

Service Name	SHORT TERM RESIDENTIAL (CO-OCCURRING DIAGNOSIS CAPABLE) – LEVEL 3.5 ADULT SUBSTANCE USE DISORDER
Setting	Facility based
Facility License	Licensed as required by DHHS Division of Public Health.
Basic Definition	Short term residential treatment is a highly structured short term substance use residential treatment program that provides comprehensive residential services for adults with a substance use disorder.
Service Expectations basic expectations for more detail see Title 471 chapter 20	<ul style="list-style-type: none"> • A substance use disorder (SUD) assessment completed by a licensed clinician prior to the beginning of treatment. • If a prior SUD assessment is determined to be clinically relevant and includes a current diagnosis, level of care recommendation and a discharge plan it can serve as the admission assessment. If the prior assessment is not relevant or does not contain the necessary information than an SUD addendum would be necessary. • All Medicaid eligible individuals are to be screened for co-occurring conditions throughout the assessment. If the clinician is a LADC or a PLADC and suspects a possible mental health condition, a referral is to be made to a clinician capable of diagnosing/treating co-occurring mental health and substance use disorders. • An initial treatment/recovery plan to guide the first seven days of treatment developed within 24 hours. • The comprehensive individualized treatment/recovery plan, including discharge and relapse prevention, developed under clinical supervision with the individual within seven days of admission. • A nursing assessment by a RN, or LPN (under RN supervision) is to be completed within 24 hours of admission. The assessment will include recommendations for further physical examination if necessary. • Provide for drug screenings as clinically indicated. • A provision for education on medication management exists. • A review and update of the treatment/recovery plan under clinical supervision with the individual and other approved family/supports every seven days, or more often as medically indicated. • Interventions to include Individual, family, and group psychotherapy, educational groups, motivational, enhancement engagement strategies, recreational activities and daily clinical services are to be provided at a minimum of 42 hours per week. • Individual psychiatric services as clinically indicated are provided. • The consultation and/or referral for general medical and psychological needs is provided. • The discharge plan is to promote successful reintegration into productive daily activity such as work, school or family living. This includes 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, all of

	which are included in the a minimum of 42 hours per week.
Length of Service	Length of service is short term individualized and based on clinical criteria for admission and continuing stay.
Staffing	<ul style="list-style-type: none"> • The clinical director is a licensed clinician with demonstrated work experience and education/training in both mental health and addictions. The clinical director works with the program and is responsible for all clinical decisions (i.e. admissions, assessment, treatment/discharge planning and review) and provides consultation (not supervision) to all direct care staff. The clinical director may be an APRN, RN, LMHP, LIMHP, or licensed psychologist. • 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. • RNs and/or LPNs (under the supervision of an RN) with substance use disorder treatment experience are preferred. • Other program staff may include RNs, LPNs, recreation therapists or social workers. • The clinicians are licensed, credentialed and working within their scope of practice to provide co- occurring (MH/SUD) treatment. They are also 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.
Staffing Ratio	<ul style="list-style-type: none"> • Clinical director to direct care staff ratio as needed to meet all responsibilities. • 1:8 direct care staff to individual served during waking hours. • 1:8 therapist/ licensed clinician to individuals served. • One awake staff for each ten individuals during individual sleep hours (overnight) with on-call availability for emergencies, two 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	<ul style="list-style-type: none"> • The individual has 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 external supports and interventions. • Individual has alternative support systems secured to help them maintain stability in the community.
Admission guidelines	<ul style="list-style-type: none"> • It is expected that the individual will be able to benefit from this treatment.

	<ul style="list-style-type: none"> • The individual meets the diagnostic criteria for a substance use related disorder as defined in the most recent DSM, as well as each of the six ASAM the dimensional criteria for admission. <p>The following six dimensions and criteria are abbreviated (Providers should refer to ASAM Criteria – 3rd Edition):</p> <ul style="list-style-type: none"> • Dimension 1: ACUTE INTOXICATION &/OR WITHDRAWAL POTENTIAL: At minimal risk of withdrawal, at Levels 3.3 or 3.5. If withdrawal is present, it meets Level 3.2-D criteria. • Dimension 2: BIOMEDICAL CONDITIONS & COMPLICATIONS: None or stable, or receiving concurrent medical monitoring. • Dimension 3: EMOTIONAL, BEHAVIORAL OR COGNITIVE CONDITIONS & COMPLICATIONS: Demonstrates repeated inability to control impulses or a personality disorder requires structure to shape behavior. Other functional deficits require a 24-hour setting to teach coping skills. A Dual Diagnosis Enhanced setting is required for SPMI Severely and Persistently Mentally Ill individuals. • Dimension 4: READINESS TO CHANGE: Has marked difficulty with, or opposition to treatment, with dangerous consequences; or there is high severity in this dimension but not in others. The individual, therefore, needs a Level I motivational enhancement program. • Dimension 5: RELAPSE, CONT. USE OR CONT. PROBLEM POTENTIAL: Has no recognition of the skills needed to prevent continued use, with imminently dangerous consequences? • Dimension 6: RECOVERY ENVIRONMENT: Environment is dangerous and individual lacks skills to cope outside of a highly structured 24-hour setting.
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 • To document and communicate the individual’s readiness for discharge or need for transfer to another level of care, each of the six dimensions of the ASAM criteria should be reviewed. If the criteria apply to the individual’s existing or new problem(s), he or she should continue in treatment at the present level of care.