

SERVICE CATEGORY: SUBSTANCE USE DISORDER

SERVICE DEFINITION

Service Name	ASAM LEVEL 3.2WM CLINICALLY MANAGED RESIDENTIAL WITHDRAWAL MANAGEMENT (SOCIAL DETOX)
Funding Source	Behavioral Health
Setting	Facility Based
Facility or Professional License	As required by DHHS Division of Public Health
Basic Definition	Social Detoxification provides voluntary and involuntary intervention in substance use disorder emergencies on a 24 hour per day basis to individuals experiencing acute intoxication and/or withdrawal. 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. Services align with ASAM level 3.2WM guidance.
Service Expectations	<ul style="list-style-type: none"> • A biophysical screening (includes at a minimum, 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 • Implementation of physician approved protocols, including withdrawal management and seizure risk protocols • An addiction focused history is obtained and reviewed with the physician if protocols indicate concern. • Physical exam to be completed prior to or at admission if the client will be self-administering detoxification medication. This is not necessary if the program has 24-hour nursing and nursing administers client medications according to the program's physician protocols • Monitor self-administered medications • Sufficient biopsychosocial screening to determine the level of care in which the patient should be placed and for the individualized care plan to address treatment priorities identified in Dimensions 2 through 6.

Service Name	<p style="text-align: center;">ASAM LEVEL 3.2WM CLINICALLY MANAGED RESIDENTIAL WITHDRAWAL MANAGEMENT (SOCIAL DETOX)</p>
	<p>For individuals who are brought into care involuntarily, interventions may be restricted to meet the individual's acute intoxication and withdrawal management needs as appropriate to meet the needs of the individual</p> <ul style="list-style-type: none"> • Detoxification staff will initiate a plan of care for the individual at the time of intake. Prior to discharge, the staff will develop a discharge plan which will include specific referral and relapse strategies . All efforts to engage the client in development of the client's plan of care and discharge plan will be made. • Daily assessment of individual progress through detoxification and any treatment changes at minimum. Individuals brought into care experiencing active withdrawal or acute intoxication will receive ongoing monitoring and re-assessment as indicated by their presenting condition • Medical evaluation and consultation is available 24 hours per day • Consultation and/or referral for general medical, psychiatric, psychological, psychopharmacology, and other needs • Interventions will include a variety of educational sessions for individuals and their families, and motivational and enhancement strategies and/or stabilization for individuals experiencing withdrawal or acute intoxication. Individual participation is based on the biophysical condition and ability of the individual • Assist individual to establish social supports to enhance recovery • All services must be culturally sensitive
Length of Services	<p>Generally 2 to 5 days for individuals who are participating voluntarily. Individuals who are brought into care involuntarily will be released within 24 hours of admission unless they agree to continue services on a voluntary basis.</p>
Staffing	<ul style="list-style-type: none"> • Clinical Director (APRN, RN, LMHP, LIMHP, Licensed Psychologist or LADC) providing consultation and support to care staff and the individuals they work with. This individual 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. • Appropriately licensed and credentialed professionals working within their scope of practice to provide substance use disorder and/or co-occurring (MH/SUD) treatment and are knowledgeable about the biological and psychosocial dimensions of substance use disorder.

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	<ul style="list-style-type: none"> • Direct Care staff shall have demonstrated skills and competencies in treatment with individuals with a behavioral health diagnosis, demonstrated by at least one of the following: two years lived experience; two years' direct care experience in a human service field; two years of training in a human service field; or a bachelor's degree or higher in psychology, sociology, or related human service field, which is preferred. • Special training and competency evaluation required in carrying out physician developed protocols. • All staff should be educated/trained in rehabilitation, recovery principles and trauma informed care.
Staffing Ratio	<p>Clinical Director to direct care staff ratio as needed to meet all responsibilities</p> <p>2 awake Direct Care staff overnight</p>
Hours of Operation	24/7
Individual Desired Outcome	The individual has successfully detoxified and has been assessed and referred for additional service/treatment needs

UTILIZATION GUIDELINES

SOCIAL DETOXIFICATION: Level 3.2 WM

I. Admission Guidelines:

1. The individual in a Level 3.2 WM detoxification program presents in an intoxicated state and meets ASAM dimensional criteria for admission. **Providers should refer to *ASAM Criteria – 3rd Edition* beginning on page 174 for complete criteria for each dimension.**

The individual who is appropriately placed in a Level 3.2 WM detoxification program meets specifications in (a) *and* (b):

- (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 (see examples pg. 164-169). **AND**
- (b) The individual is assessed as not requiring medication, but 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]:
 - [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 the individual continues to have insufficient skills to complete detoxification; *or*
 - [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.

II. Continued Stay Guidelines:

It is appropriate to retain the individual at the present level of care if:

1. 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.

OR

2. 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. 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.

AND/OR

3. 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. If not, refer to the Discharge/Transfer Criteria.