Program Description:

The Detoxification Program at our Adult Addictions Receiving Facility is designed to ensure that our clients are provided with the safest process for the physical and emotional crisis of withdrawal from alcohol and drug dependency. Stabilization, assessment, supportive counseling, educational and recreational activities, discussion groups, and case management/discharge planning provide a foundation for further treatment after discharge. The Detoxification Program occurs in our locked 30 bed Adult Addictions Receiving Facility. We accept voluntary and involuntary adults age 18 and older who are suffering from alcohol and/or drug dependency/addiction. Clients who are admitted receive a medical evaluation and follow a prescribed detoxification regimen directed by a licensed physician.

What is Detoxification?

Detoxification is the process of ridding the body of alcohol and other substances. Medical detoxification reduces the dangers that can result from abruptly discontinuing the use of these toxic chemicals.

Program Philosophy:

The Addictions Receiving Facility/Detoxification Unit views addiction as a primary, progressive, but treatable disease that affects not only the individuals who are chemically dependant but also their families and significant others as well as the communities in which they live. As with other illnesses, addiction requires specialized and individualized intervention and treatment. This treatment is multidisciplinary and addresses each area of the client’s life. The main focus of the Unit’s services is to provide the stepping stones necessary for on-going recovery, safe supervised withdrawal, and referral for continuing care along with education and counseling.

In addition, the Addiction Receiving Facility staff recognizes the link between substance abuse and mental health disorders, how common they are, the multiple problems they create, and the impact they have on treatment and treatment outcomes. First Step’s Addictions Receiving Facility/Detoxification Unit welcomes persons with both mental health and substance abuse disorders, and does not exclude persons with active symptoms of severe and persistent mental illness, unless the symptoms pose a clear and convincing safety issue to clients and staff on the unit.

Program Goals and Objectives:

- Provide clients with a safe, prescribed detoxification regimen directed by a licensed physician
- Educate clients and family members about the diseases of alcoholism and drug dependency
- Recognize and address denial and minimization of substance abuse
• Emphasize the importance and significance of the 12-step recovery philosophy
• Promote relapse prevention
• Provide the first step in the recovery process
• Explore and assist with on-going recovery support services following discharge
• Encourage family support and recovery
• Increase functional status of clients served
• Improve family and other interpersonal relationships
• Maintain a standard of excellence in the provision of services to our clients and community
• Consistently attain high client satisfaction ratings
• Ongoing evaluation of changing needs based on client input to continually improve service provision
• Successful completion of program by clients served

History of Program/Justification/Identification of The Need for Services Offered:

The Detoxification Unit originally began serving our community in 1976 based on the identified need for the support and safe detoxification of clients with an alcohol and/or drug dependency/addiction. The unit relocated to its current location in 1999. A consistent and continuing review of services has been completed and is updated as needed to support the developing needs of the community and those clients we are privileged to serve. The Addictions Receiving Facility, with increased capacity and a locked Detoxification Unit, was opened in August of 2006 to further address the needs of the community.

Types of Services Offered:

The Addictions Receiving Facility/Detoxification Unit has 30 beds in a locked, secured facility. These 30 beds are filled based on individual assessments. Services provided are consistent with generally accepted standards of practice for detoxification programs. The unit offers detoxification from opiates, alcohol, cocaine, benzodiazepines, amphetamines, and methamphetamine dependency/addiction. The unit does offer detoxification from street purchased methadone based on an individual assessment to determine amount of use, length of use, medical history of client and other factors. The unit shares a contract with Operation PAR in Manatee County for those clients who are on prescribed Methadone protocols with Operation PAR and are in need of detoxification from other substances. The Detox Unit DOES NOT detox from marijuana only. Most clients require a 3 to 5 day stay; however, each client is assessed on an individual basis to determine the length of time needed for the safe completion of detoxification. The Unit accepts voluntary clients and involuntary clients who present under the Marchman Act.

The unit also provides individual and group counseling, educational groups, videos and structured activities for clients and a comprehensive discharge plan. Clients participate according to their physical condition. Supportive counseling is provided for all clients on the unit. This counseling is provided by case management staff, counselors, therapists and counseling interns. All members of the team play a vital role in discharge planning to ensure each client has a plan for continued support after the initial detox period.

The Court Liaison for Marchman Act Services is knowledgeable in the current principles and practices of the Marchman Act and provides consultation and training as needed to staff members, family members, and other community stakeholders. The Court Liaison works closely
with treatment team members to ensure the timely completion and filing of all necessary Court
documents for involuntary clients.

**Admission and Exclusionary Criteria:**

No person shall be excluded from participation in, be denied the benefits of, or be
subjected to discrimination on the basis of age, race, religion, national origin, ethnicity, creed,
sex, sexual orientation, veteran status, disability, socioeconomic status, psychotropic medication
history, or ability to pay.

The medical physician ensures that admissions are determined by established criteria and
within the safe management capability of the unit. The following is a list of conditions
considered unsafe for our facility: active suicidal/ homicidal ideation which is unrelated to
substance abuse impairment, violent/criminal behavior, esophageal varices, recent cardiovascular
surgery, acute pancreatitis, brittle diabetes, liver failure, kidney failure, signs of encephalopathy,
GI bleeding, chest pain, respiratory distress, hypertension exceeding 170/110, acute hepatitis, or
a patient requiring IV therapy or dialysis. Other conditions will be reviewed on an individual
basis. High priority is given to pregnant females in need of detoxification; however, those
females with opiate addiction/dependency will be referred to Operation PAR to ensure safe care
for themselves and their unborn infants.

The clients must bring their prescribed medications with them when presenting for an
admission assessment. The detox unit has a limited formulary with medications prescribed to
provide a safe medical detoxification regime for each individual client. Medications must be in
original bottles, not expired, and be sufficient for the expected length of detox. Sample packets
are appropriate only when accompanied by a physician order. If clients are planning to be
admitted into extended stay programs with First Step, they must have sufficient amounts of
medications for the planned stay, or available prescription refills.

The detox client is expected to perform all activities of daily living. Clients needing help
with toileting, showering, eating or dressing will be assessed on a case by case basis.

**Special Populations Served:**

Persons with active symptoms of severe and persistent mental illness and active
substance use histories are not routinely excluded from admission and are welcomed for
admission to the Addictions Receiving Facility/Detoxification Unit. Persons are not excluded
from admission to the unit based on their psychotropic medication history or current medication
regimen, with limited exceptions. Clients will be asked to communicate their desire to enter the
detoxification program with the professional providing their psychiatric care. The Professional
is required to provide information stating that the prospective client is stable on their current
medications and is capable of participating in the detoxification program. Our Addictions
Receiving Facility/Detoxification Unit consistently communicates with other service providers,
encouraging client’s reconnection/continuity with long term care providers. Some psychiatric
medications are not appropriate for use in detox and/or residential programs and will be
discussed with the client prior to admission. In this situation, proper communication with the
psychiatric professional will allow the client to be placed on appropriate medications to ensure
his/her ability to participate in a safe detox. If the guidelines discussed cannot be met, the client
will be referred to a more appropriate facility to ensure the safety of the client.

Elderly clients will be assessed on an individual basis to determine medical history,
medical needs, ability to perform activities of daily living, and appropriateness for the unit.
Population Served and Treatment Capacity/Census:

The Addictions Receiving Facility/Detoxification Unit has 30 beds and accepts adults age 18 and older who are suffering from alcohol and/or drug addiction/dependency and who meet the established admission criteria for the unit.

Location of Program:

The Addictions Receiving Facility/Detoxification Unit is located at 1726 18th Street, Sarasota, Florida 34234.

Unit Personnel and Other Resources:

A licensed medical physician serves as the medical director of the unit. The Medical Director is a Diplomat of the American Board of Psychiatry and Neurology, Inc. and has over 10 years of experience in Psychiatry and Addictions Medicine. A physician or his designee such as an ARNP, or PA is on the unit daily to assess clients and on call 24 hours a day. A medical history and brief physical are completed on each client admitted to the unit. The Unit Director is a licensed Registered Nurse who is on call 24 hours daily to address any client and staff issues. Licensed nurses and substance abuse technicians are present at the unit 24 hours daily. There is a member of the clinical staff on the unit from 7am to 11pm and on call from 11pm to 7am. The Addictions Receiving Facility/ Detoxification Unit clinical staff includes a Clinical Director who is a Licensed Mental Health Counselor and Certified Addictions Professional, a Master’s level Clinical Program Coordinator, two full-time Bachelor level counselors, two part-time Bachelor level counselors, and one full-time Bachelor level Case Manager. Clinical personnel have specialized training/expertise and/or professional backgrounds in mental health and substance abuse disorders. All staff members participate in continuing education in areas of substance abuse and mental health disorders. Other staff members who play a vital roll in the unit include a Bachelor level Court Liaison, admissions/screening staff, an insurance representative, and 12 step volunteers. The physicians, director, nurses, counselors, technicians, court liaison, case manager and other professionals work together as a multi-disciplinary team to ensure a successful first step toward recovery. The unit also utilizes other First Step of Sarasota programs and community programs and agencies to provide the best possible service to its clients.

Additional information:

Visitors are not allowed on the Detox Unit to ensure the privacy of the clients. Foul language, offensive gestures, and glamorizing drug use (war stories) are not tolerated. Verbal or physical abuse to a staff member or another client, possession of substances, or non-adherence to the rules of the unit may result in an administrative discharge.

In an effort to complete a more comfortable, holistic approach to the detoxification process, the unit is sugar and caffeine-free. We believe that the absence of these products delivers a healthier detox and helps reduce cravings. Clients are provided with healthy, nutritious meals and snacks. Clients are not allowed to bring any food in with them and are limited in what they may have at their bedside. While at the unit, clients wear agency scrubs and may have only underwear, socks, shoes, and a sweater or jacket in their rooms. Reading materials may include spiritual books, 12-step program related information, and self-help books (with staff approval). Clients may have cigarettes and quarters for phone calls. No make up, cosmetics, colognes or
jewelry other than wedding rings or watches are permitted. The Unit will supply any necessary toiletries that the client does not have available. Glasses or contacts are allowed at the bedside.

Medical Director:  David Panting, MD

Director of Nursing:  Elaine Charyn, BS, RN, C

Phone:  (941) 366-5333 ext.1005
First Step of Sarasota, Inc.
Detoxification Unit/Addictions Receiving Facility
Admission and Exclusion Criteria

First Step of Sarasota, Inc. accepts clients presenting for Detoxification services on a voluntary or involuntary basis. Clients will be admitted on the basis of medical need and appropriateness, regardless of ability to pay. First Step admits individuals without regard to race, creed, color, sex, or sexual orientation.

Admission Criteria:

Persons may be referred to the Detoxification Unit/Addictions Receiving Facility for Screening and possible admission from one of the following sources:

A. Law Enforcement officers who feel a person is impaired or incapacitated due to the use of alcohol or other drugs.

B. An order by the court due to evidence that a person is dangerous to himself/herself or others because of the use of alcohol or other drugs and is in need of evaluation for alcohol or other drug impairment or treatment.

C. An emergency admission by means of a physician’s certificate/order.

D. The individual may voluntarily admit himself/herself.

To be accepted for admission to the Detoxification Unit/Addiction’s receiving Facility, the client must:

A. Be at least 18 years old or older.

B. Have been accepted through the screening process.

C. Be impaired or incapacitated as a consequence of the abuse of alcohol or other drugs, with such impairment and incapacity being evidenced by dysfunctional behavior or lack of proper judgment to the extent of not appreciating his/her need for care; and one of the following:

   a. Persons who are impaired or incapacitated from the use of alcohol or other drugs to the extent that they display behavior that indicated neglect or harm to themselves or others.

   b. He/she refuses to receive voluntary substance abuse services due to his/her judgment being so impaired by reason of substance abuse that she/she is incapable of appreciating his/her need for services and of making a rational decision regarding his/her need for services.

Individuals who do not meet the criteria for admission to the Adult Detoxification Unit/Addictions Receiving Facility are referred to other programs in the community that can more appropriately meet the individual’s needs.
Admission Priority:

Admission shall be prioritized accordingly:

1. Pregnant, Injecting Drug Users
2. Other Pregnant Substance abusers or Parenting Women
3. Injecting Drug Users
4. Co-Occurring Mental Health and Substance Abuse Disorders
5. Homeless
6. Under protective services
7. Any court-ordered offender who is charged with or convicted of a crime
8. All others meeting the Adult Addiction Receiving Facility admission criteria

Exclusionary Criteria:

The following criteria shall be used to exclude persons from admission to the Detoxification Unit/Addictions Receiving Facility.

1. Persons incapacitated to the extent of being comatose or requiring emergency medical services. Persons who are not self-ambulatory will be taken to the Emergency Room of a hospital prior to being considered for admissions to the Detoxification Unit/ARF.
2. Persons requiring medical attention due to symptoms other than those resulting from intoxications or withdrawal. Persons with an alcohol level of greater than .3.
3. Persons who display overt behaviors which cannot be safely managed within the Detoxification Unit/ARF and which may include:
   a. Homicidal behaviors not related to the abuse of alcohol or other drugs;
   b. Suicide behaviors not related to the abuse of alcohol or other drug.
4. Hypertension – Clients with elevated blood pressure which the admitting physician believes is related to uncontrolled hypertension, may not be appropriate for management on the Detoxification Unit/ARF.
5. Diabetes – Which is untreatable or out of control (as determined by Accuchek). Blood sugar readings of 400 and above may preclude admission.
6. Wounds that require more than a dry dressing or wounds which require intensive daily treatment due to their size or location, or a sterile field.

7. Infections requiring treatment including, but not limited to, Pneumonia, Pulmonary Infiltrates, Phlebitis, Active Tuberculosis, Severe Urinary Tract Infections, Severe Gynecological Infections, Gangrene or elevated temperatures of unknown etiology (>101 degrees), accompanied by acute symptomatology.
   a. Individuals with an active infectious process which requires any type of isolation and whose treatment and/or management is unable to prevent the cross contamination of other Detoxification/ARF clients.
   b. Individuals who are unable to maintain integrity of bodily eliminations or incontinent or urine/feces as related to disease/infections transmitted via blood and body fluids.

8. Broken bones requiring physical therapy of which requires total bed rest (non-ambulatory). Major fractures are considered for admission on a case-by-case basis.

9. Cardiac disease where oxygen or assist type of equipment is needed.

10. Receiving any IV fluids or requiring catheters (excluding self care catheter).

11. Seizure clients who have not been taking anticonvulsant medication and have positive recent seizure history (within past week and active seizures). Individuals will be appropriate for admission when therapeutic levels of the appropriate anticonvulsant medication are documented. Admission for “status epilepticus” will be appropriate until seizure free for one week.


13. Client requiring kidney dialysis.

14. Clients with recent significant head trauma (within the past two weeks). The RN will perform a neurological assessment. If findings suggest injury, client will be required to have a medical clearance. Client must have a documented physician’s Neurological exam, which rules out neurological/organic origins of psychiatric symptomatology.

15. Clients demonstrating acute signs and symptoms of severe withdrawal that would require emergency medical care.

16. Pregnant females with complications, or with no prior prenatal care, will be required to have a medical clearance prior to admission.

17. Clients whose conditions require bed rails, adjustable hospital beds or are unable to ambulate. Clients with paralysis who require tub baths. Individuals who are unable to ambulate without assistance or who require crutched, walker, or canes will be evaluated on an individual case-by-case basis by admissions staff.
Admissions Decisions:

Collaboratively, the admissions nurse, the RN, and the clinical staff make a determination regarding the individual’s appropriateness for admission, including if the individual could be better served in a less restrictive setting.

Stabilization and Detoxification: Following the nursing physical screen, and in those cases where medical emergency services are unnecessary, the client shall be stabilized in accordance with the presenting condition. Detoxification shall be initiated if this course of action is determined to be necessary.

When an individual is determined to be inappropriate for admission, it is the responsibility of the Detoxification/ARF admitting staff to first obtain the signed consent for release of information, and then, if the referring agent is not present, to attempt to contact the referral source to discuss the circumstances and assist in arranging for alternative interventions. When the Detoxification/ARRF staff member is unable to reach the referral source, or if self-referred, the staff member will provide assistance in referring the individual to other appropriate services.

Detoxification/ARF admitting staff must then, within one working day, provide written notice to the referring agent of the basis for refusal to admit and documentation of the efforts made to contact the referral source and to assist the individual in gaining access to more appropriate services.

Note: Court-Ordered individuals must be medically screened, but not be clinically screened for admissions.

Once the individual has been determined appropriate for admission he/she can continue with the admission process.

Drug Specific Guideline:

1. Alcohol:
   
i. The client is assessed for history of alcohol abuse, medical history, withdrawal history, and current medical symptoms. Average length of stay is 3-5 days.

2. Sedative hypnotics / Benzodiazepines:
   
i. The use of benzodiazepines above the therapeutic range for more than a month produces physical dependence. Withdrawal can be severe and like threatening. Examples of this category are Xanax, Ativan, Librium, Valium, and Restoril.
   
   a. Sedatives with other mind altering drugs produce a risk of withdrawal of a more moderate nature.
   
   b. Sedatives used with alcohol produce lethargy due to intoxications with alcohol and may produce severe withdrawal. Average length of stay is 7-10 days.
3. Narcotic Analgesics/Opiates:
   i. Use of opiates daily for more than 2 weeks produces physical dependence. Examples of these drugs are Demerol, Percodan, Codeine, Oxycontin, and Dilaudid. Average length of stay is 7-10 days.

4. Stimulants:
   i. Symptoms include agitation, paranoia, depression and poor impulse control. Examples of these drugs are Ritalin and Dexedrine. Average length of stay is 5-7 days.

5. Cocaine:
   i. Person presenting are often lethargic, irritable, and paranoid. They often have not eaten regularly in days. Average length of stay is 3-5 days.
Demographics of Patient Population

1. We admit approximately 1700-1800 clients per fiscal year.

2. Of those admissions, approximately 55% are re-admissions, and approximately 45% are new admissions.

3. Of those admissions, approximately 67% are male, and 33% are female.

4. Of those admissions, the following breakdown in age is provided below:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>FY 07-08</th>
<th>FY 08-09 (7/1/08-2/28/09)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-20</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>21-29</td>
<td>23%</td>
<td>24%</td>
</tr>
<tr>
<td>30-39</td>
<td>19%</td>
<td>20%</td>
</tr>
<tr>
<td>40-49</td>
<td>31%</td>
<td>28%</td>
</tr>
<tr>
<td>50-59</td>
<td>16%</td>
<td>18%</td>
</tr>
<tr>
<td>60+</td>
<td>4%</td>
<td>3%</td>
</tr>
</tbody>
</table>

5. Of those admissions, approximately 62% are white males, approximately 31% are white females, approximately 4% are black males, and approximately 1% are black females. Additionally, we have admitted less than 1% each of Native Americans, Asians, Native Hawaiians, and multi-racial individuals.

6. Of those admissions, approximately 1-2% report an Hispanic heritage.

7. Of those admissions, approximately 96% report 0-8 years of education.

8. Of those admissions, approximately 15% report full-time employment, 8% report part-time employment, 7% report being disabled, approximately 3% report being retired, and approximately 2% report being students. Those individuals who reported being unemployed increased from 57% during FY 07-08 to 68% thus far into FY 08-09.

9. The following breakdown in primary substance abuse problem at admission is reported:

<table>
<thead>
<tr>
<th>Substance</th>
<th>FY 07-08</th>
<th>FY 08-09 (7/1/08-2/28/09)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>~56%</td>
<td>~55%</td>
</tr>
<tr>
<td>Crack/Cocaine</td>
<td>~10%</td>
<td>Crack/Cocaine ~ 6%</td>
</tr>
<tr>
<td>Oxycodone</td>
<td>~12%</td>
<td>Oxycodone ~23%</td>
</tr>
<tr>
<td>Benzodiazep.</td>
<td>~ 3%</td>
<td>Benzodiazep. ~ 2%</td>
</tr>
<tr>
<td>Heroin</td>
<td>~ 6%</td>
<td>Heroin ~ 3%</td>
</tr>
<tr>
<td>Methadone</td>
<td>~ 3%</td>
<td>Methadone ~ 3%</td>
</tr>
<tr>
<td>Other Opiates</td>
<td>~ 9%</td>
<td>Other Opiates ~ 5%</td>
</tr>
</tbody>
</table>