ADULT Addictions Treatment:
Co-occurring Medically Monitored Long-term Intensive Treatment Program (3C)

Program Description
Medically Monitored Long Term Residential treatment includes 24-hour professionally directed evaluation, care, and treatment for addicted individuals in chronic distress, whose Substance Use Disorder symptomatology is demonstrated by severe impairment of social, occupational, or school functioning. Habilitation is the treatment goal. These programs serve individuals with chronic deficits in social, educational, and economic skills, impaired personality and interpersonal skills, and significant drug-abusing histories that often include criminal lifestyles and subcultures. These individuals need a model more accurately described as habilitation, as opposed to the rehabilitation model. This service often requires global changes in lifestyle, such as abstinence from mood-altering drugs (other than those needed to treat illnesses), elimination of antisocial activity, a new outlook regarding employment, and the development, display, and integration of positive social attitudes and values.

Services and Support Systems include:
• Regular, scheduled psychotherapy
• Biopsychosocial Assessment
• Specialized professional/medical consultation, and testing such as a psychiatric evaluation, HIV and TB tests, and other laboratory work, as needed
• Individualized treatment planning
• Monitoring of medication, as needed
• 24-hour observation, monitoring, and treatment
• Emergency medical services available
• Referral to detoxification, if clinically necessary
• Individual therapy
• Family therapy as needed
• Physical exam
• Development of discharge plan and plan for referral into continuum of care
• Group therapy
• Referral to additional services and resources

MEDICAL NECESSITY CRITERIA (PCPC)
Admission Criteria Across Six Dimensions
Individuals must meet, at a minimum, Level 3C criteria for Dimension III, and must not meet criteria higher than Level 3C for the remaining dimensions. If the individual exceeds Level 3C’s Dimension I criteria, the evaluator is directed to refer to Level 3A and 4A detoxification criteria.

I. Acute Intoxication or Withdrawal
Individuals must meet all of the following:
A. The individual is assessed as being at minimal or no risk of severe withdrawal syndrome as evidenced by:
   1. CIWA-Ar (Clinical Institute Withdrawal Assessment – Alcohol – Revised) score (or other comparable standardized scoring system) of less than 10 following 8 hours of abstinence from alcohol without medication; OR
   2. Blood alcohol 0.0gm% and no withdrawal signs or symptoms present which require medication; OR
   3. Sub-acute symptoms of protracted withdrawal that, if present, can be managed safely without daily medically managed intervention.

B. For individuals with withdrawal symptoms no more severe than those noted in Section A, the individual has, and responds positively to, emotional support and comfort as evidenced by decreased emotional symptoms by the end of the initial treatment session, and ONE of the following:
   1. Some psychological or emotional/behavioral craving symptoms which require continued counseling and/or monitoring on a 24-hr basis, without requiring detox;
   2. Minimal withdrawal risk which is manageable at this level because of the extended time frame of treatment;
   3. Need for management of significant, severe post-acute withdrawal symptomatology (e.g. high behavioral and social urges to use, obsessions and compulsions characteristic of those coming off excessive IV drug, cocaine, or amphetamine use);
   4. Post-withdrawal organicity (e.g. poor immediate and/or recent memory recall) inhibits cognitive functioning, but individual’s history indicates that cognition should clear sufficiently to allow individual to respond to long-term treatment.

II. Biomedical Conditions and Complications
Individuals must meet ONE of the following:
A. Continued alcohol/drug use places the individual in danger of serious damage to physical health for any concomitant biomedical conditions (e.g. continued use of alcohol despite diagnosis and/or history of diabetes, cirrhosis of the liver, pancreatitis, or seizures during withdrawal, or history of cocaine use despite history of seizures with use of cocaine, high blood pressure, or cardiovascular or cardiac problems, or continued use of alcohol/drugs within a self-destructive lifestyle while HIV-positive or AIDS-symptomatic);

B. Biomedical complications of SUD or a concurrent biomedical illness requires medical monitoring but not intensive care (e.g. AIDS-symptomatic);
C. If individual is pregnant, continued or resumed alcohol/drug use would place the fetus in imminent danger of temporary or permanent disability;

D. The individual’s biomedical complications are not severe enough for Level 3A or 3B or Level 4, but are sufficient to distract from recovery efforts. Such conditions, which require medical monitoring, could be provided by a concurrent arrangement with another treatment provider.

III. Emotional/Behavioral Conditions and Complications
Individuals must meet at least 2 of the following:

A. Disordered Living Skills:
   1. Lacking socially acceptable norms and/or coping skills on an interpersonal, vocational, educational, or financial management level; OR
   2. A history of inability or unwillingness to internalize a sense of social responsibility; OR
   3. A history of significant consistent substance use prior to early adolescence which has continued into adulthood and has led to emotional immaturity as evidenced by magical thinking, impulsive behavior, and severe emotional sensitivity.

B. Disordered Social Adaptiveness:
   1. A history of repetitive antisocial behavior patterns or various criminal charges or behavior that has or could have led to incarceration or probation; OR
   2. A history of rebellion and/or denigration of acceptable parental and/or societal values leading to a disregard of authority and basic rules which make it unlikely that a less structured LOC is appropriate.

C. Disordered Self Adaptiveness:
   1. Persecutory fear, or a poor sense of self-worth as evidenced by feelings of chronic rejection, loneliness, or alienation; OR
   2. Having a history of a deeply ingrained sense of personal unworthiness or self-hatred evidenced by defeating and denigrating behaviors; OR
   3. A history of chronic external focus and/or seeking external stimuli to the exclusion of developing internal supports, as possibly evidenced by multiple SUDs; OR
   4. Inability to form supportive relationships, difficulty or unwillingness to disclose feelings; OR
   5. Pronounced external locus of control as evidenced by blaming others for personal circumstances, and unwillingness or inability to make decisions and choices to effect positive changes in the circumstances that the individual regards as undesirable.

D. Disordered Psychological Status:
   1. A history of early onset (e.g. pre-adolescence) of emotional blunting or impairment, or developmental disorders as exemplified by: lack of geographical roots, lack of healthy role-
modeling opportunities, little or no opportunity for parental bonding or guidance, a pervasive history of parental enabling, gang membership, dysfunctional parental modeling (such as long-term criminal behavior or other antisocial lifestyles) OR
2. A history of significant impulsivity without due regard for potential negative consequences.

IV. Treatment Acceptance/Resistance
Individuals must meet ONE of the following:
A. Despite serious consequences and/or effects of SUD on individual’s life (e.g. health, family, work, or social problems), he/she does not accept or relate to the severity of these problems. Therefore, the individual is in need of intensive motivating strategies, activities, and processes only available in a 24-hr structured environment;

B. A high resistance to treatment despite negative consequences based on lack of living skills, education, self-discipline, or therapeutic resolution of psychological or psychosocial trauma.

V. Relapse Potential
Individuals must meet ONE of the following:
A. A history of one or more treatment episodes at a less intensive LOC. Individual is experiencing an acute crisis with a concomitant intensification of SUD symptoms (e.g. difficulty postponing immediate gratification or related drug-seeking behavior);

B. Individual is assessed to be in danger of drinking or drugging with attendant severe consequences, and is in need of 24-hr professionally directed clinical interventions;

C. Individual recognizes that alcohol/drug use is excessive and has attempted to reduce or control it, but has been unable to do so as long as alcohol/drugs are present in his/her immediate environment.

VI. Recovery Environment
Individuals must meet ONE of the following:
A. Individual lives in an environment (social and interpersonal network) in which treatment is unlikely to succeed (e.g. family full of interpersonal conflict which undermines individual’s efforts to change, or family members and/or significant others living with individual who currently manifest SUDs and are likely to undermine the individual’s recovery);

B. Logistic impediments (e.g. distance from the treatment facility, limited mobility, lack of driver’s license) preclude participation in treatment services at a less intensive level;

C. There is a danger of physical, sexual, and/or severe emotional attack or victimization in the individual’s current environment which will make recovery unlikely without removing the individual from this environment;
D. Individual is engaged in ongoing activity (e.g. criminal activity to support habit) or occupation where continued drug/alcohol use constitutes substantial imminent risk to public or personal safety (e.g. individual is airline pilot, bus driver, police officer, clergy member, doctor, construction worker, etc.).

**Continued Stay Criteria Across 6 Dimensions**
Individuals must meet, at a minimum, Level 3C criteria for Dimensions 3, 4 and 5, and no criteria higher than Level 3C for the remaining dimensions.

**I. Acute Intoxication or Withdrawal**

Individuals must meet ONE of the following:
A. Acute symptoms of intoxication/withdrawal are absent in the individual;

B. Individual exhibits symptoms of protracted withdrawal syndrome that are manageable without medical intervention, and are not severe enough to interfere with participation in treatment;

C. Individual exhibits symptoms of post-acute withdrawal (e.g. increased irritability, mood swings, obsessive thoughts of substance use, high levels of anxiety) which present obstacles to engaging in recovery and normal life functioning;

D. Individual continues to have some psychological/emotional/behavioral craving, but frequency of occurrence is beginning to diminish;

E. Post-acute symptomatology (e.g. behavioral or social urges to use) or obsessions/ compulsions typical of drug-specific sequences are less intrusive but still powerful on occasion;

F. Post-withdrawal organicity (e.g. poor immediate and/or recent memory recall) is abating but not gone.

**II. Biomedical Conditions and Complications**
Individuals must meet ONE of the following:

A. Concomitant biomedical problems exacerbated by individual’s drug use continue to diminish, but are not sufficiently resolved to allow transfer to another LOC;

B. Individual has begun to absorb education specific to the negative interaction of substance use and his/her medical condition, but still needs frequent reinforcement; individual is moving toward improved care of physical self (and of fetus, if pregnant) but still has occasional lapses;

C. Individual is responding to treatment aid, and the biomedical conditions and problems continue not to be severe enough to warrant a higher LOC.
III. Emotional/Behavioral Conditions and Complications

Individuals must meet at least 2 of the following:

A. Disordered Living Skills:
   1. Individual is in the process of unlearning old norms and integrating new ones; however, the integration is not yet intact and automatic. Occasional lapses from habilitative efforts still occur and keep individual at risk; OR
   2. Individual is developing a sense of constructive community integration and involvement, and has increased his/her desire to internalize these skills, but acting-out limit-setting confrontations are still necessary on occasion; OR
   3. Individual has begun to realize that SUD issues must be dealt with so that recovery can proceed. Individual continues to react with shame, rage, revenge, or isolation on occasion in his/her struggle for resolution; OR
   4. Because of early adolescent onset of substance use, individual lacks developmental maturity; individual’s skills in these areas are still in formative stage, and he/she continues to require major daily clinical guidance to reinforce these new skills.

B. Disordered Social Adaptiveness:
   1. Individual continues to have difficulty in assimilating concepts of responsiveness to society; OR
   2. Individual has begun to understand rebellion as a dysfunctional self-defeating process, but has not yet accepted the need for compliance with rules, societal mores, or external direction. Defenses are not always identified as such, and individual continues to need intensive daily therapy to recognize these behaviors when they occur; OR
   3. Inappropriate denigration, devaluation, or dominance issues are being addressed, but individual’s defenses are still partially intact. He/she has not yet grasped the concept of the healthy boundaries needed to validate his/her own sense of worth and also the worth of others; OR
   4. Individual has not yet internalized skills nor begun to implement them.

C. Disordered Self Adaptiveness:
   1. Fears are beginning to diminish, and/or concepts of self and societal acceptance are not yet firm enough to avoid regression to old patterns; OR
   2. Sense of self-validation and individuation not yet secure; OR
   3. Acceptance of self-worth and raising of self-esteem have not yet been sufficiently integrated; OR
   4. Individual is demonstrating some progress in his/her ability to form supportive relationships and appropriately disclose feelings; however, he/she still cannot appropriately achieve these outcomes in a manner that could support recovery.

D. Disordered Psychological Status:
   1. Individual’s recognition of his/her dysfunctional past has not yet been absorbed. The relearning and trusting process needed to supplant his/her chaotic world view has not yet been integrated; OR
2. Individual’s ability to experience self-appreciation and defer gratification is still undeveloped; individual has difficulty processing cause and effect.

IV. Treatment Acceptance/Resistance
Individuals must meet ONE of the following:
A. The individual recognizes the severity of the alcohol/drug problem, but demonstrates minimal understanding of his/her self-defeating use of alcohol/drugs; nevertheless, the individual is progressing in treatment;

B. The individual recognizes the severity of his/her alcohol/drug problem and exhibits understanding of his/her personal relationship with psychoactive substances, yet does not demonstrate that he/she has assumed the responsibility necessary to cope with the problem.

V. Relapse Potential
Individuals must meet ONE of the following:
A. Individual continues to exhibit intensive SUD symptomatology (e.g. persistent drug/ alcohol craving);

B. Individual recognizes specific relapse triggers or dysfunctional behaviors which have previously undermined sobriety; however, he/she demonstrates minimal understanding of their role in relapse; individual is nevertheless progressing in treatment;

C. Individual recognizes the severity of his/her relapse triggers and dysfunctional behaviors which undermine sobriety, and manifests an understanding of these dysfunctional behaviors, yet does not demonstrate the skills necessary to interrupt these behaviors and apply alternative coping skills needed to maintain ongoing abstinence.

VI. Recovery Environment
Individuals must meet ONE of the following:
A. Problem aspects of the individual’s social and interpersonal life are responding to treatment, but are not sufficiently supportive of recovery to allow discharge or transfer to a less intensive LOC;

B. The social and interpersonal life of the individual has not changed or has deteriorated, and the individual needs additional treatment to learn to cope with the current situation or to take steps to secure an alternative environment;

C. Individual has not yet given up emotional ties to his/her past antisocial behaviors, and is unable to commit to an acceptable, responsible, or productive way of life.

Please consult the PCPC for additional guidelines for 3C services.