

Service Name	<b>ASA OUTPATIENT FAMILY THERAPY - LEVEL 1: SUBSTANCE USE DISORDER</b>
Setting	Outpatient services are rendered in a professional office, clinic, home or other environment appropriate to the provision of substance use services.
Facility License	This service may be located in a community setting or a specialty unit within a licensed health care facility such as a substance abuse treatment center. Licensed as required by DHHS Division of Public Health.
Basic Definition	Outpatient family substance use disorder therapy describes the professionally directed evaluation, treatment and recovery services for individuals and their families who are experiencing a substance related disorder that causes moderate and/or acute disruptions in the individual's life. Outpatient family SA therapy is a therapeutic encounter between the licensed treatment professional and the individual, the nuclear and/or the extended family.
Service Expectations basic expectations for more detail see Title 471 chapter 20	<ul style="list-style-type: none"> <li>• A substance use disorder (SUD) assessment by a licensed clinician prior to the beginning of treatment.</li> <li>• If a prior SUD assessment is determined to be clinically relevant and includes a current diagnosis, level of care recommendation and a discharge plan it can serve as the admission assessment. If the prior assessment is not relevant or does not contain the necessary information than an SUD addendum would be necessary.</li> <li>• All individuals will be screened for co-occurring conditions throughout the assessment. If the clinician is a LADC or a PLADC, and suspects a possible mental health condition, a referral is to be made to a clinician capable of diagnosing/treating co-occurring mental health and substance use disorders.</li> <li>• Treatment planning: A goal-oriented treatment plan with measurable outcomes, and a specific, realistic discharge plan will be developed with the individual and the identified, appropriate family members as part of the initial assessment and ASA family therapy treatment planning process; the treatment and discharge plan will be evaluated and revised as medically indicated during the course of treatment. The treatment plan is to be signed by the treatment provider and the individual(s) served.</li> <li>• This therapy is to be provided with the appropriate family members and the individual. While the services follow a defined set of policies and procedures or clinical protocols, they will be tailored to each individual's level of clinical severity and be designed to help the individual achieve changes in his or her alcohol or other drug using behaviors.</li> <li>• Treatment is to address major lifestyle, attitude and behavior issues that may undermine treatment goals or impair the individual's ability to function in at least one life area.</li> <li>• Consultation and/or referral for general medical, psychiatric needs.</li> <li>• Focus on the level of family functioning as a whole. Family therapy will address issues related to the entire family system.</li> <li>• Support that the licensed therapist has an appropriate understanding of the family dynamics as evidenced in the content of the Substance Use Disorder Assessment, treatment plan, and the session progress notes.</li> <li>• Clearly identify in session progress notes the goals of the treatment plan and discharge plan as it relates to family psychotherapy.</li> </ul>
Length of Service	Length of treatment is individualized and based on clinical criteria for admission and continued treatment, as well as the individual's ability to benefit from individual treatment/recovery goals.
Staffing	<ul style="list-style-type: none"> <li>• Appropriately licensed and credentialed professionals (Physician, physician assistant, APRN, Psychologist, Provisionally Licensed Psychologist, LIMPH, LMHP, PLMHP, LADC, PLADC) working within their scope of practice with in a substance use program to provide substance use disorder outpatient treatment.</li> </ul>

	<ul style="list-style-type: none"> <li>• Clinicians treating individuals with co-occurring mental health and substance use symptoms are to be operating within their scope of practice and have training, education and expertise to appropriately meet the family treatment need.</li> <li>• All staff should be educated/trained in recovery principles and trauma informed care.</li> </ul>
Staffing Ratio	One therapist to one family
Desired Family Outcome	<ul style="list-style-type: none"> <li>• Treatment is to alter the family system to increase the functional level of the individual and family by focusing services/interventions on the systems within the family unit.</li> <li>• The family has met their treatment plan goals and objectives.</li> <li>• The family is able to remain stable in the absence of therapeutic services.</li> <li>• Support systems are secured to help the individual maintain stability in the community.</li> </ul>
Admission guidelines	<ul style="list-style-type: none"> <li>• The individual/family, identified to need Level 1 program services, is assessed as meeting the diagnostic criteria for a mental disorder and an SUD, as defined in the DSM (current edition) as well as the dimensional criteria for admission.</li> <li>• Significant symptoms as a result of the diagnosis that interfere with the individual/family's ability to function in at least one life area.</li> <li>• There is an expectation that the individual/family has the capacity to make significant progress toward treatment goals.</li> <li>• The individual/family is assessed as meeting specifications in ALL of the six dimensions.</li> </ul> <p>The following six dimensions and criteria are abbreviated. Providers should refer to ASAM Criteria – 3rd Edition for complete criteria for each dimension.</p> <ul style="list-style-type: none"> <li>• DIMENSION 1: ACUTE INTOXICATION AND/OR WITHDRAWAL POTENTIAL: Acute Intoxication &amp;/or Withdrawal Potential: Not experiencing withdrawal/minimal risk of severe withdrawal.</li> <li>• DIMENSION 2: BIOMEDICAL CONDITIONS AND COMPLICATIONS: Biomedical Conditions &amp; Complications: None or very stable or receiving concurrent medical monitoring.</li> <li>• DIMENSION 3: EMOTIONAL, BEHAVIORAL OR COGNITIVE CONDITIONS AND COMPLICATIONS: None or very stable or receiving mental health monitoring.</li> <li>• DIMENSION 4: READINESS TO CHANGE: Ready for recovery but needs motivation and monitoring strategies to strengthen readiness OR High severity in this dimension but not in other dimensions. Needs a Level I motivational enhancement program.</li> <li>• DIMENSION 5: RELAPSE, CONTINUED USE OR CONTINUED PROBLEM POTENTIAL: Able to maintain abstinence or control use and pursue recovery or motivational goals with minimal support.</li> <li>• DIMENSION 6: RECOVERY ENVIRONMENT: Recovery environment is not supportive but, with structure and support, the individual can cope.</li> </ul>
Continued stay guidelines	<p>It is appropriate to retain the individual at the present level of care if:</p> <ul style="list-style-type: none"> <li>• The individual/family is making progress but has not yet achieved the goals articulated in the individualized treatment plan.</li> <li>• Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward his or her treatment goals.</li> <li>• The individual/family is not yet making progress, but has the capacity to resolve identified problems.</li> <li>• The individual is actively working toward the goals in the individualized treatment plan.</li> <li>• New problems have been identified that are appropriately treated at this level of care.</li> <li>• This level of care is the least intensive level of care at which the individual's/family's new problems can be addressed effectively.</li> </ul>