

OUTPATIENT THERAPEUTIC SERVICES

Outpatient Therapy Services - Youth

Service Description

Outpatient mental health services are designed to address the needs of youth, but they are experiencing functional impairment at home, school, or in other community-based activities. The goal of outpatient therapy is to support, enhance, and encourage the emotional development and the development of life skills in order to maximize their individual functioning in the least restrictive treatment setting. Treatment programming may also address co-occurring treatment needs involving substance use disorders and intellectual, developmental disabilities.

They would benefit from additional therapeutic supports, which could include individual, group based, and family based psychotherapy services, as well as, access to psychiatric services.

The goal of outpatient services would be to optimize the youth's overall functioning. Therapeutic goals include the following:

- Processing and working through conflicts involving family dynamics and interpersonal relationships involving the youth
- Addressing specific mental health symptoms and behaviors impacting the child/ youth's current functioning which may be correlated with/ DSM 5 Diagnoses, including but not limited to mood disorders, anxiety disorders, trauma related disorders, impulse control disorders, disruptive behavioral disorders, substance use disorders, and developmental disorders.
- As clinically indicated, coordinating community based services and supports which the youth and family are currently involved with.
- Therapeutic interventions should focus on symptom reduction, personal skills development, development of effective coping strategies, improved daily functioning in the community, and accessing appropriate community supports and resources.

Criteria

Admission Criteria

The youth must meet 1 through 7.

1. The youth is between the ages of 5 and 21. Special consideration will be given to children under 5. Eligibility for services are in place until the youth's 21st birthday.
2. The youth is in need of external clinical and social support in order to improve and, or maintain their current functioning in the community.
3. The CSOC Assessment and other relevant information indicate that a program of clinical services is indicated to support improve functioning within the community.

	<ol style="list-style-type: none"> 4. The youth presents with symptomatology consistent with a DSM 5 diagnosis, and/or a behavioral and emotional disturbance, which requires a community-based therapeutic intervention. 5. The youth and family has the capacity and support for regular attendance and the stability necessary for maintenance in the outpatient program. 6. There are no imminent concerns in regards to acute high-risk behaviors that could endanger the youth’s personal safety or the safety of others that indicate that the youth requires a higher intensity of service. 7. The youth’s parent/guardian/caregiver provides consent to treatment.
<p>Psychosocial, Occupational, Cultural and Linguistic Factors</p>	<p>These factors may change the risk assessment and should be considered when making level of care decisions.</p>
<p>Exclusion Criteria</p>	<p>Any of the following are sufficient for exclusion from this level of care:</p> <ol style="list-style-type: none"> 1. The CSOC Assessment and other relevant information indicate that the youth’s treatment needs are not consistent with an outpatient intensity of service, as they require a higher intensity therapeutic service, a different type of service, or no therapeutic services. 2. The youth’s parent/caregiver/guardian does not provide consent to treatment and there is no court order requiring such treatment. 3. The Behavioral symptoms are the result of a medical condition that warrants a medical intervention in a medical setting. . 4. The youth’s sole diagnosis is Substance Use and the primary treatment need involves medical intervention, withdrawal management, or detoxification treatment services. 5. The child/youth’s has a diagnosis of Autism Spectrum Disorder and or an Intellectual/Developmental Disability and high intensity, specialized behavioral therapeutic treatment services are indicated in order to stabilize behaviors and maintain safety of the individual and the safety of others. 6. Youth requires therapeutic services/ supports which consist of a more coordinated, multi-disciplinary multi-modal course of treatment, in order to maximize functioning and minimize risk to self and others . 7. The youth is not a resident of New Jersey. For minors who are under 18 years of age, the legal residency of the parent or legal guardian shall determine the residence of the minor. 8. The primary problem is social, economic or legal without a concurrent behavioral or emotional disturbance meeting criteria for this level of care.

<p>Continued Stay Criteria</p>	<p>All of the following criteria are necessary for continuing treatment at this level of care:</p> <ol style="list-style-type: none"> 1. The CSOC Assessment and other relevant information indicate that the youth continues to need the Outpatient level of care. 2. The severity of the behavioral disturbance continues to meet the criteria for this intensity of service. 3. A comprehensive, updated treatment plan with realistic goals and objectives has been developed, documented, and implemented. 4. Individualized services are customized to achieve positive results and are consistent with sound clinical practice. 5. Progress in treatment is clearly evident in objective terms but goals of treatment have not yet been fully achieved. In addition, adjustments in the treatment plan are evident to address any lack of progress. 6. The family is actively involved in treatment. Or, there are active, persistent efforts being made which are expected to result in successful engagement in treatment. 7. When clinically necessary, appropriate psychopharmacological treatment has been initiated. 8. There is documented evidence of active, individualized discharge planning.
<p>Discharge Criteria</p>	<p>Any of the following criteria is sufficient for discharge from this level of care:</p> <ol style="list-style-type: none"> 1. The youth and family have met and sustained a majority of the overarching treatment goals. 2. The CSOC Assessment and other relevant information indicate that the youth no longer needs the outpatient level of care. 3. The youth is exhibiting treatment needs which are indicative of a higher or lower intensity of service. 4. The youth and the family have exhibited improvements in social, emotional, behavioral, and educational functioning for at least three (3) to four (4) weeks. The therapists and supervisor believe that the caregivers have the knowledge, skills, resources and support needed to handle subsequent problems. 5. The youth and family have not benefited from treatment despite documented efforts to engage and there is no reasonable expectation of progress at this level of care. 6. The youth and/or the parent/ caregiver/ guardian withdraw consent for treatment and there is no court order requiring such treatment.