

LEVEL 2.5 PARTIAL HOSPITALIZATION SERVICES BY SERVICE CHARACTERISTICS

Level 2.5 partial hospitalization programs (PHP), also known as “day treatment,” generally provide 20 or more hours of clinically intensive programming per week, as specified in the patient’s treatment plan. Level 2.5 partial hospitalization programs typically have direct access to psychiatric, medical and laboratory services, and thus are better able than Level 2.1 programs to meet needs identified in Dimension 1, acute intoxication and/withdrawal potential; Dimension 2, Biomedical conditions and complications; and Dimension 3, emotional, behavioral or cognitive conditions and complications; which warrant daily monitoring or management but which can be appropriately addressed in a structured outpatient setting.

I SETTING (1 sub-service characteristic)

Level 2.5 programs may be offered in any appropriate setting that meets state licensure or certification criteria.

I.1 Level 2.5 services may be offered in any appropriate setting that meets state licensure or certification criteria (*The ASAM Criteria, p 208*).

This level of service is distinguished from Level 2.1 services in that the setting is often part of a controlled residential facility, such as hospital, that provides 24 hour support and structure and that limits access to alcohol and other drugs. The patient may reside in the facility, but the clinical programming is provided by the Level 2.5 program.

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GOAL: Provide 20 or more hours of clinically intensive programming per week, as specified in the patient’s treatment plan.

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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Address services which need to be readily available to the program through affiliation or contract.

*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 8 hours by telephone and within 48 hours in person (*The ASAM Criteria, p 208*).*

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 8 hours by telephone and within 48 hours in person (*The ASAM Criteria, p 208*).

Level 2.5 programs provide a comprehensive, structured, and integrated treatment service for patients at this level of intensity who may have unstable medical and psychiatric problems.

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 208*).

Level 2.5 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 2.5 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 208).

Level 2.5 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 2.5 can benefit from supportive housing to provide a stable recovery environment that complements the treatment service.

III. STAFF (2 sub-service characteristics)

Level 2.5 ASAM staff standards address the composition and competencies of professionals on the staff of the program

III.1 Level 2.5 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. 209).

Level 2.5 partial hospitalization 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 2.5 clinicians work as a team delivering services in multiple modalities (individual, group and couples counseling; educational groups, and expressive arts.

III. Staff

Address the composition and competencies of professionals on the staff of the program.



III.1. 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.

III.2. Program staff should have sufficient cross-training to understand the signs and symptoms of mental disorders, and to understand and be able to explain the uses of psychotropic medications and their interactions with substance use disorders.

GOAL: Provide treatment from an interdisciplinary, appropriately credentialed addiction treatment staff for patients who may have unstable psychiatric disorders.

III.2 Program staff should have sufficient cross-training to understand the signs and symptoms of mental disorders, and to understand and be able to explain the uses of psychotropic medications and their interactions with substance use disorders (*The ASAM Criteria*, p. 209).

Level 2.5 programs are designed to provide comprehensive and integrated addiction and medical care for patients who may have unstable psychiatric disorders. It is essential that program staff be sufficiently competent in recognizing and treating co-occurring mental disorders and the interactions between psychotropic medications with substance use disorders to effectively deliver an integrated clinical program for patient

IV. THERAPIES (4 sub-service characteristics)

ASAM therapies standards 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. 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.

IV.1 Level 2.5 services are a minimum of 20 hours of skilled treatment services per week. 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).

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.



IV.1. Include a minimum of 20 hours of skilled treatment services per week. 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.

IV.2 Family therapy, which involves family members or significant others(s) in assessment, treatment, and continuing care of the patient.

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.

IV.4 Motivational enhancement and engagement strategies are used in preference to confrontational therapies.

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.

Such services are provided in an amount, frequency, and intensity appropriate to the objective of the treatment plan (*The ASAM Criteria*, p. 210).

Level 2.5 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.

IV.2 Family therapy, which involves family members or significant others in assessment, treatment and continuing care of the patient (*The ASAM Criteria*, p. 210).

Level 2.5 programs offer program activities at least 20 hours per week and have the program flexibility 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. 210).

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. 210).

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.

V. ASSESSMENT/TREATMENT PLAN REVIEW (3 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. 211).

Through a comprehensive assessment of the patient's biopsychosocial status and SUD needs, including a physician review as necessary, appropriateness for Level 2.5 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 states 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. 212).

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

V.3 Level 2.5 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. 212).

Treatment is patient-directed based on the 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. Assessment/Treatment Plan Review

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V.3. 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.

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

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.

VI. Documentation standards for Level 2.5 programs include individualized progress notes in the patient's record that clearly reflect implementation of the treatment plan and the patient's

VI. Documentation

Detail the expectations regarding the individualized patient information that needs to be captured to ensure optimal patient care.



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.

response to therapeutic interventions for all disorders treated, as well as subsequent amendments to the plan (The ASAM Criteria, p.212).

The primary method for documenting progress is 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.
