



Probation Service Definition

ADMINISTRATIVE OFFICE OF THE COURTS & PROBATION

SERVICE NAME	Intensive Outpatient Counseling (IOP) <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Juvenile
Category	Treatment
Setting	Professional office environment, clinic, mental health substance use treatment center, private practice, teleservice or other environment appropriate to the provision of evaluation/assessment services.
Facility License	N/A
Service Description	Based on a recommendation from a Substance Use or Co-Occurring Evaluation, Substance Use Intensive Outpatient Treatment (IOP) is a scheduled therapeutic encounter between a licensed clinician and youth for the purpose of treating substance use, mental health co-occurring mental health and substance use disorders. 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.
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 determined to be clinically relevant and includes a current diagnosis and level of service 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. • 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 therapy for youth with co-occurring disorders, eating disorders, trauma, individuals who sexually harm and other areas. • IOP interventions may include: ongoing assessment, individual, group, and family therapy and other treatment modalities individualized for each individual. Interventions are implemented 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. • Youth must meet current ASAM (American Society of Addiction Medicine) criteria for admission and continued treatment

	<ul style="list-style-type: none"> • 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 • The individualized written treatment/recovery plan will be developed with the youth, probation/problem solving court staff, parent/guardian/caregiver and other stakeholders identified, that will assist the youth in treatment and preparing for successful discharge and relapse prevention. The plan must be developed within 14 days of admission and signed by the youth and treatment team (parent/guardian/caregiver, probation/problem solving court staff. • The individualized written treatment and discharge plan, developed with the youth at the onset of services, 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 youth, should occur every two (2) weeks or more often as clinically indicated • Therapies/interventions should include individual, family, and group therapy, educational groups, and motivational enhancement and engagement strategies. • Other services include access to 24 hours/7 days a week crisis management, family education, self-help group and support group orientation. • If clinically indicated, the therapist upon permission from the legal guardian shall communicate with current/former providers as appropriate to coordinate services • Develop and implement a crisis plan for the youth and family. The youth and family will demonstrate how to implement the crisis plan • The agency/staff will document the progress toward the individualized treatment plan in their reports. Probation/Problem Solving Court 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 indicate progress • Services must be trauma informed, culturally sensitive, 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>
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Service Frequency	IOP programs provide nine (9) or more hours per week of skilled treatment with a licensed clinician; with at least (3) three hours availability per day. Groups are three (3) to five (5) times per week; one (1) weekly one-hour individual counseling session is required during the course of IOP. Schedule hours at 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.
Length of Service	Is individualized and based on clinical criteria for admission and continued treatment, as well as the youth's ability to make progress on individual treatment/recovery goals.
Staffing	<ul style="list-style-type: none"> • Psychiatrist • Physician Assistant (PA) • Advanced Practice Registered Nurse – Nurse Practitioner (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) • 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 <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"> • Non licensed staff: hold a bachelor's degree or higher in psychology, sociology or a related human service filed and two years of coursework in a human services. <p>This service requires Criminogenic Continuing Education Hours <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
Staff to Client Ratio	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.

Hours of Operation	Typical office hours with available evening and weekend hours by appointment
Service Desired Outcomes	<ul style="list-style-type: none"> • Youth has made progress on treatment goals/objectives as outlined in the treatment plan • Youth has identified support systems to help maintain stability in the community. • Youth has improved functioning and behavior changes in life domains. • Risk reduction (crisis) plan has been established. The youth, parent, guardian, caregiver must be able to demonstrate they have the knowledge and skills to implement the crisis plan • The precipitating symptoms and relapse potential is stabilized such that youth's condition can be managed without clinical supports and intervention. • Youth has improved daily functioning and has reduced substance use symptoms. • Relapse prevention/risk reduction plan has been established; youth must be able to demonstrate they have the knowledge and skills to implement the relapse/risk reduction plan.
Unit and Rate	See rate sheet