
EBA Services Names and Definitions

Approved EBA services and descriptions are listed below. All services shall be requested and authorized on a case by case basis (no service is deemed automatic or mandatory) and included on the Purchase of Service Order (POSO) from the EBA Regional Service Coordinator (RSC) prior to service initiation.

Assessment/Evaluation¹

Service conducted by a qualified professional utilizing a tool or series of tools to provide a comprehensive review with the purpose to make recommendations, provide diagnosis, identify strengths and needs, risk level, and describe the severity of the symptoms.

Evaluation Level 1: This assessment involves a review of records (including the YASI), a clinical interview and mental status examination with the youth. The focus of this assessment is to provide diagnostic impression(s) (if indicated), identify strengths and service/treatment needs and related interventions that will support the youth's developmentally appropriate, prosocial functioning in the community. **Final written report** will include a summary of clinical evaluation, working diagnosis, answers to referral questions and recommendations. *Evaluations can be focused on various needs including trauma, family, exploitation, and/or mental health.* **Completed by** a LMHP or by a provider practicing under the direct supervision of a LMHP and registered for such supervision with the Department of Health Professions.

Evaluation Level 2 This assessment involves a review of records (including the YASI), a clinical interview and brief mental status examination with the youth, interview with collaterals, including family (as needed) and the administration, scoring and interpretation of identified testing instruments (this should include broad-band standardized instruments or evidence-based assessment tools measuring both externalizing and internalizing symptoms. Examples may include, but are not limited to, instruments such as the BDI, BYI-2, BASC-3, or PIY). The focus of this assessment is to provide diagnostic impression(s), if indicated, identify strengths, service/treatment needs and related interventions that will support the youth's developmentally appropriate, prosocial functioning in the community. **The final written report** will include a qualitative and quantitative summary of administered test, clinical evaluation, working diagnosis, answers to referral questions and recommendations for treatment, if needed. *Evaluations can be focused on various needs including trauma, family, exploitation, and/or mental health.* **Completed by** LMHP or by a provider practicing under the direct supervision of a LMHP and registered for such supervision with the Department of Health Professions.

Evaluation Level 3 (Therapeutic Assessment and Intervention) In depth evaluation and intervention to provide diagnostic impression(s), identify strengths/ needs, assess the youth' motivation, willingness and response to interventions. Assessment will include clinical interviews (with the youth and family), record review, collateral contacts and a battery of testing or evidence-based assessment tools measuring both externalizing and internalizing symptoms (examples may include, but are not limited to, instruments such as the BDI, BYI-2, BASC-3, or PIY). The clinician will meet with the youth (individually or with the family) over a series of 4-6 sessions (minimum of four hours of face to face sessions) to focus on symptoms/diagnosis, as well as focused assessment of the youth's strengths, needs, personality, and provide skill-based interventions to target thinking patterns and enhance coping skills, while reviewing the youth's engagement in the process including consistency, willingness to learn and ability to apply skills and interventions. **Written report** will include dates of interviews, sessions, data reviewed, collateral contacts, testing inventories, a detailed summary/ case conceptualization, diagnostic impression (if indicated), interventions provided, youth's progress, amenability to treatment (as recommended) and identify recommendations that will support the youth's developmentally appropriate, prosocial functioning in the community. *Evaluations can be focused on various needs including trauma, family, exploitation, and/or mental health.* **Completed by** LMHP (report generally 5-8 pages).

Evaluation (LMHP) Mental health assessment completed by a LMHP to an identify strengths and needs of a court involved youth. Evaluation will include a full clinical interview which covers an accurate description of symptoms, mental status screening, drug and alcohol use, self-harm history, functioning, adaptive behaviors, family/social relationships and diagnostic impression. Written report will include a summary of interviews, collateral contacts,

summary of clinical evaluation, working diagnosis, answers to referral questions and recommendations. (Hourly service, paid for direct service hours only, as approved on the POSO).

IACCT¹ Independent Assessment, Certification and Coordination Team (IACCT) shall assess a youth's needs to determine if placement in a residential program is needed. The IACCT will include the youth, the youth's family/legal guardian and clinical professionals from the community, when applicable. After the IACCT completes the assessment, the team will develop an appropriate plan of care to meet the individualized needs of the youth and family. Plans may include residential or community-based services.

Intake Bio-psycho-social intake assessment. The intake will include the consent to Treatment, CSB/agency orientation, PHIs, development of the preliminary treatment plan for individual or group services (approximately 2 hours).

Psychological Evaluation Level 1 This level of assessment involves a review of records, collateral contacts with guardian(s) or other relevant parties, a clinical interview and mental status examination with the youth, the use of broad-band and narrow-band standardized psychological instruments chosen to directly address the referral question(s), provide diagnose(s), and formulate a detailed case conceptualization that informs recommendations to assist in improving a youth's psychosocial functioning. Instruments are selected to address differential diagnostic issues; examples may include, but are not limited to, the BDI, BYI-2, MACI-II, PAI-A, BASC-3, or PIY. (For example, a continuous performance test and an ADHD rating scale may be used to determine whether there is sufficient evidence to support a diagnosis of ADHD). At a minimum, the assessment will include psychological instruments measuring cognitive, personality and psychosocial functioning; the test results will be integrated with other sources of data to inform the case conceptualization and treatment recommendations. **Written report** will include dates of interviews, data reviewed, collateral contacts, testing inventories, a detailed summary/ case conceptualization and the background section of the report will include a review of the youth's mental health, substance use and trauma history along with criminogenic risk and protective factors. Report will provide recommendations, as needed, and clear answer(s) to the referral question. **Completed by** a Licensed Psychologist or LMHP directly supervised by a Licensed Psychologist.

Psychological Evaluation Level 2 *Completed for youth involved in numerous systems, long history of/or complex mental health challenges and/or significant intellectual/ cognitive processing impairments.* Evaluation involves an extensive record review, collateral contacts with guardian(s) or other relevant parties, a clinical interview and mental status examination with the youth the use of broad-band and narrow-band standardized psychological instruments chosen to directly address the referral question(s), provide diagnosis (diagnoses), and formulate a detailed case conceptualization that informs recommendations to assist in improving a youth's psychosocial functioning. The assessment, as indicated, will include psychological instruments measuring cognitive, personality and psychosocial functioning; the test results will be integrated with other sources of data to inform the case conceptualization and treatment recommendations. (i.e. Instruments are selected to address differential diagnostic issues. Achievement testing may be added to help identify processing difficulties suggestive of a specific learning disorder. Screening for neuro-psychological functioning may be indicated if the youth has a history of head trauma). **Written report** will include dates of interviews, data reviewed, collateral contacts, testing batteries, the background section of the report will include a review of the youth's relevant mental health, substance use and trauma history along with criminogenic risk and protective factors, summary and results of the psychological tests and a detailed summary/ case conceptualization. Report will provide recommendations, as needed, and clear answer(s) to the referral question. **Completed by** Licensed Psychologist only.

Psycho-Sexual Evaluation (CSOTP) Review records of the youth's mental health, substance abuse, trauma history and sexualized behaviors; interview youth and family, as appropriate; risk assessment tools as appropriate (e.g., ERASOR, PROFESOR, JSOAP-2, etc.); phone calls to collaterals; written summary report will address the referral questions, risk considerations, and youth specific recommendations for treatment interventions, as appropriate. **Completed by** CSOTP (Approx. 4-6 hours, written report 6 to 9 pages).

Psycho-Sexual Evaluation (Ph.D.) Review records of the youth's mental health, substance abuse, trauma history and sexualized behaviors; psycho-sexual evaluations typically come with an extensive dataset of records to be reviewed before the evaluation interview; interview youth and family, as appropriate; psychological testing and scoring; inventories/questionnaires to assess mental health symptoms and personality features,

cognitive/intellectual abilities, academic achievement, memory and processing speed. Includes an analysis of components of the youth's life such as development, behavior, education, medical history, and relationships. Risk assessment tool as appropriate (i.e. ERASOR, JSOAP-2, PROFESOR, etc.); phone calls to collaterals; written summary report that addresses the referral questions, risk considerations, and recommendations for treatment interventions, as appropriate. **Completed by** a Licensed Psychologist and CSOTP (Approx. 5-7 hours, written report 8 to 12 pages).

Psycho-Sexual Evaluation with Psychological Testing Review records of the youth's mental health, substance abuse, trauma history and sexualized behaviors (psycho-sexual evaluations typically come with an extensive dataset of records to be reviewed before the evaluation interview); interview youth and family, psychological testing and scoring to include: inventories/ questionnaires to assess mental health symptoms and personality features, cognitive/intellectual abilities, academic achievement, memory and processing speed. Includes an analysis of components of the youth's life such as development, behavior, education, medical history, and relationships. Risk assessment tools as appropriate (i.e. ERASOR, JSOAP-2, PROFESOR, etc.); phone calls to collaterals; written summary report that addresses the referral questions, risk considerations, and recommendations for treatment interventions, as appropriate. **Completed by** Licensed Psychologist and CSOTP. (Approx. 6-8 hours, written report 8 to 14 pages).

Psychological or Psycho-sexual Update To be used when a psychological or psychosexual evaluation has been completed within the last year. This will include an updated record review and clinical evaluation (testing as needed with rationale). Written report will include summary, answer to the referral questions, and youth specific recommendations (hourly rate, generally 2-3 hours based on information needed).

SA Evaluation Review of records, interview with youth, social history, SASSI, collateral interviews and urine drug screen, as appropriate. Evaluation is completed by a CSAC or LMHP. Written report and clear treatment recommendations (2-3 hours, written report 3 to 4 pages).

Case Management Services

HFW Intensive Care Coordination*² Services conducted for court involved youth who are at risk of placement out of the home or already placed out of the home. Services (extend beyond the regular case management provided within the normal scope of responsibilities of the CSU staff) and include: identifying the strengths and needs of the youth/family through conducting comprehensive family-centered assessments; developing plans in the event of crisis situations, identifying specific formal services and informal supports necessary to meet the identified needs of the youth and his family, building upon the identified strengths; implementing, regular monitoring of and making adjustments to the plan to determine whether the services and placement continue to provide the most appropriate and effective services for the youth/family. ICC providers must be trained in the High-Fidelity Wraparound model of care coordination and receive weekly clinical supervision and have an executed Memorandum with VWIC.

Intensive Care Coordination Family Support Partner*² A family support partner is part of the High-Fidelity Wraparound (HFW) team that offers various levels of support for families based on the family's needs and HFW plan. The support partner works closely with the HFW Facilitator to support positive outcomes for the family.

Mental Health Case Management¹ is defined as a service to assist DJJ involved youth/ young adults with behavioral/mental health problems who reside in a community setting in gaining access to needed medical, social, educational, and other services. Mental Health Case Management can only be provided by the local CSB.

SA Case Management¹ assists youth, adults, and their families with accessing needed medical, psychiatric, substance abuse, social, educational, vocational services and other supports essential to meeting basic needs. If an individual has co-occurring mental health and substance abuse disorders, the case manager shall include activities to address both the mental health and substance use disorders. Only one type of case management may be billed at one time.

Clinical Services

Crisis Intervention¹ Mental health services, available 24 hours a day, seven days per week, to assist DJJ-involved youth experiencing acute mental health dysfunction requiring immediate clinical attention, to prevent exacerbation of a condition or injury to the youth or others; and to provide treatment in the least restrictive setting and reduce the likelihood of unnecessary detainment or hospitalization. **(Urban/ Rural)**

Crisis Stabilization¹ Mental health care services to DJJ involved youth experiencing an acute crisis of a psychiatric nature that may jeopardize their current community living situation. The goals are to avert hospitalization; provide normative environments with a high assurance of safety and security; stabilize individuals in psychiatric crisis; and mobilize community support for ongoing maintenance, rehabilitation, and recovery. **(Urban/Rural)**

Family Support Clinical Services

A broad array of services targeted to aid, support, and/or training in various community settings to build natural supports and functional skills that empower individuals and families towards autonomy, attaining and sustaining community placement, preserving the family structure, and assisting parents in effectively meeting the needs of their court involved youth in a safe, positive and healthy manner. Services are clinical in nature but also includes skill building and behavioral interventions.

Family Centered Treatment (FCT) Evidence based and well-supported trauma treatment model of home-based family therapy, case management, skills training and crisis intervention provided by a trained and certified agency.

Functional Family Therapy (FFT)* Functional Family Therapy (FFT) is an empirically-grounded, family-based intervention program for youth. A major goal of FFT is to improve family communication and supportiveness while decreasing the intense negativity so often characteristic of these families, working in three phases. *An FFT addendum is required.*

Home-Based Services Home-based individual and family services performed by QMHP for court involved youth who do not meet the medical necessity of IIH services, with the goal maintaining in the community. Services will include the development of an individualized service plan which will guide the interventions and provide support in stabilizing the youth and family. Home-based services may be used in conjunction with a clinical service (i.e. YSB) to support communication, problem solving and support a relapse prevention plan. *Service may only be performed by an agency otherwise licensed by DBHDs to provide Intensive-In Home Services.*

Intensive In-Home (IIH) Services¹ IIH services provided by a QMHP for youth under age 21 are intensive, time-limited interventions provided to youth who have or are at-risk of serious emotional disturbance. Services typically occur in the residence of a youth who is at risk of an out-of-home placement or who is being transitioned to home from out of-home placement due to documented clinical needs. All interventions and the settings of the intervention shall be defined in the Service Plan. All IIH services shall be designed to specifically improve family dynamics, provide modeling, and the clinically necessary interventions that increase functional and therapeutic interpersonal relations between family members in the home. These services include, individual and family counseling, communication skills (e.g., counseling to assist the Youth and his or her parents or guardians, as appropriate, to understand and practice appropriate problem solving, anger management, and interpersonal interaction), care coordination with other required services, and 24-hour emergency crisis response.

Multi-Systemic Therapy (MST)* Multisystem Therapy (MST) is an intensive family- and community-based treatment program that focuses on addressing all environmental systems that impact high-risk youth, their homes, families, schools, teachers, neighborhoods and friends. MST recognizes that each system plays a critical role in a youth's world and each system requires attention when effective change is needed to improve the quality of life for youth and their families. *Addendum required.*

Strengthening Families Program (SPF or SPF Home)* An evidence-based parenting skills, youth's social skills, and family life skills training program specifically designed for high-risk families. The aim is to enhance the

family's protective and resiliency processes to reduce family risk. Parents and youth participate in SFP, both separately and together (typically 10-14 weekly sessions, 2 hours each).

Mental Health Skills Building¹ (MHSB) is a training service for individuals with significant psychiatric functional limitations designed to train individuals in functional skills and appropriate behavior related to the individual's health and safety, activities of daily living, and use of community resources; assistance with medication management; and monitoring health, nutrition, and physical condition. These services are intended to enable court involved Youth with significant mental illness to achieve and maintain community stability and independence in the most appropriate, least restrictive environment. (1 unit 1- 2.99 hrs./ 2 units 3-4.99 hrs./ 3 units 5- 6.99 hrs./ 4 units 7 or more hrs.) **(Urban/ Rural)**

Outpatient Clinical Services¹

Treatment provided to individuals on an hourly schedule, on an individual, group, or family basis, and usually in a clinic or similar facility or in another location (including the home). All clinical services are required to have a treatment plan, measurable goals, progress notes and monthly reports as outlined in the Subcontractor Agreement.

Adolescent Community Reinforcement Approach (ACRA)* An outpatient program which uses both behavioral and cognitive-behavioral techniques to replace environmental settings and cues that have supported alcohol or drug use with prosocial activities and new social skills that support recovery. The A-CRA intervention is typically delivered over 12 to 14 weeks and generally includes 10, 1-hour individual sessions; two, 1-hour sessions with parents/caregivers; and two, 1-hour sessions with both adolescents and parents/caregivers together.

Clinical Group A group not otherwise defined, but approved by EBA/DJJ which may include cognitive behavioral health treatment, anger management, or other group process facilitated by a LMHP (youth or family).

DBT Group Dialectical Behavior Therapy is a therapeutic approach that includes individual and group therapy components and specifically aims to increase self-esteem and decrease self-injurious behaviors and behaviors that interfere with therapy. Facilitated by LMHP with no more than 8 participants.

Family Therapy Counseling with LMHP that involves members of the youth identified family, sessions may occur with the family alone or with the youth and family together, based upon the identified needs.

Family Therapy for Substance Abuse Outpatient treatment provided by a CSAC to address identified treatment needs and risk factors related usage for court involved youth and families in joint clinical sessions.

Family Therapy for youth with sexualized Behaviors Outpatient family therapy with CSOTP.

Group Therapy for Substance Abuse Clinical group counseling provided by a LMHP or CSAC to include SA screens as needed.

Group Therapy for Youth with Sexualized Behaviors Clinical Group Counseling with CSOTP.

Individual Therapy Counseling services provided by a LMHP with a court-involved youth to meet identified treatment goals.

Individual Therapy for Substance Abuse Outpatient treatment provided by a LMHP or CSAC to address identified treatment needs and risk factors related usage for court involved youth.

Individual Therapy for youth with Sexualized Behaviors Outpatient individual counseling with CSOTP.

Seven Challenges for Substance Abuse* A comprehensive counseling program for young people that incorporates work on alcohol and other drug usage. Sessions are designed to motivate youth to evaluate their lives, consider changes they may wish to make, and then succeed in implementing the desired changes; it supports them in taking power over their own lives. Minimum of 90 minutes/ two sessions per week for 3-5 months (**group/ individual**).

Seven Challenges Brief for Substance Abuse* Brief Challenges is designed for adolescents and young adults who have a known or suspected drug problem. Brief Challenges is designed to serve three functions:

assessment of drug and co-occurring problems, brief therapy intervention for drug problems, and support in responding to external pressures for abstinence. Six hourly sessions including guardian and client orientation, four individual one-on-one sessions, and final session with guardian, client, and Probation Officer for summary and recommendations. (6 sessions)

Substance Abuse Intensive Outpatient Program (SAIOP)¹ A structured outpatient services (ASAM Level 2.1) model to develop skills for recovery and maintenance; service includes management, life skills, counseling, drug screens, crisis contingency planning, and relapse prevention. Modalities vary and may include individual, family, and group-based activities, a minimum of 3 service hours per service day to achieve 9 to 19 hours of services per week for adults and 6 to 19 hours of services per week for adolescents. Services shall be provided by a DMAS/ ARTS licensed program and may include a combination of groups, individual sessions, and/ or family sessions.

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)* TFCBT is designed to reduce negative emotional and behavioral responses following child sexual abuse, domestic violence, traumatic loss, and other traumatic events. TF-CBT is a short-term treatment provided by a LMHP certified to deliver or currently receiving certification supervision. (approximately 12 to 25 sessions of 50 to 90 minutes).

Thinking for a Change (T4C)* A cognitive-behavioral curriculum developed by the National Institute of Corrections that concentrates on changing the criminogenic thinking of offenders. T4C is a cognitive-behavioral therapy (CBT) program that includes cognitive restructuring, social skills development, and the development of problem-solving skills. (typically, 25 group sessions from 1 to 2 hours each).

Parenting Group Parenting skills development provided to court involved youth with children of their own, to equip them for parenthood including skills need to safely, effectively, and calmly parent a child.

Relapse Prevention for Youth with Sexualized Behaviors Provided by CSOTP, this service is designed for youth who completed a treatment program. Relapse provided for youth that has completed YSB treatment program, with the expectation that the therapist meet with the prior CSOTP (within the facility or program that provided treatment) to support an effective transition.

Specialized Individual Therapy* Outpatient services provided by LMHP with additional training or certifications to meet a specific identified need. Service must be provided to fidelity and documentation of certifications shall be provided to CONTRACTOR (e.g. EMDR, DBT).

Monitoring

Face to Face Surveillance Face to face supervision of the juvenile; face to face service paid only on days that the youth is seen. Missed attempts/failed appearance of the youth is billable, in conjunction with the completion of an SIR. Face to face service paid only on days that the youth is seen.

GPS/EM Monitoring/tracking service utilized for court involved youth in the community to verify a compliance with court orders, as an alternative to detention, or as a short-term sanction for noncompliance with rules of probation or parole. This Service shall include a process for handling alerts and violations of rules and restrictions, with ongoing communication provided between the DSP and the assigned CSU staff. Service includes a monthly report of the youth's activity.

GPS Set-up One-time fee for equipment set up and installation.

Non-Clinical Services

Aggression Replacement Training Group (ART)* Cognitive behavioral intervention focused on adolescents, training them to cope with their aggressive and violent behaviors. It is a multimodal program that has three components: social skills, anger control training and moral reasoning. (10 sessions/groups).

Employment Service/Job-Readiness Support for job readiness and ongoing oversight to support a Youth's employment. Provides supervision and monitoring of job performance, communication with youth and employer, and other related services identified on the treatment plan, to maintain steady employment.

Casey Life Skills (CLS) Mentor/life coaching beginning with the Casey Life Skills Assessment (CLSA)*. The CLSA will be used to create a Service Plan within the first 14 days, to include interventions outlined in the Casey Life skills resource guide and to enhance independent living skills and career preparation on an individual level in the community. Services will be guided by the treatment plan and include short-term, measurable goals. The discharge plan will include the progress captured from the pre and post-CLSA. Upon request, PROVIDER shall submit documentation to PRIME CONTRACTOR evidencing PROVIDER'S compliance with the PROVIDER'S internal staffing credential requirements, oversight and training, and all other requirements of staff providing CLS to Youth.

Family Partnership Meeting (FPM) Facilitation The FPM is a relationship focused approach that provides structure for decision making and that empowers the court involved youth, family members, and the community in the decision-making process. It extends partnership messages to caregivers, providers and neighborhood stakeholders for youth involved.

Gang Intervention Specialist Home based clinical and care coordination service provided by a QMHP, supervised by a LMHP. Services will follow a treatment plan, with monthly progress reports that include a blend psychoeducational, life coaching and clinical activities provided to court involved youth and their families. Staff will have documented training regarding gang culture and effective interventions to change patterns and social interactions.

Independent Living Wrap Independent living training for court involved youth, stepping out of the JCC. Services are to be provided in the youth's current living situation (i.e. own apartment, family home). Youth will learn skills needed to reside on their own, based on the needs identified in the Casey Life Skills Assessment, including but not limited to money management and employment stability. Staff support available 24 hours a day, 1:1 training, and case management services included.

Mentoring

Services in which youth are appropriately matched with screened and trained adults for one-on-one relationships. Services include structured activities, interventions and meetings on a regular basis intended to meet the goals on the service plan and overall enhance protective factors and build resiliency.

Kaizen Program Big Brothers Big Sisters (BBBS)* Program matches adults with an at-risk youth, with the expectation that a caring and supportive relationship will develop. Adults are selected, screened, and matched by BBBS based on shared goals and interest. BBBS staff monitor the relationship and maintain contact with the mentor, youth, and parent/guardian throughout the matched relationship. Adults are expected to meet with the youth at least 3-5 hours per week for a period of 12 months or longer. Ongoing case management by BBBS staff provides supervision and guidance.

Life Skills Coach Individualized service/mentoring performed per individualized treatment plan, with clear, time-limited goals. Court involved youth will be appropriately matched with screened and trained adults to address specific non-clinical goals including: cognitive skill development, age-appropriate behaviors, communication, problem-solving, conflict resolution, and interpersonal skills. Upon request, PROVIDER shall submit documentation to PRIME CONTRACTOR evidencing PROVIDER'S compliance with the PROVIDER'S internal staff credential requirements, oversight and training, and all other requirements of staff providing life skills coaching to youth.

Moral Reconciliation Therapy (MRT)* An evidenced-based, open-ended group intervention that utilizes a series of group sessions (with individual prescribed homework assignments) designed to treat a range of behaviors, including substance abuse and criminal thinking/ ideation. Therapy is a systematic, cognitive behavioral treatment approach that addresses beliefs and reasoning to restructure thinking and improve modal reasoning. (20-30 group sessions provided by a trained facilitator, with 5-15 youth).

Non-Clinical Group Evidence-based or evidence-informed group, approved by EBA not otherwise defined. Groups may include a cognitive skills-based, anger management, or psychoeducational groups by a trained facilitator.

Thinking for a Change (T4C)* A cognitive–behavioral curriculum developed by the National Institute of Corrections that concentrates on changing the criminogenic thinking of offenders. T4C is a cognitive–behavioral therapy (CBT) program that includes cognitive restructuring, social skills development, and the development of problem-solving skills. (typically, 25 group sessions from 1 to 2 hours each).

Parenting Group Parenting skills development provided to court involved youth with children of their own, to equip them for parenthood including skills need to safely, effectively, and calmly parent a child.

Strengthening Families Program (SPF or SPF Home)* An evidence-based parenting skills, youth's social skills, and family life skills training program specifically designed for high-risk families. The aim is to enhance the family's protective and resiliency processes to reduce family risk. Parents and youth participate in SFP, both separately and together (typically 10-14 weekly sessions, 2 hours each).

Vocational Training/ Course Services designed to train youth in job readiness activity or assistance in obtaining certifications (i.e. Safe Serve, CPR, etc.)

Vocational Training Services designed to train youth with job readiness activities, career preparation, and assistance in obtaining certifications to enhance employment opportunities.

Other: Non-Interventions/ Service Enhancements

A uniquely designed service, or one not otherwise named and defined, that will ensure the safety and well-being of a court involved youth to support family preservation and compliance with court and address risk, need and responsivity on an individualized basis.

ABEL Assessment of Sexual Interest (AASI) The AASI is an evaluation and treatment system that clinicians can add to their existing psychological assessments, used to identify deviant sexual interests through a questionnaire of self-reported behaviors and questions designed to identify cognitive distortions and measure truthfulness. This test can be performed in an outpatient setting or detention center. The service includes the cost of the test, introduction and oversight by the LMHP, and report of results, while the youth self-administers the test. (AASI-2 for youth 12-17; AASI-3 for 18+).

Affinity 2.5 Sexual Interest A computer-based instrument designed to assess sexual interest using viewing-time measures. This test can be performed on an outpatient basis or in a detention center. There are no fees to score it. After a 15-minute introduction by the doctor, the juvenile self-administers the test. It takes 30 minutes to review the results and write a brief report of the results.

Court Appearance (PhD) Hourly rate for additional services licensed Psychologist for testimony needed in connection with a court ordered psychological exam (prior approval needed).

Court Appearance (LMHP) Hourly rate for additional services licensed Psychologist for testimony needed in connection with a court ordered evaluation (prior approval needed).

Court Appearance Fee for court appearance, when subpoenaed for testimony for non-clinical service or GPS/EM.

Feedback Session Review recommendations with the family and treatment team as needed, following the evaluation highlighting the recommendations for treatment. *Session must be documented with date, time and participants.*

Interpreter Services Service deferential to cover the cost of testing materials for evaluations or translation services needed to address language related barriers for a youth's treatment services, treatment team meetings, or ongoing communication with their assigned court service unit staff.

Participant Material Cost for specialty groups may be reimbursed at cost, if the family is unable to pay. (To be funded with prior approval only, DSP must submit the receipt/invoice along with the first monthly invoice)

Service Enhancement Service deferential to cover the cost of a service provided in the native language of the youth and or family, without the need of a translator to reduce responsivity barriers. Service must be pre-approved. (i.e. Psychological testing materials administered in Spanish, location enhancement, etc.)

Translation Materials Funding for the cost differential to cover the cost of testing materials for evaluations or translation services needed address language related barriers for a youth's treatment needs.

Treatment Polygraph A Polygraph examination may be utilized during the assessment or treatment process and interpreted by a clinician in conjunction with other information. A polygraph must be clinically aligned with the Association for the Treatment of Sexual Abusers (ATSA) guidelines outlined in the DJJ Relapse Prevention Safety Planning Guide. Approved on a case by case basis only.

Transportation**

Transportation Service Travel cost and mileage combined into a single service fee to a company or provider that offers the fully inclusive service in a pre-approved service description.

Travel - Mileage Federal Mileage rate paid to a DSP, for use of DSP vehicles for a service not otherwise available within the Youth's region at the specified time. Mileage will be approved on a case by case basis, with prior approval outlined on the service authorization/purchase order. Mileage will be paid only beyond travel outside of the DSP's region, as defined by a 50-mile radius from the agency. Round-trip mileage may be approved for each trip and must be outlined on the POSO.

Travel - Time Travel fees are only assessed for on-site assessments at locations which are more than 50 miles from the DSP. If there are multiple assessments at the same site, this is only assessed one time. Not to be used in conjunction with billable hours. *Example: Doctor is dispatched to Danville to conduct two psychosexual evaluations. It is a two-hour trip each way (four hours roundtrip), slightly more than 220 miles. In that case the travel fee for the day would be \$200.*

Residential Services/ Out of Home Placements

Independent Living Services

IL Step-down from JCC, rate includes room and board, transportation and IL skill development based on individualized treatment plan. Staff members will assess, teach and mentor the youth daily in the skills necessary to live independently, utilizing the Casey Life Skills Curriculum. The juvenile may reside in a group home style program or in a fully furnished entry-level apartment or condominium and are required to maintain both employment and some form of continuing education. Financial budgeting and saving, life planning and community adjustment are fostered in a supportive environment that stimulates permanency ties. The following types of IL programs are available:

Independent Living - Parenting Programing includes parenting skill development and housing for the youth's child, with staff available or on-call 24-hours as needed.

Independent Apartment Living The juvenile resides in a fully furnished entry-level apartment or condominium, with staff available or on-call 24-hours as needed.

Independent Living The juvenile resides in a group-home style program or other congregate setting with staff on site 24 hours a day, seven days a week.

Residential Education^{1,4}

A component of the cost for placement in a licensed residential treatment facility. These education services are provided in a licensed, privately owned and operated residential treatment facility to a youth. *Education is paid only for instructional days when the youth is earning credits towards graduation or participating in course work towards the GED (DSP school calendar is required).*

General Education⁴ General education or GED preparation⁴ services to meet the needs of FAPE for a youth, placed into a residential setting, through the RSC and local CSU (**General/ GED Prep**).

Special Education⁴ Special education services for a youth with an individualized education program (IEP) who has been placed for non-educational reasons. (**SPED/ IEP**)

Post Secondary⁴ Educational services for a youth in a residential program who have completed their high school programming, services include a combination of workforce development, career and technical training; may also include supervised employment or internship experiences, for youth placed for non-educational reasons.

Residential Group Home^{1,3,5} Refers to DSS licensed community based- residential programs, which includes room and board, case coordination, skills training and supervision.

Residential Therapeutic Group Home^{1,3,5} (or **Residential Therapeutic Group Home - Parenting**) Program refers to DBHDS licensed therapeutic, community-based, residential program, which includes the following components (as an all-inclusive rate): Room and Board, Case Management, Supplemental Therapies, and Daily Supervision, as listed below. Service may include a parenting skill development and room and board for the youth's child.

Residential Treatment Center^{1,3,5} Program refers to DBHDS licensed Psychiatric Residential Treatment Center or Level C program serving youth in a residential program. The rate sheet includes a set daily rate that is all-inclusive of the following components: Room and Board, Case Management, Supplemental Therapies, and Daily Supervision (detailed service descriptions listed below).

Residential Room and Board^{3,1,5}

A component of the total daily cost for placement in a licensed congregate care facility. Residential room and board costs include room, meals and snacks, and personal care items.

Residential Case Management^{1,3,5}

A component of the total daily cost for placement in a licensed congregate care facility. Activities include maintaining records, making calls, sending e-mails, compiling monthly reports, scheduling meetings, discharge planning, etc.

Residential Daily Supervision^{1,3,5}

A component of the total daily cost for placement in a licensed congregate care facility. Activity includes around the clock supervision.

Residential Supplemental Therapies¹

A component of the total daily cost for placement in a licensed Level C residential treatment facility. Activity includes a minimum number of individual and group interventions, as defined by DBHDS. The interventions are goal-based with clear documentation/notes regarding the goal addressed, the intervention used, the youth's response/input, and plan for follow-up.

Respite Service that provides short term care, supervision, and support to youth for the purpose of providing relief to the primary care giver while supporting the emotional, physical, and mental well-being of the court involved youth.

Emergency Respite/Shelter Service that provides short term care, housing and support to youth for the purpose of providing relief to the primary care giver (when applicable) or to prevent homelessness while supporting the emotional, physical, and mental well-being of the court involved youth.

When the credentials indicate CSAC, a LMHP with documented SA training is permitted to perform the service. Masters level staff undergoing CSOTP Supervision may perform services identified as requiring a CSOTP credential. A Resident or Supervisee may perform services indicated for an LMHP, when they are under Board Approved Supervision.

All services billed in monthly increments, will be pro-rated accordingly. Services will be purchased through licensed programs, when applicable, and DSP's shall follow the guidelines of the licensing body for like services.

¹ Licensed by VA Department of Behavioral Health and Developmental Services (DBHDS)

² Defined by Office of Children's Services (OCS)

³ Licensed by VA Department of Social Services (DSS)

⁴ Licensed by VA Department of Education (DOE)

⁵ Licensed by VA Department of Juvenile Justice (DJJ)

⁶ Defined in accordance with Title IV-E

* Evidence-based program provided to fidelity of the Model

** Transportation is not paid if a local provider is available and appropriate.