Service Name	CRISIS OUTPATIENT PSYCHOTHERAPY
Setting	Outpatient crisis services are rendered in a professional office, clinic, home, or other appropriate environment conducive to the provision of psychotherapy service.
Facility License	As required by DHHS Division of Public Health
Basic Definition	Crisis outpatient individual or family therapy is an immediate, short-term treatment service provided to an individual.
Service Expectations (basic expectations for more detail see Title 471 chapter 20/32)	 Limited to two sessions. If services are to continue, the provider shall complete an IDI and develop a treatment plan if one has not already been completed. Includes active family involvement unless contraindicated. Services will be trauma informed and sensitive to potential personal safety risks such as suicidal intention. The therapist/provider will coordinate care with the individual's primary medical provider and the therapy provider if ongoing therapy is authorized. The intervention/safety plan identifies the crisis with steps for further resolution, outlines an individualized safety plan for the individual and/or family, and identifies additional formal and informal supports. The clinician will assist in making appropriate referrals. All staff are to be educated/trained in recovery principles and trauma informed care.
Length of Service	An individual is eligible to receive crisis outpatient services of no more than two sessions per episode of crisis.
Staffing	 The following providers may provide this service: Physician/Psychiatrist Physician Assistant Advanced Practice Registered Nurse (APRN) Licensed Psychologist Provisionally Licensed Psychologist Licensed Independent Mental Health Practitioner (LIMHP) Licensed Mental Health Practitioner (LMHP) Provisionally Licensed Mental Health Practitioner (PLMHP)
Desired Individual	The individual is able to remain stable in the community without this treatment.
Outcome	• The individual will receive services to address safety and crisis resolution.
Admission guidelines	 The individual demonstrates symptomatology consistent with a DSM (current edition) diagnosis which requires and can reasonably be expected to respond to therapeutic intervention. Presenting behavioral, psychological, and/or biological dysfunction and functional impairment are consistent and associated with the DSM (current edition) and/or reports a precipitating event.