



## ***Probation Service Definition***

ADMINISTRATIVE OFFICE OF THE COURTS & PROBATION

<b>SERVICE NAME</b>	<b>Intensive Outpatient Counseling (IOP)</b> <span style="float: right;"><input type="checkbox"/> Adult <input checked="" type="checkbox"/> Juvenile</span>
<b>Category</b>	Treatment
<b>Setting</b>	Professional office environment, clinic, mental health substance use center, private practice, teleservice or other setting appropriate to the provision of Intensive Outpatient (IOP) services.
<b>Facility License</b>	As required by the Department of Health & Human Services (DHHS)-Division of Public Health
<b>Service Description</b>	<p>Based on a recommendation from a Substance Use or Co-Occurring Assessment/Evaluation, Substance Use Intensive Outpatient Treatment (IOP) provides group and individual, non-residential, intensive, structured interventions focusing on substance-related and co-occurring mental health problems.</p> <p>Services are goal-oriented interactions with the youth or in group/family sessions. This community-based service allows the youth to apply skills in the “real world” environments. Specializations can include psychotherapy for youth with co-occurring disorders, eating disorders, trauma, individuals who sexually harm and other areas.</p> <p>IOP is an intensive group, family and individual counseling to improve or alleviate symptoms that may significantly interfere with functioning in at least one life domain (e.g. familial, social work, educational) through scheduled therapeutic visits and psycho education. Service is more intensive than outpatient therapy and less intensive than day treatment or partial care.</p>
<b>Service Expectations</b>	<ul style="list-style-type: none"> <li>• A comprehensive Substance Use Assessment/Evaluation must be completed by a licensed clinician prior to the beginning of treatment.</li> <li>• If a recent Substance Use Assessment/Evaluation is determined to be 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.</li> <li>• Client must meet current ASAM (American Society of Addiction Medicine) criteria for admission and continued stay.</li> </ul>

	<ul style="list-style-type: none"> <li>• Intensive Outpatient treatment (IOP) should address mental health needs and/or co-occurring disorders.</li> <li>• Substance Use specific IOP should address substance use needs. 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.</li> <li>• The treatment and discharge plan, developed with the youth at the onset of services, 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 achieving goals; target dates; and methods for evaluating the individual’s progress. Review and update of the treatment plan, under clinical guidance and with the client, should occur every two (2) weeks or more often as clinically indicated. Treatment plans should be signed by the youth and treatment team.</li> <li>• Therapies/interventions should include individual, family, and group psychotherapy, educational groups, and motivational enhancement and engagement strategies.</li> <li>• Other services could include 24 hours crisis management, family education, self-help group and support group orientation.</li> <li>• Access to a licensed clinician on a 24/7 basis.</li> <li>• If clinically indicated, the therapist upon permission from the legal guardian shall communicate with current/former providers as appropriate to coordinate services.</li> <li>• Develop and implement a crisis plan for the youth and family. The youth and family will demonstrate how to implement the crisis plan.</li> <li>• Officer will verify with staff to determine if progress is being made. If progress is not indicated, the staff shall provide a rationale as to what changes will be made to initiate a plan to increase progress.</li> <li>• Services must be trauma informed, culturally sensitive, age and developmentally appropriate and incorporate evidence-based practices when appropriate.</li> </ul>
<b>Service Frequency</b>	<p>IOP programs provide nine (9) or more hours per week of skilled treatment with a licensed clinician; groups are offered three (3) to five (5) times per week; one (1) weekly individual counseling session is required during the course of IOP. A minimum of one hour needs to be an individual session. Schedule hours at minimum are three times per week and maybe available up to seven days per week. The hours and days of treatment are to be reduced as clinically indicate when a youth nears completion of the IOP programs. Sessions include therapeutic, rehabilitative counseling; psycho education and/or family/support services based clinical need.</p>

<b>Length of Stay</b>	Is individualized and based on clinical criteria for admission and continued treatment, as well as the client's ability to make progress on individual treatment/recovery goals.
<b>Staffing</b>	<ul style="list-style-type: none"> <li>• Psychiatrist</li> <li>• Physician Assistant (PA)</li> <li>• Advanced Practice Registered Nurse – Nurse Practitioner (APRN-NP)</li> <li>• Licensed Psychologist</li> <li>• Provisionally Licensed Psychologist</li> <li>• Licensed Independent Mental Health Practitioner (LIMHP)</li> <li>• Licensed Mental Health Practitioner (LMHP)</li> <li>• Provisionally Licensed Mental Health Practitioner (PLMHP)</li> <li>• Licensed Alcohol and Drug Counselor (LADC)</li> <li>• Provisionally Licensed Alcohol and Drug Counselor (PLADC)</li> <li>• 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.</li> <li>• All providers must be trained in trauma-informed care, recovery principles and crisis management</li> </ul> <p>Additional training may be required for counseling individuals in specialized populations to include but not limited to co-occurring disorders, eating disorders, and trauma and sexualized behaviors.</p> <ul style="list-style-type: none"> <li>• Non licensed staff: hold a bachelor's degree or higher in psychology, sociology or a related human service field and two years of coursework in a human services.</li> </ul>
<b>Staff to Client Ratio</b>	<p>Individual Counseling = 1 therapist to 1 youth  Family Counseling = 1 therapist to 1 family  Youth Group Counseling = 1 therapist to a group of at least 3 and no more than 12 youth.  3 hours of availability per day.</p>
<b>Hours of Operation</b>	Providers are expected to be flexible in scheduling to accommodate the service needs, which may include evening and/or weekend availability.
<b>Service Desired Outcomes</b>	<ul style="list-style-type: none"> <li>• Youth has substantially met treatment plan goals and objectives.</li> <li>• Youth has identified support systems to help maintain stability in the community.</li> <li>• Youth has improved daily functioning and has reduced substance use symptoms.</li> </ul>

	<ul style="list-style-type: none"><li>• Relapse prevention/risk reduction plan has been established; youth knows how to implement this plan.</li></ul>
<b>Unit and Rate</b>	Per hour; see rate sheet

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Service Interpretive Guideline\]](#)