

## 3.70 OUTPATIENT SERVICES

### 3.701 Outpatient Services (Child/Adolescent)

Description of Services: Those behavioral health services that are rendered in an office, clinic environment, a child/adolescent's home, or other locations appropriate to the provision of service for psychotherapy, or counseling. Services focus on the restoration, enhancement and/or maintenance of a child/adolescent's level of functioning and the alleviation of symptoms that significantly interfere with functioning in at least one area of the child/adolescent's life (e.g. familial, social, and educational). Active family/guardian involvement is important unless contraindicated. The goals, frequency and length of treatment will vary according to the needs of the child/adolescent and the response to treatment. Child or adolescent treatment will usually also include sessions with the parent(s) or guardian(s). A clear treatment focus, measurable outcomes, and a discharge plan (including the identification of realistic discharge criteria) will be developed as part of the initial assessment and treatment planning process, and will be evaluated and revised as necessary as treatment proceeds.

Outpatient services that emphasize time-effective episodes of care over will likely be sufficient for most children/adolescents who are brought for outpatient treatment, including those with more serious and persistent behavioral health conditions. Some children/adolescents, however, may require pharmacotherapy plus ongoing, intermittent contact with a licensed mental health professional (e.g. once or twice per month) to maintain the individual's optimal level of functioning, to ameliorate significant and debilitating symptoms, and to prevent the need for more intensive levels of care.

<b>Criteria</b>	
<b>Admission Criteria</b>	<p><i>All of the following criteria are necessary for admission:</i></p> <ol style="list-style-type: none"> <li>1. The child/adolescent demonstrates symptoms consistent with a DSM-IV-TR (Axes I-V) diagnosis which requires and can reasonably be expected to respond to therapeutic intervention.</li> </ol> <p style="text-align: center;">OR</p> <p>The individual has a chronic affective illness, schizophrenia, or a refractory behavioral disorder, which by history, has required hospitalization</p> <ol style="list-style-type: none"> <li>2. There are significant symptoms that interfere with the child/adolescent's ability to function in at least one life area.</li> <li>3. There is an expectation that the child/adolescent has the capacity to make significant progress toward treatment goals or treatment is necessary to maintain the current level of functioning.</li> <li>4. Unless specifically contraindicated, the parents/guardians are involved and cooperative with family evaluation and appropriate family treatment.</li> </ol>
<b>Psychosocial, Occupational, and Cultural and Linguistic Factors</b>	<p><i>These factors, as detailed in the Introduction, may change the risk assessment and should be considered when making level of care decisions.</i></p>
<b>Exclusion Criteria</b>	<p><i>Any of the following criteria are sufficient for exclusion from this level of care:</i></p> <ol style="list-style-type: none"> <li>1. The child/adolescent requires a level of structure and supervision beyond the scope of non-programmatic outpatient services.</li> </ol>

	<ol style="list-style-type: none"> <li>2. The child/adolescent has medical conditions or impairments that would prevent beneficial utilization of services.</li> <li>3. The primary problem is social, educational, economic (i.e. family conflict, need for a special school program, housing, etc.), one of physical health without concurrent major psychiatric episode meeting criteria for this level of care, or admission is being used as an alternative to incarceration.</li> <li>4. Treatment plan is designed to address goals other than the treatment of active symptoms of DSM-IV-TR diagnosis (e.g. self-actualization).</li> <li>5. Medication Management level of outpatient care is sufficient to stabilize or maintain the individual's functioning once an episode of active psychotherapy has been completed, or if it is unlikely that psychotherapy would be of benefit given the individual's diagnosis, history, or previous response to treatment.</li> <li>6. Rehabilitative or community services are provided and are adequate to stabilize or assist the individual in resuming prior level of roles and responsibility.</li> </ol>
<p><b>Continuing Stay Criteria</b></p>	<p><i>All of the following criteria are necessary for continuing treatment at this level of care:</i></p> <ol style="list-style-type: none"> <li>1. The child/adolescent's condition continues to meet admission criteria at this level of care.</li> <li>2. The child/adolescent's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate.</li> <li>3. Treatment planning is individualized and appropriate to the individual's changing condition with realistic and specific goals and objectives stated. Treatment planning should include active family or other support systems, social, educational and interpersonal assessment with involvement unless contraindicated.</li> <li>4. All services and treatment are carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound clinical practice. Expected benefit from all relevant treatment modalities is documented.</li> <li>5. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved, or adjustments in the treatment plan to address lack of progress are evident.</li> </ol> <p align="center">OR</p> <p>Progress toward stabilization of functioning is documented.</p> <p align="center">OR</p> <p>Continued outpatient services are expected to prevent the need for more intensive levels of care.</p> <ol style="list-style-type: none"> <li>6. Care is rendered in a clinically appropriate manner and focused on the child/adolescent's behavioral and functional outcomes as described in the discharge plan.</li> <li>7. When medically necessary, appropriate psychopharmacological intervention has been prescribed and/or evaluated in a timely manner.</li> <li>8. There is documented active discharge planning.</li> </ol>

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	<p>9. There is a documented active attempt at coordination of care with relevant providers when appropriate. If coordination is not successful, the reason(s) are documented.</p> <p>10. Unless contraindicated, family, guardian, and/or custodian is actively involved in the treatment as required by the treatment plan, or there are active efforts being made and documented to involve them.</p>
<p><b>Discharge Criteria</b></p>	<p><i>Any of the following criteria are sufficient for discharge from this level of care:</i></p> <ol style="list-style-type: none"> <li>1. The child/adolescent's and/or family's documented treatment plan goals and objectives have been substantially met.</li> <li>2. The child/adolescent and/or family no longer meet admission criteria, or meet criteria for a less or more intensive level of care.</li> <li>3. The parents or guardian are competent and non-participatory in treatment, or the child/adolescent's non-participation is of such degree that treatment at this level of care is rendered ineffective or unsafe, despite multiple, documented attempts to address non-participation issues.</li> <li>4. Consent for treatment is withdrawn by the parents or guardians and it is determined that the parents/guardians have the capacity to make an informed decision and the child/adolescent does not meet criteria for an inpatient level of care.</li> <li>5. The child/adolescent and/or family are not making progress toward treatment goals, and there is no reasonable expectation of progress at this level of care or treatment approach.</li> <li>6. It is reasonably predicted that continuing stabilization can occur with discharge from care and/or Medication Management only and community support.</li> </ol>