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| Service Name | SOCIAL DETOXIFICATION – LEVEL 3.2 ADULT SUBSTANCE USE DISORDER |
| Setting | Facility based |
| Facility License | Licensed as required by DHHS Division of Public Health. |
| Basic Definition | Social detoxification provides intervention in substance use disorder emergencies on a 24 hour per day basis to individuals experiencing acute intoxication. This service has the capacity to provide a safe residential setting with staff present for observation and implementation of physician approved protocols designed to physiologically restore the individual from an acute state of intoxication when medical treatment for detoxification is not necessary. |
| Service Expectations basic expectations for more detail see Title 471 chapter 20 | <ul style="list-style-type: none"> • A biophysical medical screening (includes at a minimum the vital signs, detoxification rating scale, and other fluid intake) conducted by appropriately trained staff at admission with ongoing monitoring, as needed, with licensed medical consultation available. • The implementation of physician approved protocols. • An addiction focused history is obtained and reviewed with the physician if protocols indicate concern. • A physical exam is to be completed prior to admission if the individual will be self-administering detoxification medication. This is not necessary if the program has 24-hour nursing, and nursing administers individual medications according to the physician’s protocols. • The monitoring of self-administered medication. • Sufficient screening is completed to determine the level of care in which the individual should be placed, and for the individualized care plan to address treatment priorities identified in Dimensions 2 through 6. • The detoxification staff will initiate a plan of care for the individual at the time of intake. Prior to discharge, the staff and the individual will develop a discharge plan which will include a specific referral and relapse strategy. • A daily assessment of individual progress through detoxification and any treatment changes. • The medical evaluation and consultation is available 24 hours per day for staff to review. • A consultation and/or a referral for general medical, psychiatric, psychological, and/or other needs is provided. • Interventions will include a variety of educational sessions and motivational and enhancement strategies for the individual and their family. • Individual participation is based on the medical biophysical condition and ability of the individual. • To assist individuals in establishing social supports to enhance recovery. • All staff will be educated/trained in recovery principles and trauma informed care. |
| Length of Service | Generally two to five days |
| Staffing | <ul style="list-style-type: none"> • Clinical director (APRN, RN, LMHP, LIMHP, or licensed psychologist or LADC) providing consultation and support to care staff and the individuals |

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| | <p>in this program. The clinical director 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.</p> <ul style="list-style-type: none"> • Appropriately licensed and credentialed professionals working within their scope of practice to provide substance use disorder and/or co-occurring MH/SUD treatment. The practitioners will be knowledgeable about the biological and psychosocial dimensions of substance use disorder. • Direct care staff holding a bachelor’s degree or higher in psychology, sociology or a related human service field is preferred, but two years of coursework in a human services field and/or two years of 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. • Special training and competency evaluation are required in carrying out physician developed protocols. |
| Staffing Ratio | <ul style="list-style-type: none"> • Clinical director to direct care staff ratio as needed to meet all responsibilities • Two awake direct care staff overnight |
| Hours of Operation | 24/7 |
| Desired Individual Outcome | The individual has successfully detoxified and has been assessed and referred for additional services and or treatment needs. |
| Admission guidelines | <ul style="list-style-type: none"> • The individual in a Level 3.2 WM detoxification program presents in an intoxicated state and meets ASAM dimensional criteria for admission. Providers refer to ASAM Criteria 3rd Addition. • The individual who is appropriately placed in a Level 3.2 WM detoxification program meets specifications in (a) and (b): <ul style="list-style-type: none"> a) The individual is experiencing signs and symptoms of withdrawal, or there is evidence (based on history of substance intake, age, gender, previous withdrawal history, present symptoms, physical condition, and/or emotional, behavioral, or cognitive condition) that withdrawal is imminent. The individual is assessed as not being at risk of severe withdrawal syndrome, and moderate withdrawal is safely manageable at this level of service. b) The individual is assessed and requires this level of service to complete detoxification and enter into continued treatment or self-help recovery because of inadequate home supervision or support structure, as evidenced by meeting [1] or [2] or [3]. <ul style="list-style-type: none"> [1] The individual’s recovery environment is not supportive of detoxification and entry into treatment, and the individual does not have sufficient coping skills to safely deal with the problems in the recovery environment; or [2] The individual has a recent history of detoxification at less intensive levels of service that is marked by inability to complete detoxification or to enter into continuing addiction treatment, and |

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| | <p>the individual continues to have insufficient skills to complete detoxification; or</p> <p>[3] The individual has demonstrated an inability to complete detoxification at a less intensive level of services, as by continued use of other-than prescribed drugs or other mind-altering substances.</p> |
| Continued stay guidelines | <ul style="list-style-type: none">• The individual is making progress but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward his or her treatment goals;• The individual is not yet making progress, but has the capacity to resolve his or her problems. The individual is actively working toward the goals in the individualized treatment plan; and/or• New problems have been identified that are appropriately treated at this level of care. This level of care is the least intensive level of care at which the individual's new problems can be addressed effectively. |