



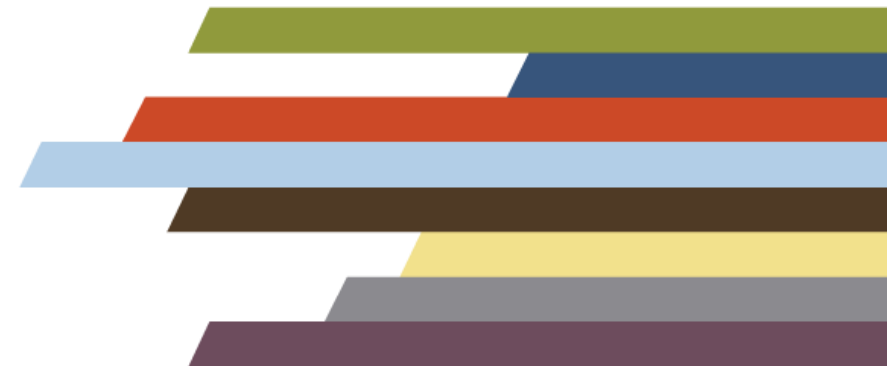
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ASAM Application to Determine Level of Care Webinar

Presented by Mark Disselkoen,
MSSW, LCSW, LCADC

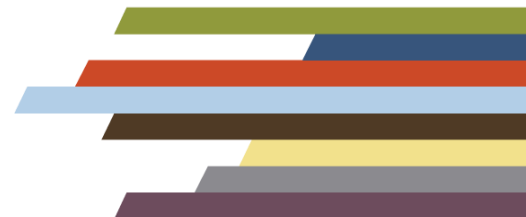


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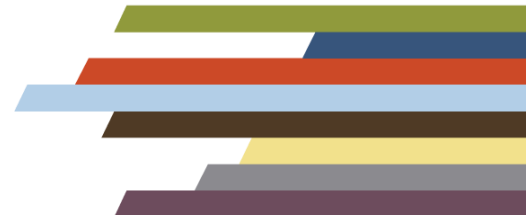
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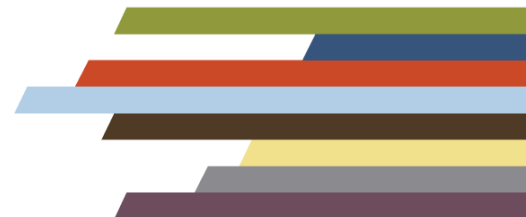
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ASAM Guiding Principles

- One dimensional to multidimensional assessment
- Clinically driven and outcome-driven treatment
- Variable length of service based on person centered needs
- Broad and flexible continuum of care
- Adolescent specific needs
- Moving away from using “treatment failure”
- Interdisciplinary, team approach to care



ASAM Guiding Principles Continued

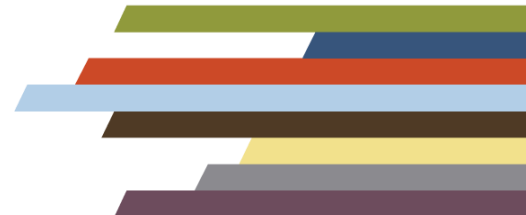
- Clarifying the role of the physician
- Focusing on treatment outcomes
- Informed Consent
- Medical Necessity (definition on next slide)



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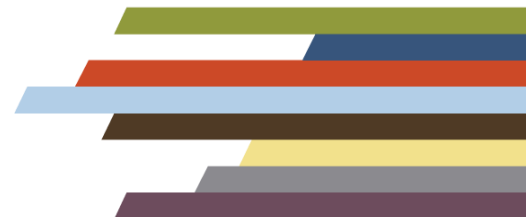
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Medical Necessity Definition from ASAM

Pertains to necessary care for biopsychosocial severity and is defined by the extent and severity of problems in all six multidimensional assessment areas of the patient. It should not be restricted to acute care and narrow medical concerns (such as severity of withdrawal risk as in D-1; acuity of physical health need (as in D-2); or D-3 psychiatric issues (such as imminent suicidality). Rather, “medical necessity” encompasses all 6 dimensions so that a more holistic concept would be “Clinically Necessity”, “necessity of care”, or “clinical appropriateness.”



Co-Occurring Considerations

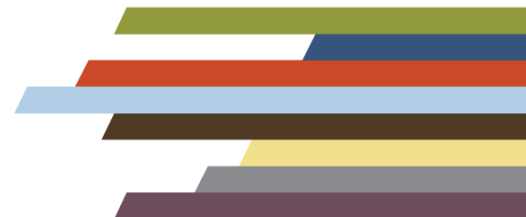
- Interdisciplinary staff
- COD screening tools
- Comprehensive assessment that includes COD domains
- Differential diagnosis
- Integrated treatment planning
- Integrated progress note documentation
- Evidenced based COD interventions
- Continuity of care
- Stage wise assessment, treatment planning and ongoing documentation



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Principles of Assessing Risk

- Risk is multidimensional and biopsychosocial
- Risk relates to the patient's history (life time)
- Risk is expressed in current status (last 30 days)
- Risk involves a degree of change from baseline or premorbid functioning (normal expression or pathological expression)



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Risk Rating System - Page 56-57

Overview

Range of High, Medium, Low

- 0-4 Point Scale, Page 57

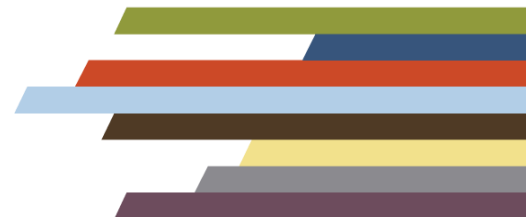
0: Low Risk

1: mild

2: moderate

3: serious

4: utmost severity



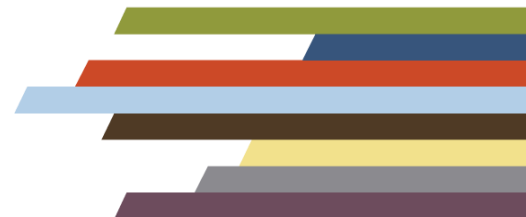
Severity Specifics

4 - Utmost of Severity

- Critical impairments in coping and functioning
- Signs and symptoms, indicating “imminent danger”

3 - Serious

- Difficulty coping within given dimension.
- Near imminent danger



Severity Specifics

2 - Moderate

- Moderate difficulty in functioning
- Somewhat persistent chronic issues
- Relevant skills, or support systems may be present

1 - Mild

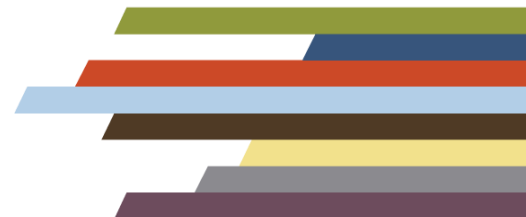
- Indicates mildly difficult issues
- Minor signs and symptoms
- Typically resolved in short period



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Severity Specifics

0 - Low Risk

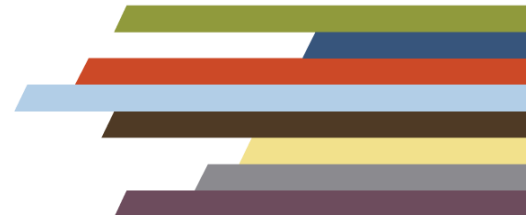
- Non-issue or very low risk issue
- Presents no current risk
- Chronic issues mostly or entirely stabilized



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Matching Multidimensional Severity

Step 1: Risk of Imminent danger (rule out)

Step 2: Determine risk rating in each dimension

Step 3: Identify appropriate types of services

Step 4: Development of initial treatment plan

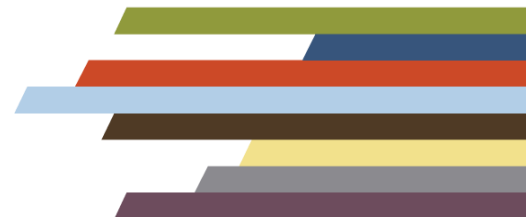
Step 5: Ongoing Utilization Management
throughout the continuum of care



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ASAM Six Dimensional Assessment

Start on page 43

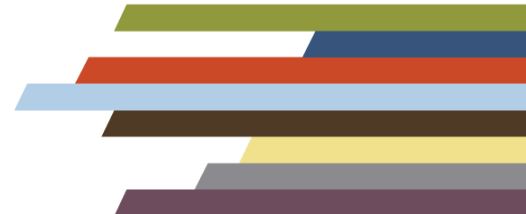
- This Training will look at a case study and utilize the 6 Dimensional Assessment to determine care



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Case Study Activity

Utilize the case study to assess and make a recommendation for level of care.

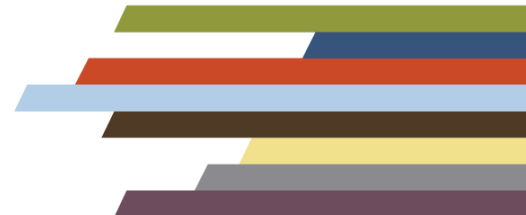
- Utilizing the case study for Risk Rating using the scale 0-4 for each of the 6 Dimensions. Provide an overall Risk Rating of Low, Medium, or High.
- Recommend level of care with justification



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Case Study to Practice

Tami is a 21-year-old who self identifies as female who is seeking an evaluation at the encouragement of her mother and social worker. She is unemployed and reports she has only worked sporadically in the fast food industry. Tami has two children ages two and one. The whereabouts of their father is unknown. The children are in CPS custody because her neighbor (and babysitter) called CPS 24 hours after Tami said she would return to pick the children up and she did not. Tami later admitted that she had been smoking heroin at a friend's house. Her children went into custody 6 months ago and at that time Tami went into residential treatment for the first time. She was asked to leave that treatment facility after 3 weeks when she was found with prescription valium that she apparently had been keeping in her room. Tami was referred to a higher level of care but she refused to follow recommendations. Per the social worker, Tami could lose custody of her children if she does not follow through with treatment. Tami lives with a partner who has 2 teenage children who do not live with them but visit periodically. The partner (who works as a restaurant manager) reports to Tami that she supports treatment and the reunification with the children. Per Tami, the partner is under a doctor's care for a work injury and is using hydrocodone as prescribed. Tami is being urged by her mother as well as the social worker to follow through with treatment. Tami has not smoked heroin or used any substances in the past 2 weeks. She doesn't appear to be experiencing any significant withdrawal symptoms. The social worker has been testing Tami every time she visits with her children. Per Tami, her mother believes Tami could return to drugs because she has not had more than 6 weeks of clean time in several years. Tami reports she does not like counselors because they make her talk about her past. She makes reference to an uncle who sexually abused her when she was 14 and 15, when he introduced her to smoking heroin. She had smoked marijuana a few times before trying heroin. Around the time, she started heroin and her uncle started assaulting her, she started cutting on herself. She is not sure if the family knew she cut on herself. She has refused to follow through with psychological evaluations recommended by social services. Tami has not cut on herself for four years but thinks about it when she is craving heroin. The sexual abuse was never reported to anyone when she was under 18, and Tami did not disclose it until she was 19. She has not told her family as they have always thought of her as a troublemaker because she used drugs. Per Tami, the family did not try to obtain treatment for her drug use when she was a teenager. Per Tami, the family is not aware that the uncle introduced her to heroin. She does not want any family members to know about her past with her uncle. The uncle has current access to children of all ages in his neighborhood and in the family. Tami reports that she does not have any medical problems and presents well-groomed but with anxious affect. She reports she told you too much information.

Dimension 1: Acute Intoxication and/or Withdrawal Potential

What risk is associated with the patient's current level of acute intoxication?

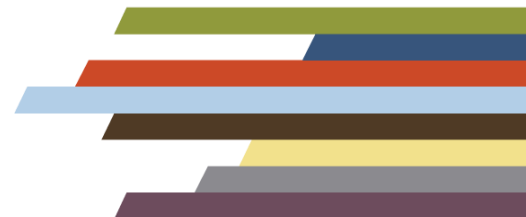
- Current risk is moderate, the client has not used for 2 weeks. Client is at risk of relapse though.

Are intoxication management services needed?

- Not at this time.

Is there significant risk of severe withdrawal symptoms, seizures or medical complications?

- There is moderate risk of protracted withdrawal due to recent heroin use (smoking).



Dimension 1: Continued

Are there current signs of withdrawal?

- Not specifically evident, but will need to monitor. There is concern related to craving.

Standardized withdrawal scale score?

- Recommend completing scale.

Vital signs?

- Recommend completing vitals.

Does the patient have supports to assist in ambulatory withdrawal management?

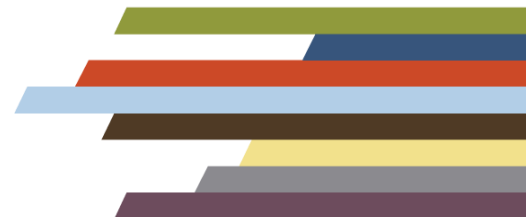
- If protracted withdrawal symptoms become prevalent, the client has a supportive partner and mother who could assist with support. Additionally the client should be evaluated for possible suboxone utilization if the client is open to MAT.

Risk Rating: 2



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Dimension 2: Biomedical Conditions and Complications

Are there current physical illnesses, other withdrawal that need to be addressed?

- The client reports no biomedical conditions or symptoms.

Are there chronic conditions that need stabilization or ongoing disease management?

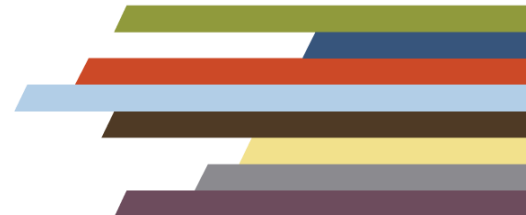
- Client reports no biomedical chronic conditions.



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Dimension 2: Continued

Is there a communicable disease present?

- Client did not provide this information. Will encourage client to seek STI testing, due to high risk population.

Is the patient pregnant, what is her pregnancy history?

- Client did not report being pregnant, need to follow up and confirm.

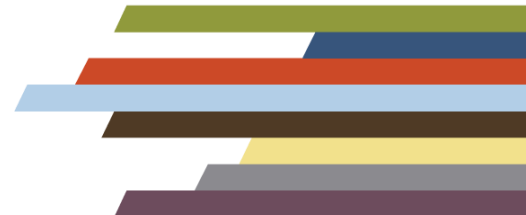
Risk Rating: 0-1



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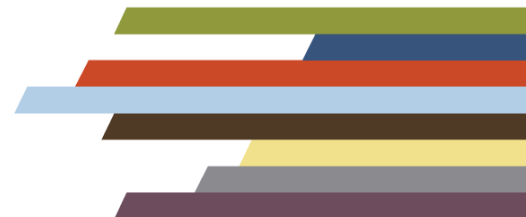
Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications

Are there current psychiatric illnesses or psychological, behavioral, emotional or cognitive problems that need to be addressed?

- Client has a history of trauma due to sexual assault history by uncle when she was a teenager. Client has a history of cutting, last time, 4 years ago.

Are there chronic conditions that affect treatment such as bipolar or anxiety?

- Client needs to be evaluated for possible major depressive, PTSD and/or anxiety diagnosis.



Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications Continued:

Do any emotional, behavioral, or cognitive signs or symptoms appear to be an expected part of the addictive disorder?

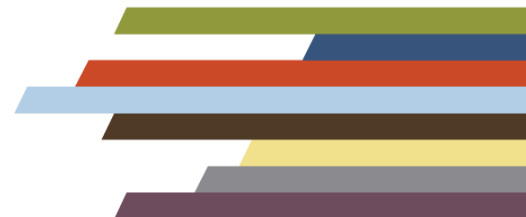
- The client needs further evaluation related to trauma history including cutting. Based on client self-report, she starting cutting as a result of sexual assault and now thinks about doing it when she is craving heroin. It is critical to provide integrated screening, assessment and treatment for COD condition and the interplay between conditions.



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Dimension 3, Continued

Are they severe enough to warrant specific mental health treatment, even if symptoms are caused by substance use?

- Yes, see above considerations related to treatment.

Is the patient able to manage the activities of daily living?

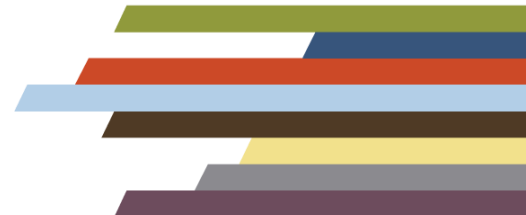
- The client is unemployed, has difficulty with parental supervision of children. Client is well groomed which is a positive asset that should be explored and utilized to build on.



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Dimension 3, Continued

Can he or she cope with any emotional, behavioral or cognitive problems?

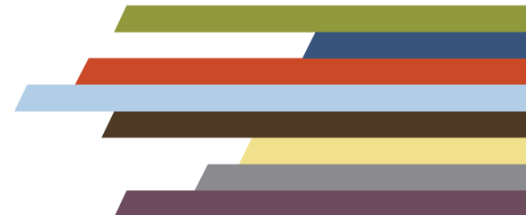
- Client has limited capacity to cope, but has not attempted any cutting behavior in 4 years. This should be viewed as a possible asset and explored and built upon. She is not actively suicidal, which again shows some level of coping.



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Dimension 3 Risk Domains/Subdomain

Dangerousness/Lethality (1)

- The client is not currently a threat to self or others.

Interference with Addiction Recovery Efforts (3)

- The client's unresolved trauma and subsequent use of heroin has been a barrier to being engaged and completing previous treatment attempts.

Social Functioning (2)

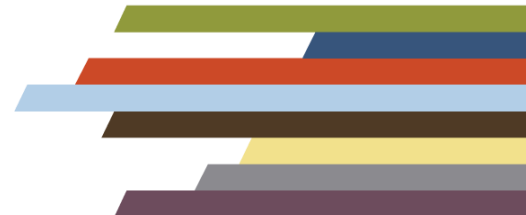
- Client has limited support system including her mom and partner. She has a friend that she smokes heroin which is a risk.



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Dimension 3 Risk Domains Continued/Subdomain

Ability for Self-Care (1)

- Client was well groomed during the evaluation. Further evaluation needs to be considered related self-care.

Course of Illness (3)

- Client started using heroin at the age 14, introduced by uncle who sexually assaulted her. The client continued to use and now cannot stay clean for more than 6 weeks at a time. Client also is showing mental health symptomology as a result of sexual assault and further evaluation is needed.

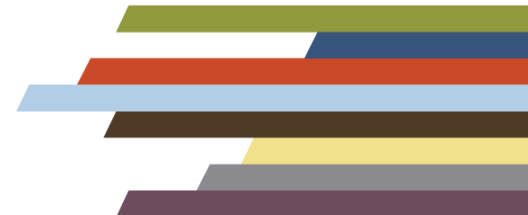
Risk Rating: 3



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Dimension 4 Readiness to Change

How aware is the patient of the relationship between his or her alcohol, tobacco, or other drug use or behaviors involved in the pathological pursuit of reward or relief and his or her negative life consequences?

- Client has limited awareness of impact of substance use to herself and others. She is in the pre-contemplative stage of change. Her history of trauma and resulting mental health condition has limited her ability to cope and manage daily functioning and healthy social connectiveness.

How ready, willing, or able does the patient feel to make changes?

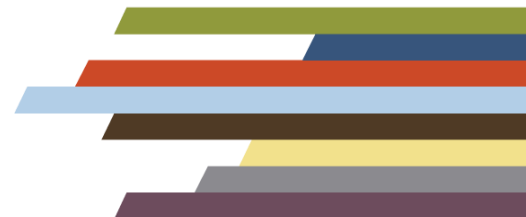
- The client is uncomfortable talking about her story and thus has limited motivation to engage in treatment other than to get custody of children back. This does not seem to be intrinsic in nature yet and is due more to her mother and social worker encouraging her.



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Dimension 4 Readiness to Change Continued

How much does the patient feel in control of his or her treatment services?

- It appears the client does not feel in control of her treatment as she feels pressure from others to seek treatment. With MI approach, the client will benefit from CPS motivation to engage in treatment.

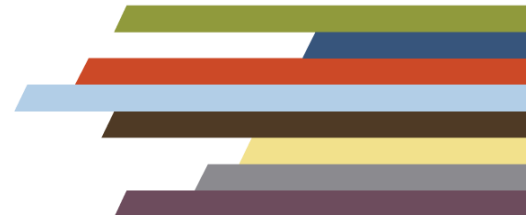
Risk Rating: 2



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Dimension 5 Relapse, Continued Use or Continued Problem Potential

Is the patient in immediate danger of continued severe mental health distress and/or alcohol, tobacco and/or drug use?

- Based on client relapse history, yes, the client has not been able to maintain abstinence for more than 6 weeks at a time. Will need to further explore if marijuana use is an issue.

Does the patient have any recognition or understanding of, or skills in coping with his or her addictive, co-occurring, or mental disorder?

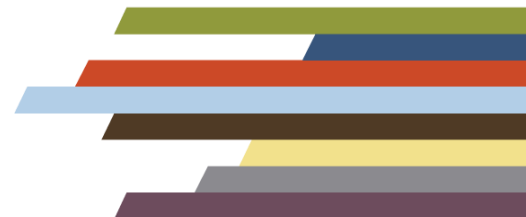
- The client has limited skills related to dealing with craving for heroin as well as caring for her children.



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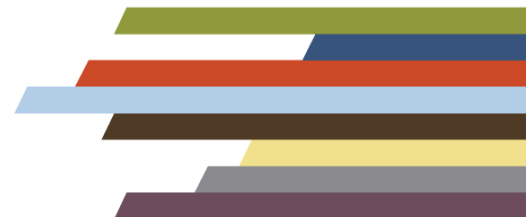
Dimension 5 Relapse, Continued Use or Continued Problem Potential Continued:

Have addiction and/or psychotropic medications assisted in recovery before?

- Per the case study, this wasn't provided, so additional information related to MAT will need to be gathered.

What are the person's skills in coping with protracted withdrawal, cravings, or impulses?

- The client has shown limited skills dealing with cravings and impulses. Protracted withdrawal symptomology will need to be evaluated and monitored.



Dimension 5 Continued

How well can the patient cope with negative effects, peer pressure, and stress without recurrence of addictive thinking and behavior?

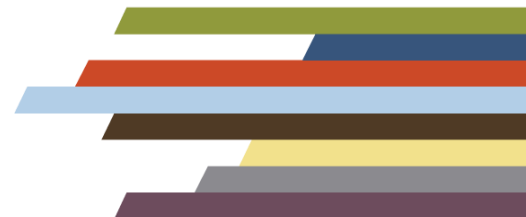
- Client has limited support system outside of mother and partner. Client was smoking heroin with friend when CPS was notified.



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Dimension 5 Continued

How severe are the problems and further distress that may continue or reappear if the patient is not successfully engaged in treatment?

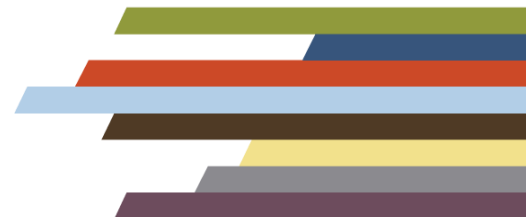
- The likelihood of further distress due to use and trauma history are significant and will continue to have negative consequences for client, children and family without treatment.



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Dimension 5 Continued

How aware is the patient of relapse triggers and skills to control addiction impulses or impulses to harm self or others?

- Client has limited awareness or skills managing relapse. Client doesn't appear to be at risk of harming self or others. Client did arrange babysitting when she got high with friend. This could be viewed as some level of critical thinking and useful to build upon in treatment.

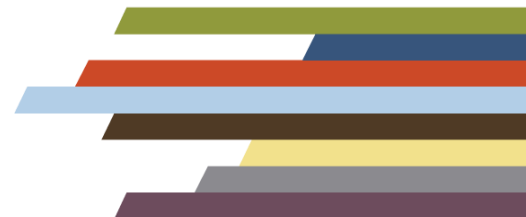
Risk Rating: 3



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Dimension 6 Recovery Living Environment

Do any family members, significant others, living situations, or school work situations pose a threat to the patient's safety or engagement in treatment?

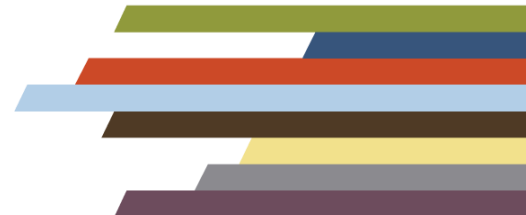
- Mother and partner supports treatment. Partner is on prescription opioid which creates potential access to opioids in the house. The uncle who sexually assaulted client is still around. This does create possible risk and must be followed up on with client.



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Dimension 6 Recovery Living Environment Continued

Does the individual have supportive friendships, financial resources, or educational or vocational resources that can increase the likelihood of successful recovery?

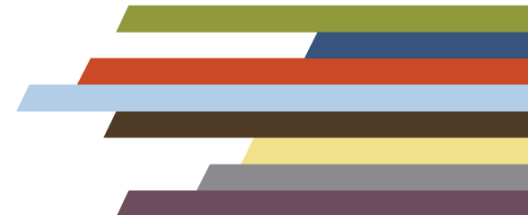
- The client has a supportive partner she lives with. Educational and vocational resources will need to be explored.



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Dimension 6 Continued

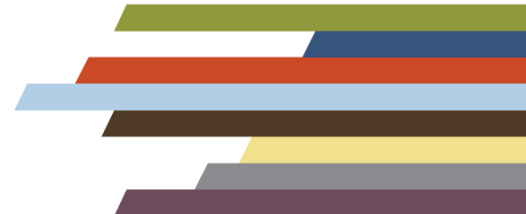
- Are there legal, vocational, regulatory (e.g professional licensure), social service agency, or criminal justice mandates that may enhance the person's motivation for engagement in treatment if indicated?
 - CPS is involved with the client and this should be used as a motivating factor for successful treatment in an MI Model of treatment.



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Dimension 6 Continued

- Are there transportation, childcare, housing, or employment issues that need to be clarified and addressed?
 - The client is unemployed, has stable housing, some childcare options with mom and partner.

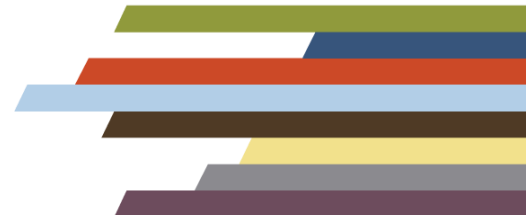
Risk Rating: 2



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Level of Care Recommendation

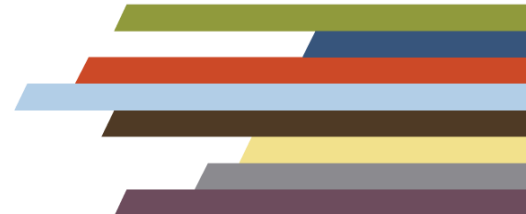
The client risk ratings are D-1: (2), D-2: (1), D-3: (3), D-4: (2), D-5: (3), D-6: (2). The overall risk rating is moderate/severe. Due to the higher risk in Level D-3 and D-5 the client would benefit from Level 3.5 Residential Adult Care. The next slide will utilize the ASAM Crosswalk to further support this.



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Risk Rating Review

D-1: (2) This rating would indicate moderate difficulty in functioning. However, even with moderate impairment, or somewhat persistent chronic issues, relevant skills, or support systems may be present.

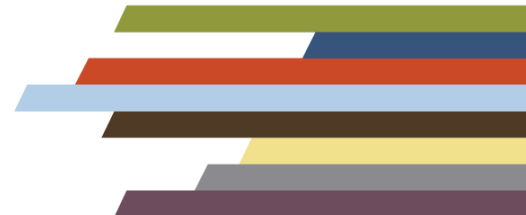
D-2: (1) This rating would indicate mildly difficult issue, or present minor signs and symptoms. Any existing chronic issues or problems would be able to be resolved in a short period of time.



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Risk Rating Review

D-3: (3) This rating would indicate a serious issue or difficulty coping within a given dimension. A patient presenting at this level of risk may be considered in or near “imminent danger.”

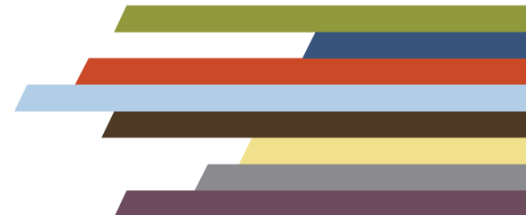
D-4: (2) This rating would indicate moderate difficulty in functioning. However, even with moderate impairment, or somewhat persistent chronic issues, relevant skills, or support systems may be present.



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Risk Rating Review

D-5: (3) This rating would indicate a serious issue or difficulty coping within a given dimension. A patient presenting at this level of risk may be considered in or near “imminent danger.”

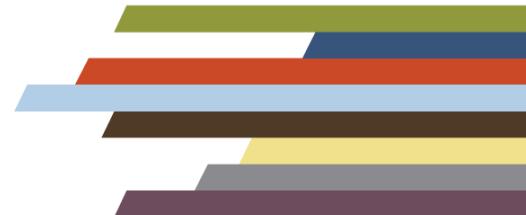
D-6: (2) This rating would indicate moderate difficulty in functioning. However, even with moderate impairment, or somewhat persistent chronic issues, relevant skills, or support systems may be present.



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Crosswalk of ASAM Admission Criteria

Dimension 1: At minimal risk of severe withdrawal.

Dimension 2: None or stable.

Dimension 3: Demonstrates repeated inability to control impulses, or unstable and dangerous signs/symptoms require stabilization.

Dimension 4: Has marked difficulty with, or opposition to, treatment, with dangerous consequences.

Dimension 5: Has no recognition of the skills needed to prevent continued use, with imminently dangerous consequences.

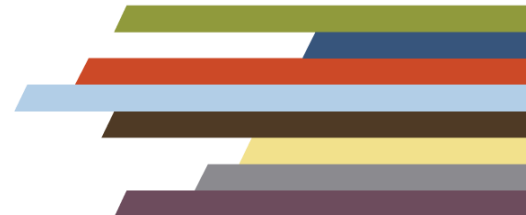
Dimension 6: Environment is dangerous and the patient lacks skills to cope with outside of a highly structure 24-hour setting.



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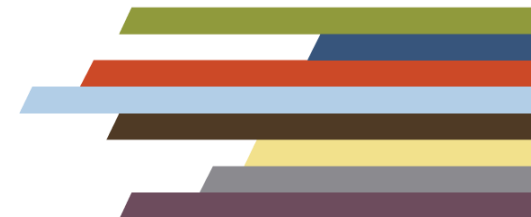
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Other factors to determine the most Appropriate Level of Care

- Screening Tools
- Comprehensive Biopsychosocialspiritual Assessment
- DSM 5 Differential Diagnosis (Severity)
- ASAM 6 Dimensional Assessment (Risk Rating) (Already Covered)
- Matrix for Adult Matching (Risk Rating) pg. 73 * Matrix for Adolescent Matching (Risk Rating) pg. 90
- Crosswalk of the ASAM Admission Criteria pg. 175-178 (Already Covered)
- Admission Criteria by Level of Care, starting on pg. 179, Level 0.5 Early Intervention
- Recommendations



Admission Criteria by Level of Care

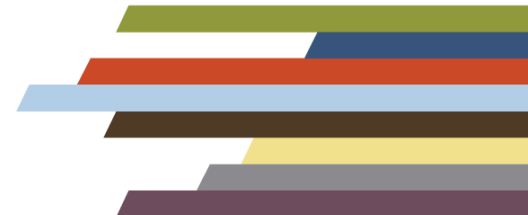
- The Admission Criteria section focuses in more detail by Dimension what Criteria is considered related to placement of care.
- There is separate Admission Criteria for each level of care



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The End

Thank you for participating today

Questions/Feedback Appreciated

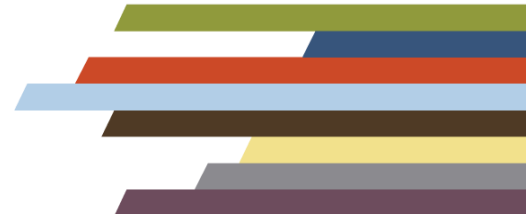
Closing Instructions for Evaluations and CEU's



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Reference

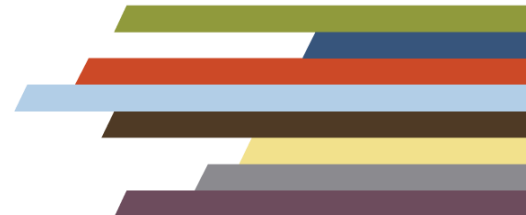
The ASAM Criteria, Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, Third Edition, 2013.



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For more information, contact

Thomasine Heitkamp, PI/Co-Director

University of North Dakota

thomasine.heitkamp@und.edu

Nancy Roget, Co-Director

University of Nevada, Reno

nroget@casat.org



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