Substance Abuse Services

Service Name	INTERMEDIATE RESIDENTIAL (DUAL DIAGNOSIS CAPABLE) – LEVEL III.3: Adult SA
Funding Source	Medicaid Behavioral Health Services
Setting	Facility based
Facility License	Substance Abuse Treatment Center
Basic Definition	Intermediate Residential Treatment is intended for adults with a primary Axis I diagnosis of substance dependence for whom shorter term treatment is inappropriate, either because of the pervasiveness of the impact of dependence on the individual's life or because of a history of repeated short-term or less restrictive treatment failures. Typically this service is more supportive than therapeutic communities and relies less on peer dynamics in its treatment approach.
Service Expectations	• A strengths based, substance abuse assessment and mental health screening conducted prior to admission by licensed professionals, with ongoing assessment as needed • Individualized treatment/recovery plan, including discharge and relapse prevention, developed under clinical supervision with the individual (consider community, family and other supports) within 7 days of admission • Review and update of the treatment/recovery plan under clinical supervision with the individual and other approved family/supports every 30 days or more often as needed • Therapies/interventions should include individual, family, and group substance abuse counseling, educational groups, motivational enhancement and engagement strategies provided a minimum of 30 hours per week • Program is characterized by slower paced interventions; purposefully repetitive to meet special individual treatment needs • Monitoring to promote successful reintegration into regular, productive daily activity such as work, school or family living • Other services could include 24 hours crisis management, family education, self-help group and support group orientation • Monitoring stabilized co-occurring mental health problems • Consultation and/or referral for general medical, psychiatric, and psychopharmacology needs
Length of Services	Length of service is individualized and based on clinical criteria for admission and continuing stay, but individuals typically require this service for up to one year for maximum effectiveness
Staffing	• Clinical Director (APRN, RN, LMHP, LIMHP, LADC or Licensed Psychologist) to provide clinical supervision, consultation and support to all program staff and the clients they serve. This individual will also continually incorporate new clinical information and best practices into the program to assure program effectiveness and viability, and assure quality organization and management of clinical records, and other program documentation. • Appropriately licensed and credentialed professionals working within their scope of practice to provide substance abuse treatment and are knowledgeable about the biological and psychosocial dimensions of abuse/dependence. LADC's and PLADC's are included and Behavioral Health Services funded programs must have a minimum of 50% licensed alcohol and drug counselors.

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	• DBH: Direct Care Staff, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable. • Medicaid and Long-Term Care: Direct Care Staff, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and two years experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable. • Other program staff may include RN's, LPN's, recreation therapists or social workers • All staff should be educated/trained in rehabilitation and recovery
Staffing Ratio	• Clinical Director to direct care staff ratio as needed to meet all responsibilities • 1:10 Direct Care staff to individuals served during all waking hours • 1:10 Therapist to individuals • 1 awake staff for each 10 individuals during client sleep hours (overnight) with on-call availability for emergencies, 2 awake staff overnight for 11 or more individuals served • On-call availability of medical and direct care staff and licensed clinicians to meet the needs of individuals served 24/7
Hours of Operation	24/7
Desired Individual Outcome	• The individual has substantially met their treatment plan goals and objectives • The precipitating condition and relapse potential is stabilized such that individual's condition can be managed without professional external supports and interventions • Individual has alternative support systems secured to help the individual maintain stability in the community
Rate	BHS: See Behavioral Services rate schedule; NMMCP: See Medicaid rate schedule 1 unit = 1 day