Substance Abuse Services

Service Name	SHORT TERM RESIDENTIAL (DUAL DIAGNOSIS CAPABLE)– LEVEL III.5: ADULT SA
Funding Source	Medicaid Behavioral Health Services
Setting	Facility based
Facility License	Substance Abuse Treatment Center
Basic Definition	Short Term Residential Treatment is intended for adults with a primary Axis I diagnosis of substance dependence requiring a more restrictive treatment environment to prevent the use of abused substances. This service is highly structured and provides primary, comprehensive substance abuse treatment.
Service Expectations	• A strengths based substance abuse assessment and mental health screening conducted by licensed clinician prior to or at admission, with ongoing assessment as needed • An initial treatment/recovery plan (orientation, assessment schedule, etc.) to guide the first 30 days of treatment developed within 24 hours • A nursing assessment by a licensed (in NE or reciprocal) RN or LPN under RN supervision, should be completed within 24 hours of admission with recommendations for further in-depth physical examination if necessary as indicated. • 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 a licensed clinician with the individual and other approved family/supports every 7 days or more often as medically indicated • Drug screenings as clinically indicated • Counseling and clinical monitoring to promote successful reintegration into regular, productive daily activity such as work, school or family living, including the establishment of each individual's social supports to enhance recovery, 24 hour crisis management, family education, self-help group and support group orientation a minimum of 42 hours per week • Monitoring stabilized co-occurring mental health problems • Monitor the individual's compliance in taking prescribed medications • 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.
Staffing	Clinical Director (APRN, RN, LMHP, LIMHP, licensed psychologist or LADC) working with the program and responsible for all clinical decisions (ie. admissions, assessment, treatment/discharge planning and review) and to provide consultation and support to care staff and the individuals 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.

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	• RNs and/or LPN's under the supervision of an RN with substance abuse treatment experience preferred • Other program staff may include RN's, LPN's, recreation therapists or social workers • Appropriately licensed and credentialed professionals working within their scope of practice to provide substance abuse and/or dual (MH/SA) 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 • 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. • 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 • 1:6 Direct Care Staff to individual served during waking hours • 1:8 Therapist/ licensed clinician to individuals served • 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 them maintain stability in the community
Rate	BHS: See Behavioral Services rate schedule; NMMCP: See Medicaid rate schedule 1 unit = 1 day