



Probation Service Definition

ADMINISTRATIVE OFFICE OF THE COURTS & PROBATION

SERVICE NAME	Substance Use Intensive Outpatient Treatment (IOP) – ASAM Level 2.1 <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	As required by the Nebraska Department of Health and Human Services (DHHS) – Division of Public Health.
Service Description	Based on a recommendation from a Substance Use 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. Services are goal-oriented interactions with the individual or in group/family sessions. This community-based service allows the individual to apply skills in the “real world” environments.
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 Intensive Outpatient treatment (IOP) 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. • 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. Review and update of the

	<p>treatment plan, under clinical guidance and with the client, should occur every two (2) weeks or more often as clinically indicated, and should be signed by the client and the treatment team.</p> <ul style="list-style-type: none"> • Therapies/interventions should include individual, family, and group psychotherapy, educational groups, motivational enhancement and engagement strategies. • Other services could include 24 hours crisis management, family education, self-help group and support group orientation. • Access to a licensed clinician on a 24/7 basis. • 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. • IOP programs utilizing The Matrix Model must be certified as meeting current fidelity requirements required by Clare Matrix, including step-down of intensity. If in the process of obtaining certification, providers will need specific approval from ACOP to ensure fidelity and progress toward certification. • 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.
Service Frequency	<p>Provision of nine (9) or more hours of treatment per week with a licensed clinician, which includes at least one (1) individual counseling session per week. Groups are generally offered three (3) to five (5) times per week.</p> <p>IOP programs utilizing The Matrix Model will follow the frequency determined by Clare Matrix to ensure fidelity.</p>
Length of Service	<p>Length of service 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.</p>
Staffing	<ul style="list-style-type: none"> • Psychiatrist • Physician Assistant (PA) • Advanced Practice Registered Nurse (APRN-NP) • Licensed Psychologist • Provisionally Licensed Psychologist • Licensed Independent Mental Health Practitioner (LIMHP) • Licensed Mental Health Practitioner (LMHP) • Provisionally Licensed Mental Health Practitioner (PLMHP) • Licensed Alcohol and Drug Counselor (LADC)

	<ul style="list-style-type: none"> Provisionally Licensed Alcohol and Drug Counselor (PLADC) 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
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	<ul style="list-style-type: none"> Individual has substantially met treatment plan goals and objectives. Individual has identified and demonstrated ability to use support systems to help maintain stability in the community. Individual has improved daily functioning and has reduced substance use symptoms. 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