Substance Abuse Services

Service Name	DUAL DISORDER RESIDENTIAL (DUAL DIAGNOSIS-ENHANCED) – LEVEL III.5: ADULT SA
Funding Source	Medicaid Behavioral Health Services
Setting	Facility based
Facility License	Substance Abuse Treatment Center or specialty unit within a licensed health care facility
Basic Definition	Dual Disorder Residential Treatment is intended for adults with a primary Axis I diagnosis of substance dependence and a co-occurring severe and persistent mental illness requiring a more restrictive treatment environment to prevent substance use. This service is highly structured, based on acuity, and provides primary, integrated treatment to further stabilize acute symptoms and engage the individual in a program of maintenance, treatment, rehabilitation and recovery.
Service Expectations	• A strengths based substance abuse and mental health assessment conducted by a dually licensed clinician (preferable), or a licensed clinician who is dually educated, trained, and experienced in SA, prior to or within 24 hours of admission with ongoing assessment as needed • 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. • A face-to-face initial diagnostic interview by a psychiatrist, psychologist or APRN prior to or within 24 hours of admission and ongoing as clinically indicated • Individualized psychiatric services • An initial treatment/recovery plan (orientation, assessment schedule, etc.) to guide the first 30 days of treatment developed within 24 hours • 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 medically indicated • Therapies/interventions should include individual, family, and group psychotherapy, educational groups, motivational enhancement and engagement strategies, recreational activities and daily clinical services provided at a minimum of 42 hours weekly • Drug screenings as clinically indicated • Medication management and education • Consultation and/or referral for general medical, and psychopharmacology needs • Discharge planning 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 • Other services should include 24 hours crisis management, family education, self-help group and support group orientation
Length of	Length of service is individualized and based on clinical criteria for admission and continuing stay.

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Staffing	• Clinical Director is a licensed clinician (Psychiatrist, APRN, RN, LMHP, LIMHP, or Licensed Psychologist) with demonstrated work experience and education/training in both mental health and addictions. They work with the program and are responsible for all clinical decisions (ie. admissions, assessment, treatment/discharge planning and review) and provide consultation and support to care staff and the individuals they serve. The Clinical Director also continually works to 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. • Consulting psychiatrist • RNs and/or LPN's under the supervision of an RN with substance abuse/psychiatric treatment experience preferred • Other program staff may include recreation therapists or social workers • Appropriately licensed and credentialed clinicians working within their scope of practice to provide dual (MH/SA) treatment and are knowledgeable about the biological and psychosocial dimensions of abuse/dependence. All clinicians must be dually licensed however one of the licenses could be provisional. • 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 are 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 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 this professional level of support 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