

LEVEL 2.1 INTENSIVE OUTPATIENT SERVICES BY SERVICE CHARACTERISTICS

Level 2.1 intensive outpatient programs (IOP) for adults generally provide 9 – 19 hours of structured professionally directed programming per week. The program of services consists primarily of counseling and education about addiction-related and mental health problems. The patient's needs for psychiatric and medical services are addressed through consultation and referral arrangements if the patient is stable and requires only maintenance monitoring of these conditions.

I SETTING (1 sub-service characteristic)

Level 2.1 programs may be offered in any appropriate setting that meets state licensure or certification criteria.

I.1 Level 2.1 services may be offered in any appropriate setting that meets state licensure or certification criteria (*The ASAM Criteria, p 198*).

This level of service and the array of settings in which it is offered provides maximum flexibility to meet the treatment needs of patients at different stages of an SUD. Level 2.1 services, for example, may be appropriate as the initial level of care for a patient whose severity of illness and level of functioning warrants this intensity; it may represent a “step down” from a more intensive level of care (Levels 3.5, 3.7 and Level 4) for a patient whose progress warrants such a transfer; and it may represent a “step up” for a patient who requires additional structured programming to stabilize addiction and mental health problems.

I. Setting

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I.1. May be offered in any appropriate setting that meets state licensure or certification criteria.

GOAL: Provides maximum flexibility to meet the treatment needs of patients at different stages of an SUD.

II. SUPPORT SYSTEMS (3 sub-service characteristics)

The support system standards address those services which need to be readily available to the program through affiliation or contract. Support systems provide services, beyond the capacity of the staff of the program, but augment existing services or help meet individual patient needs.

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II.1. Medical, psychiatric, psychological, laboratory, and toxicology services, are available on-site or through consultation or referral. Medical and psychiatric consultation is available within 24 hours by telephone and within 72 hours in person.

II.2. Emergency services are available by telephone 24 hours a day, 7 days a week when the treatment program is not in session.

II.3. Direct affiliation with (or close coordination through referral to) more and less intensive levels of care and supportive housing.

GOAL: Provide services beyond the capacity of the staff of the program, but augment existing services or help meet individual patient needs.

II.1 Medical, psychiatric, psychological, laboratory, and toxicology services, are available on-site or through consultation or referral. Medical and psychiatric consultation is available within 24 hours by telephone and within 72 hours in person (*The ASAM Criteria, p 198*).

Level 2.1 programs provide a comprehensive, structured and integrated treatment service for patients at this level of intensity. Experience shows that patients routinely present with complex co-occurring mental health and medical conditions which are better met by an integrated service model.

II.2 Emergency services are available by telephone 24 hours a day, 7 days a week when the treatment program is not in session (*The ASAM Criteria, p 198*).

Level 2.1 programs make emergency and crisis services for patients available by telephone 24 hours a day, 7 days a week to assist in stabilizing crisis situations and maintain the patient in Level 2.1 services.

II.3 Direct affiliation with (or close coordination through referral to) more and less intensive levels of care and supportive housing (*The ASAM Criteria, p 198*).

Level 2.1 should be viewed in the context of a large network of LoCs that can meet the needs of patients at varying stages of treatment. The program should establish relationships with providers to permit smooth, ideally seamless transitions between levels, according to patient status as determined by the ASAM Criteria. Patients in Level 2.1 can benefit from supportive housing to provide a stable recovery environment that complements the treatment service.

III. STAFF (2 sub-service characteristics)

Level 2.1 ASAM staff standards address the composition and competencies of professionals on the staff of the program

III.1 Level 2.1 programs are staffed by an interdisciplinary team of appropriately credentialed addiction treatment professionals including addiction counselors, psychologists, social workers, and addiction-credentialed physicians who assess and treat substance use and other addictive disorders (*The ASAM Criteria, p. 198 - 199*).

Level 2.1 intensive outpatient services are best delivered by clinicians with the education, training and expertise to intervene using empirically based clinical services with the support and involvement of a licensed medical practitioner. Level 2.1 clinicians work as a team delivering services in multiple modalities (individual, group and couples counseling; educational groups, and expressive arts).

III.2 Generalist physicians may be involved in providing general medical evaluations (physical exams) and concurrent/integrated general medical care (eg, services for hepatitis, HIV, tuberculosis, or other co-occurring infectious diseases) during the provision of Level 2.1 intensive outpatient services (*The ASAM Criteria, p. 199*).

Level 2.1 programs are designed to provide comprehensive and integrated addiction and medical care at this level of intensity. Since patients are available between 9 and 16 hours per week for clinical activities, providing general medical care for co-occurring physical conditions during that period of time is considered essential.

IV. THERAPIES (4 sub-service characteristics)

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GOAL: Provide treatment from an interdisciplinary, appropriately credentialed addiction treatment staff between 9 and 16 hours per week.

therapies must be provided to each person served, but the program should have the capacity to provide each of these as needed.

IV.1 Level 2.1 services include, at a minimum, 9 hours per week of skilled treatment services. Such services may include individual and group counseling, medication management, family therapy, educational groups, occupational and recreational therapy, and other therapies (e.g. art therapy, movement therapy).

Such services are provided in an amount, frequency, and intensity appropriate to the objective of the treatment plan (*The ASAM Criteria, p. 199*).

Level 2.1 programs provide a wide range of therapies that are fit to the patient's assessed multidimensional needs, to create an individualized treatment plan that varies in amount, frequency and intensity to match the patient's progress in treatment. Experience has shown the value of a wide range of treatment services at this level of care to optimize the response to treatment. Level 2.1 programs are designed to provide as complete a set of therapeutic interventions as can be provided in a community, outpatient setting.

IV.2 Family therapy, which involves family members or significant others in assessment, treatment and continuing care of the patient (*The ASAM Criteria, p. 199*).

Level 2.1 programs offer program activities between 9 – 19 hours a week in a variety of community settings and have the time and staff to involve family members in planning with the patient for their long term recovery in the community. Experience shows that involving family members in a supportive capacity enhances the opportunity for a sustained recovery.

IV.3 A planned format of therapies, delivered on an individual and group basis and adapted to the patient's developmental stage and comprehension level (*The ASAM Criteria, p. 199*).

Level 2.1 programs are typically structured and implemented with daily schedules that offer a variety of therapies fit to the patient's developmental stage and comprehension level. Not all patients need to be involved in every therapeutic activity offered, but only those that are included in the patient's individualized treatment plan.

IV.4 Motivational enhancement and engagement strategies are used in preference to confrontational therapies (*The ASAM Criteria, p. 199 - 200*).

Rather than confrontation, an approach based in motivational enhancement can be tailored to the patient's stage of change and result in an improved response to treatment.

IV. Therapies

Cover the range of therapies that programs need to be capable of offering to ensure they meet the personalized biopsychosocial needs of the patients they treat



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GOAL: Not all listed therapies must be provided to each person served, but the program should have the capacity to provide each of these as needed.

V. ASSESSMENT/TREATMENT PLAN REVIEW (4 sub-service characteristics)

These sub-service characteristics address assessment of the patient for treatment. Identification of

biopsychosocial needs, strength, deficits, problems, and limitations are integral to the formation of the individual treatment plan.

A standardized multidimensional assessment and treatment planning process is used. The goal is to establish and maintain relevance to the patient's status as it changes during the course of treatment. The focus is on the patient's overall progress on goals and objectives rather than the confines of a treatment episode.

V.1 An individual biopsychosocial assessment of each patient is performed, which includes a comprehensive substance use and addictive behaviors history obtained as part of the initial assessment and reviewed by a physician, if necessary as part of the assessment and treatment plan review (*The ASAM Criteria, p. 200*).

Through a comprehensive assessment of the patient's biopsychosocial status and SUD needs, including a physician review as necessary, appropriateness for Level 2.1 services is established, and a foundation is laid for an individualized treatment plan.

V.2 A physical examination may be performed within a reasonable time, as determined by the patient's medical condition. Such determinations are made according to established protocols, which include reliance on the patient's personal physician whenever possible. (In state where physician assistants or nurse practitioners are under physician supervision and are licensed as physician extenders, they may perform the duties designated here for a physician) (*The ASAM Criteria, p. 200*).

A physical examination in response to evolving patient needs may provide valuable information for use in treatment planning.

V.3 Level 2.1 assessment and treatment plan review includes an individualized treatment plan, which involves problems, needs, strengths, skills and priority formulation. Short-term, measurable treatment goals and preferences are articulated along with activities designed to achieve those goals. The plan is developed in collaboration with the patient and reflects the patient's personal goals. Treatment plan reviews are conducted at specified times, as noted in the plan, or more frequently as determined by the appropriate credentialed professional (*The ASAM Criteria, p. 200*).

Treatment is patient-directed based on assessment, with the clinician in the role of guide and facilitator. The individualized plan features measurable objectives to be addressed during the course of treatment, and reflects the patient's stated goals.

V.4 Assessment and treatment plan review include monitoring biomarkers and/or toxicology testing (*The ASAM Criteria, p. 200*).

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V.4 Assessment and treatment plan review include monitoring biomarkers and/or toxicology testing.

GOAL: To establish and maintain relevance to the patient's status as it changes during the course of treatment

Urinalysis and/or toxicology tests provide important and empirical evidence of the appropriateness and effectiveness of an individual treatment plan and should be considered in any assessment and treatment review process.

VI. DOCUMENTATION (2 sub-service characteristics)

ASAM documentation standards detail the expectations regarding the individualized patient information that needs to be captured to ensure optimal patient care.

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VI.1. Include individualized progress notes in the patient's record that clearly reflect implementation of the treatment plan and the patient's response to therapeutic interventions for all disorders treated, as well as subsequent amendments to the plan.

VI.2 Treatment plan reviews are conducted at specified times and recorded in the treatment plan.

GOAL: To accurately communicate patient information with a system of individualized notes, amendments, and the patient's response to therapeutic interventions.

VI. Documentation standards for Level 2.1 programs include individualized progress notes in the patient's record that clearly reflect implementation of the treatment plan and the patient's response to therapeutic interventions for all disorders treated, as well as subsequent amendments to the plan (*The ASAM Criteria, p.201*).

The primary method for documenting progress is the through regular notes that describe the implementation of the treatment plan, patient response to interventions and any amendments made. Notes should be timely, complete and accurate, in accordance with established policies and procedures.

VI.2 Treatment plan reviews are conducted at specified times and recorded in the treatment plan.

To ensure the patient is making progress on treatment plan objectives and to document appropriateness for this LoC, formal reviews using the six ASAM dimensions should occur at specified intervals, or as needed. The review process, its findings, and any amendments to the plan are documented.
