee in which goals and direction could be established moving forward. Those goals were then assigned to working groups to start the process of achieving statewide goals. The Diversion Subcommittee Strategic Plan can be found here. The new Nebraska Screen and Assessment Tool (N-SAT) was completed by Dr. Zachary Hamilton in June, 2021. Beginning July 1, 2021, Dr. Michael Campagna has been assisting with the piloting of the NSAT, as well as creating the manual, training materials and training curriculums. These efforts are designed to bring more evidence-based practices in diversion with the goal of developing more consistency among counties and programs.

For more information about Juvenile Diversion in Nebraska, please see the Annual Report here.

COMMUNITY PLANNING ADVISORY SUBCOMMITTEE

Pursuant to Neb. Rev. Stat. §43-2404.01, the Director of the Community-based Juvenile Services Aid Program shall develop and coordinate a statewide working group as a subcommittee of the NCJJ to assist in regular strategic planning related to supporting, funding, monitoring, and evaluating the effectiveness of plans and programs receiving funds from the Community-based Juvenile Services Aid Program. The working group was developed in 2013 and is comprised of individuals from across Nebraska. This statewide working group is referred to as the Community Planning Advisory Subcommittee of the NCJJ. For more information about the Community-based Juvenile Services Aid Program, please see the Annual Report here.

OTHER NCJJ SUBCOMMITTEES

The Racial/Ethnic Disparities (RED) subcommittee is collaborating with the Juvenile Services Committee to provide input on R/ED issues.The R/ED subcommittee of the NCJJ has not been active over the last year. The hope is to have individuals come forward to chair the subcommittee and resume work on assessing and recommendations on addressing R/ED in Nebraska.

The NCJJ chair and vice-chair have developed a Young Adult subcommittee to work on bringing more youth and family voice to the forefront of juvenile justice issues and discussion. Members have joined and agenda and activity formation is underway.

GRANT FUNDS

Distribution of Grant Funds Table			
Project Period July 1, 2022 - June 30, 2023			
FY2022 Juvenile Services Awards			
Recipient	**Original Award**	**Supplemental Award**	**Total**
Child Saving Institute	$ 51,528.00	-	$ 51,528.00
Community Action Partnership of Western NE	$ 46,570.00	-	$ 46,570.00
Completely KIDS	-	$ 20,000.00	$ 20,000.00
Dodge County	$ 45,025.00	-	$ 45,025.00
The Greater Omaha Attendance and Learning Services Center	$ 37,500.00	-	$ 37,500.00
International Council for Refugees and Immigrants	$ 46,426.00	-	$ 46,426.00
Lancaster County	$ 72,976.00	-	$ 72,976.00
Chicano Awareness Center dba Latino Center of the Midlands	$ 54,384.00	-	$ 54,384.00
North Platte Public Schools	$ 61,514.00	-	$ 61,514.00
Project Harmony	$ 50,000.00	$ 15,599.00	$ 65,599.00
Saunders County	$ 79,400.00	-	$ 79,400.00
York County	$ 19,277.00	-	$ 19,277.00
Total	**$ 564,600.00**	**$ 35,599.00**	**$ 600,199.00**

GRANT FUNDS

FY2022 Community-Based Juvenile Services Aid (CB) Awards					
Recipient	**CB Award**	**EB Award**	**Supplemental EB Award**	**Second Supplemental EB Award**	**Total**
Adams County - Lead (Clay, Nuckolls, Webster, Fillmore, Phelps, Harlan, Kearney, & Franklin)	$ 195,385.00	$ 53,247.00	-	-	$ 248,632.00
Box Butte County	$ 21,206.00	-	-	-	$ 21,206.00
Buffalo County	$ 165,991.00	-	$ 47,568.00	-	$ 213,559.00
Cass County	$ 58,341.00	-	-	-	$ 58,341.00
Chase County - Lead (Dundy, Hayes, Hitchcock, Red Willow, Furnas)	$ 91,568.00	-	-	-	$ 91,568.00
Cheyenne County - Lead (Deuel, Kimball)	$ 40,572.00	-	-	-	$ 40,572.00
Colfax County	$ 54,797.00	$ 50,750.00	-	-	$ 105,547.00
Custer County - Lead (Blaine, Dawson, Gosper, Greeley, Loup, Valley)	$ 167,001.00	$ 52,734.00	-	-	$ 219,735.00
Dakota County	$ 82,773.00	-	-	-	$ 82,773.00
Dawes County	$ 30,295.00	-	-	-	$ 30,295.00
Dodge County	$ 110,280.00	$ 49,003.00	$ 12,550.00	$ 26,266.00	$ 198,099.00
Douglas County	$ 1,280,364.00	-	-	-	$ 1,280,364.00
Gage County	$ 44,859.00	$ 12,851.00	-	-	$ 57,710.00
Hall County	$ 172,474.00	$ 24,000.00	$ 16,000.00	-	$ 212,474.00
Holt County - Lead (Boyd, Brown)	$ 34,860.00	$ 25,078.00	-	-	$ 59,938.00
Howard County	$ 22,075.00	-	$ 24,851.00	-	$ 46,926.00
Jefferson County – Lead (Thayer)	$ 21,503.00	$ 5,000.00	$ 15,000.00	-	$ 41,503.00
Lancaster County	$ 1,025,855.00	$ 84,339.00	$ 191,035.00	$ 218,165.00	$ 1,519,394.00
Lincoln County	$ 114,746.00	-	$ 57,572.00	$ 1,190.00	$ 173,508.00
Madison County	$ 248,479.00	-	-	-	$ 248,479.00
Merrick County - Lead (Hamilton, Nance, & Polk)	$ 103,822.00	$ 17,321.00	-	-	$ 121,143.00

GRANT FUNDS

Nemaha County - Lead (Richardson, Johnson, & Pawnee)	$ 72,759.00	-	-	-	$ 72,759.00
Otoe County	$ 48,852.00	-	-	-	$ 48,852.00
Platte County	$ 103,782.00	-	-	-	$ 103,782.00
Saline County	$ 50,662.00	$ 20,000.00	-	-	$ 70,662.00
Sarpy County	$ 525,266.00	-	-	-	$ 525,266.00
Saunders County	$ 77,115.00	$ 94,200.00	$ 34,423.00	-	$ 205,738.00
Scotts Bluff County - Lead (Banner, Morrill)	$ 117,484.00	$ 14,218.00	$ 6,629.00	-	$ 138,331.00
Seward County - Lead (Butler)	$ 90,544.00	-	-	-	$ 90,544.00
Sheridan County	$ 13,939.00	-	-	-	$ 13,939.00
Washington County	$ 59,532.00	$ 15,040.00	$ 8,750.00	-	$ 83,322.00
York County	$ 33,038.00	-	$ 22,536.00	$ 17,103.00	$ 72,677.00
Total	**$ 5,280,219.00**	**$ 517,781.00**	**$ 436,914.00**	**$ 262,724.00**	**$ 6,497,638.00**

Juvenile Services Committee Membership

Member Name	Member Type	Title and Organization	Representation
Jennifer Carter	Voting	**Inspector General of Nebraska Child Welfare**, Office of Inspector General of Nebraska Child Welfare	Representative of the Nebraska Children's Commission Member
Marisa Hattab	Voting	**Diversity, Equity, and Inclusion Officer**, Douglas County	Representative of the Entity Administering Title II Funds
Amy Hoffman	Voting	**Director of Juvenile Diversion and Community-Based Aid**, Nebraska Commission on Law Enforcement and Criminal Justice	Nebraska Crime Commission representative
LaDonna Jones-Dunlap	Voting	**Systems Involved Youth Specialist**, Nebraska Children and Families Foundation	Representative of the Department of Education
Nick Juliano (Co-Chair)	Voting	**President & CEO**, RADIUS	Treatment placement representative
Judge Denise Kracl	Voting	**Fifth Judicial District Court Judge**, Fifth Judicial District	Judge representative
Mark LaBouchardiere	Voting	**Facilities Director**, DHHS, Division of Children and Family Services, Office of Juvenile Services	Representative of the office of juvenile services
Dennis Marks	Voting	**Attorney**, Sarpy County Public Defenders' Office	Defense Attorney Representative
Michelle Nunumaker	Voting	**Administrator**, DHHS, Division of Behavioral Health	Representative of DHHS, Division of Behavioral Health
Patrick Sailors	Voting	**Director of Crisis and Residential Services**, Child Guidance Center	In-Home Service Representative
Tammy Sassaman	Voting	**Executive Director**, Nebraska Juvenile Justice Association	Advocate group representative
Kelli Schadwinkel	Voting	**Director of Juvenile Placement**, Administrative Office of Probation, Juvenile Services Division	Representative of juvenile probation
Vicky Smith	Voting	**Service Director**, CEDARS Youth Services	Group home/Shelter representative
Bobbi Taylor	Voting	**Contract Consultant**	Young Adult with Previous Juvenile Justice Experience
Deb VanDyke-Ries (Co-Chair)	Voting	**Director**, Nebraska Court Improvement Project	Representative of the Court Improvement Project
Dr. Richard Wiener	Voting	**Bessey Professor of Psychology**, University of Nebraska, Lincoln	Data expert representative
Sen. Carol Blood	resource	**Senator, District 3**, Nebraska Legislative Council	Representative of the Judiciary Committee of the Legislature
Bethany Nelson	resource	**DHHS Program Coordinator**, DHHS, Medicaid and Long-Term Care	Representative of DHHS, Division of Medicaid and Long-Term Care
Julie Smith	resource	**Juvenile Justice Programs Specialist**, Administrative Office of Probation, Juvenile Services Division	Representative of Juvenile Probation

Nebraska Coalition for Juvenile Justice Membership

Member Name	Member Type	Title and Organization	Representation
Roma Amundson	Voting	**County Commissioner**, Lancaster County	One county commissioner or supervisor
Colleen Barnes	Voting	**Criminal Justice/Sociology Instructor**, Northeast Community College	At Large Member
Neleigh Boyer	Voting	**Attorney**, DHHS, Division of Legal Services	The chief executive officer of the Department of Health and Human Services or his or her designee
Stanford Bradley	Voting	**Youth Program Coordinator**, Malone Community Center	Youth Advocate
Patrick Connell	Voting	**Vice President of Behavioral Health, Compliance and Government Relations**, Boys Town	Community-based, private nonprofit organizations who work with juvenile offenders and their families (2nd District)
Breanna Flaherty	Voting	**Platte County Attorney**, Platte County	One county attorney
Misty Flowers	Voting	**Executive Director**, Nebraska Indian Child Welfare Coalition	Community-based, private nonprofit organizations who work with juvenile offenders and their families (3rd District)
Monika Gross	Voting	**Executive Director**, Foster Care Review Office	The executive director of the Foster Care Review Office
Brian Halstead	Voting	**Deputy Commissioner**, Nebraska Department of Education	The Commissioner of Education or his or her designee
Amy Hoffman	Voting	**Director of Juvenile Programs and Interventions**, Nebraska Crime Commission	The executive director of the Nebraska Commission on Law Enforcement and Criminal Justice or his or her designee
Janteice Holston	Voting	,	Youth under 24 years of age
Denise Manthei	Voting	,	Young Adult Member
Elaine Menzel (Co-Chair)	Voting	**Legal Counsel**, Nebraska Association of County Officials	The Executive Director of the Nebraska Association of County Officials or his or her designee
Daniel Schleusener	Voting	**Chief Deputy**, Buffalo County Sheriff	Representative from law enforcement
Jill Schubauer	Voting	**Youth Systems of Care Specialist**, Region 3 Behavioral Health	One member of a regional behavioral health authority established under section 71-808
Steve Solorio	Voting	**Youth Program Manager**, El Centro de las Américas	Non-Profit - 1st District
Amanda Speichert	Voting	**Attorney**, Lindemeier & Dawson Attorneys at Law	One public defender
Tami Steensma	Voting	**Director**, Sarpy County Juvenile Justice Center	The director or his or her designee from a secure juvenile detention facility or a staff secure youth confinement facility;
Bobbi Taylor	Voting	**Contract Consultant**, Nebraska Children and Families Foundation	Youth under 24 years of age
Judge Chad Brown	Non-Voting	**Judge of the Separate Juvenile Court**, Douglas County Court	One separate juvenile court judge
Judge Joel B. Jay	Non-Voting	**County Judge**, 11th Judicial District Court	One county court judge
Kari Rumbaugh (Co-Chair)	Non-Voting	**Assistant Deputy Administrator for Juvenile Services**, Nebraska Probation Administration	The probation administrator of the Office of Probation Administration or his or her designee

APPENDIX A

Service Name	**COMMUNITY TREATMENT AIDE**
Setting	Natural environment is primarily the individual's home but may also include a foster home, school or other appropriate community locations conducive for the delivery of Community Treatment Aide (CTA) services per the service definition.
Facility License	Providers will maintain licensure as directed by the Nebraska Department of Health and Human Services.
Basic Definition	CTA services are ~~supportive~~ interventions designed to be directly supportive of the treatment plan to assist the individual and parents or primary caregivers in the real-life application ~~to learn and rehearse the~~ of specific strategies and techniques that can decrease the severity of, or eliminate, symptoms and behaviors associated with the individual's mental illness that create significant impairments in functioning.
Service Expectations (basic expectations for more detail see Title 471 chapters 20 and 32	• CTA services shall be delivered under the direction and supervision of the therapist providing family and/or individual therapy. • ~~Outpatient services shall be provided by licensed practitioners whose scope of practice includes mental health and/or substance use disorder services.~~ • ~~An Initial Diagnostic Interview (IDI) will be completed prior to the beginning of treatment and will serve as the initial treatment plan until the comprehensive plan of care is developed.~~ • The individual's CTA plan shall be a part of the comprehensive treatment plan developed by the individual's outpatient psychotherapy provider who provides oversight of the CTA's interventions. ~~and be developed in close collaboration with the therapy provider.~~ • Treatment interventions should be based on the comprehensive assessment and focused on specific treatment goals inclusive of the culture, expectations and needs as identified by the individual and their parent/caregiver. • The CTA's plan shall detail the specific strategies and techniques to be provided to the individual and their parent/guardian or primary caregivers. • The CTA ~~staff are~~ is an extension of the therapist and is expected to provide interventions outlined in the treatment plan which may include: parent instruction, de-escalation techniques, behavioral management techniques, coping skills, and social and life skills development with an emphasis on evidence-based and evidence-informed models. • • The CTA treatment plan will be reviewed every 30 days to assess the effectiveness of the strategies and techniques in treating, managing or eliminating the identified symptoms and behaviors creating the identified impairments in functioning. • The Supervising Practitioner will provide monthly supervision and direction to the CTA therapist. This contact may be by telephone and shall be documented in the member's treatment record. • • The CTA treatment plan will be ~~reviewed and~~ updated every 90 days or sooner as medically necessary and demonstrate collaboration with the outpatient therapist. • • CTA services shall not be used in place of a school aide or other similar services not involving the parent/guardian or primary caregiver. • • • ~~The parent/caregiver is fully engaged during all CTA services.~~ The CTA will engage in a collaborative partnership with the

	parent/guardian or primary caregiver to: • Increase their understanding of the symptoms and behaviors associated with the individual's mental illness, • Improve their skills to manage the symptoms and behaviors; and/or, • Improve their understanding and utilization of community-based resources available to keep the individual at home and in the community. • ~~Clinical direction by a licensed professional working with the program to provide clinical direction, consultation and support to community support staff and the individuals they serve. The clinical director will review individual clinical needs every 30 days. The review should be completed preferably face to face but phone review will be accepted. The review may be accomplished by the supervisor consulting with the worker on the list of assigned individuals and identifying any clinical recommendations in serving the individual.~~
Length of Service	~~Length of service is individualized and based on clinical criteria for admission and continuing stay, as well as the individual's ability to make progress on individual treatment/recovery goals.~~ Length of services is individualized and based upon the treatment plan goals outlined by the individual's outpatient psychotherapy provider as long as progress is being made toward the identified treatment plan goals and/or the support of the CTA is necessary for maintaining community stability and preventing hospitalization.
Staffing	• Outpatient services shall be provided by licensed practitioners whose scope of practice includes mental health and/or substance use disorder services and are providing direct services to the identified patient through individual and/or family therapy. • ~~The clinical director may be a Physician (MD or DO), physician assistant or an Advanced Practice Registered Nurse (APRN) with experience in psychiatry or addiction medicine; a Psychologist; a Registered Nurse (RN); a Licensed Independent Mental Health Practitioner (LIMHP); a Licensed Mental Health Practitioner (LMHP) or a Provisionally Licensed Mental Health Practitioner (PLMHP).~~

	• ~~The therapist shall be a licensed Physician (MD or DO) or an APRN with experience in psychiatry or addiction medicine, a Psychologist, a provisional Psychologist, a LIMHP, or a LMHP. The CTA may be a PLMHP or a provisionally licensed psychologist only if employed by an accredited organization.~~
	• Community Treatment Aids (CTA's) ~~Direct care staff~~: must be 21 years of age and meet one of the following requirements:
	  ○ have a minimum of two years' experience working with ~~children~~ youth, parent education, peer support or similar field, or
	  ○ two years education in the human service field or a combination of work experience and education with one year of education substituting for one year of experience.
	• All ~~staff~~ CTA's should be educated/trained in relevant strategies and techniques to be implemented with participants, recovery principles ~~and~~ trauma informed care, parenting strategies/support, problem solving brain development and family preservation.

Staffing Ratio	~~Supervising practitioner, clinical director, therapist to CTA and CTA to individual served: adequate to meet program expectations.~~ One CTA may serve multiple individuals.
Hours of Operation	The CTA service will be available during times that meet the need of the individual and their family to include after school, evenings or weekends or both. The service provider will assure that the individual and parent/caregiver have on-call access to a mental health provider 24 hours, seven days per week.
Desired Individual Outcome	• The individual has met their treatment plan goals and objectives. • Parent/guardian or primary caregiver has demonstrated an improved capacity to independently and effectively implement the strategies and techniques to meet the needs of their child and to access community resources when additional support is needed. • The precipitating condition and relapse potential is stabilized such that individual's condition can be managed without professional external supports and interventions. • The individual has alternative support systems secured to help the individual maintain stability in the community. • The individual is able to maintain in the community with the supports developed and does not require hospitalization. • Add: Language regarding social determinants of health?
Admission guidelines	• The individual is under the age of 21. • An established DSM (current edition) diagnosis which requires and will respond to therapeutic intervention. • Presence of psychological symptoms that require this level of care. • The individual is enrolled in active outpatient treatment with a licensed therapist. • The individual would require a more restrictive treatment environment without the services of a CTA. • The individual is medically stable and does not require the 24-hour medical/nursing monitoring or procedures provided in a hospital level of care. • The usual caregiver of the individual ~~shall be available in the treatment setting~~ participates in the delivery of the service. • The individual is to have sufficient medical need for active psychiatric treatment. • Of all reasonable options for active psychiatric treatment available to the individual, treatment in this program is to be the best choice for expecting a reasonable improvement in the individual's psychiatric condition. • The IDI will identify the need for this level of care for the individual.

Continued stay guidelines	All of the following guidelines are necessary for continuing treatment at this level of care: • The individual's condition continues to meet admission guidelines for this level of care. • The individual does not require a more intensive level of care, and no less intensive level of care would be appropriate. • There is reasonable likelihood of substantial benefit as a result of active continuation in the therapeutic program, as demonstrated by objective behavioral measurements of improvement. • The individual is making progress toward goals and is actively participating in the interventions.