Detox: The First Step in Recovery

(Adapted from SAMHSA TIP 45: Detoxification and Substance Abuse Treatment, 2008)

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Objectives:

- Attendees will be able to:
  - identify at least 2 goals of detoxification
  - describe common alcohol & opiate withdrawal symptoms
  - cite at least 3 predictors of withdrawal severity
  - discuss the stages of withdrawal
  - describe at least 2 strategies for engaging and retaining patients in detoxification
  - discuss at least 2 examples of supportive nursing care and
  - Describe a symptom triggered approach to medicating patients

Detoxification: Overview, Essential Concepts, and Definitions

Detoxification: Definition

- Webster's Dictionary:

  "The process of removing a poison or toxin or the effect of such from."

- More Applicable:

  "The user's biochemistry has become so unbalanced that onlly abstinence will give it time to metabolize the drug and begin to normalize the brain's neuro-chemical balance." (Uppers, Downers, All Arounders – Inaba & Cohen, 6th Edition)

Integration of Detox & Substance Abuse Treatment: Why Is This Important?

- Detox patients are in a crisis
- Crisis =>> window of opportunity to acknowledge substance abuse problem and seek treatment
- Research shows that detox is often followed by a reduction in use and a desire to seek treatment
- Detox staff can facilitate a patient’s entry into treatment

History of Detoxification Services

- AMA declares alcoholism a disease in 1958
- The Uniform Alcoholism and Intoxication Treatment Act (1971)
- Emergence of humanitarian views of those who are substance use dependent
- Emergence of new treatment models

3 Components of Detoxification Process

- Evaluation: screening & assessment
- Stabilization: assisting the patient through detoxification and withdrawal
- Fostering readiness and entry into treatment

Review of Terms

- Substance
- Substance-related disorders
- Substance dependence
- Substance abuse
- Substance intoxication
- Substance withdrawal

Fostering and Maintaining Abstinence

- Fostering abstinence includes:
  - Ongoing assessment of physical, psychological, and social status
  - Identification of relapse triggers
  - Primary medical and psychiatric care as needed
- Maintaining abstinence includes:
  - Continuation of counseling and support
  - Refinement and strengthening of strategies for relapse prevention

7 Key Assumptions and Guiding Principles for Detox and Substance Abuse Treatment

1. Detox is not complete treatment
2. Detox process includes evaluation, stabilization, and fostering treatment readiness
3. Detox takes place in a wide variety of settings
4. All treatment must be of the same quality and thoroughness

7 Key Assumptions and Guiding Principles for Detox and Substance Abuse Treatment

5. Insurance coverage for complete detox is cost-effective
6. Detox programs must be culturally competent in order to address the unique needs of all patients
7. Success depends on continuation of treatment after detox

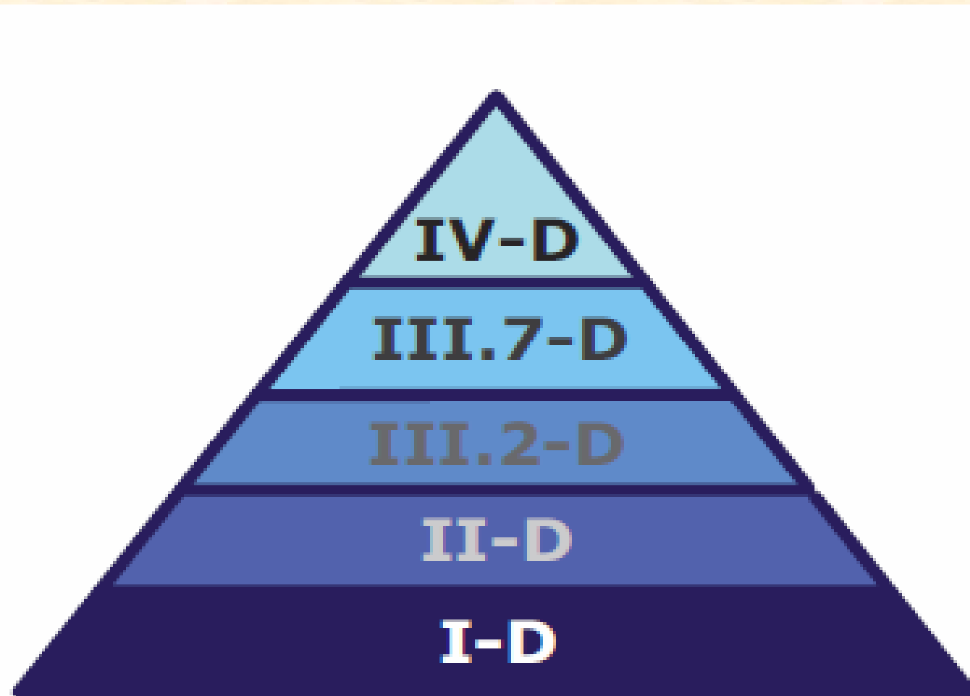
Linkages to Treatment Services

- Linkages from detox to treatment leads to:
  - Increase in recovery
  - Decrease in repeated detox & treatment svcs
- Recovery leads to reductions in:
  - Crime
  - Expensive medical and surgical treatment
- Effective linkage to treatment services remains a significant challenge to detox providers

Detoxification: Patient Placement, Levels of Care, and Settings

ASAM Assessment Criteria for Patient Placement

1. Acute intoxication and/or withdrawal potential
2. Biomedical conditions and complications
3. Emotional, behavioral, or cognitive conditions and complications
4. Readiness to change
5. Relapse, continued use, or continued problem potential
6. Recovery/living environment



ASAM Levels of Care for Adult Detoxification

Ambulatory (Outpatient):

I-D:	Without Extended On-Site Monitoring
II-D:	With Extended On-Site Monitoring

Residential/Inpatient:

III.2-D:	Clinically Managed Residential Detox
III.7-D:	Medically Monitored Inpatient Detox
IV-D:	Medically Managed Intensive Inpatient Detox

Possible Settings for Detoxification Services

1. Physician's office
2. Freestanding urgent care center or emergency department
3. Freestanding substance abuse treatment or mental health facility
4. Intensive outpatient and partial hospitalization programs
5. Acute care inpatient services

Ambulatory (Outpatient) Detox

Level I-D:

***Without* Extended On-site Monitoring**

- *Settings:* office (physician, healthcare or addiction facility), or *in patient's home*
- *Services provided by*: trained clinicians

Level II-D:

***With* Extended On-Site Monitoring**

- *Settings:* treatment facility (healthcare or addiction)
- *Services provided by*: **RNs or LPNs monitor** patient for several hours each day

Both provide medically supervised evaluation, detoxification, and referrals

Patient's must have positive social support.

Residential/Inpatient Detox

Level III.2-D:

Clinically Managed Residential Detox

- *Setting:* "social setting" – emphasis: peer/social support
- *Criteria for placement:* intoxicated or experiencing withdrawal
- 24-hr. supervision, observation, and support
- *Services provided by*: trained/credentialed staff
- Physician approved protocols;
- Medical consultation available
- Self-administered meds (some)

Level III.7-D:

Medically Monitored Inpatient Detox

- *Setting:* inpatient facility
- Criteria for placement: withdrawal sufficiently severe as to require 24-hr medically supervised evaluation & withdrawal management
- *Services provided by*: multi-disciplinary team (medical, RNs, LPNs, counseling, social work)
- Physician monitored protocols, including those to identify patients in need of medical svcs beyond capacity of the facility

Residential/Inpatient Detox (con't)

Level IV-D:

Medically Managed Intensive Inpatient Detox

- *Setting:* acute care inpatient
- 24-hr. medically directed evaluation and withdrawal management
- Criteria for placement: withdrawal signs and symptoms sufficiently severe as to require primary medical and nursing care services
  - 24-hr. observation, monitoring, and treatment
- *Services provided by*: multidisciplinary team (medical, RNs, LPNs, counseling, psychological, social work professionals)

An Overview of Psychological and Biomedical Issues During Detoxification

Biomedical Evaluation Domains

- General health history
- Mental status
- Physical assessment
- Use and patterns of substance abuse
- Past treatments for substance abuse

Psychosocial Evaluation Domains

- Demographics
- Living conditions
- Violence/suicide risk
- Transportation availability
- Financial situation
- Dependent children
- Legal status
- Physical, sensory, or cognitive abilities

Conditions Requiring Immediate Medical Attention

- Change in mental status
- Increase in anxiety and panic
- Hallucinations
- High body temperature
- Increase/decrease in blood pressure
- Insomnia
- Abdominal pain
- Upper/lower gastrointestinal bleeding
- Changes in responsiveness of pupils

Conditions Requiring Immediate Psychiatric Attention

- Suicide risk
- Anger
- Aggressive behaviors
- Co-occurring mental disorders

Nutritional Considerations During Detoxification

- Malnutrition can interfere with detox process
- Stress of detox requires additional nutrients
- Nutritional evaluation is necessary for detox
- New routines for mealtime and diet are crucial
- Important to manage gastrointestinal symptoms during detox
- Nutrition therapy may be required

Detoxification Considerations for Adolescents

- Binge drinking is common
  - Can cause escalating blood alcohol levels
- Some drugs taken are not identifiable
  - Routinely screen for illicit drugs
- Nondisclosure of drug use
  - Multiple substances may have been taken with alcohol
  - Establish rapport
  - Obtain thorough substance use history
- Screen for suicide potential

Detox Consideration for Parents with Dependent Children

Barriers to treatment:

- Parents, especially mothers, fear for the safety of their children
- Some children experience distress while parent is in treatment
- Ensure children have a safe place to stay
- Social services may need to be involved

Detox Consideration for Domestic Violence Victims

- Both men and women may be victims
- Increased risk for female drug abusers to be victims
- Develop safety plan when violence is disclosed
- Avoid communications between abused and abuser during detox
- Victims may need help with parenting skills
- Know local childcare resources

Detox Consideration for Culturally Diverse Patients

- Patients' expectations of detox may vary
- Patients' experience in health care system may vary
- Patients cannot be defined by their culture/ethnicity
- Use open-ended questions to gain understanding
- Important to have bilingual staff to avoid language barriers

Detox Consideration for Chronic Relapsers

- Relapser may feel hopeless and vulnerable
- Acknowledge progress made before relapse
- Reassure that gains from prior progress have not been lost
- Reinforce the importance of recovery

Strategies to Engage and Retain Patients in Detoxification

- Offer hope
- Provide an atmosphere with comfort, relaxation, cleanliness, and security
- Educate patients on the withdrawal process
- Utilize support systems
- Maintain a drug-free environment
- Consider alternative approaches
- Enhance patient motivation
- Foster a therapeutic alliance

Enhancing Patient Motivation

- Focus on strengths
- Show respect for autonomy
- Avoid confrontation
- Provide individualized treatment
- Avoid using labels
- Use empathy
- Recognize small steps toward achieving goals
- Raise awareness of discrepancies
- Use reflective listening

Stages of Change

- Precontemplation
  - Not considering change
  - Unaware of problem
- Contemplation
  - Some awareness of problem
  - Willing to consider change, but ambivalent
- Preparation
  - Aware of problem
  - Decision made to commit to change
  - Goal setting
- Action—takes steps to achieve goals to change
- Maintenance—works to maintain changes made

Fostering a Therapeutic Alliance

- Be supportive and empathic
- Refer when patient cannot be engaged
- Establish rapport with all patients
- Discuss confidentiality issues
- Be cognizant of patient challenges ahead
- Be consistent, trustworthy, reliable
- Be calm and cool
- Show confidence and humility
- Be able to set limits without a power struggle
- Be cognizant of patient's progress
- Encourage patient's self-expression

Common Barriers to Referral After Detox

- Patients may believe they are "cured" once eliminating substance
- After detox patients may feel they no longer need help
- Insurance may only provide partial or no coverage
- Paperwork for insurance coverage may be overwhelming
- Patients have difficulty navigating the insurance system to determine coverage

Evaluating Rehabilitation Needs

- Psychosocial needs
- Special needs may limit access to rehab
- Limitations or conditions may limit suitable treatment settings
- Support system may influence referral
- Dependent children may impact needs
- May be need for gender-specific treatment

Areas for Assessment

1. Medical conditions and complications
2. Motivation/readiness to change
3. Physical, sensory, or mobility limitations
4. Relapse history and potential
5. Substance abuse/ dependence
6. Developmental and cognitive issues
7. Family and social support
8. Co-occurring disorders
9. Dependent children
10. Trauma and violence
11. Treatment history
12. Cultural background
13. Strengths and resources
14. Language

Treatment Settings

1. Inpatient programs
2. Residential treatment programs
3. Therapeutic communities
4. Transitional residential and halfway houses
5. Partial hospital and day treatment programs
6. Intensive outpatient programs
7. Traditional outpatient services
8. Recovery maintenance activities

Following Through with Treatment Referral

Patients will more likely initiate treatment if they:

- Believe they will be helped
- Are employed
- Are motivated beyond precontemplation stage
- Have family and social support
- Have co-occurring psychiatric conditions

Strategies to Promote Initiation of Treatment After Detox

- Assess degree of urgency
- Reduce wait time to appointment
- Call to reschedule missed appointments
- Provide information to show expectations
- Offer tangible incentives
- Engage the support of family members
- Introduce the patient to the counselor who will deliver rehabilitation services
- Offer services and referrals to address other needed services
- Minimize access to treatment barriers
- Maintain motivation during waiting list period
- Facilitate coordination of treatment for any co-occurring disorders
- Ensure all necessary medical appointments are being made
- Some patients may require something other than a traditional treatment approach

Physical Detoxification Services for Withdrawal From Specific Substances

Biochemical Markers

- Lab tests that detect the presence of alcohol or other drugs
- Used to *support* a diagnosis
- Used for forensic purposes
- Used to detect use of alcohol or drugs during treatment
- Can serve as a motivational enhancement
- Can help in moving patient from contemplation to action

Most Common Types of Biochemical Markers

- Blood alcohol levels
- Breath alcohol levels
- Urine drug screens
- Gama-glutamyltransferase (GGT)
- Carbohydrate-deficient transferrin (CDT)
- Mean corpuscular volume (MCV)

Alcohol Intoxication

Blood Alcohol Level	Clinical Picture
20–100 mg percent	▪ Mood and behavior changes ▪ Reduced coordination ▪ Impaired ability to drive a car
101–200 mg percent	▪ Reduced coordination ▪ Speech impairment ▪ Trouble walking ▪ General impairment in thinking and judgment
201–300 mg percent	▪ Marked impairment of thinking, memory, and coordination ▪ Marked reduction in level of alertness ▪ Memory blackouts ▪ Nausea, vomiting, blackouts

Alcohol Intoxication

Blood Alcohol Level	Clinical Picture
301–400 mg percent	▪ Reduction of body temp and blood pressure ▪ Excessive sleepiness ▪ Amnesia ▪ Nausea and vomiting
401–800 mg percent	▪ Coma ▪ Serious decrease in pulse, temp, blood pressure, and breathing ▪ Incontinence ▪ Death

Alcohol Withdrawal

- Restlessness, irritability, anxiety, and agitation
- Anorexia, nausea, and vomiting
- Tremors, elevated heart rate, and increased bp
- Insomnia, intense dreaming, and nightmares
- Poor concentration, impaired memory, and judgment
- Increased sensitivity to sound, light, and tactile sensations
- Hallucinations—auditory, visual, or tactile
- Delusions
- Grand mal seizures
- Hyperthermia
- Delirium

Opioid Intoxication

Opioid Intoxication Signs

- Slow pulse
- Low blood pressure
- Low body temp
- Sedation
- Pinpoint pupils
- Slowed movement
- Slurred speech
- Head nodding

Opioid Intoxication Symptoms

- Euphoria
- Imperviousness to pain
- Calmness

Opioid Withdrawal

Opioid Withdrawal Signs

- Fast pulse
- High blood pressure
- High body temperature
- Insomnia
- Enlarged pupils
- Heightened reflexes
- Sweating
- Increased respiratory rate
- Tearing
- Runny nose
- Muscle spasms

Opioid Withdrawal Symptoms

- Abnormal cramps, nausea, vomiting, diarrhea
- Bone and muscle pain
- Anxiety

Common Medications Used to Manage Opioid Withdrawal

- Methadone
- Clonidine
- Buprenorphine
- Rapid and ultrarapid detoxification (narcotics)

Benzodiazepines and Other Sedative Hypnotics

Important factors for success in detox:

- Start detox during period of low external stressors
- Patient must be committed to taper off substance
- Develop a plan for managing any underlying anxiety disorders
- Frequent patient contact

Stimulants: Cocaine, Crack Cocaine, Amphetamines

Withdrawal symptoms:

- Depression
- Hypersomnia or insomnia
- Fatigue
- Anxiety
- Irritability
- Poor concentration
- Psychomotor retardation
- Increased appetite
- Paranoia
- Drug craving

Inhalants/Solvents

Types	Example	Chemicals Present
Adhesives	Airplane Glue	Ethyl Acetate
Aerosols	Spray paint	Butane, propane, fluorocarbons
Cleaning agents	Spot remover	Xylene
Solvents and gases	Paint thinner	Toluene, methylene chloride
Food products	Whipped cream	Nitrous oxide

Symptoms of Inhalants and Solvents

Withdrawal symptoms:

- Delirium and tremors
- Weakness
- Tremors
- Weight loss
- Inattentive behavior
- Depression

Other medical complications:

- Impaired cognitive, motor, and sensory functioning
- Internal organ damage, including heart lungs, kidneys, liver

Medical Management of Inhalant Abuse and Dependence

- Provide safe environment
- Provide environment free from inhalants
- Provide supportive care, including ample sleep and well-balance diet
- Determine if patient is abusing other substances
- Assess mental status
- Provide appropriate therapy and interventions

Nicotine Withdrawal Symptoms

- Depressed mood (dysphoria)
- Insomnia
- Irritability, frustration, anger
- Anxiety
- Difficulty concentrating
- Restlessness
- Decreased heart rate
- Increased appetite or weight gain

Medical Management of Nicotine Withdrawal

- Self-help interventions
- Behavioral interventions
- Nicotine replacement therapy
- Bupropion SR/Sustained Release
- Combination therapy

The U.S. Public Health Service's Nicotine Intervention: The 5 "As"

- **Ask** about tobacco use
- **Advise** to quit
- **Assess** willingness to make a quit attempt
- **Assist** in the quit attempt
- **Arrange** follow-up

When a Patient in Detox or Substance Abuse Treatment is a Smoker

- Present a supportive nonjudgmental attitude
- Develop a therapeutic alliance
- Emphasize relapse (from not smoking) is common
- Discuss withdrawal symptoms from nicotine
- Provide strategies to avoid weight gain
- Stress the importance of smoke-free environment
- Refer patient to a smoking cessation program

Marijuana

- THC abstinence syndrome
- Symptoms include:
  - Anxiety
  - Restlessness
  - Irritability
  - Sleep disturbance
  - Change in appetite
- No medical complications of withdrawal

Anabolic Steroids

- Subject to abuse
- Aggressive, manic-like behavior
- Withdrawal symptoms include:
  - Fatigue, depression
  - Restlessness, insomnia
  - Anorexia
  - Reduced sex drive
  - Headaches, nausea
- Side effects can be reversed and may include:
  - Urinary tract infections
  - Skin blistering
  - Redness
  - Swelling of hands and feet (edema)
  - Behavioral disturbances
- There is no detox protocol for steroids

Club Drugs

- A diverse class including
  - GHB
  - Ecstasy
  - Rohypnol
- Used in nightclubs and “raves”
- Withdrawal symptoms may include
  - Intoxication
  - Severe intoxication with overdose
- Have destructive effects on the nervous system and on mental health

Best Practices in the Management of Polydrug Abuse

- Prioritize substances for each patient according to withdrawal severity
- Alcohol and sedative hypnotics have the most severe withdrawal symptoms
- Opioid detox is the next priority
- Some substances will not require treatment during detox, including:
  - Stimulants
  - Marijuana
  - Hallucinogens
  - Inhalants

Considerations for Pregnant Women

- Detox on demand
- Women-centered medical services
- Transportation
- Childcare
- Counseling and case management
- Access to drug-free, safe, affordable housing
- Help with legal, nutritional and other social service needs
- Ensure health and safety of both mother and fetus
- Clarify risks and benefits of any medications (informed consent)
- Protocol for withdrawal may vary with each pregnancy

Considerations for Older Adults

- Supportive, nonconfrontational age-specific group
- Screen for depression, grief, and loss
- Provide linkages to specialized services
- Alcohol and drug disorders are more severe with elderly
- Older adults are at risk for co-occurring disorders
- Ongoing assessments and monitoring for medical problems common to older adults

Considerations for People with Disabilities

- Elimination of barriers to treatment:
  - Attitudinal barriers
  - Discriminatory policies, practices, and procedures
  - Communication barriers
  - Architectural barriers
- Clarify definitions of terms:
  - Disease
  - Impairment
  - Disability
  - Functional capacities
  - Functional limitations
- Four main categories of impairments:
  - Physical
  - Sensory
  - Cognitive
  - Affective
- Detox programs must:
  - Routinely screen for disabilities and co-occurring medical and/or psychiatric conditions
  - Be compliant with all Federal laws
  - Provide access to needed services
  - Coordinate treatment needs outside of program's expertise
  - Know local and national disability resources

Considerations for Racial/Ethnic Minorities

- African Americans:
  - Are at greater risk for diabetes and high blood pressure
  - May display distrust with counselors of a different culture
  - May be at greater risk of toxic side effects with antidepressants
- Asians and Pacific Islanders:
  - Diverse group with many languages, beliefs, practices, and values
  - May show concern for counselors' credibility, trustworthiness, and cultural sensitivity
  - Asians have greater sensitivity to alcohol than whites
  - Smoking rates tend to be high
  - Some detox meds are metabolized more slowly for those of Asian descent
  - Important to use traditional healing methods
  - Discuss how patients feel about Western medicine

Considerations for Racial/Ethnic Minorities

- Native Americans:
  - Have great diversity in practices, languages, traditions, beliefs, and values (more than 500 American Indian tribes)
  - Have the highest rates of alcohol and drug use among all racial/ethnic groups
  - Gain trust by not rushing the process; be nonconfrontational
  - Use fables, illustrative stories, and "Talking Circles"
  - Avoiding eye contact is traditional
  - Fetal Alcohol Syndrome is 33 times higher than national average
  - Frame 12 Steps in terms of a circle, not a ladder
  - Tend to seek treatment later and have more medical complications
- Hispanic/Latinos
  - The largest racial ethnic minority group in the U.S.
  - Helpful to assess patient's level of acculturation
  - Language competency is helpful
  - Family is very important
  - Alcohol and drug use is often viewed as a moral weakness

Considerations for Other Populations

- Gay, Lesbian, and Bisexual Individuals:
  - Monitor feeling among staff
  - Important that staff not impose their beliefs and values on patients
  - Help patients heal from negative experiences of homophobia and heterosexism
  - Help patient accept personal power over their own lives
- Adolescents
  - Physical dependence not as severe; response to detox is more rapid than for adults
  - Retention is a problem
  - Peer relationships play a large role in treatment
  - 75% of those reporting steroid use are adolescents
  - Use of club drugs is higher

Considerations for Incarcerated or Detained Individuals

- Substance use disorders are common
- 70–80% of inmates have experienced regular drug use or had committed drug offenses
- Abrupt withdrawal from alcohol can be life-threatening
- Abrupt withdrawal from opioids or benzos can cause great stress
- Restrictions on methadone are common
- Substance abuse continues during incarceration
- Access to detox continues to be a problem

Co-Occurring Medical and Psychiatric Conditions

General Principles of Care

- Patients who use substances can present with a single condition or combination of conditions
- Medical management of the condition(s) does not differ from that of any other patient
- Detox medicine and protocols must be modified to minimize potentially harmful effects on the co-occurring condition

Providing the Best Possible Detox Experience

Detox Programs Must:

- Be familiar with signs/symptoms of co-occurring medical disorders
- Equip treatment setting to handle medical conditions and provide required patient monitoring
- Arrange consultation with specialists
- Use the opportunity to engage patients with co-occurring medical conditions in substance abuse treatment
- Set up appointment for medical follow-up care following discharge from detox

Common Co-Occurring Medical Conditions

- Gastrointestinal disorders (e.g., gastritis, pancreatitis)
- Liver disorders (e.g., cirrhosis)
- Cardiovascular disorders (e.g., hypertension, arrhythmia)
- Hematological (blood) disorders (e.g., anemia)
- Pulmonary disorders (e.g., asthma)
- Neurological disorders (e.g., withdrawal seizure and stroke)
- Infectious diseases (e.g., STDs)
- Other conditions (e.g., diabetes)

Treatment of Co-Occurring Psychiatric Conditions

- Detox can be complicated by meds taken for psychiatric conditions
- Symptoms of detox medication may mimic psychiatric conditions
- Not advisable to discontinue all psych meds during detox
- Treatment of addictive disorder and psychiatric disorder must be treated simultaneously
- Untreated, psych condition can result in mood, anxiety, or thought disorders and hinder recovery
- Long-term plan of psychotherapy and illness management is needed for patients with co-occurring disorders

Anxiety Disorders

- Prevalence rate of anxiety and addiction: 5–20%
- Antianxiety meds can oversedate and dull one's reaction to influences
- Anxiety can help a patient move toward change
- Withdrawal produces varying levels of anxiety in patients
- Treatment indicated when anxiety persists after treatment or is preventing patient to enter treatment
- Meds can be started at any time if condition is persistent and waiting is not possible
- Benzodiazapines and antidepressants are commonly used meds

Depressive Disorders

- Prevalence rate of depression and addiction: 5–25%
- Can occur independently of addictive disorder or induced by alcohol or drugs
- Depression can result during recovery as part of the patient's healing due to losses
- Depressant drugs (alcohol) can produce depression during intoxication
- Stimulant drugs (cocaine) can produce depression during withdrawal
- Depression can be prolonged by certain drugs that linger in the body (marijuana, benzos)
- Depression is more common in older adults and women
- Meds can be started at any time, if condition is persistent and waiting in not possible
- Antidepressant meds are used if the depression is not drug-induced

Bipolar Disorders

- Prevalence rate of bipolar disorders and addiction: 30–60%
- May be complicated by alcohol or drugs (e.g., mania can be produced by stimulants and depression by depressants, such as alcohol)
- Meds can be started at any time, if condition is persistent and waiting in not possible
- Mood-stabilizing drugs include lithium and anticonvulsives

Psychotic Disorders

- Psychoses can be caused by stimulant drug use during intoxication and by drug/alcohol use during withdrawal
- Meds can be started at any time if condition is persistent and waiting is not possible
- Meds used:
  - Antianxiety agents (benzos)
  - Antipsychotic agents
  - Antidepressants

Financial and Organizational Issues

Changes in Setting and Types of Patient Problems in Recent Years

- Shift from inpatient to outpatient
- Substance abuse problems have shifted from alcohol and cocaine to opioids
- More opportunities for community-based and private detox programs
- Hospital-owned freestanding detox programs have increased

Funding Streams and Other Resources for Program Development

- SAPT Block Grant Program
  - SAMHSA funding to each SSA; must apply through the state
- Medicaid
  - Coverage for uninsured and others; state determines eligibility
- Medicare
  - Federal coverage for those 65 and older; detox program must be Medicare certified
- SCHIP
  - Low cost insurance for children of low-income families not eligible for Medicaid; funds for detox varies from state to state.
- Social Services
  - TANF, Department of Labor, HUD, Voc Rehab funds, Title IV, and Ryan White Title I all are potential sources of funding for detox treatment, each with stipulations
- CJ/JJ Systems
  - State correctional systems, drug courts, and contractual arrangements with juvenile court system are potential sources of funding for detox treatment for those in the criminal or juvenal justice system
- Other Funding Streams/Resources
  - TRICARE, local funding, private payors, contributions, grants, and self-pay

Working in a Managed Care Environment

- Four fundamental aspects of managed care arrangements
  - Contracts must specify obligations of each party
  - Detox program becomes a member of the managed care organization's network
  - Contract includes performance measurement and reporting
  - Contract includes utilization management to determine eligibility and medical necessity
- Costs include:
  - Staff time spent with patients
  - Administrative time spent in meetings and paperwork
  - Capital and operating expenses

Financial Arrangements and Risks with Managed Care

- Fee-for-Service
  - Requires precertification
  - Patient's benefit plan shows approved services
  - Standard rate is received by provider
  - Least risky arrangement
  - Must ensure that negotiated rate covers costs
  - All services must be costed out prior to contract
- Capitation Agreement
  - Stipulated fee to cover costs is established for all
  - Provider agrees to provide all or some services for an expected number of patients
  - Large service providers enter into capitation agreements
  - Provider may recover costs if more patients require treatment than predicted
  - Programs must track costs against budget to avoid deficits
- Case Rate Agreement
  - Fixed per-patient fee
  - "Set" of services is determined by managed care organization
  - Less risk for provider than with capitation agreement
  - Risk that patients may need more service than case rate covers
  - Provider must track actual average cost per case to avoid deficits

Accreditation and Credentialing

- Credentialing of providers is done by managed care organizations
- Staff credentialing requirements vary by managed care organizations
- Staff eligible for credentialing usually includes licensed professionals
- Types of staff needed and services provided vary among providers
- Detox programs participate in both medical and behavioral networks
- Program may be required to be accredited by CARF or JCAHO

Performance Measures

- Key Process Outcome Measures include percentage of patients who:
  - Complete a defined individualized treatment regimen
  - Drop out within first 7 days of treatment
  - Remain in less intensive treatment 30 days after discharge
  - Are employed or in school 6 months after discharge
- NCQA's 4 Domains for Development of Performance Measures:
  - Prevention/education
  - Recognition or identification of substance abuse
  - Treatment
  - Maintenance of treatment effects

Utilization and Case Management

- Utilization focuses on a single type of service
- Case management focuses on coordination of an individualized array of services
- Managed care staff in both utilization and case management authorize services for payment
- Wide variety of criteria are used to determine authorization (including ASAM criteria)

Addressing Needs of Utilization and Case Management

Detox program must:

- Understand the roles of utilization and case management at managed care organization
- Be trained in conducting professional telephone relationships
- Be familiar with criteria and protocols of the managed care organization
- Have access to information required by the managed care organization
- Maintain complete records

Strengthening Financial Base and Market Position

- Achieve recognition for quality and effectiveness of services
- Serve special populations
- Develop economies of scale
- Gain community visibility and support
- Form alliances with other treatment providers

Resources

- www.samhsa.gov
  - TIP 45: Detoxification & Substance Abuse Treatment
  - TIP 19: Detoxification from Alcohol & Other Drugs
- www.asam.org
  - ASAM Levels of Care (Detox): http://www.chce.research.va.gov/apps/PAWS/pdfs/asam.pdf
- Uppers, Downers, All Arounders, 6th Edition, Inaba and Cohen
- Clinical Institute Withdrawal Assessment – for Alcohol, Revised (CIWA-Ar). Link to the protocol and assessment tool: http://nursing.uchc.edu/nursing_standards/docs/CIWA-Ar%20-%20Alcohol%20Withdrawal%20Assessment%20Protocol.pdf