ASAM Criteria & SUD Residential Session 2

Steve Daviss MD DLFAPA FASAM
Chief Medical Officer
Optum Maryland
steve.daviss@optum.com
w:443-896-0517
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Optum

Disclosures

- Co-editor, ASAM 4th Edition
- Past President, Maryland-DC Society of Addiction Medicine
- Board of Directors, Baltimore City Medical Society
- Advisor: Iris Telehealth; M3 Information; Harmon Care
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Session 1 Recap

1. Overview
2. 4th Edition Goals and Changes
3. Current Challenges
4. Alignment with 3rd Edition

SUD Corner

Training

Webinar Opportunity: ASAM Criteria in the SUD Residential Setting

As detailed in a provider alert dated July 13, 2023, MDH and Optum Maryland are hosting a series of meetings to discuss the ASAM Criteria and how these standards apply in residential settings for 3.1, 3.3, 3.5, and 3.7.

The first webinar was held on July 26, 2023 - a recording of this webinar can be viewed here. There are two further webinars in this series. Please see dates and registration details below.

- Wednesday, August 30, 2023 | 2:00 - 3:30 pm EDT
- Wednesday, September 27, 2023 | 2:00 - 3:30 pm EDT

Q&A from 7/26 will come out soon – sorry for the delay.

Fee Schedules

Agenda - Session 2

1. Anatomy of ASAM's Service Characteristics
2. 3.1 Required Service Characteristics
3. Anatomy of ASAM's Dimensional Admission Criteria (DAC)
4. 3.1 DAC

Core Principles

Admission based on **patient need** rather than arbitrary prerequisites (e.g., prior treatment failure).

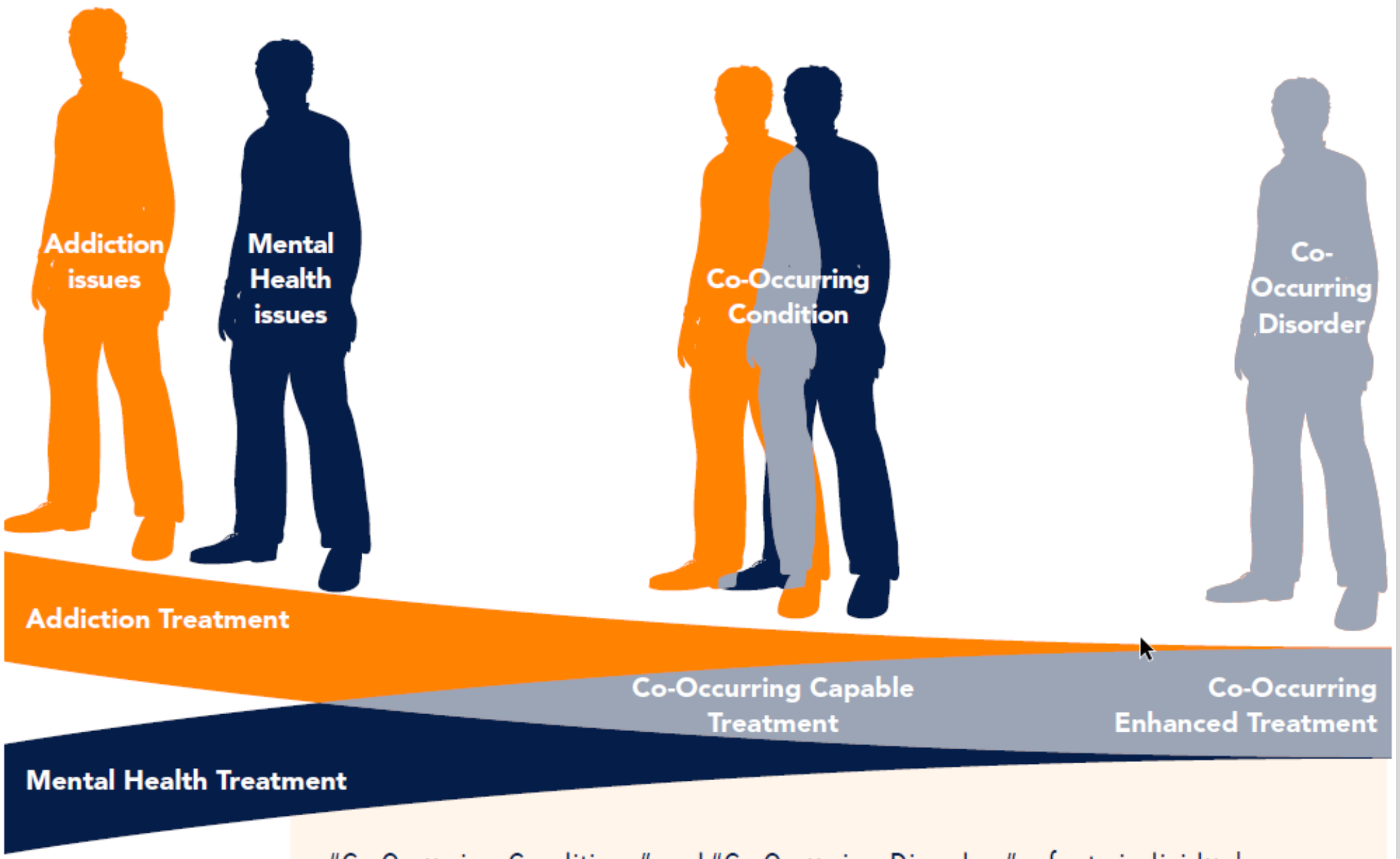
Multidimensional assessment addresses the broad biological, psychological, social, and cultural factors that contribute to addiction and recovery.

Treatment plans are **individualized** based on a patient's needs and preferences.

Care is interdisciplinary, evidence based, delivered from a place of empathy, and **centered on the patient**.

Patients move along a **clinical continuum of care** based on progress and outcomes (not a preset schedule).

Informed consent and **shared decision making** accompany all treatment decisions.



"Co-Occurring Conditions" and "Co-Occurring Disorders" refer to individuals.
"Co-Occurring Capable" and "Co-Occurring Enhanced" refer to types of programs.

3rd Edition ASAM

pg 22-30

CO-OCCURRING CONDITIONS AND MATCHING SERVICES TO NEEDS

PATIENTS	SERVICES
Patients with co-occurring mental health needs of mild to moderate severity: Individuals who exhibit (1) sub-threshold diagnostic (ie, traits, symptoms) or (2) diagnosable but stable disorders (ie, bipolar disorder but adherent with and stable on lithium).	**Co-Occurring Capable (COC):** Primary focus on substance use disorders but capable of treating patients with sub-threshold or diagnosable but stable mental disorders. Psychiatric services available on-site or by consultation; at least some staff are competent to understand and identify signs and symptoms of acute psychiatric conditions. For a co-occurring capable mental health program, the primary focus is on mental disorders but capable of treating patients with sub-threshold or diagnosable but stable substance use disorders. Addiction services are available on-site or by consultation with some staff competent to understand addiction.
Patients with co-occurring mental health needs of moderate to high severity: Individuals who exhibit moderate to severe diagnosable mental disorders, who are not stable, and who require mental health as well as addiction treatment concurrently.	**Co-Occurring Enhanced (COE):** All staff cross-trained in addiction and mental health and are competent to understand and identify signs and symptoms of acute psychiatric and substance use conditions and treat both unstable mental and substance use disorders concurrently. Treatment for both mental health and substance use disorders is integrated.

3rd Edition ASAM

pg 22-30

Future: Add COC/COE checkbox to forms

Appendix B – Recommended Staff Competencies

- for all clinical staff
- for all professional and allied health professional staff
- for physicians and advanced practice providers
- for addiction specialist physicians
- for other professional medical staff (RNs, LPNs, MAs, etc.)
- for master's level clinical staff
- for allied health professionals (e.g., peer support specialist, health educator, patient navigator, etc.)

SERVICE LINKAGES & PARTNERSHIPS

In addition to the specific services that are provided within co-occurring capable and co-occurring enhanced programs, it is important for health care provider entities to develop a full array of service linkages and partnerships with the continuum of addiction, mental health, and general medical services available in their communities. These partnerships should be considered a priority and reinforced by regular meetings and collaborations, to facilitate all partners working together in the form of on-site consultation, interdisciplinary collaboration, and support. Specific policies and procedures enhance the linkage of services required by patients with co-occurring mental and substance-related disorders:

1. **Formal memoranda of understanding and cross-consultation/collaboration agreements** specify what is expected of each provider, as well as expectations for ongoing partnership in treatment planning, collaborative monitoring, and transfer to other aspects of care. An entity providing general medical services, for example, might be an entity designated as a Qualified Service Organization (QSO) for an addiction specialty services provider organization.

2. **Staff is trained** to facilitate admission procedures and negotiate common obstacles encountered by patients with complexity, as well as in identification of key persons to be contacted if problems should arise.

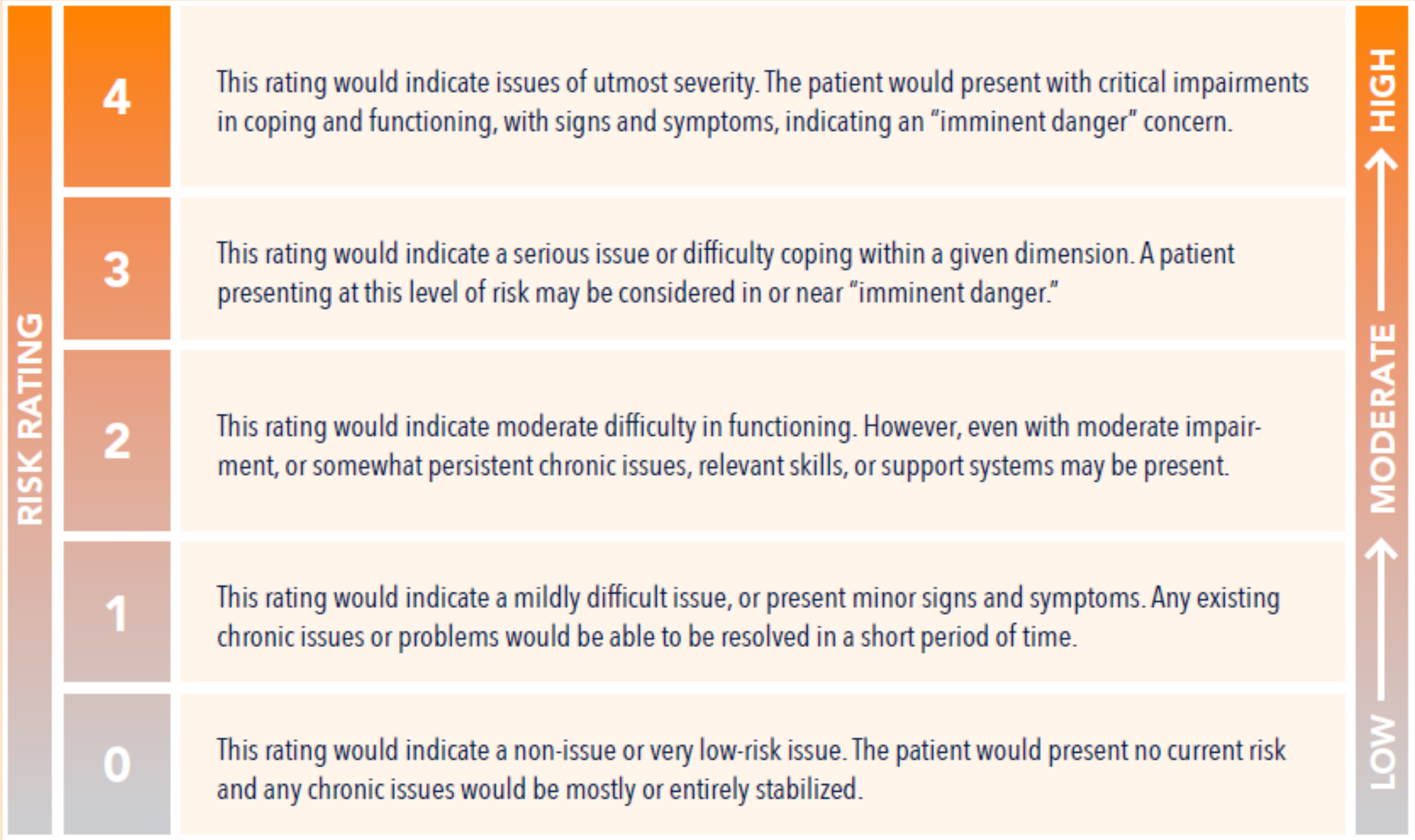
3. **The program has clear delineation of staff responsibility** for coordination with other service providers, whether through designated case managers, or through allocation of coordination responsibilities to members of the treatment team.

4. **Procedures are in place** for notification and collaboration in emergencies and/or in referral for acute treatment in another setting (involving a patient who is suicidal or hospitalized, or in severe withdrawal, for example).

5. **There are formal mechanisms for facilitating information sharing and releases of information**, while adhering to clearly spelled out confidentiality regulations. Training on policies and procedures to facilitate information sharing while protecting confidentiality is provided to all staff, including training on electronic health records.

Risk Ratings

pg 55-58



“Imminent Danger”

pg 420

Three components in combination for addiction can also constitute imminent danger:

(a) a **strong probability** that certain behaviors (such as continued alcohol or drug use or relapse) will occur,

(b) the likelihood that such behaviors will present a **significant risk** of serious adverse consequences to the individual and/or others (as in a consistent pattern of driving while intoxicated), and

(c) the likelihood that such adverse events will occur in the **very near future, within hours and days**, not weeks or months. For example, a person who may drive drunk or continue substance use resulting in serious adverse consequences in some months in the future is **not** considered in imminent danger in this context.

In *The ASAM Criteria*, patients in imminent danger need **stabilization in a 24-hour treatment setting** until no longer meeting the three components listed above.

LEVEL OF CARE	ADOLESCENT TITLE	ADULT TITLE	DESCRIPTION
3.1	Clinically Managed Low-Intensity Residential Services	Clinically Managed Low-Intensity Residential Services	24-hour structure with available trained personnel; at least 5 hours of clinical service/week
3.3	**This level of care not designated for adolescent populations*	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
3.5	Clinically Managed Medium-Intensity Residential Services	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 and use full active milieu or therapeutic community
3.7	Medically Monitored High-Intensity Inpatient Services	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 ability

Adult Levels of Care

pg 175-6

	DIMENSION 1 Acute Intoxication and/or Withdrawal Potential	DIMENSION 2 Biomedical Conditions and Complications	DIMENSION 3 Emotional, Behavioral, or Cognitive Conditions and Complications
LEVEL 3.1 Clinically Managed Low-Intensity Residential Services	No withdrawal risk, or minimal or stable withdrawal. Concurrently receiving Level 1-WM (minimal) or Level 2-WM (moderate) services (See withdrawal management criteria)	None or stable, or receiving concurrent medical monitoring	None or minimal; not distracting to recovery. If stable, a co-occurring capable program is appropriate. If not, a co-occurring enhanced program is required
LEVEL 3.3 Clinically Managed Population-Specific High-Intensity Residential Services	At minimal risk of severe withdrawal. If withdrawal is present, manageable at Level 3.2-WM (See withdrawal management criteria)	None or stable, or receiving concurrent medical monitoring	Mild to moderate severity; needs structure to focus on recovery. Treatment should be designed to address significant cognitive deficits. If stable, a co-occurring capable program is appropriate. If not, a co-occurring enhanced program is required
LEVEL 3.5 Clinically Managed High-Intensity Residential Services	At minimal risk of severe withdrawal. If withdrawal is present, manageable at Level 3.2-WM (See withdrawal management criteria)	None or stable, or receiving concurrent medical monitoring	Demonstrates repeated inability to control impulses, or unstable and dangerous signs/symptoms require stabilization. Other functional deficits require stabilization and a 24-hour setting to prepare for community integration and continuing care. A co-occurring enhanced setting is required for those with severe and chronic mental illness
LEVEL 3.7 Medically Monitored Intensive Inpatient Services	At high risk of withdrawal, but manageable at Level 3.7-WM and does not require the full resources of a licensed hospital (See withdrawal management criteria)	Requires 24-hour medical monitoring but not intensive treatment	Moderate severity; needs a 24-hour structured setting. If the patient has a co-occurring mental disorder, requires concurrent mental health services in a medically monitored setting

Adult Levels of Care	DIMENSION 4 Readiness to Change	DIMENSION 5 Relapse, Continued Use, or Continued Problem Potential	DIMENSION 6 Recovery/Living Environment
LEVEL 3.1 Clinically Managed Low-Intensity Residential Services	Has variable engagement in treatment, ambivalence, or a lack of awareness of the substance use or mental health problem, and requires a structured program several times a week to promote progress through the stages of change	Intensification of addiction or mental health symptoms indicate a high likelihood of relapse or continued use or continued problems without close monitoring and support several times a week	Recovery environment is not supportive, but with structure and support, the patient can cope
LEVEL 3.3 Clinically Managed Population-Specific High-Intensity Residential Services	Has poor engagement in treatment, significant ambivalence, or a lack of awareness of the substance use or mental health problem, requiring a near-daily structured program or intensive engagement services to promote progress through the stages of change	Intensification of addiction or mental health symptoms, despite active participation in a Level 1 or 2.1 program, indicates a high likelihood of relapse or continued use or continued problems without near-daily monitoring and support	Recovery environment is not supportive, but with structure and support and relief from the home environment, the patient can cope
LEVEL 3.5 Clinically Managed High-Intensity Residential Services	Open to recovery, but needs a structured environment to maintain therapeutic gains	Understands relapse but needs structure to maintain therapeutic gains	Environment is dangerous, but recovery is achievable if Level 3.1 24-hour structure is available
LEVEL 3.7 Medically Monitored Intensive Inpatient Services	Has little awareness and needs interventions available only at Level 3.3 to engage and stay in treatment. If there is high severity in Dimension 4 but not in any other dimension, motivational enhancement strategies should be provided in Level 1	Has little awareness and needs interventions available only at Level 3.3 to prevent continued use, with imminent dangerous consequences, because of cognitive deficits or comparable dysfunction	Environment is dangerous and patient needs 24-hour structure to learn to cope

Service Characteristics

SETTING

SUPPORT SYSTEMS

STAFF

THERAPIES

ASST/TX PLAN REVIEW

DOCUMENTATION

FYI:
Pennsylvania's ASAM Transition Website

https://www.ddap.pa.gov/Professionals/Pages/ASAM-Transition.aspx

Residential/Inpatient Services

3.1 Residential Documents

LEVEL 3.1 CLINICALLY MANAGED LOW-INTENSITY RESIDENTIAL SERVICES BY SERVICE CHARACTERISTICS

Level 3.1 programs typically combine clinical services with recovery residential services. This LoC is appropriate for patients who require additional time in a structured residential setting in order to 1) improve essential skills and 2) prepare for successful transition to a lesser LoC. *(The ASAM Criteria, p. 222)*

I. SETTING *(1 sub-service characteristic)*

A 24-hour supervised residence provides a safe, secure environment where patients can develop/practice early recovery skills such as resilience and refusal; experience the support of others in a recovery-oriented setting; and prepare for a successful transition to the community.

I.1. Level 3.1 program services may be offered in a (usually) freestanding, appropriately licensed facility located in a community setting *(The ASAM Criteria, p. 224).*

Experience teaches that many SUD/COD patients require the support and structure of a residential environment to fully stabilize in recovery, with the goal of successfully transitioning to a lower (outpatient) LoC. The extended stays at this level may facilitate this transition, assist with engagement in the community, and result in improved treatment outcome.

I. Setting

- A 24-hour supervised residence:
  - Provides a safe, secure environment.
  - Enables patients to develop and practice early recovery skills.
  - Allows patients to experience the support of others in a recovery-oriented setting.
  - Allows patients to prepare for a successful transition into community.

I.1. Program services may be offered in a freestanding, appropriately licensed facility located in a community setting.

GOAL: Patients successfully transition to a lower outpatient level of care. Extended stays facilitate transition, assist with community engagement, and result in improved treatment outcomes.

II. Support Systems

- Should be readily available to program staff in response to patient need.
- May be provided through affiliation or agreement with other providers.

II.1. Telephone or in-person with a physician and emergency services are available 24/7.

II.2. Programs have direct affiliation with other levels of care or close coordination through referral to more and less intensive levels of care and other clinical or support services.

II.3 Has the ability to arrange for needed procedures, such as dental care, lab testing, or toxicology, as appropriate to the severity of a patient's condition.

II.4. Has the ability to arrange for pharmacotherapy for psychiatric or anti-addiction medications.

GOAL: Augment existing services or help to meet the individual needs of patients.

II. SUPPORT SYSTEMS *(4 sub-service characteristics)*

Support services enhance the treatment experience and should be readily available to program staff in response to patient need, and may be provided through affiliation or agreement with other providers. Support services are ordinarily beyond the scope or capacity of the program, but may augment existing services or help meet individual patient needs.

II.1. Telephone or in-person consultation with a physician and emergency services are available 24 hours a day, 7 days a week *(The ASAM Criteria p.224).*

Patients are medically stable and the role of medical staff is as-needed rather than through direct service provision. Affiliations with qualified providers provide telephone consultation, and policies and procedures are established for emergency management.

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LEVEL 3.1 CLINICALLY MANAGED LOW-INTENSITY RESIDENTIAL SERVICES BY SERVICE CHARACTERISTICS SELF ASSESSMENT CHECKLIST

I. SETTING *(1 sub-service characteristic)*

I.1. Level 3.1 program services may be offered in a (usually) freestanding, appropriately licensed facility located in a community setting *(The ASAM Criteria, p. 224).*

The organization implements written procedures that address the handling of items brought into the program, including:

- Illegal substances
- Legal medication
- Prescription medication
- Weapons
- Tobacco products
- Gambling paraphernalia
- Pornography

I. Setting

Self Assessment Checklist

1. A freestanding, appropriately licensed facility.
2. Located in a community setting.
3. Has written procedures that address the handling of items brought into the program facility.
4. Implements procedures that ensure the safety of patients and staff.
5. Has written descriptions of how a patient's treatment plan incorporates participation in community and off-site clinical services.
6. Has a policy for program entry, transition, and exit.
7. Has a written schedule of daily events.
8. Has a 24-hour staff schedule.
9. Has consistent evidence of a variable length of stay based on patient needs but patient materials do not refer to a fixed program length.

The program implements procedures that reasonably ensure the safety of patients and staff, including but not limited to:

- Searches of persons served, of belongings, and of the physical facility. Searches will be done to preserve privacy and dignity, and will be sensitive to potential trauma of persons served.
- Communications, including mail, telephone use, and use of personal electronics.
- Visitation.
- Emergency evacuation.

The program has written descriptions that describes how a patient's individualized treatment plan incorporates participation in community and other services offered off-site (e.g., vocational services, outpatient services, mutual support meetings, etc.) and expectations about return to the Level 3.1 program in the course of the day.

Evidence of a written policy or criteria for program entry/admission, transition, and exit. Admission criteria include ASAM dimensional criteria as well as DSM diagnosis.

Evidence of a written daily schedule of activities. Evidence of a 24-hour staff schedule. Consistent evidence of a variable length of stay based upon patient need. Conversely patient materials should not refer to a fixed program length.

II. SUPPORT SYSTEMS *(4 sub-service characteristics)*

II.1. Telephone or in-person consultation with a physician and emergency services are available 24 hours a day, 7 days a week *(The ASAM Criteria p.224).*

There are written procedures that the program has availability of medical personnel (i.e. physician, or

3.5 Residential Documents

LEVEL 3.5 CLINICALLY MANAGED HIGH-INTENSITY RESIDENTIAL SERVICES BY SERVICE CHARACTERISTICS

Level 3.5 programs assist patients whose addiction is currently so out of control that they need a 24 hour supportive treatment environment to initiate or continue a recovery process that has failed to progress. (The ASAM Criteria, p. 244)

I. SETTING *(1 sub-service characteristic)*

The Level 3.5 offers 24-hour supportive treatment in a contained, safe, and structured environment to help patients initiate or continue a recovery process that has failed to progress.

I.1. Level 3.5 program services may be offered in a (usually) freestanding, appropriately licensed facility located in a community setting or a specialty unit within a licensed healthcare facility. Some Level 3.5 programs are offered in prisons or secure community settings as a step down for those inmates released from prison. *(The ASAM Criteria, p.249).*

Experience teaches that new skills are required for a successful transition from active addiction to a stable, recovery-positive lifestyle. The residential setting provides structure, supervision, and support in this effort. Level 3.5 programs may be found in freestanding facilities, within larger institutions, or in correctional environments, so long as requirements are met.

I. Setting

A 24-hour supportive treatment facility in a contained, safe, and structured environment to help patients initiate or continue a recovery process that has failed to progress.

I.1. Program services may be offered in a (usually) freestanding, appropriately licensed facility located in a community setting or a specialty unit within a licensed healthcare facility. Some programs are offered in prisons or secure settings as a step down for inmates released from prison.

GOAL: Teach new skills that are required for a successful transition from active addiction stable, recovery-positive lifestyle.

II. Support Systems

Address those services which need to be readily available to the program through affiliation or contract.

II.1. Telephone or in-person consultation with a physician and emergency services are available 24/7.

II.2. Programs have direct affiliation with other levels of care or close coordination through referral to more and less intensive levels of care and other services.

II.3 Has arranged for medical, psychiatric, psychological, laboratory, and toxicology services as appropriate to the severity of the patient's condition.

GOAL: Provide services beyond the capacity of program staff which will not be needed by patients on a routine basis or services to augment those provided by staff.

II. SUPPORT SYSTEMS *(3 sub-service characteristics)*

The support system standards address those services which need to be readily available to the program through affiliation or contract. Support systems provide services, beyond the capacity of the staff of the program, which will not be needed by patients on a routine basis or services to augment those provided by staff.

II.1. Telephone or in-person consultation with a physician, or a physician assistant, or a nurse practitioner in states where they are licensed as nurse extenders, and may perform the duties designated there for a physician; emergency services, available 24 hours a day, 7 days a week *(The ASAM Criteria, p.249).*

It is assumed that the Level 3.5 program will require

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LEVEL 3.5 CLINICALLY MANAGED HIGH INTENSITY RESIDENTIAL SERVICES BY SERVICE CHARACTERISTICS SELF ASSESSMENT CHECKLIST

Level 3.5 programs assist patients whose addiction is currently so out of control that they need a 24 hour supportive treatment environment to initiate or continue a recovery process that has failed to progress. (The ASAM Criteria, p. 244)

I. SETTING *(1 sub-service characteristic)*

I.1. Level 3.5 program services may be offered in a (usually) freestanding, appropriately licensed facility located in a community setting or a specialty unit within a licensed healthcare facility. Some Level 3.5 programs are offered in prisons or secure community settings as a step down for those inmates released from prison *(The ASAM Criteria, p.249).*

The organization implements written procedures that address the handling of items brought into the program, including:

- Illegal substances
- Legal medication
- Prescription medication
- Weapons
- Tobacco products
- Gambling paraphernalia
- Pornography

I. Setting

Self Assessment Checklist

1. A freestanding, appropriately licensed facility.
2. Located in a community setting or specialty unit within a licensed healthcare facility (some may be offered in prisons or secure community settings as a step down for those inmates released from prisons).
3. Has written procedures that address the handling of items brought into the program facility.
4. Implements procedures that ensure the safety of patients and staff.
5. Has written procedures that address conditions when a patient would physically leave the facility and how 1:1 supervision in these circumstances is handled.
6. Has a policy for program entry/admission, transition, and exit.
7. Has a patient-centered variable length of stay.
8. Admission criteria include ASAM dimensional criteria as well as DSM diagnosis.
9. Has a 24-hour staff schedule that includes weekends and holidays.
10. Has a written daily schedule of activities that includes weekends and holidays.

The program implements procedures that reasonably ensure the safety of patients and staff, including but not limited to:

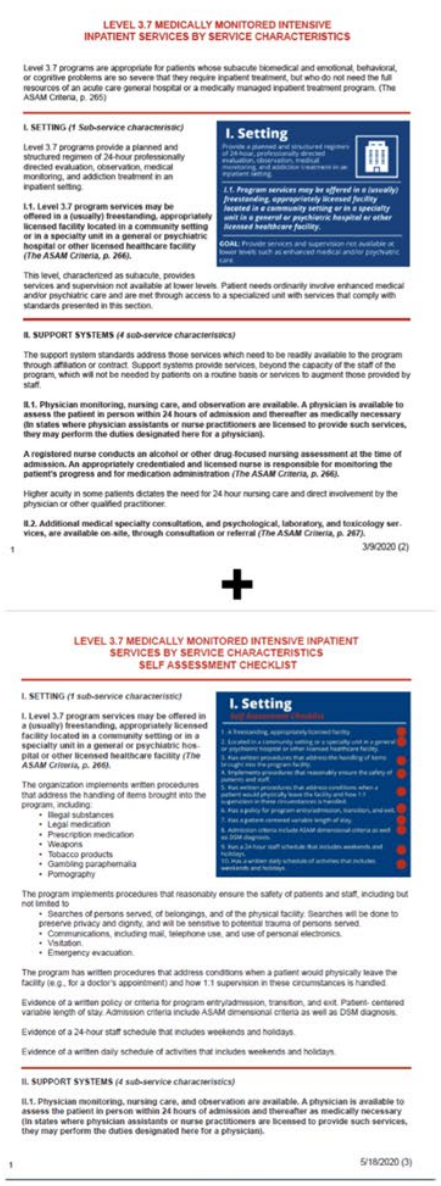
- Searches of persons served, of belongings, and of the physical facility. Searches will be done to preserve privacy and dignity, and will be sensitive to potential trauma of persons served.
- Communications, including mail, telephone use, and use of personal electronics.
- Visitation.
- Emergency evacuation.

The program has written procedures that address conditions when a patient would physically leave the facility (e.g., for a doctor's appointment) and how 1:1 supervision in these circumstances is handled.

Evidence of a written policy or criteria for program entry/admission, transition, and exit. Patient- centered variable length of stay. Admission criteria include ASAM dimensional criteria as well as DSM diagnosis. Evidence of a 24-hour staff schedule that includes weekends and holidays.

Evidence of a written daily schedule of activities that includes weekends and holidays.

3.7 Inpatient Documents



LEVEL 3.7 MEDICALLY MONITORED INTENSIVE INPATIENT SERVICES BY SERVICE CHARACTERISTICS

Level 3.7 programs are appropriate for patients whose subacute biomedical and emotional, behavioral, or cognitive problems are so severe that they require inpatient treatment, but who do not need the full resources of an acute care general hospital or a medically managed inpatient treatment program. (The ASAM Criteria, p. 265)

I. SETTING *(1 Sub-service characteristic)*

Level 3.7 programs provide a planned and structured regimen of 24-hour professionally directed evaluation, observation, medical monitoring, and addiction treatment in an inpatient setting.

I.1. Level 3.7 program services may be offered in a (usually) freestanding, appropriately licensed facility located in a community setting or in a specialty unit in a general or psychiatric hospital or other licensed healthcare facility *(The ASAM Criteria, p. 266).*

I. Setting

Provide a planned and structured regimen of 24-hour, professionally directed evaluation, observation, medical monitoring, and addiction treatment in an inpatient setting.

I.1. Program services may be offered in a (usually) freestanding, appropriately licensed facility located in a community setting or in a specialty unit in a general or psychiatric hospital or other licensed healthcare facility.

GOAL: Provide services and supervision not available or lower levels such as enhanced medical and/or psychiatric care.

This level, characterized as subacute, provides services and supervision not available at lower levels. Patient needs ordinarily involve enhanced medical and/or psychiatric care and are met through access to a specialized unit with services that comply with standards presented in this section.

II. SUPPORT SYSTEMS *(4 sub-service characteristics)*

The support system standards address those services which need to be readily available to the program through affiliation or contract. Support systems provide services, beyond the capacity of the staff of the program, which will not be needed by patients on a routine basis or services to augment those provided by staff.

II.1. Physician monitoring, nursing care, and observation are available. A physician is available to assess the patient in person within 24 hours of admission and thereafter as medically necessary (In states where physician assistants or nurse practitioners are licensed to provide such services, they may perform the duties designated here for a physician).

A registered nurse conducts an alcohol or other drug-focused nursing assessment at the time of admission. An appropriately credentialed and licensed nurse is responsible for monitoring the patient's progress and for medication administration *(The ASAM Criteria, p. 266).*

Higher acuity in some patients dictates the need for 24 hour nursing care and direct involvement by the physician or other qualified practitioner.

II.2. Additional medical specialty consultation, and psychological, laboratory, and toxicology services, are available on-site, through consultation or referral *(The ASAM Criteria, p. 267).*

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LEVEL 3.7 MEDICALLY MONITORED INTENSIVE INPATIENT SERVICES BY SERVICE CHARACTERISTICS SELF ASSESSMENT CHECKLIST

I. SETTING *(1 sub-service characteristic)*

I.1. Level 3.7 program services may be offered in a (usually) freestanding, appropriately licensed facility located in a community setting or in a specialty unit in a general or psychiatric hospital or other licensed healthcare facility *(The ASAM Criteria, p. 265).*

The organization implements written procedures that address the handling of items brought into the program, including:

- Illegal substances
- Legal medication
- Prescription medication
- Weapons
- Tobacco products
- Gambling paraphernalia
- Pornography

I. Setting

Self Assessment Checklist

1. A freestanding, appropriately licensed facility.
2. Located in a community setting or a specialty unit in a general or psychiatric hospital or other licensed healthcare facility.
3. Has written procedures that address the handling of items brought into the program facility.
4. Implements procedures that reasonably ensure the safety of patients and staff.
5. Has written procedures that address conditions when a patient would physically leave the facility and how 1:1 supervision in these circumstances is handled.
6. Has a policy for program entry/admission, transition, and exit.
7. Has a patient-centered variable length of stay.
8. Admission criteria include ASAM dimensional criteria as well as DSM diagnosis.
9. Has a 24-hour staff schedule that includes weekends and holidays.
10. Has a written daily schedule of activities that includes weekends and holidays.

The program implements procedures that reasonably ensure the safety of patients and staff, including but not limited to

- Searches of persons served, of belongings, and of the physical facility. Searches will be done to preserve privacy and dignity, and will be sensitive to potential trauma of persons served.
- Communications, including mail, telephone use, and use of personal electronics.
- Visitation.
- Emergency evacuation.

The program has written procedures that address conditions when a patient would physically leave the facility (e.g., for a doctor's appointment) and how 1:1 supervision in these circumstances is handled.

Evidence of a written policy or criteria for program entry/admission, transition, and exit. Patient- centered variable length of stay. Admission criteria include ASAM dimensional criteria as well as DSM diagnosis.

Evidence of a 24-hour staff schedule that includes weekends and holidays.

Evidence of a written daily schedule of activities that includes weekends and holidays.

II. SUPPORT SYSTEMS *(4 sub-service characteristics)*

II.1. Physician monitoring, nursing care, and observation are available. A physician is available to assess the patient in person within 24 hours of admission and thereafter as medically necessary (In states where physician assistants or nurse practitioners are licensed to provide such services, they may perform the duties designated here for a physician).

pg 222-231

3.1

Service Characteristics

1. **Setting**
2. Support Systems
3. Staff
4. Therapies
5. Asst/Tx Plan Review
6. Documentation

I. Setting

- A 24-hour supervised residence:
  - Provides a safe, secure environment.
  - Enables patients to develop and practice early recovery skills.
  - Allows patients to experience the support of others in a recovery-oriented setting.
  - Allows patients to prepare for a successful transition into community.

I.1. Program services may be offered in a freestanding, appropriately licensed facility located in a community setting.

GOAL: Patients successfully transition to a lower outpatient level of care. Extended stays facilitate transition, assist with community engagement, and result in improved treatment outcomes.

3.1

Service Characteristics

1. Setting
2. **Support Systems**
3. Staff
4. Therapies
5. Asst/Tx Plan Review
6. Documentation

II. Support Systems

- Should be readily available to program staff in response to patient need.
- May be provided through affiliation or agreement with other providers.

II.1. Telephone or in-person with a physician and emergency services are available 24/7.

II.2. Programs have direct affiliation with other levels of care or close coordination through referral to more and less intensive levels of care and other clinical or support services.

II.3 Has the ability to arrange for needed procedures, such as dental care, lab testing, or toxicology, as appropriate to the severity of a patient's condition.

II.4. Has the ability to arrange for pharmacotherapy for psychiatric or anti-addiction medications.

GOAL: Augment existing services or help to meet the individual needs of patients.

Also Required for COE:

- **Psychiatric services**, including medication evaluation and laboratory services.
- Provided **on-site or closely coordinated off-site**, as appropriate to the severity and urgency of the patient's mental condition.

pg 222-231

3.1

Service Characteristics

1. Setting
2. Support Systems
3. **Staff**
4. Therapies
5. Asst/Tx Plan Review
6. Documentation

III. Staff

- Should be sufficient in number and appropriately qualified to meet the needs of patients.
- Regular training should be conducted to meet the standard of best practice.

III.1. Allied health professional staff are available on-site 24/7 or as required by licensing regulations.

III.2. Clinical staff are knowledgeable about the dimensions of SUDs and their treatment. They are able to identify signs and symptoms of acute psychiatric decompensation.

III.3 Has a team comprised of appropriately trained and credentialed medical, addiction, and mental health professionals.

GOAL: Deliver quality services to patients through a multidisciplinary team of qualified professionals.

Also Required for COE:

- **Staffed by** appropriately credentialed mental health professionals, who are able to **assess and treat** co-occurring disorders with the capacity to involve addiction-trained psychiatrists.
- Some (if not all) of the addiction staff should have **sufficient cross-training** in addiction and mental health to understand the signs and symptoms of mental disorders AND **be able to explain** the purposes of psychotropic meds.
- The intensity of **nursing care and observation** is sufficient to meet the patient's needs.

IV. Therapies

- Evidence-based approaches are strongly preferred.
- Should maintain capacity to provide various types of therapy in response to patient need.
- Some services are offered through affiliation with community providers and may be offsite.
- Policies and procedures ensure successful communication among providers.

IV.1. Designed to improve a patient's ability to structure and organize tasks of daily living and recovery.

IV.2. Includes planned clinical program activities to stabilize and maintain a patient's SUD symptoms, and to help develop and apply recovery skills.

IV.3. Addiction pharmacotherapy.

IV.4. Random drug screening to monitor and reinforce treatment gains.

IV.5. Motivational enhancement and engagement strategies are used in preference to confrontational strategies.

IV.6. Counseling and clinical monitoring to support successful involvement in daily activity, and successful reintegration in family living.

IV.7. Regular monitoring of the patient's medication adherence.

IV.8. Recovery support services.

IV.9. Services for the patient's family and significant others.

IV.10. Opportunities for the patient to be introduced to the potential benefits of addiction pharmacotherapies as a tool to manage their addictive disorder.

GOAL: Each treatment "day" includes a variety of therapies and therapy modalities and is designed to meet patient needs.

pg 222-231

3.1

Also Required for COE:

- Planned clinical activities (either directly or through affiliated providers) designed to stabilize the patient's mental health problems and psychiatric symptoms and to maintain such stabilization.
- Specific attention is given to medication education and management and to motivational and engagement strategies.

Service Characteristics

1. Setting
2. Support Systems
3. Staff
4. **Therapies**
5. Asst/Tx Plan Review
6. Documentation

V. Assessment/Treatment Plan Review

- Identification of biopsychosocial needs, strengths, deficits, problems, and limitations are integral.
- A standardized, multidimensional planning process is used.
- Focus is on the patient's overall progress on goals and objectives rather than the confines of the episode of treatment.
- Services are regularly updated to ensure relevance and appropriateness.

V.1. An individualized, comprehensive, biopsychosocial assessment of the patient's SUD, conducted or updated by staff who are knowledgeable about addiction treatment.

V.2. An individualized treatment plan, which involves problems, needs strengths, skills, priority formulation, and articulation of short-term, measurable treatment goals. The plan is developed in collaboration with the patient and reflects their goals.

V.3. A biopsychosocial assessment, treatment plan, and updates that reflect the patient's clinical progress.

V.4. A physical examination, performed within a reasonable time, as defined in the program's policy and procedure manual, and as determined by the patient's medical condition.

GOAL: To establish and maintain relevance with respect to the patient's status as it changes during the course of treatment.

Also Required for COE:

- A **review** of the patient's **recent** psychiatric history and mental status examination. If necessary, this review is conducted by a psychiatrist.
- A **comprehensive psychiatric history, examination, and psychodiagnostic assessment** are performed **within a reasonable time**, as determined by the patient's needs.
- **Active reassessment** of the patient's mental status, at a **frequency determined** by the urgency of the patient's psychiatric problems, and follow through with **mental health treatment and psychotropic medications**.

pg 222-231

3.1

Service Characteristics

1. Setting
2. Support Systems
3. Staff
4. Therapies
5. Asst/Tx Plan Review
6. **Documentation**

VI. Documentation

- Patient records are the principal source of information about patient progress.
- Formal reviews using the six dimensions should occur at specified intervals.

VI. 1. Includes individualized progress notes that clearly reflect the implementation of the patient's treatment plan and their response to therapeutic intervention for all disorders treated.

VI 2. Treatment plan reviews are conducted at specified times and are recorded within the plan.

GOAL: To capture patient information efficiently and accurately.

Also Required for COE:

- Document the patient's mental health problems.
- Document the relationship between the mental and substance use and addictive disorders.
- Document the current level of mental functioning.

ADULT DIMENSIONAL ADMISSION CRITERIA

pg 228-231

All Programs

The adult patient who is appropriately admitted to a Level 3.1 program meets specifications in ***each*** of the six dimensions.

1 DIMENSION 1:

Acute Intoxication and/or Withdrawal Potential

All Programs

The patient has no signs or symptoms of withdrawal, or his or her withdrawal needs can be safely managed in a Level 3.1 setting. See separate withdrawal management chapter for how to approach "unbundled" withdrawal management for adults.

ADULT DIMENSIONAL ADMISSION CRITERIA

pg 228-231

All Programs

The adult patient who is appropriately admitted to a Level 3.1 program meets specifications in ***each*** of the six dimensions.

2 DIMENSION 2:
Biomedical Conditions and Complications

All Programs

The patient's status in Dimension 2 is characterized by ***one*** of the following:

a. Biomedical problems, if any, are stable and do not require medical or nurse monitoring, and the patient is capable of self-administering any prescribed medications;
or

b. A current biomedical condition is not severe enough to warrant inpatient treatment but is sufficient to distract from treatment or recovery efforts. The problem requires medical monitoring, which can be provided by the program or through an established arrangement with another provider.

Biomedical Enhanced Services

The patient who has a biomedical problem that requires a degree of staff attention (such as monitoring of medications or assistance with mobility) that is not available in other Level 3.1 programs is in need of biomedical enhanced services.

ADULT DIMENSIONAL ADMISSION CRITERIA

pg 228-231

DIMENSION 3:
3
Emotional, Behavioral, or Cognitive Conditions and Complications

All Programs

The patient may not have any significant problems in this dimension. However, if ***any*** of the Dimension 3 conditions are present, the patient must be admitted to a co-occurring capable or co-occurring enhanced program (depending on his or her level of function, stability, and degree of impairment).

Co-Occurring Capable Programs

The patient's status in Dimension 3 is characterized by (a); ***and*** one of (b) ***or*** (c) ***or*** (d) ***or*** (e):

a. The patient's mental status (including emotional stability and cognitive functioning) is assessed as sufficiently stable to allow the patient to participate in the therapeutic interventions provided at this level of care and to benefit from treatment.

and

b. The patient's psychiatric condition is stable, and he or she is assessed as having minimal problems in this area, as evidenced by ***both*** of the following: (1) the patient's thought disorder, anxiety, guilt, and/or depression may be related to substance use problems or to a stable co-occurring emotional, behavioral, or cognitive condition, with imminent likelihood of relapse with dangerous consequences outside of a structured environment. For mandated patients, examples of "dangerous consequences" may be the imminent loss of their children, imminent years of impending imprisonment, etc. as consequences of relapse, and (2) the patient is assessed as not posing a risk to self or others;

or

c. The patient's symptoms and functional limitations, when considered in the context of his or her home environment, are sufficiently severe that he or she is assessed as not likely to maintain mental stability and/or abstinence if treatment is provided in a nonresidential setting. Functional limitations may include—but are not limited to—residual psychiatric symptoms, chronic addictive disorder, history of criminality, marginal intellectual ability, limited educational achievement, poor vocational skills, inadequate anger management skills, and the sequelae of physical, sexual, or emotional trauma. These limitations may be complicated by problems in Dimensions 2 through 6;

or

ADULT DIMENSIONAL ADMISSION CRITERIA

pg 228-231

All Programs

The adult patient who is appropriately admitted to a Level 3.1 program meets specifications in ***each*** of the six dimensions.

3 DIMENSION 3:

Emotional, Behavioral, or Cognitive Conditions and Complications

d. The patient demonstrates (through distractibility, negative emotions, or generalized anxiety) an inability to maintain stable behavior over a 24-hour period without the structure and support of a 24-hour setting;

or

e. The patient's co-occurring psychiatric, emotional, behavioral, or cognitive conditions are being addressed concurrently through appropriate psychiatric services.

Co-Occurring Enhanced Programs

The patient's status in Dimension 3 is characterized by one of (a) ***or*** (b); ***and*** (c):

a. The patient has a diagnosed emotional, behavioral, or cognitive disorder that requires monitoring of medications or assessment of psychiatric symptoms or behavioral management techniques, because the patient's history suggests that these disorders are likely to distract him or her from treatment efforts;

or

b. The patient needs monitoring of psychiatric symptoms concurrent with addiction treatment (as may occur in a patient with borderline or compulsive personality disorder, anxiety or mood disorder, or chronic schizophrenic disorder in addition to a stabilizing substance use or other addictive disorder);

and

c. The patient is assessed as able to safely access the community for work, education, and other community resources.

NOTE: Such a patient may be receiving specific co-occurring services in a Level 2.1 or 2.5 program, or be receiving Level 1 outpatient services with intensive case management.

ADULT DIMENSIONAL ADMISSION CRITERIA

pg 228-231

All Programs

The adult patient who is appropriately admitted to a Level 3.1 program meets specifications in ***each*** of the six dimensions.

4 DIMENSION 4:
Readiness to Change

All Programs

The patient's status in Dimension 4 is characterized by at least ***one*** of the following:

a. The patient acknowledges the existence of a psychiatric condition and/or substance use problem. He or she recognizes specific negative consequences and dysfunctional behaviors and their effect on his or her desire to change. He or she is sufficiently ready to change and cooperative enough to respond to treatment at Level 3.1;

or

b. The patient is assessed as appropriately placed at Level 1 or 2 and is receiving Level 3.1 services concurrently. The patient may be at an early stage of readiness to change and thus in need of engagement and motivational strategies;

or

c. The patient requires a 24-hour structured milieu to promote treatment progress and recovery, because motivating interventions have failed in the past and such interventions are assessed as not likely to succeed in an outpatient setting;

or

d. The patient's perspective impairs his or her ability to make behavior changes without the support of a structured environment. For example, the patient attributes his or her alcohol, other drug, or mental health problem to other persons or external events, rather than to a substance use or mental disorder. Interventions are assessed as not likely to succeed in an outpatient setting.

ADULT DIMENSIONAL ADMISSION CRITERIA

pg 228-231

All Programs

The adult patient who is appropriately admitted to a Level 3.1 program meets specifications in ***each*** of the six dimensions.

4 DIMENSION 4:
Readiness to Change

Co-Occurring Enhanced Programs

The patient's status in Dimension 4 is characterized by ambivalence in his or her commitment to change a co-occurring mental health problem.

Similarly, the patient is appropriately placed in a Level 3.1 co-occurring enhanced program when he or she is not consistently able to follow through with treatment, or demonstrates minimal awareness of a problem, or is unaware of the need to change. Such a patient requires active interventions with family, significant others, and other external systems to create leverage and align incentives so as to promote engagement in treatment.

ADULT DIMENSIONAL ADMISSION CRITERIA

pg 228-231

All Programs

The adult patient who is appropriately admitted to a Level 3.1 program meets specifications in ***each*** of the six dimensions.

5 DIMENSION 5:

Relapse, Continued Use, or Continued Problem Potential

All Programs

The patient's status in Dimension 5 is characterized by at least ***one*** of the following:

a. The patient demonstrates limited coping skills to address relapse triggers and urges and/or deteriorating mental functioning. He or she thus is in imminent danger of relapse, with dangerous emotional, behavioral, or cognitive consequences, and needs 24-hour structure to help him or her apply recovery and coping skills;

or

b. The patient understands his or her addiction and/or mental disorder but is at risk of relapse in a less structured level of care because he or she is unable to consistently address either or both;

or

c. The patient needs staff support to maintain engagement in his or her recovery program while transitioning to life in the community;

or

d. The patient is at high risk of substance use, addictive behavior, or deteriorated mental functioning, with dangerous emotional, behavioral, or cognitive consequences, in the absence of close 24-hour structured support (as evidenced, for example, by lack of awareness of relapse triggers, difficulty in postponing immediate gratification, or ambivalence toward or low interest in treatment), and these issues are being addressed concurrently in a Level 2 program.

ADULT DIMENSIONAL ADMISSION CRITERIA

pg 228-231

All Programs

The adult patient who is appropriately admitted to a Level 3.1 program meets specifications in ***each*** of the six dimensions.

5 DIMENSION 5:

Relapse, Continued Use, or Continued Problem Potential

Co-Occurring Enhanced Programs

The patient's status in Dimension 5 is characterized by psychiatric symptoms that pose a moderate risk of relapse to a substance use or mental disorder. Such a patient demonstrates limited ability to apply relapse prevention skills, as well as deteriorating psychiatric functioning, which increases his or her risk of serious consequences and requires the types of services and 24-hour structure of a Level 3.1 co-occurring enhanced program in order to maintain an adequate level of functioning. For example, the patient demonstrates deteriorating functioning during outpatient treatment or while in a halfway house that does not provide co-occurring enhanced services.

The patient who is receiving concurrent Level 2 and Level 3.1 services requires case management to coordinate the services across levels of care. Case management and collaboration across levels of care may be needed to manage anticraving, psychotropic, or opioid agonist medications. For example, the patient may have only recently developed the ability to control his or her anger and impulses to damage property. Or the patient may have only recently become adherent in taking psychotropic medications as prescribed and is not increasing the dose to control continuing symptoms of anxiety or panic.

Preparation for transfer of the patient to a less intensive level of care and/or reentry into the community requires case management and staff exploration of supportive living environments, separately from their therapeutic work with the patient.

ADULT DIMENSIONAL ADMISSION CRITERIA

pg 228-231

All Programs

The adult patient who is appropriately admitted to a Level 3.1 program meets specifications in ***each*** of the six dimensions.

6 DIMENSION 6:
Recovery Environment

All Programs

The patient's status in Dimension 6 is characterized by one of (a); ***and*** one of (b) ***or*** (c) ***or*** (d) ***or*** (e) ***or*** (f):

a. The patient is able to cope, for limited periods of time, outside the 24-hour structure of a Level 3.1 program in order to pursue clinical, vocational, educational, and community activities;

and

b. The patient has been living in an environment that is characterized by a moderately high risk of initiation or repetition of physical, sexual, or emotional abuse, or substance use so endemic that the patient is assessed as being unable to achieve or maintain recovery at a less intensive level of care;

or

c. The patient lacks social contacts or has high-risk social contacts that jeopardize his or her recovery, or the patient's social network is characterized by significant social isolation and withdrawal. The patient's social network includes many friends who are regular users of alcohol or other drugs or regular gamblers, leading recovery goals to be assessed as unachievable outside of a 24-hour supportive setting;

or

d. The patient's social network involves living in an environment that is so highly invested in alcohol or other drug use that the patient's recovery goals are assessed as unachievable;

or

ADULT DIMENSIONAL ADMISSION CRITERIA

pg 228-231

All Programs

The adult patient who is appropriately admitted to a Level 3.1 program meets specifications in ***each*** of the six dimensions.

6 DIMENSION 6:
Recovery Environment

or

e. Continued exposure to the patient's school, work, or living environment makes recovery unlikely, and the patient has insufficient resources and skills to maintain an adequate level of functioning outside of a 24-hour supportive environment;

or

f. The patient is in danger of victimization by another and thus requires 24-hour supervision.

Co-Occurring Enhanced Programs

The patient's status in Dimension 6 is characterized by severe and chronic mental illness. He or she may be too ill to benefit from skills training to learn to cope with problems in the recovery environment. Such a patient requires planning for assertive community treatment, intensive case management, or other community outreach and support services.

The patient's living, working, social, and/or community environment is not supportive of good mental health functioning. He or she has insufficient resources and skills to deal with this situation. For example, the patient may be unable to cope with the continuing stress of homelessness, or hostile or addicted family members, and thus exhibits increasing anxiety and depression. Such a patient needs the support and structure of a Level 3.1 co-occurring enhanced program to achieve stabilization and prevent further deterioration.

Wrap up - Session 2

1. Anatomy of ASAM's Service Characteristics
2. 3.1 Required Service Characteristics
3. Anatomy of ASAM's Dimensional Admission Criteria (DAC)
4. 3.1 DAC

Next time (Wed, Sept 27, 2pm) – 3.3, 3.5, 3.7, 3.7WM