

Division of Mental Health, Developmental Disabilities & Substance Abuse Services

NC Mental Health and Substance Use Service Array Survey

Table 1

Service Name	Population/ Eligibility	Funding Source	Penetration	Setting	Oversight Agency	Authority/Rule	Funding and Capacity	FY15 Annual Expenditures	Entrance/Exit
<ul style="list-style-type: none"> • Include any subcategories of service on a separate line • In Table 2, please add service description and key terms 	<p>Age group, source, justice involvement, etc.</p> <p>What makes you eligible?</p>	List the fund source	# receiving service	<p>Community (home, office, school), facility/type, correctional setting (jail, YOC, detention, prison)</p>	State Division/ Department	Cite the applicable statute or rule	Entitled, limited to available funding		<ul style="list-style-type: none"> • How do you get into service (medical necessity, referred by courts, self-ref., sentenced, LME-MCO) • How are you discharged (medical. nec., goals met, complete sentence, time-limit, complete course)
Outpatient Treatment	Child & Adult MH & SUD Individuals must meet a State-Funded DMHDDSAS Benefit Plan	Federal (SAMHSA) & State (DMH)	61,348 Individuals in FY15	Community, office	DMHDDSAS / DHHS	NCGS 122C	Last Payer, limited funds through State appropriations & Federal Block Grants	\$18,807,000	<p>Entrance: Must meet entrance criteria (medical necessity) that includes a DSM-5 diagnosis and behavioral, psychological, or biological dysfunction and functional impairment which are consistent and associated with the DSM-5 diagnosis.</p> <p>Exit: the level of functioning has improved with respect to the goals outlined in the treatment plan; the individual no longer wishes to receive the service; or based on lack of improvement, another level of care has been determined to be necessary.</p>
Behavioral Health Urgent Care (a type of outpatient)	Child & Adult MH & SUD	Federal (SAMHSA) & State (DMH)	Included in Outpatient Treatment numbers	Crisis Centers, often co-located with FBC or same-day outpatient clinics	DMHDDSAS / DHHS	NCGS 122C	Last Payer, limited funds through State appropriations & Federal Block Grants	Included in Outpatient Treatment numbers	<p>Entrance: Any individual experiencing a crisis event related to mental illness, intellectual or developmental disability, or substance use disorder.</p> <p>Exit: The individual exits a BH Urgent Care Center after initial interventions have stabilized the immediate crisis, the safety of the individual and community has been assured, and linkages for ongoing services and supports have been made</p>

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Assertive Community Treatment Program (ACT)	Adult MH & MH/SUD Individuals must meet a State-Funded DMHDDSAS Benefit Plan	Federal (SAMHSA) & State (DMH)	1,302 Individuals in FY15	Community, home	DMHDDSAS / DHHS	NCGS 122C	Last Payer, limited funds through State appropriations & Federal Block Grants	\$9,411,000	<p>Entrance: Diagnosed with SPMI or co-occurring SPMI and SU, typically have an extensive hospitalization history, difficulty maintaining housing/employment, difficulties across multiple life domains, needs have not been met through lower levels of care. Medical necessity and entrance criteria must be met, typically referred by LME-MCOs, hospitals (state and private), referrals from lower levels of care when the individual continues to experience crisis/ decompensation/no treatment progress</p> <p>Exit: no longer meets medical necessity/continued stay criteria, treatment plan goals are met, individual has been able to maintain gains for a period of time, no longer authorized through LME-MCO for this level of care</p>

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Community Support Team (CST)	Adult MH & SUD Individuals must meet a State-Funded DMHDDSAS Benefit Plan	Federal (SAMHSA) & State (DMH)	1,382 Individuals in FY15	Community, home	DMHDDSAS / DHHS	NCGS 122C	Last Payer, limited funds through State appropriations & Federal Block Grants	\$2,670,000	Entrance: Diagnosed with an SMI or SPMI, individual has some difficulty in life domains, needs have not been met at lower levels of care. Also, some CST providers work with individuals with SU or MH/SU, in which case, diagnostic criteria for SU must be met. Medical necessity and entrance criteria must be met, typically referred by LME-MCOs, hospitals (state and private), referrals from lower levels of care when the individual continues to experience crisis/ Exit: no longer meets medical necessity/continued stay criteria, treatment plan goals are met, individual has been able to maintain gains for a period of time, no longer authorized through LME-MCO for this level of care, clinically requires a higher level of care.
Intensive In-Home Services	Child MH Individuals must meet a State-Funded DMHDDSAS Benefit Plan	Federal (SAMHSA) & State (DMH)	255 Individuals in FY15	Home and Community	DMHDDSAS / DHHS	NCGS 122C	Last Payer, limited funds through State appropriations & Federal Block Grants	\$1,642,000	Entrance: Youth at imminent risk of out of home placement or currently in an out of home placement and return home is imminent. The youth's risk of out of home placement is due to unmanageable mental health or substance use symptoms/behaviors at home, school, or community with history of or current high need of crisis services. Exit: The young person has 1) achieved goals and can be transitioned to a lower level of care, 2) the youth person is not making progress or is regressing and needs a higher level of care, or 3) the youth or legally responsible person no longer wish to receive the service.

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Day Treatment	Child MH Individuals must meet a State-Funded DMHDDSAS Benefit Plan	Federal (SAMHSA) & State (DMH)	38 Individuals in FY15	Licensed Facility	DMHDDSAS / DHHS	NCGS 122C	Last Payer, limited funds through State appropriations & Federal Block Grants	\$349,000	Entrance: The youth is experiencing mental health or substance use disorder symptoms ((ASAM Criteria 2.1 for substance use disorder) that severely impair functional ability in an educational setting including vocational education. Less restrictive interventions have been tried and have been unsuccessful with continued significant school disruption or significant school withdrawal. Exit: Youth has 1) achieved goals and can transition to lower level or care or appropriate educational setting, 2) youth is not making progress and a higher level of care is needed, or 3) youth or legal responsible party no longer wish to receive the service.
Partial Hospitalization	Adult & Child MH & SUD Individuals must meet a State-Funded DMHDDSAS Benefit Plan	Federal (SAMHSA) & State (DMH)	201 Individuals in FY15	Facility/type	DMHDDSAS / DHHS	NCGS 122C	Last Payer, limited funds through State appropriations & Federal Block Grants	\$289,000	Entrance: Medical necessity accessed through LME/MCO referral due to limited funds; Exit: discharge when goals met or not making progress or is regressing or client can elect not to continue.
Multi-Systemic Therapy (MST)	Child MH & SUD Individuals must meet a State-Funded DMHDDSAS Benefit Plan	Federal (SAMHSA) & State (DMH)	87 Individuals in FY15	Home, school and community	DMHDDSAS / DHHS	NCGS 122C	Last Payer, limited funds through State appropriations & Federal Block Grants	\$780,000	Entrance: Youth is at imminent risk of out of home placement or imminently returning home from out of home placement due to emotional disturbance and willful behavioral misconduct. In addition, the youth has caregiver willing to assume long-term parenting role and participate with service providers for the duration of treatment. Exit: The youth has 1) achieved 75% of goals and is discharged to a lower level of care, 2) the youth is not making progress or is regressing and requires a higher level of care, or 3) the youth or family requests discharge.

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Opioid Treatment	Adult SUD Individuals must meet a State-Funded DMHDDSAS Benefit Plan	Federal (SAMHSA) & State (DMH)	1,187 Individuals in FY15	Provided in a facility licensed under 10A NCAC 27G .3600	DMHDDSAS / DHHS	NCGS 122C	Last Payer, limited funds through State appropriations & Federal Block Grants	\$2,336,000	Entrance: Individuals must have a severe opioid use disorder and meet the ASAM Opioid Treatment Services level of care to be admitted to this service.
Psychosocial Rehabilitation Services	Adult MH & MH/SUD Individuals must meet a State-Funded DMHDDSAS Benefit Plan	Federal (SAMHSA) & State (DMH)	496 Individuals in FY15	Community, Office	DMHDDSAS / DHHS	NCGS 122C	Last Payer, limited funds through State appropriations & Federal Block Grants	\$1,829,000	Entrance: Must have a mental health diagnosis and some impairment in life roles, or need for community integration/ rehabilitation. Referrals from CST teams, outpatient providers (individuals receiving ACT cannot receive PSR, ACT is the only service exclusion), self-refer, LME-MCOs Exit: treatment plan goals are met, LME- MCO no longer authorizes for service, continued stay criteria no longer met
Substance Abuse Comprehensive Outpatient Treatment Program (SACOT)	Adult SUD Individuals must meet a State-Funded DMHDDSAS Benefit Plan	Federal (SAMHSA) & State (DMH)	823 Individuals in FY15	Provided in a facility licensed under 10A NCAC 27G .4500	DMHDDSAS / DHHS	NCGS 122C	Last Payer, limited funds through State appropriations & Federal Block Grants	\$3,155,000	Entrance: Individuals must have a substance use disorder and meet ASAM Level 2.5 criteria to be admitted to this service. Exit: the individual has achieved positive life outcomes that support stable and ongoing recovery; the individual is not making progress or is regressing and all realistic treatment options have been exhausted indicating and need for more intensive services; or the individual no longer wishes to receive the service.

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Substance Abuse Intensive Outpatient Program (SAIOP)	Child & Adult SUD Individuals must meet a State-Funded DMHDDSAS Benefit Plan	Federal (SAMHSA) & State (DMH)	5,405 Individuals in FY15	Provided in a facility licensed under 10A NCAC 27G .4400	DMHDDSAS / DHHS	NCGS 122C	Last Payer, limited funds through State appropriations & Federal Block Grants	\$10,230,000	Entrance: Individuals must have a substance use disorder and meet ASAM Level 2.1 criteria to be admitted this service. Exit: the individual has achieved positive life outcomes that support stable and ongoing recovery; the individual is not making progress or is regressing and all realistic treatment options have been exhausted indicating and need for more intensive services; or the individual no longer wishes to receive the service.
Alternative Services (such as Assertive Engagement, Peer Supports, Hospital Diversion)	Child & Adult MH & SUD Individuals must meet a State-Funded DMHDDSAS Benefit Plan	Federal (SAMHSA) & State (DMH)	7,322 Individuals in FY15	Community	DMHDDSAS / DHHS	NCGS 122C	Last Payer, limited funds through State appropriations & Federal Block Grants	\$2,491,000	Entrance: LME-MCO referral, varies by specific service Exit: varies by specific service
Long Term Vocational Support	Adult MH & SUD Individuals must meet a State-Funded DMHDDSAS Benefit Plan -	Federal (SAMHSA) & State (DMH)	182 Individuals in FY15	Community	DMHDDSAS / DHHS	NCGS 122C	Last Payer, limited funds through State appropriations & Federal Block Grants	\$156,000	Entrance: Individual has received Supported Employment services, has been placed in a job and benefits from ongoing job supports to maintain employment (this service will end when new IPS-SE for AMH/SU service definition is released). Provider referral after individual has successfully been placed in a competitive, integrated employment setting Exit: service has been titrated down, individual is stable and has natural supports in place to successfully continue competitive employment, continued stay criteria no longer met, LME-MCO no longer authorizes service

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Supported Employment	Child & Adult MH & SUD Individuals must meet a State-Funded DMHDDSAS Benefit Plan	Federal (SAMHSA) & State (DMH)	1,023 Individuals in FY15	Community, Home	DMHDDSAS / DHHS	NCGS 122C	Last Payer, limited funds through State appropriations & Federal Block Grants	\$1,680,000	Entrance: Individual has an SMI/SPMI or co-occurring MH/SU, has a goal of finding competitive work or continuing education. LME-MCO referral, DVRS referral, agency referral, self-referral Exit: employment or education goal met, individual transitions to Long Term Vocational Supports for ongoing supports
Family Living	Child & Adult MH & SUD Individuals must meet a State-Funded DMHDDSAS Benefit Plan	Federal (SAMHSA) & State (DMH)	50 Individuals in FY15	Community (home, office, school)	DMHDDSAS / DHHS	NCGS 122C	Last Payer, limited funds through State appropriations & Federal Block Grants	\$692,000	Entrance: Medical necessity accessed through LME/MCO referral due to limited funds; Exit: when goals met or not making progress or is regressing or client can elect not to continue.
Supervised Living	Adult MH & SUD Individuals must meet a State-Funded DMHDDSAS Benefit Plan	Federal (SAMHSA) & State (DMH)	Individuals in FY15	Community (home, Hoffice, school)	DMHDDSAS / DHHS	NCGS 122C	Last Payer, limited funds through State appropriations & Federal Block Grants	\$1,645,000	Entrance: Medical necessity, accessed through LME/MCO referral due to limited funds; Exit: no discharge criteria for the service - North Carolina landlord/tenant laws and conditions of the signed lease apply.
Group Living	Child & Adult MH & SUD Individuals must meet a State-Funded DMHDDSAS Benefit Plan	Federal (SAMHSA) & State (DMH)	3,615 Individuals in FY15	Provided in a facility licensed under 10A NCAC 27G .5600	DMHDDSAS / DHHS	NCGS 122C	Last Payer, limited funds through State appropriations & Federal Block Grants	\$22,820,000	Entrance: Each Group Living residential level of care, low, moderate and high, have medical necessity/entrance criteria that are inclusive of diagnosis and level of functioning and acuity. Exit: the individual has achieved positive life outcomes that support stable and ongoing recovery; the individual is not making progress or is regressing and all realistic treatment options have been exhausted indicating and need for more intensive services; or the individual no longer wishes to receive the service.

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SA Halfway House	Adult SUD Individuals must meet a State-Funded DMHDDSAS Benefit Plan	Federal (SAMHSA) & State (DMH)	160 Individuals in FY15	Provided in a facility licensed under 10A NCAC 27G .5600 (D- minors or E- Adults)	DMHDDSAS / DHHS	NCGS 122C	Last Payer, limited funds through State appropriations & Federal Block Grants	\$919,000	Entrance: Individuals must have a substance use disorder and meet ASAM Level 3.1 criteria to be admitted to this service. Exit: the individual has achieved positive life outcomes that support stable and ongoing recovery; the individual is not making progress or is regressing and all realistic treatment options have been exhausted indicating and need for more intensive services; or the individual no longer wishes to receive the service.
Detox - Social Setting	Adult SUD Individuals must meet a State-Funded DMHDDSAS Benefit Plan	Federal (SAMHSA) & State (DMH)	905 Individuals in FY15	Provided in a facility licensed under 10A NCAC 27G .3200	DMHDDSAS / DHHS	NCGS 122C	Last Payer, limited funds through State appropriations & Federal Block Grants	\$325,000	Entrance: Individuals must have a substance use disorder and meet ASAM 3.2-WM criteria to be admitted to this service. Exit: the individual continues in this level of care until withdrawal signs and symptoms are sufficiently resolved that the individual can be safely managed at a lower level of care or signs and symptoms of withdrawal have failed to respond to tx and a more intensive level of care is needed.
Facility Based Crisis Service (FBC)	Adult MH & SUD Individuals must meet a State-Funded DMHDDSAS Benefit Plan	Federal (SAMHSA) & State (DMH)	5,717 Individuals in FY15	Provided in a facility licensed under 10A NCAC 27G .5000	DMHDDSAS / DHHS	NCGS 122C	Last Payer, limited funds through State appropriations & Federal Block Grants	\$9,884,000	Entrance: Individuals must have a mental health or substance use disorder or a condition defined as IDD; meet Level D NC SNAP 9for IDD) or ASAM level 3.7-WM (For SUD); and require a clinical intervention to address a functional impairment or crisis situation as defined in the policy. Exit: the individual has achieved goals and discharge to a lower level of care is indicated or the individual is not making progress or regressing and requires a higher level of care.

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Mobile Crisis Management (MCM)	Child & Adult MH & SUD Individuals must meet a State-Funded DMHDDSAS Benefit Plan	Federal (SAMHSA) & State (DMH)	10,918 Individuals in FY15	The individual's home; least restrictive setting	DMHDDSAS / DHHS	NCGS 122C	Last Payer, limited funds through State appropriations & Federal Block Grants	\$4,391,000	Entrance: the individual or family is experiencing acute, immediate crisis and the individual or family has insufficient or severely limited resources or skills necessary to cope with the immediate crisis; or there is evidence of impairment of judgement, impulse control, cognitive or perceptual disabilities or the individual is intoxicated or in withdrawal, in need of SUD treatment and unable to access services without immediate assistance. Exit: the crisis has been stabilized and need for treatment services and supports have been assessed and linkages for appropriate services and supports have been made.
Non-Hospital Medical Detox	Adult SUD Individuals must meet a State-Funded DMHDDSAS Benefit Plan	Federal (SAMHSA) & State (DMH)	1,824 Individuals in FY15	Provided in a facility licensed under 10A NCAC 27G .3100	DMHDDSAS / DHHS	NCGS 122C	Last Payer, limited funds through State appropriations & Federal Block Grants	\$2,815,000	Entrance: Individuals must have a substance use disorder and meet ASAM Level 3.7-WM to be admitted to this service. Exit: the individual continues in this level of care until withdrawal signs and symptoms are sufficiently resolved that the individual can be safely managed at a lower level of care or signs and symptoms of withdrawal have failed to respond to tx and a more intensive level of care is needed.
Inpatient	Child & Adult MH & SUD Individuals must meet a State-Funded DMHDDSAS Benefit Plan	Federal (SAMHSA) & State (DMH)	9,491 Individuals in FY15	Facility/type	DMHDDSAS / DHHS	NCGS 122C	Last Payer, limited funds through State appropriations & Federal Block Grants	\$47,604,000	Entrance: Medical necessity, accessed through LME/MCO referral due to limited funds; Exit: discharge when goals met or client can elect not to continue.

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Prevention	Child & Adult	SAMHSA/ Center for Substance Abuse Prevention.	25% receiving services	Community, School	DMHDDSAS / DHHS	45CFR (Federal) NCGS 122C	Federal (SAMHSA) Substance Abuse Prevention and Treatment Block Grant- 20% Prevention Set-Aside	\$7,742,000 (FY14)	Community wide services are not a finite service. Services are directed to high need community environments. Entrance: School programs entrance determined by Referrals from school counselor, social workers, teachers, faith base organizations, juvenile justice, community based agencies, and parents. Exit: determined by specific programs requirements for completion.

Table 2

Service (and 2-3 sentence description)		
	Outpatient Treatment	Outpatient behavioral health services are psychiatric and biopsychosocial assessment, medication management, individual, group, and family therapies, psychotherapy for crisis, and psychological testing for eligible beneficiaries. Services focus on reducing psychiatric and behavioral symptoms in order to improve the individual's functioning in familial, social, educational, or occupational life domains.
	Behavioral Health Urgent Care	BH Urgent Care Centers provide crisis assessment, initiation of short term crisis intervention, and referral to ongoing services and supports. The individual may voluntarily use the service or may be referred to the center for an examination as part of the involuntary commitment process
	Assertive Community Treatment Program (ACT)	Most clinically intensive community based AMH service, interdisciplinary team with skills and training to work with the most clinically complex individuals (typically diagnosed with schizophrenia, schizoaffective disorder, Bipolar I or Major Depressive Disorder, Severe, with Psychotic Features). Individuals have not had needs met at a lower level of care, or a history of hospitalizations that demonstrate the need for a high level of wrap-around of care.
	Community Support Team (CST)	A team based service, usually time limited, individuals have not had their clinical needs met at lower levels of care and would benefit from more intensive, community based services
	Intensive In-Home Services	Team approach to enable youth with serious and chronic symptoms to live safely in the community. The three person team uses the following interventions as needed: individual and family therapy, substance use disorder treatment interventions, development and implementation of a home-based behavioral support plan, psychoeducation, intensive case management, and crisis management.

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	Day Treatment	Structured treatment service for youth who due to their mental health or substance use disorder are unable to benefit from participation in a traditional school or work setting. Interventions include development of social and relational skills, identification and self-management of symptoms and behaviors, monitoring of psychiatric symptoms, psycho-education/training of family, individual, group, and family counseling, and case management to support the re-integration of the youth into educational or vocational settings.
	Partial Hospitalization	PH is a short-term service for acutely mentally ill children or adults, which provides a broad range of intensive therapeutic approaches such as group activities or therapy, individual therapy, recreational therapy, community living skills or training, increases the individual's ability to relate to others and to function appropriately, coping skills, medical services. This service is designed to prevent hospitalization or to serve as an interim step for those leaving an inpatient facility.
	Multi-Systemic Therapy (MST)	Team based approach to allow youth with antisocial, aggressive and serious emotional disturbance or substance use disorder to live safely in the community. Service promotes the family's capacity to monitor and manage the beneficiary's behavior and provides structured therapeutic interventions in the areas of communication, problem- solving and behavior management across all settings and systems of the youth's life.
	Opioid Treatment	Outpatient Opioid Treatment is a service designed to offer the individual an opportunity to effect constructive changes in his lifestyle by using methadone or other drug approved by the Food and Drug Administration (FDA) for the treatment of opiate use disorder in conjunction with the provision of rehabilitation and medical services.
	Psychosocial Rehabilitation Services	Office based service, group treatment modality, clinically low level of care, focus on social skill development, community integration and skill building
	Substance Abuse Comprehensive Outpatient Treatment Program (SACOT)	Substance Abuse Comprehensive Outpatient Treatment (SACOT) program means a periodic service that is a time-limited, multi-faceted approach treatment service for adults who require structure and support to achieve and sustain recovery. This service must operate at least 20 hours per week and the individual participates in at least 4 hours of service per day. The following types of services are included in the SACOT Program: individual counseling and support; group counseling and support; family counseling, training or support; bio-chemical assays to identify recent drug use (e.g., urine drug screens); strategies for relapse prevention to include community and social support systems in treatment; life skills; crisis contingency planning; and disease management.

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	Substance Abuse Intensive Outpatient Program (SAIOP)	Substance Abuse Intensive Outpatient Program (SAIOP) means structured individual and group addiction activities and services that are provided at an outpatient program designed to assist adults and adolescents to begin recovery and learn skills for recovery maintenance. The program is offered at least 3 hours a day, at least 3 days a week. The individual must participate in services at least 3 hours per day. SAIOP services include a structured program consisting of, but not limited to, the following services: individual counseling and support; group counseling and support; family counseling, training or support; biochemical assays to identify recent drug use (e.g. urine drug screens); strategies for relapse prevention to include community and social support systems in treatment; life skills; crisis contingency planning; and disease management.
	Alternative Services such as Assertive Engagement, Peer Supports	Differs by service; these are specific to the LME-MCO.
	Long Term Vocational Support	A less intense supported employment services, intended to provide on-going job supports once an individual has found and maintained competitive employment for a period of time. Service should be flexible, based on the individual's need and titrate down as natural and community supports are developed
	Supported Employment	IPS-SE is an evidence based practice for individuals with MH/SU that have employment and/or education goals. The focus is on rapid job search, zero exclusion to service access, and honoring personal preferences during the job search.
	Family Living	Low Intensity is a residential service which includes room and board and provides "family style" supervision and monitoring of daily activities. Individuals live with a family who act as providers of supportive services. The service providers are supported by the professional staff of the area program or the contract agency with ongoing consultation and education to the service providers in their own homes.
	Supervised Living	"Supervised Living" is typically provided in individual apartments, sometimes clustered in small developments that may, or may not have an apartment manager on site during regularly scheduled hours. This is the least restrictive residential service which includes room and periodic support care. These apartments are the individual's home, and they are not licensed facilities. A service should be considered as Supervised Living when some (or all) of the rent subsidy of the client, or other operating expenses of the household, is paid for out of the area program operating budget.

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	Group Living	There are 3 different Group Living Levels of Care: Group Living-Low Intensity is care (room & board included) provided in a home-like environment to five or more clients. Supervision and therapeutic intervention are limited to sleeping time, home living skills and leisure time activities. This service provides support and supervision in a home environment to enable the resident to participate in community activities, social interactions in the home, and participate in treatment/habilitation/rehabilitation services. Group Living-Moderate Intensity is a 24-Hour service that includes a greater degree of supervision and therapeutic intervention for the residents because of the degree of their dependence or the severity of their disability. The care (including room and board), that is provided, includes individualized therapeutic or rehabilitative programming designed to supplement day treatment services which are provided in another setting. Group Living-High Intensity is a 24-Hour service (including room and board) that includes a significant amount of individualized therapeutic or rehabilitative programming as a part of the residential placement. The clients can receive day treatment services either on-site or off-site; but, the day and residential programming is highly integrated.
	SA Halfway House	Clinically managed low intensity residential services are provided in a 24 hour facility where the primary purpose of these services is the rehabilitation of individuals who have a substance use disorder and who require supervision in the residence. Individuals receiving this service attend work and/or school, and substance use disorder treatment services.
	SA Medically Monitored Community Residential Treatment	Substance Abuse Medically Monitored Residential Treatment is a non-hospital rehabilitation facility for adults, with 24-hour a day medical or nursing monitoring, where a planned program for professionally directed evaluation, care and treatment for the restoration of functioning for individuals with substance use disorders.
	Detox - Social Setting	Social setting detoxification is an organized service that is delivered by appropriately trained staff, who provide 24 hour supervision, observation and support for individuals who are intoxicated or experiencing withdrawal symptoms that require 24 hour structure and support. This service is characterized by its emphasis on peer and social support.
	Facility Based Crisis Service	This service provides an alternative to hospitalization for adults who have a mental illness or substance use disorder. This is a 24 hour residential facility that provides support and crisis services in a community setting. The service may be provided in a non-hospital setting for individuals in crisis who need short term intensive evaluation, treatment intervention or behavioral management to stabilize acute or crisis situations.
	Mobile Crisis Management	MCM involves all supports, services and treatment necessary to provide integrated crisis response, crisis stabilization, and crisis prevention activities. Services are available 24/7/365. Crisis response provides an immediate evaluation, triage and access to acute IDD, MH or SUD services, treatment and supports to effect symptom reduction, harm reduction or to safely transition individuals in acute crises to appropriate crises stabilization or detoxification services and supports.

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	Non-Hospital Medical Detox	Non-Hospital Medical Detoxification is an organized service delivered by medical and nursing professionals, which provides for 24-hour medically supervised evaluation and withdrawal management in a facility affiliated with a hospital or in a freestanding facility. Services are delivered under a defined set of physician-approved policies and physician-monitored procedures and clinical protocols.
	Inpatient	Inpatient Behavioral Health Services provide hospital treatment in a hospital setting 24 hours a day. Supportive nursing and medical care are provided under the supervision of a psychiatrist or a physician. This service is designed to provide continuous treatment for beneficiaries with acute psychiatric or substance use problems.
	Prevention	Primary prevention programs directed at individuals who have not been determined to require treatment for substance abuse. Comprehensive prevention programs includes activities and services provided in a variety of settings, target both general population and sub-groups that are at high risk for substance use (LGBTQ, African Americans, children of substance using parents). Services include Information dissemination, Evidence-Based Programs, Drug-Free Alternatives, Problem ID and Referral to Treatment, Community based Process and Environmental Strategies. The Institute of Medicine Model of Universal, Selective and Indicated to reach target populations with different levels of risk.
Key Terms (and definition)		