

Understanding the ASAM Criteria in the Context of the California Treatment System

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Disclosures

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The Mission of the ASAM Criteria

- 1.To help clients/patients to receive the most appropriate and highest quality treatment services,
- 2.To encourage the development of a comprehensive continuum of care,
- 3.To promote the effective, efficient use of care resources
- 4.To help protect access to and funding for care.

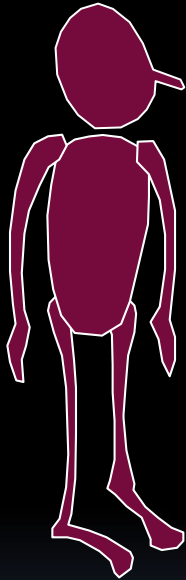
The ASAM criteria offer a system for improving the “modality match” through the use of multidimensional assessment and treatment planning that permits more objective evaluation of patient outcomes.

Guiding Principles of the ASAM Criteria

- Moving from one-dimensional to multidimensional assessment
- Moving from program-driven to clinically and outcomes-driven treatment
- Moving from fixed to variable length of service
- Moving from a limited number of discrete levels to a broad and flexible continuum of care
- Moving toward an interdisciplinary, team approach to care
- Focusing on treatment outcomes
- Clarifying “Medical Necessity”

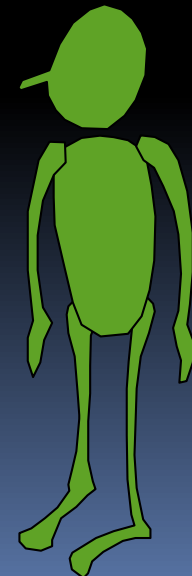
Assessment and Treatment Planning

Program-Driven



versus

Individualized



Program-Driven Plans

“One size fits all”



Program-driven plans

- Client needs are important and will be addressed through into the standard treatment program elements
- Plan often includes only services that the program offers (e.g., group, individual sessions)
- Little difference among clients' treatment plans



Client will . . .

1. “Attend 3 Alcoholic Anonymous meetings a week”
2. “Complete Steps 1, 2, & 3”
3. “Attend group sessions 3 times/week”
4. “Meet with counsellor 1 time/week”
5. “Complete 28-day programme”

“Still don't fit right”



- Often include only those services immediately available in agency
- Often do not include referrals to community services (e.g., parenting classes)

"ONLY wooden shoes?"



A paradigm shift

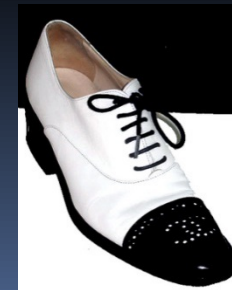
Truly Individualized Treatment



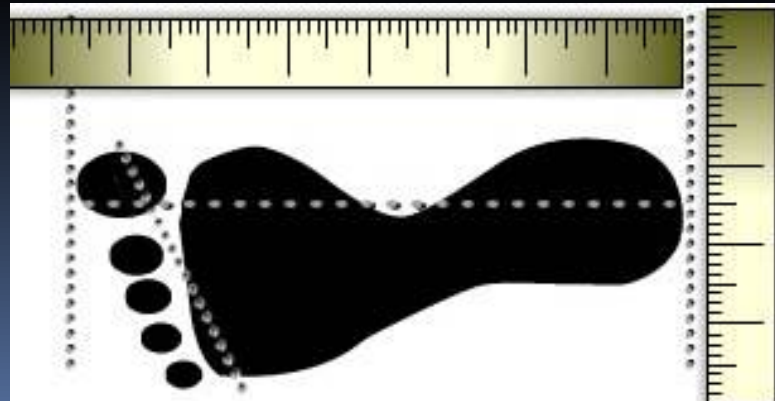
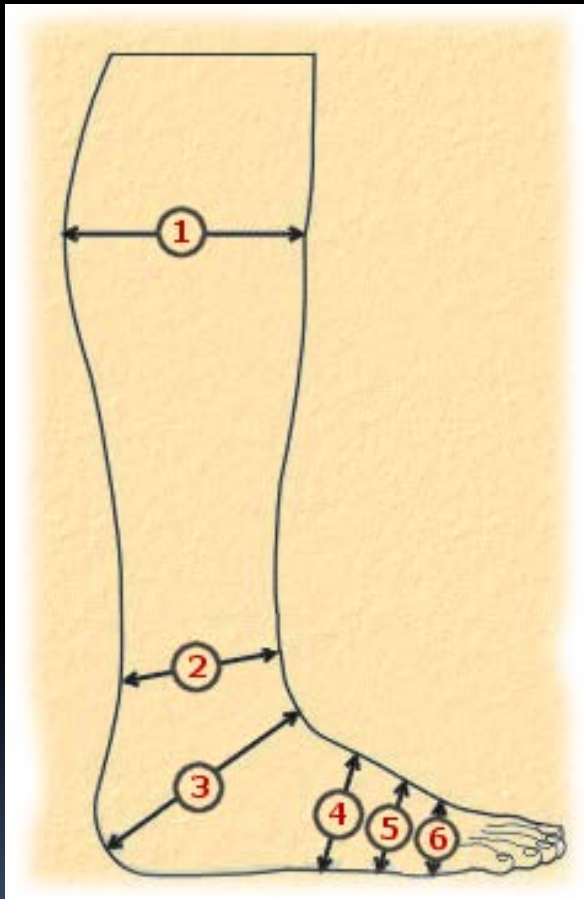
- Many colors/styles available -



- Custom style & fit -



“Sized” to
match client’s
problems
and needs



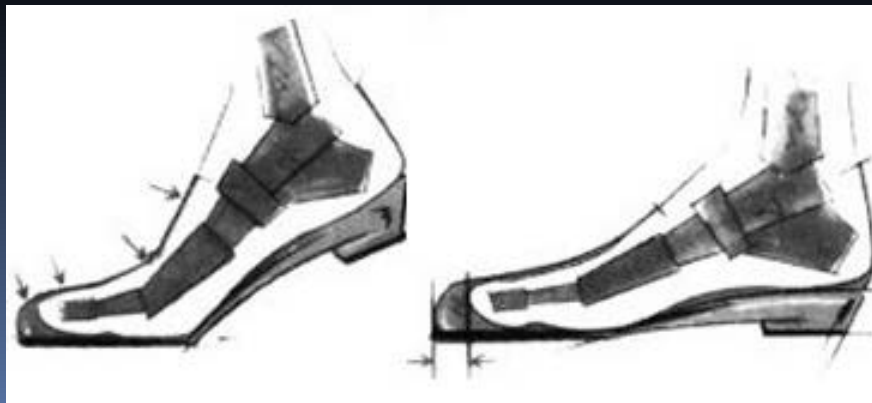
Individualized Treatment Requires Comprehensive Assessment

- What risk is associated with intoxication and/or withdrawal?
- How are they functioning across multiple domains?
- Where are their greatest risks, and what does this indicate about treatment needs?



Individualized Treatment Plans have been shown to...

- Lead to increased retention rates, which are shown to lead to improved outcomes
- Empower the counsellor and the client, and give focus to counselling sessions



Six Domains of Multidimensional Assessment

1. Acute Intoxication and/or Withdrawal Potential
2. Biomedical Conditions and Complications
3. Emotional, Behavioral, or Cognitive Conditions and Complications
4. Readiness to Change
5. Relapse, Continued Use, or Continued Problems Potential
6. Recovery and Living Environment

Assessment Dimensions	Assessment and Treatment Planning Focus
1.Acute Intoxication and/or Withdrawal Potential	Assessment for intoxication and/or withdrawal management.
	<i>Withdrawal management in a variety of levels of care and preparation for continued addiction services</i>
2.Biomedical Conditions and Complications	Assess and treat co-occurring physical health conditions or complications.
	<i>Treatment provided within the level of care or through coordination of physical health services</i>
3.Emotional, Behavioral or Cognitive Conditions and Complications	Assess and treat co-occurring diagnostic or sub-diagnostic mental health conditions or complications.
	<i>Treatment provided within the level of care or through coordination of mental health services</i>

Assessment Dimensions	Assessment and Treatment Planning Focus
<p>4. Readiness to Change</p>	<p>Assess stage of readiness to change.</p> <p><i>If not ready to commit to full recovery, engage into treatment using motivational enhancement strategies. If ready for recovery, consolidate and expand action for change</i></p>
<p>5. Relapse, Continued Use or Continued Problem Potential</p>	<p>Assess readiness for relapse prevention services and teach where appropriate.</p> <p><i>If still at early stages of change, focus on raising consciousness of consequences of continued use or problems with motivational strategies.</i></p>
<p>6. Recovery Environment</p>	<p>Assess need for specific individualized family or significant other, housing financial, vocational, educational, legal, transportation, childcare services</p>

ASAM Domains

- Acute Intoxication and/or Withdrawal Potential
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ASI Domains

- Alcohol, Drugs
- Medical
- Psychaitric
- Employment support, Legal, Family social

Assessing Risk for Each Dimension

4

Utmost severity. Critical impairments/symptoms indicating imminent danger

3

Serious issue or difficulty coping. High risk or near imminent danger

2

Moderate difficulty in functioning with some persistent chronic issues

1

Minor difficulty, signs, or symptoms. Any chronic issue likely to resolve soon

0

Minor difficulty, signs, or symptoms. Any chronic issue likely to resolve soon

So, what do we do with all of this information?

Dimension 1

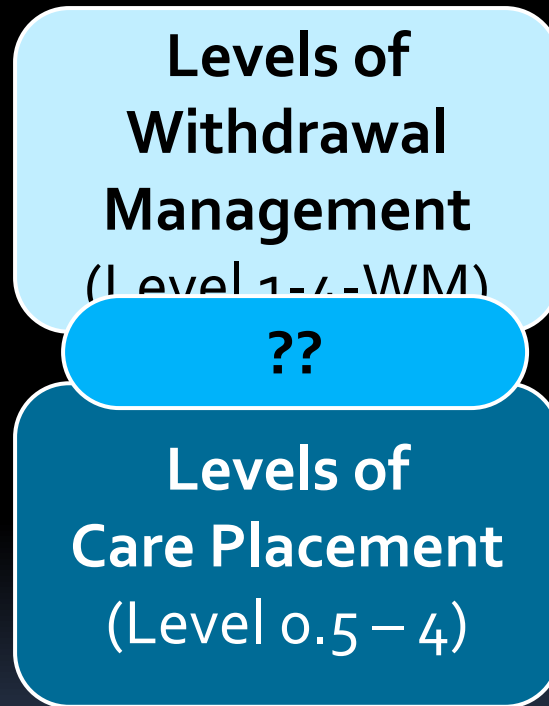
Dimension 2

Dimension 3

Dimension 4

Dimension 5

Dimension 6



Risk 0

Risk 1

Risk 2

Risk 3

Risk 4

Levels of Withdrawal Management

Withdrawal Management	Level	Description
Ambulatory Withdrawal Management without Extended On-Site Monitoring	1-WM	Mild withdrawal with daily or less than daily outpatient supervision; likely to complete withdrawal management and to continue treatment or recovery
Ambulatory Withdrawal Management with Extended On-Site Monitoring	2-WM	Moderate withdrawal with all day withdrawal management support and supervision; at night, has supportive family or living situation; likely to complete withdrawal management
Clinically Managed Residential Withdrawal Management	3-WM	Moderate-severe withdrawal, but needs 24-hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery
Medically Managed Intensive Inpatient Withdrawal Management	4-WM	Severe, unstable withdrawal and needs 24-hour nursing care and daily physician visits to modify withdrawal management regimen and manage medical instability

ASAM Levels of Care

1. Outpatient Treatment
2. Intensive Outpatient and Partial Hospitalization
3. Residential/Inpatient Treatment
4. Medically-Managed Intensive Inpatient Treatment

Engage the Client as Participant

What?

Why?

How?

Where?



When?

What does it look like with clients/patients?

- **18 y/o unemployed male with a two year history of intravenous heroin use**
- **Criminal convictions for shoplifting**
- **Has attempted outpatient detox on two previous occasions with methadone, the most recent treatment episode lasted 4 months and he has not maintained sobriety more than 1 month post-detox**
- **Living with his parents who are unaware of his dependence**
- **Denies use of alcohol, benzos or other substances**
- **Reports that he felt stable on methadone though has financial concerns and lacks insurance**



Six Domains of Multidimensional Assessment

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What does it look like with clients/patients?

- **42 y/o female reports daily alcohol use and occasional use of other substances**



- **Divorced, currently lives with her 12 y/o son and her mother**
- **Mother has found bottles of vodka hidden in closets**
- **Patient reports feeling extremely tired and trouble making decisions or “getting motivated to do anything”**
- **Reports nightmares and difficulty sleeping at night related to trauma exposure (sexual abuse as a child)**
- **Acknowledges drinking or taking a pill to help her get to sleep.**

Six Domains of Multidimensional Assessment

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Ok...So it's a little more complicated than that, but only in the specific

ASAM	Title	Description	Provider
0.5	Early Intervention	Screening, Brief Intervention, and Referral to Treatment (SBIRT).	Managed care or fee-for-service provider
1	Outpatient Services	Less than 9 hours of service/week (adults); less than 6 hours/week (adolescents) for recovery or motivational enhancement therapies/strategies	DHCS Certified Outpatient Facilities
2.1	Intensive Outpatient Services	9 or more hours of service/week (adults); 6 or more hours/week (adolescents) to treat multidimensional instability	DHCS Certified Intensive Outpatient Facilities
2.5	Partial Hospitalization Services	20 or more hours of service/week for multidimensional instability not requiring 24-hour care	DHCS Certified Intensive Outpatient Facilities

Ok...So it's a little more complicated than that, but only in the specific

ASAM	Title	Description	Provider
3.1	Clinically Managed Low-Intensity Residential Services	24-hour structure with available trained personnel; at least 205 hours of clinical service/week and prepare for outpatient treatment.	DHCS Licensed and DHCS/ASAM designated Residential Providers
3.3	Clinically Managed Population-Specific High-Intensity Residential Services	24-hour care with trained counselors to stabilize multidimensional imminent danger. Less intense milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community and prepare for outpatient treatment.	DHCS Licensed and DHCS/ASAM designated Residential Providers
3.5	Clinically Managed High-Intensity Residential Services	24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. Able to tolerate/use full milieu or therapeutic community	DHCS Licensed and DHCS/ASAM designated Residential Providers

Ok...So it's a little more complicated than that, but only in the specific

ASAM	Title	Description	Provider
3.7	Medically Monitored Intensive Inpatient Services	24-hour nursing care with physician availability for significant problems in Dimensions 1, 2, or 3. 16 hour/day counselor availability	Chemical Dependency Recovery Hospitals; Hospital, FreeStanding Psychiatric hospitals
4	Medically Managed Intensive Inpatient Services	Care for severe, unstable problems in Dimensions 1, 2, or 3. Counseling available to engage patient in treatment	Recovery Hospitals, Hospital; Free Standing Psychiatric hospitals
OTP	Opioid Treatment Program	Daily or several times weekly opioid agonist medication and counseling available to maintain multidimensional stability for those with severe opioid use disorder	DHCS Licensed OTP Maintenance Providers, licensed prescriber

Required County Service Under DMC Waiver

- The following services must be provided, as outlined, to all eligible DMC-ODS beneficiaries for the identified level of care as follows.
- DMC-ODS benefits include a continuum of care that ensures that clients can enter SUD treatment at
 - a level appropriate to their needs and
 - step up or down to a different intensity of treatment based on their responses.

Required County Service Under DMC Waiver

Service	Required	Optional
Outpatient Services	Outpatient Intensive Outpatient	Partial Hospitalization
Residential	At least one level of service	Additional levels
OTP	Required	
Withdrawal Management	At least one level of service	Additional levels
Additional MAT		Optional
Recovery Services	Required	
Case Management	Required	
Physician Consultation	Required	

What do to services under the new Drug MediCal Waiver Require?

- Upon State approval, counties may implement
 - a regional model with other counties or
 - contract with providers in other counties in order to provide the required services.

What does all of this mean?

- If you're already implementing ASAM Criteria in your services—You don't need to change anything right now.
- If you're not—
 - learning the Criteria can be overwhelming because they look complicated (0.5, 3.2 with 1-WM, step down from 3.2 to 2.5).
 - Take a deep breath and remain calm...The good news is that our system already contains most of these elements.

So, what will change?

- The State and Los Angeles County systems are in the process of developing process to respond to the requirement of using ASAM criteria.
- There will likely be some new assessment procedures that allow for clearer and quicker determination of placement
- There will likely be changes in how clients flow from one level of care to the next so that we facilitate utilization of the most appropriate care.
- Some providers will continue services as they are, activating new partnerships to facilitate movement from one level of care to the next (to other providers)
- Other providers will develop and implement new services that will allow them to broaden the scope of care they provide.

So, what will change?

- More information will be provided from SAPC and trainings will be offered to ensure that providers are equipped with the information and skill needed to respond to this developing 2015 and beyond service delivery system.
- So...let's look at some examples of current implementation of the ASAM criteria.



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