

Service Name	OUTPATIENT GROUP THERAPY - LEVEL 1: ADULT SUBSTANCE USE DISORDER
Setting	Outpatient services are rendered in a professional office, clinic or other environment appropriate to the provision of substance use services.
Facility License	Licensed as required by DHHS Division of Public Health.
Basic Definition	Outpatient substance use disorder group therapy is the treatment of substance related disorders through scheduled therapeutic visits between the therapist and the individual in the context of a group setting of at least three and no more than twelve individual participants with a common goal. The focus of outpatient group substance use disorder treatment is substance related disorders which are causing moderate and/or acute disruptions in the individual's life. Group therapy is to provide active treatment for a primary substance use disorder (SUD) DSM (current version) diagnosis. The goals, frequency, and duration of outpatient group treatment will vary according to individual needs and response to treatment.
Service Expectations basic expectations for more detail see Title 471 chapter 20	<ul style="list-style-type: none"> • An SUD assessment by a licensed clinician prior to the beginning of treatment. • 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. • 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. • Individualized treatment/recovery plan, including discharge and relapse prevention, developed with the individual prior to the beginning of treatment (consider community, family and other supports), reviewed on an ongoing basis, adjusted as medically indicated, and signed by the treatment team including the individual served. • Assessments, treatment, and referral to address co-occurring needs. • Monitoring stabilized co-occurring mental health problems. • Consultation and/or referral for general medical, and psychiatric needs. • If the individual has a co-occurring diagnosis it is the provider's responsibility to coordinate with other treating professionals. • All staff are to be educated/trained in rehabilitation, recovery principles, and trauma informed care.
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 group treatment and recovery goals.
Staffing	Appropriately licensed and credentialed professionals (Psychiatrist, physician assistant, APRN, Psychologist, Provisionally Licensed Psychologist, LIMHP, LMHP, PLMHP, LADC, PLADC) working within their scope of practice to provide substance use disorder and/or co-occurring (MH/SUD) outpatient group treatment.
Staffing Ratio	One therapist to a group of at least three and no more than twelve individual participants.
Desired Individual Outcome	<ul style="list-style-type: none"> • The individual has met their treatment plan goals and objectives. • Individual is able to remain clean, and stable without this treatment.
Admission guidelines	<ul style="list-style-type: none"> • The individual is assessed as meeting the diagnostic criteria for a substance-related Disorder (including SUD or substance-induced disorder), as defined in the most recent DSM as well as the dimensional criteria for admission.

	<ul style="list-style-type: none"> • The individual who is identified to need Level 1 Dual Diagnosis Enhanced program services is assessed as meeting the diagnostic criteria for a mental disorder and an SUD as defined in the most recent DSM and the ASAM dimensional criteria for admission. • There are significant symptoms as a result of the diagnosis that interfere with the individual's ability to function in at least one life area. • The individual is assessed as meeting ASAM specifications in the six dimensions. <p>The following six dimensions and criteria are abbreviated. Providers should refer to ASAM Criteria – 3rd Edition complete criteria for each dimension.</p> <ul style="list-style-type: none"> • Dimension 1: ACUTE INTOXICATION AND/OR WITHDRAWAL POTENTIAL: Acute Intoxication &/or Withdrawal Potential: Not experiencing withdrawal/minimal risk of severe withdrawal. • Dimension 2: BIOMEDICAL CONDITIONS AND COMPLICATIONS: Biomedical Conditions & Complications: None or very stable or receiving concurrent medical monitoring. • Dimension 3: EMOTIONAL, BEHAVIORAL OR COGNITIVE CONDITIONS AND COMPLICATIONS: None or very stable or receiving mental health monitoring. • 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. • 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. • Dimension 6: RECOVERY ENVIRONMENT: Recovery environment is not supportive but, with structure and support, the individual can cope. <p>There is an expectation that the individual has the capacity to make significant progress toward treatment goals or treatment.</p>
Continued stay guidelines	<ul style="list-style-type: none"> • The individual is making progress but has not yet achieved the goals articulated in the treatment plan. 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; • The individual is not yet making progress, but has the capacity to resolve his or her problems. The individual is actively working toward the goals in the treatment plan; and/or • New problems have been identified that are appropriately treated at this level of care. • This level of care is the least intensive level of care at which the individual's new problems can be addressed effectively.