

## **LEVEL 2.1 INTENSIVE OUTPATIENT CO-OCCURRING ENHANCED SERVICES BY SERVICE CHARACTERISTICS<sup>1</sup>**

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### **I. SETTING**

No additional sub-service characteristics.

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### **II. SUPPORT SYSTEMS (2 sub-service characteristics)**

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

#### **II.1. Level 2.1 co-occurring enhanced programs offer psychiatric services appropriate to the patient's mental health condition (*The ASAM Criteria, p 198*).**

Patients admitted to Level 2.1 co-occurring enhanced programs meet the diagnostic criteria for both a mental health 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 198*).**

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 health condition.

**Goal:** Provide active psychiatric services to patients.

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### **III. STAFF (2 sub-service characteristics)**

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

#### **III.1. Level 2.1 co-occurring enhanced programs are staffed by appropriately credentialed mental health professionals, who assess and treat co-occurring mental health disorders (*The ASAM Criteria, p 199*).**

Patients presenting for treatment at Level 2.1 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 an addiction specialist physician. But at a minimum, capacity to consult with an addiction psychiatrist should be available (*The ASAM Criteria, p 199*).**

Patients at the Level 2.1 co-occurring enhanced program, by definition, have presenting mental and substance use disorders. By design, the Level 2.1 co-occurring enhanced program provides concurrent, integrated treatment. By training and expertise, addiction psychiatrists are best suited to provide the clinical leadership to deliver integrated treatment. Absent a staff addiction psychiatrist, one should be available to consult.

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

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<sup>1</sup> This document provides an overview of the characteristics of co-occurring enhanced programs at Level 2.1 Intensive Outpatient Services. Intensive Outpatient co-occurring enhanced programs should review *The ASAM Criteria 2013, 3rd edition*, for criteria specific to Level 2.1.

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#### **IV. THERAPIES (1 sub-service characteristic)**

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

##### **IV.1. Level 2.1 co-occurring enhanced programs may involve intensive case management, assertive community treatment, medication management and psychotherapy (*The ASAM Criteria, p 200*).**

Patients in Level 2.1 co-occurring enhanced programs provide the wide range of therapies typical of Level 2.1 services but are supported by an integrated psychiatric service that proactively addresses the patient's complex co-occurring mental and substance disorders. This approach often includes intensive case management and assertive community treatment that are considered integral, and not adjunctive to treatment.

**Goal:** Provide the wide range of therapies typical of Level 2.1 services but are supported by an integrated psychiatric service that proactively addresses the patient's complex co-occurring mental and substance disorders.

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#### **V. ASSESSMENT/TREATMENT PLAN REVIEW (1 sub-service characteristic)**

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

##### **V.1. Level 2.1 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 200*).**

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.

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#### **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 2.1 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 201*).**

The primary method for documenting progress is the through regular notes that describe the implementation of the treatment plan, patient response to interventions, and any amendments made. Co-occurring enhanced program documentation specifically records 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.