

**ECHO IDAHO**

**Opioids, Pain and  
Substance Use Disorders**

# **Clinical Resources in Idaho for Substance Use Disorder**

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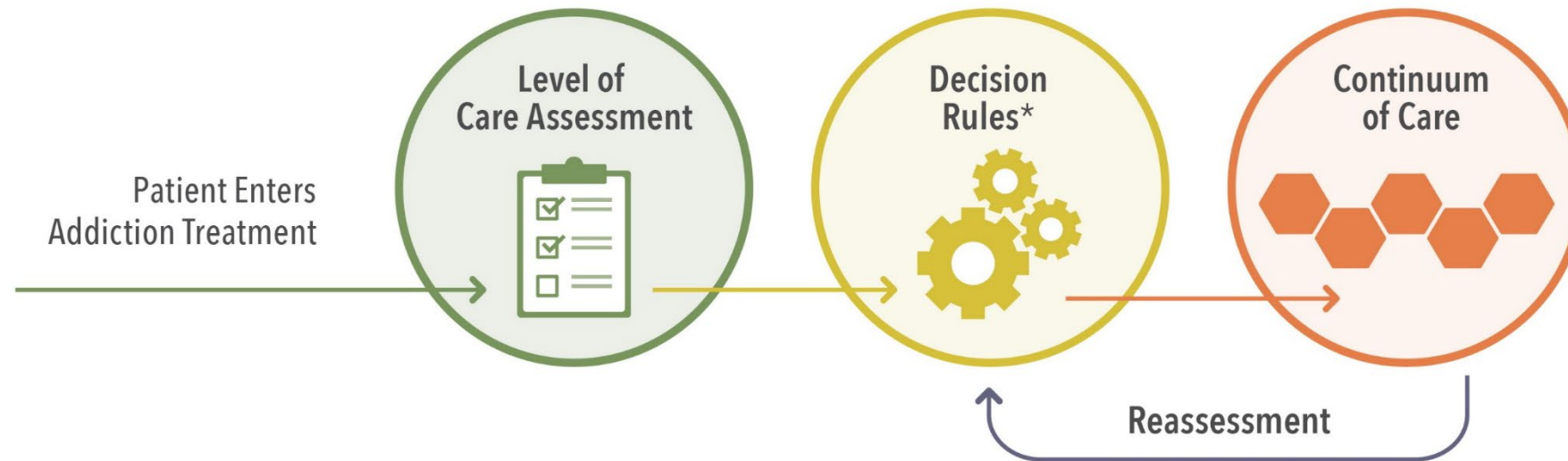


*The ASAM Criteria* is the most widely used and comprehensive set of standards for level of care recommendations, continued service, and care transitions for individuals with addiction and co-occurring conditions.

- ▶ To promote individualized and holistic treatment planning
- ▶ Guide clinicians and care managers in making objective decisions about patient admission, continuing care, and movement along the continuum of care.
- ▶ The criteria provide a consistent way to:
  - ▶ assess patients' biopsychosocial circumstances to identify the appropriate level of care
  - ▶ develop comprehensive, individualized, and patient-centered treatment plans
  - ▶ define the services that should be available at each level of care

# Core Components of The ASAM Criteria

## Core Components of *The ASAM Criteria*

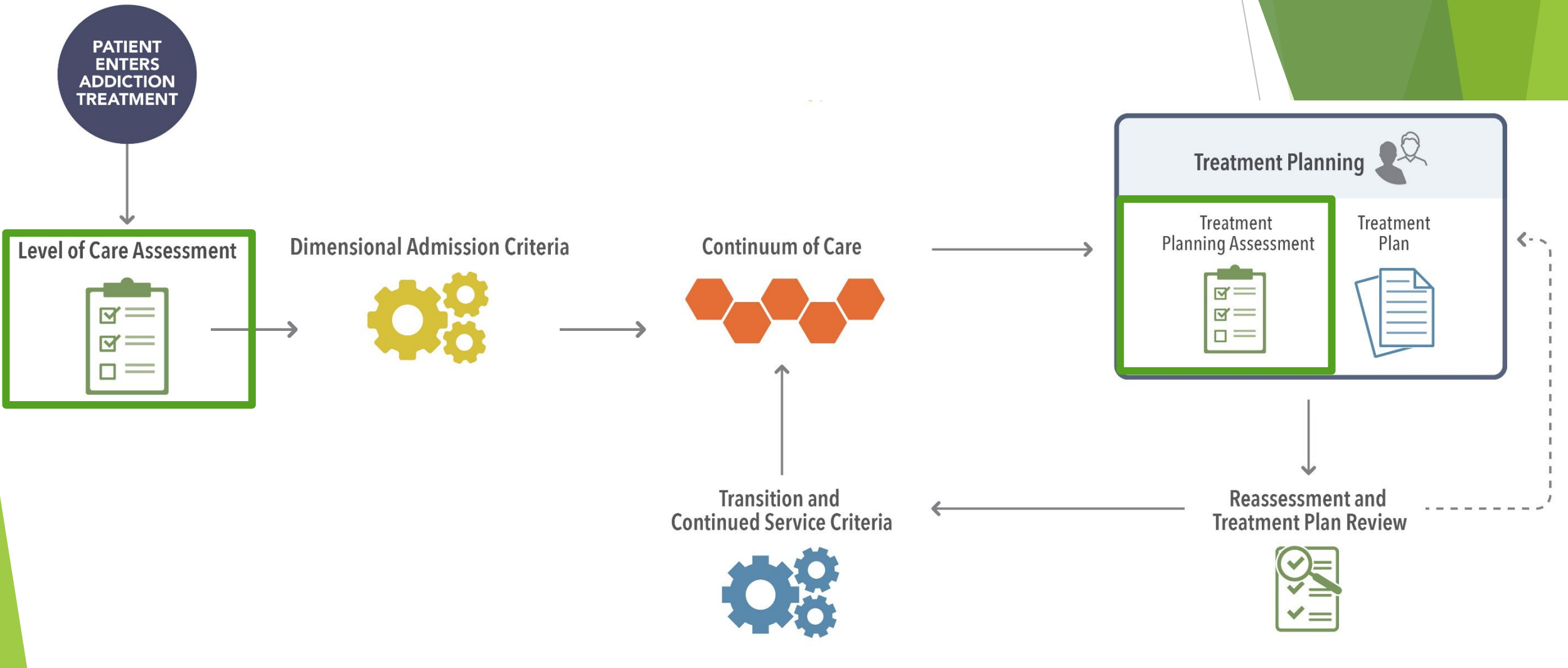


\* Decision rules include the Dimensional Admission Criteria and the transition and continued service criteria.

# Guiding Principles of *The ASAM Criteria*

- ▶ Admission into treatment is based on patient needs, not arbitrary prerequisites
- ▶ Multidimensional assessment addresses the broad biological, psychological, social, and cultural factors that contribute to addiction and recovery
- ▶ Treatment plans are individualized based on patient needs and preferences
- ▶ Care is interdisciplinary, evidence-based, patient-centered, and delivered from a place of empathy
- ▶ Co-occurring conditions are an expectation, not an exception
- ▶ Patients move along the continuum of care based on their progress, not predetermined lengths of stay
- ▶ Informed consent and shared decision-making accompany treatment decisions

# A Patient's Journey Through the Continuum of Care



# ASAM Criteria Assessments

- ▶ Assessments are a process of evaluating and obtaining information from an individual to determine what health concerns they have and what clinical and recovery support services they need.
  - ▶ The ASAM Criteria Level of Care Assessment is used to determine the recommended level of care
  - ▶ The ASAM Criteria Treatment Planning Assessment informs treatment planning
  - ▶ Both assessments are multidimensional and consider the patient's full biological, psychological, and sociocultural context

# ASAM Criteria Subdimensions

## **Dimension 1 – Intoxication, Withdrawal, and Addiction Medications**

- **Intoxication and associated risks**
- **Withdrawal and associated risks**
- **Addiction medication needs**

## **Dimension 2 – Biomedical Conditions**

- **Physical health concerns**
- **Pregnancy-related concerns**
- Sleep problems

## **Dimension 3 – Psychiatric and Cognitive Conditions**

- **Active psychiatric concerns**
- **Persistent Disability**
- Cognitive Functioning
- Trauma exposure and related needs
- Psychiatric and cognitive history

## **Dimension 4 – Substance Use Related Risks**

- **Likelihood of risky substance use**
- **Likelihood of risky SUD-related behaviors**

## **Dimension 5 – Recovery Environment Interactions**

- **Ability to function in current environment**
- **Safety in current environment**
- **Support in current environment**
- Cultural perceptions of substance use

## **Dimension 6 – Person-Centered Considerations**

- Patient preferences
- Barriers to care
- Need for motivational enhancement



# Treatment Planning Assessments

- ▶ Comprehensive biopsychosocial assessment, including a full patient history
  - ▶ Explore the patient's needs in each subdimension
  - ▶ Strengths to build upon
  - ▶ Clinical service needs
  - ▶ Care coordination needs
  - ▶ Recovery support service needs
  - ▶ Harm reduction service needs
- ▶ May be completed by multiple clinicians in a multidisciplinary process

# The ASAM Criteria Continuum of Care for Adult Addiction Treatment

## Level 4: Inpatient

4

Medically Managed  
Inpatient

4 Psych

## Level 3: Residential

3.1

Clinically Managed  
Low-Intensity  
Residential

3.5

Clinically Managed  
High-Intensity  
Residential

3.5 COE

3.7

Medically Managed  
Residential

3.7 BIO

3.7 COE

## Level 2: IOP/HIOP

2.1

Intensive  
Outpatient (IOP)

2.5

High-Intensity  
Outpatient  
(HIOP)

2.5 COE

2.7

Medically Managed  
Intensive  
Outpatient

2.7 COE

## Level 1: Outpatient

1.0

Long-Term  
Remission  
Monitoring

1.5

Outpatient  
Therapy

1.5 COE

1.7

Medically Managed  
Outpatient

1.7 COE

## Recovery Residence

RR

Recovery  
Residence

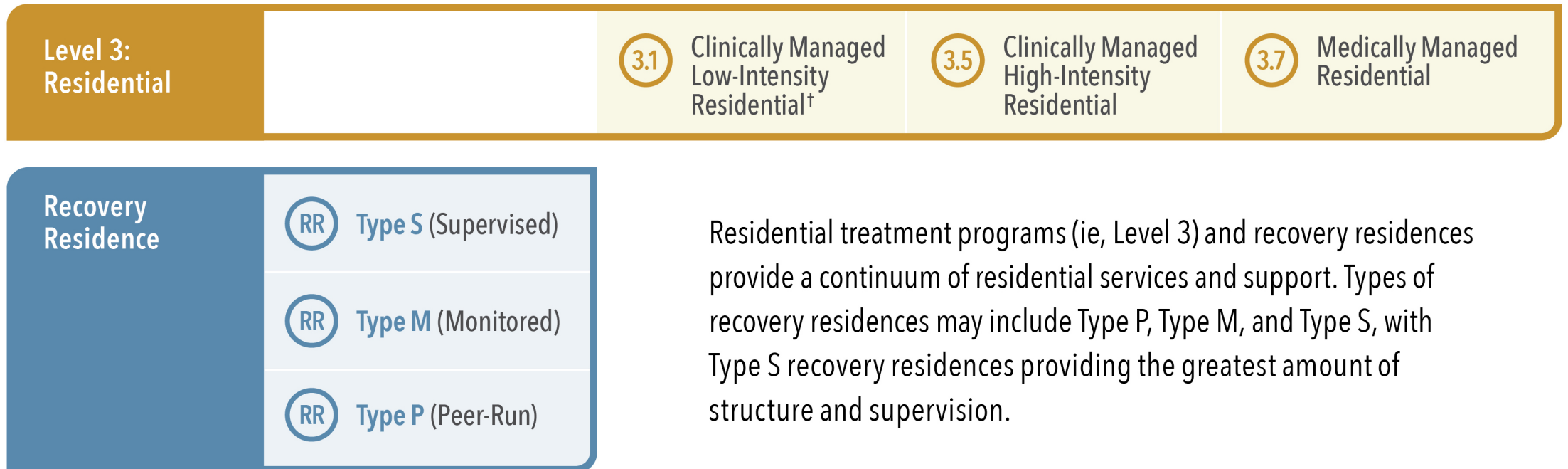


# Integrating Co-occurring Capability

All programs should  
be co-occurring  
capable at minimum

- ▶ Program services designed with expectation that most patients have co-occurring conditions
- ▶ Ability to manage mild to moderate acuity, instability, and/or functional impairment.
- ▶ At least one staff member qualified to assess and triage mental health conditions
- ▶ Integrated treatment plans
- ▶ Coordination with external mental health providers as needed
- ▶ Program content that addresses co-occurring conditions

## Residential Treatment and Recovery Residence Continuum of Care\*



Residential treatment programs (ie, Level 3) and recovery residences provide a continuum of residential services and support. Types of recovery residences may include Type P, Type M, and Type S, with Type S recovery residences providing the greatest amount of structure and supervision.

\* Developed in coordination with the National Alliance for Recovery Residences (NARR).

<sup>†</sup> NARR Type C (Clinical) programs are equivalent to *The ASAM Criteria* Level 3.1 that applies the social model.

# Clinically Managed Outpatient

|  | <b>1.0</b>                                       | <b>1.5</b>                             | <b>2.1</b>   | <b>2.5</b>   |
|--|--|--|--|--|
|  | <b>Long-term Remission Monitoring</b>            | <b>Outpatient Therapy</b>              | <b>Intensive Outpatient Treatment</b>              | <b>High-intensity Outpatient Treatment</b>         |
| <b>Medical Director</b>                | Not typical                                      | Not typical                            | Not typical  | Yes  |
| <b>Nursing</b>                         | Not typical                                      | Not typical                            | Not typical  | Variable <sup>†</sup>                              |
| <b>Program Director</b>                | Variable <sup>‡</sup>                            | Yes                                    | Yes  | Yes  |
| <b>Allied Health Staff</b>             | Variable   | Variable                               | Typically available                                | Typically available                                |
| <b>Physical exam</b>                   | Verify a physical exam in the last year or refer | Within 1 month of treatment initiation | Within 14 days of admission <sup>§</sup>           | Within 7 days of admission                         |
| <b>Nursing Assessment</b>              | Not typical                                      | Not typical                            | Not typical  | Not typical  |
| <b>Clinical Services</b>               | Recovery and remission management services       | Direct psychosocial services           | Direct psychosocial services<br>Therapeutic milieu | Direct psychosocial services<br>Therapeutic milieu |
| <b>Clinical Service Hours</b>          | Quarterly services at minimum                    | <9 h/wk                                | 9-19 h/wk  | ≥20 h/wk   |
| <b>Recovery Support Services (RSS)</b> | Recovery management checkups and other RSS*      | Yes*                                   | Yes*   | Yes*   |

\* Directly or through formally affiliated provider

# Residential Levels Overview

|   | <b>3.1</b>   | <b>3.5</b>  |
|---|--|---|
|   | <b>Clinically Managed Low-intensity Residential Treatment</b>  | <b>Clinically Managed High-intensity Residential Treatment</b>  |
| <b>Supervision</b>                                | Patients may leave independently during the day with appropriate accountability checks                         | 24-h supervision  |
| <b>Medical Director</b>                           | Not typical  | Yes   |
| <b>Physicians and Advanced Practice Providers</b> | Not typical  | Available to review admission decisions.  |
| <b>Nursing</b>                                    | Not typical  | Variable <sup>†</sup>   |
| <b>Program Director</b>                           | Yes  | Yes   |
| <b>Allied Health Staff</b>                        | On-site and alert 24 h/d   | On-site and alert 24 h/d  |
| <b>Physical Exam</b>                              | Within 14 days of admission <sup>†</sup>   | Within 72 hours of admission  |
| <b>Nursing Assessment</b>                         | Not typical  | Not typical   |
| <b>Clinical Services</b>                          | <ul style="list-style-type: none"> <li>• Direct psychosocial services</li> <li>• Therapeutic milieu</li> </ul> | <ul style="list-style-type: none"> <li>• Direct psychosocial services</li> <li>• High-intensity therapeutic milieu</li> </ul> |
| <b>Hours of Clinical Services</b>                 | 9-19 h/wk, available 7 d/wk  | ≥20 h/wk, available 7 d/wk  |
| <b>Recovery Support Services</b>                  | Yes*   | Yes*  |

\* Directly or through formally affiliated provider

# Medically Managed Overview

|   | 1.7  | 2.7  | 3.7  | 4  |
|---|--|--|--|--|
|   | Medically Managed Outpatient Treatment   | Medically Managed Intensive Outpatient Treatment   | Medically Managed Residential Treatment  | Medically Managed Inpatient Treatment: Addiction Specialty Unit  |
| <b>Supervision</b>                                | N/A  | N/A  | 24-h supervision   | 24-h supervision   |
| <b>Medical Director</b>                           | Yes†   | Yes  | Yes  | Yes  |
| <b>Physicians and Advanced Practice Providers</b> | Available by appointment   | Available on-site or via telehealth during program hours   | Available on-site or via telehealth 24/7   | Typically available on-site 24/7   |
| <b>Nursing</b>                                    | Variable   | Yes  | Available 24/7   | Available 24/7   |
| <b>Program Director</b>                           | Not typical  | Yes  | Yes  | Variable   |
| <b>Allied Health Staff</b>                        | Variable   | Typically available  | Typically available  | Typically available  |
| <b>Physical Exam</b>                              | Typically at initial assessment  | Within 24-48 hours of initial assessment   | Within 24 hours of admission   | Within 24 hours of admission   |
| <b>Nursing Assessment</b>                         | Variable   | At admission   | At Admission   | At Admission   |
| <b>Clinical Services</b>                          | <ul style="list-style-type: none"> <li>• Direct withdrawal management and biomedical services</li> <li>• Management of common psychiatric disorders</li> <li>• Psychosocial services*</li> </ul> | <ul style="list-style-type: none"> <li>• Direct withdrawal management and biomedical services, with extended nurse monitoring</li> <li>• Management of common psychiatric disorders</li> <li>• Psychosocial services*</li> </ul> | <ul style="list-style-type: none"> <li>• Direct withdrawal management and biomedical services</li> <li>• Management of common psychiatric disorders</li> <li>• Psychosocial services (direct or through formal affiliation)</li> </ul> | <ul style="list-style-type: none"> <li>• Direct withdrawal management and biomedical services (ICU available)</li> <li>• Psychiatric services</li> <li>• Psychosocial services (direct or through formal affiliation)</li> </ul> |
| <b>Clinical Service Hours</b>                     | <9 h/wk  | ≥20 h/wk   | ≥20 h/wk   | Variable   |
| <b>Recovery Support Services</b>                  | Yes*   | Yes*   | Yes*   | Yes*   |

† may be the responsible physician in an independent practice; \* Directly or through formally affiliated provider

## Fourth Edition

1 Intoxication, Withdrawal, and Addiction Medications

2 Biomedical Conditions

3 Psychiatric and Cognitive Conditions

4 Substance Use-Related Risks

5 Recovery Environment Interactions

NEW

6 Person-Centered Considerations

# Assessment Dimensions



# Assessment Policies

- ▶ Programs should have protocols reviewed by a physician or advanced practice provider that define when:
  - ▶ Assessment finding in Dimensions 1, 2, or 3 requires medical clearance prior to admission
  - ▶ To immediately transition to ED
  - ▶ Medically managed level of care is indicated



# Addiction Medication Needs

- ▶ Does the patient need more than weekly medical management to initiate or titrate medications?
  - ▶ Often addiction medications can be initiated through referral concurrent with clinically managed care
- ▶ History of difficulty with initiation?
- ▶ History of poor outcomes with clinically managed care?
- ▶ Does the patient:
  - ▶ Need a program that can support addiction medication continuation?
  - ▶ Need a prompt medical evaluation to evaluate addiction medication needs?



# Dimension 1 – Treatment Planning Assessment

- ▶ Qualified medical professional should develop treatment plans for intoxication, withdrawal, and addiction medications
- ▶ All patients should be evaluated by a prescriber (directly or through referral)
  - ▶ Physical exam
  - ▶ Addiction medication needs
  - ▶ Post-acute withdrawal related needs
- ▶ Consider related needs
  - ▶ Medication adherence support
  - ▶ Patient navigation services
  - ▶ Educational services
  - ▶ Care coordination

## Dimension 2 – Level of Care Assessment

- ▶ Does the patient require medical management for:
  - ▶ Stabilization of acute physical health issues
  - ▶ Management of chronic physical health issues
  - ▶ Pregnancy related issues
- ▶ Does the patient require integrated care?
- ▶ Does the patient need referral for care with an external provider or care coordination with an existing provider?

# Pregnancy-Related Concerns

- ▶ Conduct pregnancy test if patient may be pregnant
- ▶ Known complications
- ▶ Patient concerns
- ▶ Risk factors for pregnancy complications

# Dimension 2 – Treatment Planning Assessment

- ▶ Qualified medical professional should develop treatment plans for physical health conditions managed within the program
- ▶ All patients should have a history and physical exam
- ▶ Clinical staff may:
  - ▶ Provide referrals as needed
  - ▶ Support patient engagement in treatment and adherence to recommended care
  - ▶ Address psychosocial issues impacting health behaviors or treatment adherence

## Dimension 2 – Treatment Planning Assessment

- ▶ Sleep related symptoms
  - ▶ Need for medical evaluation
    - ▶ Causes of sleep problems
    - ▶ Psychological and behavioral interventions as appropriate\*
    - ▶ Medications as appropriate\*
  - ▶ Interactions with biomedical and psychiatric issues
- ▶ Impact of substance use on biomedical symptoms

\* See current clinical practice guidelines regarding management of sleep: <https://aasm.org/clinical-resources/practice-standards/practice-guidelines/>

## Dimension 3 - Subdimensions

- ▶ Active Psychiatric Symptoms
- ▶ Persistent Disability
- ▶ Cognitive Functioning
- ▶ Trauma-Related Needs
- ▶ Psychiatric and Cognitive History





# Dimension 3 Goals

- ▶ Identify service needs for mental health and cognitive problems
  - ▶ Medically managed care (non-specialist)
  - ▶ Psychiatrically managed care
  - ▶ Skilled mental health treatment
  - ▶ Enhanced staff support

## Dimension 3 – Level of Care Assessment

- ▶ Active psychiatric symptoms
  - ▶ What level of support, supervision, and monitoring does the patient need
- ▶ Persistent impairment
  - ▶ Support needed to effectively engage in addiction treatment
  - ▶ Need for a higher level of staff support?
  - ▶ Need for skilled mental health interventions?
  - ▶ Need for accommodations to support learning?

# Suicidality

- ▶ Can change rapidly over the course of treatment
- ▶ Regular screening for suicidal thoughts and behaviors
- ▶ Protocols for determining when to transfer to acute care facility or contact crisis services

## Dimension 3 – Treatment Planning Assessment

- ▶ Significant mental health and cognitive issues assessed by a qualified professional
- ▶ Relationship between substance use or discontinuation and mental health symptoms
- ▶ Relationship between physical health, including pain, and mental health symptoms
- ▶ What services and supports are needed
  - ▶ Need for referrals and/or care coordination with external provider

# Dimension 3 – Treatment Planning Assessment

- ▶ Trauma-related needs
  - ▶ Exposure to abuse, trauma, and neglect
  - ▶ Impact of trauma
  - ▶ Service needs
- ▶ Full psychiatric and cognitive history
  - ▶ Current and past diagnoses
  - ▶ Current symptomatology
  - ▶ Role of substance use
  - ▶ Treatment history and outcomes



# Dimension 4 – substance use-related risks

# Dimension 4 - Goals

1

Determine the patient's risks related to substance use and related behaviors

2

Identify the need for supervision or structure

3

Identify the clinical service intensity needed to build insight and relapse prevention skills

## Dimension 4 - Subdimensions

- ▶ Likelihood of engaging in risky substance use
- ▶ Likelihood of engaging in risky SUD-related behaviors
  - ▶ Driving while intoxicated
  - ▶ Risky sexual behaviors
  - ▶ Illegal behaviors
  - ▶ Risky gambling

“Risky” refers to significant risk for adverse medical, emotional, social, financial, and/or legal consequences



## Dimension 4 – Level of Care Assessment

- ▶ Likelihood of use/risky behaviors
- ▶ Level of associated risk
  - ▶ Serious harms
  - ▶ Destabilizing loss
  - ▶ Negative but not destabilizing consequences

Focus on harms or losses that are likely to occur in hours or days, not weeks or months.

## Serious Harms

- ▶ Mortality
- ▶ Serious medical consequences
  - ▶ Non-fatal overdose
  - ▶ Liver failure
  - ▶ COPD exacerbation
  - ▶ Cardiac arrest
- ▶ Risk for child neglect or endangerment
- ▶ Risk for victimization or exploitation



# Destabilizing Loss

- ▶ Losses may include (among others)
  - ▶ Child custody
  - ▶ Relationships
  - ▶ Employment
  - ▶ Freedom (incarceration)
  - ▶ Home
- ▶ Expected timeframe without intervention?
- ▶ Likely response to the loss (eg, destabilization)?

## Dimension 4 – Level of Care Assessment

- ▶ Clinical judgement of risk
  - ▶ recent and historical patterns of use/risky behaviors;
  - ▶ current or likely exposure to use triggers in the daily environment;
  - ▶ awareness of use triggers;
  - ▶ access to substances; and
  - ▶ ability to cope with stressors and cravings

## Dimension 4 – Treatment Planning Assessment

Patient strengths and supports

Challenges

Full substance use and risky behavior history

Treatment history and outcomes

Overdose history

Patient perceived benefits and risks

Harm reduction service needs

# Reassessments

- ▶ Substance use/risky behaviors since last assessment
  - ▶ Patient reported
  - ▶ Drug testing
  - ▶ Clinician observation or collateral sources
- ▶ Recovery capital
- ▶ Steps to attain or maintain recovery
- ▶ Adherence to treatment plan, including medications

# Dimension 5 - Goals

1

Identifying the clinical service intensity needed to support effective daily functioning and optimize recovery capital

2

Identifying the patient's needs for an environment that is safe and supportive of recovery

## Safety and Support

- ▶ Is the patient safe in their current environment?
  - ▶ Abuse
  - ▶ Exploitation
  - ▶ Substance use coercion
  - ▶ Housing insecurity
- ▶ Does the patient's environment provide sufficient support for treatment participation and recovery?



## Treatment Planning - Safety

- ▶ Patients may be more willing to discuss sources of sources of trauma as they build a deeper therapeutic alliance
- ▶ Consider need for:
  - ▶ Permanent supportive housing
  - ▶ Recovery residence support
  - ▶ Services for dependents that are at risk

# Treatment Planning - Support

- ▶ Obstacles to treatment or recovery
- ▶ Is the patient's living environment free of substances?
- ▶ Does the patient have a recovery supportive network?
- ▶ What services or supports can facilitate recovery?
  - ▶ Peer support
  - ▶ Mutual support
  - ▶ Recovery residence support
  - ▶ Family or other support system education or therapy
  - ▶ Skills to build network
  - ▶ Spiritual support

# Dimension 6

- ▶ Dimensions 1-5 contribute to level of care recommendations
- ▶ Dimension 6 goals
  - ▶ assessing the patient's ability and to access and engage in the recommended level of care,
  - ▶ considers the patient's preferences,
  - ▶ identifying the patient's need for clinical services to support and build readiness and motivation for change, and
  - ▶ identifying the patient's need for resources to address SDOH that may impact their ability to achieve and sustain recovery.

## Treatment Planning - Safety

- ▶ Patients may be more willing to discuss sources of sources of trauma as they build a deeper therapeutic alliance
- ▶ Consider need for:
  - ▶ Permanent supportive housing
  - ▶ Recovery residence support
  - ▶ Services for dependents that are at risk

# Multidisciplinary process

Treatment planning  
should be led by  
patient's primary  
clinician

Dimensions 1 or 2  
concerns that require  
medical care should be  
led by a medical  
professional

Dimension 3 concerns  
that require psychiatric  
services should be led  
by a mental health  
professional

## *The ASAM Criteria Level of Care Management*

### **Clinically managed levels of care:**

- 
- |                  |                    |
|------------------|--------------------|
| <b>Level 1.5</b> | Outpatient Therapy |
|------------------|--------------------|
- 
- |                  |                                |
|------------------|--------------------------------|
| <b>Level 2.1</b> | Intensive Outpatient Treatment |
|------------------|--------------------------------|
- 
- |                  |                                     |
|------------------|-------------------------------------|
| <b>Level 2.5</b> | High-Intensity Outpatient Treatment |
|------------------|-------------------------------------|
- 
- |                  |  |
|------------------|--|
| <b>Level 3.1</b> | Clinically Managed Low-Intensity Residential Treatment |
|------------------|--|
- 
- |                  |   |
|------------------|---|
| <b>Level 3.5</b> | Clinically Managed High-Intensity Residential Treatment |
|------------------|---|
- 
- The clinically managed levels of care are listed in a table with five rows. Each row contains a level number in bold red text and a description in dark blue text. The levels are 1.5, 2.1, 2.5, 3.1, and 3.5. The descriptions are Outpatient Therapy, Intensive Outpatient Treatment, High-Intensity Outpatient Treatment, Clinically Managed Low-Intensity Residential Treatment, and Clinically Managed High-Intensity Residential Treatment. Each row is separated by a horizontal line.

### **Medically managed levels of care:**

- 
- |                  |  |
|------------------|--|
| <b>Level 1.7</b> | Medically Managed Outpatient Treatment |
|------------------|--|
- 
- |                  |  |
|------------------|--|
| <b>Level 2.7</b> | Medically Managed Intensive Outpatient Treatment |
|------------------|--|
- 
- |                  |   |
|------------------|---|
| <b>Level 3.7</b> | Medically Managed Residential Treatment |
|------------------|---|
- 
- |                |                                       |
|----------------|---------------------------------------|
| <b>Level 4</b> | Medically Managed Inpatient Treatment |
|----------------|---------------------------------------|
- 
- The medically managed levels of care are listed in a table with four rows. Each row contains a level number in bold red text and a description in dark blue text. The levels are 1.7, 2.7, 3.7, and 4. The descriptions are Medically Managed Outpatient Treatment, Medically Managed Intensive Outpatient Treatment, Medically Managed Residential Treatment, and Medically Managed Inpatient Treatment. Each row is separated by a horizontal line.



# Addiction Medications

- ▶ Medically managed levels of care directly support initiation and titration
- ▶ All patients should be assessed for the need for addiction medications during the initial physical exam
  - ▶ Within a reasonable timeframe at Level 1.7
  - ▶ Within 24 hours of admission at Level 2.7 and 3.7
  - ▶ Within 7 days of admission at Level 2.5 and 3.5
  - ▶ Within 14 days of admission at Level 2.1 and 3.1
  - ▶ Within one month of admission at Level 1.5



# Integrating Co-occurring Capability

All programs should  
be co-occurring  
capable at minimum

- ▶ Program services designed with expectation that most patients have co-occurring conditions
- ▶ Ability to manage mild to moderate acuity, instability, and/or functional impairment.
- ▶ At least one staff member qualified to assess and triage mental health conditions
- ▶ Integrated treatment plans
- ▶ Coordination with external mental health providers as needed
- ▶ Program content that addresses co-occurring conditions



# Level 4 Addiction Specialty Unit Overview

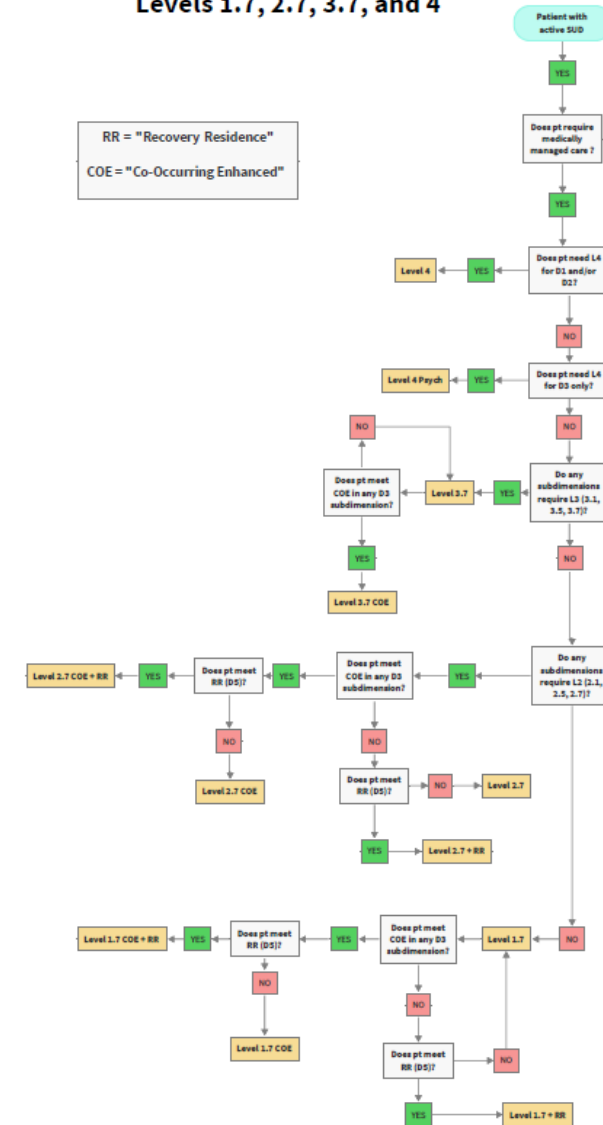
- The medical director of a Level 4 specialty program should be board certified in addiction medicine or addiction psychiatry
- Physicians, advanced practice providers, nurses available 24/7
- Full range of acute care services
- ICU and psychiatric services
- Nursing assessments & hourly monitoring
- All FDA-approved medications for SUD on formulary
- Daily psychosocial services available
- Case management services
- Established relationships with less intensive levels of care

|   | 4  |
|---|--|
|   | <b>Medically Managed Inpatient Treatment: Addiction Specialty Unit</b>   |
| <b>Supervision</b>                                | 24-h supervision   |
| <b>Medical Director</b>                           | Yes  |
| <b>Physicians and Advanced Practice Providers</b> | Typically available on-site 24/7   |
| <b>Nursing</b>                                    | Available 24/7   |
| <b>Program Director</b>                           | Variable   |
| <b>Allied Health Staff</b>                        | Yes  |
| <b>Physical Exam</b>                              | Within 24 hours of admission   |
| <b>Nursing Assessment</b>                         | At Admission   |
| <b>Clinical Services</b>                          | Direct withdrawal management and biomedical services (ICU available)<br><br>Psychiatric services<br><br>Psychosocial services (direct or through formal affiliation) |
| <b>Hours of Clinical Services</b>                 | Variable   |
| <b>Recovery Support Services</b>                  | Yes*   |

# Dimensional Admission Criteria

- Applicable to patients with SUD
- Recommend the least restrictive or intensive level of care where the patient can be safely and effectively treated
- Algorithm-first development
- Dimensional admission criteria tied to risk ratings

## Medically Managed Levels of Care Levels 1.7, 2.7, 3.7, and 4



# Implementation Tools

# ASAM Criteria Software

## ASAM CONTINUUM™

A computer-guided, structured clinical interview for assessing patients plus clinical decision support for making level of care recommendations based on The ASAM Criteria.

## ASAM CO-TRIAGE®

A computer-guided referral tool with clinical decision support designed to generate an initial level of care recommendation where a patient can receive a comprehensive ASAM assessment.

## ASAM Criteria® Navigator

ASAM has partnered with Change Healthcare to develop software for using *The ASAM Criteria* in utilization review and management workflows. *The ASAM Criteria Navigator* brings *The ASAM Criteria* into a structured, interactive tool for utilization management that helps streamline and improve the medical review process for substance use disorder patients.

<https://www.asam.org/asam-criteria/asam-criteria-software>

# ASAM Criteria Interview Assessment Guide

- ▶ First publicly available standardized ASAM Criteria assessment
- ▶ Free to all clinicians
- ▶ Developed by ASAM in partnership with UCLA

**THE ASAM CRITERIA  
ASSESSMENT INTERVIEW GUIDE  
Adult**

**Notes to Interviewer:**  
If emerging physical or mental health needs are identified, consult for immediate referral to ED or call 911.  
If the patient is intoxicated or in withdrawal, it may be more appropriate to complete a full ASAM Criteria Assessment once their condition has been stabilized. Consider immediate referral for medical evaluation or withdrawal management services.

**Before we get started, can you tell me about why you have come to meet with me today?**  
Provider: How can I be of help? What are you seeking treatment for?

**DIMENSION 1 - ACUTE INTOXICATION OR WITHDRAWAL POTENTIAL**

**1. I am going to read you a list of substances. Could you tell me which ones you have used, how long, how recently, and how you used them?**

|   | NEVER USED            | DURATION of continuous use           | FREQUENCY in last 30 days   | ROUTE Select all that apply   |
|---|-----------------------|--------------------------------------|---|---|
|   |                       | Estimate from weeks or Months of use | 4-7 days/week<br>1-3 days/week<br>2 or less days/week<br>Not used                       | Oral<br>Inhalant<br>Smoked<br>Inject<br>Other (specify)   |
| <b>ALCOHOL</b><br>Date of last use: _____<br>Avg. drinks per drinking day: _____<br>In the last 30 days, how often have you had:<br>For fun? 4 or more drinks or one cocktail?<br>For mood? 2 or more drinks or one cocktail? | <input type="radio"/> | None<br>Weeks<br>Months              | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| <b>HEROIN, PENTANYL, OR OTHER NON-PRESCRIPTION OPIOIDS</b><br>Date of last use: _____   | <input type="radio"/> | None<br>Weeks<br>Months              | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| <b>PRESCRIPTION OPIOID MEDICATION</b><br>Specify how often you have used:<br>When these medications have been used:<br>prescription? <input type="radio"/> Yes <input type="radio"/> No<br>Date of last use: _____            | <input type="radio"/> | None<br>Weeks<br>Months              | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| <b>BENZODIAZEPINES/OTHER SEDATIVE/HYPNOTIC/ANXIOLYTIC MEDICATION MEDICINE</b><br>When these medications have been used:<br>prescription? <input type="radio"/> Yes <input type="radio"/> No<br>Date of last use: _____        | <input type="radio"/> | None<br>Weeks<br>Months              | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |

**Note:** This form is a guide to multidimensional assessment and the conceptual approach to the ASAM Criteria dimensions.

**Dimension 1**

1

# ASAM CRITERIA<sup>®</sup>

## IMPLEMENTATION GUIDE



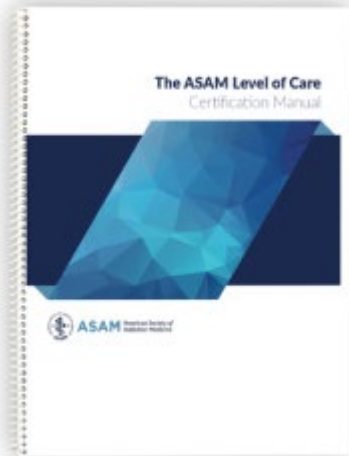
**ASAM**

American Society of  
Addiction Medicine

# ASAM Criteria Implementation Guide

- ▶ Guides programs to more effectively implement *The ASAM Criteria*
- ▶ Uses the evidence-based NIATx model for process improvement
- ▶ Training and Consultation available through The Change Companies in partnership with NIATx

# ASAM LEVEL OF CARE CERTIFICATION



- ▶ Administered by CARF International
- ▶ Assesses a treatment program's capacity to deliver an ASAM Level of Care
- ▶ ASAM's offers training and other educational resources to help programs prepare for certification
- ▶ CARF's accepts applications, conduct site surveys, and issues independent certification decisions

<https://www.asam.org/Quality-Science/level-of-care-certification>

# SPEAKING THE SAME LANGUAGE:

A Toolkit for Strengthening Patient-Centered  
Addiction Care in the United States



## Toolkit for Policymakers and other Stakeholders

- ▶ a comprehensive list of strategies and potential pathways that interested states can pursue for integrating The ASAM Criteria;
- ▶ an overview of existing implementation tools;
- ▶ examples from current state efforts, and
- ▶ model legislative, regulatory, and contractual language from which interested states can draw.



# ASAM Criteria Training

Training and consultation on The ASAM Criteria is available through the following designated training organizations:



**ASAM** American Society of  
Addiction Medicine



**Hazelden Betty Ford**  
Foundation

**TRAIN for  
CHANGE**

A division of The  
Change Companies

**University of Idaho**  
School of Health and Medical  
Professions

Project  
**ECHO**

# Presenters

- ▶ Full Circle
- ▶ CDH <https://cdhhealthcare.com/shop/>
- ▶ Trivium
- ▶ Magic Valley
- ▶ Northern Idaho
- ▶ Brickhouse
- ▶ Raise the Bottom
- ▶ Walker Center
- ▶ Riverside Recovery
- ▶ Boise VA and satellite clinics
- ▶ Tegmentum Coucling Services

#### Session Resources:

[SUD Resources Across the State](#) (Slides)

[Search For Treatment Locator - SAMHSA](#)

[Idaho Resource List](#)

[Life's Kitchen](#) (Boise)

[Moms Meetup - St. Luke's](#) (Boise)

[Deer Flat Free Methodist Church - Celebrate Recovery](#) (Caldwell)

[Boys and Girls Club - Summer Programs](#) (Caldwell)

[Caldwell Moms, Idaho - Facebook](#) (Caldwell)

[Caldwell Preschool Collaborative - Caldwell School District](#) (Caldwell)

[Area Treatment Providers](#) (Pocatello)

[Float Magic - Float Therapy Tanks](#) (Twin Falls)



# Its more than just AA and NA...

- SMART recovery
- Recovery Dharma
- Celebrate Recovery
- Journey to Freedom
- Recovery Idaho
- NAMI
- AA beyond belief- Secular 12 step meetings
- Grief Share
- Y12SR- Yoga of 12 Step-Recovery
- The Church Jesus Christ of Latter-Day Saints Addiction Recovery Program
- Dual Recovery Anonymous (DRA)
- Moderation Management

# Local Resources in the Treasure Valley

Some great local places include:

- Peer Wellness Center – peer-run support/community center
- Boise Hive – sober space for musicians of all ages
- Vertical Farms –job training in a sober setting for people in recovery
- The Cabin – writing workshops
- Phoenix Recovery – fitness and sober fun
- Sober Social Club – local meetups and community
- Healing Games Group – fun and energy healing (meetup)
- SADD- Students against destructive decisions (BSU)
- Boise Sober Social Club (A place to meet friends and have fun (Facebook and Meetup))

# Local Resources in the Magic Valley

Some great local places include:

- Recovery In Motion - 280-712-2173
- Crisis Center of South Central Idaho – 866-727-1128 (adults)
- ProActive Youth & Family Crisis Center – 280-969-9841 (youth)
- Treatment & Recovery Clinic – 280-736-5048
- The Walker Center for Alcoholism and Drug Abuse, Inc. – 208-934-8461
- 988 Suicide and Crisis LifeLine
- 2-1-1 CareLine
- Find Help Idaho – [www.findhelpidaho.org](http://www.findhelpidaho.org)
- Snake River Wellbriety Circle
- North Canyon Addiction Recovery – 208-934-4433



# Recovery Centers

- Region 2

- Latah Recovery Center



- First Step 4 Life



- Region 1

- Kootenai Recovery Community Center



# Resources in Region 2

- Medication Assisted Treatment

- Lewiston
  - Ideal Options
  - Clearwater Medical Center
- Moscow
  - CHAS clinic
  - Gritman Medical Center – Moscow/Troy

- Adult SUD treatment

- Lewiston
  - Riverside Recovery
  - ChangePoint Behavioral Health
  - New Beginnings
- Moscow
  - Weeks and Vietri Counseling

- Adolescent SUD treatment

- Lewiston
  - New Beginnings
  - Misdemeanor Probation
  - Brighter Future's Clinic
- Moscow
  - Weeks and Vietri



# Region 1 Resources

## Adult SUD Treatment

- Coeur D' Alene
  - Ambitions of Idaho
  - Behavioral Health Group Idaho
  - Kootenai Health
  - Heritage Health
  - Kootenai Behavioral Health Addiction Recovery Services
  - Brick House Recovery
- Post Falls
  - BigFoot Counseling
- Plummer
  - Marimn Health
- Rathdrum
  - Rathdrum Counseling Center
- Sandpoint/Priest River
  - Boundary Regional Community Health Center

## • Medication Assisted Treatment

- Coeur D' Alene
  - Coeur Vitality Integrative Medicine
  - Movita Health
  - Kootenai Health
  - Heritage Health

## • Adolescent SUD Treatment

- Coeur D'Alene
  - Ambitions of Idaho
  - Heritage Health
- Post Falls
  - Bigfoot Counseling
- Plummer
  - Marimn Health
- Rathdrum
  - Rathdrum Counseling Center

# Online Communities



Sober social media app



Secular recovery meetings



Peer Support for women



Online Meetings



Online Meetings



# airIOP

Telemental Health ; Addiction Treatment

## SERVICES:

- Virtual Groups
- Virtual Mental Health & Psychiatric
- Virtual Medication Management

## IDEAL TREATMENT OPTION FOR THOSE WHO:

- are on probation
- live in rural areas

## WHEN?

30-60 Days

Monday – Friday

9:00 am — 12:00 pm (MST)

## QUESTIONS?

Call or email us at:

208.650.7359

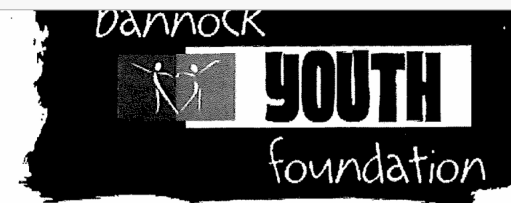
[info@brickhouserecovery.com](mailto:info@brickhouserecovery.com)

Sports headline  
Yankees Interest...



Search





## MK PLACE

MK Place is a 90-120 day substance abuse residential treatment program for youth ages 14-17. Our program is designed to address major developmental, lifestyle, and behavioral issues. MK Place helps youth:

- Learn strategies to reduce or eliminate substance abuse.
- Develop healthy stress management techniques.
- Achieve and develop meaningful sustained recovery.
- Learn coping skills for relapse prevention and emotional regulation.
- Address co-occurring disorders.
- Explore biological, environmental, behavioral, and social causes of substance abuse.

To get more information or to make a referral:

MK Place  
110 S. 19th  
Pocatello, ID. 83201  
[info@byfhome.com](mailto:info@byfhome.com)  
208-234-4722



**MOONLIGHT  
MOUNTAIN**  
RECOVERY & MENTAL HEALTH

# Comprehensive Addiction Treatment

## Services Offered

- ✓ RTC 3.5 Residential Treatment
- ✓ 2.5 Partial Hospitalization with Housing
- ✓ 2.1 Intensive Outpatient Treatment with or without Housing & Telehealth
- ✓ Sober living options (for clients attending 2.1 treatment and above)
- ✓ Co-Occurring PHP with Housing (primary Mental Health with SUD as secondary)
- ✓ Adolescent PHP 2.5 & 2.1 IOP – Pocatello & Telehealth

## Accepted Insurances

- ✓ Idaho Medicaid
- ✓ BPA Funding
- ✓ Magellan State Funding
- ✓ Commercial Insurance Policies
- ✓ Indian Health Services
- ✓ VA Tricare
- ✓ TriWest

## Outreach:

Treasure Valley • Michael Kint • [mkint@moonlightmountain.com](mailto:mkint@moonlightmountain.com) • 208-901-4570  
Eastern Idaho • Karina Villarreal • [kvillarreal@moonlightmountain.com](mailto:kvillarreal@moonlightmountain.com) • 208-866-9942

## Locations

# Home | SAMHSA - Substance Abuse and Mental Health Services Administration

- ▶ [www.samhsa.gov](http://www.samhsa.gov)
- ▶ Treasure chest of resources

# Additional Resources

Southeastern Idaho Public Health serves the 8-county region in southeastern Idaho, including Bannock, Bingham, Butte, Bear Lake, Caribou, Franklin, Oneida, and Power counties.

## **Free Overdose Prevention Supplies & Trainings:**

The Drug Overdose Prevention program at SIPH offers various supplies and trainings to help reduce overdose. Supplies and trainings include:

- Naloxone distribution and training
- Fentanyl testing strips
- CPR face masks and shields
- Safe medication storage and disposal kits (including lock boxes and disposal pouches)
- All supplies are provided free of charge

## **Clinical Services at SIPH:**

Our clinical team provides low-cost services on a sliding fee scale. Services include:

- Primary care
- Medication for Opioid Use Disorder (MOUD), including Buprenorphine, Suboxone, Sublocade, and Vivitrol
- Counseling services
- Peer support services (newly added)