



Probation Service Definition

ADMINISTRATIVE OFFICE OF THE COURTS & PROBATION

SERVICE NAME	Substance Use Outpatient Treatment (Individual/Group/Family) - ASAM Level 1 <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile
Category	Treatment
Setting	Professional office environment, clinic, mental health substance use treatment center, private practice, teleservice or other setting appropriate to the provision of outpatient services.
Facility License	N/A
Service Description	Based on a recommendation from a Substance Use Assessment/Evaluation, Substance Use Outpatient Treatment is a scheduled therapeutic encounter between the licensed clinician and the individual for the purposes of treating a substance use disorder. The focus of outpatient counseling is to improve or alleviate symptoms that may significantly interfere with functioning in at least one life domain (e.g., familial, social, occupational, educational, etc.). The goals, frequency, and duration of outpatient treatment will vary according to individual needs and response to treatment. Services may be delivered in individual, group or family sessions.
Service Expectations	<ul style="list-style-type: none"> • A comprehensive Substance Use Assessment/Evaluation must be completed by a licensed clinician prior to the beginning of treatment. • If a recent Substance Use Assessment/Evaluation is clinically relevant and includes a current diagnosis and level of care recommendation, it can serve as the admission assessment. If the prior assessment is not relevant or does not contain the necessary information, then a Substance Use Addendum would be necessary to update the clinical record. • Client must meet current ASAM (American Society of Addiction Medicine) criteria for admission and continued stay. • Substance Use Outpatient treatment should address mental health needs and/or co-occurring disorders. If the treating clinician suspects mental health needs/co-occurring disorders and diagnosis/treatment for mental health/co-occurring needs is not within the treating clinician's scope of practice, a referral should be made to a clinician capable of diagnosing/treating mental health/co-occurring needs.

	<p>The written treatment plan, developed with the individual at the onset of services, must be individualized and must include the specific referral question, problems, behaviors or skills to be addressed; clear and realistic goals and objectives; services, strategies and methods of intervention to be implemented; criteria for achieving goals; target dates; and methods for evaluating the individual's progress.</p> <ul style="list-style-type: none"> • Review and update of the treatment plan, under clinical guidance and with the client, should occur at least monthly every ninety (90) days or more often as clinically indicated, and should be signed by the client and the treatment team. • The treating clinician must consult with and/or refer to other providers for general medical, psychiatric, psychological and/or psychopharmacological needs as indicated. • Services must be trauma-informed, culturally and linguistically appropriate, age and developmentally appropriate and incorporate evidence-based practices when appropriate. <p>Program plan required <input checked="" type="checkbox"/> Yes (for Group services) <input type="checkbox"/> No</p>
Service Frequency	<p>The frequency and duration of Substance Use Outpatient Treatment will vary according to individual needs and response to treatment. Outpatient services are typically offered one time per week; however, the service can be offered more or less frequently depending on client need.</p>
Length of Service	<p>Length of treatment is individualized and based on clinical criteria for admission and continued services, as well as the individual's ability to benefit from individual treatment/recovery goals.</p>
Staffing	<ul style="list-style-type: none"> • Physician • Physician Assistant (PA) • Advanced Practice Registered Nurse (APRN-NP) • Licensed Psychologist • Provisionally Licensed Psychologist • Psychological Assistant • Licensed Independent Mental Health Practitioner (LIMHP) • Licensed Mental Health Practitioner (LMHP) • Provisionally Licensed Mental Health Practitioner (PLMHP) • Licensed Alcohol and Drug Counselor (LADC) • Provisionally Licensed Alcohol and Drug Counselor (PLADC)

	<ul style="list-style-type: none"> • All providers must hold a current, valid Nebraska license through the Nebraska Department of Health and Human Services (DHHS) – Division of Public Health and must act within their scope of practice • All providers must be trained in trauma-informed care, recovery principles and crisis management <p>This service requires Criminogenic Continuing Education Hours <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
Staff to Client Ratio	<p>Individual Counseling = 1 therapist to 1 client</p> <p>Group Counseling = 1 therapist to a group of at least 3 and no more than 12 individual participants</p> <p>Family Counseling = 1 therapist to 1 family</p>
Hours of Operation	Providers are expected to be flexible in scheduling to accommodate service needs, which may include evening and/or weekend availability.
Service Desired Outcomes	<input type="checkbox"/> Individual has substantially met treatment plan goals and objectives.
	<ul style="list-style-type: none"> • Individual has identified and demonstrated ability to use support systems to help maintain stability in the community. • Individual has improved functioning and behavior changes in life domains. • Medication management referral to prescribing clinician is ongoing, as deemed appropriate. • Relapse prevention/risk reduction plan has been established; individual knows how to implement this plan. • Clinician has coordinated with other treating professionals as needed.
Unit and Rate	See rate sheet