Substance Abuse Services

Service Name	**HALFWAY HOUSE – LEVEL III.1: ADULT SA**
Funding Source	Medicaid Behavioral Health Services
Setting	Facility based
Facility License	Substance Abuse Treatment Center
Basic Definition	Halfway House is a transitional, 24-hour structured supportive living/treatment/recovery facility located in the community for adults seeking reintegration into the community generally after primary treatment at a more intense level. This service provides safe housing, structure and support, affording individuals an opportunity to develop and practice their interpersonal and group living skills, strengthen recovery skills and reintegrate into their community, find/return to employment or enroll in school.
Service Expectation	• A strengths based substance abuse assessment and mental health screening conducted by licensed clinician at admission 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 14 days of admission • Review and update of the treatment/recovery plan with the individual and other approved family/supports every 30 days or more often as medically indicated • 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 • Provides a minimum of 8 hours of skilled treatment and recovery focused services per week including therapies/interventions such as individual, family, and group psychotherapy, educational groups, motivational enhancement and engagement strategies
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 longer than 6 months for maximum effectiveness
Staffing	• Clinical Director (APRN, RN, LMHP, LIMHP, or 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. • Appropriately licensed and credentialed professionals working within their scope of practice to provide substance abuse treatment. 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. • All staff should be educated/trained in rehabilitation and recovery principles
Staffing Ratio	• Clinical Director to direct care staff ratio as needed to meet all responsibilities • 1:10 Direct Care Staff to Individual (day and evening hours), 1:12 Therapist to Individual • 1 awake staff for each 10 individuals during client sleep hours (overnight) with on-call availability for emergencies, 2 awake, overnight staff for 11 or more individuals served • On-call availability of direct care staff and licensed clinicians 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 intervention • 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