Outpatient Services

Outpatient – Child/Youth/Young Adult

Definition

Outpatient mental health services are designed to address the behavioral health needs of children, youth, and young adults that are rendered in an office or clinic setting. Services may include, but are not limited to individual, family, or group based psychotherapy services, as well as, access to psychiatric services. The frequency of therapeutic contact may vary according to the child/youth/young adult's clinical needs for relatively brief sessions ranging from 30 minutes and two hours. Psychiatric services for medication monitoring may also be provided, if clinically indicated.

The purpose of outpatient services is to support, enhance, and encourage the emotional development of child/youth/young adult's life skills in order to maximize their individual functioning. These services are designed to preserve or improve current functioning, strengths, and resources. Services generally focus on the alleviation of symptoms that interfere with functioning in at least one area of the child/youth's life (e.g. familial, social, educational) as well as restoration, enhancement and/or maintenance of a child/youth/young adult's level of functioning.

Therapeutic goals may include the following:

- Processing and working through conflicts involving family dynamics and interpersonal relationships involving youth/child/ young adult
- Addressing specific mental health symptoms and behaviors impacting the child/ youth's current functioning which may be correlated with DSM IV Axis I Diagnoses, including mood disorders, anxiety disorders, disruptive behavioral disorders, and developmental disorders.
- Coordinating community based services and supports which the child/ youth and family are currently involved with.

Criteria

Admission Criteria	*The youth must meet **1 through 5.*** 1. The child/youth/ young adult is under the age of 21. Eligibility for services is in place until the youth's 21st birthday. 2. The DCBHS Assessment and/or other relevant information indicate that the child/youth's condition requires a coordinated course of treatment, consisting of psychotherapeutic services and, if clinically indicated, psychiatric services, to maximize functioning. 3. The child/youth presents with symptomotology consistent with a

	DSM-IV diagnosis and/or a behavioral and emotional disturbance that requires a therapeutic intervention at this level of intensity. 4. The symptoms interfere with the child/youth's ability to function in at least one area. 5. There is an expectation that the child/youth has the capacity to make progress toward treatment goals, or treatment is necessary to maintain the current level of functioning.
Psychosocial, Occupational, Cultural and Linguistic Factors	*These factors may change the risk assessment and should be considered when making level of care decisions.*
Exclusion Criteria	***Any** of the following is sufficient for exclusion from this level of care:* 1. The DCBHS Assessment and other relevant information indicate that the child/youth's treatment needs are not consistent with an outpatient intensity of service, as they need a more intensive therapeutic service. 2. The child/youth's parent/guardian/custodian does not voluntarily 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 setting for treatment. 4. The child/youth's sole diagnosis is Substance Abuse and there are no identified emotional or behavioral disturbances, which would benefit from involvement in an outpatient program. 5. The child/youth has a sole diagnosis of Autism and there are no co-occurring DSM IV Axis I Diagnoses, or symptoms/ behaviors consistent with a DSM IV Axis I Diagnosis. 6. Youth requires therapeutic services/ supports which consist of a more coordinated, multi-disciplinary multi-modal course of treatment, including routine psychiatric observation/supervision to effect significant regulation of medication and/or routine nursing observation and behavioral intervention to maximize functioning and minimize risks to self, others and property. 7. The child/ youth has a sole diagnosis of Mental Retardation/ Cognitive Impairment and there are no co-occurring DSM IV Axis I Diagnoses, or symptoms/ behaviors consistent with a DSM

	IV Axis I Diagnosis. 8. The youth is not a resident of New Jersey. For minors who are under 18 years of age, the residency of the parent or legal guardian shall determine the residence of the minor. 9. The primary problem is social, economic or legal without a concurrent behavioral or emotional disturbance meeting criteria for this level of care.
Continued Stay Criteria	***All** of the following criteria are necessary for continuing treatment at this level of care*: 1. The DCBHS 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 level of care. 3. The youth's treatment does not require a more intensive level of care and no less intensive level of care would be appropriate. 4. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms. However, some goals of treatment have not yet been achieved; and adjustments to the treatment plan are indicated to address the lack of progress and efforts to transfer to alternative services are documented when indicated. 5. There is documented evidence of active, individualized discharge planning.
Discharge Criteria	***Any** of the following criteria is sufficient for discharge from this level of care:* 1. The youth and family have met and sustained a majority of the overarching treatment goals. 2. The DCBHS Assessment and other relevant information indicate that the youth no longer needs the outpatient level of care. 3. The youth has few significant behavioral problems and the family is able to effectively manage any recurring problems.

	4. The youth is making reasonable improvements in identified treatment goals. The therapists and supervisor believe that the caregivers have the knowledge, skills, resources and support needed to handle subsequent problems. 5. Few of the overarching goals have been met. Despite consistent and repeated efforts by the therapists and supervisor to overcome the barriers to further success, the treatment has reached a point of diminishing returns for the additional time invested. That is, 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. Individuals have a history of noncompliance with treatment, and specific efforts to engage the youth and family have been well documented in the youth's clinical record. 7. The youth and/or the parent withdraw consent for treatment and there is no court order requiring such treatment. 8. The youth meets criteria for a more intensive level of care.