

Using the Crosswalk
Understanding the
▶ ASAM Criteria
(American Society of Addiction Medicine)

ASAM Criteria Using the Crosswalk

Learning Objectives:



Describe

Describe the ASAM Criteria Guidelines



Discuss

Discuss the ASAM Six Dimensions of Multidimensional Assessment



Identify

Identify the ASAM Level of Care Continuum



Practice

Practice Matching Multidimensional Severity and Level of Function with Type and Intensity of Service

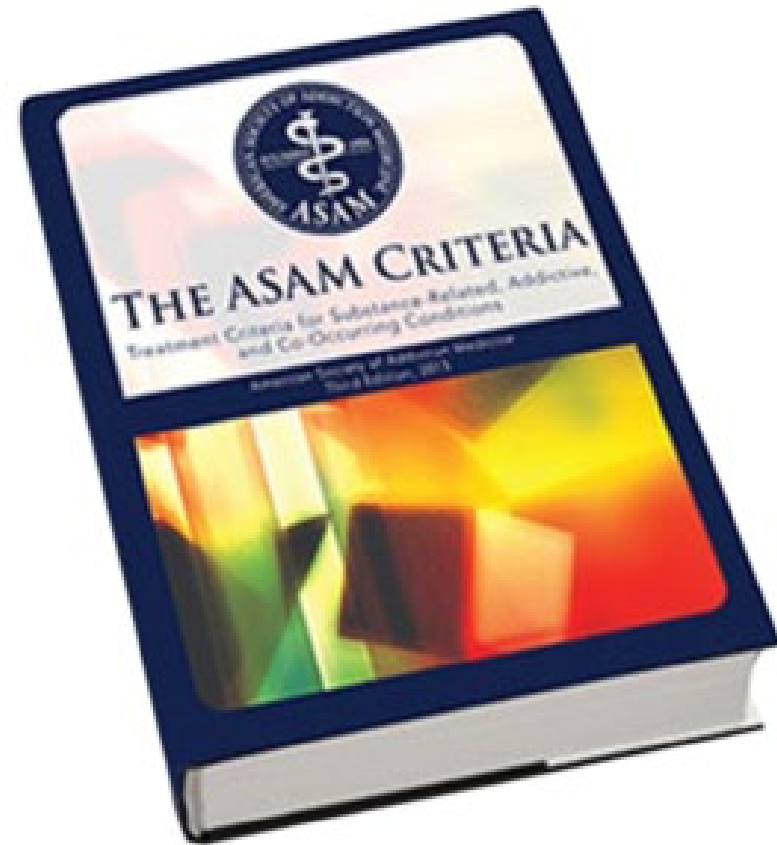
First Things First...What is the ASAM Criteria?



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According to The ASAM Criteria,
Third Edition, 2013-

*"The ASAM Criteria is a set of
guidelines developed to move
practitioners toward individualized,
clinically driven, participant-
directed, and outcome-informed
treatment."*



More Specifically

...



Currently utilized for addictive, substance related, and co-occurring conditions



Contains descriptions of treatment programs at each level of care



Includes the setting, staffing, support systems, therapies, assessments, documentation, and treatment plan reviews for each level of care

Guiding Principles of the ASAM Criteria:

Moving from one-dimensional to multidimensional assessment

Moving from program-driven to clinically driven and outcomes-driven treatment

Moving from fixed length of services to variable length of service

Moving from a limited number of discrete levels of care to a broad and flexible continuum of care

Identifying adolescent specific needs

Clarifying the goals of treatment

Moving away from the use of "treatment failure" as an admission prerequisite

Clarifying the role of the physician

Focusing on treatment outcomes

Engaging with informed consent

Clarifying medical necessity

ASAM Six Dimensions of Multidimensional Assessment and Risk Severity Rating Scales

The ASAM Six Dimensions of Multidimensional Assessment

ASAM: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM uses six dimensions to create a holistic, biopsychosocial assessment of an individual's needs for service planning and treatment across all services and levels of care. The six dimensions are:

DIMENSION 1	Acute Intoxication and/or Withdrawal Potential Exploring an individual's past and current experience with substance use and withdrawal
DIMENSION 2	Biomedical Conditions and Complications Exploring an individual's health history and current medical condition
DIMENSION 3	Emotional, Behavioral, or Cognitive Complications Exploring an individual's thoughts, emotions, and behaviors
DIMENSION 4	Readiness to Change Exploring an individual's readiness and interest in treatment
DIMENSION 5	Relapse, Continued Use, or Continued Problems Exploring an individual's unique relationship with substance use or problems
DIMENSION 6	Recovery/Living Environment Exploring an individual's recovery or living situation, including surrounding people, places, and things



- Six Dimensions
- Severity Rating Scale

ASAM Severity Risk Rating

Scale:

Risk Rating	0	This rating would indicate a non-issue or very low risk issue. Any chronic issues would be mostly or entirely stabilized.	High Moderate Low
	1	This rating would indicate a mildly difficult issue or present minor signs and symptoms. Any chronic issues would be able to be resolved in a short period of time.	
	2	This rating would indicate moderate difficulty in functioning. However somewhat persistent chronic issues, relevant skills or supports may be present.	
	3	This rating would indicate a serious issue or difficulty coping within a given dimension. May be considered in or near "imminent danger."	
	4	This rating would indicate issues of utmost severity. Critical impairments are present in coping and functioning and indicate "imminent danger."	



A Closer Look at
the Six
Dimensions and
Risk Ratings!

Dimension 1: Acute Intoxication and/or Withdrawal Potential

Assessment Considerations:

- What risk is associated with the patient's current level of acute intoxication?
- Are intoxication management services needed to address acute intoxication?
- Is there significant risk of severe withdrawal symptoms, seizures, or others medical complications based on Hx, amount, frequency, chronicity, and recent reduction in use?
- Are there current signs of withdrawal?
- What scores are derived from use of standardized withdrawal rating scales?
- What are the patient's vital signs?
- Does the patient have sufficient supports to assist in ambulatory withdrawal management, if medically safe to consider?

Severity Ratings:

- 0 - No withdrawal risk
- 1 – Is able to cope/tolerate with minor withdrawal symptoms, or at a minimal risk of severe withdrawal
- 2 - Moderate withdrawal symptoms not requiring 24-hour intensive or acute hospital setting
- 3 - Has the potential for life threatening withdrawal
- 4 - Has life threatening withdrawal symptoms, possible or experiencing seizures or DT's or other adverse reactions are imminent

Dimension 1: Acute Intoxication and/or Withdrawal Potential

Meet Megan!



- Referred from case manager at homeless shelter
- Has been drinking “a lot” for the past year
- Increase in drinking, more than 7 standard drinks per day for the last 2 months
- Reports she hasn’t had a drink for 24 hours
- Appears sweaty, shaky, and is having a difficult time engaging in conversations
- CIWA is completed and score is 10

What is Megan’s Dimension 1 risk rating?

Dimension 1: Acute Intoxication and/or Withdrawal Potential

Meet Megan!



- Referred from case manager at homeless shelter
- Drinks heavily, more than 5 standard drinks per day
- Reports she hasn't had a drink for 24 hours
- Appears sweaty, shaky, and is having a difficult time engaging in conversations

What is Megan's Dimension 1 risk rating? **3**

Dimension 2: Biomedical Conditions and Complications

Assessment Considerations:

- Are there current physical illnesses, other than withdrawal, that need to be addressed due to their risk or potential for treatment complications?
- Are there chronic conditions that need stabilization or ongoing disease management (i.e., chronic pain, diabetes, etc.)
- Is there a communicable disease present that could impact the well-being of other patients or staff?
- For female patients, is the patient pregnant? What is her pregnancy history, especially if she has opioid use disorder?

Severity Ratings:

- 0 - No medical concerns identified
- 1 – Stable or minor medical concerns and is receiving concurrent medical monitoring
- 2 – Some difficulty tolerating/coping with medical conditions
- 3 – Poor ability in tolerating/coping with medical conditions or in poor general health
- 4 - Severe instability requires 24-hour medical care in a licensed medical facility

Dimension 2: Biomedical Conditions and Complications

Meet Megan!



- Denies any medical concerns but reports a history of seizures
- Last seizure over 6 months ago but less than year following 3 days of sobriety
- Smokes 1-2 packs of cigarettes a day
- Does not like doctors and has not received medical care in over 2 years
- She receives a pregnancy test and it comes back negative

What is Megan's Dimension 2 risk rating?

Dimension 2: Biomedical Conditions and Complications

Meet Megan!



- Denies any medical concerns but reports a history of seizures
- Last seizure over 6 months ago but less than year
- Smokes 1-2 packs of cigarettes a day
- Does not like doctors and has not received medical care in over 2 years
- She receives a pregnancy test and it comes back negative

What is Megan's Dimension 2 risk rating? **2**

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

Assessment Considerations:

- Are there current psychiatric illnesses or psychological, behavioral, emotional or cognitive conditions that need to be addressed because they create risk or complicate treatment?
- Are there chronic conditions that need stabilization or ongoing treatment (i.e., bipolar disorder or chronic anxiety)?
- Do any behavioral, emotional or cognitive signs or symptoms appear to be an expected part of the addictive disorder, or do they appear to be autonomous?
 - Even if connected to the addiction are any behavioral, emotional or cognitive signs or symptoms severe enough to warrant specific MH treatment (i.e., suicidal ideation, depression ,etc.)?
- Is the patient able to manage the activities of daily living?
- Can the patient cope with any, behavioral, emotional or cognitive conditions?

Severity Ratings:

- 0 – No emotional, behavioral or cognitive impairments are identified.
- 1 – MH symptoms may be present, but are stable and may be in treatment for MH concerns
- 2 – Chronic MH symptoms, would benefit from structure to focus on recovery as these conditions can distract from recovery efforts
- 3 - Demonstrates repeated inability to control impulses, or unstable and dangerous signs and symptoms require stabilization. Moderate stability, cognitive deficits, impulsive or unstable MH issues
- 4 - Severe instability, high safety risk, very unstable may be related to substance use or in addition to substances - requires 24-hour acute psychiatric care

Dimension 3: Continued....

An assessment subcategory to Dimension 3 is described as a RISK DOMAIN.

These criteria subdomains emphasize the broad functional impairments that are associated with both substance use disorders and mental health problems.



1. Dangerousness/Lethality



2. Interference with Addiction Recovery Efforts



3. Social Functioning



4. Ability for Self-Care



5. Course of Illness

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

Meet Megan!



- Lost her job 4 months ago and her housing last month
- Relates she is “never good enough” and reports history of childhood abuse by her mother
- Reports feeling hopeless, worthless, and sad most of the time
- She reports she is tired but hasn’t slept well since becoming homeless last month
- Relates if she goes to sleep and doesn’t wake up, it would probably be for the best but denies any thoughts of taking her own life.

What is Megan’s Dimension 3 risk rating?

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

Meet Megan!



- Lost her job 4 months ago and her housing last month
- Relates she is “never good enough” and reports history of childhood abuse by her mother
- Reports feeling hopeless, worthless, and sad most of the time for the past 2 weeks
- She reports she is tired but hasn’t slept well since becoming homeless last month
- Relates if she goes to sleep and doesn’t wake up, it would probably be for the best but denies any thoughts of taking her own life.

What is Megan’s Dimension 3 risk rating? **2**

Dimension 4: Readiness to Change

Assessment Considerations:

- How aware is the patient of the relationship between his or her substance use or behaviors involved in the pathological pursuit of reward or relief and his or her negative consequences?
- How ready, willing, or able does the patient feel to make changes to his or her substance using or addictive behaviors?
- How much does the patient feel in control of his or her treatment service?

Severity Ratings:

- 0 - Ready for recovery and willing to engage in treatment
- 1 – Willing to engage in treatment, but may be ambivalent about the need to change SUD use
- 2 – Reluctant to engage in SUD treatment. May identify negative consequences to SUD use but has a low commitment to treatment
- 3 – Has history of inconsistent follow through. Appears unaware for the need for change, is unwilling to participate fully in treatment.
- 4 - Poor impulse control, continues to use substances despite severe negative consequences (medical, physical or situational) and requires 24-hour structured setting

Dimension 4: Readiness to Change

Meet Megan!

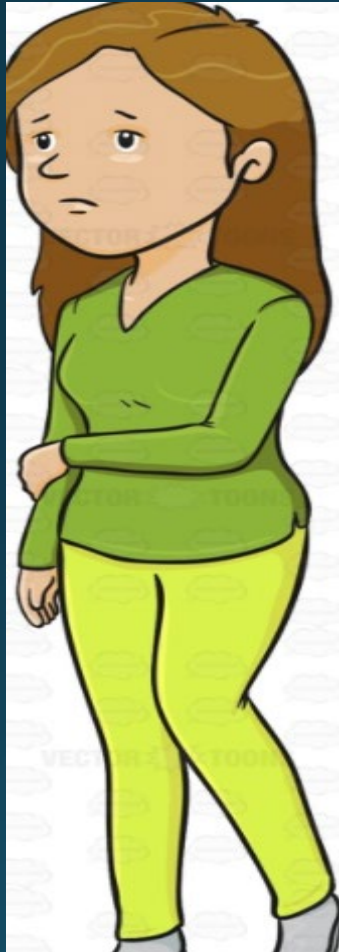


- Reports she wants to get better and needs help
- Unsure if therapy “really” works or would work for her
- Tried therapy to stop drinking once before and dropped out after the 3rd session
- Relates “I might be a lost cause”

What is Megan’s Dimension 4 risk rating?

Dimension 4: Readiness to Change

Meet Megan!



- Reports she wants to get better and needs help
- Unsure if therapy “really” works or would work for her
- Tried therapy to stop drinking once before and dropped out after the 3rd session
- Relates “I might be a lost cause”

What is Megan’s Dimension 4 risk rating? 1

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

Assessment Considerations:

- Is the patient in immediate danger of continued severe substance use?
- Does the patient have any recognition or understanding of, or skills in coping with his/her addictive or co-occurring MH disorder in order to prevent relapse or continued use?
- Have addiction medications assisted in recovery before?
- Where are the person's skills in coping with protracted withdrawal, cravings, or impulses?
- How well can the patient cope with negative affects, peer pressure, and stress without recurrence of addictive thinking and behavior?
- How severe are the problems and further distress that may continue or reappear if the patient is not successfully engaged in treatment and continues to use?
- How aware is the patient of relapse triggers and skills to control addictive impulses?

Severity Ratings:

- 0 - Able to maintain abstinence or control use and/or addictive behaviors and pursue recovery or motivational goals with minimal support
- 1 – Minimal relapse potential and some vulnerability, may have some self-management and prevention skills
- 2 - Impaired recognition and understanding of relapse issues but may be able to self-manage with support.
- 3 - Has little or poor recognition and understanding of relapse issues and has poor coping skills to prevent relapse
- 4 – Has repeated Tx episodes, with little positive effect and has no coping skills to prevent relapse

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

Meet Megan!



- Reports longest period of abstinence as one week, over 6 months ago but less than a year
- Relates when she last stopped using, she experienced a seizure and spent a few days in the hospital.
- Reports no support system
- Relates she uses alcohol to deal with her symptoms of depression

What is Megan's **Dimension 5** risk rating?

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

Meet Megan!



- Reports longest period of abstinence as 72 hours, over 6 months ago but less than a year
- Relates when she last stopped using, she experienced a seizure and spent a few days in the hospital.
- Reports no support system
- Relates she uses alcohol to deal with her symptoms of depression

What is Megan's **Dimension 5** risk rating? **3**

Dimension 6:

Recovery/Living Environment

Assessment Considerations:

- Do any family members, or significant others, living situations pose a threat to the person's safety or engagement in treatment?
 - Also consider work and/or school environments
- Does the patient have supportive friendships, financial resources, or educational/ vocational resources that can increase the likelihood of successful recovery?
- Are there legal, vocational, regulatory, social service agency or criminal justice mandates that may enhance the person's motivation for engagement in treatment?
- Are there transportation, childcare, housing, or employment issues that need to be clarified and addressed?

Severity Ratings:

- 0 - Supportive recovery environment and has skills to cope with stressors
- 1 - Recovery environment is not supportive, but with structure and support he/she can cope
- 2 - Recovery environment is not supportive but with structure, support and relief from the home environment he/she can cope
- 3 – Recovery environment is not supportive and has limited ability to cope even with clinical support.
- 4 – Recovery environment is not supportive/toxic/hostile, patient lacks skills to cope outside of a highly structured environment

Dimension 6: Recovery/Living Environment

Meet Megan!



- Relates she lost job due to coming to work intoxicated
- Lost home soon after she lost employment and now resides at the shelter
- Reports no support system but relates she met a women at the shelter that she sometimes drinks with
- No children, divorced 3 years ago and she doesn't speak to her family

What is Megan's **Dimension 6** risk rating?

Dimension 6: Recovery/Living Environment

Meet Megan!

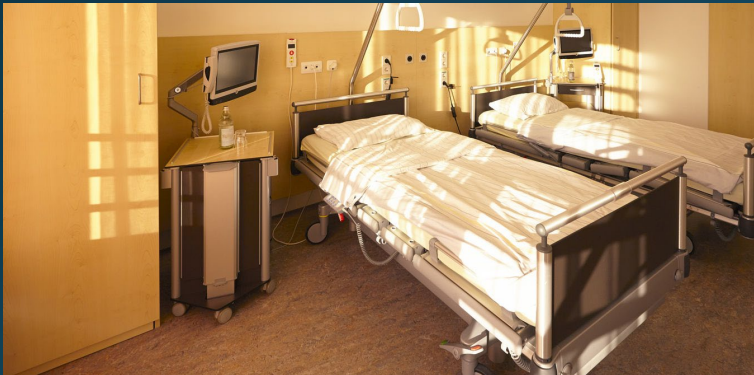


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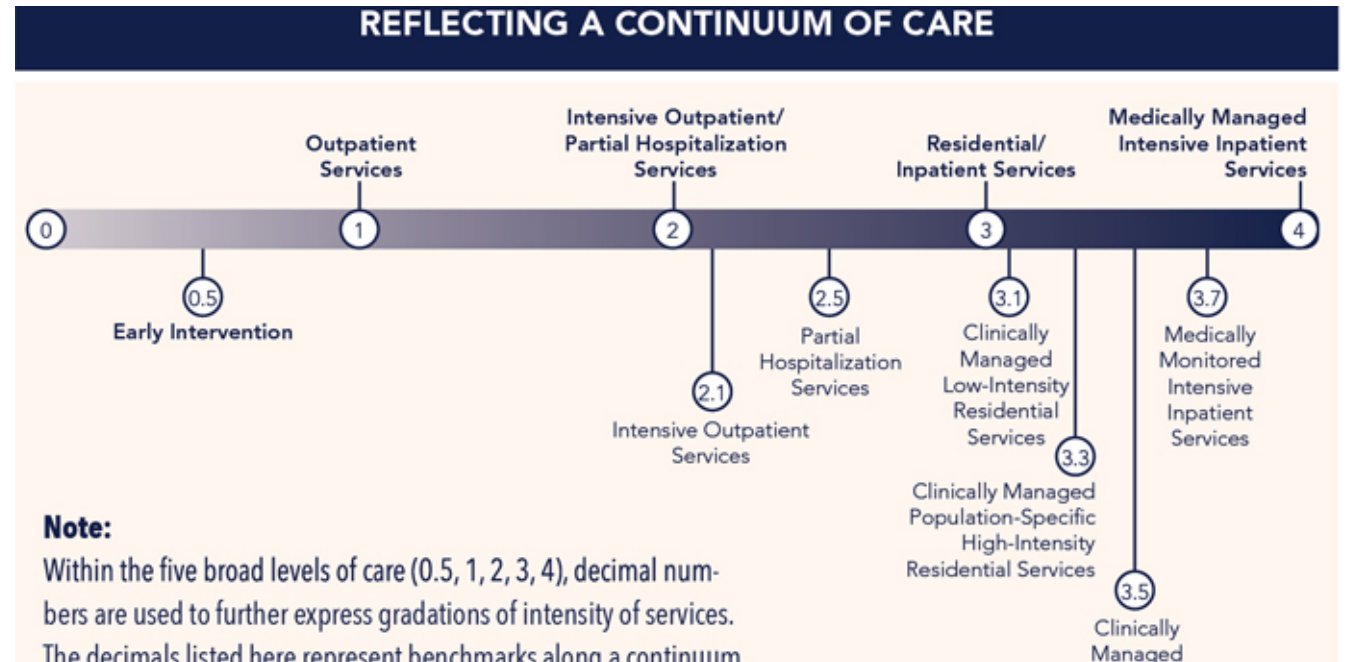
What is Megan's Dimension 6 risk rating? **3**

ASAM Continuum of Care

ASAM Levels of Care:



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ASAM Level of Care: 0.5 Early Intervention

- ▶ Adults and Adolescents
- ▶ This level of care constitutes a service for individuals who, for a known reason, are at risk of developing substance-related problems, or a service for those for whom there is not yet sufficient information to document a diagnosable substance use disorder.
- ▶ Services could include:
 - ▶ One-one counseling
 - ▶ Drug-free workplace initiatives
 - ▶ (SBIRT) Screening, Brief Intervention, and Referral to Treatment
 - ▶ Employee Assistance Programs



ASAM Level of Care 1.0: Outpatient Services

Level 1 encompasses organized services that may be delivered in a wide variety of settings

Adolescents and adults

This level of care typically consists of less than 9 hours of service/week for adults, or less than 6 hours a week for adolescents

If ambulatory withdrawal management is appropriate, occurs without extended on-site monitoring

Services could include:

- Individual and group psychotherapy
- Psychoeducational Services
- Family and adjunctive therapies
- Nursing Services
- Ambulatory WM
- Medication Management
- Medicated Assisted Treatment
- Laboratory/Toxicology Services



ASAM Level of Care 2: Crisis Stabilization/ Intensive Outpatient

- ▶ Level 2 encompasses services that are capable of meeting the complex needs of people with addiction and co-occurring conditions.
- ▶ It is an organized outpatient service that delivers treatment services during the day, before or after work or school, in the evening, and/or on weekends.
- ▶ If ambulatory withdrawal management is appropriate, occurs with extended on-site monitoring

ASAM Level of Care 2:

ASAM Level 2.1-IOP

- ▶ Called Intensive Outpatient Treatment
- ▶ Adolescents and adults
- ▶ This level of care typically consists of 9 or more hours of service a week for adults and 6 or more hours for adolescents
- ▶ Treating multidimensional instability.
- ▶ Services could include:
 - ▶ Individual and group psychotherapy
 - ▶ Psychoeducational Services
 - ▶ Family and adjunctive therapies
 - ▶ Nursing Services
 - ▶ Medication Management
 - ▶ Medicated Assisted Treatment
 - ▶ Laboratory/Toxicology Services

ASAM Level 2.5-PHP

- ▶ Called Partial Hospitalization
- ▶ Adolescents and adults
- ▶ This level of care typically provides 20 or more hours of service a week
- ▶ Treating multidimensional instability that does not require 24-hour care.
- ▶ Services could include:
 - ▶ Individual and group psychotherapy
 - ▶ Psychoeducational Services
 - ▶ Family and adjunctive therapies
 - ▶ Nursing Services
 - ▶ Medication Management
 - ▶ Medicated Assisted Treatment
 - ▶ Laboratory/Toxicology Services

- ▶ Level 3 encompasses residential services that are described as co-occurring capable, co-occurring enhanced, and complexity capable services, which are staffed by designated addiction treatment, mental health, and general medical personnel who provide a range of services in a 24-hour living support setting.
- ▶ At this level, withdrawal management can be either clinically or medically monitored.

ASAM Level of Care 3: Residential/Inpatient Services

ASAM Levels of Care:

ASAM Level 3.1-Low-Intensity Residential

- Called Clinically Managed Low-Intensity Residential Services
- Adolescent and adult level of care typically provides a 24- hour living support and structure with available trained personnel
- Offers at least 5 hours of clinical service a week.
- Services could include:
 - Individual and group psychotherapy
 - Psychoeducational Services
 - Family and adjunctive therapies
 - Nursing Services
 - Medication Management
 - Medicated Assisted Treatment
 - Laboratory/Toxicology Services
 - Housing and community resource building

ASAM Level 3.3-Population Specific Residential

- Called Clinically Managed Population-Specific High-Intensity Residential Services,
- Adult only level of care typically offers 24-hour care with trained counselors to stabilize multidimensional imminent danger along with less intense milieu
- Group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community.
- Services could include:
 - Individual and group psychotherapy
 - Psychoeducational Services
 - Family and adjunctive therapies
 - Nursing Serviced
 - Medication Management
 - Medicated Assisted Treatment
 - Laboratory/Toxicology Services
 - Housing and community resource building

ASAM Levels of Care:

ASAM Level 3.5-High-Intensity Residential

- ▶ Called Clinically Managed Medium-Intensity Residential Services for adolescents and Clinically Managed High-Intensity Residential Services for adults.
- ▶ This level of care provides 24-hour medical care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment.
- ▶ Patients in this level are able to tolerate and use full active milieu or therapeutic communities.
- ▶ Services could include:
 - ▶ Individual and group psychotherapy
 - ▶ Psychoeducational Services
 - ▶ Family and adjunctive therapies
 - ▶ Nursing Services
 - ▶ Medication Management
 - ▶ Medicated Assisted Treatment
 - ▶ Laboratory/Toxicology Services
 - ▶ Housing and community resources

ASAM Level 3.7-High-Intensity Inpatient Services

- ▶ Called the Medically Monitored High-Intensity Inpatient Services for adolescents and Medically Monitored Intensive Inpatient Services Withdrawal Management for adults
- ▶ This level of care provides 24-hour nursing care with a physician's availability for significant problems in Dimensions 1, 2, or 3.
- ▶ This is the appropriate setting for patients with subacute biomedical and emotional, behavioral, or cognitive problems that are so severe that they require inpatient treatment.
- ▶ Services could include:
 - ▶ Individual and group psychotherapy
 - ▶ Psychoeducational Services
 - ▶ Family and adjunctive therapies
 - ▶ Nursing Services
 - ▶ Medication Management
 - ▶ Medicated Assisted Treatment
 - ▶ Laboratory/Toxicology Services

ASAM Levels of Care 4:

ASAM Level 4.0-Intensive Inpatient Services

- Called Medically Managed Intensive Inpatient Services for adolescents and adults
- This level of care offers 24-hour nursing care and daily physician care for severe, unstable problems in ASAM Dimensions 1, 2 or 3.
- Counseling is available 16 hours a day to engage patients in treatment. Offers at least 5 hours of clinical service a week.
- Services could include:
 - Individual and group psychotherapy
 - Psychoeducational Services
 - Family and adjunctive therapies
 - Nursing Services
 - Medication Management
 - Medicated Assisted Treatment
 - Laboratory/Toxicology Services



Matching Multidimensional Severity and Level of Function with Type and Intensity of Service



Patient Placement Criteria

ASAM Severity Risk Rating Scale:

Risk Rating	0	This rating would indicate a non-issue or very low risk issue. Any chronic issues would be mostly or entirely stabilized.	Low Moderate High
	1	This rating would indicate a mildly difficult issue or present minor signs and symptoms. Any chronic issues would be able to be resolved in a short period of time.	
	2	This rating would indicate moderate difficulty in functioning. However somewhat persistent chronic issues, relevant skills or supports may be present.	
	3	This rating would indicate a serious issue or difficulty coping within a given dimension. May be considered in or near "imminent danger."	
	4	This rating would indicate issues of utmost severity. Critical impairments are present in coping and functioning and indicate "imminent danger."	

Remember Megan?



AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT			Sarah's Risk Ratings:
ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:			
1	DIMENSION 1	Acute Intoxication and/or Withdrawal Potential Exploring an individual's past and current experiences of substance use and withdrawal	3
2	DIMENSION 2	Biomedical Conditions and Complications Exploring an individual's health history and current physical condition	2
3	DIMENSION 3	Emotional, Behavioral, or Cognitive Conditions and Complications Exploring an individual's thoughts, emotions, and mental health issues	2
4	DIMENSION 4	Readiness to Change Exploring an individual's readiness and interest in changing	1
5	DIMENSION 5	Relapse, Continued Use, or Continued Problem Potential Exploring an individual's unique relationship with relapse or continued use or problems	3
6	DIMENSION 6	Recovery/Living Environment Exploring an individual's recovery or living situation, and the surrounding people, places, and things	3

ASAM PPC-2R RISK RATING CROSSWALK

ASAM Patient Placement Criteria (PPC) for the Treatment of Substance-Related Disorders - Adult

	0	1	2	3	4
1 <i>Acute Intoxication and/or Withdrawal Potential</i>	Fully functioning, no signs of intoxication or withdrawal present.	Mild to moderate intoxication interferes with daily functioning, but does not pose a danger to self or others. Minimal risk of severe withdrawal.	Intoxication may be severe, but responds to support; not posing a danger to self or others. Moderate risk of severe withdrawal.	Severe s/s of intoxication indicates an imminent danger to self or others. Risk of severe but manageable withdrawal; or withdrawal is worsening.	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).
2 <i>Biomedical Conditions and Complications</i>	Fully functioning and able to cope with any physical discomfort or pain.	Adequate ability to cope with physical discomfort. Mild to moderate symptoms (such as mild to moderate pain) interfere with daily functioning.	Some difficulty tolerating physical problems. Acute, non-life threatening medical symptoms are present. Serious biomedical problems are neglected.	Serious medical problems are neglected during outpatient treatment. Severe medical problems are present but stable. Poor ability to cope with physical problems.	The patient is incapacitated, with severe medical problems.
3 <i>Emotional, Behavioral or Cognitive (EBC) Conditions and Complications</i>	Good impulse control and coping skills and sub-domains (dangerousness/lethality, interference with recovery efforts, social functioning, self-care ability, course of illness).	There is a suspected or diagnosed EBC condition that requires intervention, but does not significantly interfere with tx. Relationships are being impaired but not endangered by substance use.	Persistent EBC condition, with symptoms that distract from recovery efforts, but are not an immediate threat to safety and do not prevent independent functioning.	Severe EBC symptomatology, but sufficient control that does not require involuntary confinement. Impulses to harm self or others, but not dangerous in a 24-hr 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.
4 <i>Readiness to Change</i>	Willing, engaged in treatment.	Willing to enter treatment, but is ambivalent about the need for change. Or willing to change substance use, but believes it will not be difficult to do so.	Reluctant to agree to treatment. Able to articulate negative consequences of usage but has low commitment to change use. Only passively involved in treatment.	Unaware of the need for change, minimal awareness of the need for treatment, and unwilling or only partially able to follow through with recommendations.	Not willing to explore change, knows very little about addiction, and is in denial of the illness and its implications. Unable to follow through with recommendations.
	<i>Mental Health</i> Willingly engaged in tx* as a proactive, responsible participant; willing to change mental functioning & behavior.	<i>Mental Health</i> Willing to enter tx and explore strategies for changing mental functioning but is ambivalent about the need for change. Willing to explore the need for strategies to deal with mental disorders. Participation in mental health tx is sufficient to avert mental decompensation. <i>Ex: ambivalent about taking meds but generally follows tx recommendations.</i>	<i>Mental Health</i> Reluctant to agree to tx for mental disorders. Is able to articulate the negative consequences of mental health problems but has low commitment to therapy. Has low readiness to change and passively involved in tx. <i>Ex: variable attendance to therapy or with taking medication.</i>	<i>Mental Health</i> Exhibits inconsistent follow through and shows minimal awareness of mental disorder or need for tx. Unaware of the need for change and is unwilling or partially able to follow through with recommendations.	<i>Mental Health</i> A. No immediate Action Required: Unable to follow through has little or no awareness of a mental disorder or negative consequences. Sees no connection between suffering and mental disorder. Is not imminently dangerous or unable to care for self. Unwilling to explore change and is in denial regarding their illness and its implications. B. Immediate Action Required: Unable to follow

					through with recommendations. Behavior represents an imminent danger of harm to self and others. Unable to function independently or engage in self-care.
5 Relapse, Continued Use, or Continued Problem Potential	Low or no potential for relapse, good coping skills.	Minimal relapse potential, with some vulnerability, and has fair self management and relapse prevention skills.	Impaired recognition and understanding of substance use relapse issues, but is able to self manage with prompting.	Little recognition and understanding of substance use relapse issues, and poor skills to interrupt addiction problems, or to avoid or limit relapse.	No skills to cope with addiction problems, or to prevent relapse. Continued addictive behavior places self and/or others in imminent danger.
	<i>Mental Health</i>	<i>Mental Health</i>	<i>Mental Health</i>	<i>Mental Health</i>	<i>Mental Health</i>
	No potential for further mental health problems or low potential and good coping skills.	Minimal relapse potential with some vulnerability and fair self management & relapse prevention skills.	Impaired recognition & understanding of mental illness relapse issues, but is able to self-manage.	Little recognition or understanding of mental illness relapse issues & poor skills to cope with mental health problems.	A. No immediate action required: Repeated tx episodes with little positive effect. No skills to cope with or interrupt mental health problems. Not in imminent danger and is able to care for self. B. Immediate action required: No skills to arrest the mental health disorder or relapse of mental illness. Psychiatric disorder places them in imminent danger.
6 Recovery Environment	Supportive environment and/or able to cope in environment.	Passive support or significant others are not interested in patient's addiction recovery, but is not too distracted by this and is able to cope	The environment is not supportive of addiction recovery but, with clinical structure, able to cope most of the time.	The environment is not supportive of addiction recovery and the patient finds coping difficult, even with clinical structure.	The environment is chronically hostile and toxic to recovery. The patient is unable to cope with the negative effects of this environment on recovery, and the environment may pose a threat to the patient's safety.
	<i>Mental Health</i>	<i>Mental Health</i>	<i>Mental Health</i>	<i>Mental Health</i>	<i>Mental Health</i>
	Has a supportive environment or is able to cope with poor supports.	Has passive supports or significant others not interested in improved mental health but they are able to cope.	Environment is not supportive of good mental health but, with clinical structure, they are able to cope most of the time.	Environment is not supportive of good mental health and they find coping difficult, even with clinical structure.	A. No immediate action required: Environment is not supportive and is chronically hostile and toxic to good mental health. Able to cope with the negative effects of the environment on their recovery. B. Immediate Action Required: Environment is not supportive and is chronically hostile to a safe mental health environment posing an immediate threat to their safety and well being. (ex

ASAM Patient Placement Criteria

L1-
Outpatient

Dimensions 1-6 are typically rated at “0” or “1”

L2- WM

Dimensions 1, 2 are typically rated at a “2” or “3”

L2.1-IOP

Dimensions 1, 2 are typically rated at “0” or “1”
Dimension 3 is typically rated at a “1” or “2”
Dimensions 4-6 are typically rated at a “3” or “4”

L2.5-PHP

Dimensions 1 are typically rated at “0” or “1”
Dimension 2-3 is typically rated at a “2” or “3”
Dimensions 4-6 at least one rating of “3” or “4”

ASAM Patient Placement Criteria

L3.1- Low-
Intensity
Residential

Dimensions 1, 2 are typically rated at "0" or "1"
Dimension 3 is typically rated at a "2" or "3"
Dimensions 4-6 are typically rated at a "3" or "4"

L3.3/3.5-
High-
Intensity
Residential

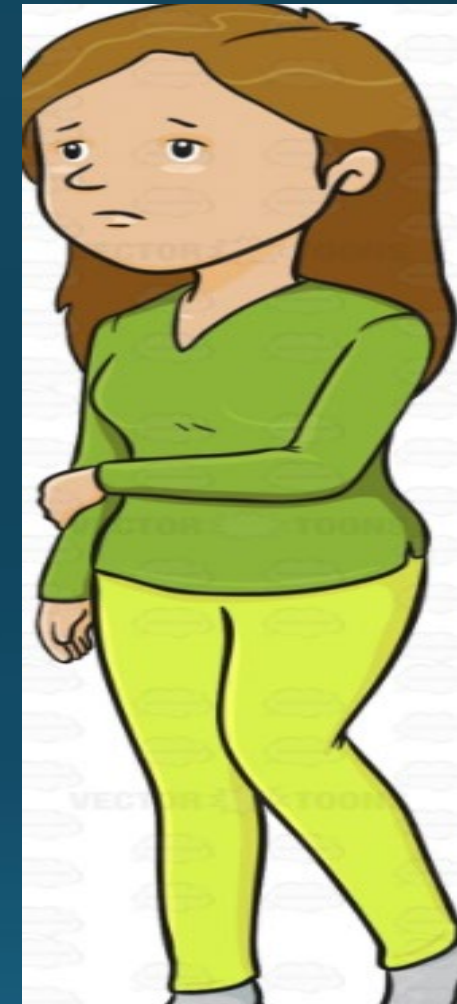
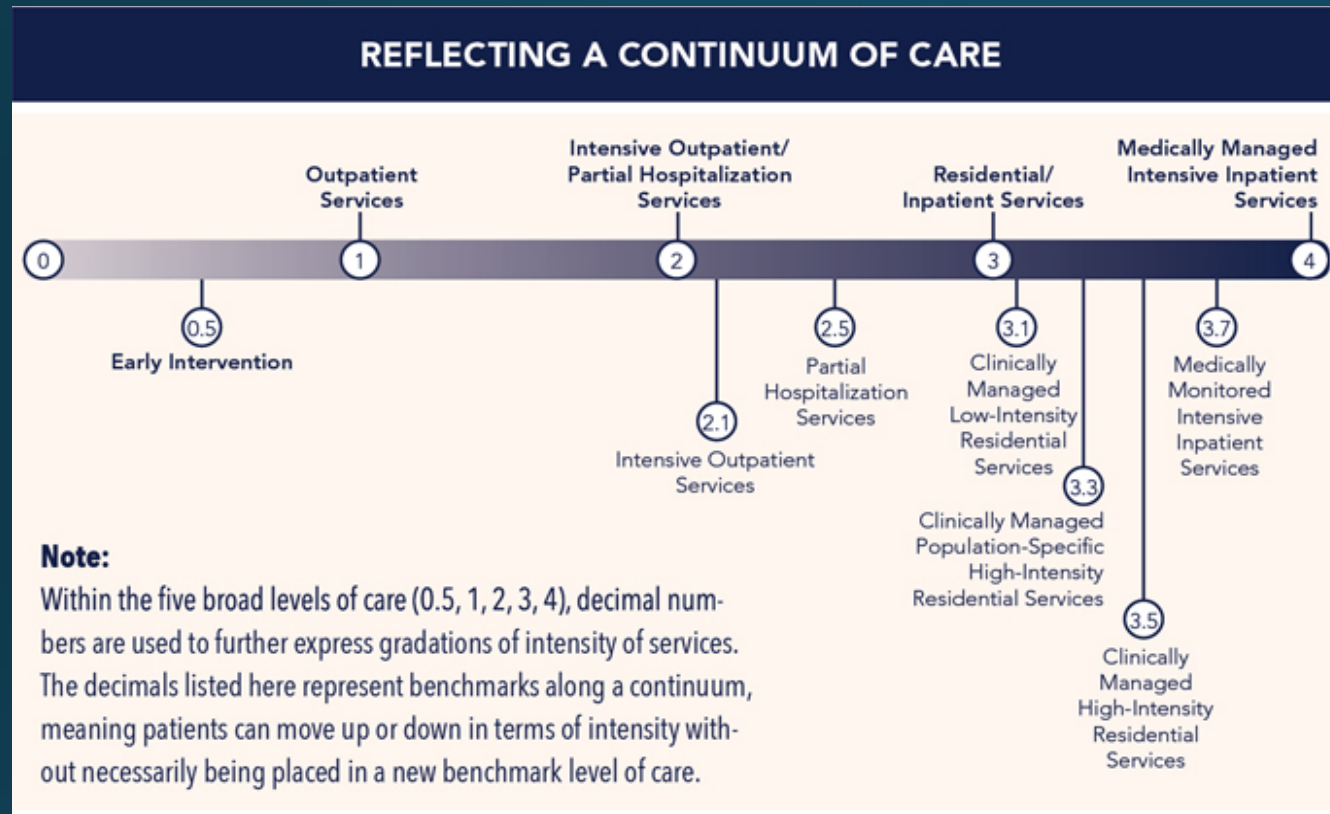
Dimensions 1, 2 are typically rated at "1" or "2"
Dimension 3-6 are typically rated at a "3" or "4"

L3.7
Medically
Monitored
Inpatient

Dimensions 1-2 has at least one rated at "3"
Dimension 3-6 are typically rated at a "3" or "4"

L4.0 Intensive
Medically
Monitored
Inpatient

Dimensions 1-3 at least one rating of "3" or "4"
Risk ratings in dimensions 4-6 are not sufficient alone for placement in this level of care.



What is the best treatment setting for Megan along the ASAM continuum of care?

References:

- *The ASAM Criteria Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions.* 3rd ed., American Society of Addiction Medicine , 2013.
- Kovich, Johnna, Schafer, M., Oct 2021, "ASAM Crosswalk" Premier Health Grand Rounds

Questions?



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ASAM Patient Placement Criteria

(One Pager)

- ▶ Level 1-Outpatient
 - ▶ Dimensions 1-6 are typically rated at “0” or “1”
- ▶ Level 2-Withdrawal Management
 - ▶ Dimensions 1, 2 are typically rated at a “2” or “3”
- ▶ Level 2.1-Intensive Outpatient
 - ▶ Dimensions 1, 2 are typically rated at “0” or “1”
 - ▶ Dimension 3 is typically rated at a “1” or “2”
 - ▶ Dimensions 4-6 are typically rated at a “3” or “4”
- ▶ Level 2.5-Partial Hospitalization
 - ▶ Dimensions 1 are typically rated at “0” or “1”
 - ▶ Dimension 2-3 is typically rated at a “2” or “3”
 - ▶ Dimensions 4-6 at least one rating of “3” or “4”
- ▶ Level 3.1- Low-Intensity Residential
 - ▶ Dimensions 1, 2 are typically rated at “0” or “1”
 - ▶ Dimension 3 is typically rated at a “2” or “3”
 - ▶ Dimensions 4-6 are typically rated at a “3” or “4”
- ▶ Level 3.3/3.5-High-Intensity Residential
 - ▶ Dimensions 1, 2 are typically rated at “1” or “2”
 - ▶ Dimension 3-6 is typically rated at a “3” or “4”
- ▶ Level 3.7 Medically Monitored Inpatient
 - ▶ Dimensions 1-2 typically has at least one rated at “3”
 - ▶ Dimension 3-6 is typically rated at a “3” or “4”
- ▶ Level 4.0 Intensive Medically Monitored Inpatient
 - ▶ Dimensions 1-3 at least one rating of “3” or “4”
 - ▶ Risk ratings in dimensions 4-6 are not sufficient alone for placement in this level of care.

Thank
you!