

**APPENDIX C1**

**DIVISION CRITERIA**

**FOR PROGRAMS TREATING SUBSTANCE RELATED DISORDERS**

## **TREATMENT PROGRAMS AND LEVELS OF CARE**

The Division of Mental Health and Developmental Services Nevada Administrative Code (NAC) for the Substance Abuse Prevention and Treatment Agency (SAPTA) identify two distinct vehicles of service delivery: Levels of Care and Programs. The Division in the State of Nevada has approved two programs related to the treatment of substance related disorders: Drug Court and Evaluation Centers. Drug Court and Evaluation Center program components and considerations are described in this document under the appropriate headings. Treatment Programs is well defined in NAC 458.241-.272 and is not included in the technical descriptions of programs in this document. The Division currently certifies 14 levels of care delivered within treatment programs: transitional housing, early intervention, civil protective custody, comprehensive evaluation, Level I, Level II, Level III.1, Level III.3, Level III.5, Level III.2-D (social model detoxification), Level III.7-D (modified medical detoxification), Level IV-D (medically managed intensive detoxification) and opioid maintenance therapy (OMT). The intent of the level of care descriptions in this document is to briefly summarize the main considerations for care. A more enhanced and expanded understanding might be gained by referencing the evidence-based literature supporting the descriptions and available through SAPTA. One reference would be the *Patient Placement Criteria for the Treatment of Substance-Related Disorders* by the American Society of Addiction Medicine (ASAM-PPC-2R). The Division promotes a continuum of care philosophy when certifying and funding programs and levels of care in the State of Nevada. Best Practices and evidence-based approaches suggest a continuum of care that establishes a more efficient delivery of program treatment efforts and support client movement based on identified needs.

## **FUNDING AND CERTIFICATION**

The Division approved programs and levels of care are either funded with federal and state monies and certified, or only certified with no funding attached by the Division through SAPTA. All funded programs must be Division certified through the Agency in accordance with the NAC regulating the certification, and in support of federal and state funding stipulations. All programs and levels of care are eligible for funding and certification in an open competitive funding application process except Drug Court and Evaluation Center programs. Certification by the Division is contingent upon an on-site objective program and level of care proficiency review in the areas of general, organizational protocols and operations, personnel, and clinical protocols and operations. Division approval for certification involves the use of approved scoring methodology rendering the degree of compliance based on percentiles that allows for up to a 2-year certification. Proficiency scoring below what would be allowed for certification can seriously jeopardize continued certification and funding. Division approved programs and levels of care are assessed for their organizational ability to implement evidence-based interventions for the treatment of substance related disorders. The Division approved Performance Operating and Access Standards (POAS) through SAPTA supports all aspects of a Best Practices approach outlined in the National Institute on Drug Abuse's (NIDA's) 13 principles for the treatment of substance related disorders and is strongly considered in the certification approval and renewal process.

## **ADULT TREATMENT LEVELS OF CARE**

### **Transitional Housing**

Transitional Housing is a certified level of care by SAPTA, State of Nevada, for adults with a history of a substantiated Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) diagnosis of a substance abuse disorder. Transitional housing is an alternative living environment requiring housed clients to attend a Nevada State certified Level I or Level II outpatient service. Transitional housing creates an alternative living environment offering, but not limited to, referral and linkage/coordination of care, client support and advocacy, self-help meetings, monitoring, and follow-up. Typically, ongoing treatment emphasis for transitional clients involves dimensions 3 through 6 of the Division approved client placement criteria. Level of care focus is on existing emotional/cognitive/behavioral issues underlying past usage, readiness for change and the client's ongoing recovery process in conjunction with an outside living environment. As a structured alternative living environment, the operator of the alternative housing takes measures to ensure a drug and alcohol free environment. The transitional house is an ideal step up or step down from all programs and Division levels of care. A transitional housing level of care can be offered either as a "bundled" service among other service levels of treatment intensity that are within or in conjunction with a community agency, medical/psychiatric hospital, or administrative service; or may be offered as "unbundled," existing as a free standing alternative. The Division supports placement of this level of care within a full-range care continuum to maximize program treatment care effectiveness through promoting easy client movement and continuity.

### **0.5 Early Intervention**

Early Intervention is a 0.5 level of service offered to adults for the explicit purpose of exploring and addressing problems (risk factors) that appear to be related to substance abuse while helping the individual to recognize the harmful consequences of inappropriate use and abuse of a substance or substances. Clients referred to this level care are often already identified as being at risk for developing a substance abuse disorder. This service level exists as an entry point on a continuum of treatment intensities within "bundled" services of an agency or separately as an "unbundled" service level that operates collaboratively with other community referral sources promoting appropriate assessment and Division placement criteria for clients served. Early Interventions may be individual, family, or group oriented. An example of this service level might involve one-on-one individual counseling with at-risk individuals and educational programs for first time Driving Under the Influence (DUI) offenders. The Division supports placement of this level of care within a full-range care continuum to maximize program treatment care effectiveness through promoting easy client movement and continuity.

## **Civil Protective Custody**

Civil protective custody is a low-intensity residential detoxification program level of care for adults that is certified under the State of Nevada Division. This level of care works collaboratively with state and local criminal justice entities and must be appropriately certified or licensed by those entities. Clients appropriate for this level of care are remanded by local authorities for public intoxication pursuant to the Nevada Revised Statutes (NRS). Those mandated to the civil protective custody level of care are intoxicated from alcohol, hypnotics, sedatives or anxiolytics and are monitored by trained personnel for physical withdrawals while remanded to this service level. NAC stipulates that the operator of this service level must make a good faith effort to refer the client to treatment if close monitoring and assessment reveals possible benefits to be gained from a higher level of clinical or medical care. This program level of care can serve as an entry point in the continuum of care allowing for transfer or referral to a step-up service level such as a certified III.2-D residential detoxification level of care leading to further residential treatment, or perhaps can serve as a step-down service to a Division certified Level I or II outpatient level of care. As such, civil protective custody can be a stand-alone “unbundled” level of service or offered in conjunction with other “bundled” service levels on a continuum of care within a treatment facility, state or county jail setting, or other settings allowing admission, close observation, discharge and proper documentation. The Division supports placement of this level of care within a full-range care continuum to maximize program treatment care effectiveness through promoting easy client movement and continuity.

## **Evaluation Center**

Evaluation Center is a Division certified program aimed at offering an evaluation for court referred DUI clients. The evaluation center is a Division certified program that requires a certified or licensed counselor to determine the existence of a substance related disorder. An evaluation center certified by the Division must provide a signed consent of the client to this service level, documentation substantiating the determination of whether the client is an alcoholic, addict or abuser of alcohol or other drugs, general information concerning the history or condition of the client that should be considered in determining recommendations, and a summary of findings of the evaluation. The resulting written assessment must involve an evidence-based standardized measurement instrument to determine the likelihood of an abuse or dependency diagnosis. The data collection and summary of findings will utilize and reference the approved Division client placement criteria to address client needs beyond the evaluation (NRS 484.3793). The evaluation report will be in an acceptable court format and delivered within 20 days after the evaluation center receives the referral. The operator of this service level must not operate or have financial interest in a program for treatment of abuse of alcohol or other drugs in the same geographical area as the evaluation center if the center is located in a county whose population is 100,000 or more.

## **Drug Court Service**

Drug Court is a Division certified program aimed at offering a general assessment and referral for adult clients referred from local and state courts/municipalities related to alcohol and drug violations. Drug Court is a SAPTA state certified service level aimed at properly assessing,

diagnosing and referring alcohol or drug abuse/dependency clients in a predominantly court referred population. Recommendations for Division approved client placement requiring treatment will be identified at the completion of this service. A Drug Court service level utilizes current evidence-based standardized industry assessment tools in the field of addiction studies in conjunction with the DSM-IV-TR diagnosis. Drug Court is discerned from Division approved levels of care for substance abuse disorders by the defining the program activities as those limited in scope, and centering exclusively on assessment, diagnosis and referral. Drug Court, as a Division certified program, often works collaboratively with criminal justice or legal municipal drug courts to coordinate identified treatment objectives identified during the assessment and supported by the DSM-IV-TR diagnosis for substance related disorders. The Division supports placement of this level of care within a full-range care continuum to maximize program treatment care effectiveness through promoting easy client movement and continuity.

### **Comprehensive Evaluation**

Comprehensive Evaluation is a level of care specifically focused at evaluating the needs of adults potentially possessing both a substance abuse disorder and mental issues. This level of care operates as part of a program of treatment and involves an interview where a thorough substance abuse and mental evaluation renders an in-depth body of client-based data allowing for appropriate placement, diagnosis, or further evaluation. The comprehensive evaluation may be conducted by one evaluator who holds a State of Nevada substance abuse certification/licensure and a State of Nevada recognized clinical licensure, or may be conducted by two separate evaluators, one with substance abuse licensure or eligibility status and one with clinical mental licensure or eligibility. In the case of eligibility, all supporting documentation from Nevada state licensing boards and assigned clinical supervisors must be available for review upon request by SAPTA. The result of the evaluation is a written report containing collaboratively compiled client data allowing for appropriate assessment, diagnosis and referral, or following evaluation considerations to meet client needs as it may relate to the two separate primary diagnostic and treatment concerns. The Division supports placement of this level of care within a full-range care continuum to maximize program treatment care effectiveness through promoting easy client movement and continuity.

### **Level I**

Level I outpatient service is a level of care certified by the Division in the State of Nevada. This level of care is offered for 9 hours or less per week for adults. The components of care involved with this service level include, but are not limited to, a professional directed evaluation, group counseling, education, skill building, case management and individual counseling. Initial assessments of clients for addiction treatment often show the impairments in the Division placement criteria involving life dimensions 1, 2, and 3 and readiness for change in dimension 4. A Level I service can be used to expose the client that is resistant to change to the main components of an addiction treatment process while motivational techniques continue to engage client involvement. Ideally, this level of care exists on a program treatment continuum allowing for the continual assessment of client needs to be met as defined by the approved Division placement criteria. The Division supports placement of this level of care within a full-range care

continuum to maximize program treatment care effectiveness through promoting easy client movement and continuity.

## **Level II**

The Level II intensive outpatient is a level of care certified by the Division in the State of Nevada. This level of care is offered to adults who have been assessed as requiring a more intensive level of intervention involving nine or more hours per week. The components of care involved with this service level include, but are not limited to, a professional directed evaluation, group counseling, education, skill building, case management, and individual counseling. As an intensive outpatient level of care the treatment program offers “real world” skills and educational concept acquisition, and implementation in conjunction with other treatment services. Initial assessments of clients for substance related disorders often show impairments in the Division approved client placement criteria life dimensions 1, 2, and 3 and readiness for change in dimension 4. A Level I care can be used to expose the client who is resistant to change to the main components of a substance related disorder treatment process. As the prescribed intensity of Level II services increases, so will the quantity of hours and a broadened milieu of services. This level of care is focused at addressing ongoing treatment issues with and outpatient monitoring of dimensions 1, 2, and 3. Intensive outpatient services at this level typically have direct access to psychiatric, medical and laboratory resources. In promoting a full range of continuum of care options clients who meet Level III criteria in dimensions 4, 5, and 6 might well be considered for a Level II intensive outpatient service in conjunction with a Nevada state certified alternative living environment such as transitional housing, or a living environment that offers 24-hour support and structure while limiting access or exposure to drugs and alcohol. The Division supports placement of this level of care within a full-range care continuum to maximize program treatment care effectiveness through promoting easy client movement and continuity.

## **Level III.1**

Residential Level III.1 is a level of care certified by the Division in the State of Nevada that provides a supportive in-house treatment environment for clients who have been identified with a substance dependency diagnosis as described in the DSM-IV-TR under substance related disorders. Treatment emphasis in this level of care is on recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility, and reintegrating the client into the world of work, education, and family life. This level of service provides 24-hour supervision and structure with a minimum of five hours per week of low-intensity treatment for substance-related disorders. Treatment service places a focus on Division approved client placement criteria life dimensions 4, 5, and 6 suggesting a needed review of a client’s readiness for change, interpersonal functioning and general coping skills. The treatment milieu is aimed at clients who need time and structure to integrate their recovery and coping skills. Clients are typically placed at this level of care for “discovery” of the recovery process and may well need motivational support to promote growth and prevent deterioration of any treatment progress achieved. The Division supports placement of this level of care within a full-range care continuum to maximize program treatment care effectiveness through promoting easy client movement and continuity.

### **Level III.3**

Residential Level III.3 is a level of care certified by SAPTA that provides a supportive in-house treatment environment for clients who have been identified with a substance dependency diagnosis as described in the DSM-IV-TR under substance related disorders. As a medium intensity residential level of care, the effect that alcohol and drug dependency has had on the identified client is so significant that the resulting level of impairment does not allow for addressing the client's needs at a less intense service level whether outpatient or residential in delivery. Treatment emphasis is on cognitive deficits (permanent or transitory), interpersonal functioning, coping skills, relapse prevention strategies, and a general process towards reintegration back into community and higher functioning. This level of care provides 24-hour in-house structure with face-to-face treatment time exceeding five hours a week that is of medium intensity. Treatment care places a focus on Division approved client placement life dimensions 3-6 suggesting a recovery process and ongoing evaluation regarding emotional issues, readiness for change, relapse patterns/potential, and supportive living environments. The treatment milieu is aimed at the client who need time and structure to integrate their recovery and coping skills. This level of residential care differs from lower levels of outpatient and residential care in intensity of care offered due to the severity of the patient's needs whether "habilitative" or "rehabilitative" in description. The Division supports placement of this level of care within a full-range care continuum to maximize program treatment care effectiveness through promoting easy client movement and continuity.

### **Level III.5**

Residential Level III.5 is a level of service certified by the Division in the State of Nevada that provides a supportive in-house treatment environment for clients who have been identified with a substance dependence diagnosis as described in the DSM-IV-TR under substance related disorders. A professionally directed entry assessment must have assigned the client with a dependency diagnosis appropriate for this level of care. As a high-intensity residential level of care, the effects of alcohol and drug dependency has had on the identified client is so significant that the resulting level of impairment does not allow for addressing the client's needs at a less intense service level whether outpatient or residential in delivery. Clients often have extensive histories in criminal activity, psychological problems, abusive interpersonal relationships, and overall disaffiliation with mainstream values. Treatment emphasis is on cognitive deficits, living environments, interpersonal functioning, coping skills, relapse prevention strategies, and a general process towards reintegration back into community. This level of service provides 24-hour in-house structure with face-to-face treatment time exceeding five hours a week that is of high intensity. Treatment service places a focus on Division approved client placement life dimensions 3-6 suggesting the need for a well-defined recovery process and ongoing evaluation regarding emotional issues, readiness for change, relapse patterns/potential, and supportive living environments. This client population has more severe problems with vocational, educational, and dysfunctional social behavior indicating prominent Axis I and Axis II issues as described in the DSM-IV-TR. The treatment milieu is aimed at the client who need time and structure to integrate their recovery and coping skills. Effective treatment approaches are primarily "habilitative" in focus, addressing the patient's educational and vocational deficits, as well as socially dysfunctional behavior. The Division supports placement of this level of care within a

full-range care continuum to maximize program treatment care effectiveness through promoting easy client movement and continuity.

### **Level III.7 Medically Monitored Intensive Inpatient Treatment**

Level III.7 programs provide a planned regimen of 24-hour professionally directed evaluation, observation, medical monitoring and addiction treatment in an inpatient setting. They provide permanent facilities, including residential beds, and operate under a defined set of policies, procedures and clinical protocols. This level is appropriate for patients whose subacute biomedical and emotional, behavioral or cognitive problems are so severe that they require inpatient treatment, but do not need the full resources of an acute care general hospital or a medically managed inpatient treatment program. The Level III.7 program is designed to meet the needs of patient who have functionally deficits in Dimensions 1, 2, and/or 3. The care is provided by an interdisciplinary staff of appropriately credentialed treatment professionals, including addiction-credentialed physicians. Treatment is specific to substance-related disorders, but the skills of the interdisciplinary team and the availability of support services can also accommodate detoxification and/or intensive inpatient treatment of addiction and/or conjoint treatment of co-occurring subacute biomedical and/or emotional, behavioral or cognitive conditions. The duration of treatment varies with the severity of an individual's illness and response to treatment, the length of service in clinically managed Level III programs tends to be longer than in the more intensive medically monitored and medically managed levels of care.

### **Level III.2-D (Social Model Detoxification)**

Residential Level III.2-D is certified by the Division in the State of Nevada and provides low-intensity detoxification services for clients whose detoxification/withdrawal signs and symptoms are severe enough to warrant 24-hour structure and support. Clients are assessed as having a dependency or intoxication diagnosis prior to admission to this level of care as described in the DSM-IV-TR under substance related disorders. Detoxification protocols typically evolve around alcohol, sedatives, hypnotics, or anxiolytics. Clients requiring detoxification medication to facilitate a safe withdrawal process may not be appropriate for this level of care. This service level requires that one employee be present 24 hours a day with appropriate program level of care protocols and training in place to identify patients who may be in need of medical services beyond the capacity of this level of service. The Division approved monitoring for detoxification at this level of care involves maintaining appropriate monitoring and observation of client behavior by trained staff to identify any detoxification symptoms that might increase in intensity and be life-threatening, prompting referral to more medically managed setting such as a hospital or a III.7-D. This level of care can exist as an "unbundled" level of care or as part of a full range of "bundled" residential care on a program treatment continuum. The Division supports placement of this level of care within a full-range care continuum to maximize program treatment care effectiveness through promoting easy client movement and continuity.

### **Level III.7-D (Modified Medical)**

Residential Level III.7-D is certified by the Division in the State of Nevada and is focused on serving those clients whose withdrawal symptoms are severe enough to warrant a high-intensity



and structured residential setting involving 24-hour care under physician-approved and monitored program protocols. This level of care involves a professional directed evaluation, observation, medical monitoring and addiction treatment in an inpatient setting. The professionally directed assessment must assign a dependency diagnosis to the client prior to admission in order for the placement to be appropriate. This level best serves the client whose bio-medical, emotional, behavioral and cognitive problems are so severe that inpatient treatment is indicated. The client referred to this service level has not been assessed by the appropriately licensed staff to require a medical facility or an intensity of service that is medically managed such as Level IV of the approved Division client placement criteria or a medical facility. III.7-D services aid clients whose presenting condition is severe enough bio-medically, emotionally, behaviorally and cognitively to warrant an intense residential medically monitored environment whose symptoms are not severe enough to require a traditional hospital setting involving medical management or may require detoxification medication and other biomedical monitoring. This level of care has a core III.7 residential program milieu with an emphasis on functional deficits identified in the Division approved client placement criteria in life dimensions 1-3. To be appropriate for this intensity of service, the client must possess sufficient acuity in two of the six placement life dimensions, one of which must be in dimensions 1, 2, or 3. The severity of functional deficits may not support a DSM-IV-TR diagnosis beyond that of substance dependence but may well exist so as to distract the client from treatment interventions and strategies. For those individuals possessing a co-occurring disorder, the structure supports the reshaping of coping skills and mental functioning as opposed to intense psychiatric, medical, or nursing care. The therapies proposed at this level of residential care are traditionally less confrontational with a lessened intensity of interpersonal encounters. The Division supports placement of this level of care within a full-range care continuum to maximize program treatment care effectiveness through promoting easy client movement and continuity.

#### **Level IV-D Medically Managed Intensive Detoxification (Adults/Adolescents)**

Level IV-D detoxification is an organized service delivered by medical and nursing professionals that provides for 24-hour medically directed evaluation and withdrawal management in an acute care inpatient setting. Services are delivered under a defined set of physician-approved policies and physician-managed procedures or medical protocols.

Level IV-D provides care to patients whose withdrawal signs and symptoms are sufficiently severe to require primary medical and nursing care services. Twenty-four hour observation, monitoring and treatment are available. Although Level IV-D is specifically designed for acute medical detoxification, it is also important to assess the patient and develop a care plan for any treatment priorities identified.

Bureau of Health Care Quality and Compliance Nevada Administrative Code 449.060 define “Medically managed intensive detoxification program” as program which provides 24-hour medical monitoring of treatment and detoxification services in a licensed hospital pursuant to [NAC 449.279](#) to [449.394](#), inclusive, and which has life support systems in place.

## **Opioid Maintenance Therapy (Adults/Adolescents)**

Opioid Maintenance Therapy (OMT) is an opioid substitution therapy certified by the Division in the State of Nevada. This level of service provides opioid substitution therapy on an outpatient basis. Clients appropriate for this level of care must meet the DSM IV TR diagnostic criteria for opioid dependence prior to being considered for admission. Contained within the certified OMT level of care are two other distinct Division levels of care and as certified components: Level I outpatient service and ambulatory detoxification. Client care in Level 1 contains the Division approved placement criteria components for this intervention and may or may not be mandated by the program. The Division in the State of Nevada supports programs offering the OMT service encouraging Level 1 outpatient attendance by clients in extending good faith offerings in the form of motivational strategies for client engagement. Client needs in conjunction with the substitution therapy are of concern to the Division, which supports a well-integrated intervention for this client population.

The OMT service level functions under a set of well-defined state and federal law regulations as set forth in Federal Drug Administration (FDA) 21 C.F.R., Part 291 and facilities are licensed under the Health Division. It is the intent of this service level to regulate “doses” of methadone or other opioid substitutes for maximum benefit to the client. Opioid substitute regimens are carefully weighed on an individual client basis in relation to treatment plans supporting total abstinence or perhaps a more general harm reduction approach. Integrated strategies involving the Level I outpatient and the ambulatory detoxification service levels often determine the proper treatment planning approach for each individual client.

The ambulatory detoxification service level addresses detoxifications from alcohol, sedatives, hypnotics, opioids, and anxiolytics. It is an organized outpatient service, which may be delivered in an office setting, health care or addiction treatment facility by trained clinicians who provide medically supervised evaluation, detoxification and referral services according to a pre-determined schedule. Such services are provided in regularly scheduled sessions and delivered under a defined set of policies and procedures for medically supervised withdrawal.

The OMT level of service is designed to identify and reassess the Division approved client placement criteria in all six life dimension needs in conjunction with the DSM IV TR diagnostic symptoms as identified under substance related disorders. As a level of care, OMT can exist as a separate “unbundled” and freestanding service or as a “bundled” level of care on a full program continuum where it can be attached to any level of care approved by the Division in the State of Nevada.

## **ADOLESCENT TREATMENT LEVELS OF CARE**

### **Transitional Housing**

Transitional Housing is a certified level of care by SAPTA, State of Nevada, for adolescents with a history of a substantiated DSM-IV TR diagnosis of a substance abuse disorder. Transitional housing is an alternative living environment requiring housed clients to attend a Nevada State certified Level I or Level II outpatient service. Transitional housing creates an alternative living

environment offering, but not limited to, referral and linkage/coordination of care, client support and advocacy, self-help meetings, monitoring, and follow-up. Typically, ongoing treatment emphasis for transitional clients involves dimensions 3 through 6 of the Division approved client placement criteria. Level of care focus is on existing emotional/cognitive/behavioral issues underlying past usage, readiness for change and the client's ongoing recovery process in conjunction with an outside living environment. As a structured alternative living environment, the operator of the alternative housing takes measures to ensure a drug and alcohol free environment. The transitional house is an ideal step up or step down from all programs and Division levels of care. A transitional housing level of care can be offered either as a "bundled" service among other service levels of treatment intensity that are within or in conjunction with a community agency, medical/psychiatric hospital, or administrative service; or may be offered as "unbundled," existing as a free standing alternative. The Division supports placement of this level of care within a full-range care continuum to maximize program treatment care effectiveness through promoting easy client movement and continuity.

### **0.5 Early Intervention**

Early Intervention is a 0.5 level of service offered to adolescents for the explicit purpose of exploring and addressing problems (risk factors) that appear to be related to substance abuse while helping the individual to recognize the harmful consequences of inappropriate use and abuse of a substance or substances. Clients referred to this level care are often already identified as being at risk for developing a substance abuse disorder. This service level exists as an entry point on a continuum of treatment intensities within "bundled" services of an agency or separately as an "unbundled" service level that operates collaboratively with other community referral sources promoting appropriate assessment and Division placement criteria for clients served. Early Interventions may be individual, family, or group oriented. An example of this service level might involve one-on-one individual counseling with at-risk individuals and educational programs for first time offenders. The Division supports placement of this level of care within a full-range care continuum to maximize program treatment care effectiveness through promoting easy client movement and continuity.

### **Civil Protective Custody**

Civil protective custody is a low-intensity residential detoxification program level of care for adolescents that is certified under the State of Nevada. This level of care works collaboratively with state and local criminal justice entities and must be appropriately certified or licensed by those entities. Clients appropriate for this level of care are remanded by local authorities for public intoxication pursuant to the Nevada Revised Statutes (NRS). Those mandated to the civil protective custody level of care are intoxicated from alcohol, hypnotics, sedatives or anxiolytics and are monitored by trained personnel for physical withdrawals while remanded to this service level. NAC stipulates that the operator of this service level must make a good faith effort to refer the client to treatment if close monitoring and assessment reveals possible benefits to be gained from a higher level of clinical or medical care. This program level of care can serve as an entry point in the continuum of care allowing for transfer or referral to a step-up service level such as a certified III.2-D residential detoxification leading to further residential treatment, or perhaps can serve as a step-down service to a Division certified Level I or II outpatient level of care. As

such, civil protective custody can be a stand-alone “unbundled” level of service or offered in conjunction with other “bundled” service levels on a continuum of care within a treatment facility, state or county jail setting, or other settings allowing admission, close observation, discharge and proper documentation. The Division supports placement of this level of care within a full-range care continuum to maximize program treatment care effectiveness through promoting easy client movement and continuity.

### **Drug Court Service**

Drug Court is a Division certified program aimed at offering a general assessment and referral for adolescent clients referred from local and state courts/municipalities related to alcohol and drug violations. Drug Court is a SAPTA state certified service level aimed at properly assessing, diagnosing and referring alcohol or drug abuse/dependency clients in a predominantly court referred population. Recommendations for Division approved client placement requiring treatment will be identified at the completion of this service. A Drug Court service level utilizes current evidence-based standardized industry assessment tools in the field of addiction studies in conjunction with the DSM-IV-TR diagnosis. Drug Court is discerned from Division approved levels of care for substance abuse disorders by the defining the program activities as those limited in scope, and centering exclusively on assessment, diagnosis and referral. Drug Court, as a Division certified program, often works collaboratively with criminal justice or legal municipal drug courts to coordinate identified treatment objectives identified during the assessment and supported by the DSM-IV-TR diagnosis for substance related disorders. The Division supports placement of this level of care within a full-range care continuum to maximize program treatment care effectiveness through promoting easy client movement and continuity.

### **Comprehensive Evaluation**

Comprehensive Evaluation is a level of care specifically focused at evaluating needs of adolescents potentially possessing both a substance abuse disorder and mental issues. This level of care operates as part of a program of treatment and involves an interview where a thorough substance abuse and mental evaluation renders an in-depth body of client-based data allowing for appropriate placement, diagnosis, or further evaluation. The comprehensive evaluation may be conducted by one evaluator who holds a State of Nevada substance abuse certification/licensure and a State of Nevada recognized clinical licensure, or may be conducted by two separate evaluators, one with substance abuse licensure or eligibility status and one with clinical mental licensure or eligibility. In the case of eligibility, all supporting documentation from Nevada state licensing boards and assigned clinical supervisors must be available for review upon request by SAPTA. The result of the evaluation is a written report containing collaboratively compiled client data allowing for appropriate assessment, diagnosis and referral, or following evaluation considerations to meet client needs as it may relate to the two separate primary diagnostic and treatment concerns. The Division supports placement of this level of care within a full-range care continuum to maximize program treatment care effectiveness through promoting easy client movement and continuity.

## **Level I**

Level I outpatient service is a level of care certified by the Division in the State of Nevada. This level of care is offered for 6 hours or less per week for adolescents. The components of care involved with this service level include, but are not limited to, a professional directed evaluation, group counseling, education, skill building, case management and individual counseling. Initial assessments of clients for addiction treatment often show the impairments in the Division placement criteria involving life dimensions 1, 2, and 3 and readiness for change in dimension 4. A Level I service can be used to expose the client that is resistant to change to the main components of an addiction treatment process while motivational techniques continue to engage client involvement. Ideally, this level of care exists on a program treatment continuum allowing for the continual assessment of client needs to be met as defined by the approved Division placement criteria. The Division supports placement of this level of care within a full-range care continuum to maximize program treatment care effectiveness through promoting easy client movement and continuity.

## **Level II**

The Level II intensive outpatient is a level of care certified by the Division in the State of Nevada. This level of care is offered to adolescents who have been assessed as requiring a more intensive level of intervention involving six or more hours per week. The components of care involved with this service level include, but are not limited to, a professional directed evaluation, group counseling, education, skill building, case management, and individual counseling. As an intensive outpatient level of care the treatment program offers “real world” skills and educational concept acquisition, and implementation in conjunction with other treatment services. Initial assessments of clients for substance related disorders often show impairments in the Division approved client placement criteria life dimensions 1, 2, and 3 and readiness for change in dimension 4. A Level I care can be used to expose the client that is resistant to change to the main components of a substance related disorder treatment process. As the prescribed intensity of Level II services increases, so will the quantity of hours and a broadened milieu of services. This level of care is focused at addressing ongoing treatment issues with and outpatient monitoring of dimensions 1, 2, and 3. Intensive outpatient services at this level typically have direct access to psychiatric, medical and laboratory resources. In promoting a full range of continuum of care options clients who meet Level III criteria in dimensions 4, 5, and 6 might well be considered for a Level II intensive outpatient service in conjunction with a Nevada state certified alternative living environment such as transitional housing, or a living environment that offers 24-hour support and structure while limiting access or exposure to drugs and alcohol. The Division supports placement of this level of care within a full-range care continuum to maximize program treatment care effectiveness through promoting easy client movement and continuity.

## **Level III.1**

Residential Level III.1 is a level of care certified by the Division in the State of Nevada that provides a supportive in-house treatment environment for adolescent clients who have been identified with a substance dependency diagnosis as described in the DSM-IV-TR under substance related disorders. Treatment emphasis in this level of care is on recovery skills,

preventing relapse, improving emotional functioning, promoting personal responsibility, and reintegrating the client into the world of work, education, and family life. This level of service provides 24-hour supervision and structure with a minimum of five hours per week of low-intensity treatment for substance-related disorders. Treatment service places a focus on Division approved client placement criteria life dimensions 4, 5, and 6 suggesting a needed review of a client's readiness for change, interpersonal functioning and general coping skills. The treatment milieu is aimed at clients who need time and structure to integrate their recovery and coping skills. Clients are typically placed at this level of care for "discovery" of the recovery process and may well need motivational support to promote growth and prevent deterioration of any treatment progress achieved. The Division supports placement of this level of care within a full-range care continuum to maximize program treatment care effectiveness through promoting easy client movement and continuity.

### **Level III.3**

Residential Level III.3 is a level of care certified by SAPTA that provides a supportive in-house treatment environment for adolescent clients who have been identified with a substance dependency diagnosis as described in the DSM-IV-TR under substance related disorders. As a medium intensity residential level of care, the effect that alcohol and drug dependency has had on the identified client is so significant that the resulting level of impairment does not allow for addressing the client's needs at a less intense service level whether outpatient or residential in delivery. Treatment emphasis is on cognitive deficits (permanent or transitory), interpersonal functioning, coping skills, relapse prevention strategies, and a general process towards reintegration back into community and higher functioning. This level of care provides 24-hour in-house structure with face-to-face treatment time exceeding five hours a week that is of medium intensity. Treatment care places a focus on Division approved client placement life dimensions 3-6 suggesting a recovery process and ongoing evaluation regarding emotional issues, readiness for change, relapse patterns/potential, and supportive living environments. The treatment milieu is aimed at the client who need time and structure to integrate their recovery and coping skills. This level of residential care differs from lower levels of outpatient and residential care in intensity of care offered due to the severity of the patient's needs whether "habilitative" or "rehabilitative" in description. The Division supports placement of this level of care within a full-range care continuum to maximize program treatment care effectiveness through promoting easy client movement and continuity.

### **Level III.5**

Residential Level III.5 is a level of service certified by the Division in the State of Nevada that provides a supportive in-house treatment environment for adolescent clients who have been identified with a substance dependence diagnosis as described in the DSM-IV-TR under substance related disorders. A professionally directed entry assessment must have assigned the client with a dependency diagnosis appropriate for this level of care. As a high-intensity residential level of care, the effects of alcohol and drug dependency has had on the identified client is so significant that the resulting level of impairment does not allow for addressing the client's needs at a less intense service level whether outpatient or residential in delivery. Clients often have extensive histories in criminal activity, psychological problems, abusive interpersonal

relationships, and overall disaffiliation with mainstream values. Treatment emphasis is on cognitive deficits, living environments, interpersonal functioning, coping skills, relapse prevention strategies, and a general process towards reintegration back into community. This level of service provides 24-hour in-house structure with face-to-face treatment time exceeding five hours a week that is of high intensity. Treatment service places a focus on Division approved client placement life dimensions 3-6 suggesting the need for a well-defined recovery process and ongoing evaluation regarding emotional issues, readiness for change, relapse patterns/potential, and supportive living environments. This client population has more severe problems with vocational, educational, and dysfunctional social behavior indicating prominent Axis I and Axis II issues as described in the DSM-IV-TR. The treatment milieu is aimed at the client who need time and structure to integrate their recovery and coping skills. Effective treatment approaches are primarily “habilitative” in focus, addressing the patient’s educational and vocational deficits, as well as socially dysfunctional behavior. The Division supports placement of this level of care within a full-range care continuum to maximize program treatment care effectiveness through promoting easy client movement and continuity.

### **Level III.2-D (Social Model Detoxification)**

Residential Level III.2-D is certified by the Division in the State of Nevada and provides low-intensity detoxification services for adolescent clients whose detoxification/withdrawal signs and symptoms are severe enough to warrant 24-hour structure and support. Clients are assessed as having a dependency or intoxication diagnosis prior to admission to this level of care as described in the DSM-IV-TR under substance related disorders. Detoxification protocols typically evolve around alcohol, sedatives, hypnotics, or anxiolytics. Clients requiring detoxification medication to facilitate a safe withdrawal process are not appropriate for this level of care. This service level requires that one employee be present 24 hours a day with appropriate program level of care protocols and training in place to identify patients who may be in need of medical services beyond the capacity of this level of service. The Division approved monitoring for detoxification at this level of care involves maintaining appropriate monitoring and observation of client behavior by trained staff to identify any detoxification symptoms that might increase in intensity and be life-threatening, prompting referral to more medically managed setting such as a hospital or a III.7-D. This level of care can exist as an “unbundled” level of care or as part of a full range of “bundled” residential care on a program treatment continuum. The Division supports placement of this level of care within a full-range care continuum to maximize program treatment care effectiveness through promoting easy client movement and continuity. The Division supports placement of this level of care within a full-range care continuum to maximize program treatment care effectiveness through promoting easy client movement and continuity.

## **WOMEN'S SET-ASIDE LEVELS OF CARE**

Women's Set-Aside funds can be approved through the competitive funding process offered through SAPTA and utilized in all programs and levels of care with the exception of Drug Court and Evaluation Center Programs. Division funded programs and levels of care receiving women's set-aside funds must meet the requirements of the NAC for SAPTA governing programs and levels of care in addition to the following items:

1. Primary medical care for women who are receiving substance abuse services, including prenatal care and while women are receiving such care.
2. Primary pediatric care for their children including immunizations.
3. Gender specific substance abuse treatment and other therapeutic interventions for women that may address issues of relationships, sexual and physical abuse and parenting, and child care while the women are receiving services.
4. Therapeutic interventions for children in custody of women in treatment, which may, among other things, address their developmental needs, and their issues of sexual and physical abuse and neglect.
5. Sufficient case management and transportation services to ensure women and their children have access to the services provided by (1) through (4).

Division certified programs and levels of care through SAPTA support a Best Practices approach emphasizing NIDA's 13 principles of treatment and the SAPTA's *Program Operating and Access Standards* both of which promote evidence-based treatment for substance related disorders.

## **TELECOMMUNICATION: MODE OF DELIVERY**

The Division provides for a state certification for a mode of service delivery known as the *TeleCare Service* (NAC 458.267). The Division provides clarification of this system of telecommunication in a document entitled *Guidance for Providing Substance Abuse or Mental Health Services Via Tele-Communication*. The TeleCare, as a telecommunication system, is distinguished from a Division certified service level or treatment program in that TeleCare is only a *mode of delivery* for a service level or treatment program (NAC 458.054, 458,063 and 458.079). A TeleCare state certification serves as an addendum to, and as a mode of delivery specifically for an adult or adolescent state certified Level I service, or for an adult or adolescent comprehensive evaluation. It is the intent of this mode of delivery to augment and enhance services in the areas of Nevada whereby assessment and treatment efforts are limited by geographical constraints. The Division supports placement of this mode of service level delivery within a full-range care continuum to maximize program treatment care effectiveness through promoting easy client movement and continuity.



**DIVISION PATIENT PLACEMENT CRITERIA FLOW CHART**  
**FOR CLIENT RECORD DOCUMENTATION**

<i>Client Contact/Access to Treatment</i>	<i>Assessment</i>	<i>Master Problem Checklist</i>	<i>Treatment Plan</i>	<i>Progress Notes</i>	<i>Treatment Plan Review</i>	<i>Discharge/Transfer</i>
<ul style="list-style-type: none"> <li>• Phone Call From Client</li> <li>• Client Presents in Person</li> <li>• Relative Calls</li> <li>• Parole &amp; Probation Coordinates</li> <li>• Court Refers</li> <li>• Employer Calls</li> <li>• Friend Calls</li> <li>• Social Worker Coordinates</li> <li>• DCFS Refers</li> <li>• TANF Referral</li> <li>• Mental Referral</li> <li>• Hospital Referral</li> </ul>	<ul style="list-style-type: none"> <li>• Bio-Psycho-Social (data collection)</li> <li>• Evidence-based assessment tool to rule in or rule out a               <ul style="list-style-type: none"> <li>▪ DSM-IV-TR Diagnosis (ASI/CASI)</li> <li>▪ DSM-IV-TR Diagnosis [based on manual criteria/evidence-based tool]</li> </ul> </li> <li>• Division Placement Criteria For Substance-Related Disorders [review of all placement dimensions (1-6), identify driving dimensions, recommend appropriate service level/program based on acuity within the driving dimensions, complete blended narrative describing the <u>DSM-IV-TR</u> diagnostic criteria in relation to the identified driving dimensions that supports the recommended level of care.</li> </ul>	<ul style="list-style-type: none"> <li>• Substance-related life themes from over- all assessment process.</li> <li>• Client quotes and brief counselor statements and corresponding dimensions for treatment plan problem development.</li> </ul>	<ul style="list-style-type: none"> <li>• Specified Goals and Objectives with corresponding problem numbers and driving dimension numbers</li> <li>• Measurable goals and objectives</li> </ul>	<ul style="list-style-type: none"> <li>• Structured Clinical Individual or Group notes with corresponding problem numbers and driving dimensions numbers</li> </ul>	<ul style="list-style-type: none"> <li>• Review of problems and dimensions for progress and resolution/adding new problems and corresponding dimensions</li> <li>• Recommended level of care</li> <li>• Blended narrative describing the DSM-IV-TR diagnostic criteria in relation to the identified driving dimensions supporting the level of care recommendation</li> </ul>	<ul style="list-style-type: none"> <li>• Admit and Discharge diagnosis</li> <li>• Treatment Problems, Dimensions on Admission/ Discharge with a blended narrative summarizing progress in the respective treatment areas – emphasis on client response to treatment and reason for discharge</li> <li>• Continuing care plan referencing related problem numbers and dimensions for recommended follow-up beyond this initial treatment episode</li> </ul>

Discharge/Transfer Summary criteria requires the client’s diagnosis at admission and discharge, identify treatment problems and dimensions on admission and discharge with a blended narrative summarizing progress in the respective treatment area. Provide emphasis on client response to treatment and reason for discharge.

Continuing care plan should reference related problems and dimensions for recommended follow-up beyond this initial treatment episode.