Service Name	**THERAPEUTIC COMMUNITY (CO-OCCURRING DIAGNOSIS CAPABLE) ASAM Level 3.3**
Setting	Facility based
Facility License	Licensed as required by DHHS Division of Public Health.
Basic Definition	Therapeutic community is intended for adults with a primary substance use disorder for whom shorter term treatment is inappropriate, either because of the pervasiveness of the impact of substance use disorder on the individual's life or because of a history of repeated short-term or less restrictive treatment failures. This service provides psychosocial skill building through a set of longer term, highly structured treatment strategies that define progress toward individual change and rehabilitation. The individual's progress is to be marked by advancement through these phases to less restriction and more personal responsibility.
Service Expectations basic expectations for more detail see Title 471 chapter 20	• A substance use disorder (SUD) assessment 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 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. • Individualized treatment/recovery plan, including discharge and relapse prevention, developed under clinical supervision with the individual (consider community, family and other supports) developed within seven days of admission to guide the first 30 days of treatment. • Consultation and/or referral for general medical, psychiatric, psychopharmacology and psychological needs. • 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 clinically indicated. • Monitoring stabilized co-occurring mental health problems. • A minimum of 30 hours of treatment and recovery focused services weekly including individual, family, and group psychotherapy, educational groups, motivational enhancement and engagement strategies. • The therapy will offer planned clinical activities designed to stabilize the individual's mental health problem and psychiatric symptoms and to maintain a stable life. • The goals of therapy apply to both the substance use disorder and any co-occurring mental health disorder. Specific attention is given to medication education and management. • Treatment is directed toward overcoming the individual's lack of awareness of the effects of substance-related problems on their lives, as well as enhancing their readiness to change. • Treatment is focused on preventing relapse, continued problems and/or continued use, and promoting the eventual reintegration of the individual into the community. • 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.
Length of Service	Length of service is individualized and based on clinical criteria for admission and continuing stay, but individuals typically require this service for up to one year for maximum effectiveness.
Staffing	• Clinical director (Physician, physician assistant, APRN, Licensed Psychologist RN, LIMHP, LMHP, or LADC) shall provide clinical direction, consultation and support to all program staff and the individuals they serve. The clinical director will also continually incorporate new clinical information and best practices into the program to assure program effectiveness and viability, quality organization and management of clinical records, and program documentation. • Appropriately licensed and credentialed professionals working within their scope of practice to provide substance use disorder and/or co-occurring (MH/SUD) treatment. • Direct care staff holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred. Direct care staff may also have 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 that have behavioral health or substance use disorder diagnoses. • All staff will be knowledgeable about the biological and psychosocial dimensions of substance use disorder. • All staff should be educated/trained in rehabilitation, recovery principles and trauma informed care.
Staffing Ratio	• Clinical director to direct care staff ratio as needed to meet all responsibilities. • One awake staff for each ten individuals during sleep hours (overnight) with on-call availability for emergencies, two awake staff overnight for 11 or more individuals served. • 1:10 Therapist to individual. • On-call availability of direct care staff and licensed clinicians 24/7.
Hours of Operation	24/7
Desired Individual Outcome	• 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 professional external supports and interventions. • Individual has alternative support systems secured to help the individual maintain stability in the community.
Admission guidelines	• The individual meets the diagnostic criteria for a substance-related disorder, as defined in the DSM (current edition), as well as the six dimensional criteria for admission. • It is expected that the individual will be able to benefit from this treatment. The following six dimensions and criteria are abbreviated. Providers should refer to ASAM Criteria – 3rd Edition for complete criteria for each dimension. • DIMENSION 1: ACUTE INTOXICATION AND/OR WITHDRAWAL POTENTIAL: Not at risk of severe withdrawal, or moderate withdrawal is manageable at Level 3.2-D. • DIMENSION 2: BIOMEDICAL CONDITIONS AND COMPLICATIONS: None or stable, or receiving concurrent medical monitoring. • DIMENSION 3: EMOTIONAL, BEHAVIORAL OR COGNITIVE CONDITIONS AND COMPLICATIONS: Mild to moderate severity; needs structure to focus on recovery. If stable, a Dual Diagnosis Capable program is appropriate. If not, a Dual Diagnosis

	Enhanced program is required. Treatment should be designed to respond to the individual's cognitive deficits. • DIMENSION 4: READINESS TO CHANGE: Has little awareness and needs interventions available only at Level 3.3 to engage and stay in treatment; 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, CONTINUED USE OR CONTINUED PROBLEM POTENTIAL: Has little awareness and needs intervention available only at Level 3.3 to prevent continued use, with imminent dangerous consequences, because of cognitive deficits or comparable dysfunction. • Dimension 6: RECOVERY ENVIRONMENT: Environment is dangerous and individual needs 24-hour structure to learn to cope.
Continued stay guidelines	It is appropriate to retain the individual at the present level of care if: • The individual is making progress but has not yet achieved the goals articulated in the 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 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.