

ASAM Monthly Technical Assistance Series

Support Systems

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Improvement



Reminders

- Questions should be submitted 7 days in advance of the call to RA-DAASAM@pa.gov. If you want to submit a question in the chat, DDAP will record the question and post responses to all questions received during this call to the DDAP ASAM website. Questions will not be addressed during the meeting.
- This call is being recorded. Please exit now if you do not want to be recorded. You will be able to review the video in its entirety on the DDAP webpage following this event.
- Suggestions for future call topics should be submitted to RA-DAASAM@pa.gov.



Disclaimers

Alignment with The ASAM Criteria is required of drug and alcohol treatment providers that receive funding for providing treatment services under agreements with Single County Authorities and/or Managed Care Organizations.

The information presented today provides an overview and summary of the concept of support systems across all levels of care. DDAP stresses the importance of reviewing the ASAM Criteria text in its entirety, attending the ASAM two-day training, and reviewing the resources available through DDAP including trainings and documents.



Evidence Based Trainings

ASAM Criteria foundational learning



Interactive and self-paced online course



Interactive and self-paced online course



2-day instructor led course



Evidence Based Trainings

- ***Treatment Planning with The ASAM Criteria (6 hr)*** – 450 trained since August 2021.
- ***Co-occurring Conditions (6 hr)*** – 90 trained since November 2021.
- ***Cognitive Behavioral Strategies for treating individuals with SUD*** – Over 150 trained since September 2021.
- ***Motivational Interviewing: Advancing the Practice (12 hr)*** – Over 1,100 trained since 2019.
 - Optional: 8 monthly Learning Collaboratives (3.5 hours/session)



Learning Objectives

1. Attendees will have an improved understanding of support systems required at each level of care.
2. Attendees will know where to find additional information in The ASAM Criteria text related to support systems.
3. Attendees will better understand common themes regarding support systems across the levels of care.
4. Attendees will have a better understanding of how it looks to implement these support systems.



Support Services Defined (p.431)

Support services are those readily available to the program through affiliation, contract, or because of their availability to the community at large (for example, 911 emergency response services). **They are used to provide services beyond the capacity of the staff at the program and which will not be needed by patients on a routine basis or to augment the services provided by staff.**



Common Themes

Direct affiliation with lower or higher levels of care.

Emergency services available 24/7.

Access to psychiatry, medical, medication assisted treatment.

Access to lab and toxicology testing.

Level of Care	Medical* and/or Psych Consult Timeframes
Level 1	Within 24 hours by phone**
Level 2.1	Within 24 hours by phone or 72 hours in person
Level 2.5	8 hours by phone, 48 hours in person
Level 3.1	24 hours a day, 7 days a week by phone or in person
Level 3.5	24 hours a day, 7 days a week by phone or in person
Level 3.7	Psych consult within 8 hours by phone or 24 hours in person, H&P within 24 hours of admission
Level 4	A full range of acute care services, specialty consultation, and intensive care

*Physician extenders included.

**If in person, within timeframe appropriate to the severity and urgency of consultation requested (p.187)

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Level 1 Support Systems (p.187)

- Medical, psychiatric, psychological and toxicology services, which are available on site, through consultation or by referral within 24 hours by phone, or if in person, within a time frame appropriate to the severity and urgency of the situation.
- Direct affiliation with (or close coordination through referral to) more intensive levels of care and medication management.
- Emergency Services available by telephone 24 hours a day, 7 days a week.



Level 2.1 Support Systems

- Medical, psychiatric, psychological and toxicology services, which are available on site, through consultation or by referral **within 24 hours by phone, and within 72 hours in person.**
- Direct affiliation with (or close coordination through referral to) more and less intensive levels of care and **supportive housing services.**
- Emergency Services available by telephone 24 hours a day, 7 days a week when treatment is not in session.



What could this look like?

Support Systems	Policy/Procedure detailing:	Written Agreement (contracts, MOUs)/Documentation
<p>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.</p>	<ul style="list-style-type: none"> • Availability of medical personnel (i.e physician, or nurse practitioner, or physician assistant with appropriate physician supervision in states where they may perform physician duties) to respond to patient needs identified by the multidimensional assessment at admission, or as needs emerge in treatment. • Availability of appropriately licensed health professionals to provide psychiatric and psychological services to respond to patient needs identified by the multidimensional assessment at program admission, or as needs emerge in treatment. • Referral process for psychiatric, medical, psychological, laboratory, and toxicology services. 	<ul style="list-style-type: none"> • Laboratory and toxicology services.
<p>Emergency services are available by telephone 24 hours a day, seven days a week when the treatment program is not in session.</p>	<ul style="list-style-type: none"> • Availability of clinical staff (licensed or certified addictions counselors) 24 hours a day, seven days a week. • Access to emergency services by telephone 24 hours a day, seven days a week. 	<p>N/A</p>
<p>Direct affiliation with (or close coordination through referral to) more and less intensive levels of care and supportive housing.</p>	<ul style="list-style-type: none"> • Referral to other services, when applicable. • Coordination when a patient is concurrently served by another provider. • Identifying when transition planning will occur. • Identifying where transition planning summary is documented. • Documentation and review of the 6th dimensions as it relates to transfer decisions. • Documenting inactive status. • Coordination with providers delivering concurrent care (mental health or narcotic treatment program). • Follow up with patients post transfer or with the referral source to ensure engagement in the next level of care. • Unplanned discharges including timely follow up and necessary notifications. 	<ul style="list-style-type: none"> • Network of affiliations to meet the needs of patients when they transfer to another level of care, including supportive housing.

Level 2.5 Support Systems

- Medical, psychological, psychiatric, laboratory, and toxicology services, which are available through consultation or referral.
- Psychiatric and other medical consultation is available within 8 hours by phone and within 48 hours in person.
- Direct affiliation with (or close coordination through referral to) more and less intensive levels of care and supportive housing services.
- Emergency Services available by telephone 24 hours a day, 7 days a week when treatment is not in session.



Level 3.1 Support Systems

- Telephone or in person consultation with a physician and emergency services, available 24 hours a day, 7 days a week.
- Direct affiliation with other levels of care, or close coordination through referral to more and less intensive level of care and other services (such as intensive outpatient treatment, vocational assessment and placement, sheltered workshops, literacy training and adult education)
- Ability to arrange for needed procedures (including indicated laboratory and toxicology tests) as appropriate to the severity and urgency of the patient's condition.
- Ability to arrange for pharmacotherapy for psychiatric or anti addiction medications.



Level 3.5 Support Systems

- Telephone or in person consultation with a physician, or a physician assistant or nurse practitioner in states where they are licensed as physician extenders and may perform the duties designated here for a physician; Emergency services, available 24 hours a day, seven days a week.
- Direct affiliations with other levels of care or close coordination through referral to more and less intensive levels of care and other services (such as vocational assessment and training, literacy training, and adult education.)
- Arranged medical, psychiatric, psychological, laboratory, and toxicology services, as appropriate to the severity and urgency of the patient's condition.



What could this look like?

Support Systems	Policy/Procedure detailing:	Written Agreement (contracts, MOUs)/Documentation
<p>Telephone or in person consultation with a physician, or a physician assistant or nurse practitioner in states where they are licensed as physician extenders and may perform the duties designated here for a physician; Emergency services, available 24 hours a day, seven days a week.</p>	<ul style="list-style-type: none"> On-call availability of medical personnel (i.e physician, or nurse practitioner, or physician assistant with appropriate physician supervision in states where they may perform physician duties) to respond to urgent medical or psychiatric situations 24 hours/day, 7 days/ week. Instructing staff on when and how to access on-call medical personnel or to use 911. 	<ul style="list-style-type: none"> Where on-call staff is not program personnel, there is a current written agreement that details the contracted providers' responsibilities.
<p>Direct affiliations with other levels of care or close coordination through referral to more and less intensive levels of care and other services (such as vocational assessment and training, literacy training, and adult education.)</p>	<ul style="list-style-type: none"> Referral to other services. Coordination when a patient is concurrently being services with another provider. When transition planning will occur. Where transition planning summary is documented. Documentation & review of the 6 dimensions as it relates to transfer decisions. Inactive status. Coordination with providers delivering concurrent care (NTPS, etc.) Follow up to ensure engagement in next level of care. Securing consent to engage with follow up providers. Unplanned discharges. 	<ul style="list-style-type: none"> Network of affiliations to meet the needs of patients when they transfer to another level of care.
<p>Arranged medical, psychiatric, psychological, laboratory, and toxicology services, as appropriate to the severity and urgency of the patient's condition.</p>	<p>Utilization and referral process for:</p> <ul style="list-style-type: none"> Healthcare services. Pharmacy services. Lab services. Drug testing. Mental health services. <p>Process for persons services to obtain medications when needed, including safe storage.</p>	<ul style="list-style-type: none"> Laboratory. Drug testing. Mental health services. Physical health services. Pharmacy services.

Level 3.7 Support Systems

- Physician monitoring, nursing care, and observation are available. A physician* is available to assess the patient in person within 24 hours of admission and therefore as medically necessary. A registered nurse conducts an alcohol or other drug focused nursing assessment at the time of admission. And appropriately credentialed and licensed nurse is responsible for monitoring the patient's progress and for medication administration.
- Additional medical specialty consultation, psychological, laboratory, and toxicology services are available on site, through consultation or referral.
- Coordination of necessary services or other levels of care are available through direct affiliation or referral processes (such as stepdown services for continuing care and / or medical follow up services.)
- Psychiatric services are available on site, through consultation or referral when a presenting issue could be attended to at a later time. Such services are available within eight hours by telephone or 24 hours in person.



Level 4 Support Systems

- A full range of acute care services, specialty consultation, and intensive care.



ASAM Service Alignment

[Expand All](#)

Level 1.0 Outpatient

[View documents](#)



Level 2.0 Intensive Outpatient

[View documents](#)



Level 3.0 Residential/Inpatient Services

[View documents](#)



- [Level 3.1 Clinically Managed Low-Intensity Residential Services by Service Characteristics](#)
- [Level 3.1 Clinically Managed Low-Intensity Residential Services Self Assessment](#)
- [Level 3.5 Clinically Managed High-Intensity Residential Services by Service Characteristics](#)



Level of Care Specific Self Assessments

[ASAM Transition \(pa.gov\)](http://pa.gov)



Q&A



Reminders

Next Monthly ASAM TA Call is Monday, June 6th 10am-11am

Topic: TBD

ASAM Transition Page: [ASAM Transition \(pa.gov\)](#)

Questions? Suggestions? Need Technical Assistance? RA-DAASAM@pa.gov

