Service Names and Definitions (FY26)

evidence-based associates

Evaluations

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.

Mental Health Evaluation

An evaluation which includes at minimum a review of records, a clinical interview, and mental status examination with the youth. This evaluation will provide diagnostic impressions and identify strengths, service/treatment needs, and related interventions that will support the youth's developmentally appropriate, prosocial functioning in the community. Evaluations may focus on various needs including trauma, family, exploitation, gang involvement, and/or mental health.

Evaluation Level 1: An evaluation which includes reviewing information about a youth's current condition, skills, abilities, or needs. It will also include interviews, observations, screening instruments, and/or questionnaires. The evaluation will provide diagnostic impressions and make recommendations for support or interventions to assist the youth's developmentally appropriate, prosocial functioning in the community. Evaluation generally meets the requirements of a Comprehensive Needs Assessment (CNA) but may focus on various needs including trauma, family, exploitation, gang involvement, and/or mental health as needed based on the referral question. The final written report must include the report date, interview date, a summary of the clinical evaluation, working diagnoses (as applicable), answers to referral questions, and recommendations. A feedback session must occur with the youth, caregiver and/or referring PO. This evaluation must be completed by an LMHP.

Evaluation Level 2: An evaluation which includes a review of records, a clinical interview, mental status examination with the youth, interviews with collateral contacts including family, and the administration, scoring, and interpretation of questionnaires and testing instruments. Testing instruments should include broad-band standardized instruments and/or evidence-based assessment tools measuring both externalizing and internalizing symptoms. Examples may include, but are not limited to, instruments such as the such as the Beck Depression Inventory (BDI), Beck Youth Inventories 2nd Edition (BYI-2), Behavior Assessment System for Children 3rd Edition (BASC-3), Quality of Life Inventory (QOLI), Personality Inventory for Youth (PIY), or Substance Abuse Subtle Screening Inventories (SASSI), Screening to Brief Intervention (S2BI)) or ASAM. This evaluation will provide diagnostic impressions and identify strengths, service/treatment needs, and related interventions that will support the youth's developmentally appropriate, prosocial functioning in the community. Evaluations may focus on various needs including trauma, family, exploitation, gang involvement, substance use and/or mental health. The final written report must include the interview date, qualitative and quantitative summaries of the administered tests and clinical evaluation, working diagnoses, answers to referral questions, recommendations, and the date of the report. A feedback session must occur with the youth, caregiver and/or referring PO. This evaluation must be completed by an LMHP.

Evaluation Level 3: A thorough assessment process conducted over a month involves reviewing records, conducting clinical interviews with the youth and parents, mental status examinations, and using standardized testing tools to evaluate externalizing and internalizing symptoms over time (testing instruments may include the Beck Youth Inventories 2nd Edition (BYI-2), Behavior Assessment System for Children 3rd Edition (BASC-3), Conners Third Edition (Conners-3), Quality of Life Inventory (QOLI), or Children's Depression Inventory 2 (CDI 2)). This evaluation provides the clinician an opportunity to foster a rapport with the youth, allowing for a comprehensive assessment of symptoms, strengths, and needs presented throughout the month. This evaluation works well for youth resistant to an assessment, youth with trauma or complex backgrounds, numerous risky domains, or youth who may need a few skills taught with recommendation for ongoing supports. The sessions focus largely on the clinician's

assessment and information gathering to complete a case conceptualization, identification of the youth's strengths, needs, consistency, willingness to learn, and their ability to apply skills and make specific recommendations. The clinician will meet with the youth, either individually and/or with the family, over a series of 4 to 6 sessions for a minimum of four hours. This evaluation may focus on various needs including trauma, family, exploitation, gang involvement, and/or mental health. The final written report must include the report date, session dates, and evaluative summary of the administered tests, data reviewed, collateral contacts, clinical evaluation, working diagnoses, answers to referral questions, a detailed case conceptualization, and recommendations. A feedback session must occur with the youth, caregiver and/or referring PO. This evaluation must be completed by an LMHP.

Biopsychosocial Diagnostic Evaluation: A comprehensive evaluation involving interviews, a full battery of testing instruments based on the presenting problems, and review of records to assess a youth's mental health, functioning, and needs. The evaluation must include testing instruments measuring thinking patterns, personality, and psychosocial functioning; the test results will be integrated with other sources of data to inform the case conceptualization and treatment recommendations. Testing inventories may include the Million Clinical Multiaxial Inventory 4th Edition (MCMI-IV), Minnesota Multiphasic Personality Inventory-3 (MMPI-3), Kaufman Brief Intelligence Test 2nd Edition (KBIT-2), Behavior Assessment System for Children 3rd Edition (BASC-3), Millon Adolescent Clinical Inventory-II (MACI-II), or the Multidimensional Anxiety Scale for Children 2nd (MASC 2). Assessment of intellectual functioning is limited to the K-BIT or alternatively does not include intelligence testing instruments classified as level C by Pearson. The evaluation integrates test results with other data sources to provide a detailed case summary, diagnosis, and treatment recommendations. The final written report must include the report date, interview dates, youth's background (to include mental health, trauma, and substance use, as applicable) and an evaluative summary of the administered tests, data reviewed, collateral contacts, clinical evaluation, working diagnoses/diagnostic impressions, answers to referral questions, a detailed case conceptualization, and recommendations for treatment. A feedback session must occur with the youth, caregiver and/or referring PO. This evaluation must be completed by a LMHP with specialized training in the administration, scoring, and interpretation of testing instruments classified as Level C by Pearson. Documentation as a Pearson Level C qualified user is required prior to conducting such an evaluation. Signatures, credentials, and license numbers must be noted on the report.

Psychological Evaluation

A comprehensive evaluation to include testing inventories/questionnaires to assess mental health symptoms and personality features, cognitive/intellectual abilities, academic achievement, memory, and processing speed; and an analysis of components of the youth's life such as development, behavior, education, medical history, and relationships.

Psychological Level 1: A comprehensive evaluation involving interviews, psychological testing, and review of records to assess a youth's mental health, functioning, and needs. The evaluation must include testing 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. Tests inventories may include the Beck Depression Inventory (BDI), Beck Youth Inventories 2nd Edition (BYI-2), Behavior Assessment System for Children 3rd Edition (BASC-3), Millon Adolescent Clinical Inventory-II (MACI-II), or the Multidimensional Anxiety Scale for Children 2nd (MASC 2). The evaluation integrates test results with other data sources to provide a detailed case summary, diagnoses, and treatment recommendations. The final written report must include the report date, interview dates, youth's background (to include mental health, trauma, and substance use, as applicable) and an evaluative summary of the administered tests, data reviewed, collateral contacts, clinical evaluation, working diagnoses, answers to referral questions, a detailed case conceptualization, diagnostic impressions, and recommendations for treatment. A feedback session must occur with the youth, caregiver and/or referring PO. This

evaluation must be completed by or under the delegation of a Licensed Clinical Psychologist[8] with signatures, credentials, and license numbers noted on the report.

Psychological Level 2: A comprehensive evaluation completed for youth involved in numerous systems, with a long history of, or current, complex mental health challenges, and/or significant intellectual/cognitive processing impairments. The evaluation includes an extensive review of records, clinical interviews with the youth and parents, mental status examination with the youth, interviews with collateral contacts including family and other professionals, and the use of broad- and narrow-band standardized psychological testing instruments chosen to directly address the referral questions. The evaluation must include psychological testing 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. Instruments are selected to address differential diagnostic issues and may include: Wechsler Abbreviated Scale of Intelligence (WASI-II), Personality Assessment Inventory, Adolescent (PAI-A), Beck Youth Inventories 2nd Edition (BYI-2), Behavior Assessment System for Children 3rd Edition (BASC-3), Personality Inventory for Youth (PIY), Millon® Adolescent Clinical Inventory-II (MACI-II), Multidimensional Anxiety Scale for Children Second Edition™ (MASC 2™), or Millon Adolescent Personality Inventory (MAPI). Achievement testing may be conducted to help identify processing difficulties suggestive of a specific learning disorder. Screening for neuro-psychological functioning may also be indicated for youth with a history of head trauma. The final written report must include the report date, interview dates, and an evaluative summary of the administered tests, data reviewed, collateral contacts, clinical evaluation, answers to referral questions, a detailed case conceptualization, diagnostic impressions, and recommendations for treatment. The report must include a background section with a review of the youth's mental health, substance use, trauma history, and criminogenic risk and protective factors. A feedback session must occur with the youth, caregiver and/or referring PO. This evaluation must be completed by a Licensed Clinical Psychologist with signatures, credentials, and license numbers noted on the report.

- **Psychological Administered in Spanish:** A comprehensive evaluation (as described within Psychological Level 2) facilitated in Spanish and may include testing instruments in Spanish. The final written report in English must include the report date, interview dates, and an evaluative summary of the administered tests, data reviewed, collateral contacts, clinical evaluation, working diagnoses, answers to referral questions, a detailed case conceptualization, diagnostic impressions, and recommendations for treatment. The recommendations must be provided to the youth and family in Spanish. A feedback session must occur with the youth, caregiver and/or referring PO. The evaluation must be completed by or under the delegation of a Licensed Clinical Psychologist with signatures, credentials, and license numbers noted on the report.

Psychological Update: An update to a psychological evaluation may be requested if a youth has new behaviors or if new information is reported and a psychological has been completed within the previous 12 months. The update must include a review of the prior evaluation, review of records, clinical interview with the youth, collaterals, and/or completion of any testing indicated as needed. The final written report must include the report date, interview dates, and an evaluative summary of the administered tests, data reviewed, collateral contacts, clinical evaluation, working diagnoses, answers to referral questions, and recommendations for treatment. The updated evaluation is billable by the hour only for direct contact, generally two to three hours. A feedback session must occur with the youth, caregiver and/or referring PO. The evaluation update must be completed by or under the delegation of a Licensed Clinical Psychologist with signatures, credentials, and license numbers noted on the report.

Psychological with Violence Risk Assessment: A comprehensive psychological evaluation which includes and focuses on the youth's likelihood to engage in violent behavior in the future. It aims to identify factors that may increase or decrease the risk of violence and to inform decisions about managing and mitigating that risk. The

evaluation includes review of records, clinical interview(s) with the youth, mental status examination with the youth, interviews with collateral contacts including family and other professionals, and the use of broad-and narrow-band standardized psychological testing instruments and the use of empirically guided violent risk assessment tools (i.e., to determine the probability for violent re-offending, responsivity considerations, and identification of specific risk and protective factors associated with violence, access to weapons, lack of social support, or stressful life events). The final written report must include the report date, interview dates, an evaluative summary of the administered tests, data reviewed, collateral contacts, clinical evaluation, working diagnoses, answers to referral questions, a detailed case conceptualization, diagnostic impressions, and recommendations for treatment. A feedback session must occur with the youth, caregiver and/or referring PO. This evaluation must be completed by or under the delegation of a Licensed Clinical Psychologist with signatures, credentials, and license numbers noted on the report.

Substance Use Evaluation

An evaluation completed to assess whether a youth's alcohol and/or drug use is a problem and recommend interventions to address the youth's needs.

Substance Use Evaluation: A comprehensive evaluation to assess an individual's history of substance use, patterns of use, and impact on various aspects of their life. The evaluator will review records and complete collateral interviews, a clinical interview with the youth, and screenings (e.g., standardized screening tools, the Substance Abuse Subtle Screening Inventories (SASSI)). Drug testing may also be conducted to confirm recent substance use. The evaluation generally consists of two to three hours of direct contact with the youth. The final written report must include the data reviewed, collateral contacts, interview date, date of the report, screening tools/inventories, summary of the evaluation, answers to referral questions, and specific recommendations for treatment. A feedback session must occur with the youth, caregiver and/or referring PO. This evaluation must be completed by a CSAC or LMHP.

Youth with Sexualized Behaviors Evaluation

A comprehensive evaluation with the completion of risk assessment tools to determine the nature, severity, and underlying factors contributing to sexualized behaviors, as well as to develop recommendations for appropriate interventions and treatment.

Psycho-Sexual Evaluation: This evaluation includes a review of the youth's records, background, and police reports, in addition to collateral contacts, interviews with the youth and family, and completion of testing inventories, questionnaires, and risk assessment tools (e.g., ERASOR, PROFESOR, JSOAP-2). The evaluation will take into consideration developmental norms and explore the potential underlying factors contributing to the sexualized behaviors, such as history of abuse or trauma, family dynamics, mental health issues, developmental delays, or substance use. The final written report must include the report date, interview date, and an evaluative summary of the administered tests, data reviewed, collateral contacts, clinical evaluation, answers to referral questions, risk considerations, and youth-specific recommendations for treatment. The evaluation includes treatment recommendations and risk management strategies to minimize the risk of harm to the youth and others as needed. The evaluation will generally include four to seven hours of direct youth contact and must be completed by a CSOTP. A feedback session must occur with the youth, caregiver and/or referring PO.

- **Psycho-Sexual Evaluation Administered in Spanish:** A psycho-sexual evaluation (as described within Psycho-Sexual Evaluation) facilitated in Spanish and may include testing instruments in Spanish. The recommendations must be provided to the youth and family in Spanish. The evaluation must be completed by a CSOTP. A feedback session must occur with the youth, caregiver and/or referring PO.

Psycho-Sexual Evaluation with Psychological Testing: This evaluation includes a review of records of the youth's mental health, substance use, trauma history, and sexualized behaviors, review of police reports, interviews with the youth and family, collateral contacts, and completion of testing inventories, questionnaires, and risk assessment tools (e.g., ERASOR, PROFESOR, JSOAP-2). The evaluation also includes psychological testing and scoring to include inventories and questionnaires to assess mental health symptoms, personality features, cognitive and intellectual abilities, academic achievement, memory, and cognitive processing speed. The evaluation will include six to eight hours of direct youth contact. The evaluation will determine whether an individual qualifies as a youth with sexualized behaviors and determine necessary interventions and services to address the youth's needs. It also includes an analysis of components of the youth's life such as development, behavior, education, mental health history, and relationships. The final written report must include the report date, interview date, and an evaluative summary of the administered tests, data reviewed, collateral contacts, clinical evaluation, working diagnoses, answers to referral questions, risk considerations, a detailed case conceptualization, diagnostic impressions, and youth-specific recommendations for treatment. A feedback session must occur with the youth, caregiver and/or referring PO. The evaluation must be completed by a Licensed Clinical Psychologist and a CSOTP.

Psycho-Sexual Update: An update to a psycho-sexual evaluation that was completed within the previous 12 months when new behaviors or offenses have occurred requiring a reassessment of needs. The update includes a review of records, clinical interview with the youth and family, and completion of any indicated testing. The updated evaluation is billable by the hour only for direct contact/ service, generally two to three hours. The final written report must include the report date, interview dates, and an evaluative summary of the administered tests, data reviewed, collateral contacts, clinical evaluation, answers to referral questions, updated risk considerations, and youth-specific recommendations for treatment. A feedback session must occur with the youth, caregiver and/or referring PO. The psycho-sexual update must be completed by a CSOTP.

Polygraph: A polygraph examination may be utilized for youth over 18 in conjunction with a psycho-sexual evaluation or ongoing youth with sexualized behaviors (YSB) treatment, at the request of the CSOTP. Services must align with the Association for the Treatment of Sexual Abusers (ATSA) guidelines, DJJ's Relapse Prevention Safety Planning Guide, and/or EBA's polygraph position statement. Service is billed as a flat fee.

Case Management

Coordination services to assist DJJ-involved youth and families with behavioral or mental health problems who reside in a community setting in gaining access to needed medical, social, educational, and other services.

Case Management

Case management service or support coordination that can include assistance to youth and their family members in accessing needed services that are responsive to the youth's needs. Case management services include assessing needs, identifying potential services, and linking the youth with services or natural supports. The case manager will assist the youth directly to locate, develop, or obtain needed services and resources; coordinate services with other providers; enhance community integration; make collateral contacts; monitor service delivery; assist with discharge planning; and advocate for youth in response to their changing needs.

High Fidelity Wraparound Intensive Care Coordination[2]: Collaborative planning process provided to address the behavioral and social needs of a youth and family to develop self-efficacy. The Intensive Care Coordinator helps the youth/family develop their team and guides the team through the process to coordinate services and provide support. ICC is typically targeted toward youth with complex emotional, behavioral, or mental health needs. The team consists of system partners, treatment providers, and natural supports. The coordinator facilitates monthly planning meetings, where the team works together to support the family's vision by developing specific, measurable plans to meet the prioritized needs of the youth. Services extend beyond regular case management,

with goals to meet the needs prioritized by the youth, to improve their ability to manage their own services and supports, to develop or strengthen the youth's natural support systems over time, and to integrate the work of all the youth's services and natural supports into one streamlined plan. The Intensive Care Coordinator and supervisor must complete initial and annual refresher training and hold certification in the High-Fidelity Wraparound (HFW) model. Additional documentation may be requested to verify fidelity of services, to include Band-Aid Plan, Strengths, Needs, Culture Discovery, and ongoing Action Plans. Service dosage will vary based on need and phase of the program. Service must include at least weekly contact with the youth and family and one face-to-face contact per month, with a minimum of five hours of documented service per month (to include case coordination, collateral contacts, phone calls, meetings, and sessions). Service is billed monthly. Service that does not meet the minimum dosage will be billed at 50% of the monthly rate.

- **High Fidelity Wraparound Intensive Care Coordination[2] NOVA:** Rate established for the Northern VA area.

Mental Health Case Management[1]: A case management service to assist youth with behavioral and mental health needs in gaining access to needed medical, social, educational, and other services. Services provided will include assessment and planning services; linking the youth to services and supports; locating, or obtaining resources; coordinating services with other providers, making collateral contacts, and follow-up to assess ongoing progress. Service is generally completed in 6 months. Service cannot be authorized with substance use case management. The provider must be licensed through DBHDS to deliver this service. The provider may bill monthly for this service to include a minimum of two interventions (e.g., phone call, collateral contact, tele-session) per month and face-to-face sessions at least every 90 days.

Substance Use Case Management [1]: A case management service to assist youth and their families with accessing needed medical, psychiatric, substance abuse, social, educational, and other supports essential to meeting basic needs and maintaining sobriety. Services to be provided include assessment and planning services, linking the youth to services and supports; locating or obtaining resources; coordinating services with other providers; making collateral contacts and follow-up to assess ongoing progress; monitoring service delivery to assess quality of care. If the youth 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. Service is generally completed in 6 months. Service is only approved in conjunction with Opioid Treatment Programs (OTPs), Office Based Opioid Treatment (OBOT) services, Partial Hospitalization Programs and cannot be authorized with mental health case management or intensive in-home services. The provider must be licensed through DBHDS to deliver this service. The provider may bill monthly for service, to include a minimum of two interventions (e.g., phone call, collateral contact) per month and face-to-face sessions at least every 90 days.

Reentry Case Management

Intensive case management support for youth preparing to transition and/or have recently transitioned back into the community from a residential setting.

Reentry Case Management: Intensive case management, coordination, and support for youth preparing for and upon transitioning back to their community from a residential setting. The youth's service interventions will align with youth needs and may include intake, individual youth contacts, family support/reintegration, participation in team meetings, ongoing needs assessments, skill building, workforce and educational planning and support, case coordination, goal setting, role rehearsal, collaboration with DJJ staff, collaboration with community connections, 24/7 crisis intervention, and documentation of youth updates in DJJ's electronic database. Service may include supervising youth during furloughs to assist the youth in obtaining employment or educational services, facilitate family reintegration meetings, and engage with community supports. Service may include electronic monitoring for youth participating in off-campus outings and furloughs, as needed. Service will include intensive electronic monitoring and check-ins during the first 60 days in the community and for youth who need additional supervision

through graduated sanctions identified by the CSU. Service may begin up to 12 months prior to the youth's release date and generally lasts up to 9 months after release. Service is approximately 3-4 hours per month prior to release and, upon release, approximately 8-10 hours per week for the first 3 months, and then tapering down to 2-6 hours per week with a minimum of 6 hours per month.

Clinical Services

Treatment provided to individuals on an hourly schedule, on an individual, group, or family basis, and usually in the community or home.

Crisis Services

Mental health professionals provide immediate support and intervention during times of acute mental health crises, such as suicidal thoughts or behaviors.

Community Stabilization[1] Short-term services designed to support a youth and their natural supports following contact with an initial crisis response service or as a diversion to a higher level of care. Providers deliver community stabilization services in the youth's home and provide connections with other community-based services. Interventions may include brief therapeutic skill-building interventions, engagement of natural supports, interventions to integrate natural supports in the de-escalation and stabilization of the crisis, and coordination of follow-up service (to include needs of co-occurring intellectual/developmental disabilities and substance use). Services should involve advocacy and networking to provide linkages and referrals to appropriate services or accessing other benefits programs for which they may be eligible. The goals are to provide normative environments with a high assurance of safety and security for crisis intervention; stabilize individuals in psychiatric crisis; and mobilize the resources of the community support system, family members, and others for ongoing support and recovery. Service is billed in 15-minute units.

- **Community Stabilization Level 1:** Staff delivering the service must have a bachelor's degree.
- **Community Stabilization Level 2:** Staff delivering the service must have a master's degree.
- **Community Stabilization Level 3:** Staff delivering the service with less than a bachelor's degree must utilize a multidisciplinary team.
- **Community Stabilization Level 4:** Staff delivering the service with a bachelor's and/or master's degree must utilize a multidisciplinary team.

Family Therapy

A form of counseling facilitated by a licensed professional that aims to resolve conflicts and strengthen familial relationships. Services may be provided to enhance communication, address parent-child conflicts, or the impact of mental health and/or substance use on the family unit.

Brief Strategic Family Therapy*: A short-term, evidence-based family therapy intervention for youth ages 6-18. Brief Strategic Family Therapy (BSFT) uses a structured, problem-focused, directive, and practical approach to the treatment of youth conduct including substance use, associations with antisocial peers, truancy, bullying, and other recognized youth risk factors. Components include diagnosing the dysfunctional interaction patterns that prevent families from reaching their goals, then focuses on interventions and skill building strategies to change and restructure family interactions. Sessions generally occur once per week for 1-1.5 hours, for an average of 3-4 months, but may last up to 6 months. Provider must maintain site licensure by the model developer and shall maintain ongoing adherence to fidelity measures. The staff delivering the service must be trained by the model developer, hold a master's level degree, or hold a bachelor's degree with three years' experience, and operate under an LMHP. Service is billed daily from the first session until discharge (the last session is generally the discharge date, unless approved by RSC), with no more than 14 days permitted between sessions (service gaps in 14 days will result in non-payment).

Family Centered Treatment*: An intensive, home and community-based model that includes counseling, skills training, interventions, resource coordination, and 24-hour crisis intervention. Family Centered Treatment (FCT) seeks to address the causes of parental system breakdown, while integrating behavioral change addressing the function of the behavior rather than the symptoms. Service is committed to a family preservation and reunification; structured into four phases: joining and assessment, restructuring, value change, and generalization and occurs a minimum of two (2), two-hour sessions per week for an average of six (6) months (50-70 sessions total). Additional sessions may be provided based on the family's need. The provider must be certified by the model developer and all staff delivering the service must be fully trained in the model. The provider must adhere to fidelity monitoring processes and provide clinical oversight by LMHP. Service is billed per two-hour session. Failure to meet with the family twice per week may result in termination of services.

Family Therapy: A collaborative treatment process to engage the youth and family unit together in therapy. The goals and objectives will be youth specific and may include improving communication, building stronger relationships, reducing conflict, establishing healthy boundaries, and supporting the youth in their individual challenges. Sessions may occur with the family alone or with the youth and family together, based upon the identified needs and the youth's identified treatment goals. Methods may include skills training, exploring how families respond to situations, working on new ways to respond more effectively, and working with the family to establish routines and boundaries to improve how the family functions. Provider staff must be an LMHP. Family therapy is generally 1-1.5 hours per week for 4-6 months, this may vary based on the involvement with other services and the need. Service is billed at an hourly rate.

Functional Family Therapy[1*]: Functional Family Therapy (FFT) is an evidence-based therapeutic model for youth ages 11-18 and their families. FFT is an intensive, short-term family therapy intervention and juvenile diversion program that offers in-home family counseling designed specifically to address the referring behaviors (e.g., curfew violations, running away, substance use, and truancy), symptoms of serious emotional disturbance, and juvenile delinquency from a relational, family-based perspective. A major goal of FFT is to improve family communication and supportiveness while decreasing negativity by working in phases (engagement, motivation, relational assessment, behavior change, and generalization). The service includes assessment, clinical interventions, care coordination and transition planning. Service is generally facilitated in 12-16 one-hour sessions for 3-5 months; sessions are based on intensity and duration is based on clinical need. FFT must be delivered by trained and certified practitioners who maintain compliance with national FFT standards. FFT cannot be authorized with other family therapy models or crisis intervention. Additional services for the youth and family while participating in FFT may be authorized but must be approved by the FFT team prior to initiation. Service is billed at a daily rate from the first session until discharge (generally the last session, unless otherwise approved), with no more than 14 days between sessions.

- **Functional Family Therapy[1*] NOVA:** Rate established for teams in the Northern VA area.
- **Functional Family Therapy Masters Established Team[1*]**: Billed in 15-minute increments per DMAS.

Home-Based Services: Home-based services aim to provide intensive, family-centered support to youth with serious emotional or behavioral challenges, with the goal of stabilizing their functioning and promoting their overall well-being while maintaining them in their home and community environments. Home-based services are for youth under age 21 and are designed to specifically improve family dynamics, provide modeling, and include clinically necessary prevent out of home placement. These services include individual and family counseling, communication skill building (e.g., counseling to assist the youth and their parents or guardians, as appropriate, to understand and practice appropriate problem solving, anger management), care coordination with other providers, and provider 24-hour emergency crisis response, as qualified. Intensity and duration may vary based on the youth's needs and may include 2-6 hours weekly, for a maximum of 6 months. Providers must be licensed with the Department of Behavioral Health and Developmental Services (DBHDS) and staff must be at minimum a QMHP-C, supervised by

an LMHP. Service is billed at an hourly rate for services provided in the home. Provider specific programs may vary and will be included and described in Appendix B1 as applicable.

Intensive In-Home Services[1]: Intensive in-home (IIH) services aim to provide intensive, family-centered support to children and adolescents with serious emotional or behavioral challenges, with the goal of stabilizing their functioning and promoting their overall well-being while maintaining them in their home and community environments. IIH is for youth under age 21 and is designed to specifically improve family dynamics, provide modeling, and include clinically necessary prevent out of home placement. These services include individual and family counseling, communication skill building (e.g., counseling to assist the youth and their parents or guardians, as appropriate, to understand and practice appropriate problem solving, anger management), care coordination with other providers, and 24-hour emergency crisis response. IIH cannot be authorized with other family therapy services. Intensity and duration are generally 6 to 10 hours weekly, but no less than 3 hours per week for a maximum of 26 weeks. Providers must be licensed with the Department of Behavioral Health and Developmental Services (DBHDS) to provide the service and staff must be at minimum a QMHP-C, supervised by an LMHP. Service is billed at an hourly rate for services provided in the home.

Multisystemic Therapy[1*]: A short-term, community-based, 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. Multisystemic Therapy (MST) focuses on addressing all environmental systems that impact high-risk youth, their homes, families, schools, teachers, neighborhoods, and friends. MST focuses largely on the caregivers and changes to the youth's ecology and environment and recognizes that each system plays a critical role in a youth's world. MST addresses externalizing behaviors of youth with significant clinical impairment such as disruptive behavior, violence, substance use, and/or mood disorders. The service includes assessment, 24/7 crisis intervention, and care coordination. Service intensity and duration is based on clinical need, starting with 2 to 3 sessions per week (ranging from brief check-ins up to 2 hours) and taper down to weekly sessions. Service is generally completed in three to five months. MST must be delivered by a team of trained and certified practitioners who maintain compliance with national MST standards. MST cannot be authorized alongside family therapy, group therapy, crisis intervention, or mental health skill building services. Additional services for the youth and family while participating in MST may be authorized but must be approved by the MST team prior to service initiation. Service is billed at a daily rate from the first sessions until service end (last session, unless otherwise approved), with no more than a 14-day gap in services. MST must be delivered by a team of trained and certified practitioners who maintain compliance with national MST standards.

- **Multisystemic Therapy[1*] NOVA:** Rate established for teams in the Northern VA area.
- **Multisystemic Therapy Masters Established Team[1*]**: Billed in 15-minute increments as defined by DMAS.

Parent Child Interaction Therapy[1*]: Parent-Child Interaction Therapy (PCIT) is a short-term therapy method aimed at improving the parent-child relationship and addressing behavioral issues in children aged 2 to 7. This service can be utilized for youth who have young children and need therapy to enhance the parent-child relationship and assist the youth in developing their behavior management skills. Through structured sessions, parents learn techniques to manage their child's behavior, while therapists offer guidance and feedback. The therapy typically includes two phases: Child-Directed Interaction (CDI) and Parent-Directed Interaction (PDI). PCIT involves homework assignments to reinforce skills learned in therapy and aims for lasting improvement. Services are completed in 14-16 weeks over 12 to 20 sessions. The youth and their child(ren) are present together during the weekly sessions. Service is billed at an hourly rate. Provider staff must be an LMHP and be trained in the model.

- **Parent Child Interaction Therapy:** Rate established for non-certified provider staff delivering the service.

- **Parent Child Interaction Therapy Certified:** Rate established for certified provider staff delivering the service.

Group Therapy

Group therapy is an effective form of therapy in which a group of individuals meet under the guidance of a licensed clinician to describe and discuss concerns or specific topics with the goal of being able to make positive changes.

Clinical Group: A facilitator-led group whose focus is to facilitate therapeutic growth and development among the youth/participants through therapeutic activities or exercises designed to promote self-awareness, communication skills, empathy, or other aspects of personal growth and development. The sessions may involve processing interpersonal interactions, thoughts, feelings, and experiences that arise within the group. Participants may share insights, provide feedback, and explore issues in depth with the support of the facilitator and other group members. Some clinical process groups incorporate skill-building exercises or psychoeducation to help participants develop coping strategies, interpersonal skills, or other tools for managing their emotions and behaviors. Group may focus on a variety of specific topics (e.g., trauma, emotional regulation, exploitation). Sessions are generally 1 hour and must be led by an LMHP. Provider shall submit a detailed description, curriculum, or logic model to the RSC.

Individual Therapy

Individual therapy is delivered one on one with youth and includes setting therapeutic goals, processing the youth's past, and learning how to manage symptoms or triggers in order to live a healthier life. Provider staff delivering the service must be licensed or under supervision.

Dialectical Behavior Therapy*: Dialectical Behavior Therapy (DBT) is a cognitive-based treatment that focuses on teaching youth strategies to help them live their best and most productive life. DBT is often used to help people with depression, anxiety, borderline personality disorders addictions (BPD), eating disorder and post-traumatic stress disorder (PTSD). The premise behind DBT is that problematic behaviors evolve to cope with a situation or attempt to solve a problem. The behaviors may provide temporary relief but are often not effective in the long-term. DBT assumes that individuals are doing the best they can, but they need to learn new behaviors in all relevant contexts. DBT teaches individuals four skills to enhance capabilities: Acceptance Skills (Mindfulness: The practice of being fully aware and present in this one moment mindfulness; Distress Tolerance: How to tolerate pain in difficult situations, not change it) and Change Skills (Interpersonal Effectiveness: How to ask for what you want and say no while maintaining self-respect and relationships with others; Emotion Regulation: How to change emotions that you want to change). DBT is delivered one on one with the youth but may include family sessions to support the youth's progress in therapy. Sessions are generally 1-1.5 hours weekly for 6 months. Provider staff delivering the service must be trained to deliver DBT. Service is generally authorized in conjunction with DBT Group. Service is billed at an hourly rate.

Eye Movement Desensitization and Reprocessing*: A structured, interactive, and individual-based psychotherapy that combines talk therapy with bilateral stimulation, typically through side-to-side eye movements. Eye Movement Desensitization and Reprocessing (EMDR) aims to help youth process traumatic memories by reducing their emotional intensity and negative associations with prior trauma. It is used to treat conditions such as post-traumatic stress disorder (PTSD), anxiety, depression, and phobias. Treatment typically consists of 6 to 12 sessions, each lasting 1-1.5 hours, although individual needs may vary. It is important to note that EMDR therapy is not a quick fix and may require ongoing therapy to maintain progress. Service is delivered by an LMHP certified in EMDR. Service is billed at an hourly rate.

Individual Therapy: Individual therapy involves one-on-one sessions between a therapist and a youth in an office, community setting, or via telehealth. It provides a safe and confidential space for youth to explore their thoughts, emotions, and behaviors, with the goal of addressing personal challenges, improving mental health, emotional

regulation, and enhancing overall well-being. Therapy sessions typically include assessment, goal setting, exploration of challenges or trauma, skill-building, and ongoing support, tailored to the unique needs and goals of the individual youth based on the referral information. The therapist may utilize a variety of approaches to assist the youth in gaining insight into underlying patterns, beliefs, or past experiences that contribute to their current difficulties. Provider staff delivering the service must be an LMHP. Service can be 1-2 hours a week for 6-12 months, depending on need and other supports. Service is billed at an hourly rate.

Outpatient Therapy: Combining individual therapy and family therapy can be particularly effective in supporting the overall well-being of youth. Individual therapy allows the young person to address their personal concerns and develop skills for self-regulation and personal growth, while family therapy helps to address broader relational and environmental factors that may be impacting the youth's mental health and functioning. Working together, these two approaches can help youth and their families achieve their therapeutic goals and foster positive outcomes. Both individual and family sessions can provide a safe and supportive space to explore the youth's thoughts, feelings, and behaviors in the context of the family unit and community. The goals of outpatient therapy can vary widely depending on the youth's needs, but commonly includes reducing symptoms of mental illness, enhancing coping skills, improving communication, increasing self-awareness, promoting personal growth, and fostering resilience. Therapy sessions may be conducted with the youth and/or family to assist the youth in obtaining their identified treatment goals and can encompass a variety of modalities and therapeutic approaches. The service is generally 1-2 hours a week for 6-9 months, depending on the complexity of the issues being addressed and the progress made. Provider staff delivering the service must be an LMHP. Service is billed at an hourly rate.

Therapy for Exploited Youth: Therapy specifically directed towards victims of sexual exploitation. The focus of treatment is to assist the youth and family, as appropriate, to understand exploitation, their associated trauma, and to promote healing. Following the youth's acknowledgement of their trauma, the clinician helps the youth reduce negative symptoms and behavioral patterns, build skills, and develop healthy age-appropriate coping strategies. Service follows a trauma focused treatment modality. Provider staff delivering the service must be an LMHP. Service is billed at an hourly rate.

Trauma Focused Cognitive Behavioral Therapy*: A counseling approach for youth who have a variety of symptoms associated with exposure to trauma. Trauma Focused Cognitive Behavioral Therapy (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 is provided primarily with the youth and supported by sessions with the parent/caregivers and joint sessions to assist in modifying distorted thinking, negative reactions and implement positive parenting skills and positive interactions with the youth. Service is approximately 12 to 25 sessions, typically over 3-4 months. Provider staff must be an LMHP and certified or under supervision to deliver TF-CBT. Service is billed at an hourly rate.

Substance Use Therapy

Substance use therapy is a form of counseling or psychotherapy aimed at addressing issues related to substance abuse or addiction. It involves working with a trained therapist to explore underlying factors contributing to substance use, develop coping strategies, set goals for recovery, and learn skills to maintain sobriety and improve overall well-being. Therapy may be provided individually, in groups, or in a combination of formats, tailored to the individual's needs and preferences.

Adolescent Community Reinforcement Approach*: Overall, Adolescent Community Reinforcement Approach (A-CRA) is a structured and evidence-based approach to treating youth substance use disorders that focuses on teaching coping skills, strengthening social support networks, and promoting positive lifestyle changes. Based on the evaluation, clinicians choose from 12 core and 7 optional A-CRA protocols that address problematic areas and emphasize prosocial behaviors. Behavioral interventions seek to promote an abstinent lifestyle. Youth receive

homework assignments where they practice skills learned during sessions. The intervention is typically delivered in 1-hour sessions over 12 to 14 weeks through individual, family and/or group modalities. Provider staff must be trained in the model and have a minimum of a bachelor's degree and two years' experience or a master's degree in related field. Service must be delivered to the fidelity of the model.

- **Adolescent Community Reinforcement Approach:** Hourly rate established for individual and family sessions. When delivered individually, A-CRA generally includes a total of fourteen sessions: ten individual sessions with the youth, two sessions with parents/caregivers, and two sessions with both the youth and parents/caregivers together.
- **Adolescent Community Reinforcement Approach Group**: When delivered in a group, A-CRA includes 10 group sessions supplemented with 5-8 individual and family sessions. Additional sessions may be needed based on the severity of the youth's needs and comprehension during groups.

Co-Occurring Therapy for Substance Use: An integrated treatment approach designed to address both mental health disorders and substance use disorders simultaneously (not parallel). Because these conditions often influence and exacerbate one another, co-occurring therapy models aim to treat the whole person—recognizing that successful recovery requires addressing both issues in a coordinated, comprehensive manner. Therapist are trained to recognize the interaction between mental health symptoms (such as anxiety, depression, aggression, PTSD) and substance use patterns, tailoring interventions accordingly. Service begins with an assessment of need, identification of strengths, needs and goal setting. Various modalities are utilized and may include CBT techniques to help identify and change negative thought patterns that contribute to both mental health issues and substance misuse, motivation interviewing, trauma-informed approaches that prioritize safety, trust, empowerment, family involvement and relapse prevention and recovery planning. Involving family members, caregivers, or natural supports in therapy sessions can strengthen outcomes by addressing environmental and relational factors. Service is completed over a range of 3 to 12 months for 1-2 hours weekly (or up to 3 hours weekly in some instances). Sessions may be offered in the home or community and shall include the youth's family or significant others as needed. Provider staff delivering the service must be a LMHP. Service is billed at an hourly rate.

Family Therapy for Substance Use: Family therapy for substance use is an approach that involves the entire family system in the treatment process to address the impact of substance use on the family system and builds a supportive family unit. This service includes education regarding substance use, its effects on individuals and families, triggers, effective coping strategies, and relapse prevention. Therapy may also include communication skills training, family roles and dynamics, setting boundaries, and support for family members to promote recovery and healthier relationships. Service may include family sessions, with or without the youth present, to support the goals identified in the service plan. Sessions are typically an hour a week in an outpatient setting in the community, office, or home. Provider staff delivering the service must be a LMHP or CSAC under supervision by an LMHP. Service is billed at an hourly rate.

Group Therapy for Substance Use: Group therapy for substance use is a modality wherein individuals learn and practice recovery strategies, build interpersonal skills, and reinforce and develop social support networks. It typically involves a group of 6 to 12 individuals who meet on a regular basis. Groups often use a combination of strategies, such as motivational interviewing, stages-of-change interventions, psychoeducation, supportive approaches, and skill development. Therapeutic groups may be open or closed and generally last for 1-hour. Service may include urine screens, as needed. Provider staff delivering the service must be an LMHP or CSAC.. The provider must submit a detailed description, curriculum, or logic model to the RSC. Service is billed by the session.

Individual Therapy for Substance Use: Individual therapy for substance use is delivered one-on-one with the individual with the primary focus of addressing substance use and addiction. The therapy process typically begins with a thorough assessment of the youth's substance use history, patterns, criminogenic needs, strengths, and

related behaviors, as well as their physical and mental health status, to gauge the severity of the problem and tailor the treatment approach accordingly. Together, the therapist and youth establish goals for therapy, which may include reducing or abstaining from substance use, identifying triggers, improving coping skills and strategies, addressing underlying issues such as trauma or mental health concerns, rebuilding relationships, or enhancing overall wellness. Provider staff delivering the service must be a LMHP or CSAC under supervision by an LMHP. Services provided over a range of 6-12 months, 1-2 hours weekly (or up to 3 hours weekly in some instances) based on severity of their substance use disorder and needs. Service is billed at an hourly rate.

Relapse Prevention for Substance Use: This therapy includes strategies for preventing relapse and maintaining long-term recovery. Near the end of treatment or after completing treatment youth learn to identify potential triggers and high-risk situations, develop coping skills to manage cravings and urges, create a relapse prevention plan, and build a support network to help them abstain and improve their overall quality of life. Therapy sessions may be provided with the youth and/or family, as appropriate. Provider staff delivering the service must be a LMHP or CSAC under supervision by an LMHP.. Service is typically completed over the course of 6-9 months, 1-2 hours weekly. Service is billed at an hourly rate.

Seven Challenges*: Seven Challenges is a comprehensive counseling program that incorporates work on alcohol and other substance use problems. It is 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. In the Seven Challenges program, youth address their substance use problems, co-occurring life skill deficits, and situational and psychological issues. Clinicians provide a structure for groups and a framework for individual sessions, while the content of each session is in response to the immediate needs of the youth. Seven Challenges utilizes activity books and youth journals. Service is delivered for a minimum of 1.5 hours per week for 3-6 months, depending on severity of usage. Provider staff delivering the service must be a CSAC or LMHP and be certified to deliver Seven Challenges. Sessions may be conducted in individual or group settings.

- **Seven Challenges:** Hourly rate established for individual sessions.
- **Seven Challenges Group:** Rate established for group sessions.

Seven Challenges Brief*: Seven Challenges Brief is designed for adolescents and young adults who have a known or suspected drug problem and is designed to serve three functions: assessment of substance use and co-occurring challenges, intervention for substance use problems, increasing motivation to change, and support in responding to external pressures for abstinence. These sessions can stand alone or serve as an entry point to more services for youth who may want, need, or are recommended to receive additional counseling. The service includes six 1-hour sessions and may last up to 3 months: orientation with the youth and family, four sessions one-on-one with the youth to complete Brief Challenges My Story Book, and a recommendation meeting with the youth, family, and probation officer. Provider staff delivering the service must be trained in the Seven Challenges model and maintain ongoing training. Service is billed by the hour.

Substance Abuse Intensive Outpatient Program[1]: Substance Abuse Intensive Outpatient Programs (SAIOP) are services for youth with substance abuse disorders or co-occurring mental and substance use disorders who do not require medical detoxification or 24-hour supervision (alternative to inpatient). Service modalities vary and may include individual, group, family, and/or psychoeducation about substance use. Service includes case management, life skills, counseling, drug screens, crisis contingency planning, and relapse prevention. Service must include a minimum of 2 hours per service day to achieve an average of 6 to 19 hours per week. Youth must be present a minimum of 2 hours a day to get credit for participation. Service is generally a minimum of 90 days but could span 12 to 16 weeks before youth step down to a less intensive service. The provider agency must be licensed as an addiction and recovery treatment services (ARTS) provider through the Department of Behavioral Health and

Developmental Services (DBHDS). Provider staff delivering the service must meet criteria set by DBHDS. Service is billed by the session (minimum of 2 hours).

Therapy for Substance Use: Substance use therapy can be offered in the home or community and includes both individual and family sessions focused on psychoeducation and helping youth overcome problematic substance use or addiction. It involves a collaborative process between a trained therapist and a youth, where various therapeutic techniques such as cognitive behavioral therapy (CBT) or motivational interviewing are utilized to address the underlying causes of substance use, manage cravings, develop coping skills, and promote recovery. Youth learn to identify potential triggers and high-risk situations, create a relapse prevention plan, and build a support network to maintain sobriety. Service is completed over a range of 3 to 12 months for 1-2 hours weekly (or up to 3 hours weekly in some instances). Provider staff delivering the service must be a LMHP or CSAC under supervision by an LMHP. Service is billed at an hourly rate.

Youth with Sexualized Behaviors (YSB) Therapy

Treatment services for youth who have exhibited problematic sexual behaviors. Treatment includes cognitive-behavioral, skills-oriented, and socio-ecological interventions that target dynamic risk, mitigate risk, and enhance protective factors.

Comprehensive Relapse Prevention: Outpatient treatment with the youth and family, as appropriate, to sustain strides made in YSB therapy and substance use treatment by identifying and processing triggers, both internal and external. The treatment continues to address risk factors and build resiliency/coping skills to maintain safety in the community for a variety of identified needs. This service is designed for youth who have completed YSB and substance use treatment programs, with the expectation that the clinician meets with the former clinician(s) to support an effective transition. Provider staff delivering the service must be both a CSOTP and CSAC (or LMHP). Service is typically completed over the course of 6-12 months, 1-2 hours weekly. Service is billed at an hourly rate.

Family Therapy for Youth with Sexualized Behaviors: Family therapy provided by a CSOTP to directly address dynamic risk factors and enhance protective factors for youth with sexualized behaviors. Therapy focuses on improving communication, strengthening family relationships, setting appropriate boundaries, and developing strategies for supervision and monitoring. Treatment may also address family dynamics that influence the youth's sexualized behaviors and their response to interventions and progress. Family therapy is often supplemented to other YSB therapies, with 1-hour sessions generally occurring weekly or bi-weekly, over the course of 12-18 months. Service is billed at an hourly rate.

Group Therapy for Parents of Youth with Sexualized Behaviors: Group therapy for parents is a parent support group. The parent group focuses on mitigating offending behaviors which include safety factors, day-to-day supervision, processing, and skill development to support a reduction in their youth's risk to reoffend. Service will generally be completed over the course of 6 months with 1-hour weekly sessions. Provider must submit a description, curriculum, or logic model. Service is billed by the session.

Group Therapy for Youth with Sexualized Behaviors: Group therapy provided by a CSOTP focuses on developing responsible and healthy attitudes about sexuality, helps youth identify and adjust environmental, cognitive, affective, behavioral, and/or relational factors that increase or mitigate risk to engage further in problematic sexual behavior. Youth learn legal, age-appropriate sexual behavior typically leading to increased involvement in pro-social activities. Service is generally offered for 6-18 months in 1 to 1.5-hour weekly sessions. Provider must submit a detailed description, curriculum, or logic model to the RSC. Service is billed by the session.

Individual Therapy for Youth with Sexualized Behaviors: Individual therapy provided by a CSOTP focuses on developing responsible and healthy attitudes about sexuality and community safety. Therapy helps youth identify and adjust environmental, cognitive, affective, behavioral, and/or relational factors that increase or mitigate risk to

engage further in problematic sexual behavior. Treatment approaches should be tailored to the individual needs and circumstances of the youth and their families, with a focus on promoting healthy sexual development, preventing future harm, and building the youth's self-esteem. Service is supported by ongoing safety and relapse prevention planning. Individual therapy may be used as the primary approach to treatment or may supplement other therapies. Services provided over a range of 12-18 months; 1-2 hours weekly based on severity of needs. Service is billed at an hourly rate.

Relapse Prevention for Youth with Sexualized Behaviors: Outpatient skill based, cognitive-behavioral treatment with the youth and family, as appropriate, to sustain treatment strides and effectively transition youth into the community by continually mitigating risk factors and enhancing protective factors. Relapse prevention assists youth in identifying internal and external cues, preventing high-risk situations, and developing thinking and coping skills that lead to problematic sexual behavior. This service is designed for youth who have completed a specialized treatment program, with the expectation that the clinician meets with the prior clinician to support an effective transition. Service is typically completed over the course of 6-12 months, 1-2 hours weekly and is provided by a CSOTP. Service is billed at an hourly rate.

Therapy for Youth with Sexualized Behaviors: Combination of individual and family therapy sessions to help youth identify and adjust environmental, cognitive, affective, behavioral, and/or relational factors that increase or mitigate risk to engage further in problematic sexualized behavior. Youth learn to take responsibility for their behaviors, develop a healthy understanding of sexuality, build self-esteem, and learn appropriate boundaries in conjunction with parents and caregivers learning to provide adequate supervision and monitoring. Service includes ongoing safety and relapse prevention planning. Provide must submit a detailed description, curriculum, or logic model to the RSC. Completed over a range of 12-18 months, 1-2 hours weekly (or up to 3 hours weekly in some instances). Service is provided by a CSOTP and billed at an hourly rate.

Monitoring Services

Monitoring or tracking service utilized for court involved youth while in the community, including electronic and/or face-to-face monitoring.

Electronic Monitoring

Electronic monitoring (EM) is a tracking method used for paroled youth to monitor the youth's activities electronically through ankle bracelets equipped with GPS or radio frequency (RF) technology. The devices track the youth's movements and activities, allowing the provider to report on requested restrictions or curfews.

GPS Electronic Monitoring: GPS tracking service with monitoring and check-ins conducted by the provider staff. The provider must follow the GPS restrictions and reporting defined by DJJ staff for handling alerts and violations during both business and after hours. Monitoring shall include a minimum of 2 remote check-ins per week via video or telephone with the youth and caregiver. For youth living in a residential program, the check-ins may also be conducted with the residential provider. Service provision requires weekly contact with DJJ staff and a written monthly summary on the EBA GPS Report Template or another approved format. Service is billed by the day.

GPS Electronic Monitoring Intake: One-time fee for GPS Intake with a youth and or family, then the unit is installed by a third party (e.g., DJJ staff, JDC staff). Service includes completing intake paperwork, releases of information, and verification of expectations. The provider is responsible for pick up/disconnection either in person or via mail.

GPS Electronic Monitoring Setup: One-time fee for GPS equipment set up/installation and pick up/disconnection within the provider's coverage area. Additional travel may be approved if the location is out of the service area.

Non-Clinical Services

A broad array of services targeted to provide non-clinical intervention and support, and/or training in various community settings to build natural supports and functional skills, to progress towards autonomy, attain/sustain within the community, and assist youth in effecting behavior change (e.g., skill-based, vocational).

3rd Millennium Classrooms

Prevention and intervention courses for low-risk youth through 3rd Millennium Classrooms. Courses provide youth with education on risks, consequences, refusal skills, and avoidance of high-risk situations. Courses are virtual and include videos, animation, narration, and knowledge checks. The service is billed per course with a downloadable/printable certificate once the full course has been completed.

Conflict Wise: Addresses the impact of abusive behaviors in an online, e-learning course designed as a prevention or intervention for youth. The interactive course utilizes evidence-based practices and generates a personalized feedback report to assist youth in making positive changes. Conflict Wise helps individuals recognize the impact of their abusive behaviors on themselves and others. It also identifies high-risk drinking, drug use, criminal activities, and other risky behaviors that may contribute to their abusive behaviors.

Diversity, Equity & Inclusion: Course promotes safe communities through education on the crucial concepts of diversity, equity, and inclusion. The interactive on-line course utilizes evidence-based practices and generates a personalized feedback report to assist youth in making positive changes.

Nicotine 101: Course focuses on the impact of smoking, vaping, dipping, and other nicotine-containing products. The online, e-learning course is designed as a prevention or intervention for youth. Individuals will finish the course informed about the effects nicotine has on their body, the risk of addiction, and the impact it has on their developing brain. The interactive course utilizes evidence-based practices and generates a personalized feedback report to assist youth in making positive changes.

Other Drugs: Course focuses on the effects, risks, and consequences of illicit drug use and prescription drug misuse through an online, e-learning course. Other Drugs is an intervention for individuals with current or past experiences with illicit drugs and/or prescription misuse. Other Drugs covers the main drug classes of opiates, depressants, stimulants, and hallucinogens. It includes commonly misused prescription medications, such as Adderall, Ritalin, Vicodin, Oxycontin, Xanax, and Ambien. Other Drugs provides personalized feedback and addresses risks, effects, and consequences to the individual in a motivational interviewing style. It helps the individual recognize and reflect upon their beliefs, attitudes, and behaviors.

Respect & Resolve: Title IX course that focuses on safe and healthy interpersonal relationships. Respect & Resolve Course may be used for underage sexting, bullying and other interpersonal violations to empower offenders to choose and maintain healthy relationships. This course explores crucial concepts for building self-esteem and emotional health, as well as communication and conflict-resolution strategies. It also covers abusive relationship awareness, strategies for recognizing coercive behavior, and safe, positive, active bystander intervention strategies. Youth will receive a downloadable/printable certificate of completion once the full course has been completed. Service is billed as a fee for the course.

STOPLifting: Online intervention/e-learning course for shoplifting violations. STOPLifting contains a personalized feedback report that helps individuals reflect on their behaviors, consequences, attitudes, and beliefs regarding shoplifting. STOPLifting utilizes evidence-based behavior change strategies which help the individual move from ambivalence to awareness to a change in behavior.

THC 101: Online intervention course for juveniles with cannabis violations. THC 101 integrates personalized feedback using the individual's responses and the eCHECKUP TO GO brief intervention tool. THC 101 covers cannabis smoking, vaping, concentrates, and edibles. Individuals are guided through a personalized plan of action

for making positive behavior changes, identifying protective behaviors to reduce use and negative consequences. The course includes a 30-day booster to measure changes in the individual's attitudes and behavior.

Under the Influence: Online e-learning intervention for alcohol violations. It is a state law specific course. Under the Influence alcohol intervention is used for alcohol violations. The course includes lessons on key issues such as effects on health, drinking and driving, state-specific laws, and alcohol/prescription interactions. This highly individualized course uses top tier evidence-based strategies, and integrates the NIAAA-recognized, highly effective eCHECKUP TO GO brief intervention tool that has been proven to reduce high-risk drinking behavior. A brief 30-day booster is included to measure changes in the individual's attitudes and behavior. Individuals receive a confidential feedback summary that can be used in a tiered intervention strategy.

Anger Management

Programming to assist youth in developing an understanding of their anger triggers, identifying healthy coping skills, processing how anger has affected their relationships and overall functioning, and planning to maintain control of their anger.

Aggression Replacement Training* Group: A structured, evidence-based group intervention program designed to address aggressive behavior in adolescents. Aggression Replacement Training (ART) consists of three main components: Skill Streaming (Youth learn a range of social skills through modeling, role-playing, and feedback. These skills may include anger management, communication, problem-solving, and impulse control), Anger Control (youth learn techniques to recognize signs of anger and frustration, as well as strategies to manage and control these emotions effectively), and Moral Reasoning (youth enhance their moral reasoning abilities by considering the perspectives and feelings of others and developing empathy and a sense of responsibility for their actions). ART aims to reduce aggressive behavior and promote more positive social interactions and problem-solving skills. The service must be delivered in a closed group format, and Anger Control must be facilitated in the prescribed order. Sessions must be 1 hour in duration, with a minimum of 30 session, typically completed in 10 weeks. Provider staff delivering the service must be certified in Aggression Replacement Training through initial and annual booster training. Service is billed by the session.

Anger Management Group: A non-clinical group designed to help youth learn to recognize, understand, and manage their anger in constructive ways. Group components may include a variety of psychoeducation, coping skills training, communication skills, conflict resolution, problem-solving skills, emotional regulation (developing greater self-awareness) and accountability. A group setting also provides accountability, as participants can share their progress, setbacks, and successes with others who understand their struggles. Overall, anger management groups provide a supportive environment where individuals can learn and practice effective emotional regulation techniques, ultimately improving their ability to handle anger in healthier, more constructive ways. Groups will be led by trained staff and follow a specific curriculum or set of principles aimed at helping youth develop emotional regulation techniques. Provider must submit detailed description, curriculum, or logic model to the RSC. Service is billed by the session.

Anger Management Intervention: A structured individual approach aimed at helping youth recognize, understand, and effectively manage their emotions. The intervention includes psychoeducation, skill building, behavioral strategies (e.g., problem-solving techniques, assertiveness training, conflict resolution skills), emotional regulation (youth learn to identify and regulate their emotions, including early warning signs of anger and techniques to calm themselves down when feeling overwhelmed or upset), and practice to reinforce new behaviors and promote lasting change. Overall, an anger management intervention aims to empower youth with the tools and strategies they need to manage their anger more effectively, improve their relationships, and enhance their overall well-being. The provider must submit a detailed description, curriculum, or logic model to the RSC. Service is billed at an hourly rate.

Conferencing and Mediation

Conferencing or mediation is a process aimed at resolving conflicts or disputes between parties through facilitated communication and negotiation. A structured, interactive process where a trained and impartial third party neutrally assists youth disputing parties in decision-making or victims and offenders in resolving conflict with specialized communication techniques.

Diligent Search: An extensive effort to locate and document the names of relatives and significant persons in the life of a youth who is in direct care status with no available natural supports. Diligent searches may include discussions with family and natural supports, internet searches to locate and identify relatives, providing written notice to identified relatives, mailing certified letters to identified relatives, making visits to last known addresses of identified relatives, and telephone calls to last known phone numbers of identified relatives. The ongoing process of examining the extended networks of the people who have been involved with the youth over the course of their life. It involves reconstructing the youth's relationships historically over time and currently to identify family members and other individuals who have been significant and positive for the youth for the purposes of finding family and lifelong connections for the youth. Service is billed as a flat fee.

Family Partnership Meeting[3,4]: A family partnership meeting (FPM) is a deliberate and structured approach to involving youth and families in decision-making through a facilitated meeting of family, their identified supports, and professionals working with the family. FPMs utilize a relationship-focused approach to bring together families and their support networks to make decisions regarding the safety, stability, placement, service needs, and well-being of the youth. Provider staff delivering the service are neutral facilitators. Service is billed as a flat fee.

Restorative Justice: A victim-centered approach that focuses on the rehabilitation of an offender through reconciliation with the victim and community at large. Service provides a response to wrongdoing that emphasizes repairing the harm that was created by the wrongdoing and provides a safe space to respectfully discuss what needs to take place to make right the wrong. Restorative practices promote youth accountability, empowerment, and community investment in youth reintegration. Restorative justice services may include the victim/community or may involve a representation of the idea of the victim/community. Service must include making amends for the harm and reintegration into the community. Service is billed per case.

Employment and Workforce Services

Services to assist the youth in increasing job-readiness skills, obtaining and maintaining employment, and completing training to earn industry recognized credentials.

Job-Readiness and Employment Coach: One-to-one service offered to enhance the youth's employability. Service may include assessments, remediation, case management, skill building activities, support of educational and vocational programs, job placement, and ongoing monitoring of the youth's employment status. Staff delivering the service will have ongoing collateral contracts with employers and/or vocational program staff. Service is billed by the hour for direct service contact with the youth.

Job-Readiness and Employment Group: Workforce group that consists of soft skill building activities to prepare a youth for locating a job and maintaining employment. Activities may include resume building, identifying references, job searching, completing applications, mock interviews, financial literacy, and tutorials for online platforms. The service must follow an approved curriculum. The provider must submit a detailed description, curriculum, or logic model to the RSC. Service is billed by the session.

Supported Employment[4]: A Supported Employment program maximizes employment opportunities to gain and maintain competitive employment. Service includes progress monitoring at least twice a month, intensive job skills training and interventions at the work site until the client is stable in employment, job development, job retention, and job placement; social skills training; regular observation or supervision; follow-up services, such as regular contact with the employer, client, and other appropriate individuals, to reinforce and stabilize the job placement;

facilitation of natural supports at the work site. Service may include situational assessments, individual and/or group activities, job coaching and training services, job placement and training, and ongoing support services outlined in the service plan. Interventions may include individual or small group activities. Services may be provided through the individual placement model (supported employment job coach) or group placements with one job coach provided by vendors approved by DARS to provide this service. Support services begin more intensively and gradually decrease as the individual becomes more proficient. Provider must be certified through Department for Aging and Rehabilitative Services (DARS). Service is billed at an hourly rate for sessions, group activities, and documented case collateral contacts.

Vocational Training Group: Vocational training services delivered in a group setting that provide workforce training, education, and other supports that result in industry recognized credentials in career pathways and competitive employment outcomes. Services may include job readiness activities, career preparation, and assistance in obtaining certifications to enhance employment opportunities. Service must follow an approved curriculum. The provider must submit a detailed description, curriculum, or logic model to the RSC. Service is billed by the session.

Vocational Training Individual: Vocational training services delivered one on one with a youth that provide workforce training, education, and other supports that result in industry recognized credentials in career pathways and competitive employment outcomes. Services designed to train youth in specific technical skills related to a job function or trade. Service may include job readiness activities, career preparation, and assistance in obtaining certifications to enhance employment opportunities. Service is billed at an hourly rate.

Vocational Training Program: A structured vocational training program that teaches hard skills, in which the youth earn an industry recognized certification or credential in career pathways and competitive employment outcomes. Service may be delivered individually or in a group. Service includes standardized training, assessments/testing, and certification costs that result in the youth earning an industry recognized credential. Service may be provided directly by a or purchased and reimbursed through a purchase order pre-approved by the RSC. A service enhancement for youth stipend may be offered at milestones or upon the youth's completion of the program. Service may be billed by month or course. Rate will be reimbursed to the DSP upon the youth's completion of the program or through month-to-month fees, paid in arrears.

Gang Intervention

Comprehensive prevention, intervention, and/or gang suppression programming. Services will address gang culture and effective interventions to change patterns and social interactions.

Gang Intervention Service: Comprehensive gang interventions to include a blend of skill coaching, psychoeducational interventions, resource connection, care coordination, and clinical interventions (as appropriate based on staff qualifications). Service will address gang culture and effective interventions to change patterns and social interactions. Service targets youth within the community at-risk or affiliated with a gang when DJJ delivered services are not available or appropriate. Service cannot be authorized for youth participating in similar services or other services that can address the need. The provider must submit a detailed description, curriculum, or logic model to the RSC. Service must be approved by DJJ. Service is billed at an hourly rate.

GREAT Program Services

Individual and group sessions delivered utilizing the Casey Life Skills assessment and resources to support youth participating in DJJ's GREAT Program.

Casey Life Skills for GREAT Program: This one-on-one intervention is a supplemental service to support participants enrolled in DJJ's Gang Resistance Education and Training (GREAT) Program. Provider staff delivering the service must utilize the Casey Life Skills (CLS) Assessment and Resources to Inspire Guide. The assessment must be completed in the initial sessions and the results shall be utilized to create the youth's individual service plan. A copy of the assessment results must be provided to the PO with the first monthly report. Sessions must include interventions

outlined in the CLS Resource Guide and will include activities to enhance daily living skills, self-care, relationships, healthy lifestyle, and looking forward. Sessions will also support completion of GREAT Program assignments and the youth's community service project. Service must be delivered individually within the home and/or community. Service must be delivered for 5 hours per week for 18 weeks, beginning one week prior to the GREAT Program Orientation and ending one week after the GREAT Program graduation. Service is billed at an hourly rate.

Casey Life Skills Group for GREAT Program: This group intervention is a supplemental service to support participants enrolled in DJJ's Gang Resistance Education and Training (GREAT) Program. Provider staff delivering the service must utilize the Casey Life Skills (CLS) Assessment and Resources to Inspire Guide. Sessions must include interventions outlined in the CLS Resource Guide and will include activities to enhance daily living skills, self-care, relationships, healthy lifestyle, and looking forward. Sessions will also process GREAT Program session topics and support completion of GREAT Program assignments to promote positive outcomes. Service must be delivered for 2 hours per session for a total of 16 weeks. Service is billed per session. Provider may bill this service for GREAT Program Orientation and Graduation.

Intensive Care Coordination

Intensive Care Coordination (ICC) is a planning process for families with youth experiencing mental, behavioral, and emotional challenges with the goal to support families in keeping youth at home and in the community.

Family Support Partner[4]: A parent, peer, or family support partner (FSP) offers various levels of support for families based on the family's needs and plan. The primary role of the FSP is to ensure that the needs of the youth and/or family are addressed, their needs are heard and represented. Peer support includes the process by which the FSP provides education, modeling, active listening, and the disclosure of personal experiences. This process empowers families to use their voice to express their needs, strengths, and preferences and assists them in making informed decisions regarding their care plan. The lived experience of FSPs also makes them excellent keepers of information regarding resources in the community, a vital trait for the mission of increasing a youth and family's natural supports. Service is billed at an hourly rate; provider may bill in 15-minute increments for direct service to a youth and/or parent or participation in a structured meeting with the youth and/or parent present (e.g., IEP meeting, ICC meeting). Case Coordination is not billable, to include emails, paperwork, check-in phone calls, phone calls with the PO, nor text messages.

- **Family Support Partner:** The FSP is trained in and uses the principles of High-Fidelity Wraparound (HFW) to increase family skill sets and serve as a bridge between system agencies and the family.
- **Family Support Partner with Intensive Care Coordination:** The FSP is trained in HFW and is part of the HFW team. Throughout the four phases of HFW ICC process (Engagement, Initial Plan Development, Engagement, and Transition), there are distinct skill sets for the FSP, as well as unique opportunities to align with the family and natural supports; thus, supporting the needs of the family, and at times, serving as a bridge between system agencies and the family. The FSP works closely with the HFW Facilitator to support positive outcomes for the family. The FSP must be trained in HFW and adhere to the model and provider's ongoing supervision and fidelity monitoring.

Mentoring

Mentoring is a structured, one on one support service between a mentor and a youth for the purpose of addressing the identified referral need including daily living, social, and communication needs in a pro-social manner.

Credible Messenger Mentoring: A type of mentoring program that involves the pairing of trained individuals who have lived through similar experiences with youth who are currently facing similar challenges. The mentors, often referred to as "credible messengers," are individuals who have successfully navigated difficult circumstances, such

as involvement in the criminal justice system, substance abuse recovery, or other significant life challenges. Credible Messenger (CM) Mentoring offers a unique form of mentorship and support that is grounded in shared experiences, empathy, and mutual respect. By connecting individuals with credible messengers who have overcome similar challenges, these programs help foster resilience, growth, and positive change. Mentors provide holistic support to mentees, addressing their emotional, social, and practical needs; they offer guidance on topics such as education, employment, housing, relationships, and personal development. Provider staff delivering the service must be trained in the CM model, maintain ongoing training, and implement service according to fidelity measures. Service is typically delivered for 4-6 hours per week for 6 months. Service is billed at an hourly rate, unless otherwise indicated.

Mentoring: Mentoring is a structured, one on one support service between a mentor and a youth for the purpose of addressing the identified referral need including daily living, social, and communication needs in a pro-social manner. Service includes supporting, coaching, and training the youth in age-appropriate behaviors, interpersonal communication, problem-solving, conflict resolution, and relating appropriately to other adolescents and adults. Activities may include social, recreational, athletic, artistic/creative, educational, job-readiness, and vocational. Service is delivered individually in the home and/or community. Provider staff delivering the service must be appropriately trained and screened. Service is typically delivered 4-6 hours per week for approximately 6 months.

- **Mentoring:** Hourly rate established for individual sessions.
- **Mentoring Group:** Rate established for group sessions.

Pathway to Promise: A comprehensive, community-based program aimed at supporting justice-involved youth ages 13-18 in finding their pathway to success and reintegrating into their communities. The program operates both within communities and residential placements focusing on providing individualized support, mentoring, and coordinating services in the community that address the unique needs of justice-involved youth. Services may be initially provided in residential placements as a pre-release service to prepare youth for successful reintegration into their communities. Service includes an initial intake, support for families, active participation in team meetings, continuous assessment of need, strategies for family reintegration, anger management techniques, life skills development, assistance with educational and workforce planning, comprehensive case coordination, goal-setting exercises, collaborative efforts with Department of Juvenile Justice (DJJ) staff, establishment of community connections, meticulous documentation of youth progress, and round-the-clock crisis intervention, as necessary. The program integrates group sessions utilizing a trauma-informed social-emotional curriculum, Move This World. The goal is to equip the youth with the necessary supervision and support to lead a safe and successful life, which encompasses the pursuit of continuous education and stable, full-time employment. Service is approximately 4-8 hours per week for the first 3 months, gradually reducing to 2-6 hours per week over the subsequent months with a minimum commitment of 8 hours per month.

Skill Building

Skill building interventions include services that provide instruction, practice, or other activities that are designed to help youth build and enhance skills to control their behavior or improve their ability to participate in normal prosocial endeavors.

Dialectical Behavior Therapy Group: Dialectical Behavior Therapy (DBT) is a cognitive-based treatment that focuses on teaching individuals' strategies to help them live their best and most productive life. DBT is often used to help people with depression, anxiety, borderline personality disorders addictions (BPD), eating disorder and post-traumatic stress disorder (PTSD). The premise behind DBT is that problematic behaviors evolve to cope with a situation or attempt to solve a problem. The behaviors may provide temporary relief but are often not effective in the long-term. DBT assumes that individuals are doing the best they can, but they need to learn new behaviors in all relevant contexts. DBT teaches individuals four skills to enhance capabilities: Acceptance Skills (Mindfulness: The

practice of being fully aware and present in this one moment mindfulness; Distress Tolerance: How to tolerate pain in difficult situations, not change it) and Change Skills (Interpersonal Effectiveness: How to ask for what you want and say no while maintaining self-respect and relationships with others; Emotion Regulation: How to change emotions that you want to change). Service includes participation in structured, stage-based cognitive behavioral and psychoeducational group sessions. Service is delivered in a group of no more than 8 participants. Provider staff delivering the service must be trained to deliver DBT. Service is generally authorized with DBT Individual. Service is billed by the session. Sessions are generally 1 to 1.5 hours once per week for 24 weeks.

Life Skills Coaching: Individualized one-on-one skill development program that can enhance age-appropriate social skills (communication, problem solving, self-awareness and management, peer relations, and decision making), or independent living skills (money management, career planning, build resiliency), healthy living (self-awareness, healthy lifestyle, building resiliency). Service must begin with an assessment (outcomes documented in the monthly report) and interventions will be guided by the individualized service plan and chosen program model. Services will include structured activities, instruction, modeling of behavior, practice and rehearsal, feedback, and re-enforcement. Service must be delivered individually within the home and/or community. Provider staff delivering the service must be appropriately screened, trained, and utilize a formal curriculum (e.g. Casey Life Skills, Preparing Adolescents for Young Adulthood (PYAYA), Botvin, LifeSkills Training). Service is typically delivered for 2-6 hours per week for 4-6 months. Service is billed at an hourly rate.

Mental Health Skill Building[1]: A training service provided by a QMHP or LMHP for youth over 18 years of age, with significant psychiatric functional limitations. The service is 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. Service is provided by a DBHDS licensed agency. Sessions are generally 1 to 3 hours within the home or in the community. Service cannot exceed six (6) months. Service is billed by the unit (1 unit=1-2.99 hrs; 2 units=3-4.99 hrs; 3 units=5-6.99 hrs; 4 units=7+hrs) for direct services delivered to the youth.

Moral Reconation Therapy* Group: A structured cognitive-behavioral treatment program designed to reduce recidivism among offenders by targeting their moral reasoning and decision-making processes. Moral Reconation Therapy (MRT) in the community aims to reduce recidivism, promote prosocial behavior, and enhance public safety. The main goal of MRT is to enhance individuals' moral reasoning and decision-making skills, thereby promoting prosocial behavior and reducing the likelihood of reoffending. MRT typically consists of structured group sessions led by trained facilitators and follows a series of steps or stages aimed at promoting moral growth and personal responsibility through evidenced-based cognitive-behavioral interventions. MRT may include individual counseling and structured exercises to support lessons learned. MRT utilizes a 12-step group program delivered in 1-hour sessions for a total of 20 to 30 sessions. Provider staff delivering the service must be trained, utilize the MRT workbooks, and implement fidelity measures. Service is billed by the session.

Non-Clinical Skills Group: Group-based intervention developed using evidence-based or evidence-informed practices. Groups may include a cognitive skills-based, anger management, or psychoeducational process by a trained facilitator. Provider must submit a detailed description, curriculum, or logic model. Group is billed per session.

Parenting Skills Group Intervention for Youth: Parenting skills development provided in a group setting to court involved pregnant youth or youth with young children. Service seeks to equip the youth for parenthood and teach them the skills needed to parent a child calmly, safely, and effectively. Service increases knowledge of parenting and healthy child development including the importance of positive parent–child interactions and responsive,

nurturing relationships. Service promotes family well-being and strengthens protective factors such as parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of youth. The provider must submit a detailed description, curriculum, or logic model to the RSC. Service is billed by the session, based on the curriculum.

Parenting Skills Intervention for Youth: Parenting skills development delivered one on one to court involved pregnant youth or youth with young children. Service seeks to equip the youth for parenthood and teach them the skills needed to parent a child calmly, safely, and effectively. Service increases knowledge of parenting and healthy child development including the importance of positive parent–child interactions and responsive, nurturing relationships. Service promotes family well-being and strengthens protective factors such as parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children. Service is delivered individually. Service must follow an approved curriculum. The provider must submit a detailed description, curriculum, or logic model to the RSC. Service is billed at an hourly rate.

Thinking for a Change Group: A cognitive-behavioral curriculum that concentrates on changing the criminogenic thinking of offenders. Thinking for a Change (T4C) has three components: cognitive self-change, social skills, and problem-solving skills. Sessions on cognitive self-change provide participants with a thorough process for self-reflection concentrated on uncovering antisocial thoughts, feelings, attitudes, and beliefs. Social skills sessions prepare participants to engage in prosocial interactions based on self-understanding and awareness of the impact that their actions may have on others. Finally, problem-solving skills integrate the two other components and provide participants with a step-by-step process to address challenges and stressful situations they may encounter. Service is delivered in a closed group for 25 to 30 sessions. Sessions are delivered 1 to 3 times a week for 1 to 2 hours each. Provider staff delivering the service must be trained and implement fidelity measures. Service is billed by the session.

Service Enhancements

A companion service uniquely designed to enhance or provide access to an underlying service by addressing barriers and areas of responsivity (e.g., transportation, language services).

Court Appearance

Court Appearance is a service enhancement for providers who are subpoenaed to court for testimony regarding a youth's service.

Court Appearance for Clinical Service: Court appearance when subpoenaed for testimony regarding a youth's participation in service delivery of clinical services. Service must be requested and authorized prior to the court appearance. Service is billed at an hourly rate for time in court and documented in the monthly report.

Court Appearance for Evaluation: Court appearance when subpoenaed for testimony regarding a youth's evaluation. Service must be requested and authorized prior to the court appearance. Service is billed at an hourly rate for time in court.

Court Appearance for Non-Clinical Service: Court appearance when subpoenaed for testimony regarding a youth's participation in service delivery of non-clinical or monitoring (GPS) services. Service must be requested and authorized prior to the court appearance. Service is billed at an hourly rate for time in court and may be included in the monthly report for the service.

Language Services

Language services enable communication across different languages and consist of two primary services: interpretation of verbal/oral communication and translation of written communication.

Interpreter Services: Professional services to facilitate conversation between professionals working with youth and families who speak a different language. Service addresses language related barriers for a youth's treatment services, treatment team meetings, and/or in unique cases for ongoing communication with the youth's assigned court service unit staff. Service may be delivered in person, virtually, or via phone. Service is billed at an hourly rate.

Translation Materials: Funding for the purchase of translation services needed to modify existing materials (e.g., forms, testing materials, treatment work) into another language. Service addresses language related barriers for a youth's evaluation and/or treatment needs. Services is billed as a fee.

Service Enhancement

Service enhancements are add-on services for providers to effectively deliver services to youth.

Case Coordination for GREAT Program: Supplemental service to support participants enrolled in DJJ's Gang Resistance Education and Training Program. Service will be conducted during the GREAT Program group (led by the CSU staff). Service includes case staffing with GREAT facilitators, assisting with youth supervision during group, assisting with group assignments or activities, and additional GREAT facilitator needs during the GREAT group. Service is billed per session, per youth for no more than 3 youth per coach. Documentation of case coordination activities during each GREAT group is required within the monthly progress reports to bill for service.

Clinical Case Consultation: Supplemental service to include information sharing, case staffing, and collaboration with designated DJJ staff, family members, and other providers. Service includes safety planning and participation in treatment team meetings with the goal of enhancing safety within the community. Clinical case consultation may be an add-on service with other authorized clinical services or a standalone service for specialized clinical consultation. Service is billed at an hourly rate for consultations.

Participant Material Cost: Fees associated or required for specialized group services, educational programs, and/or vocational programs when the youth or family is unable to pay. Service must be requested and authorized prior to requesting reimbursement. Service billed as a fee according to the monthly invoice with receipts for documentation.

Youth Stipend: Supplemental service for youth enrolled in a Vocational Training Program. Service must be requested and authorized prior to paying the stipend and supported by documentation.

- **Youth Stipend Wage:** Hourly stipend paid to a youth in conjunction with a vocational or workforce program. Service is paid by the hour, to generally align with minimum wage.
- **Youth Stipend Fee:** Stipend may be paid as an incentive at programmatic milestones or upon completion of the program. Service is billed as a fee.

Youth with Sexualized Behaviors Case Coordination: Supplemental service to support youth with sexualized behaviors (YSB) services. Service includes communication, information sharing, and collaboration with designated CSU staff, family members, and other providers for safety planning, reunification, and treatment team meetings to enhance safety within the community. Service is conducted separately from scheduled therapy sessions. Provider delivering the service must provide documentation of coordination in the monthly progress report. Service is billed at an hourly rate.

Supplemental Instruments

Supplemental Instruments are add-on services for provider staff to conduct additional testing, screenings, and/or assessments as part of the evaluation process.

ABEL Assessment Sexual Interest Screen: The ABEL Assessment Sexual Interest (AASI) Screen is a complex assessment to objectively measure an individual's sexual interests and obtain information regarding involvement in numerous abusive or problematic sexual behaviors. The AASI can be added to psychosexual evaluations to

identify deviant sexual interests through a measurement of attraction utilizing viewing time of visual stimuli and a questionnaire of self-reported behaviors and questions designed to identify cognitive distortions and measure truthfulness. The AASI-2 is utilized for youth ages 12 to 17 and the AASI-3 is utilized for youth ages 18 and older. Service is billed as a flat fee and includes the cost of the test, introduction, and report of results, and the youth's self-administration of the test.

Affinity 2.5 Sexual Interest Screen: A computer-based instrument designed to assess sexual interest using viewing-time measures. The screening includes a 15-minute introduction and a self-administered test. This screening can be performed in an outpatient setting or detention center. Provider staff conducting the screening must be certified. Written results and related recommendations will be incorporated into the psycho-sexual evaluation. Service is billed as a flat fee.

Transportation

Transportation services may be used stand alone or for supplemental travel allowances for other authorized services or as a standalone service.

Transportation for GREAT Program: Supplemental service to support participants enrolled in DJJ's Gang Resistance Education and Training (GREAT) Program. Service combines travel cost and mileage into a single service fee for transportation round-trip to and from GREAT Group and Casey Life Skills Group for GREAT Program. Service is allowed for GREAT Program participants as well as parents/guardians of GREAT Program participants for orientation and graduation. Documentation of each transportation session is required within the monthly progress reports in order to bill for service. Service is billed as a flat fee once per group day per youth transported.

Transportation Service: Travel cost and mileage combined into a single service fee for transportation to and from an authorized service under the Employment and Workforce subcategory.

Travel Mileage: Mileage rate paid to the provider to complete an evaluation or for provider services not otherwise available within the youth's region. 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. Fee will not be duplicated for provider staff traveling to deliver a service to multiple youth. Travel mileage will only be paid to providers who reimburse staff at the reimbursement rate. Round-trip mileage may be approved for each trip minus 50 miles. Example: Clinician travels 220 miles to conduct psychosexual evaluations for two youth in detention; the travel mileage reimbursement is assessed for one youth at 170 miles. Service is billed by the mile.

Travel Time: Compensation for in-person evaluations and GPS set-up services at locations which are outside the DSP's coverage area (generally more than an hour from the office) when services are not available within the youth's home community. Fee will not be duplicated for provider staff traveling to deliver a service to multiple youth. Not to be used in conjunction with billable hours. Example: Clinician travels four hours roundtrip to conduct psychosexual evaluations for two youth in detention; the travel time reimbursement is assessed for one youth for four hours total. Service is billed by the hour.

Residential Services

Out-of-home placement and support services, provides a wide range of interventions from daily room and board to therapeutic services.

Residential Education[4]

Residential education is an add-on service for youth placed in Residential Treatment Centers and Group Homes who are receiving educational services through the program.

Residential Education[4]: General education services to meet the needs of Free and Appropriate Education (FAPE) for a youth placed into a residential program. Education is paid only for instructional days when the youth is earning

credits towards graduation. Service is billed as a flat fee per school day; a school calendar must be submitted to the RSC.

Residential Education GED Prep: GED preparation services to meet the needs of Free and Appropriate Education (FAPE) for a youth placed in a residential program. Service is billed as a flat fee per school day; a school calendar must be submitted to the RSC.

Residential Education IEP[4]: Special education services for a youth with an individualized education program (IEP) who has been placed in a residential program for non-educational reasons. Education is paid only for instructional days when the youth is earning credits towards graduation. Service is billed as a flat fee per school day; a school calendar must be submitted to the RSC.

Residential Education Post-Secondary[4]: Educational services for a youth in a residential program who has completed their high school programming. This service may include a combination of workforce development, vocational courses, college classes, or career and technical training. Service is billed as a flat fee per school day; a school calendar must be submitted to the RSC.

Residential Education Post-Secondary Work Study: Experiential education and employment services for a youth in a residential program who has completed their high school programming. The service includes a combination of workforce development, career and technical training. Service may also include supervised employment and/or internship experiences. Service is billed as a flat fee per school day; the school calendar must be submitted.

Residential Enhancement

Residential enhancements are add-on services for youth placed in residential programs to address additional youth needs not covered by the residential daily rate.

Additional Child Rate: Additional room and board daily rate for the biological child of the youth placed in a residential program, for a second child placed in an independent living arrangement or for youth over the age of 2, based on the program model. Service is billed as a flat fee per day.

Residential One to One: One-on-One support provided in a residential treatment center to maintain the safety of the youth. This service may be approved when the youth is in crisis within the program and needs additional supports. Service is billed at an hourly rate.

Residential Provider Intake: Add-on service for a residential provider, following the completion of an intake interview and acceptance into the program. Supportive service may include pre-placement activities to complete intake documents (e.g., consents, release of information, contacts), program orientation and engagement sessions to develop rapport, increase readiness, and ensure continuity of care. Sessions may occur in person or via telehealth with the youth and may include family, DJJ staff, and other providers, as needed. Service is billed at an hourly rate.

Residential Group Home

Community-based, home-like residential program for youth under the age of 18 and licensed by the Department of Social Services (DSS) and/or the Department of Behavioral Health and Developmental Services (DBHDS). Youth may be eligible for a parental placement at a group home on a short-term basis, when they are released from commitment with no other safe or viable living arrangements.

Group Home[3]: A Department of Social Services (DSS) licensed community-based group home (Children's residential facility) for no more than 12 youth under the age of 18. Group homes must provide 24-hour care and supervision, guidance, and protection for youth. Programming may include a variety of daily living skills and prosocial behaviors. Service is billed daily and includes room and board, daily supervision, and case coordination (therapy services are not included). Service is billed as a flat fee per day.

Therapeutic Group Home[1]: A Department of Behavioral Health and Developmental Services (DBHDS) licensed therapeutic, community-based residential group home for youth under the age of 18. Service is billed daily and includes room and board, daily supervision, case management, and supplemental therapies (i.e., groups, individual, family). Service is billed as a flat fee per day.

- **Therapeutic Group Home Parenting with Child[1,3,5]:** A Department of Behavioral Health and Developmental Services (DBHDS) licensed therapeutic, community-based residential group home for youth under the age of 18 and their child. Service includes parenting skill development'. Service is billed daily and includes room and board for the youth and child, daily supervision, case management, and supplemental therapies (i.e., groups, individual, family). Service is billed as a flat fee per day.

Residential Independent Living

A Department of Social Services (DSS) licensed community-based, residential independent living arrangement for youth between the ages of 18 and 21 with the goal of preparing the youth for self-sufficiency. A youth in independent living receives minimal supervision. Youth are appropriate for independent living when the youth cannot safely return home, does not have any other viable housing option, transitional living program is not available and/or appropriate, or needs a stepdown from transitional living with the goal of living independently.

Independent Living Arrangement[3]: A Department of Social Services (DSS) community-based residential independent living arrangement for individuals ages 18 to 21 and deemed appropriate for living independently in an apartment with minimal supervision. The youth will reside in a fully furnished entry-level apartment, condominium, or shared housing. Youth are required to maintain employment or some form of continuing education. The IL program will ensure each youth is enrolled in educational, vocational education and training, or career and technical education services appropriate to meet his needs; monitor youth's educational progress as often as necessary; assist the youth in obtaining medical and dental care; evaluate the youth's need for financial assistance, initially during intake then one time monthly and as needed; provide resources to meet the youth's basic needs for shelter, food, and clothing; assist to the youth in locating, securing, and maintaining employment; provide life skill training to meet the needs of the youth; and provide or secure crisis response 24 hours a day. Following admission, the provider is responsible to complete a life skills assessment and individualized service plan; the plan must address the following items: counseling, education needs; employment needs; money management skills development, specific independent living services to be provided to the youth, social and interpersonal skill development; and a plan for transition from independence. Each provider has specific supervision and visitation plans for youth placed in independent living arrangement settings. Service is billed daily and includes room and board, and a variety of independent living skill development, based on the individual program. Each program will provide a program specific description including the level of supervision, case management activities, transportation, individual supports (e.g., mentoring, skill building, groups). Service is expected to be 9 months (additional time may be authorized as needed for youth doing well in the program) and is billed as a flat fee per day.

- **Independent Living Parenting[3]:** A DSS licensed community-based residential independent living arrangement for individuals ages 18 to 21 who are parents or pregnant. In addition to the above IL program description the service includes room and board for child and parenting skill development. Service is billed as a flat fee per day.

Residential Therapy

Clinical services for youth placed in a residential treatment center to include individual, group, and family therapies.

Residential Therapies: Clinical services for youth placed in a residential treatment center to include individual, group, and family therapies provided by an LMHP (or CSOTP based on the program model). Individual sessions must

occur 3 times per week, clinical groups once per week and family therapy should occur weekly with or without the youth present, based on the family dynamics.

Residential Transitional Living Program

Residential transitional living programs (TLPs) are a structured program designed to assist youth/ young adults, in transitioning from institutional setting towards independence. All TLPs used through the RSC model are DJJ certified residential placements for youth ages 17 to 20 following discharge from direct care onto parole supervision. TLPs provide increased structure and support for youth who need supervision and support upon return to the community. Youth are appropriate for TLP when the youth cannot safely return home or do not have any other viable housing option.

Summit Transitional Living Program[5]: A structured program designed to assist male youth in transitioning from a direct care setting to living independently in the community while on parole supervision. Summit House serves youth ages 17.5 or older in single occupancy rooms. Summit West serves youth ages 17.0 and older in single or double occupancy rooms. A comprehensive evaluation with the youth at intake to include, Casey Life Skills Assessment, Resiliency Checklist, Barriers to Employment Success Inventory (BESI), Work Motivation Scale, and/or other screening tools. A service plan is developed to include youth specific goals to achieve independence. Service includes staff-supervised housing (room and board), case management, transportation, skill building interventions, daily groups, and resources to help participants develop essential life skills, such as money management, budgeting, food preparation, job searching, and maintaining healthy prosocial relationships. Case coordination and resources provided include access to counseling, education, vocational training, and other services aimed at promoting self-sufficiency and successful integration into society. The program duration is generally up to 9 months but can vary depending on the individual's needs, goals, and age. Service is billed by the day.

- **Summit Transitional Living Program:** Daily rate established for filled beds.
- **Summit Transitional Living Program Unfilled:** The rate at which the provider will be paid daily for unoccupied beds. This rate will be used when the reason for the unoccupied bed is not within the provider's control (i.e., lack of appropriate referrals from DJJ). The determination if a referral is appropriate depends on the criteria agreed upon by Summit, RSC, and DJJ and has been verified by the Director of Reentry Services.
- **Summit Transitional Living Program Unfilled Denied:** The rate at which the provider will be paid daily for unoccupied beds due to the denial of referrals for DJJ youth deemed appropriate for placement.

Residential Treatment Center

Program refers to a DBHDS licensed Psychiatric Residential Treatment Center (RTC) or Level-C program serving youth in a residential program.

Residential Treatment Center[1]: A DBHDS licensed psychiatric residential treatment center (RTC) for youth ages 11 to 17. RTCs are 24-hour facilities providing short-term intermediate care and intensive mental health treatment programs. Services may target significant mental health, substance use, and/or youth with sexualized behaviors (YSB). RTCs provide skill building in the areas of daily living, healthy living, social interactions, problem solving, and coping mechanisms. Service includes room and board, nursing services, medication management, psychoeducational services, clinical/ process group therapy once per week, individual therapy three times per week and family therapy once per week, or as indicated on the ISP. RTCs may afford youth the opportunities to participate in off-site outings and furloughs to practice skills and promote transition planning, when applicable. Placements are generally 6 to 12 months depending on the program. Service is billed as a flat fee per day. Residential education is billed separately.

Footnotes

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.

[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] Certified by VA Department of Juvenile Justice (DJJ)
[6] Defined in accordance with Title IV-E
[7] Licensed by Department for Aging and Rehabilitative Services (DARS)
[8] Licensed Clinical Psychologist (LCP). When the evaluation is noted to be completed by an LCP, it may also include an LMHP with a clinical PhD or PsyD and specific training in testing processes.

Services indicated to be completed by the following, includes those fully credentialed or those registered and under supervision for such credentials.

- CSAC Certified Substance Abuse Counselor (Must be fully certified and/or function per DHP guidelines)
- CSOTP Certified Sex Offender Treatment Provider
    - Sex Offender Treatment Provider Trainee
- LMHP Licensed Mental Health Professional or provider practicing under the direct supervision of an LMHP and registered for such supervision with the Department of Health Professions. Examples noted below:
    - LCSW Licensed Clinical Social Worker
        - LMHP-S Supervisee in Social Work
    - LPC Licensed Professional Counselor
        - LMHP-R Resident in Counseling
- QMHP Qualified Mental Health Professional