

# EBA Services Names and Definitions

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**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/Evaluation <sup>1</sup>

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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 diagnoses, 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, 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 the 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** an LMHP or by a provider practicing under the direct supervision of an 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 tests, the 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** an LMHP or by a provider practicing under the direct supervision of an LMHP and registered for such supervision with the Department of Health Professions.

**Evaluation Level 3 Assessment and Intervention** In depth evaluation and intervention to provide diagnostic impression(s) if indicated, identify strengths/needs, assess the youth's motivation, willingness, and response to interventions. Assessment will include clinical interviews (with the youth and family), review of records, 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 and/or with the family) over a series of 4-6 sessions (minimum of four hours of sessions) to focus on symptoms/diagnosis, as well as an 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** an LMHP (report is generally 5-8 pages).

**IACCT Evaluation**<sup>1</sup> 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.

**Mental Health Evaluation LMHP** Mental health assessment **completed by** an LMHP to 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 impressions. **Written report** will include a summary of interviews, collateral contacts, the clinical evaluation, working diagnosis, answers to referral questions, and recommendations. (Hourly service, paid for direct service hours only, as approved on the POSO).

**Psychological Level 1** This level of assessment involves a review of records, collateral contacts with guardian(s) and/or other relevant parties, a clinical interview and mental status examination with the youth, the use of broad-band and narrow-band standardized psychological testing 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(s). **Completed by** a Licensed Psychologist or LMHP directly supervised by a Licensed Psychologist.

**Psychological Level 2** Completed for youth involved in numerous systems, with a 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 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 for youth with 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 utilized, and a detailed summary/case conceptualization. Report will provide recommendations, as needed, and clear answer(s) to the referral question(s). **Completed by** Licensed Psychologist only.

**Psycho-Sexual Evaluation** Review records of the youth's mental health, substance abuse, trauma history, and sexualized behaviors (including police reports); interview youth and family, as appropriate; phone calls to collaterals; inventories/questionnaires and risk assessment tools as appropriate (e.g., ERASOR, PROFESSOR, JSOAP-2, etc.); written summary report will address the referral questions, risk considerations, and youth specific recommendations for treatment interventions, as appropriate. **Completed by** CSOTP or PhD (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 cognitive 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 (e.g., 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).

**Service Provider Intake** Bio-psycho-social intake assessment. The intake will include consent to treatment, agency orientation, releases of information for Protected Health Information (PHI), and development of the preliminary treatment plan for individual or group services (approximately 2 hours).

**Substance Abuse 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

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**High Fidelity Wraparound Intensive Care Coordination**\*<sup>2</sup> 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 CSU staff and include: identifying the strengths and needs of the youth/family through 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 their family, building upon the identified strengths, implementing regular monitoring of and revisions to the service plan to determine whether the services and placement continue to provide the most appropriate and effective interventions for the youth/family. ICC providers must be trained in the High-Fidelity Wraparound (HFW) model of Intensive Care Coordination (ICC) and after September 2020, have an executed Memorandum with Virginia Wrap Around Implementation Center (VWIC), as applicable.

**Intensive Care Coordination Family Support Partner**\*<sup>2</sup> 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 the HFW plan. The support partner works closely with the HFW Facilitator to support positive outcomes for the family.

**Mental Health Case Management**<sup>1</sup> 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.

**Substance Abuse Case Management**<sup>1</sup> 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<sup>1</sup>

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*A broad array of clinical services targeted to aid, support, and/or provide training in various community settings to build natural supports and functional skills that empower individuals and families working 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 include skill building and behavioral interventions.*

**Adolescent Community Reinforcement Approach (ACRA)\*** An outpatient program which uses both behavioral and cognitive-behavioral techniques to replace environmental triggers 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 ten 1-hour individual sessions, two 1-hour sessions with parents/caregivers, and two 1-hour sessions with both the youth and parents/caregivers together.

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

**Crisis Intervention**<sup>1</sup> 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 Stabilization**<sup>1</sup> 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)**

**Dialectical Behavior Therapy Individual\* (DBT)** DBT Individual therapy with a trained professional with a focus on a youth learning behavioral skills to live in the moment (mindfulness), develop healthy ways to cope with stress, regulate emotions, and improve relationships. DBT is a cognitive behavioral therapy provided by an LMHP trained in the method.

**Dialectical Behavior Therapy Group** DBT is a type of cognitive behavioral therapy that combines strategies including mindfulness, acceptance, and emotion regulation. Service includes participation in a structured stage-based cognitive behavioral and psychoeducational approach facilitated by a trained LMHP with no more than 8 participants.

**Eye Movement Desensitization and Reprocessing\* (EMDR)** A structured interactive therapy that encourages the patient to briefly focus on the trauma memory while simultaneously experiencing bilateral stimulation (typically eye movements), which is associated with a reduction in the vividness and negative emotions associated with the trauma memories. A phase-based psychotherapy method designed to assist in the recovery of trauma, anxiety, depression, panic disorders, and other distressing life experiences. Performed by a certified EMDR clinician.

**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. FCT seeks to address the causes of parental system breakdown, while integrating behavioral change. FCT provides intensive in-home services and is structured into four phases: joining and assessment, restructuring, value change, and generalization.

**Functional Family Therapy<sup>1,2,\*</sup> (FFT)** A short-term, community- and evidence-based intervention for youth ages 11-18 with various emotional and behavioral problems. 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 phases. *FFT must be delivered by trained and certified practitioners who meet national FFT standards; an FFT addendum is required.*

**Family Therapy** Counseling with an LMHP that involves members of the youth's 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 family treatment provided by an LMHP or CSAC to address identified treatment needs and risk factors related to substance usage for court involved youth.

**Family Therapy for Youth with Sexualized Behaviors** Outpatient family therapy service to support a youth's prior offending behavior and maintain healthy sexual boundaries. Service provided by a CSOTP.

**Girls Circle Group\*** A structured support group for girls and gender-expansive youth from 9-18 years which

integrates relational theory, resiliency practices, and skills training. Designed to increase positive connection, strengths, and competence in female youth. Held weekly for 1-2 hours and performed by trained facilitators.

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

**Group Therapy for Youth with Sexualized Behaviors** Structured clinical group counseling with a CSOTP. Treatment outlines a process of developing responsible and healthy attitudes about sexuality. A curriculum or detailed description or the participant workbook may be requested.

**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 of maintaining placement 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 (e.g., 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) Services<sup>1</sup>** 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 interventions 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 their parents or guardians, as appropriate, to understand and practice appropriate problem solving, anger management, etc.), care coordination with other required services, and 24-hour emergency crisis response.

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

**Individual Therapy for Substance Abuse** Outpatient treatment provided by an LMHP or CSAC to address identified treatment needs and risk factors related to usage for court involved youth with substance abuse disorders or an identified substance abuse need.

**Individual Therapy for Youth with Sexualized Behaviors** Outpatient individual counseling with a CSOTP to address offending and/or sexualized behaviors to increase healthy boundaries and community safety. Service supported by ongoing safety and relapse prevention planning.

**Mental Health Skills Building<sup>1</sup> (MHSB)** A training service for individuals with significant psychiatric functional limitations designed to train individuals in functional skills and appropriate behaviors related to the individual's health and safety, activities of daily living, use of community resources, assistance with medication management, and monitoring health, nutrition, and physical conditions. 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)**

**Multi-Systemic Therapy<sup>1,2,\*</sup> (MST)** A short-term, community- and evidence-based intervention for youth ages 11-17 with various emotional and behavioral problems who are at risk of out of home placement and other serious negative outcomes. MST 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. *MST must be delivered by a team of trained and certified practitioners who meet national MST standards; an MST addendum is required.*

**Relapse Prevention for Youth with Sexualized Behaviors** Provided by a CSOTP, this service is designed for youth who have completed a YSB treatment program, with the expectation that the therapist meets with the youth's

prior YSB treatment provider (within the facility or program that provided treatment) to support an effective transition.

**Relapse Prevention for Youth with Substance Abuse** Outpatient treatment provided by an LMHP or CSAC to address identified treatment needs and risk factors related to usage for court involved youth with substance abuse disorders to support an effective transition and maintain sobriety.

**Seven Challenges for Substance Abuse\*** A comprehensive counseling program for youth 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; supports youth 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 and 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 a final session with guardian, client, and Probation Officer for summary and recommendations. (6 total sessions)

**Specialized Individual Therapy\*** Outpatient services provided by an 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., MI, Haven).

**Substance Abuse Intensive Outpatient Program<sup>1</sup> (SAIOP)** A structured outpatient service (ASAM Level 2.1) model to develop skills for recovery and maintenance. Service includes case management, life skills, counseling, drug screens, crisis contingency planning, and relapse prevention. Modalities vary and may include individual, family, and group-based activities with 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 DBHDS/DMAS ARTS licensed program and may include a combination of groups, individual sessions, and/or family sessions.

**Trauma Focused Cognitive Behavioral Therapy\*** A counseling approach for youth who have a variety of symptoms associated with exposure to trauma. TF-CBT is designed to reduce negative emotional and behavioral responses following child sexual abuse, domestic violence, traumatic loss, and other traumatic events. The intervention also supports caregivers in implementing positive parenting skills and positive interactions with the youth. Provided by an LMHP certified to deliver TF-CBT or currently receiving certification supervision for approximately 12 to 25 sessions, typically over 12 - 16 weeks.

## Monitoring

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**Face-to-Face Surveillance as an add-on to GPS** Face-to-face monitoring of the juvenile, in conjunction with GPS services. Face-to-face surveillance must be pre-authorized and pre-approved on the POSO and is paid only on days the youth is seen; a missed attempt/failed appearance of the youth may be billable, in conjunction with the completion of an Incident Report and/or close communication with the PO (and RSC) to verify the need for continued services. Face-to-Face monitoring may be scheduled weekly, as prescribed by the PO, or as needed; in response to crisis, alerts, non-compliance, emergencies, or equipment issues, as authorized on the POSO.

**GPS Electronic Monitoring with check-ins** Monitoring and GPS tracking service utilized for youth on Direct Care status or on Parole supervision. Youth on Parole may be living in the community or in a residential program. Service may be utilized as a step-down from Direct Care or as a graduated sanction for Parole rule non-compliance. PROVIDER shall follow the DJJ process for handling alerts and violations of rules and restrictions defined by DJJ staff at the time of the referral, with ongoing communication provided between the PROVIDER and the assigned DJJ staff. The PROVIDER shall ensure that they have emergency contact information for DJJ staff for reporting required alerts during both business hours and outside of normal business hours. Monitoring shall include a minimum of 2-3 remote check-ins per week (video or telephone) with the youth and caregiver. For youth living in a residential program, including an IL placement, the check-in may be with the residential provider or youth, with at least one weekly contact made directly with the youth (unless otherwise noted on the Service

Authorization). Service provision requires response to alerts and notification protocols defined by the DJJ assigned staff, at the time of referral including immediate and delayed response criteria, and a monthly summary of the youth's activity on the EBA GPS Report Template, or another approved format.

**GPS Electronic Monitoring Setup/ GPS Electronic Monitoring Expanded Setup** One-time fee for equipment set up and installation (inclusive of pick up and disconnection). The enhanced rate will be issued in conjunction with the necessary federal mileage rate to cover travel outside of or over the provider's coverage area.

## Non-Clinical Services

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

**Anger Management Group** Evidence-based, evidence-informed, or another group not otherwise defined (with curriculum approved by EBA/DJJ). Group will utilize skills-based anger prevention and control techniques by a trained facilitator.

**Anger Management Intervention** Individual skill-based, cognitive behavioral intervention provided to youth; including identification of triggers, communication, and techniques to enhance healthy coping skills.

**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 of services, 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 service plan and include short-term, measurable goals. The discharge summary 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.

**Casey Life Skills by Credible Messenger\* (CM)** Casey Life Skills service (see above definition) provided by an adult mentor/coach, specifically trained in the CM model, will be matched with a youth and will utilize their shared, similar, or relevant lived experience to connect with the youth (CMs share a similar background, come from the same community, and often have prior justice involvement). The CM will employ their knowledge of community dynamics and resources to help youth achieve identified goals connected with the primary service. *Documentation of CM training (including location, trainer, agenda, etc.) must be submitted and approved by EBA prior to the service enhancement being endorsed; ongoing CM related trainings are required.*

**Credible Messenger Healthy Wealthy and Wise Group\* (HWW)** This group-based intervention is a trauma-informed, culturally relevant, cognitive behavioral therapy (CBT) program specifically designed for high-risk system-involved youth and young adults. HWW consists of a 14 to 16-week group session primarily covering four topic areas: 1) Decision Making, 2) Identity and Purpose, 3) Overcoming Trauma and Pain, and 4) Life Skills and Financial Literacy. *Group provided by trained and certified Credible Messenger with ongoing training and fidelity monitoring.*

**Credible Messenger Skills Coaching\*** One-to-one intervention provided by a trained and certified Credible Messenger (a specially trained mentor with relevant life experiences, who can connect with and motivate high-risk youth). Focus is on transforming attitudes and beliefs, enhancing life skills, improving decision making skills, career exploration, and academic guidance to modify individual behavior and strengthen disadvantaged communities and connecting youth with local resources. *Ongoing CM training and fidelity monitoring is required.*

**Family Partnership Meeting (FPM) Facilitation** An FPM is a relationship focused approach that provides structure for decision making and 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 the involved youth.

**Gang Intervention Service** Comprehensive intervention to include a blend of skill coaching, psychoeducational interventions, resource connection, care coordination, and possibly clinical activities provided to court involved youth and their families. Service will address gang culture and effective interventions to change patterns and social interactions. (Logic Model or detailed definition may be requested for variations of the gang intervention service).

**Job-Readiness and Employment Service** Support for job readiness (e.g., resume building, job seeking) 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.

**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 interests. 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 Coaching** Individualized service/mentoring performed per individualized service 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. 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. 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 Reconation Therapy\*** An evidenced-based, open-ended group intervention that utilizes a series of group sessions (with individually 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 Skills Group** Evidence-based or evidence-informed group, approved by EBA/DJJ not otherwise defined. Groups may include a cognitive skills-based, anger management, or psychoeducational process by a trained facilitator.

**Parenting Skills Group Intervention for Youth** Parenting skills development provided in a group setting, to court involved pregnant youth or youth with children of their own, to equip them for parenthood including skills needed to safely, effectively, and calmly parent a child.

**Parenting Skills Intervention for Youth** Individualized interventions and parenting skills development provided to court involved youth with children of their own, to equip them for parenthood including skills needed to safely, effectively, and calmly parent a child.

**Thinking for a Change Group (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).

**Vocational Training Group/Vocational Training Individual** 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

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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 responsibility on an individualized basis.

**ABEL Assessment of Sexual Interest Screen (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, report of results, and the youth's self-administration of the test. (AASI-2 for youth 12-17; AASI-3 for 18+).

**Additional Child Rate** Additional room and board rate for a child of youth placed in a residential or independent living program.

**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 testimony needed in connection with a court ordered psychological exam (prior approval needed).

**Court Appearance (LMHP)** Hourly rate for testimony needed in connection with a court ordered evaluation or ongoing clinical services (prior approval needed).

**Court Appearance** Fee for court appearance, when subpoenaed for testimony for non-clinical services 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.

**Location Enhancement COLA** Service enhancement added to a POSO to account for increased operational cost in a geographical area or 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 responsibility barriers. Service must be pre-approved (e.g., may be included in authorizations for HFW ICC or an assessment or evaluation, as applicable and pre-approved).

**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).

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

**Treatment Polygraph** A Polygraph examination may be utilized during the YSB 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 and pre-approved on a case-by-case basis only.

**Youth with Sexualized Behavior Case Coordination** Supplemental service to support YSB services to include communication, information sharing, and collaboration with designated CSU staff, family members and other providers for safety planning, treatment team meetings and other coordination to enhance safety within the community, outside of scheduled sessions. Documentation of coordination is required (routine paperwork is not funded).]

## Residential Education<sup>1, 2, 4,6</sup>

A component of the total daily cost for placement in a licensed Level-C residential treatment facility. These education services are provided in a licensed, privately owned and operated Level-C residential treatment facility to a child/youth with or without an individualized education program (IEP) who has been placed for non-educational reasons. *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).*

**Residential Education<sup>1,2,4,5</sup>** General education services to meet the needs of FAPE for a youth, placed into a residential setting, through EBA typically for Direct Care status or Paroled youth.

**Residential Education IEP<sup>1,2,4,5</sup>** Special education services for a youth with an individualized education program (IEP) who has been placed for non-educational reasons.

**Residential Education GED Prep<sup>1,2,4,5</sup>** GED preparation services to meet the needs of FAPE for a youth, placed in a residential setting, through EBA typically for Direct Care status or Paroled youth.

**Residential Education Post-Secondary<sup>1,2,4,5</sup>** 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, and may also include supervised employment or internship experiences, for youth placed for non-educational reasons.

**Transportation** to support attainment of the goals in a youth's service plan, either through contracted services or payment of mileage and time. Services may be designed to enable a youth or family member to attend an assessment, counseling, or other appointment.

**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

**Residential 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 adjustments are fostered in a supportive environment that stimulates permanency ties. The following types of IL programs are available:

**Residential Independent Living Parenting<sup>1,2,3,6</sup>** Programming includes parenting skill development and housing for the youth's child, with staff available or on-call 24-hours as needed.

**Residential Independent Apartment Living<sup>1,2,3,6</sup>** Programming to support a juvenile who resides in a fully furnished entry-level apartment or condominium, with staff available or on-call 24-hours as needed.

**Residential Independent Living<sup>1,2,3,6</sup>** 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 Transitional Living Program - The Summit TLP<sup>7</sup>** Services for youth returning to the community from a JCC that are not appropriate for Independent Living and cannot return home. Individuals will be 17.5 or older living in a staff supervised, shared home. Includes independent living skills, case management, and daily skill building interventions based on an individualized service plan.

**Residential Programs** Placement of a youth in a supervised congregate care setting. Services provided will be based on licensing requirements and program descriptions.

**Residential Group Home<sup>1,2,3,5,6</sup>** Refers to DSS licensed community-based residential program, which includes room and board, case coordination, skills training, and supervision. Group homes may provide social, life or vocational skills training and are characterized by a supervised home-like environment.

**Residential Therapeutic Group Home<sup>1,3,5,6</sup>** Program refers to a 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.

**Residential Therapeutic Group Home - Parenting<sup>1,3,5,6</sup>** Program refers to a 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 parenting skill development and room and board for the youth's child.

**Residential Treatment Center<sup>1,3,5,6</sup>** Program refers to a DBHDS licensed Psychiatric Residential Treatment Center (RTC) 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<sup>1,3,5,6</sup>** 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<sup>1,3,5</sup>** 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<sup>1,3,5</sup>** A component of the total daily cost for placement in a licensed congregate care facility. Activity includes around the clock supervision.

**Residential Supplemental Therapies<sup>1,3</sup>** A component of the total daily cost for placement in a licensed Level-C residential treatment facility. Activity includes a minimum of 21 group interventions (outside of the 3-5 group therapy sessions lead by a licensed clinician). The 21 interventions are goal-based with clear documentation/notes regarding the goal addressed, the intervention used, the resident's response/input, and plan for follow-up.

**Residential Medical Counseling<sup>1,3,5</sup>** A component of the total daily cost for placement in a licensed Level-C residential treatment facility. Activities include around the clock nursing and medical care through on-campus nurses and on-campus/on-call physician. Activities also include the doctor and nurse in attendance at every treatment planning meeting for resident.

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

<sup>1</sup> Licensed by VA Department of Behavioral Health and Developmental Services (DBHDS)

<sup>2</sup> Defined by Office of Children's Services (OCS)

<sup>3</sup> Licensed by VA Department of Social Services (DSS)

<sup>4</sup> Licensed by VA Department of Education (DOE)

<sup>5</sup> Licensed by VA Department of Juvenile Justice (DJJ)

<sup>6</sup> Defined in accordance with Title IV-E

\*Additional training and certifications shall be submitted to EBA for evidence-based and evidence-informed training provided per model; service shall be delivered to fidelity