

LEVEL 2.5 PARTIAL HOSPITALIZATION CO-OCCURRING ENHANCED SERVICES BY SERVICE CHARACTERISTICS 1

I. SETTING

No additional sub-service characteristics

II. SUPPORT SYSTEMS (3 sub-service characteristics)

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

II.1. Level 2.5 co-occurring enhanced programs offer psychiatric services appropriate to the patient's mental health condition (*The ASAM Criteria, p 208*).

Patients admitted to Level 2.5 co-occurring enhanced programs meet the diagnostic criteria for both a mental disorder and substance use disorder. Providing active psychiatric services to these patients is a defining service characteristic of the co-occurring intensity of service.

II.2. Psychiatric services are available by telephone and on site or closely coordinated off-site, within a shorter time than in a co-occurring capable program (*The ASAM Criteria, p 208*).

Clinical experience indicates the need for staff to have timely and reliable access to psychiatric services when a patient experiences a change in their mental condition.

II.3. Clinical leadership and oversight may be offered by a certified addiction medicine physician with at least the capacity to consult with an addiction psychiatrist (*The ASAM Criteria, p 208*).

Patients admitted to a Level 2.5 co-occurring enhanced program meet the diagnostic criteria for both a mental disorder and substance use disorder. Providing active addiction medicine services to these patients is a defining service characteristic of the co-occurring intensity of service. If the addiction medicine physician is the only physician available to the program, the capacity to consult with an addiction psychiatrist must be available.

Goal: Provide active psychiatric services to patients.

III. STAFF (3 sub-service characteristics)

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

III.1. Level 2.5 co-occurring enhanced programs are staffed by appropriately credentialed mental health professionals who assess and treat co-occurring mental disorders (*The ASAM Criteria, p 209*).

Patients presenting for treatment at Level 2.5 co-occurring enhanced services require a set of treatment services that are provided by mental health clinicians with the education, training, and expertise to assess, monitor and manage severe and chronic mental disorders.

III.2. Clinical leadership and oversight may be offered by a certified and/or addiction psychiatrist. But at a minimum, capacity to consult with an addiction psychiatrist should be available (*The ASAM Criteria, p 209*).

Patients at the Level 2.5 co-occurring enhanced program, by definition, have presenting mental and substance use disorders. By design, the Level 2.5 co-occurring enhanced program provides concurrent, integrated treatment. By training and expertise, addiction psychiatrists are most suited to provide the clinical leadership to deliver integrated treatment. Absent a staff addiction psychiatrist, one should be available to consult with staff.

III.3. Level 2.5 co-occurring enhanced programs also provide ongoing intensive case management services for highly crisis-prone (and often homeless) patients with co-occurring disorders. Case management services are delivered by cross-trained, interdisciplinary staff through mobile out-reach,

¹This document provides an overview of the characteristics of co-occurring enhanced programs at Level 2.5 Partial Hospitalization Services. Partial Hospitalization co-occurring enhanced programs should review *The ASAM Criteria 2013, 3rd edition*, for criteria specific to Level 2.5.

and involves engagement-oriented addiction treatment and psychiatric programming (*The ASAM Criteria, p 209*).

Case management services are best delivered by a cross-trained interdisciplinary staff utilizing a full array of non-site-based interventions including mobile outreach and programming to engage the patient in the program of services.

Goal: Services are provided by mental health clinicians with the education, training, and expertise to assess, monitor, and manage severe and chronic mental disorders.

IV. THERAPIES (1 sub-service characteristic)

Cover the range of the therapies that programs need to offer to ensure they meet the personalized biopsychosocial needs of patients.

IV.1. Patients at Level 2.5 co-occurring enhanced programs, especially those who have severe and chronic mental illness, may not be able to benefit from the full program of therapies available in Level 2.5. In that circumstance, co-occurring enhanced Level 2.5 services may involve intensive case management, assertive community treatment, medication management and psychotherapy (*The ASAM Criteria, p 211*).

Patients in Level 2.5 co-occurring enhanced programs are provided with the wide range of therapies typical of Level 2.5 services but are supported by an integrated psychiatric service that proactively addresses the patient's complex co-occurring mental and substance use disorders. This approach may involve intensive case management and assertive community treatment, medication management and psychotherapy that are considered integral, and not adjunctive to treatment.

Goal: Patients in Level 2.5 co-occurring enhanced programs are provided with the wide range of therapies typical of Level 2.5 services but are supported by an integrated psychiatric service that proactively addresses the patient's complex co-occurring mental and substance disorders.

V. ASSESSMENT/TREATMENT PLAN REVIEW (2 sub-service characteristics)

Addresses assessment of the patient for withdrawal management services, addiction treatment, and patient's recent psychiatric history.

V.1. Level 2.5 co-occurring enhanced programs provide a review of the patient's recent psychiatric history and mental status examination (which are reviewed by a psychiatrist, if necessary). A comprehensive psychiatric history, examination, and psychodiagnostic assessment are performed within a reasonable time as determined by the patient's psychiatric condition (*The ASAM Criteria, p 212*).

A comprehensive review and assessment of the patient's recent psychiatric history, as well as psychodiagnostic assessment are part of the standard multidimensional assessment. The assessment is the foundation for developing an individualized treatment plan.

Goal: Provides a review of the patient's recent psychiatric history and mental status examination.

VI. DOCUMENTATION (1 sub-service characteristic)

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

VI.1. Level 2.5 co-occurring enhanced programs document the patient's mental health problems, the relationship between the mental and substance-related disorders, and the patient's current level of mental functioning (*The ASAM Criteria, p 212*).

The primary method for documenting progress is through regular notes that describe the implementation of the treatment plan, the patient's response to interventions and any amendments made. Co-occurring enhanced program documentation specifically record the patient's mental health problems, the relationship between the

mental and substance use disorders, and the patient's current level of mental functioning. Notes should be timely, complete, and accurate, in accordance with established policies and procedures.

Goal: Specifically record the patient's mental health problems, the relationship between the mental and substance use disorders, and the patient's current level of mental functioning.