

| Service Name | INTENSIVE OUTPATIENT ADULT- MENTAL HEALTH |
|--|---|
| Setting | Outpatient services are rendered in a professional office, clinic, home or other environment appropriate to the provision of psychotherapy services. |
| Facility License | As required by the by DHHS Division of Public Health. |
| Basic Definition | <ul style="list-style-type: none"> ● Intensive outpatient (IOP) services are non-residential, intensive, structured interventions consisting of counseling and education regarding the needs of the targeted population. ● IOP interventions will include: ongoing assessment, individual, group, and family psychotherapy and psycho-educational services. ● Services are goal oriented interactions in preparing the individual to apply learned skills in “real world” environments. |
| Service Expectations basic expectations for more detail see Title 471 chapter 20 | <ul style="list-style-type: none"> ● An Initial Diagnostic Assessment (IDI) and when applicable, for co-occurring disorders, a Substance Use Disorder (SUD) assessment by a licensed clinician prior to the beginning of IOP treatment. ● The IDI shall serve as the initial treatment plan until the comprehensive treatment plan is developed. ● Individualized treatment/recovery plan, including discharge and relapse prevention, developed with the individual within 14 days of admit. ● Therapies/interventions may include individual, family, and group psychotherapy, educational groups, motivational, enhancement and engagement strategies. ● Provision of nine or more hours per week of skilled treatment, with at least three hours of availability per day. Scheduled hours at minimum are three times per week, and may be available up to seven days per week. The hours and days of treatment are to be reduced as clinically defined when an individual nears completion of the program. ● Review and update of the treatment/recovery plan under clinical guidance with the individual and other approved family/supports every 30 days or more often as medically indicated. ● Access to a licensed mental health/substance abuse professional on a 24/7 basis for crisis management. ● Monitoring stabilized comorbid medical and psychiatric conditions. ● Consultation and/or referral for general medical, psychiatric, needs. |
| Length of Service | Length of service is individualized and based on clinical criteria for admission and continuing stay. The frequency and duration varies according to the needs of the individual and the individual's response to the day-to-day treatment intervention. |
| Staffing | <ul style="list-style-type: none"> ● Clinical director is responsible for the clinical direction of the program and for individualized treatment. ● Clinical director may include the following: physician, APRN, psychologist, provisionally licensed psychologist, LIMHP, or a LMHP. ● Appropriately licensed and credentialed professionals: <ul style="list-style-type: none"> ○ Physicians ○ Physican assistant ○ APRN ○ Psychologist ○ Provisionally licensed psychologist ○ LIMHP ○ LMHP/LADC ○ PLMHP/PLADC ○ LMHP ○ PLMHP ○ Direct care staff shall have a bachelor’s degree or higher in psychology, sociology, or related human service field, but two years of course work in the human |

| | |
|----------------------------|---|
| | <p>services field and two years' experience/training with demonstrated skills and competencies in treatment of youth with mental illness is acceptable.</p> <ul style="list-style-type: none"> • All staff are required to work within their scope of practice to provide mental health or co-occurring mental health and substance use disorder outpatient treatment. • All staff will have documented education, experience, training, expertise and competency with the treatment population served. |
| Staffing Ratio | 1:1 individual; 1:1 family; 1:3 minimum and no more than 1:12 maximum for group treatment |
| Desired Individual Outcome | <ul style="list-style-type: none"> • The individual has met the 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 intervention. • The individual is able to remain stable a less intensive level of treatment or support. • The individual has support systems in place to help them maintain stability. |
| Admission guidelines | <ul style="list-style-type: none"> • The individual is assessed and meets the diagnostic criteria for a mental health Disorder as defined in the most recent DSM. • Difficulty maintaining stability or lack of follow through with a variety of outpatient services necessitating use of IOP to enhance the opportunities and experiences known to improve the possibility of successful stability. • Of all reasonable options for active psychiatric treatment available to the individual, this program is to be the best choice for expecting reduction in treatment. |
| Continued Stay | <ul style="list-style-type: none"> • The persistence of problems that caused the admission. • The emergence of additional problems that meet the admission criteria. • Reasonable improvement in the individual's psychiatric condition. • Attempts at therapeutic re-entry into a less-intensive level of care have resulted in, or would result in exacerbation of the referral reason to the degree that would necessitate continued intensive outpatient treatment. |