ECHO IDAHO

Substance Use in Idaho

The ASAM Criteria Fourth Edition

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THE ASAM CRITERIA
Fourth Edition

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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.

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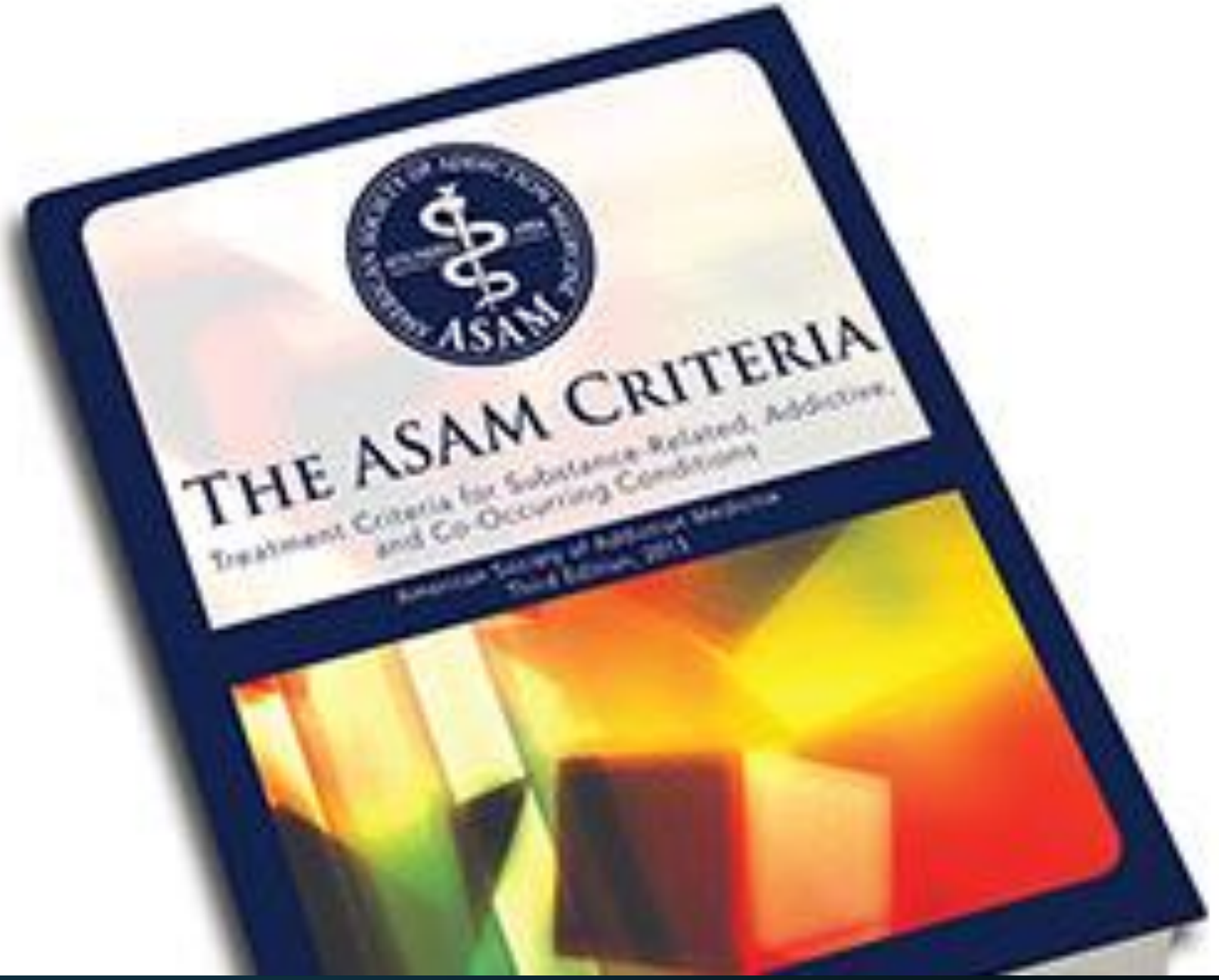

PURPOSE of THE ASAM CRITERIA

- To promote individualized and holistic treatment planning.

- Guide Clinicians and care managers in making objective decisions about client admissions, continued care, and movement along the continuum of care.

- Assess clients' biopsychosocial circumstances to identify the appropriate level of care.

- Define the services that should be available at each level of care.

Goals for the Fourth Edition

Update the standards to reflect the current state of science and practice. (last updated in 2013)

Promote a chronic care model that supports seamless movement along the care continuum.

Facilitate client-centered, holistic, integrated care.

Improve clarity and simplify where possible to support more effective implementations.

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Major Changes from Third to Fourth Edition

-Separate treatment planning assessment
-Moved away from emphasis of risk ratings in favor of EBT screening tools
-Increased access to MAT; notes that it may not be available everywhere due to geography
-Emphasis on integrated care
-Early intervention is its own chapter (education and prevention services)
-Eliminates 3.3 (cognitive impairments)
-Level 1 is long term remission monitoring and support
-Emphasizes chronic disease model with a team-based treatment emphasis at each level of care

Major Changes from Third to Fourth Edition (cont.)

-Integrate Withdrawal Management and biomedical care into the main continuum
-Addresses how social determinants of health influence prognosis and treatment
-Increase access to pharmacotherapy
-Better communication of medical need
-Integrated co-occurring; integrated to primary care
-Treatment of those with cognitive impairments happens at all Levels of Care, not just 3.3

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 9-19 hours/wk	3.5 Clinically Managed High-Intensity Residential (3.5 COE) At least 20 hours/wk	3.7 Medically Managed Residential (3.7 BIO) (3.7 COE)
Level 2: IOP/HIOP		2.1 Intensive Outpatient (IOP) 9-19 hours/wk	2.5 High-Intensity Outpatient (HIOP) (2.5 COE) At least 20 hours /wk	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) <9 hours/week	1.7 Medically Managed Outpatient
Recovery Residence	(RR) Recovery Residence			
		Primarily counseling & psycho-education	Greater focus on psycho-therapy	Greater focus on withdrawal management and biomedical services

Changes to The ASAM Criteria Dimensions

Third Edition	Fourth Edition
1 - Acute Intoxication and Withdrawal Potential	1 –Intoxication, Withdrawal, and Addiction Medications
2 – Biomedical Conditions and Complications	2 – Biomedical Conditions
3 – Emotional, Behavioral, or Cognitive Conditions and Complications	3 – Psychiatric and Cognitive Conditions
4 – Readiness to Change	4 – Substance Use-Related Risks
5 – Relapse, Continued Use, or Problem Potential	5 – Recovery Environment Interactions
6 – Recovery / Living Environment	6 – Person-Centered Considerations **NEW**

Readiness to Change is now considered within each dimension.
Dim. 6 considers barriers to care (including social determinates of health), patient preferences, and need for motivational enhancement.

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Assessment Changes from Third to Fourth Edition

-Full assessment is not needed for placement
-**Both** assessments must be multidimensional
    - Level of Care Assessment
    - Treatment Planning Assessment
-Treatment planning assessment can last over several days with different clinicians
-Admission to treatment is based on client need rather than arbitrary need such as "previous treatment failure"
-Assessment should address biological, psychological, social and cultural factors that contribute to addiction and recovery treatment plans are individualized
-Care is interdisciplinary, delivered from a place of empathy
-Care is evidence-based
-Informed consent and shared decision making accompany all treatment decisions

ASAM Criteria Assessment

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

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Assessment Notes

“Resistance” takes 2: “resistance” is often blamed on the client; resistance means “I don't trust”; people are often “resistant” because they do not feel safe on some level

Are they fearful of being “an addict”; their boss knowing they have a problem; withdrawal

“Since you do not want to go to the gym, you must not want to get healthy” when the reality is they may want to get healthy, but dislike the gym.

We don't always do a good job of assessing what is driving the behavior and fear

“Help me understand” versus an inquisition

The idea they will tell me everything in the intake assessment is not realistic

“Relapse potential” (not treatment failure)

Being through treatment several times literally means they've been through several times, not that they’ve “failed”

Dimensional Changes

Readiness to Change = because the “need” doesn't change even though motivation may be fluid; incorporated into each level of care

Dimensions 1-3: if not treated can be lethal “death dimensions”; in the Level of care assessment these dimensions will tell you what the client initially needs, do not necessarily need to explore other dimensions (and the client may not be willing/able to)

Dimensions 1-5: determines level of care

Dimension 4: now Substance-Use Related Risks; likelihood of risky substance use, likelihood of risky SUD-related behaviors

Dimension 6: “reality dimension”; does not influence LOC; it is self determination; barriers to care; client preferences

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Things to Note

Reframes early access to care and integration (no longer has ".5" as a LOC

x7 = medical

x.5 = psychotherapy

Level 1 is now long term stability and support (chronic disease model)

COE – Co-occurring Enhanced; everyone should have some capability for this due to complex and integrated nature of SUD

Psychoeducational = motivational, can be non-clinical, skills, non-master's level

Psychotherapy = typical master's degree and above (EMDR, DBT)

Treatment Support = connection, peer support, "how to live life"

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Level 1.0 – Long-Term Remission Monitoring

- Recovery management checkups
- Rapid reengagement and care when needed

Level 1.5 - Outpatient Therapy

- Less than 9 hours per week of psychosocial services l

Level 1.7 - Medically Managed Outpatient e

- Encompasses Level 1 Withdrawal Management from 3rd edition
- Incorporates low threshold medication initiation
- Able to provide psychosocial services equivalent to Level 1.5

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Noted Levels of Care

1.5 =mild substance use disorder; SUD early remission; Similar to Level 1 and ASAM 3

1.7 =medically monitored outpatient ; MOUD

2.1 = 9-19 hours structured programming: similar to ASAM 3

2.5 =High intensity outpatient ; At least 20 hours per week ; Day Treatment in ASAM 3; treatment for SUD and cognitive issues

2.7 =Medically monitored outpatient services; intoxication/withdrawal require some medical management; transition from illicit use to MOUD

3.1 =Low Intensity Residential; minimum of nine hours per week; intensity is same as IOP

3.5 =High intensity Residential; minimum of 20 hours per week

3.5 =Medically Managed Residential; not called “inpatient” anymore; withdrawal management doesn't have to be here but must have the capacity to provide the service; biomedical and withdrawal observation management

Integrated Co-occurring Capability

All programs should be co-occurring capable at minimum

- Program services designed with expectation that most clients 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

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LOC Assessment Subdimensions

bold & blue inform LOC recommendations and initial tx needs

Dimension 1- Intoxication, Withdrawal, and Addiction Medications • **Intoxication and associated risks** • **Withdrawal and associated risks** • **Addiction medication needs**	Dimension 4 – Substance Use Related Risks • **Likelihood of risky substance use** • **Likelihood of risky SUD-related behaviors**
Dimension 2 – Biomedical Conditions • **Physical health concerns** • **Pregnancy-related concerns** • Sleep problems	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 3 – Psychiatric and Cognitive Conditions • **Active psychiatric concerns** • **Persistent Disability** • Cognitive functioning • Trauma exposure and related needs • Psychiatric and cognitive history	Dimension 6 – Person-Centered Considerations • Patient preferences • Barriers to care • Need for motivational enhancement

Level of Care Assessment

- Gather only enough information to match the patient to an appropriate level of care
- Assesses Dimensions with the highest potential for acute medical needs first
  - The assessment can stop if the need for level 4 is identified
- The Level of Care recommendation is based on the assessment of dimensions 1 through 5
- Dimension 6 is used to determine which level of care recommendation the patient is willing and able to accept

Note: The level of care selection may be different than recommendations because of access, the unique client needs, program capabilities, or patient preferences. Clinicians should document the recommended level of care, the level of care selection, and the reason for that descriptions

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Treatment Planning Assessment

- Conducted soon after admission
- Doesn't need to be completed all at once
- May have multiple clinicians
- Document client goals
- Identify services & supports needed

Universal Service Characteristic Standards

Overdose Reversal Medication

Trauma & Culture

Co-Occurring Capable/Enhanced

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When Counselor and Client Disagree

- Counselor explains the clinical basis for the recommendation and seeks their feedback
- Counselor listens to the client and their concerns
    - job, childcare, safety
- Explores if alternative recommendations or accommodations can be safely made
    - lower level of care
    - recovery housing + lower level of care
- Determines if there is imminent danger risk
- Defer to the client if it is safe to do so. Help them where they are. Remember that motivation is variable and is not absolute
- Connect to harm reduction services

Helpful Tool- Level of Care Decisional Flow Chart

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Thank you!

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