

Service Name	ADULT OUTPATIENT INDIVIDUAL THERAPY / YOUTH MENTAL HEALTH AND SUBSTANCE USE DISORDER
Setting	Outpatient services are rendered in a professional office, clinic, home or other environment appropriate to the provision of psychotherapy or substance use disorder services.
Facility License	As required by DHHS Division of Public Health
Basic Definition	Outpatient individual psychotherapy is therapeutic encounters between the licensed clinician and the individual for the purposes of treating a mental health /youth substance use disorder condition through scheduled therapeutic visits. The focus of outpatient therapy is to improve or alleviate symptoms that may significantly interfere with functioning in at least one life domain of the individual (e.g. familial, social, occupational, educational, etc.).
Service Expectations basic expectations for more detail see Title 471 chapters 20 and 32.	<p data-bbox="394 428 814 456">Specific to Mental Health Therapy:</p> <ul data-bbox="537 464 2007 784" style="list-style-type: none"> <li data-bbox="537 464 2007 532">• An initial diagnostic interview (IDI) must be completed prior to the beginning of treatment and will include an initial diagnosis and plan for treatment. <li data-bbox="537 537 2007 605">• Treatment will should address mental health needs and mental health and/or emotional issues identified in the IDI as being related to the medically necessary condition. <li data-bbox="537 610 2007 711">• The treatment plan must be individualized to the individual and must include the specific problems, behaviors, or skills to be addressed; clear and realistic goals and objectives; services, strategies, and methods of intervention to be implemented; criteria for achievement; target dates; methods for evaluating the individual's progress. <li data-bbox="537 716 2007 748">• Treatment plans must be reviewed every 90 days or more often if clinically indicated. <li data-bbox="537 753 2007 784">• If there is a supervision practitioner involved, their involvement must be reflected in the IDI. <p data-bbox="394 824 793 852">Specific to Youth SUD counseling</p> <ul data-bbox="537 860 1982 1036" style="list-style-type: none"> <li data-bbox="537 860 1982 893">• A substance use disorder (SUD) assessment must be completed prior to the beginning of treatment. <li data-bbox="537 898 1982 998">• All individuals must 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 data-bbox="537 1003 1982 1036">• If there is a supervising practitioner involved, their involvement must be reflected in the SUD assessment. <p data-bbox="394 1076 1150 1104">Required for Adult and Youth Therapy and Youth SUD services</p> <ul data-bbox="537 1112 2007 1474" style="list-style-type: none"> <li data-bbox="537 1112 2007 1213">• The treatment plan must be individualized and must include the specific problems, behaviors, or skills to be addressed; clear and realistic goals and objectives; services, strategies, and methods of intervention to be implemented; criteria for achievement; target dates and methods for evaluating the individual's progress. <li data-bbox="537 1218 2007 1250">• Treatment plans must be reviewed every 90 days or more often if clinically indicated. <li data-bbox="537 1255 2007 1323">• The treating clinician must consult with and/or refer to other providers for general medical, psychiatric, and psychological needs as indicated. <li data-bbox="537 1328 2007 1360">• It is the provider's responsibility to coordinate with other treating professionals as needed. <li data-bbox="537 1365 2007 1398">• After hours crisis assistance is to be available. <li data-bbox="537 1403 2007 1474">• Services must be trauma informed, culturally sensitive, age and developmentally appropriate, and incorporate evidence based practices when appropriate.

	<ul style="list-style-type: none"> • Assessments and treatment should address mental health/substance use needs, as related to the medical necessity criteria. • All services and treatment are carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound clinical practice. • There is documented active discharge planning. • All staff are to be educated/trained in recovery and trauma informed care. • Supervision of service as required by the practitioner’s license. • All psychotherapy and substance use disorder practitioners are to provide services within their scope of practice.
Length of Service	Length of treatment is individualized and based on clinical criteria for admission, the progress in the treatment, and the individual’s ability to benefit from individual treatment/recovery goals.
Staffing	<ul style="list-style-type: none"> • Physician • Physician Assistant (PA) • 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) <p>IN ADDITION TO ALL OF THE ABOVE THE YOUTH SUBSTANCE USE DISORDER CLINICIANS MAY INCLUDE THE FOLLOWING:</p> <ul style="list-style-type: none"> • Licensed Alcohol and Drug Counselor (LADC) for substance use disorder only. • Provisionally Licensed Alcohol and Drug Counselor (PLADC) for substance use disorder only.
Desired Individual Outcome	<ul style="list-style-type: none"> • The individual has met their treatment plan goals and objectives. • The precipitating condition and relapse potential is stabilized such that the individual’s condition can be managed without professional external supports and interventions. • The individual has support systems secured to help the individual maintain stability in the community.
Admission guidelines	<ul style="list-style-type: none"> • The individual demonstrates symptomatology consistent with a mental health or substance use disorder, DSM (current edition) diagnosis which requires and can reasonably be expected to respond to therapeutic intervention. • There are significant symptoms, caused by the mental health, or substance use disorder diagnosis, that interfere with the individual's ability to function in at least one life area. • There is an expectation that the individual has the capacity to make significant progress toward treatment goals to where services are no longer necessary. • This level of care is the least restrictive setting that will produce the desired results in accordance with the needs of the individual.

Continued stay
guidelines

- The individual's condition continues to meet clinical criteria admission guidelines at this level of care.
- The individual's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate.