Ava Health's Ultimate Consumer's Guide

Behavioral Health Treatment

AVA HEALTH

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Before You Begin

You are doing the best you can. Take one breath. You do not need to master the whole system right now. You only need the next step. This guide is a field manual you can print, markup, and use on calls. It is strength-based, trauma-informed and written to make you the most informed person in any room.

How to use this guide in crisis

- Skim the "Levels of Care" section to guess the right level.
- Jump to the matching "Key Questions + Benchmarks" for that level.
- Use the call log templates at the end to record answers.
- If you get stuck, move to "Red Flags" and "Advocacy Moves."
- Use it with any provider, anywhere.

What this guide is not

- It is not legal or medical advice. It teaches you how the system works so you can advocate for the right care.

Quick Map

- Levels of care explained in plain English
- How to know which level is needed
- What makes a great provider at any level
- Insurance and authorizations in simple terms
- Master question lists with benchmark answers and red flags
- Family involvement at every step
- Decision worksheets, call logs, and a tour checklist

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1) Levels of Care, From Least to Most Intensive

Each level includes: typical structure, who it is for, indicators, key questions, benchmark answers, red flags, and family advocacy.

Level 0: Community and Self-Help Support

Typical structure
Peer groups, usually free or low cost. Meetings range from daily to weekly. No clinical treatment. Examples: AA, NA, SMART Recovery, Refuge Recovery, NAMI, faith groups, peer coaches.

Who it is for
Mild symptoms, recovery maintenance, social support between clinical visits, family members who want education and connection.

Indicators this level fits
Safe at home, low immediate risk, motivated to practice skills, wants peers.

Key questions to ask

1. Are there groups for families, partners, or parents?
2. Are meetings available in person and online?
3. Is there a way to connect with a peer mentor?

Benchmark answers

- "Yes, we have weekly family groups and newcomer orientation."
- "We offer both in person and virtual options, mornings and evenings."
- "We match newcomers with a peer mentor within one week."

Red flags
Only one group, no family options, no consistency.

Client and family advocacy
Try three different meetings before you decide. Ask for a mentor. Attend Al-Anon or NAMI Family to reduce isolation and learn skills.

Level 1: Outpatient Therapy (OP)

Typical structure
One to three hours per week. Individual therapy, sometimes group. Psychiatry visits every four to eight weeks if meds are used. Goals set and reviewed every month or two.

Who it is for
Mild symptoms, safe housing, stable routines, good follow through, no current safety risk.

Indicators
Able to keep work or school, can use coping skills between sessions, needs targeted help, not in active withdrawal.

Key questions

1. What licenses and specialties do your clinicians have?
2. How will you measure progress, and how often will you update the treatment plan?
3. How can family join, with my consent?
4. Do you coordinate with my primary care, work, the court or school if I sign a release?

Benchmark answers

- "Your clinician is fully licensed, trained in CBT or DBT for your concern, and has two or more years post-license experience."
- "We measure progress every four to six weeks with simple tools and update goals in writing."
- "Family sessions are available as needed, and we have a monthly family education hour."
- "With your consent, we coordinate care and share summaries."

Red flags
"Any therapist is fine for anything." No progress reviews. No family options. No coordination.

Advocacy moves
Ask for written goals, a home practice plan, and a short safety plan. If nothing improves after eight to twelve sessions, step up to IOP or PHP.

Level 2.1: Intensive Outpatient Program (IOP)

Typical structure
Three to five days per week, three to four hours per day. Groups, weekly individual sessions, skills practice, drug testing when indicated, psychiatry access.

Who it is for
Moderate symptoms or relapse risk, needs more structure than OP, safe to sleep at home, can travel to the clinic.

Indicators
Frequent crises, missed work or school, repeated slips with substances, cannot hold gains from weekly therapy, needs daily skills support.

Key questions

1. Group size and clinician to client ratio.
2. Which evidence-based therapies are used, for example CBT, DBT, ACT, trauma focused work.
3. How families participate each week.
4. How progress is tracked and how discharge from services is decided.

Benchmark answers

- "Groups are eight to ten people, run by licensed clinicians."
- "We run a skills curriculum and measure practice, not only talk."
- "Family group weekly, plus individual family session at least twice per month."
- "We track attendance, skills use, and symptom scores, and share a written step-down plan."

Red flags
Crowded groups, mostly videos, no real skills, no family contact, vague discharge plans.

Advocacy moves
Ask for the weekly schedule, the curriculum, qualifications of the treatment team. Confirm transportation help if needed.

Level 2.5: Partial Hospitalization Program (PHP)

Typical structure
Five to six hours per day, five days per week. Daily groups, individual sessions twice per week, psychiatrist involved, nursing check-ins, lunch provided in many programs.

Who it is for
Severe symptoms that do not require overnight care, recent step-down from hospital or residential, high relapse risk, needs daily contact.

Indicators
Cannot maintain safety or function without daily structure, repeated ER visits, major medication changes, needs daily coaching on sleep, food, and skills.

Key questions

1. Daily schedule and staff credentials.

2. How family joins discharge planning.
3. How crises after hours are handled.
4. How school or work is supported during PHP.

Benchmark answers

- "Here is our daily schedule, and here are the licenses for each facilitator."
- "Families join a weekly planning call and receive written updates."
- "We provide a direct number for urgent questions and a clear after-hours plan."
- "We coordinate with employers or schools to arrange a return plan."

Red flags
No written schedule, no family meetings, "call 911" is the only after-hours plan, no discharge plan until the last day.

Advocacy moves
Join the weekly planning call. Ask for specific goals for sleep, routines, and meds. Confirm the date of the first step-down IOP session before PHP ends.

Level 3.1 to 3.7: Residential Treatment

Typical structure
Live in a structured setting with 24-hour, awake staff. Daily groups and activities, individual therapy two or more times per week, family sessions weekly, on-site nursing, psychiatry as needed, holistic services such as movement, nutrition, creative arts, nature time, and spiritual care by request.

Who it is for
Unsafe home environment, severe symptoms that need round-the-clock support, early recovery from severe substance use, repeated failure to stabilize at lower levels.

Indicators
Cannot keep self-safe at home, cannot follow treatment between visits, needs medication changes and close watch, needs a full reset of routines and environment.

Key questions

1. What exact ASAM level are you licensed to provide, for example 3.1, 3.5, or 3.7?
2. What are the clinician to client ratios and awake overnight coverage?
3. What holistic services are included and how often?

4. How often families meet with clinicians and receive education.
5. What is the average length of stay and the step-down plan.

Benchmark answers

- "We are licensed for ASAM 3.5, Joint Commission accredited and can show our license."
- "Day ratio is 1 staff for 4 to 6 clients, awake overnight staff are always present, nursing available."
- "Movement daily, nutrition support, nature time, creative groups, and optional spiritual care."
- "Family therapy weekly, multi-family education groups monthly, and a named family liaison."
- "Average stay is 30 to 60 days with scheduled transition to PHP or IOP and a written aftercare plan."

Red flags
Cannot name ASAM level, will not show license, no awake overnight staff, little or no family work, a single fixed daily schedule for everyone, no real step-down.

Advocacy moves
Tour in person or virtually. Ask for a sample weekly schedule, staff roster with credentials, and the family curriculum. Verify license and accreditation on public sites. Confirm how substance use and mental health are integrated if both are present.

Crisis Stabilization, Sub-Acute

**Not technically under ASAM Criteria as this is a level of care for Mental Health, however in Colorado, this is like an ASAM Level 3.7.*

Typical structure
Short stay, usually five to ten days. 24 hour supervised setting that is not locked. Focus is safety, calming, medication evaluation, and plan for next care. Not a hospital.

Who it is for
Emotional or behavioral crisis that is unsafe at home but does not require a locked unit or medical hospital.

Indicators
Intense dysregulation, suicidal thoughts without a current plan, paranoia, aggression, shutdown, grief, or psychosis that can be managed in an unlocked setting.

Key questions

1. Are doors unlocked and is care voluntary?
2. What is the medical coverage and how quickly can meds be started or adjusted?
3. How the family receives regular updates with consent?
4. How the transition to the next level is planned.

Benchmark answers

- "Voluntary, no locked doors. We stabilize and partner with the client."
- "Psychiatry available promptly, nursing on site, meds can start day one if indicated."
- "Daily family updates when consent is given, with a named contact."
- "Next level is scheduled before discharge with transportation support if needed."

Red flags
Locked doors without hospital licensure, no licensed medical staff, no family contact plan, no clear step-down.

Advocacy moves
Ask for a simple written crisis plan and a specific next appointment date before discharge.

Detox, Medically Supervised Withdrawal (ASAM Level 3.7)

Typical structure
Three to seven days in most cases. 24-hour nursing, medical management of withdrawal, hydration, rest, nutrition, comfort measures, and gentle emotional support. Integrated mental health support.

Who it is for
People withdrawing from alcohol, benzodiazepines, or opioids, and anyone with significant medical risk or severe distress during withdrawal. Also, for stimulant withdrawal when mood is unstable even if medical risk is lower.

Indicators
History of seizures, hallucinations, severe cravings, repeated failed attempts to stop, co-occurring mental health symptoms that spike during withdrawal.

Key questions

1. What substances do you treat and what protocols do you use?

2. Is psychiatry available for co-occurring mental health needs?
3. How family is updated with consent?
4. How the next level of care is arranged?

Benchmark answers

- "We treat alcohol, benzos, opioids, and stimulants with evidence-based protocols, including MAT when indicated."
- "Psychiatry is available, and mental health support is integrated."
- "Daily family updates with consent, plus a single point of contact."
- "Residential, PHP, or IOP is scheduled before discharge."

Red flags
"Cold turkey" culture, no MAT access, no plan for post-detox treatment, no family updates.

Advocacy moves
Ask for comfort items, sleep hygiene support, and a clear, written transition plan. Confirm insurance authorization for the next level in advance.

Sober Living and Mental Health Transitional Housing (ASAM Level 3.1)

Typical structure
Drug and alcohol-free homes with rules, curfews, random testing, peer support, and often required treatment attendance. Not clinical care but will include case management.

Who it is for
People stepping down from intensive care who need structure and a recovery-supportive environment.

Indicators
Home setting is not stable, limited sober supports, early recovery, high risk after discharge.

Key questions

1. Is the home certified by a reputable body?
2. What are rules, curfews, and support services?
3. How residents are linked to care, work, or school.

Benchmark answers

- “Certified, clear rules in writing, testing, house meetings, and linkage to treatment and work.”

Red flags
Cash only, no rules in writing, unsafe conditions, no linkage to care.

Advocacy moves
Tour the home, ask to see common areas, kitchens, and bathrooms. Meet the house manager. Get rules in writing.

Inpatient Psychiatric Hospitalization

Typical structure
Locked hospital unit. 24-hour nursing, daily psychiatry, medication stabilization, safety monitoring, brief groups, discharge planning.

Who it is for
Imminent danger to self or others, severe psychosis or mania, severe withdrawal that requires hospital level care.

Indicators
Active suicidal plan, recent attempt, command hallucinations, violent behavior, delirium tremens, uncontrolled medical conditions.

Key questions

1. Average length of stay and criteria for discharge.
2. How family is involved from day one.
3. How step-down care is scheduled.

Benchmark answers

- “Average stay is five to seven days. Discharge requires a clear safety and medication plan.”
- “Family is contacted day one with consent and joins discharge planning.”
- “Step-down PHP, IOP, or residential is booked before discharge.”

Red flags
No family contact until discharge, no clear criteria for release, no follow up scheduled.

Advocacy moves
Provide collateral history to the team, request a written safety plan, and confirm the first follow up appointment date and time before discharge.

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1) Free, No-Strings-Attached Support, Anytime You Need It

If you're in the middle of deciding on care, you don't have to do it alone.
We offer **free, confidential consultations** - not sales calls. Just a real conversation with someone who understands behavioral health inside and out.

You can **call or message us right now** and we'll:

- Listen without judgment
- Help you understand the options available, anywhere, not just Ava Health
- Point you toward the right next step, even if that's not with us
- Answer every question you have until you feel confident moving forward

Whether you end up choosing Ava Health or another provider, **we'll help you find a path you feel good about**.

📞 **(970) 822-0144** | 💬 **Message Us**
Because when someone's ready for help, they deserve it now - without pressure, without waiting lists, and without strings attached.

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2) How To Know Which Level You Need

Five-point check

1. Safety now, any risk to self or others.
2. Substance risks, any alcohol or benzodiazepine use that needs medical detox.
3. Function - can the person perform basic daily tasks without constant help.
4. Environment - is home safe and supportive.
5. Engagement - is the person willing and able to join treatment.

Simple match

- Low risk, stable function, engaged – explore OP or IOP.
- Moderate risk, failing outpatient - explore IOP or PHP.

- High risk without hospital needs - explore Residential or Sub-Acute Stabilization.
- Medical or acute psychiatric risk - explore Detox or Inpatient Hospital.

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3) What Makes a Great Provider, Any Level

Licensing and accreditation
State license that matches the level offered. Accreditation by Joint Commission or CARF. Public license numbers on request.

Staffing and training
Licensed clinicians lead groups. Trauma informed training on hire, then quarterly. Clear supervision. Awake overnight staff where people sleep.

Culture and environment
Calm spaces, natural light, predictable routines, clean common areas, respectful language. Holistic supports such as movement, breathwork, nutrition, creative expression, and nature time.

Family integration
Named family liaison. Scheduled family therapy. Education groups. Family goals included in the plan. Consent honored and explained.

Outcomes and transparency
Measures such as symptom scales, housing, work or school, and substance use at discharge and follow ups. Cost estimates in writing. What is included and what is extra listed in plain language.

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4) Insurance and Authorizations, Short and Clear

Key terms
-Deductible, you pay this first.
-Co-pay, a flat fee per visit.
-Co-insurance, your percent share after the deductible.
-Out of pocket max, your cap for the year for covered services.
-Prior authorization, insurance must approve time in a level of care before or during care.
-Medical necessity, the clinical reason a level of care is required now.

How authorizations work
Insurers approve short blocks of time. The provider sends updates. The insurer extends time, steps down the level, or denies more care. Denials can be appealed. You can ask for a peer-to-peer review where a doctor speaks to the insurer’s doctor.

Your move
Ask the provider to send you the exact criteria they will use in their request. Ask for copies of approvals and denials. Ask for a written cost estimate with best- and worst-case ranges.

For our free detailed Guide on how insurance works in behavioral health, click here.

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5) Master Question Lists, With Benchmarks and Red Flags

Use these on calls. Write the provider's answer. Compare later.

For OP and IOP

- Who will be my primary clinician.
    - **Benchmark**: "Licensed, specialty in your concern, two years post-license."
    - **Red flag**: "Whoever is free that day."
- How many per group.
    - **Benchmark**: "Eight to ten."
    - **Red flag**: "Fifteen to twenty."
- How do families join.
    - **Benchmark**: "Weekly family group, individual family sessions available."
    - **Red flag**: "We call family only for problems."
- How do you measure progress.
    - **Benchmark**: "Written goals and simple scales every four to six weeks."
    - **Red flag**: "We know it when we see it."
- What is included in the cost.
    - **Benchmark**: "Therapy and testing included, meds billed at cost, estimate attached."
    - **Red flag**: "It is all inclusive, details later."

For PHP

- Daily schedule and who leads each group.
    - **Benchmark**: "Here is the schedule and licenses."
    - **Red flag**: "It changes, we cannot send it."

- After-hours plan.
    - **Benchmark**: “Direct number and written plan.”
    - **Red flag**: “Call 911.”
- Family role.
    - **Benchmark**: “Weekly support call, family therapy plus education group.”
    - **Red flag**: “Family is optional.”

For Residential

- Exact ASAM level and license number.
    - **Benchmark**: “ASAM 3.5, license ######, Joint Commission accredited.”
    - **Red flag**: “We are like 3.5, no number handy.”
- Ratios and overnight coverage.
    - **Benchmark**: “Day 1:6. Awake overnight staff always present.”
    - **Red flag**: “It depends, sometimes no overnight clinician.”
- Holistic services and frequency.
    - **Benchmark**: “Movement daily, nutrition, creative groups, nature time.”
    - **Red flag**: “We might do yoga sometimes.”
- Family program.
    - **Benchmark**: “Weekly therapy and monthly education, liaison contact regularly as needed.”
    - **Red flag**: “We prefer clients focus on themselves.”
- Discharge planning.
    - **Benchmark**: “Begins day 1, with step-down dates booked before admission ends.”
    - **Red flag**: “We figure it out near the end.”

For Stabilization and Detox

- Doors and consent.
    - **Benchmark**: “Voluntary, unlocked, safety first.”

    - **Red flag**: “Locked unit, but not hospital licensed.”
- Medical coverage.
    - **Benchmark**: “24/7 nursing on site, psychiatric prescribing, MAT when indicated.”
    - **Red flag**: “We do not use meds for withdrawal.”
- Family updates.
    - **Benchmark**: “With consent, weekly or more regularly, one contact person.”
    - **Red flag**: “We will call if something happens.”
- Transition.
    - **Benchmark**: “Next level scheduled and authorized before discharge.”
    - **Red flag**: “We give you a list.”

For Inpatient Hospital

- Average length of stay and discharge criteria.
    - **Benchmark**: “Five to seven days, safety, meds stable, clear step-down.”
    - **Red flag**: “Length varies, family called at discharge only.”
- Step-down scheduling.
    - **Benchmark**: “Booked before discharge.”
    - **Red flag**: “You can call around.”

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6) Family Involvement, Your Rights and Best Practices

What you can ask for with consent

- A named family liaison with contact information
- Scheduled weekly updates
- Family therapy sessions
- Education on diagnosis, meds, and relapse prevention
- Involvement in discharge planning

Release of information

- Ask your loved one to sign a simple release. It can be time limited and specific.
- If they decline, ask the provider to receive information from you even if they cannot share back.

Boundaries that help

- Decide what support you can provide and for how long.
- Ask the team to help write a home agreement that matches the treatment plan.

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7) Red Flags That Should Make You Pause

- The provider cannot or will not show a license that matches the level of care.
- No clear schedule, no ratios, no names, only marketing language.
- No real family involvement, only emergency calls.
- Guarantees of success or very high success rates without data.
- Pressure to pay large deposits before any written estimate or benefits check.
- No plan for step-down or aftercare.
- The provider denies an opportunity for you to tour the facility and meet some of the staff.

Green flags

- Calm, specific answers.
- Written materials offered without a chase.
- Respect for consent and family roles.
- Clear cost estimates and insurance help.
- Willingness to say “we are not the right fit” and refer elsewhere.

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8) Decision Worksheets and Call Logs

A) Call log template
Program name:
Contact person and title:
Phone and email:
Level of care:
Insurance accepted:
License and accreditation:
Ratios and staffing:
Family involvement plan:
Daily schedule received: Yes or No
Cost estimate received: Yes or No
Notes:

B) Side by side comparison grid
Create columns for three programs and rows for the items above. Circle your top choice, second choice, and backup.

C) Tour checklist
Lobby and common areas clean.
Bedrooms and bathrooms clean.
Natural light and quiet spaces.
Outdoor access and movement spaces.
Kitchen and meals plan reviewed.
Emergency procedures posted.
Client rights posted.
Staff present and engaged.
You met your potential primary clinician or house manager.

How would you feel entering this program for treatment? Use your intuition and judgement.

D) Document to gather before admission
Photo ID, insurance card, medication list, recent labs if available, contact list for family and providers, school or work contact if needed, legal documents if any.

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9) Final Next Steps

1. Explore in collaboration with a professional provider the level of care that best fits safety and function today.
2. Call three programs at that level. Use the questions and write their answers.

3. Make SURE the website has staff listed, with bios, credentials and experience. This is a huge red flag is the website has no staff listed.
4. Ask for a written cost estimate and a daily or weekly schedule.
5. Schedule a tour. Bring the tour checklist.
6. Ask for family sessions and a named liaison.
7. Confirm a step-down plan with dates before admission ends.

You are allowed to ask clear questions. You are allowed to take your time. You are allowed to say no. You are building a support system that respects your strengths and your story.

For Those Who Want More

- 📥 Download this guide as a PDF
- 🧭 Let us walk you through your insurance, no pressure
- 🔍 Explore our Behavioral Health Explained Resource Hub
- 📬 Subscribe to our newsletter

👣 Closing Reassurance

If you're navigating next steps and want to talk through what makes sense—clinically, financially, and practically—our Admissions Team is available.

These conversations are about helping you understand options, tradeoffs, and whether Ava is the right fit.

Reach out when you're ready to talk.

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