

RASP Attachment A: Specific Program Standards: Outpatient Treatment Programs

Outpatient Treatment Programs - includes Supportive Outpatient Program (SOP), Intensive Outpatient Program (IOP), and specialty designations Dual Diagnosis Outpatient Program and Spanish-Speaking Outpatient Treatment and Substance Abuse Evaluations.

1. **SOP** – Specific standards include DSHS and CJAD compliance; entails a minimum of two hours of group per week along with 1 hour of individual or family counseling per month. Group limits include no less than three (3) participants and no more than sixteen (16) participants. Duration of treatment can be from one to six months with treatment plan justification. Curriculum must include cognitive-behavioral interventions.
2. **IOP**- Specific standards include DSHS and CJAD compliance; entails a minimum of **ten (10) hours per week** along with 1 hour of individual or family counseling every two weeks. Group limits include no less than three participants and no more than 16 participants. Duration of treatment is typically 12-weeks; however, clients may be stepped down to SOP after 4 weeks with treatment plan justification and notification of CSO. Curriculum must include cognitive-behavioral interventions.
3. **Spanish Speaking Outpatient Treatment**- All of the above standards apply; group must be facilitated in Spanish using a Spanish-language curriculum.
4. **Dual Diagnosis Outpatient Treatment** - All of the above standards apply and must meet *§448.908 Specialty Competencies of Staff Providing Services to Clients with COPSD* including CJAD and DSHS especially Chapter 448 Standards of Care for COPSD Clients; curriculum must be specifically designed to address COPSD issues.
5. **Substance Abuse Evaluations**. Specific standards include DSHS and CJAD compliance; entails interviews and recommendations consistent with ASAM guidelines to include a review of substance misuse history (substances used, date of last use, date of first use, patterns and consequences of use, types of and responses to previous treatment, and periods of sobriety, biopsychosocial factors (family, living arrangements, social support), educational achievement and intellectual functioning, vocational and employment status, and legal and medical history (to include history of emotional or behavioral problems and psychiatric treatment), and responsivity analysis. A diagnostic summary is completed and signed by a QCC.

Additional Standards for all Outpatient Drug and Alcohol Treatment Programs:

- (a) Written policies and standards to be followed regarding reassessment including measures used and criteria used to determine the need for lower levels of treatment.

RASP Attachment A: Specific Program Standards: Outpatient Treatment Programs

- (b) All outpatient treatment services require a treatment plan to be formulated with monthly updates communicated to the supervising officer no later than the 10th day of the following month.
- (c) Peer-led groups will not count toward minimum counseling hour requirements.
- (d) Certificates of completion and treatment records, including group signature logs, must be maintained for five (5) years.
- (e) All evaluations and assessments shall be performed in accordance with the most recent diagnostic standards.

I/We have reviewed the above requirements and standards set forth in this attachment and agree to abide by them.

Authorized Signature
Service Provider

Date

Authorized Signature
DCCSCD

Date