

DEPARTMENT OF SOCIAL SERVICES

DIVISION OF BEHAVIORAL HEALTH

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**STATE OF SOUTH DAKOTA
DEPARTMENT OF SOCIAL SERVICES
METHAMPHETAMINE TREATMENT PROGRAM**

PROGRAM AGREEMENT

There are 4 phases to the program:

Phase One-Stabilization: Initial and ongoing assessment in a medically monitored detoxification setting. The length of this phase is based on individual need under the direction of medical personnel, but usually lasts less than a week. Physicians, Nursing and Mental Health Staff, and Chemical Dependency Counselors will comprise the clinical care team during Phase I. If a client is admitted and is not experiencing withdrawal, he/she must be moved into Phase II within 3 working days. This phase will be at Keystone Treatment Center in Canton and funded by the Division of Alcohol and Drug Abuse.

Phase Two-Intensive Treatment: A medically monitored residential methamphetamine specific treatment program. This phase includes individual and family therapy. Offenders will be assigned a mentor who will work directly with them for the remainder of the **year long** continuum of care. Although some standard chemical dependency treatment approaches including education, individual, group, and family therapy will be used; other medical, behavioral, and mental health interventions will also be applied as indicated and appropriate. Physicians, Nursing and Mental Health Staff and Chemical Dependency Counselors will comprise the clinical care team during Phase II. This phase will be at Keystone Treatment Center in Canton and funded by the Division of Alcohol and Drug Abuse. Phase I and II are 30 days total.

Phase Three-Structured Living: After successful completion of phase II, each individual **will** be admitted to a high intensity residential stay facility (Half-Way House or Community Transition Program). This phase will last 90 days and will include a 6-8 week Intensive Outpatient Treatment Program (IOP), followed by continuing care services. Physicians, Nursing and Mental Health Staff and Chemical Dependency Counselors will comprise the clinical care team during Phase III. Continued work on primary chemical dependency issues, attendance at appropriate social support networks and/or 12 step programs, continued mental health care, life skills training and work therapy would be included in the care plan during this phase. This phase may take place at more than one facility. Clients may reside in a Half-Way House; attend Intensive Outpatient Treatment at another treatment facility, then go to aftercare at another facility. The first 90 days of housing and a maximum of \$1240 for IOP are funded by the Division. **The Client will be responsible for any housing costs above the \$40 per day that the Division funds. Weekly Continuing Care sessions for the remainder of the year are the responsibility of the client.**

Phase Four-Community Placement: Return to the home community and link with existing community resources, local Methamphetamine Coalitions and remain in contact with the mentor for the remainder of the year long continuum of care. Individuals will be linked to the existing Methamphetamine Awareness and Prevention Project (currently funded through the Department of Justice, COPS Program) and admitted to a continuing care program in a community chemical dependency agency. Methamphetamine Awareness and Prevention Professionals and Chemical Dependency Counselors will comprise the clinical care team during Phase IV. Continued work on ongoing chemical dependency issues, attendance at appropriate social support networks and/or 12 step programs, and continued mental health care would be included in the care plan during this phase. **Weekly Continuing Care sessions for the remainder of the year are the responsibility of the client.**

I, _____, understand there are 4 Phases to the Correctional Methamphetamine Program. I agree to the terms listed above, as well as other terms placed on me by my Parole Agent, Court Services Officer, Judge, or other individual that referred me to this program.

*****You will be responsible for a portion of the cost of treatment if you do not complete all phases of the program.**

Client Signature

Date

Witness Signature

Date

Please fax this form to Barb Shoup-Anderson at 773-7076 or scan and email it to Barbara.ShoupAnderson@state.sd.us

Your bed date **will not** be reserved at Keystone until this form is signed and faxed/emailed.