

# The ASAM Criteria and the Future of Care

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# Disclosures

- None

# Components of Addiction Treatment

## Medical Care

Medications, WM, ID  
and pain management

## Psychoeducation

Didactics, structured,  
group focused

## Therapeutic Milieu

Supportive aspects  
of treatment

## Psychotherapy

CBT, DBT, EMDR,  
etc.

# Medical Care

Physician, PA, NP,  
APRN, RN, LPN, MA

Motivational  
interviewing

Infectious disease  
management

Medication  
management

Withdrawal  
Management



# psychoeducation

AOD, SUD, LCD consolders

Anger management,  
Seeking safety, relapse  
prevention, etc.

Standardized  
curricula

Motivationally enhanced and  
didactic in nature

Group-based  
focus

Psychoeducation (PE) is defined as an intervention with systematic, structured, and didactic knowledge transfer for an illness and its treatment, integrating emotional and motivational aspects to enable patients to cope with the illness and to improve its treatment adherence and efficacy

# Psychotherapy

LMSW, LCSW, MS Psy,  
PhD Psy

CBT, DBT, EMDR,  
etc.

Needs specific  
training and  
certification

Diagnosis and  
treatment planning

Individual focus



Psychotherapy is the use of evidence-based psychological methods to help a person change behavior, increase happiness, and overcome problems. Psychotherapy aims to improve an individual's well-being and mental health, to resolve or mitigate troublesome behaviors, beliefs, compulsions, thoughts, or emotions, and to improve relationships and social skills.

# Addiction Treatment Supports

Peer support specialists,  
sponsors, other stable clients

## Vulnerability

Trusting environment, no  
fear of judgment

## Cohesion

Positive peer pressure and  
togetherness

## Support

Safe environment,  
boundaries, and consistency

## Structure

Scheduled activities,  
predictability

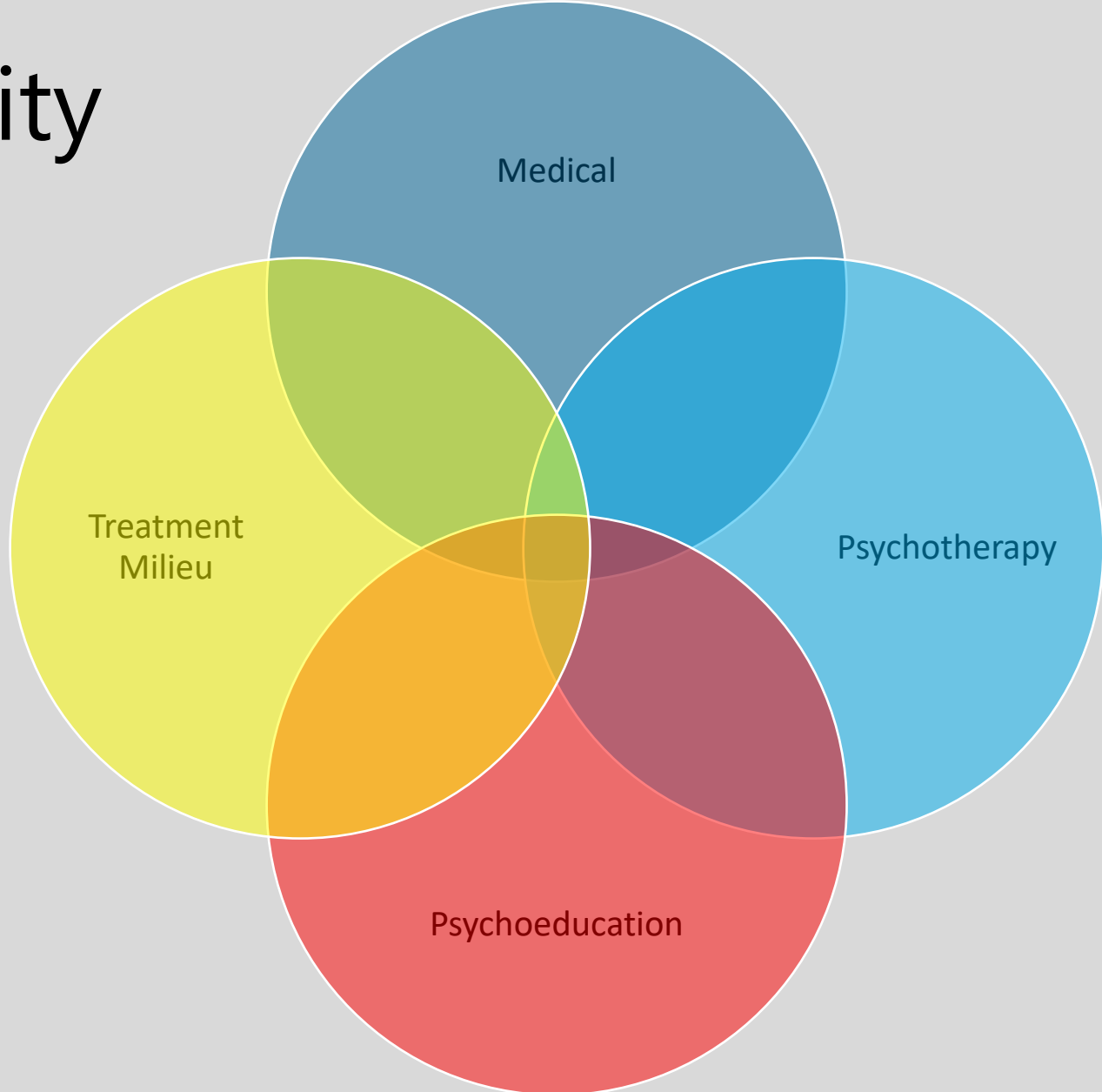
## Consistency

established norms with a  
sense of personal control



Therapeutic milieu is a structured environment that creates a safe, secure place that provides consistent role models for people who are in treatment

# The Reality





# The 4<sup>th</sup> Edition of the ASAM Criteria

# The Fourth Edition

It doesn't have to be this complicated

- Move away from expert opinion to methodologically driven
- Deepen and modify the dimensional analysis
- Simplify withdrawal management
- Further, define outpatient care
- Separate and enhance justice-involved and adolescent care
- Integrate risk ratings into LOC determination

# ASAM Criteria 4<sup>th</sup> Edition Development Process

- 17 Writing Committees
- Structured Evidence Review
- Review 3rd Edition standards
- Draft standards and decision rules
- Voting Panel rating and reconciliation
- Public comment period and reconciliation
- Board and Council Review and Approval
- Narrative Chapter Field Reviews

# Stakeholder Outreach

Nearly 3000 comments addressed

274 unique organizations & individuals for targeted outreach

- 61 Directors of Single State Agencies + NASADAD
- 52 State Medicaid Directors + NAMD
- 51 Allied Organizations
- 37 ASAM State Chapter Presidents
- 23 Payers
- 21 Organizations representing diverse clinical experts
- 18 Federal Agencies
- 7 Patients, People in Recovery, PWUD Organizations
- 4 Justice Involved Agencies

Public Comment Period #1  
Initial Thoughts on 3rd Ed

35 Organizations

224 Commenters

1504 Comments

Public Comment Period #2  
Proposed Major Changes

55 Organizations

135 Commenters

461 Comments

Public Comment Period #3  
Proposed Standards and Decision Rules

51 Organizations

102 Commenters

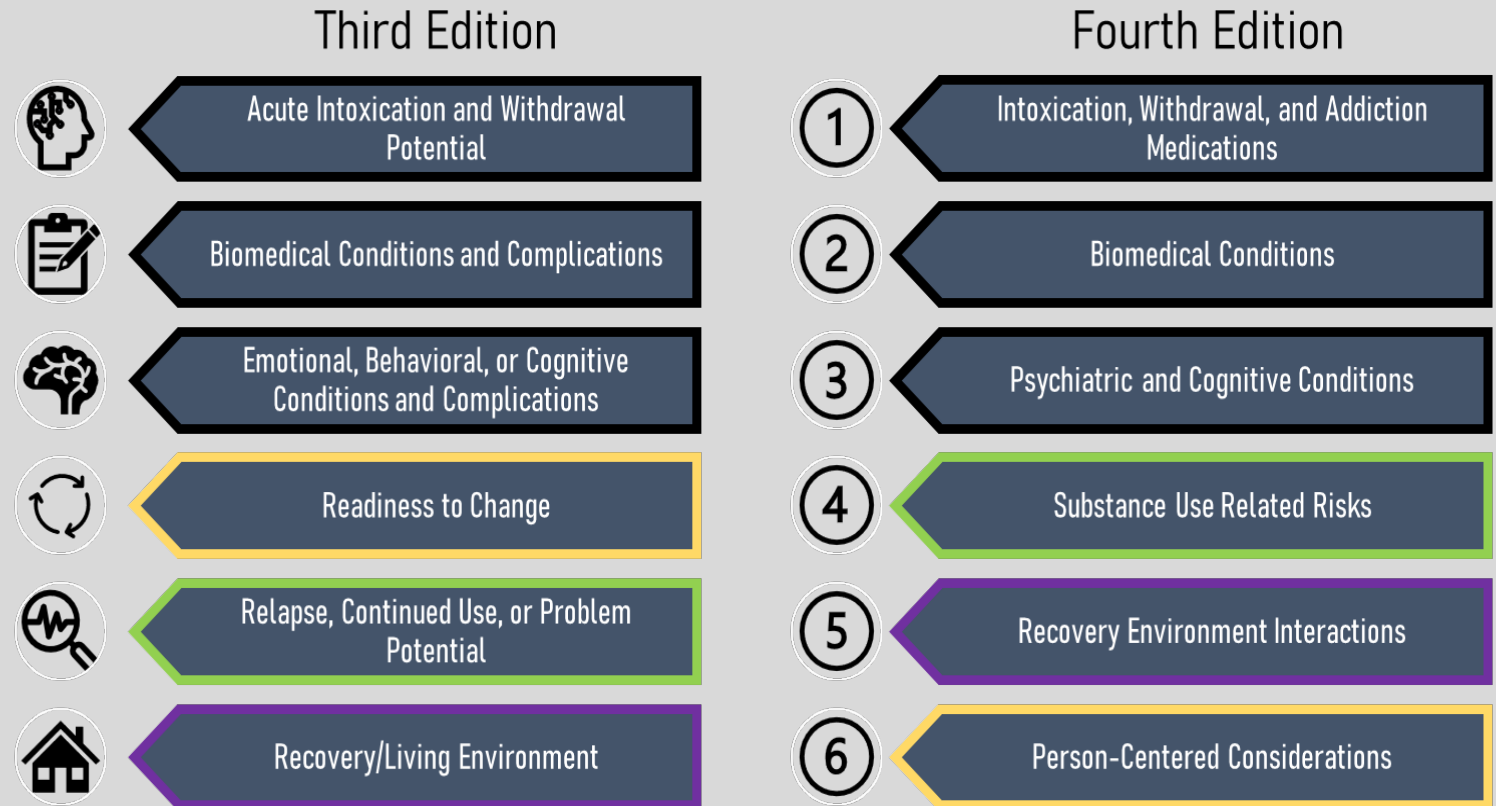
906 Comments

7 Payers, 4 Policy Makers, 12 Treatment Programs, 31 Providers and More!

>87k recipients of non-targeted email outreach

# Reordering the dimensions

- Since readiness to change does not independently contribute to initial treatment recommendations the dimensions will be adjusted
- Readiness considered across all dimensions.
- New Dimension 6 focuses on patient preferences, barriers to care, and need for motivational enhancement



# ASAM Criteria Subdimensions

## Dimension 1: Intoxication, Withdrawal, and Addiction Medications

- Intoxication and Associated Risks
- Withdrawal and Associated Risks
- Addiction Medication Needs

## Dimension 2: Biomedical Conditions

- Physical Health Concerns
- Pregnancy-Related Concerns
- Sleep Problems

## Dimension 3: Psychiatric and Cognitive Conditions

- Active Psychiatric Symptoms
- Persistent Disability
- Cognitive Functioning
- Trauma-Related Needs
- Psychiatric and Cognitive History

## Dimension 4: Substance Use-Related Risks

- Likelihood of Engaging in Risky Substance Use
- Likelihood of Engaging in Risky SUD-Related Behaviors

## Dimension 5: Recovery Environment Interactions

- Ability to Function Effectively in Current Environment
- Safety in Current Environment
- Support in Current Environment
- Cultural Perceptions of Substance Use and Addiction

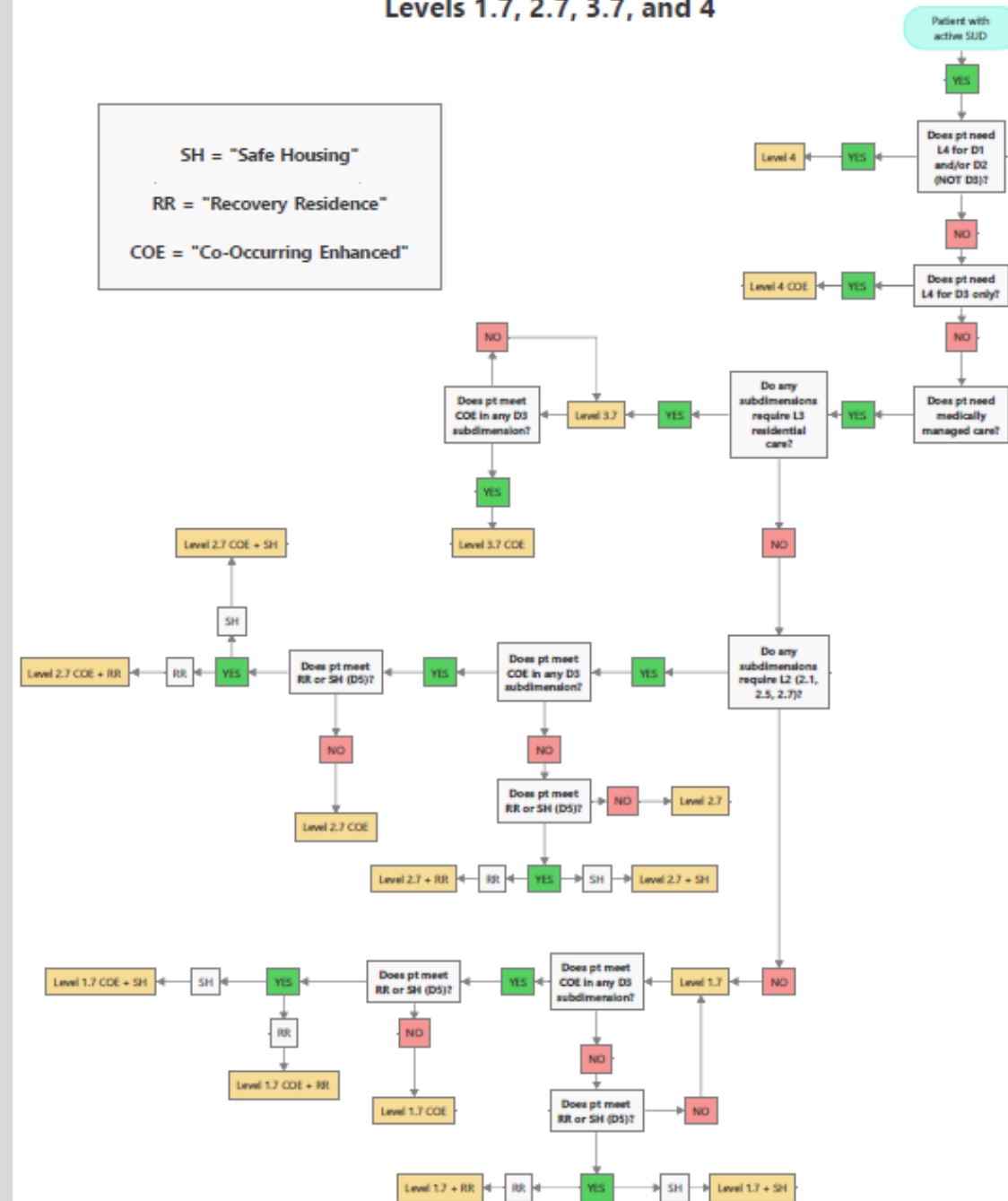
## Dimension 6: Person-Centered Considerations

- Barriers to Care
- Patient Preferences
- Need for Motivational Enhancement

# Dimensional Admission Criteria

- Clinicians assign a risk rating for each subdimension based on the associated clinical descriptions
- Level of care determination algorithm is used to identify recommended level of care

## Medically Managed Levels of Care Levels 1.7, 2.7, 3.7, and 4

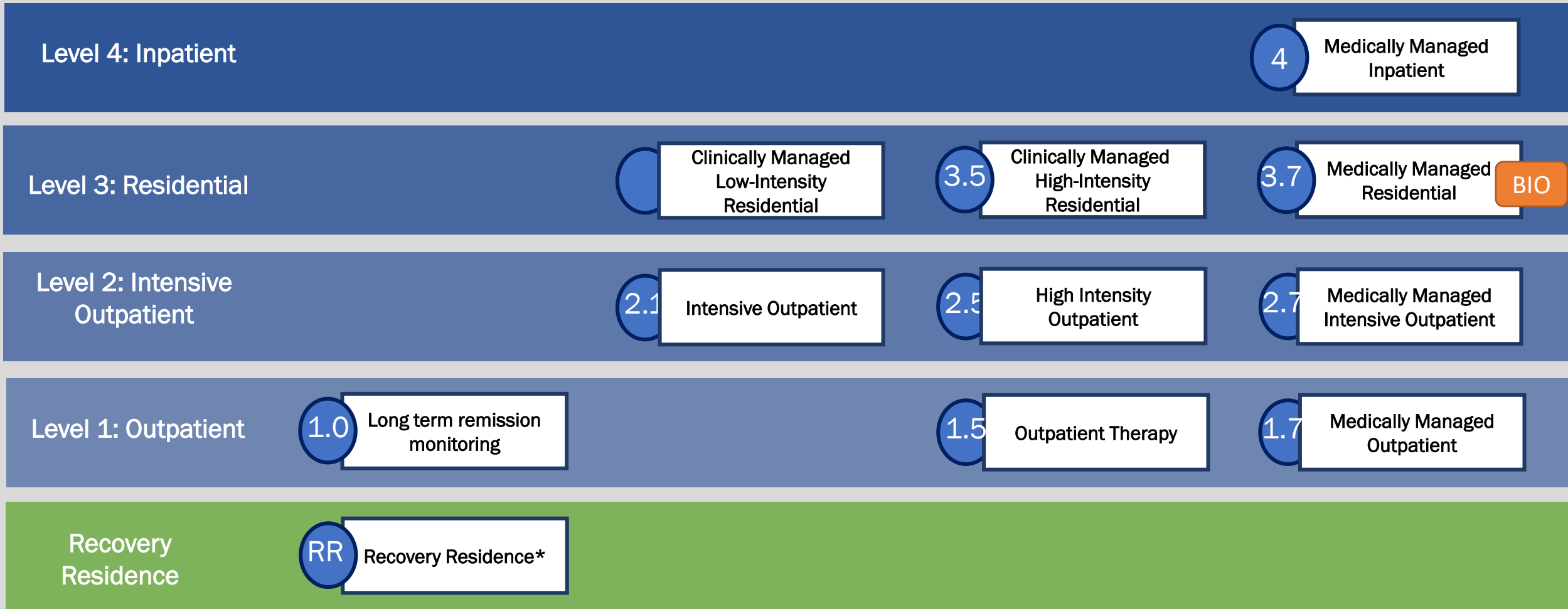


# Dimensional Admission Criteria

- Risk ratings in each subdimensions are the foundation of the dimensional admission criteria. For example:
- Dimension 4 – Substance-Use Related Risks
  - Subdimension: Likelihood of engaging in risky substance use
    - Risk rating E = Minimum Level 3.5
      - The patient has a high likelihood of engaging in substance use with significant risk of serious harm or destabilizing loss.  
AND
      - The patient requires 24-hour clinical support and supervision to prevent substance use while developing recovery-sustaining skills.

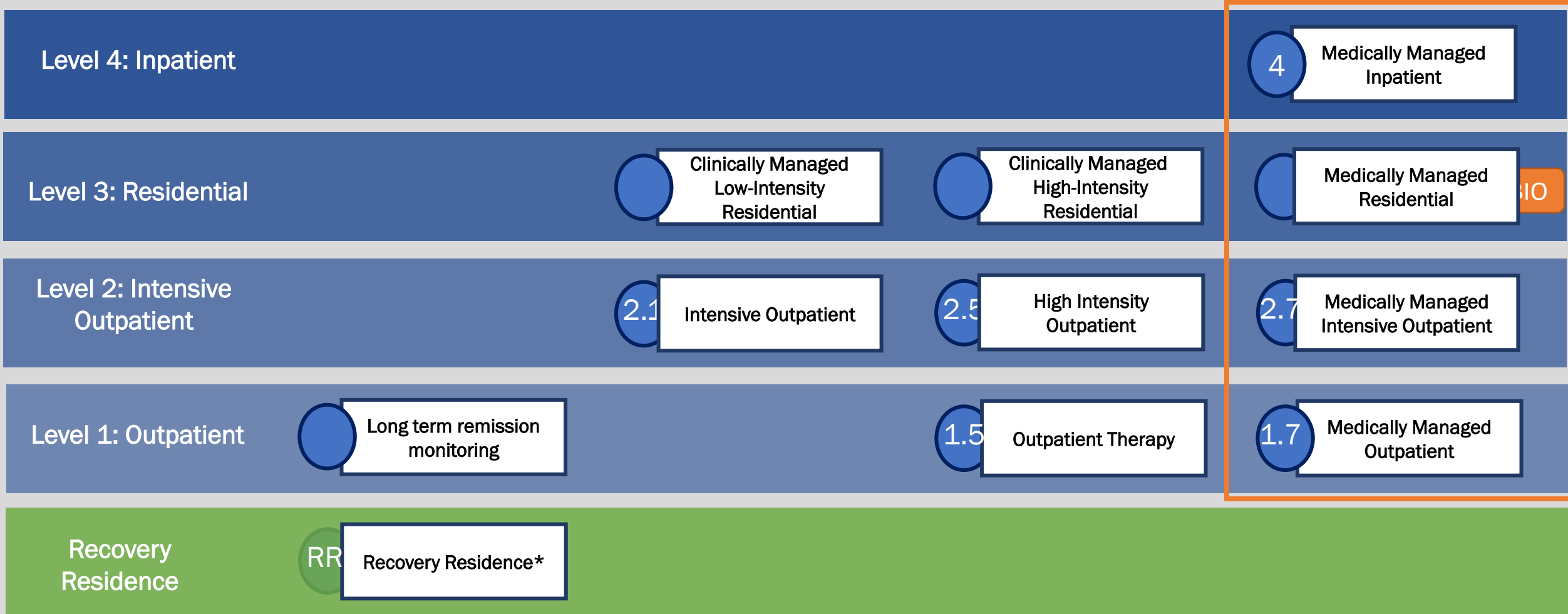


# The ASAM Criteria Continuum of Care – Adult

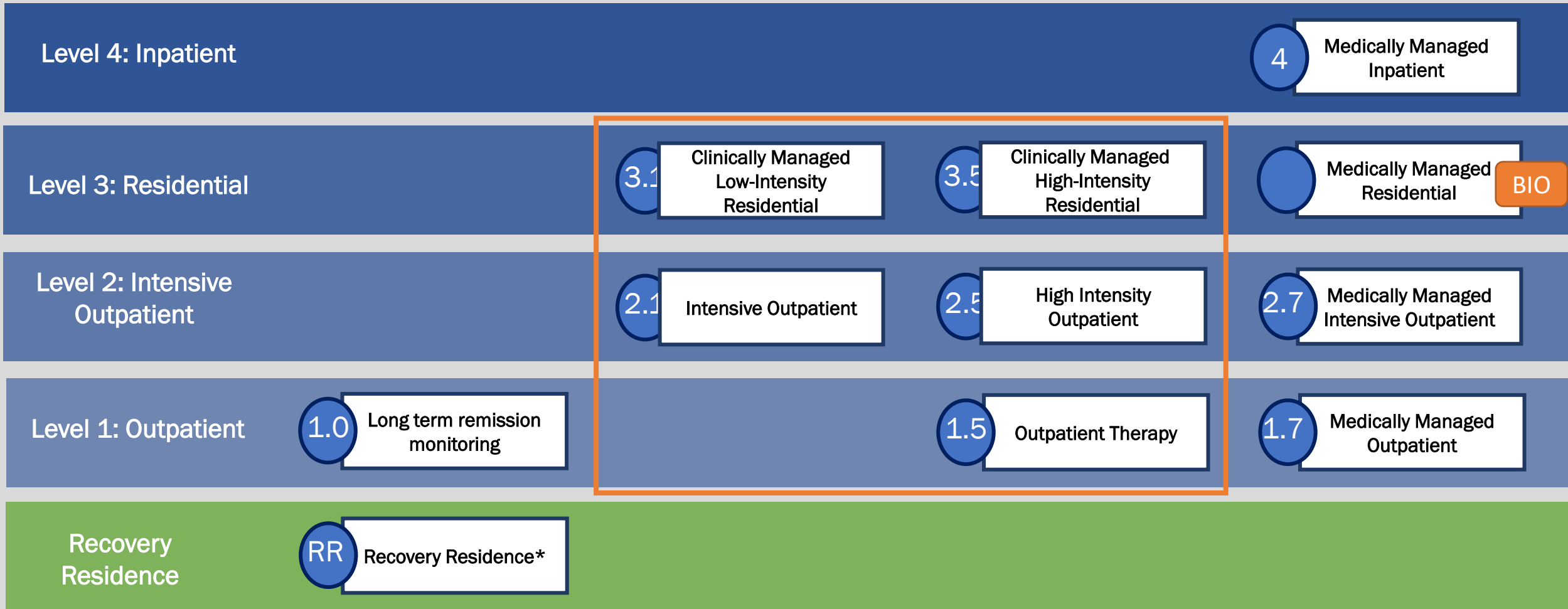


Co-occurring enhanced care (COE) Standards  
Defined for x.5, x.7, and Level 4

# Medically Managed Care



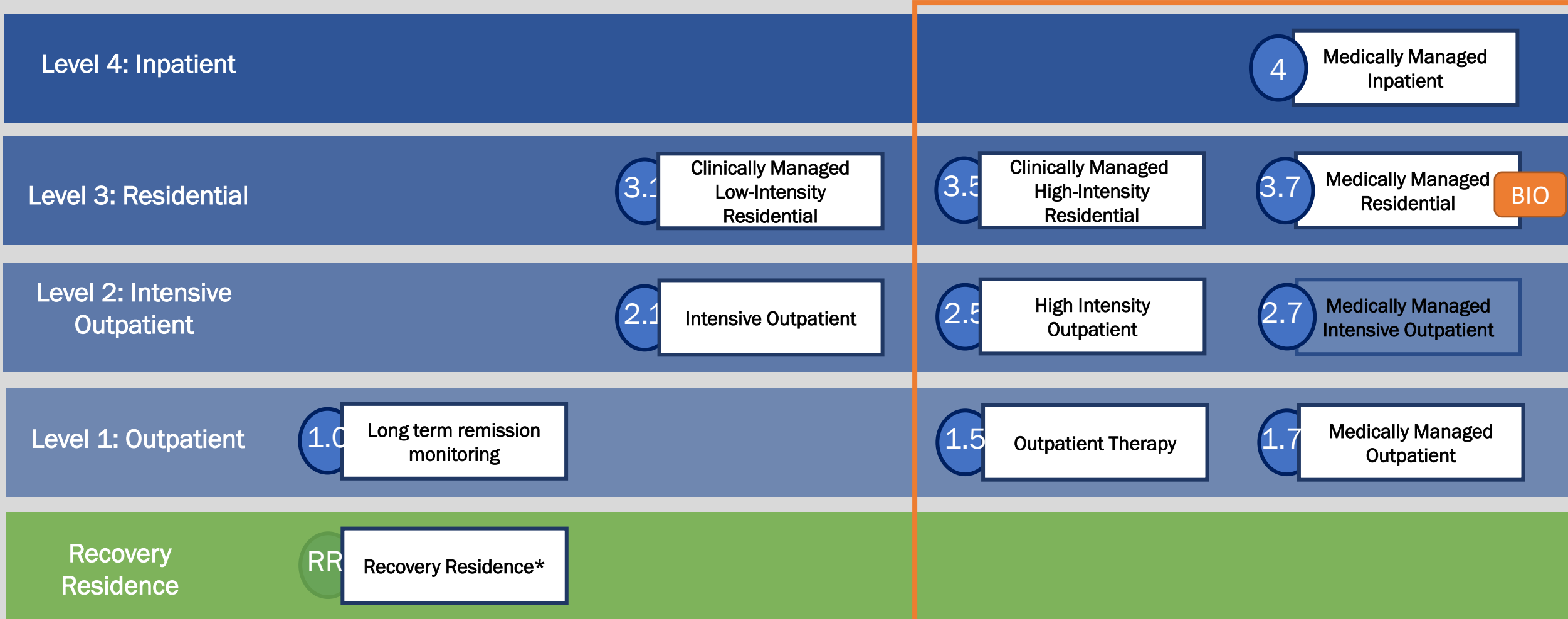
# Clinically Managed Care



# Integrating Co-occurring Capability

- All programs should be co-occurring capable at minimum
  - Program services designed with expectation that most patients have co-occurring conditions
  - Ability to manage mild to moderate acuity, instability, and/or functional impairment.
  - At least one staff member qualified to assess and triage mental health conditions
  - Integrated treatment plans
  - Coordination with external mental health providers as needed
  - Program content that addresses co-occurring conditions

# Integrated Care



Co-occurring enhanced care (COE) Standards  
Defined for x.5, x.7, and Level 4

# Expansion of Level 1

Level 1: Outpatient

1.0

Long term remission  
monitoring

1.5

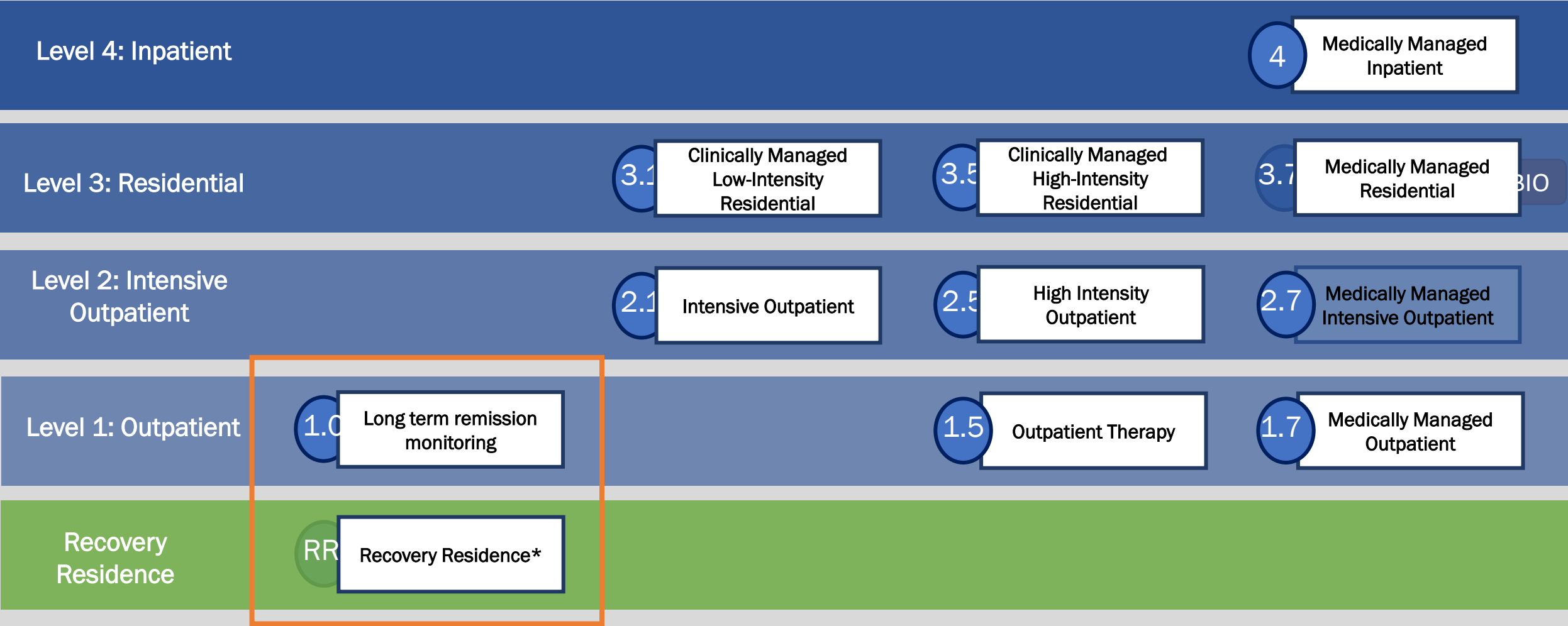
Outpatient Therapy

1.7

Medically Managed  
Outpatient

- Level 1.0 – Long-Term Remission Monitoring
  - Recovery management checkups
  - Rapid reengagement in care when needed
- Level 1.5 – Outpatient Therapy
  - Less than 9 hours per week of psychosocial services
- Level 1.7 – Medically Managed Outpatient
  - Encompasses Level 1-WM from 3rd edition
  - Incorporates low threshold medication initiation
  - Able to provide psychosocial services equivalent to Level 1.5

# Chronic Care Model



# Updated Continuum of Care

- Reframing early intervention and prevention
  - Includes chapter but no longer uses Level 0.5 nomenclature
- Treatment of cognitive impairments
  - Eliminates third edition Level 3.3
  - Includes chapter addressing treatment of individuals with cognitive impairments across the continuum
- Level 3.2 – WM services incorporated into Level 3.5
  - Clinically managed withdrawal with medical oversight



# Continuity Along the Continuum

- Prevent sharp drop-offs in clinical care
- Structured services 7 days per week in Level 3.1 and 3.5
- Aligning clinical service standards
  - Aligning 2.1 and 3.1: 9-19 hours of clinical services per week
  - Aligning 2.5 and 3.5: 20 plus hours of clinical services per week

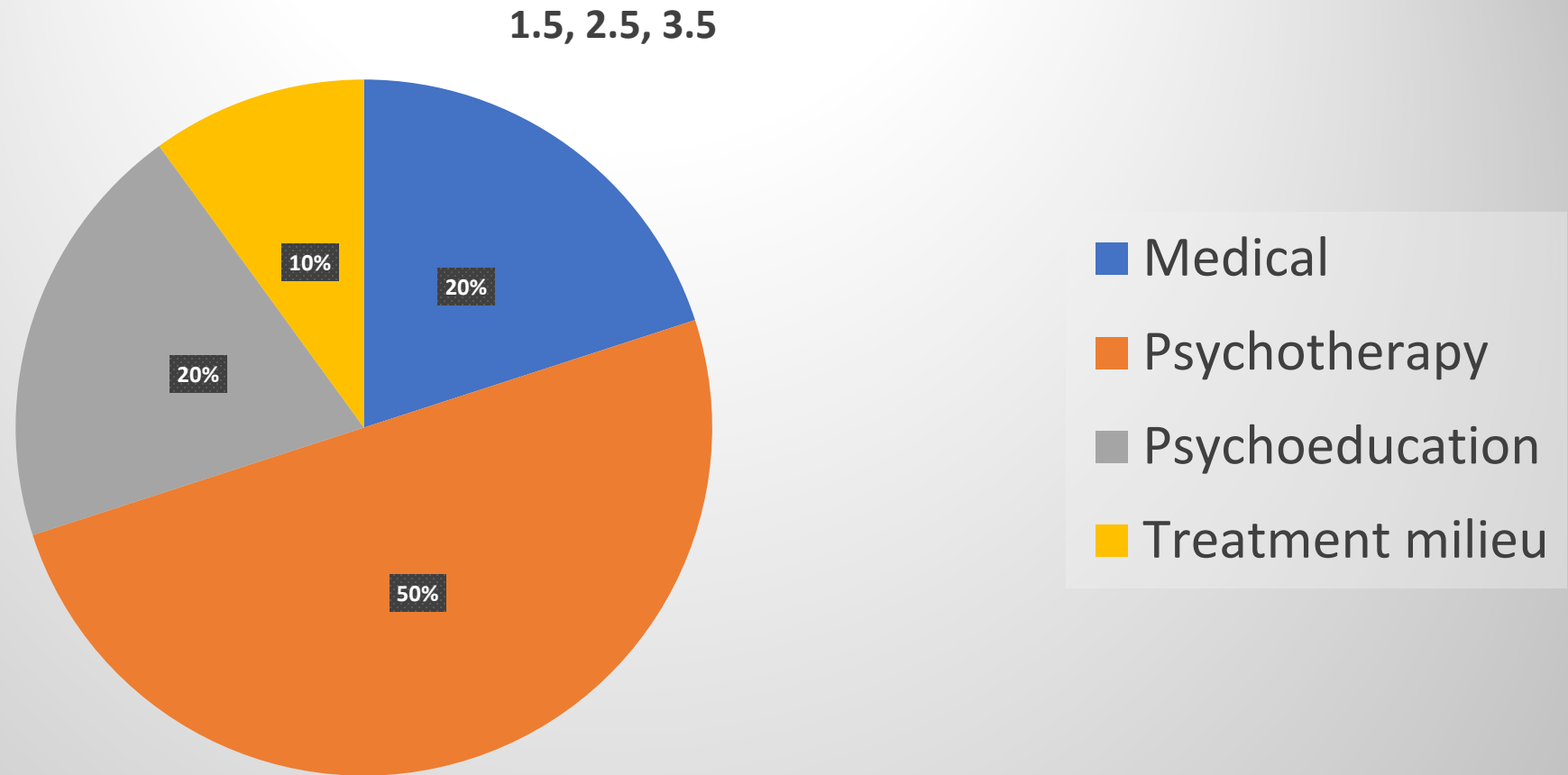
# A Patient's Journey Through the Continuum of Care

- 1. Patient Entering Addiction Treatment**
- 2. Level of Care Assessment**
- 3. Dimensional Admission Criteria**
- 4. Continuum of Care Level of care placement**
- 5. Treatment Planning:**
- 6. Treatment Planning Assessment**
- 7. Treatment Plan**
- 8. Reassessment and Treatment Plan Review**
- 9. Transition and Continued Service Criteria**
- 10. Continuum of Care Level of care placement**

# What is a .7? (1.7, 2.7, 3.7) Dimensional Drivers (1 and 2)

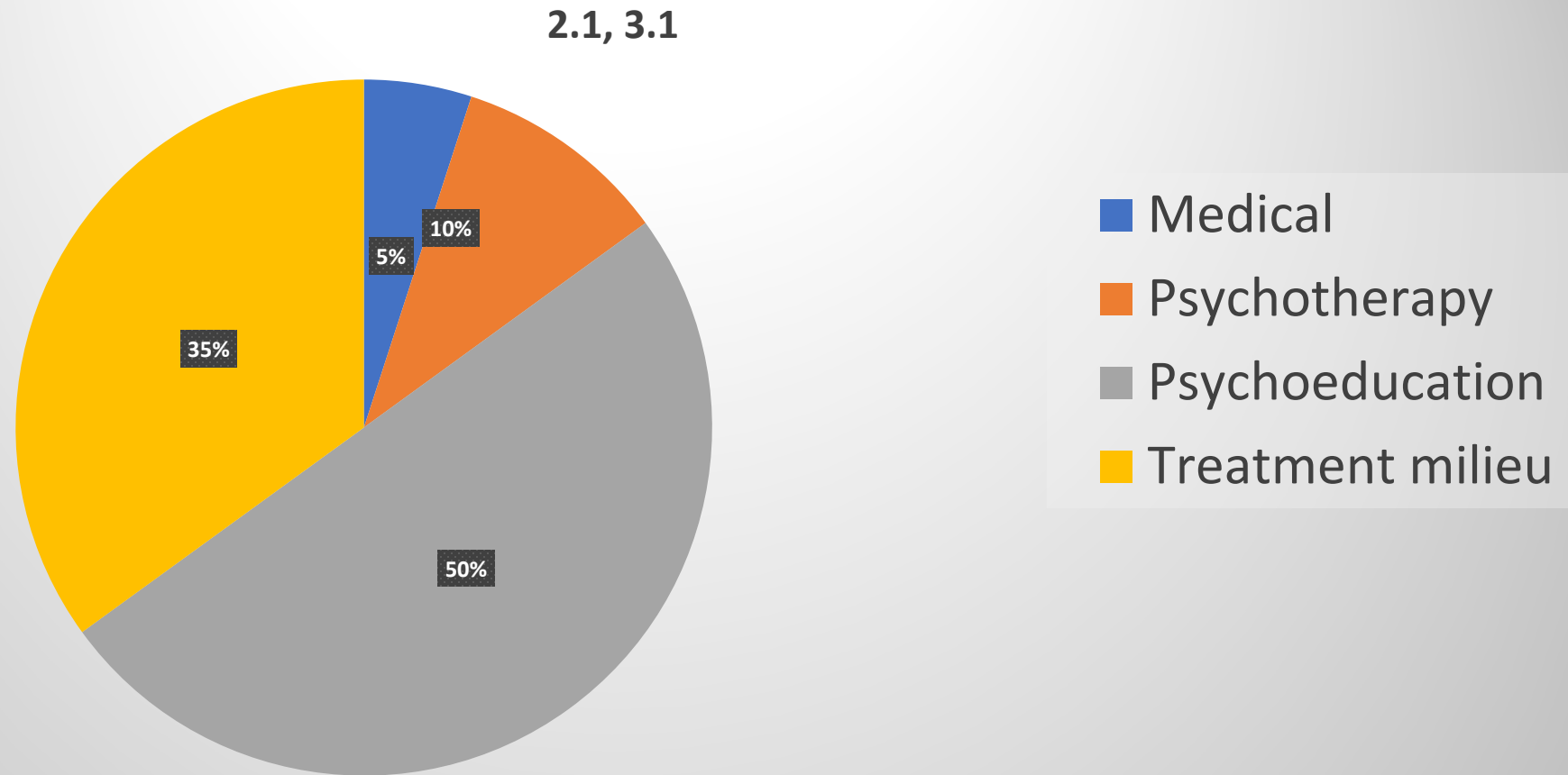
- Medical: 70%
- Psychotherapy: 20%
- Psychoeducation: 5%
- Treatment milieu: 5%

# What is a 0.5? (1.5, 2.5, 3.5) Dimensional Drivers (3 and 4)



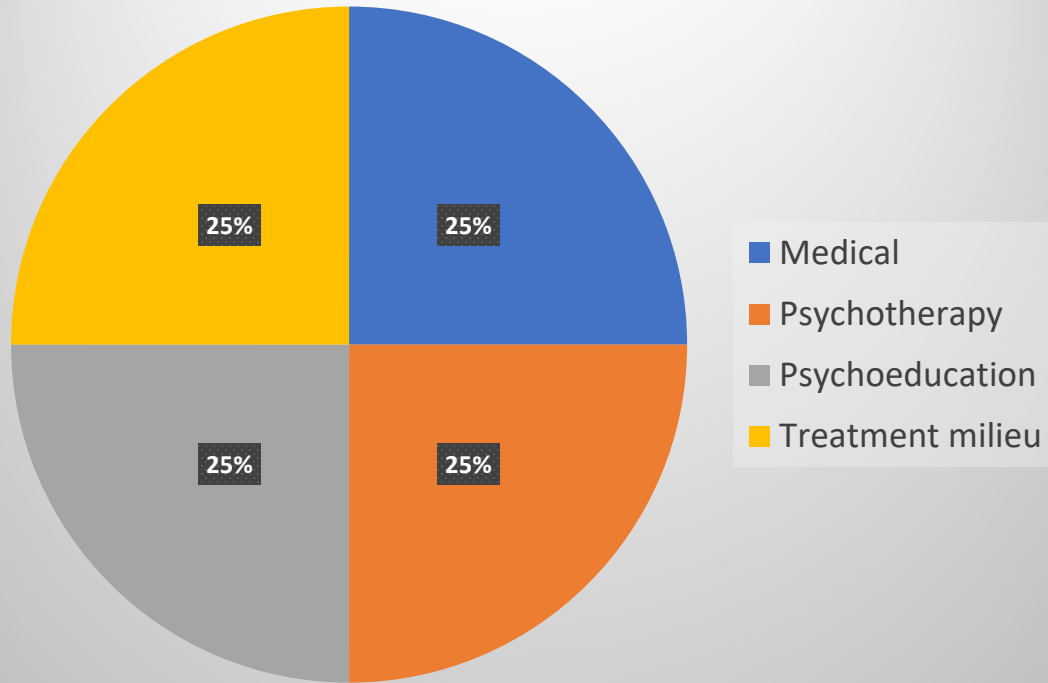
# What is a .1? (2.1, 3.1)

Dimensional Drivers (4 with lack of 3)

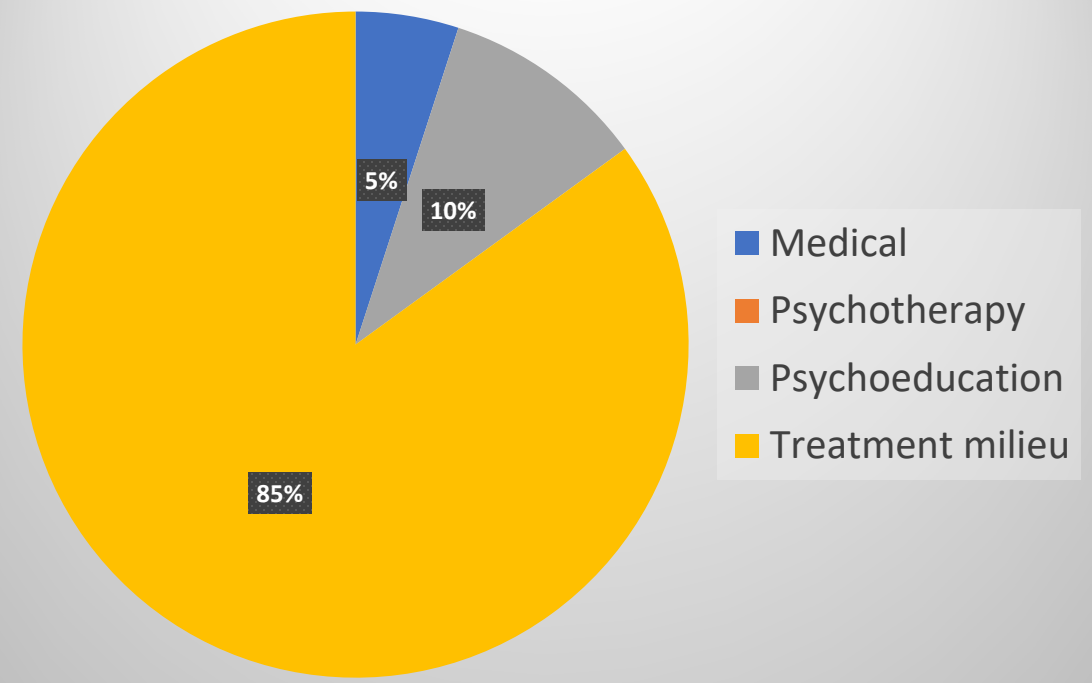


# The others

Level 1.0



Recovery Residency



# References

- ASAM Criteria 3<sup>rd</sup> edition
- DSM-5
- Substance Use Disorder Treatment for People With Co-Occurring Disorders: UPDATED 2020 [Internet]. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2020. (Treatment Improvement Protocol (TIP) Series, No. 42.) Chapter 7—Treatment Models and Settings for People With Co-Occurring Disorders. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK571024/>
- ASAM Criteria 4<sup>th</sup> edition writing group
- TIP 42 SAMHSA 2020 Substance Use Disorder Treatment for People With Co-Occurring Disorders