

# Breaking Free: Substance Detox & Treatment in Crisis Settings



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# Objectives

1. Know why providing substance treatment in a crisis setting is essential.
2. Know the benefits of providing substance services in crisis settings.
3. Identify programming and evidence-based approaches for providing substance treatment in crisis settings.



# Our Programs



## Community Reach Center (Westminster, CO) Crisis Stabilization Unit

- 16 Beds
- 3-5 Day Length of Stay
- Voluntary & In-Voluntary Beds
- Nursing and BA Mental Health Techs 24/7
- MA level therapists 7 days a week
- Prescriber coverage 5 days a week + on call
- Operated from 2014-2019

## Didi Hirsch MHS (Los Angeles, CA) Crisis Residential Treatment

- 24 beds (across two locations)
- 28 day max length of stay (LOS~16)
- Voluntary unlocked facility
- Counselors 24/7
- Prescriber and Nursing 2-3x per week
- Therapist & Care Coordinators 5x per week
- Clinical Detox Monitoring & Monitoring of Self Administration of Medication
- Operating from 1990-present



# Stats

- **More than 1 in 4 adults living with a serious mental health problem also has a substance use problem.**
- **Substance use problems occur more frequently with certain mental health problems.**
- **61.2 million people (21.9% of the population) aged 12 or older used illicit drugs in the past year.**
- **9.2 million people aged 12 and older misused opioids in the past year.**
- **46.3 million people (16.5% of the population) met DSM-5 criteria for a substance use disorder in the past year.**



# Stats

- In 2021, 94% of people with a substance use disorder aged 12 or older did not receive any treatment.
- Patients admitted for drug abuse remained in the hospital, on average, more than a full day longer than the typical patient.
- 15% of hospitalizations nationwide are drug-related.
- 1 in 9 Adults With Co-Occurring Mental Illness and Substance Use Disorders Are Arrested Annually.
  - 12x more likely than the average population.





# Co-Morbidity

- **Mental health conditions can precede and increase the risk of developing drug use disorders.**
- **Untreated mental health disorders are associated with a higher risk of drug use and the development of drug use disorders.**
- **The “self-medication hypothesis” and the “neurobiological self-regulation” theory.**
- **ICD-11 "drug-induced mental disorders."**





# Why Provide SUD Services?

INDIVIDUALIZED CARE

IMPROVED OUTCOMES

CONTINUITY OF CARE

SAFETY & MONITORING

HOLISTIC CARE

SKILL DEVELOPMENT

STIGMA REDUCTION



# Challenges & Barriers

FEAR OF RISK

STIGMA

LICENSING

BILLING

COST





So How Do  
We Do It???





# Screening & Assessment

## WHY?

- Accurate identification of symptoms & causes
- Appropriate admissions & referrals
- Baseline measurement
- Mitigation of risk
- Program evaluation and improvement

## HOW?

- Bring in the right players
- Identify your staffing model
- Identify risk adversity
- Set medical & clinical parameters
- Train appropriate staff
- Examples!



## TOOLS

- Clinical Intake/Interview
- Suicide Screening (Columbia, ASQ)
- General Medical Screening
- CIWA / COWS
- Other: PHQ9, GAD7, ect.



## CSU ALCOHOL/BENZODIAZEPINE WITHDRAWAL PROCEDURES - EXAMPLE

### THE CSU WITHDRAWAL BED PROCEDURES ARE AS FOLLOWS:

- REVIEW FOR INITIAL ADMISSION
  - USUAL CLEARANCE STEPS ARE FOLLOWED FOR CLINICAL CLEARANCE (ALLOWING FOR CLINICAL TO CONSULT WITH MEDICAL IF NEEDED BEFORE MAKING A CLINICAL DECISION).
  - RN REVIEWS REFERRAL FOR MEDICAL CLEARANCE USING THE OUTLINED ALCOHOL/BENZODIAZEPINE WITHDRAWAL ORDERS TO GUIDE APPROPRIATENESS FOR ADMISSIONS.
  - IF ACCEPTED CONSUMER FOLLOWS USUAL ADMISSION PROTOCOL ONCE ARRIVED ON THE UNIT AND IT IS NOTED ON THE CENSUS BOARD THAT THEY ARE OCCUPYING A "WITHDRAWAL" BED.
- RE-ADMISSION GUIDELINES:
  - IF A CONSUMER IS SENT TO A HLOC (ED) DUE TO CIWA SCORE BEING HIGHER THAN THE CRITERIA CUT OFF FOR THE CSU THEY CAN BE READMITTED IF:
    - CONSUMER HAS BEEN STABILIZED:
      - OFF ANY IV MEDS FOR 2 HOURS AND ON ORAL MEDS FOR AN ADDITIONAL 2 HOURS WITH A SCORE OF CIWA SCORES ARE 15 OR BELOW.
    - RN TO RN HAS OCCURRED AND CONSUMER DOES NOT MEET ANY OF THE OTHER INDICATIONS FOR A HLOC.
  - IF A CONSUMER NEEDS TO BE ADMITTED TO THE ED MORE THAN ONCE DURING THEIR 5 DAYS ON THE UNIT THEY WILL NOT BE RE-ADMITTED TO THE CSU UNTIL THEIR CIWA IS AT A 0.

### Crisis Residential ETOH Detox Procedure Example

- The client is identified by staff as possibly being in withdrawal.
  - At admission, staff review screening for substance use and ask critical questions to identify the possibility of withdrawal.
  - Staff look for common symptoms utilizing education from training and client information for identification after admission.
- The client is immediately referred to see a nurse (billable nurse visit):
  - RN completes CIWA, COWS, and Breathalyzer & collects UA.
- CIWA/BAL admission guidelines:
  - Admission IS indicated if:
    - CIWA is <5 & breathalyzer is less than 0.08
      - RN can administer comfort meds from standing orders if needed.
      - CIWA is readministered by RN, MA, or BA level tech at med pass each morning & evening until CIWA is 0.
  - Admission MIGHT be indicated:
    - CIWA is 5-10 & breathalyzer is less than 0.08
      - RN should consult with the prescriber at the facility (or on-call prescriber) for further direction and possible withdrawal med orders.
  - Admission is NOT indicated:
    - Breathalyzer is
    - If CIWA is 11+
      - Refer to social or medical detox.
    - CIWA is 5+ and the client has a history of seizures, DTs or current unstable medical condition(s).
      - Refer to medical detox or ER, depending on medical symptom severity.
  - If CIWA is 16+ and/or BAL is greater than .4, then refer to ER.



# MAT Services

## What?

Medication-assisted treatment (MAT) effective in the treatment some Substance Use

## Why?

Minimize withdrawal symptoms and cravings people can better focus on psychological and social issues associated with substance use

## How?

Rapid Access Prescribing:

- Opioid Agonists
- Alcohol Treatment
- Stimulant Medication Recommendations (conditional)



# Evidence-Based Practices

Clinical Groups

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Therapy Modalities

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Seeking Safety

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Dialectical Behavioral Therapy



# Other Programming

Non-  
Clinical  
Groups

Voluntary  
AA/NA  
Groups



# Billing & Licensing



- Bundled billing vs. individual service billing
- Advertising / Official Treatment Package
- Know your licensing regulations
- Treating Mental Health “Primary”
- Know why Crisis Residential is the right service at the right time for each client



# Referral & Discharge

DISCHARGE PLANNING STARTS AT  
INTAKE!

HAVE THE APPROPRIATE  
REFERRAL PARTNERS IN PLACE



Thank you!



QUESTIONS?