INSERT · FOR PHYSICIANS, PRESCRIBERS AND CLINICIANS

Referring a Patient or Client

Level of care

House Shalom provides **ASAM Level 2.1** (intensive outpatient, 9 hours a week across three 3-hour sessions) and **ASAM Level 1.0** (outpatient aftercare) for adults 18+ and adolescents 13–17 in separate tracks. Placement is set by our ASAM six-dimension assessment, scheduled within 24 hours of referral. All services are in person.

GOOD FIT	CALL FIRST, OR REFER TO A HIGHER LEVEL
SUD diagnosis, or strong indication for assessment	Needs medically managed withdrawal
Medically stable, low withdrawal risk	Active psychosis
Stepping down from residential, inpatient or partial hospital	Suicidal ideation that needs inpatient care
Stable co-occurring mental health conditions	Medical condition requiring a higher level of care
On medication for addiction treatment, or considering it	

Medication for addiction treatment

- Patients on buprenorphine, methadone, naltrexone, acamprosate, disulfiram or any other prescribed medication are admitted, treated and graduated on the same terms as everyone else. **We never require, encourage or pressure a taper.** Abstinence language in our program never includes prescribed medication.
- With a Part 2 consent naming you, the counselor contacts the prescriber or OTP within five business days of admission and as needed after that.
- Group schedules accommodate dosing windows. A client is never marked absent for a dosing appointment.
- We don't prescribe or manage medication. Dosing questions are always routed back to you.
- For patients with opioid or alcohol use disorder who aren't on medication, we provide education on options without pressure and refer to a prescriber at the patient's request.
- Naloxone and fentanyl test strips are offered at admission and discharge to every client with an opioid history, along with overdose education.

Co-occurring care

Mental health treatment for an enrolled client is provided by licensed mental health clinicians at The Becoming Agency, with its own diagnosis, treatment plan and notes, alongside the SUD program. Substance use counselors address co-occurring concerns only as they bear on the SUD treatment plan.

Clinical approach

Cognitive behavioral therapy is the named evidence-based practice, used at the level of core beliefs, alongside attachment theory, schema-informed work, Erikson's developmental framework and social cognitive theory. The program is trauma-informed: adverse childhood experiences are screened at intake, and trauma memories are processed in individual sessions, not in group.

Measurement

DOMAIN	ADULTS	TEENS
Depression · anxiety	PHQ-9 · GAD-7	PHQ-A · GAD-7
SUD screening and placement	ASAM six dimensions	CRAFFT 2.1 · ASAM adolescent criteria
Adversity · attachment	ACE · ECR-S	ACE · ECR-S
Mentalization · self-efficacy	RFQ-8 · BSCQ	RFQ-Y · BSCQ
Shame and guilt	TOSCA-3 short form	TOSCA-A

Administered at intake, at each level-of-care change, and at discharge, with a weekly self-rating and a separate risk line. Suicide risk is screened at intake and as indicated.

Closing the loop

We can't confirm that a referred person was seen without a signed Part 2 release naming you. We invite every referred client to sign one at intake. With it, we send what the release allows: admission, level of care, coordination notes, and the discharge summary.

To refer: call or text (605) 453-6764 · fax (605) 401-4086 · HouseShalom@thebecomingagency.com (encrypted email for patient information) · House Shalom, The Becoming Agency, 3409 W. 47th Street, Suite 102, Sioux Falls, SD 57106 · Clinical Director: Dr. Joshua S. Duncan, PhD, LPC-MH, QMHP, LAC · Agency NPI 1952088890 · SD Medicaid 6575280