

LEVEL 3.1 CLINICALLY MANAGED LOW-INTENSITY RESIDENTIAL SERVICES BY SERVICE CHARACTERISTICS

Level 3.1 programs typically combine clinical services with recovery residential services. This LoC is appropriate for patients who require additional time in a structured residential setting in order to 1) improve essential skills and 2) prepare for successful transition to a lesser LoC. (*The ASAM Criteria*, p. 222)

I. SETTING (1 sub-service characteristic)

A 24-hour supervised residence provides a safe, secure environment where patients can develop/practice early recovery skills such as resilience and refusal; experience the support of others in a recovery-oriented setting; and prepare for a successful transition to the community.

I.1. Level 3.1 program services may be offered in a (usually) freestanding, appropriately licensed facility located in a community setting (*The ASAM Criteria*, p. 224).

Experience teaches that many SUD/COD patients require the support and structure of a residential environment to fully stabilize in recovery, with the goal of successfully transitioning to a lower (outpatient) LoC. The extended stays at this level may facilitate this transition, assist with engagement in the community, and result in improved treatment outcome.

I. Setting

- A 24-hour supervised residence:
 - Provides a safe, secure environment.
 - Enables patients to develop and practice early recovery skills.
 - Allows patients to experience the support of others in a recovery-oriented setting.
 - Allows patients to prepare for a successful transition into community.



I.1. Program services may be offered in a freestanding, appropriately licensed facility located in a community setting.

GOAL: Patients successfully transition to a lower outpatient level of care. Extended stays facilitate transition, assist with community engagement, and result in improved treatment outcomes.

II. Support Systems

- Should be readily available to program staff in response to patient need.
- May be provided through affiliation or agreement with other providers.



II.1. Telephone or in-person with a physician and emergency services are available 24/7.

II.2. Programs have direct affiliation with other levels of care or close coordination through referral to more and less intensive levels of care and other clinical or support services.

II.3 Has the ability to arrange for needed procedures, such as dental care, lab testing, or toxicology, as appropriate to the severity of a patient's condition.

II.4. Has the ability to arrange for pharmacotherapy for psychiatric or anti-addiction medications.

GOAL: Augment existing services or help to meet the individual needs of patients.

II. SUPPORT SYSTEMS (4 sub-service characteristics)

Support services enhance the treatment experience and should be readily available to program staff in response to patient need, and may be provided through affiliation or agreement with other providers. Support services are ordinarily beyond the scope or capacity of the program, but may augment existing services or help meet individual patient needs.

II.1. Telephone or in-person consultation with a physician and emergency services are available 24 hours a day, 7 days a week (*The ASAM Criteria* p.224).

Patients are medically stable and the role of medical staff is as-needed rather than through direct service provision. Affiliations with qualified providers provide telephone consultation, and policies and procedures are established for emergency management.

II.2. Level 3.1 programs have direct affiliations with other levels of care, or close coordination through referral to more and less intensive levels of care and other clinical or support services (The ASAM Criteria P 224).

Level 3.1 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 transition between levels, according to patient status as determined by ASAM criteria.

II.3. The program has the ability to arrange for needed procedures (including indicated laboratory and toxicology tests) as appropriate to the severity of the patient's condition (The ASAM Criteria p 224) .

Level 3.1 patients may require services such as dental care, laboratory testing or toxicology that can be accessed through affiliation or arrangement with qualified providers in the community.

II.4. The program has the ability to arrange for pharmacotherapy for psychiatric or anti-addiction medications (The ASAM Criteria, p 224).

Research indicates that appropriate use of pharmacotherapy can benefit patients and improve treatment outcomes at Level 3.1. These services can be assured through relationships or affiliations with community providers, with facilitated access via transport assistance. (The ASAM Criteria, pp 439 – 441).

III. STAFF (3 sub-service characteristics)

Staffing at Level 3.1 shall be sufficient in number and appropriately qualified to meet the needs of patients. Regular training shall be conducted in order to maintain a standard of best practice.

III.1. Allied health professional staff, such as counselor aides or group living workers, are available on-site 24 hours a day or as required by the licensing regulations (The ASAM Criteria, p. 224).

Allied direct care staff are an integral part of treatment at many Level 3.1 programs. They provide 24-hour support for and monitoring of patients and patient activity.

III.2. Clinical staff who are knowledgeable about the biological and psychological dimensions of substance use disorders and their treatment, and are able to identify the signs and symptoms of acute psychiatric conditions, including psychiatric decompensation (The ASAM Criteria, p 224).

In order to deliver quality services, clinical staff must possess an understanding of the biological and psychosocial dimensions of SUDs and the skills to recognize and respond to signs of acute psychiatric distress.

III.3. The Level 3.1 program has a team comprised of appropriately trained and credentialed medical, addiction, and mental health professionals (The ASAM Criteria, p. 224).

A treatment plan is at its most effective when implemented by a multidisciplinary team of qualified professionals, representing medical, addictions, and mental health expertise.

III. Staff

- Should be sufficient in number and appropriately qualified to meet the needs of patients.
- Regular training should be conducted to meet the standard of best practice.



III.1. Allied health professional staff are available on-site 24/7 or as required by licensing regulations.

III.2. Clinical staff are knowledgeable about the dimensions of SUDs and their treatment. They are able to identify signs and symptoms of acute psychiatric decompensation.

III.3 Has a team comprised of appropriately trained and credentialed medical, addiction, and mental health professionals.

GOAL: Deliver quality services to patients through a multidisciplinary team of qualified professionals.

IV. THERAPIES (10 sub-service characteristics)

Level III.1 programs shall include a range of therapies and therapeutic modalities useful to the patient. Evidence-based approaches are preferred. The program should maintain capacity to provide various types of therapy in response to patient need. Each treatment “day” shall be designed to meet patient needs. Some services are typically offered through affiliation with community providers, rather than directly, and may be offsite. Policies and procedures ensure successful communication and information-sharing among providers.

IV. Therapies

- Evidence-based approaches are strongly preferred.
- Should maintain capacity to provide various types of therapy in response to patient need.
- Some services are offered through affiliation with community providers and may be offsite.
- Policies and procedures ensure successful communication among providers.



IV.1. Designed to improve a patient's ability to structure and organize tasks of daily living and recovery.

IV.2. Includes planned clinical program activities to stabilize and maintain a patient's SUD symptoms, and to help develop and apply recovery skills.

IV.3. Addiction pharmacotherapy.

IV.4. Random drug screening to monitor and reinforce treatment gains.

IV.5. Motivational enhancement and engagement strategies are used in preference to confrontational strategies.

IV.6. Counseling and clinical monitoring to support successful involvement in daily activity, and successful reintegration in family living.

IV.7. Regular monitoring of the patient's medication adherence.

IV.8. Recovery support services.

IV.9. Services for the patient's family and significant others.

IV.10. Opportunities for the patient to be introduced to the potential benefits of addiction pharmacotherapies as a tool to manage their addictive disorder.

GOAL: Each treatment "day" includes a variety of therapies and therapy modalities and is designed to meet patient needs.

IV.1. Therapies are designed to improve the patient's ability to structure and organize the tasks of daily living and recovery (*The ASAM Criteria*, p. 225).

The structure and support of Level 3.1 programs provides a unique opportunity to assist patients in building skills to facilitate successful transition to autonomous function in the community.

Structured activities that foster a sense of personal responsibility, respect and regard for others, and that reinforce prosocial attitudes are a key to success at this level.

IV.2. Planned clinical program activities (constituting at least 5 hours per week of professionally directed treatment) to stabilize and maintain the stability of the patient's substance use disorder symptoms, and to help him or her develop and apply recovery skills. Activities may include relapse prevention, exploring interpersonal choices, and development of a social network supportive of recovery (*The ASAM Criteria*, p. 225).

Regular involvement in evidence-based therapeutic activity has demonstrated value at this LoC. Topics should focus on practical aspects of recovery such as relapse prevention, effective decision-making, and making use of peer support and community-based services in recovery. (*The ASAM Criteria*, pp 222- 224).

IV.3. Addiction pharmacotherapy (*The ASAM Criteria* p.225).

Programs can substantially improve outcomes by supporting patients who decide to make use

of Medication Assisted Treatment for opioid, alcohol, and tobacco use disorders. The program can provide helpful information as well as facilitate access.

IV.4. Random drug screening to monitor and reinforce treatment gains as appropriate to the patient's individual treatment plan (*The ASAM Criteria*, P. 225).

Studies have shown that appropriate use of random unannounced drug screens can substantially

increase treatment compliance. Testing is individualized and coordinated with the treatment plan. (ASAM Appropriate Use of Drug Testing in Clinical Addiction Medicine Document).

IV.5. Motivational enhancement and engagement strategies appropriate to the patient's stage of readiness to change are used in preference to confrontational strategies (*The ASAM Criteria, p 225*).

According to research findings, the use of motivational enhancement strategies can positively impact readiness for change as well as promote positive engagement in treatment. (*The ASAM Criteria, pp 222–224*).

IV.6. Counseling and clinical monitoring to support successful initial involvement or re-involvement in regular, productive daily activity (such as work or school) and, as indicated, successful reintegration into family living. Health education services are provided (*The ASAM Criteria, p 225*).

The Level 3.1 therapeutic program is an appropriate setting in which to address patient needs with regard to employment or education; reintegration into the family; and better health and nutrition practices. Activities that educate, inform, and build skills in these areas directly benefit the patient.

IV.7. Regular monitoring of the patient's medication adherence (*The ASAM Criteria, p.226*).

The common problem of medication non-adherence is especially counterproductive for patients at this early stage of recovery. Monitoring is needed to promote adherence both while in the program and post-transition to a lower LoC.

IV.8. Recovery support services (*The ASAM Criteria, p.226*).

A variety of services may be required to bolster the patient's opportunities for stable recovery and achieve their personal goals. The program should facilitate access to a range of supports, including through affiliation or arrangement, and directly encourage their use.

IV.9. Services for the patient's family and significant others, as appropriate (*The ASAM Criteria, p. 226*).

Patients at Level 3.1 benefit significantly from family support. Education for family members can help heal wounds and engage significant others in a recovery-positive role. Supportive family involvement can be especially valuable during transition from Level 3.1 to continued treatment at a lesser LoC.

IV.10. Opportunities for the patient to be introduced to the potential benefits of addiction pharmacotherapies as a tool to manage his or her addictive disorder (*The ASAM Criteria, p. 226*).

As noted earlier, Level 3.1 treatment presents an opportunity to educate patients about MAT and other aspects of pharmacotherapy. The goal is to provide the patient with improved decision-making tools, and access to these services where 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, strengths, 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 with respect 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. Services are regularly updated to ensure relevance and appropriateness for Level 3.1.

V.1. An individualized, comprehensive biopsychosocial assessment of the patient's substance use disorder, conducted or updated by staff who are knowledgeable about addiction treatment This assessment is used to confirm the appropriateness of placement at Level 3.1 and to help guide the individualized treatment planning process, which is focused on the patient's strengths, needs, abilities, preferences, and desired goals (*The ASAM Criteria, p. 226*). Through a comprehensive assessment of the patient's biopsychosocial status and SUD needs, appropriateness for the 3.1 LoC is established, and a foundation is laid for an individualized treatment plan.

V.2. An individualized treatment plan, which involves problems, needs, strengths, skills, priority formulation, and articulation of short-term, measurable treatment goals, preferences, and activities designed to achieve those goals. The plan is developed in collaboration with the patient and reflects the patient's personal goals. The treatment plan also reflects case management conducted by on-site staff; coordination of related addiction treatment, healthcare, mental health, social, vocational, or housing services (provided currently); and the integration of services at this and other levels of care (*The ASAM Criteria, p.226*).

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.3. A biopsychosocial assessment, treatment plan, and updates that reflect the patient's clinical progress (*The ASAM Criteria, p. 226*).

Treatment is most effective when matched to the patient's evolving status, reviewed and updated at regular intervals and when necessary in response to changing patient needs. Progress notes document this process.

V.4. A physical examination, performed within a reasonable time, as defined in the program's policy and procedure manual, and as determined by the patient's medical condition (*The ASAM Criteria, p. 226*).

A physical examination by a qualified practitioner at the initiation of treatment ensures that the patient is medically stable and appropriate for treatment at the 3.1 LoC. Valuable information may be obtained for use in treatment planning.

V. Assessment/Treatment Plan Review



- Identification of biopsychosocial needs, strengths, deficits, problems, and limitations are integral.
- A standardized, multidimensional planning process is used.
- Focus is on the patient's overall progress on goals and objectives rather than the confines of the episode of treatment.
- Services are regularly updated to ensure relevance and appropriateness.

V.1. An individualized, comprehensive, biopsychosocial assessment of the patient's SUD, conducted or updated by staff who are knowledgeable about addiction treatment.

V.2. An individualized treatment plan, which involves problems, needs strengths, skills, priority formulation, and articulation of short-term, measurable treatment goals. The plan is developed in collaboration with the patient and reflects their goals.

V.3. A biopsychosocial assessment, treatment plan, and updates that reflect the patient's clinical progress.

V.4. A physical examination, performed within a reasonable time, as defined in the program's policy and procedure manual, and as determined by the patient's medical condition.

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

VI. DOCUMENTATION (2 sub-service characteristics)

These standards describe expectations for capture of patient information essential for optimal patient care.

VI. 1. There are individualized progress notes in the patient's record that clearly reflect implementation of the treatment plan and the patient's response to therapeutic intervention for all disorders treated, as well as subsequent amendments to the plan (*The ASAM Criteria, p. 227*).

The patient record is the principal source of information about patient progress. Clinical notes are an efficient way to describe implementation of the treatment plan and the patient's response to therapy.

VI.2. Treatment plan reviews are conducted at specified times and recorded in the treatment plan (*The ASAM Criteria, p.227*).

To ensure the patient is receiving treatment at the most appropriate LoC, formal reviews using the six dimensions should occur at specified intervals. The review process, its findings, and any amendments to the plan are documented.

VI. Documentation



- Patient records are the principal source of information about patient progress.
- Formal reviews using the six dimensions should occur at specified intervals.

VI. 1. Includes individualized progress notes that clearly reflect the implementation of the patient's treatment plan and their response to therapeutic intervention for all disorders treated.

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

GOAL: To capture patient information efficiently and accurately.