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

LA County Department of Public Health
Substance Abuse Prevention & Control

Disclaimer & Disclosure

Disclaimer-

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Disclosure-

There is no commercial support for this activity

Learning Objectives: by the end of this training attendees will be able to

Identify	At least two (2) patient resources and challenges for each of the six (6) dimensions of the American Society of Addiction Medicine (ASAM) criteria.
Explain	How the five (5) broad levels of care recommended by the ASAM criteria reflect specific services that are available throughout Los Angeles County.
Demonstrate	Using a clinical vignette, the application of ASAM risk ratings to information gathered through the multidimensional assessment.

The ASAM Criteria *is the guide to biopsychosocial assessment and treatment planning*

FIGURE 1 | The ASAM Criteria
SOURCE: American Society of Addiction Medicine. n.d. *What is The ASAM Criteria?* Available at: https://www.asam.org/asam-criteria/about (reprinted with permission)

The ASAM CO-Triage is the Screening Tool to assist w/determining initial LOC placement

ASAM CO-TRIAGE®

The ASAM CONTINUUM is the full & comprehensive biopsychosocial assessment for LOC placement and treatment planning

continuum™
THE ASAM CRITERIA DECISION ENGINE
American Society of Addiction Medicine

Steps to Providing [Drug Medi-Cal (DMC) Billable] SUD Services

"All providers must be trained in the ASAM criteria PRIOR to providing services"

- Per Department of Healthcare Services (DHCS)-State Guidelines

Take ASAM-A Training

You are Here!

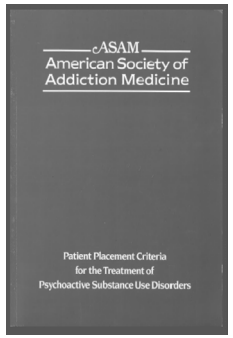
Take ASAM-B Training

1. Conduct ASAM CO-Triage Screener or ASAM Screener for Youth & Young Adults
2. Continuum Assessment
3. Conduct SUD Tx

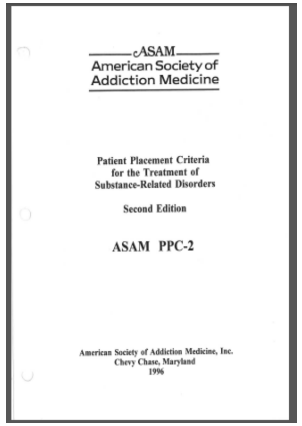
SAPC Provider Manual Version 9.0 pg. 186

History of The ASAM Criteria

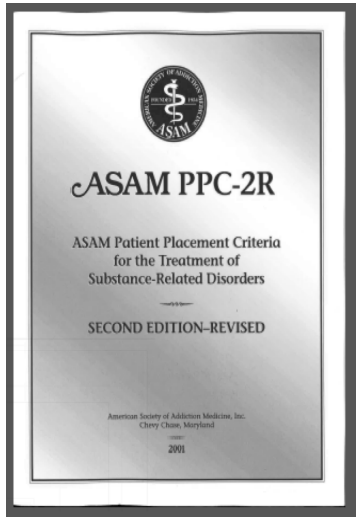
1991



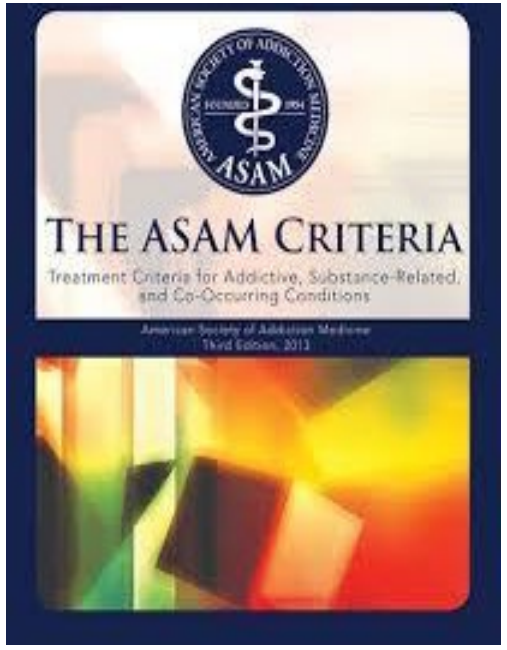
1996

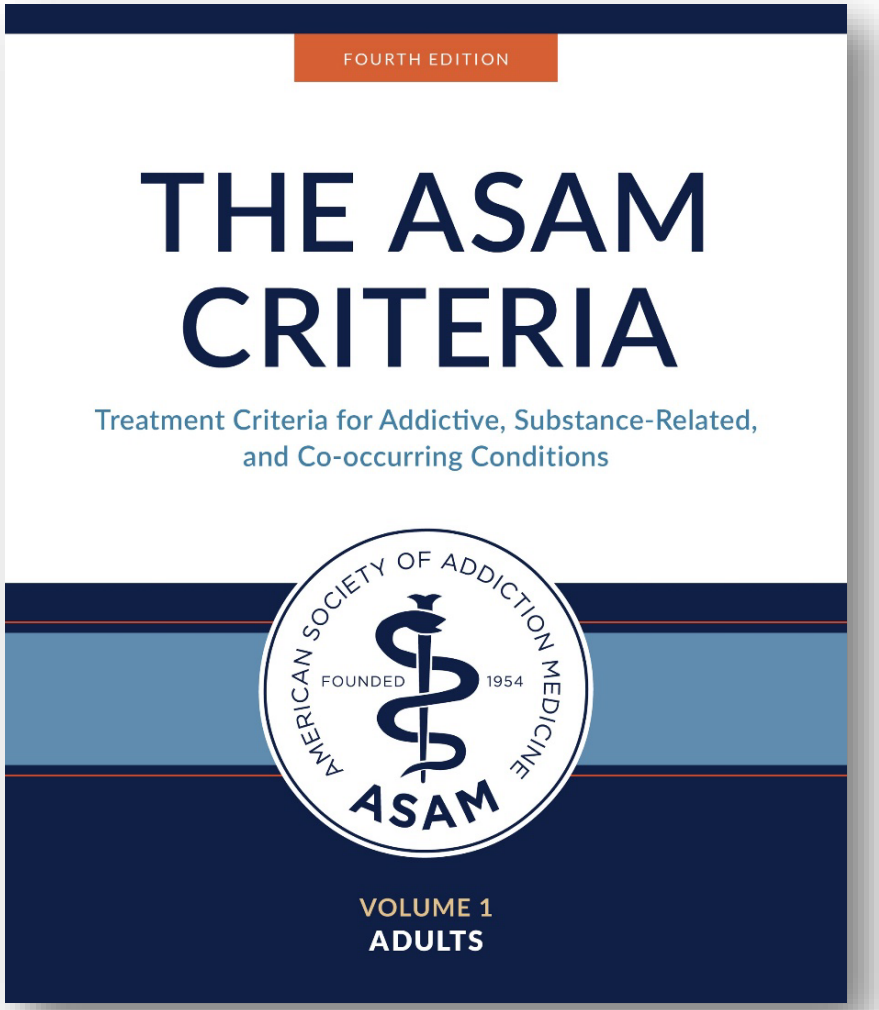


2001



2013





2023-Present*

**DHCS has not YET provided SAPC guidance to use this edition*

Adoption of The ASAM Criteria is Rapidly Growing

Implementation of *The ASAM Criteria*
(as of 2022)

- **34 states** with section 1115 waivers to the Medicaid Institutions for Mental Diseases (IMD) addiction treatment exclusion[1]
- **45 health plans** license *The ASAM Criteria* for medical necessity
  – Over **140 million lives** covered
- **15 states** require commercial payers to use *The ASAM Criteria* for medical necessity
- **24 states** require Medicaid plans to use *The ASAM Criteria* for medical necessity
- **13 states** use *The ASAM Criteria* level of care standards to license addiction treatment programs

The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-occurring Conditions, Volume 1: Adults. Fourth Edition. © 2023.

Background on The ASAM Criteria

- ✓ ***Consider the whole person***
- ✓ ***Design treatment for the specific person***
- ✓ ***Individualized treatment timeline***
- ✓ ***Addiction is a chronic condition that should be treated with a chronic care model***

Guyer, J., et al. Speaking the same language: a toolkit for strengthening patient-centered addiction care in the United States. American Society of Addiction Medicine. https://www.asam.org/asam-criteria/toolkit. Published November 9, 2021.
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The Mission of the ASAM Criteria

- Clinicians, counselors, and care managers develop patient-centered service plans
  - Make objective decisions about patient admission, continuing care, and transfer/discharge
  - To implement and apply the criteria effectively to a variety of patient populations in a wide range of care settings
- To help improve patient outcomes through a multidimensional assessment and the continuum of care.

The ASAM Criteria, 2013, p.x-xi
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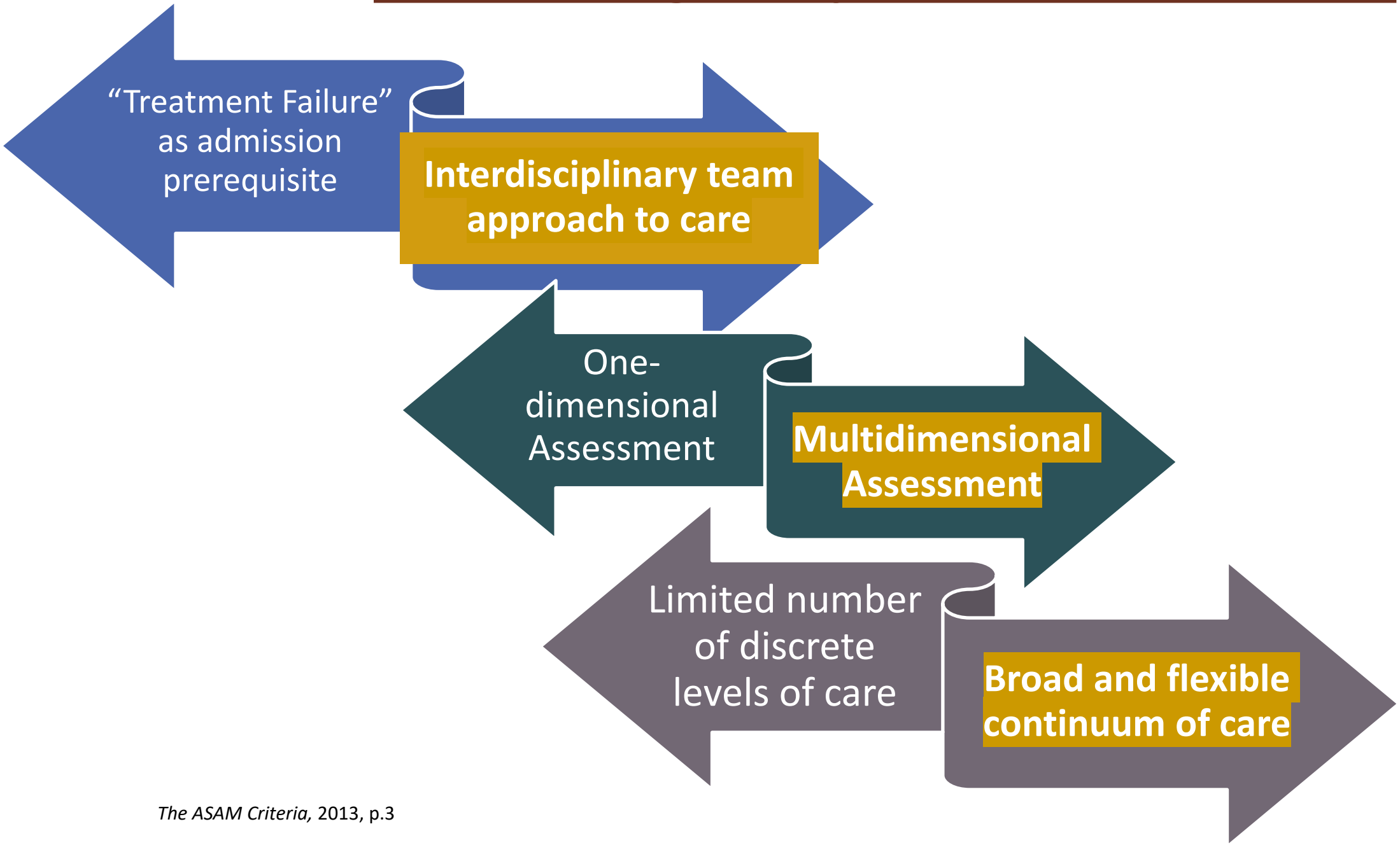
Three Guiding Principles of the ASAM Criteria



The ASAM Criteria, 2013, p.3

The “Old” Way of Treatment

Assessment & Treatment Planning

Program-Driven-Treatment Planning

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VS.

Individualized-Treatment Planning

Program-Driven Plans

- Services received and anticipated length of stay are determined primarily by the **philosophy**, **design,** and **model** of treatment.

- Such programs are often for a **fixed length of stay** from which a patient "**graduates"** and is said to then have completed treatment.

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"One size fits all"

Program-Driven Example Interventions

Patient will . . .

1. “Attend 3 Alcohol Anonymous meetings a week”
2. “Complete Steps 1, 2, & 3”
3. “Attend group sessions 3 times/week”
4. “Meet with counselor 1 time/week”
5. “Complete 28-day program”
6. “Develop a discharge plan with Care Coordinator”

X *Patient is expected to attend every group regardless of its relevancy to the patients needs*

X *Patient will work on the same care coordination goals despite their individual needs*

Downsides to Program-Driven Planning

Patient needs are addressed through the *standard* treatment program elements

Treatment planning often *only* includes services that the program offers (e.g., group, individual sessions)

Little to no variability of treatment plans and services provided

May not include referrals to community services (e.g., parenting classes)

Paradigm Shift

Implementing ASAM criteria supports this shift from Program Centered to ***Individualized Treatment***

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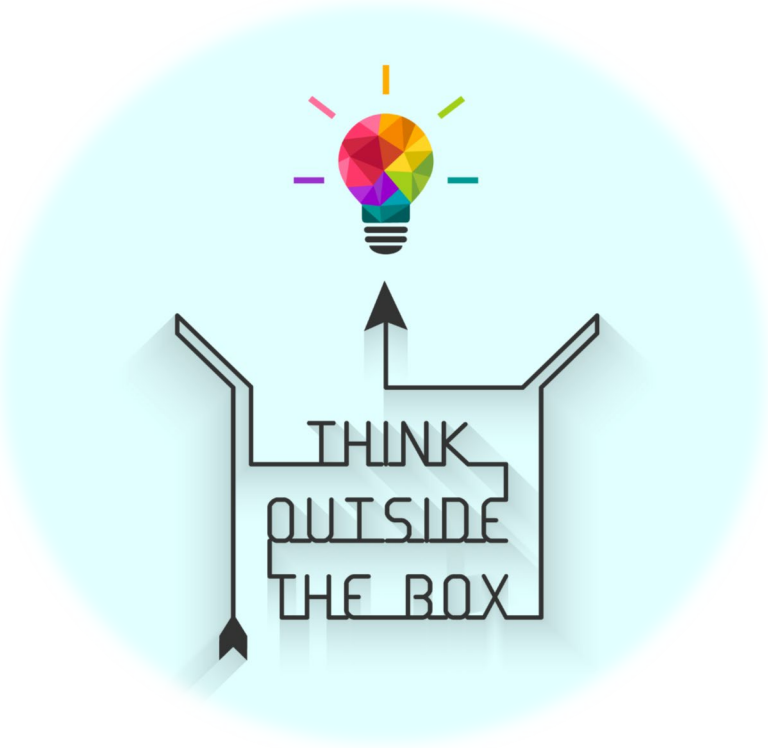
Individualized Treatment



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- Treatment is **person-centered** and **collaborative**
- Services that are directly related to **specific**, **unique** multidimensional assessment
- Services are designed to meet a patient's **specific needs** and **preferences**

"Sized" to match patient's problems and needs **aka** Clinically Driven Outcomes

Questions to Assess for Patient Needs & Preferences

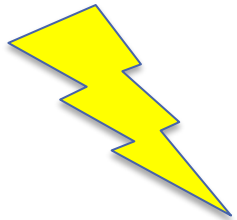
Examples:

- ? How are they functioning across multiple dimensions?
- ? What are the patient's immediate needs and is there imminent danger?
- ? What risk is associated with intoxication and/or withdrawal?
- ? Where are their greatest risks, and what does this indicate about treatment needs?

What questions would you want to ask?

When There is Individualization There is…

Increased retention



Galvanize the patient and provide additional focus to counseling/group sessions

Informed Consent

Improved Outcomes

Success & Hope on the Road to Recovery

Level of Care (LOC) Determination

Key Placement Considerations

Level 1

What the patient WANTS	What the patient NEEDS	What RESOURCES are available

Level 2

• Providing patient-centered services, what patient wants isn't always what they need – balance is required	• Current needs may differ from needs just a few hours into the future • Assessors have the ability to use clinical judgment to ***override*** ASAM CONTINUUM recommendations	• Health systems have fixed resources – need to balance needs with resources

END RESULT:
Balanced Placement Decision

Why Does Appropriate LOC Placement Matter?

County of Los Angeles Public Health

Over-matching, i.e., referral to more intense LOC

- Overly restrictive and/or costly treatment

Under-matching: i.e., referral to a less than recommended LOC

- Poor engagement, poor retention, and poor clinical outcome
- Increased healthcare utilization

Matching LOC: i.e. **JUST RIGHT**

- Less drop out
- Less Cannabis and Alcohol use
- Reduction in 6 out of 7 scales in Addiction Severity Index (ASI)
- More ready to step down to a lower LOC

What are the ASAM Criteria?

Addiction Severity Index (ASI) to ASAM Crosswalk

County of Los Angeles Public Health

Addiction Severity Index (ASI) Domain	ASAM Dimension
Alcohol Drug	**Dimension 1:** Acute Intoxication and/or Withdrawal Potential
Medical Status	**Dimension 2:** Biomedical Conditions and Complications
Psychiatric Status	**Dimension 3:** Emotional, Behavioral, or Cognitive Conditions and Complications
Alcohol Drug Psychiatric Status	**Dimension 4:** Readiness to Change
Alcohol Drug Psychiatric Status	**Dimension 5:** Relapse, Continued Use, or Continued Problems Potential
Employment/Support Legal System Family/Social	**Dimension 6:** Recovery and Living Environment

The ASAM Criteria

The ASAM Criteria is a standardized and organized way to deliver comprehensive and biopsychosocial substance use disorder (SUD) treatment services through a multidimensional assessment

The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, 3rd Edition.

Assessment Dimensions	Assessment and Care Planning Focus
1.Acute Intoxication and/ or Withdrawal Potential	**Assess for intoxication and/or withdrawal management.**
	Care Planning Focus: Withdrawal management
2.Biomedical Conditions and Complications	**Assess and treat co-occurring physical health conditions or complications.**
	Care Planning Focus: Physical Health Services
3.Emotional, Behavioral or Cognitive Conditions and Complications	**Assess and treat co-occurring diagnostic or sub-diagnostic mental health conditions or complications.**
	Care Planning Focus: Mental Health Services

Adapted from UCLA-ISAP ASAM-A presentation 2015-2021

Assessment Dimensions	Assessment and Care Planning Focus
4. Readiness to Change	**Assess stage of readiness to change.**
	Care Planning Focus: If not ready to commit to full recovery, engage into treatment using motivational enhancement strategies.
5. Relapse, Continued Use, or Continued Problem Potential	**Assess readiness for relapse prevention services and teach where appropriate.**
	Care Planning Focus: Use motivational strategies to raise awareness of consequences
6. Recovery Environment	**Assess need for specific individualized family or significant other, housing financial, vocational, educational, legal, transportation, childcare services**

Adapted from UCLA-ISAP ASAM-A presentation 2015-2021

Stretch the Brain Activity #1: Strengths/Challenges

1. For each dimension list a **strength** Courtney posses.
2. For each dimension list a **challenge** Courtney faces.

Vignette-Courtney

39-year-old female-referred by her boss.
She works as an office assistant in a medical group-positive urine drug screen at work (was tested due to concerns with erratic behavior and poor performance)
Was in a car accident 6 years ago and has been using Norco to manage the chronic pain. She uses 3-5 times per week and 2-4 pills at a time (prescribed 1-2 pills at a time). Last use 5 days ago
Almost daily Cannabis use for the past 15 years (reports for sleep) (usually around 2.5-5mg of edible). Last use 2 days ago
Has borderline high blood pressure and Dr. has recommended medication (she is not consistent with medication usage).
Joint custody of 2 children (ages 11 & 8) with ex-husband. Poor relationship with ex-husband and Courtney doesn't have any family living in the area.
She reports having "some friends" but doesn't like to go out much and prefers to stay home.
She currently lives alone in a rented apartment
Often feels frustrated, low energy, tired, and doesn't know how to enjoy life and has been having chronic insomnia, with decreased appetite
She fluctuates between Pre-Contemplation and Contemplation Stages of Change
She has history of seeing individual therapist and reports that it was helpful in managing her depression and anxiety, but doesn't feel like it would do anything for her now

Stretch the Brain Activity #1: Strengths/Challenges

(Suggested answer key)

D1- **Strength**- able to stop using substances **Challenge**-using for a long time and may have withdrawals

D2- **Strength**- has seen her Primary Care Physician **Challenge**-not taking her blood pressure medication

D3- **Strength**-history of MH therapy **Challenge**-doesn't believe she currently needs therapy

D4- **Strength**-still came into treatment (despite being "forced" by work) **Challenge**-fluctuates between pre-contemplation/contemplation

D5- **Strength**-with the use of MI she may be able to see how her behavior is affecting those around her (i.e. like w/her kids) **Challenge**-given long history of use (and chronic pain, high chance of relapse)

D6-**Strength-** maintains living arrangement **Challenge-**lives alone with very little social support

Assessment of Dimensional Risk Ratings

Assessing "Immediate Needs" and "Imminent Danger "

Includes three (3) components:

1) The strong probability that certain behaviors will occur (i.e., continued alcohol or drug use, etc.)

2) That such behaviors will present a significant risk of serious adverse consequences to individual and/or others (i.e., driving while intoxicated, neglect of child, etc.)

3) The likelihood these events will occur in the very near future (within *hours or days*, **not** weeks or months).

The ASAM Criteria, 2013, p. 56

Assessing Risk for Each Dimension

0	Non-issues, or very low-risk issue. No current risk-any chronic issues likely to be mostly or entirely resolved.
1	Mild difficulty, signs, or symptoms. Any chronic issues likely to resolve soon
2	Moderate difficulty in functioning with some persistent chronic issues
3	Serious issues or difficulty with coping. High risk or near imminent danger.
4	Utmost severity. Critical impairments/symptoms indicating imminent danger.

Engage the Person in Their Own Care!

- The highest severity problem, with specific attention to Dimensions 1, 2, and 3 should determine the patient's entry point into the treatment continuum.

- Resolution of any acute problem(s) provides an opportunity to shift the patient down to a less intensive level of care.

Importance of including the patient in all aspects assessment, level of care determination and treatment planning !!!

The ASAM Criteria, 2013, p. 56

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Dimension 1 -Assessment Considerations

1. Acute Intoxication and/or Withdrawal Potential

Exploring an individual's past and current experiences of substance use and withdrawal

- What risk is associated with current level of intoxication?
- Are intoxication management services needed?
- What is the risk of severe withdrawal symptoms, seizures or other medical complications?
- Are there current signs of withdrawal?
- What are the scores of the standardized withdrawal rating scales?
- What are the patient's vital signs?
- Does the patient have support to complete an ambulatory withdrawal, if medically safe to consider?

Slide courtesy: UCLA ISAP

2. Biomedical Conditions and Complications

Exploring an individual's health history and current physical condition

- Other than withdrawal, what are the current physical illnesses that should be addressed?
- What are the chronic conditions that need to be stabilized?
- Is there a communicable disease present that could impact the well-being of the client, other patients, or staff?
- Is the patient pregnant? What is their pregnancy history?

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Slide courtesy: UCLA ISAP

Dimension 3- Assessment Considerations

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Slide courtesy: UCLA ISAP

3. Emotional, Behavioral, or Cognitive Conditions and Complications

Exploring an individual's thoughts, emotions, and mental health issues

- Are there psychiatric, psychological, behavioral, emotional or cognitive conditions needing to be addressed?
- What if any chronic conditions need to be stabilized (i.e. bipolar disorder or chronic anxiety)
- Are the behavioral or cognitive symptoms part of the SUD?
- If related to the substance use, do the emotional, cognitive, or behavioral conditions require mental health care (i.e. suicidal ideation and depression)
- Is the patient able to participate in daily activities?
- Can they cope with the emotional, behavioral, or cognitive conditions?

Dimension 4 -Assessment Considerations

4. Readiness to Change

Exploring an individual's readiness and interest in changing

- How aware is the patient of the relationship between their substance use and behaviors involved in the pursuit of reward or relief of negative life consequences?
- How ready, willing or able does the patient feel to make changes to their behaviors?
- How much does the patient feel in control of their treatment services?

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Slide courtesy: UCLA ISAP

5. Relapse, Continued Use, or Continued Problems Potential

Exploring an individual's relapse experiences/history of continued use

- Is the patient in immediate danger of continued mental health distress or substance use?
- Does the patient have any understanding of how to manage their mental health condition, in order to prevent continued use?
- What is their experience with addiction and/or psychotropic meds?
- How well can their cope with protracted withdrawal, craving, or impulses?
- How well can the patient cope with negative affect, peer pressure, and stress?
- How severe are the problems that may continue or reappear if the patient isn't successfully engaged in substance use or mental health treatment?
- Is the patient familiar with relapse triggers and do they possess the skills to control their impulses to use or harm themselves?

Slide courtesy: UCLA ISAP

6. Recovery and Living Environment

Evaluating the individual's living situation, environmental resources and challenges, including family and friends

- What in the individual's environment poses a threat to the person's safety or ability to engage in treatment?
- What are the environmental resources the individual can draw upon, including family, friends, education, or vocational that can support their recovery?
- Are there any legal, vocational or social mandates that may enhance treatment engagement?
- What are environmental barriers that need to be addressed, including transportation, childcare, housing, employment, etc.?

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Slide courtesy: UCLA ISAP

Risk Rating	Dimension 1	Dimension 2	Dimension 3	Dimension 4	Dimension 5	Dimension 6
0	Fully functioning, "no signs of intoxication or withdrawal present".	Fully functioning, no biomedical symptoms or signs are present. Biomedical conditions are stable.	Good impulse control and coping skills in subdomains (dangerousness/lethality, interference with recovery efforts, social functioning, self-care ability, course of illness).	Patient shows willingness and commitment to both SUD and mental health (MH) treatment. Patient is proactive and responsible.	Low relapse potential. Good coping skills.	"The patient has a supportive environment or is able to cope with poor supports."
1	Mild to moderate intoxication interferes with daily functioning but does not pose a danger to self or others. Minimal risk of severe withdrawal.	Biomedical signs/symptoms are mild to moderate that may interfere with daily functioning.	There is a suspected or diagnosed EBC condition that requires intervention but does not significantly interfere with treatment. Relationships are being impaired but not endangered by substance use.	Patient shows willingness and commitment to both SUD and MH treatment but feels ambivalent with the need for change.	Minimal relapse risk. Relapse prevention skills and self-management skills are fair.	Patient is able to cope even with passive support or limited support from loved ones.
2	Intoxication may be severe but responds to support; not posing a danger to self or others. "Moderate risk of severe withdrawal".	Biomedical conditions may interfere with recovery and mental health treatment. Neglecting serious biomedical conditions. Presence of acute but non-life-threatening medical symptoms and signs. Shows some "difficulty tolerating and coping with physical problems."	Persistent EBC condition, with symptoms that distract from recovery efforts, but are not an immediate threat to safety and do not prevent independent functioning.	Patient is reluctant to enter treatment. Aware of negative consequences of substance use but has "low readiness to change and is passively involved in treatment. May be inconsistent with treatment and self-help group attendance.	Patient is capable of self-management with prompting but has "impaired recognition and understanding of" relapse.	Patient is able to cope with clinical structure even thought their environment is not supportive of SUD recovery.

Adapted from Mee-Lee, D., Shulman, G. D., Fishman, M. J., Gasfriend, D. R., & Miller, M. M. (Eds.). (2013). *The ASAM criteria: Treatment criteria for addictive, substance-related, and co-occurring conditions* (3rd ed.). Carson City, NV: American Society of Addiction Medicine. pp.74-89.

Risk Rating	Dimension 1	Dimension 2	Dimension 3	Dimension 4	Dimension 5	Dimension 6
3	"Severe signs/symptoms of intoxication indicates… an imminent danger to self or others". Risk of severe but manageable withdrawal; or withdrawal is worsening.	"Poor ability to tolerate and cope with physical problems." Poor health condition. Neglecting serious medical problems but health is still stable.	Severe EBC symptoms, but sufficient control that does not require involuntary confinement. Impulses to harm self or others, but not dangerous in a 24-hr setting.	Patient does not follow through treatment consistently and has limited insight to need for treatment. Not aware of the need to change.	Limited understanding on relapse and has poor coping skills. Limited relapse coping skills.	Patient struggles with coping even with clinical structure due to unsupportive recovery environment.
4	"Incapacitated, with severe signs and symptoms. Severe withdrawal presents danger, as of seizures. Continued use poses an imminent threat to life (e.g., liver failure, GI bleed, or fetal death)."	Presence of serious medical problems. "Patient is incapacitated." Requires medical stabilization and medication management in a hospital setting.	Severe EBC symptomatology; requires involuntary confinement. Exhibits severe and acute life-threatening symptoms (e.g., dangerous or impulsive behavior or cognitive functioning) posing imminent danger to self and others.	Inability to follow through treatment recommendations and see the connection between substance use and negative consequences. Blaming others for their SUD and unwilling to explore change. Requires immediate action if patient shows imminent risk to harm self/others due to SUD or MH conditions.	No relapse prevention skills to reduce relapse. Repeated treatment has little effect on improving the patient's functioning. Requires immediate action if patient shows imminent risk to harm self/others due to SUD or MH conditions.	Patient's surrounding environment is hostile and not supportive of SUD recovery. Patient struggles to cope with the environment. Requires immediate action if the environment is posting imminent threat to patient's wellbeing and safety.

Adapted from Mee-Lee, D., Shulman, G. D., Fishman, M. J., Gasfriend, D. R., & Miller, M. M. (Eds.). (2013). *The ASAM criteria: Treatment criteria for addictive, substance-related, and co-occurring conditions* (3rd ed.). Carson City, NV: American Society of Addiction Medicine. pp.74-89.

Stretch the Brain Activity #2: Assessing Risk

- What is Courtney's **risk rating** in each of the six (**6**) dimensions
- What is the **risk rating rationale** for each dimension?

Vignette-Courtney

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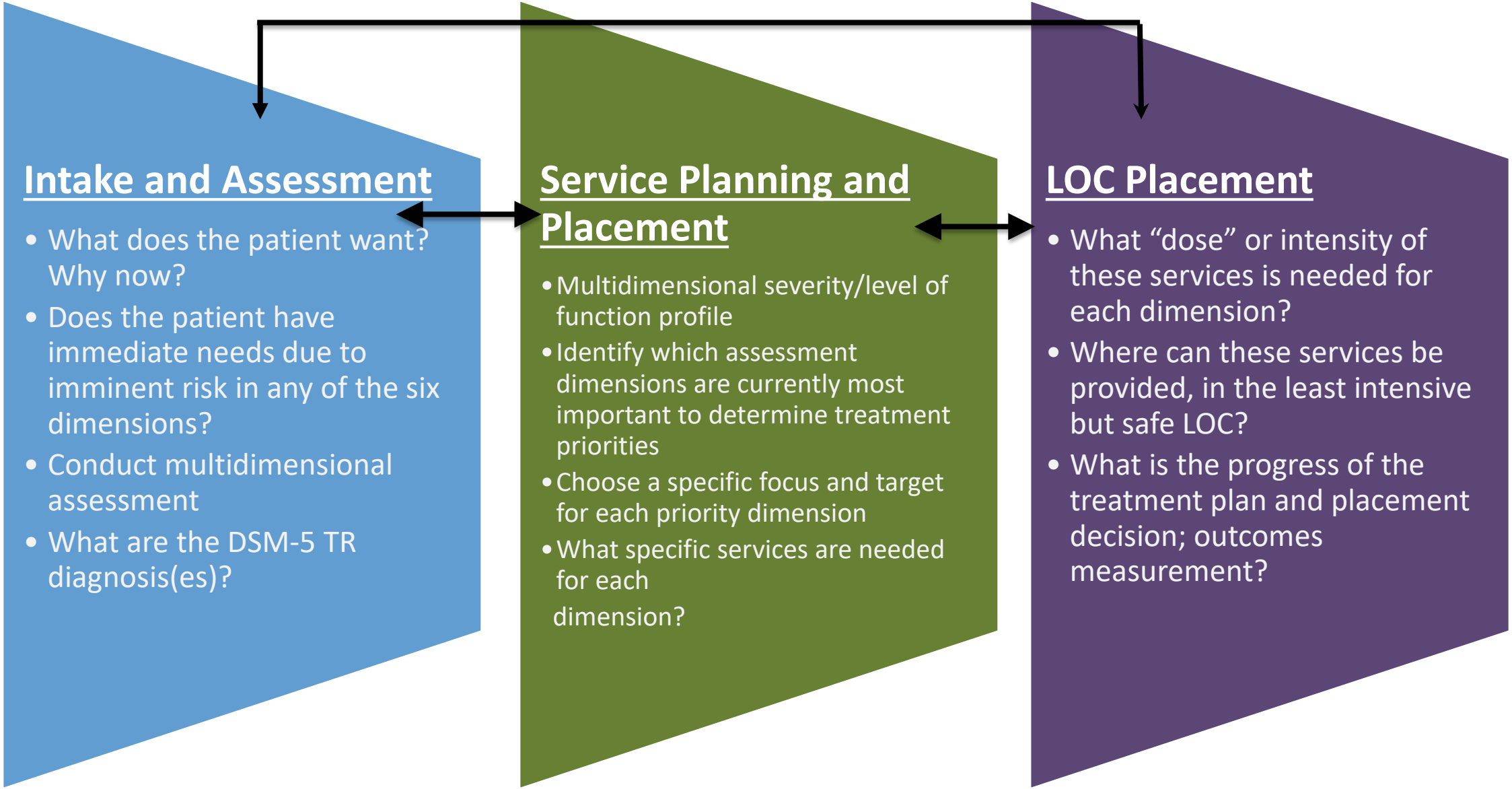
She fluctuates between Pre-Contemplation and Contemplation Stages of Change
She has history of seeing individual therapist and reports that it was helpful in managing her depression and anxiety, but doesn't feel like it would do anything for her now

Stretch the Brain Activity #2: Assessing Risk *(Suggested answer key)*

- D1: 1-Mild signs
- D2: 2-Moderate difficulty in functioning
- D3: 2-Moderate difficulty in functioning
- D4: 3-Serious issues or difficulty with coping. High risk or near imminent danger.
- D5: 3-Serious issues or difficulty with coping. High risk or near imminent danger.
- D6: 2-Moderate difficulty in functioning

LOC Placement Decision Tree



Adapted from Mee-Lee, D., Shulman, G. D., Fishman, M. J., Gastfriend, D. R., & Miller, M. M. (Eds.). (2013) p. 124.

Levels of Care (LOC)

Cross Over Between ASAM Dimensions & LOC

Six (6) Dimensions 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

ASAM Levels of Care

- *0.5 Early Intervention**
- Outpatient Treatment
- Intensive Outpatient and Partial Hospitalization
- Residential/Inpatient Treatment
- Medically-Managed Intensive Inpatient Treatment

**Currently offered within the SAPC provider network for Youth (0-17) & Young Adults (18-20)*

SAPC Provider Manual 9.0

Title of ASAM LOC & Provider-Outpatient

ASAM	Title	Description	Provider
0.5	Early Intervention	Screening, Brief Intervention, and Referral to Treatment (SBIRT). *For youth and young adults under age 21	DHCS Certified Outpatient Facilities
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 (NOT provided by SAPC Provider Network under DMC-ODS)*

Title of ASAM LOC & Provider-Residential

ASAM	Title	Description	Provider
3.1	Clinically Managed Low-Intensity Residential Services	24-hour structure with available trained personnel; at least 5 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

Title of ASAM LOC & Provider

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, Free Standing Psychiatric hospitals*
*4**	*Medically Managed Intensive Inpatient Services*	*24-hour nursing care and daily physician 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

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 (3.2WM & 3.7WM)	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

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Why is a Continuum of Care Important?

- Levels of care provide a terminology for describing the Continuum of recovery-oriented addiction services
- Designed to create a seamless continuum of flexible services
- Improved efficiency and effectiveness of services
- Through regular assessment, patients can be shifted to the appropriate level of care, thereby effectively extending the care they receive.

California Department of Healthcare Services (DHCS)
&
Drug Medi-Cal Organized Delivery System (DMC-ODS)
&
The 58 Counties in California

Required County Service Under DMC (Drug Medi-Cal) Waiver

- DMC-ODS benefits include a continuum of care that ensures that clients can enter SUD treatment:

  At a level appropriate to their needs &

  Be able to step up or down to a different intensity of treatment based on their responses.

"Member placement and level of care determinations shall ensure that members are able to receive care in the least intensive level of care that is clinically appropriate to treat their condition."

BHIN 23-001

Required County Service Under DMC Waiver

Service	Required	Optional
Early intervention-Screening, Brief Intervention and Referral to Treatment (SBIRT)	Provided through FFS, Managed Care or Required through DMC-ODS ages 0-20	
Outpatient Services	Outpatient Intensive Outpatient	Partial Hospitalization *(not in LA County)*
Residential	At least one level initially. Level 3.5 available within 2 years. Levels 3.1 & 3.3 available within 3 years	*Additional levels 3.7 & 4.0
OTP	Required	
Withdrawal Management	At least one level of service	**Additional levels**
Additional MAT		**Optional**
Recovery Services	Required	
Care Coordination	Required	
Clinician Consultation (previously Physician Consultation)	Required	

BHIN 24-001 https://www.dhcs.ca.gov/Documents/BHIN-24-001-DMC-ODS-Requirements-for-the-Period-of-2022-2026.pdf

LA County & ASAM Criteria

***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 have or will develop and implement new services that will allow them to broaden the scope of care they provide across the ASAM Levels.**

Los Angeles County-SAPC

Knowing SAPC and Agency guidelines for assessment, placement, transfers, is *essential* for interagency communication and providing patient care.

Poll Question

What are the 4 R’s when it comes to SUD treatment in Los Angeles County?

(Hint it relates to Balanced Placement Decisions)

A: Right time, Right day, Right person, Right place

B: Right setting, Right services, Right time, Right duration

C: Right services, Right time, Right duration, Right patient

D: Right place, Right readiness, Right duration, Right services

Poll Response

RIGHT SERVICES

RIGHT TIME

RIGHT SETTING

RIGHT DURATION

SAPC Provider Manual 9.0 Pg. 7

Next Steps

- ✓ ***Take Understanding the ASAM Criteria in Action from Assessment Treatment Planning (ASAM-B)-through***
  - ➢ ***SAPC-Learning Management Platform (LNC)***
  - ➢ ***Live Webinar (SAPC or elsewhere)***
  - ➢ ***The Change Companies***

- ✓ *https://www.asam.org/*

ASAM released 4th Edition but the
State of California is still using the 3rd Edition.
SAPC will be providing a training soon on 4th Edition

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Summary

- ***The ASAM Criteria*** *is the guide to biopsychosocial assessment and treatment planning*

- *The three* ***(3)*** *guiding principles of the ASAM Criteria:*
  - *Interdisciplinary team approach to care*
  - *Multidimensional assessment*
  - *Broad and flexible continuum of care*

- *Utilizing Risk Assessment can help in determining patient's immediate needs and/or imminent danger.*

- *The six* ***(6)*** *dimensions of the ASAM criteria along with five (5) broad levels of care are meant as a guide along with patient and treatment provider input for level of care placement.*

References and Resources

- BHIN 24-001 https://www.dhcs.ca.gov/Documents/BHIN-24-001-DMC-ODS-Requirements-for-the-Period-of-2022-2026.pdf
- Center for Integrated Behavioral Health Solutions www.cibhs.org
- Mee-Lee, David. (Eds.) (2013) *The ASAM criteria :treatment for addictive, substance-related, and co-occurring conditions* Chevy Chase, MD. : American Society of Addiction Medicine
- Stallvik, M, Gastfriend, D. R., & Nordahl, H. M. (2015). Matching patients with substance use disorder to optimal level of care with the ASAM Criteria software. *Journal of Substance Use, 20,* 389-398. DOI:10.3109/14659891.2014.934305
- Substance Use Disorder Treatment Services Provider Manual **– Version 9.0 published October 2024** http://publichealth.lacounty.gov/sapc/bulletins/START-ODS/24-08/SAPC-IN24-08-Provider-Manual-9.0-Att-II-10-04-2024.pdf
- The Change Companies: www.changecompanies.net
- UCLA ISAP Pacific Southwest Addiction Technology Transfer Center www.psattc.org