

LEVEL 3.5 CLINICALLY MANAGED HIGH-INTENSITY RESIDENTIAL SERVICES BY SERVICE CHARACTERISTICS

Level 3.5 programs assist patients whose addiction is currently so out of control that they need a 24 hour supportive treatment environment to initiate or continue a recovery process that has failed to progress. (The ASAM Criteria, p. 244)

I. SETTING (1 sub-service characteristic)

The Level 3.5 offers 24-hour supportive treatment in a contained, safe, and structured environment to help patients initiate or continue a recovery process that has failed to progress.

I.1. Level 3.5 program services may be offered in a (usually) freestanding, appropriately licensed facility located in a community setting or a specialty unit within a licensed healthcare facility. Some Level 3.5 programs are offered in prisons or secure community settings as a step down for those inmates released from prison. (The ASAM Criteria, p.249).

Experience teaches that new skills are required for a successful transition from active addiction to a stable, recovery-positive lifestyle. The residential setting provides structure, supervision, and support in this effort. Level 3.5 programs may be found in freestanding facilities, within larger institutions, or in correctional environments, so long as requirements are met.

I. Setting

A 24-hour supportive treatment facility in a contained, safe, and structured environment to help patients initiate or continue a recovery process that has failed to progress.



I.1. Program services may be offered in a (usually) freestanding, appropriately licensed facility located in a community setting or a specialty unit within a licensed healthcare facility. Some programs are offered in prisons or secure settings as a step down for inmates released from prison.

GOAL: Teach new skills that are required for a successful transition from active addiction stable, recovery-positive lifestyle.

II. Support Systems

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



II.1. Telephone or in-person consultation 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 services.

II.3 Has arranged for medical, psychiatric, psychological, laboratory, and toxicology services as appropriate to the severity of the patient's condition.

GOAL: Provide services beyond the capacity of program staff which will not be needed by patients on a routine basis or services to augment those provided by staff.

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, which will not be needed by patients on a routine basis or services to augment those provided by staff.

II.1. Telephone or in-person consultation with a physician, or a physician assistant, or a nurse practitioner in states where they are licensed as nurse extenders, and may perform the duties designated there for a physician; emergency services, available 24 hours a day, 7 days a week (The ASAM Criteria, p.249).

It is assumed that the Level 3.5 program will require

assistance from outside providers to meet the many and diverse needs of SUD/COD patients. Through affiliations and agreements, the program ensures access to qualified licensed providers and can monitor quality of services delivered.

II.2. Level 3.5 programs have direct affiliations with other levels of care, or close coordination through referral to more and less intensive levels of care and other services (e.g., vocational assessment and training, literacy training, and adult education (*The ASAM Criteria*, p. 249).

For true continuity, the program establishes linkages with affiliated providers at both higher and lower levels of care. This facilitates smooth communication and careful cooperation among providers as the patient transitions to an autonomous, recovery-positive lifestyle in the community.

II.3. The program has arranged for medical, psychiatric, psychological, laboratory, and toxicology services, as appropriate to the severity of the patient's condition (*The ASAM Criteria*, p. 249).

Patients often require services beyond the program's capacity, and ready access may be provided through affiliation or agreement with qualified providers of medical, mental health, lab and toxicology services, among others.

III. STAFF (3 sub-service characteristics)

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

III.1. Licensed or credentialed clinical staff, such as addiction counselors, social workers, and licensed professional counselors (LPCs), who work with the allied health professional staff in an interdisciplinary team approach (*The ASAM Criteria*, p. 250).

Experience teaches that treatment at Level 3.5 is best delivered by a multidisciplinary team that includes both licensed/credentialed clinicians and allied staff. Competencies should be established for each role within the team.

III.2. Allied health professional staff, such as counselor aides or group living workers, on-site 24 hours a day or as required by licensing regulations. One or more clinicians with competence in the treatment of substance use disorders are available on-site or by telephone 24 hours day. (*The ASAM Criteria*, p. 250)

In accordance with licensing, residential programs provide 24 hour coverage using allied staff, supplemented by the ability to promptly access qualified clinicians for advice and assistance.

III. Staff

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



III.1. Licensed or credentialed clinical staff (addiction counselors, social workers, LPCs, etc.) who work with allied health professional staff in an interdisciplinary team approach. Competencies should be established for each role within the team.

III.2. Allied health professional staff (counselor aides, group living workers, etc.) are on-site 24 hours a day or as required by licensing regulations. One or more clinicians with competence in the treatment of SUDs are available on-site or by telephone 24 hours a day.

III.3 Clinical staff are knowledgeable about the biological and psychosocial dimensions of substance use and mental health disorders and their treatment. They can identify signs and symptoms of acute psychiatric decompensation. Staff have specialized training in behavior management techniques.

GOAL: Deliver 24-hour treatment by a knowledgeable multidisciplinary team that includes both licensed/credentialed clinicians and allied staff.

III.3. Clinical staff knowledgeable about the biological and psychosocial dimensions of substance use and mental health disorders and their treatment. They can identify the signs and symptoms of acute psychiatric conditions, including psychiatric decompensation. Staff have specialized training in behavior management techniques (*The ASAM Criteria, pp.250-251*).

Quality of care depends on clinical staff who possess substantial knowledge of SUDs and COD, as well as the ability to recognize and respond to psychiatric disorders and distress. Training in behavior management and crisis prevention is essential.

IV. THERAPIES (12 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, and each day should include activities designed to meet the needs of the patients as defined in their individual treatment plans.

IV.1. Daily clinical services to improve the patient's ability to structure and organize the tasks of daily living and recovery (e.g., personal responsibility, personal appearance, and punctuality) and to develop and practice prosocial behaviors (*The ASAM Criteria, p. 251*).

Individual patients have different needs and preferences with respect to therapeutic activities and programming. The Level 3.5 provider should respond with an assortment of evidence-based interventions to assist the clinician and patient in implementing the treatment plan. Daily activity schedules should seek to reflect this diversity of needs and preferences.

IV.2. Planned clinical program activities to stabilize and maintain stabilization of the patient's addiction 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. 251*).

Evidence-based approaches with demonstrated effectiveness are available for use in addressing common issues in recovery. The program should address key topics such as preventing relapse, effective decision-making, and use of community-based services and supports, among others.

IV.3. Counseling and clinical monitoring to promote successful initial involvement or re-involvement in regular, productive daily activity (e.g., work or school) and, as indicated, successful reintegration into family living (*The ASAM Criteria, p. 25*).

The Level 3.5 therapeutic milieu allows for practice of recovery-positive living skills, including adherence to a schedule of productive daily activities. Family participation in treatment should also be encouraged, as it can improve family coping skills for early recovery.

IV.4. Random drug screening to shape behavior and reinforce treatment gains, as appropriate to the patient's individual treatment plan. (*ASAM Criteria, p.251*)

As part of treatment plan, a program of random unannounced drug screening has been shown to increase compliance, discourage lapses, and promote superior outcomes following transition to a lower LoC. (ASAM Appropriate Use of Drug Testing in Clinical Addiction Medicine Document).

IV.5. A range of evidence-based cognitive, behavioral, and other therapies administered on an individual and group basis, medication education and management, addiction pharmacotherapy, educational skill building groups, and occupational or recreational activities, adapted to the patient's developmental stage and level of comprehension, understanding, and physical abilities (*The ASAM Criteria*, p. 251).

IV. Therapies

Cover the range of therapies needed to meet the personalized biopsychosocial needs of patients. Not all therapies must be provided to each person served but the program should have the capacity to provide each as needed.



IV.1. Daily clinical services to improve the patient's ability to structure and organize the tasks of daily living and recovery and to develop and practice prosocial behaviors.

IV.2. Planned clinical program activities to stabilize patient's addiction symptoms and to help them develop and apply recovery skills.

IV.3. Counseling and clinical monitoring to promote successful initial involvement or re-involvement in regular, productive daily activity and successful integration into family living.

IV.4. Random drug screening to shape behavior and reinforce treatment gains as appropriate to the patient's treatment plan.

IV.5. A range of evidence-based therapies administered on an individual and group basis adapted to the patient's developmental stage and level of comprehension, understanding, and physical abilities.

IV.6. Motivational enhancement and engagement strategies appropriate to the patient's stage of readiness and desire to change.

IV.7. Counseling and clinical interventions to facilitate teaching the patient skills for productive daily activity and successful reintegration into family living. Health education tools are also provided.

IV.8. Monitoring of the patient's adherence in taking any prescribed medications or any permitted OTC medications or supplements.

IV.9. Planned clinical activities to enhance the patient's understanding of their substance use and/or mental disorders.

IV.10. Daily scheduled professional services, including interdisciplinary assessments and treatment, designed to develop and apply recovery skills.

IV.11. Planned community reinforcement designed to foster prosocial values, a prosocial milieu, and community living skills.

IV.12. Services for the patient's family and significant others.

GOAL: Each day should include activities designed to meet the needs of patients as defined in their individual treatment plans.

A range of services including therapy, medication, and patient education helps to ensure that patient needs have been fully addressed. Such services work best when individualized to reflect the patient's unique needs and characteristics.

IV.6. Motivational enhancement and engagement strategies appropriate to the patient's stage of readiness and desire to change. Motivational therapies and other evidence-based practices are used in preference to confrontational strategies (*The ASAM Criteria*, p. 251).

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.7. Counseling and clinical interventions to facilitate teaching the patient the skills needed for productive daily activity (e.g., work or school) and, as indicated, successful reintegration into family living. Health education services are also provided (*The ASAM Criteria*, p. 251).

Recovery-positive attitudes and behaviors with respect to activities of daily living, health maintenance, and nutrition are an important part of lifestyle change. Such practices should be promoted during treatment.

IV.8. Monitoring of the patient's adherence in taking any prescribed medications, and/or any permitted over-the-counter (OTC) medications or supplements (*The ASAM Criteria*, p. 252).

The problem of medication non-adherence is especially counterproductive for patients in early recovery. This can be addressed through monitoring, with the goal of improved compliance after transition to a lower LoC.

IV.9. Planned clinical activities to enhance the patient's understanding of his or her substance use and/or mental disorders (*The ASAM Criteria*, p. 252).

Patients need education as to the nature of their disease, its treatment, recovery and relapse. This applies to SUDs and CODs alike. The program may choose to address this through a combination of patient education, experiential learning, and related activities.

IV.10. Daily scheduled professional services, including interdisciplinary assessments and treatment, designed to develop and apply recovery skills. Such services may include relapse prevention, exploring interpersonal choices, and development of a social network supportive of recovery. Such services may also include medical services; nursing services; individual and group counseling; psychotherapy; family therapy; educational and skill building groups; occupational and recreational therapies; art, music, or movement therapies; physical therapy; and vocational rehabilitation activities (*The ASAM Criteria, p. 252*).

An array of professional services, designed to benefit the patient and available as part of a daily schedule, should be employed in accordance with the treatment plan

IV.11. Planned community reinforcement designed to foster prosocial values, a prosocial milieu, and community living skills (*The ASAM Criteria, p. 252*).

Recovery from SUDs is sometimes undermined by antisocial attitudes and behaviors that contribute to lapse, relapse, and ultimately to treatment failure. Level 3.5 programs can address these attitudes and behaviors through education and activities that foster prosocial values and build important skills, such as impulse control, self-awareness, and empathy.

IV.12. Services for the patient's family and significant others (*The ASAM Criteria, p.252*).

Family support and acceptance can be important factor in optimizing treatment outcomes. Family members should be encouraged to participate in treatment, either individually or with the patient.

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

ASAM assessment and treatment plan review standards detail the set of procedures a program expects its clinicians (e.g. addiction specialist physicians, licensed nurses, licensed counselors, licensed social workers, certified counselors, etc.) to use to evaluate an individual's strengths, weaknesses, limitations, problems, and needs and to determine priorities so that an individualized treatment plan can be developed and updated.

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 3.5 and to help guide the individualized treatment planning process, which is focused on the patient's strengths, needs, abilities, preferences,

V. Assessment/Treatment Plan Review

Details the set of procedures a program expects its clinicians to use to evaluate an individual's strengths, weaknesses, limitations, problems, and needs.



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 includes problem formulation and articulation of short-term, measurable treatment goals and activities to achieve these goals.

V.3. A biopsychosocial assessment, treatment plan, and updates that reflect the patient's clinical progress, as reviewed by an interdisciplinary treatment team in collaboration with the patient.

V.4. A physical examination, performed within a reasonable time, as determined by the patient's medical condition and consistent with facility policy or legal requirements.

GOAL: To determine priorities so that an individualized treatment plan can be developed and updated.

and desired goals (*ASAM Criteria, p. 252-253*).

Treatment works best when it is based on a comprehensive assessment of the patient's SUD and/or COD, then implemented at the appropriate LoC, and individualized to the patient's assessed strengths, needs, abilities, and preferences.

V.2. An individualized treatment plan, which includes problem formulation and articulation of short-term, measurable treatment goals and activities designed to achieve those goals. The plan is developed in collaboration with the patient, and reflects the patient's personal goals, while considering the capabilities and resources available to achieve 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 concurrently); and the integration of services at this and other levels of care (*The ASAM Criteria, p. 253*).

Treatment should be patient-directed, with the clinician acting as guide and facilitator as the patient's goals are translated into measurable objectives to be addressed during the course of treatment.

V.3.A biopsychosocial assessment, treatment plan, and updates that reflect the patient's clinical progress, as reviewed by an interdisciplinary treatment team in collaboration with the patient (*The ASAM Criteria, p. 253*)

Treatment benefits from remaining current and relevant to the patient's status as it changes during treatment. This requires regular review and updates of identified goals and objectives, by a multidisciplinary team of qualified clinicians.

V.4. A physical examination, performed within a reasonable time, as determined by the patient's medical condition and consistent with facility policy or legal requirements (*The ASAM Criteria, p. 253*).

A timely medical examination by a qualified practitioner ensures that the patient is medically stable, identifies health issues that may require or otherwise impact treatment, and confirms that the patient is appropriate for the assigned LoC.

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.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 (*ASAM Criteria, p. 254*).

Communication of essential patient information is key to the delivery of quality services. A system of

VI. Documentation

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



VI.1. There are individualized progress notes in the patient's record that clearly reflect the implementation of the treatment plan and the patient's 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 accurately communicate patient information with a system of individualized notes, amendments, and the patient's response to therapeutic interventions.

individualized notes is required to document patient progress, amendments to the treatment plan, and the patient's response to therapeutic interventions.

VI.2. Treatment plan reviews are conducted at specified times and recorded in the treatment plan (*The ASAM Criteria, p. 254*).

To ensure the patient is making progress on treatment plan objectives and to document appropriateness for this LoC, the multidisciplinary team reviews the case at specific intervals or as needed. The results of this review are documented in the patient record, including any amendments to the treatment plan.
