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

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Disclosures

- The following planners and faculty disclosed no relevant financial relationships with commercial interests:
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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
<table>
<thead>
<tr>
<th>Assessment Dimensions</th>
<th>Assessment and Treatment Planning Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Acute Intoxication and/or Withdrawal Potential</td>
<td>Assessment for intoxication and/or withdrawal management. Withdrawal management in a variety of levels of care and preparation for continued addiction services</td>
</tr>
<tr>
<td>2. Biomedical Conditions and Complications</td>
<td>Assess and treat co-occurring physical health conditions or complications. Treatment provided within the level of care or through coordination of physical health services</td>
</tr>
<tr>
<td>3. Emotional, Behavioral or Cognitive Conditions and Complications</td>
<td>Assess and treat co-occurring diagnostic or sub-diagnostic mental health conditions or complications. Treatment provided within the level of care or through coordination of mental health services</td>
</tr>
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</table>
| 4. Readiness to Change | Assess stage of readiness to change.  
**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.** |
| 5. Relapse, Continued Use or Continued Problem Potential | Assess readiness for relapse prevention services and teach where appropriate.  
**If still at early stages of change, focus on raising consciousness of consequences of continued use or problems with motivational strategies.** |
<p>| 6. Recovery Environment | Assess need for specific individualized family or significant other, housing financial, vocational, educational, legal, transportation, childcare services |</p>
<table>
<thead>
<tr>
<th>ASAM Domains</th>
<th>ASI Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Acute Intoxication and/or Withdrawal Potential</td>
<td>• Alcohol, Drugs</td>
</tr>
<tr>
<td>• Biomedical Conditions and Complications</td>
<td>• Medical</td>
</tr>
<tr>
<td>• Emotional, Behavioral, or Cognitive Conditions and Complications</td>
<td>• Psychaitric</td>
</tr>
<tr>
<td>• Readiness to Change</td>
<td></td>
</tr>
<tr>
<td>• Relapse, Continued Use, or Continued Problems Potential</td>
<td>• Employment support, Legal,</td>
</tr>
<tr>
<td>• Recovery and Living Environment</td>
<td>Family social</td>
</tr>
</tbody>
</table>
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

Levels of Withdrawal Management (Level 1-4-WM)

- Risk 0
- Risk 1
- Risk 2
- Risk 3
- Risk 4

Levels of Care Placement (Level 0.5 – 4)
<table>
<thead>
<tr>
<th>Withdrawal Management</th>
<th>Level</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Ambulatory Withdrawal Management without</td>
<td>1-WM</td>
<td>Mild withdrawal with daily or less than daily outpatient supervision; likely to complete withdrawal management and to continue treatment or recovery</td>
</tr>
<tr>
<td>Extended On-Site Monitoring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulatory Withdrawal Management with</td>
<td>2-WM</td>
<td>Moderate withdrawal with all day withdrawal management support and supervision; at night, has supportive family or living situation; likely to complete withdrawal management</td>
</tr>
<tr>
<td>Extended On-Site Monitoring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinically Managed Residential Withdrawal</td>
<td>3-WM</td>
<td>Moderate-severe withdrawal, but needs 24-hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery</td>
</tr>
<tr>
<td>Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medically Managed Intensive Inpatient</td>
<td>4-WM</td>
<td>Severe, unstable withdrawal and needs 24-hour nursing care and daily physician visits to modify withdrawal management regimen and manage medical instability</td>
</tr>
<tr>
<td>Withdrawal Management</td>
<td></td>
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</table>
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

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
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

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<tr>
<th>ASAM</th>
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<tbody>
<tr>
<td>0.5</td>
<td>Early Intervention</td>
<td>Screening, Brief Intervention, and Referral to Treatment (SBIRT).</td>
<td>Managed care or fee-for-service provider</td>
</tr>
<tr>
<td>1</td>
<td>Outpatient Services</td>
<td>Less than 9 hours of service/week (adults); less than 6 hours/week (adolescents) for recovery or motivational enhancement therapies/strategies</td>
<td>DHCS Certified Outpatient Facilities</td>
</tr>
<tr>
<td>2.1</td>
<td>Intensive Outpatient Services</td>
<td>9 or more hours of service/week (adults); 6 or more hours/week (adolescents) to treat multidimensional instability</td>
<td>DHCS Certified Intensive Outpatient Facilities</td>
</tr>
<tr>
<td>2.5</td>
<td>Partial Hospitalization Services</td>
<td>20 or more hours of service/week for multidimensional instability not requiring 24-hour care</td>
<td>DHCS Certified Intensive Outpatient Facilities</td>
</tr>
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<tr>
<td>3.1</td>
<td>Clinically Managed Low-Intensity Residential Services</td>
<td>24-hour structure with available trained personnel; at least 205 hours of clinical service/week and prepare for outpatient treatment.</td>
<td>DHCS Licensed and DHCS/ASAM designated Residential Providers</td>
</tr>
<tr>
<td>3.3</td>
<td>Clinically Managed Population-Specific High-Intensity Residential Services</td>
<td>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.</td>
<td>DHCS Licensed and DHCS/ASAM designated Residential Providers</td>
</tr>
<tr>
<td>3.5</td>
<td>Clinically Managed High-Intensity Residential Services</td>
<td>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</td>
<td>DHCS Licensed and DHCS/ASAM designated Residential Providers</td>
</tr>
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<tr>
<td>3.7</td>
<td>Medically Monitored Intensive Inpatient Services</td>
<td>24-hour nursing care with physician availability for significant problems in Dimensions 1, 2, or 3. 16 hour/day counselor availability</td>
<td>Chemical Dependency Recovery Hospitals; Hospital, FreeStanding Psychiatric hospitals</td>
</tr>
<tr>
<td>4</td>
<td>Medically Managed Intensive Inpatient Services</td>
<td>Care for severe, unstable problems in Dimensions 1, 2, or 3. Counseling available to engage patient in treatment</td>
<td>Recovery Hospitals, Hospital; Free Standing Psychiatric hospitals</td>
</tr>
<tr>
<td>OTP</td>
<td>Opioid Treatment Program</td>
<td>Daily or several times weekly opioid agonist medication and counseling available to maintain multidimensional stability for those with severe opioid use disorder</td>
<td>DHCS Licensed OTP Maintenance Providers, licensed prescriber</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Service</th>
<th>Required</th>
<th>Optional</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outpatient Services</strong></td>
<td>Outpatient</td>
<td>Partial Hospitalization</td>
</tr>
<tr>
<td></td>
<td>Intensive Outpatient</td>
<td></td>
</tr>
<tr>
<td><strong>Residential</strong></td>
<td>At least one level of service</td>
<td>Additional levels</td>
</tr>
<tr>
<td><strong>OTP</strong></td>
<td>Required</td>
<td></td>
</tr>
<tr>
<td><strong>Withdrawal Management</strong></td>
<td>At least one level of service</td>
<td>Additional levels</td>
</tr>
<tr>
<td><strong>Additional MAT</strong></td>
<td>Required</td>
<td>Optional</td>
</tr>
<tr>
<td><strong>Recovery Services</strong></td>
<td>Required</td>
<td></td>
</tr>
<tr>
<td><strong>Case Management</strong></td>
<td>Required</td>
<td></td>
</tr>
<tr>
<td><strong>Physician Consultation</strong></td>
<td>Required</td>
<td></td>
</tr>
</tbody>
</table>
What do 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.