

Recovery Residences and the Fourth Edition of the ASAM Criteria

- Paul H. Earley, M.D., DFASAM
- Beth Fisher Sanders LCSW, LCAS, MAC, CCS
- 1 February 2024

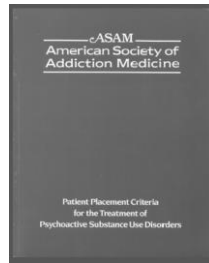


Objectives:
Upon webinar
completion
participants
will:

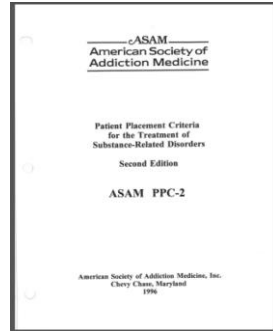
1. Have introductory knowledge of the ASAM Criteria and how it is used for level of care placement.
2. Contrast medical/clinical services to social model recovery support services and understand how both are optimally utilized in a continuum of care.
3. Identify the different types of recovery residences and how they are implemented to align with individual treatment and recovery needs.

History of The ASAM Criteria

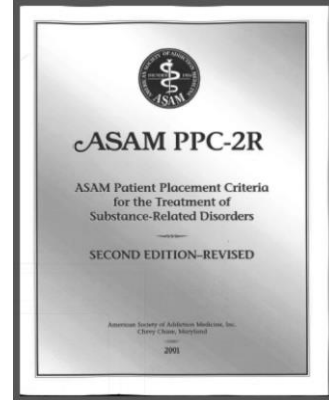
1991



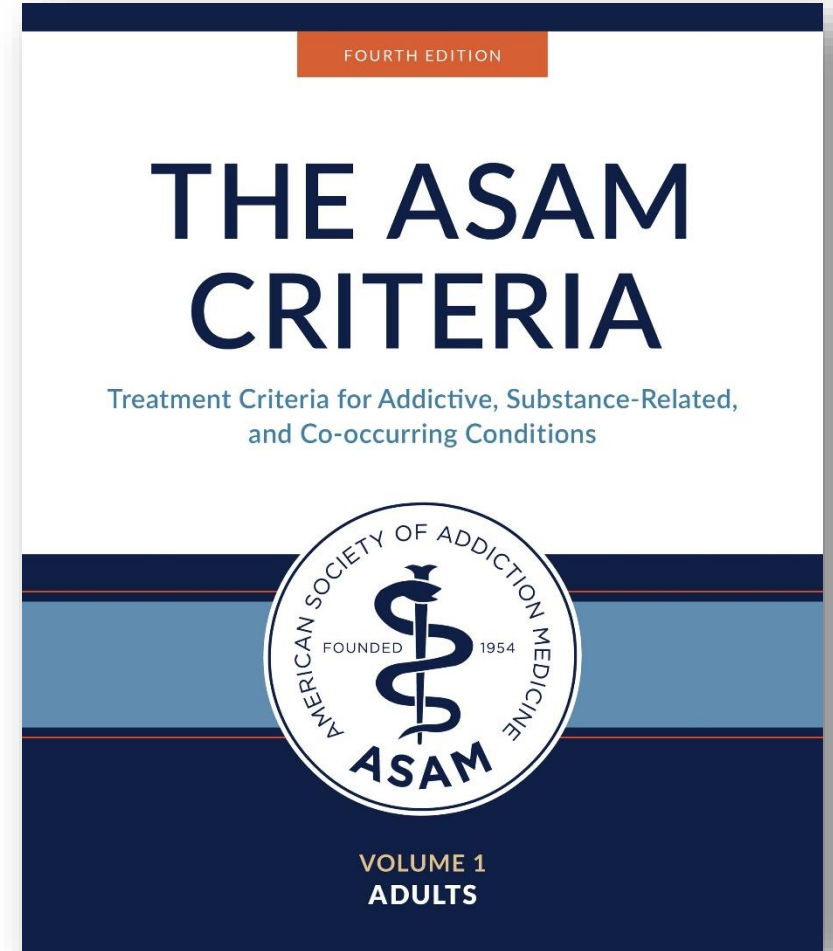
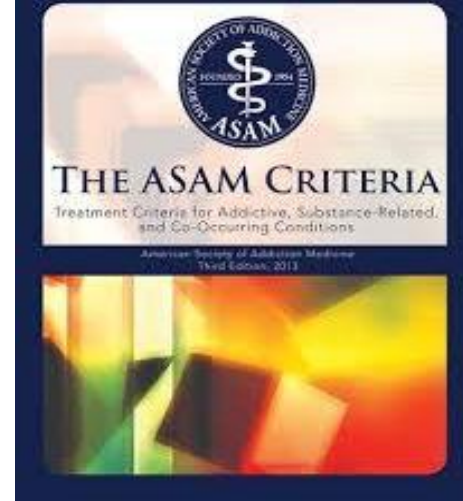
1996



2001



2013



The ASAM Criteria structure care and provide consistency by:



Assessing patients' biopsychosocial circumstances to identify the appropriate level of care



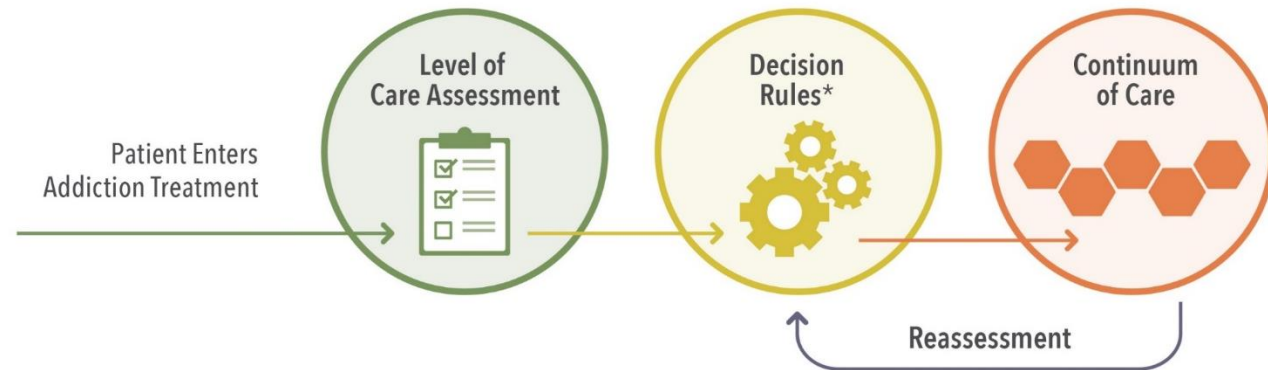
Developing holistic, individualized, and patient-centered treatment plans



Defining the services that should be available at each level of care

The Core Components of The ASAM Criteria

Core Components of *The ASAM Criteria*



* Decision rules include the Dimensional Admission Criteria and the transition and continued service criteria.

Principles of The ASAM Criteria

- Admission into treatment is based on patient needs, not arbitrary prerequisites
- A multidimensional assessment addresses the broad biological, psychological, social, and cultural factors that contribute to addiction and recovery
- Treatment plans are individualized and based on patient needs and preferences
- Care is interdisciplinary, evidence-based, patient-centered, and delivered from a place of empathy
- Co-occurring conditions are expected, and the care integrated, they are not an exception
- Patients move along the continuum of care based on their progress, not predetermined lengths of stay
- Informed consent and shared decision-making accompany treatment decisions

ASAM Criteria Assessments

- The ASAM Criteria Level of Care Assessment is used to determine the recommended level of care at the time the assessment is administered.
- The ASAM Criteria Treatment Planning Assessment informs treatment planning.
- Both assessments are multidimensional and consider the patient's full biological, psychological, and sociocultural context.

Fourth Edition

1 Intoxication, Withdrawal, and Addiction Medications

2 Biomedical Conditions

3 Psychiatric and Cognitive Conditions

4 Substance Use-Related Risks

5 Recovery Environment Interactions

NEW

6 Person-Centered Considerations

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 Use¹
- Likelihood of Engaging in Risky SUD-Related Behaviors²

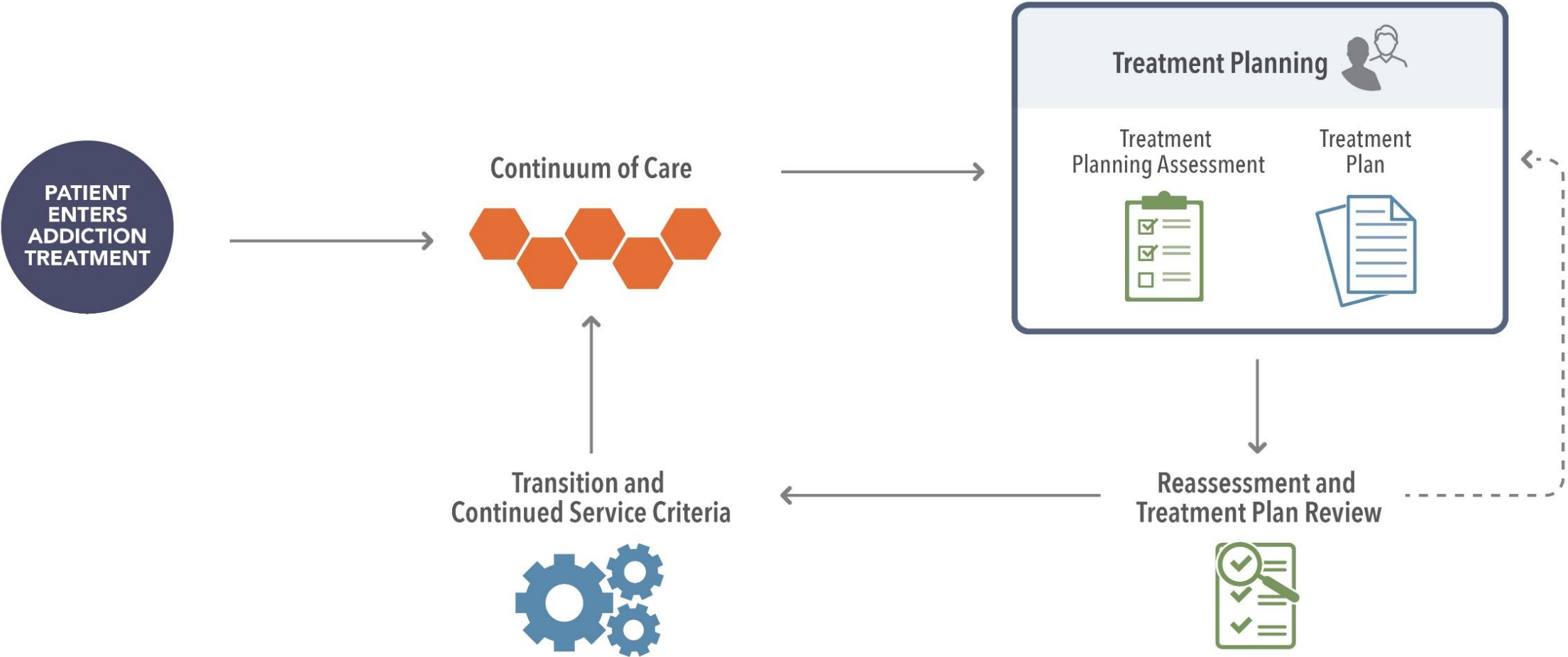
Dimension 5: Recovery Environment Interactions

- 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

Treatment Planning Assessment



The ASAM Criteria Continuum of Care for Adult Addiction Treatment

Level 4:
Inpatient

4 Medically Managed Inpatient
4 Psych

Level 3:
Residential

3.1 Clinically Managed Low-Intensity Residential

3.5 Clinically Managed High-Intensity Residential
3.5 COE

3.7 Medically Managed Residential
3.7 BIO 3.7 COE

Level 2:
IOP/HIOP

2.1 Intensive Outpatient (IOP)

2.5 High-Intensity Outpatient (HIOP)
2.5 COE

2.7 Medically Managed Intensive Outpatient
2.7 COE

Level 1:
Outpatient

1.0 Long-Term Remission Monitoring

1.5 Outpatient Therapy
1.5 COE

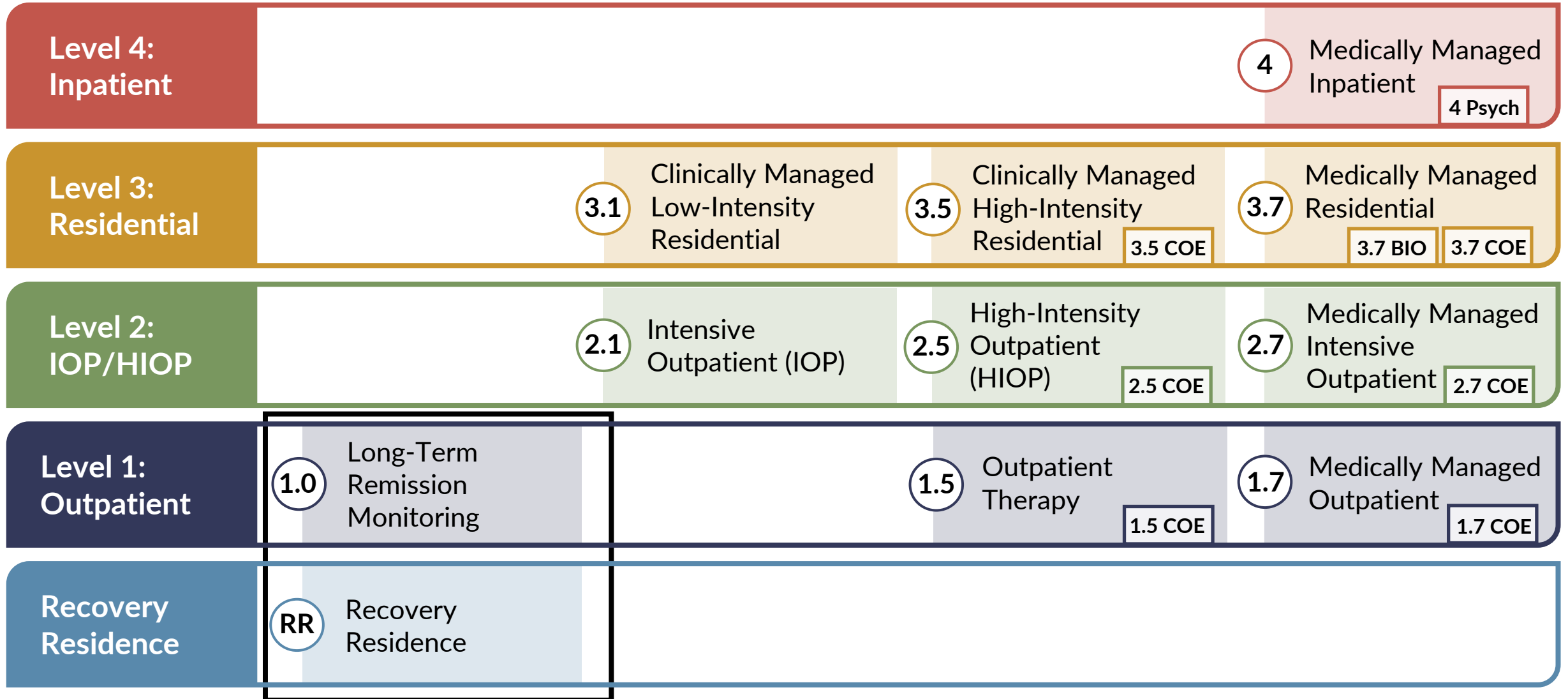
1.7 Medically Managed Outpatient
1.7 COE

Recovery Residence

RR Recovery Residence

Chronic Care Model

The ASAM Criteria Continuum of Care for Adult Addiction Treatment



Residential Treatment and Recovery Residence Continuum of Care*

Level 3: Residential

3.1 Clinically Managed
Low-Intensity
Residential†

3.5 Clinically Managed
High-Intensity
Residential

3.7 Medically Managed
Residential

Recovery Residence

RR Type S (Supervised)

RR Type M (Monitored)

RR Type P (Peer-Run)

Residential treatment programs (ie, Level 3) and recovery residences provide a continuum of residential services and support. Types of recovery residences may include Type P, Type M, and Type S, with Type S recovery residences providing the greatest amount of structure and supervision.

* Developed in coordination with the National Alliance for Recovery Residences (NARR).

† NARR Type C (Clinical) programs are equivalent to *The ASAM Criteria* Level 3.1 that applies the social model.

A Continuum of Care: Clinical to Social Model Environments

Clinical

- Professional (licensed) staff directs and prescribes
- 'Care' setting
- Time limitations externally determined
- Treatment language and services

Social Model

- Peer-based community empowers, models and guides
- Home-like setting
- Length of stay is self-determined with community input and support
- Recovery language and services

Recovery Residence

A sober, safe and healthy living environment that promotes recovery from AOD use and related problems.

Social Model Recovery Support

- The setting is the service
- Interconnections amongst individuals and with the environment
- Reciprocal responsibility and harmony
- Peer and community

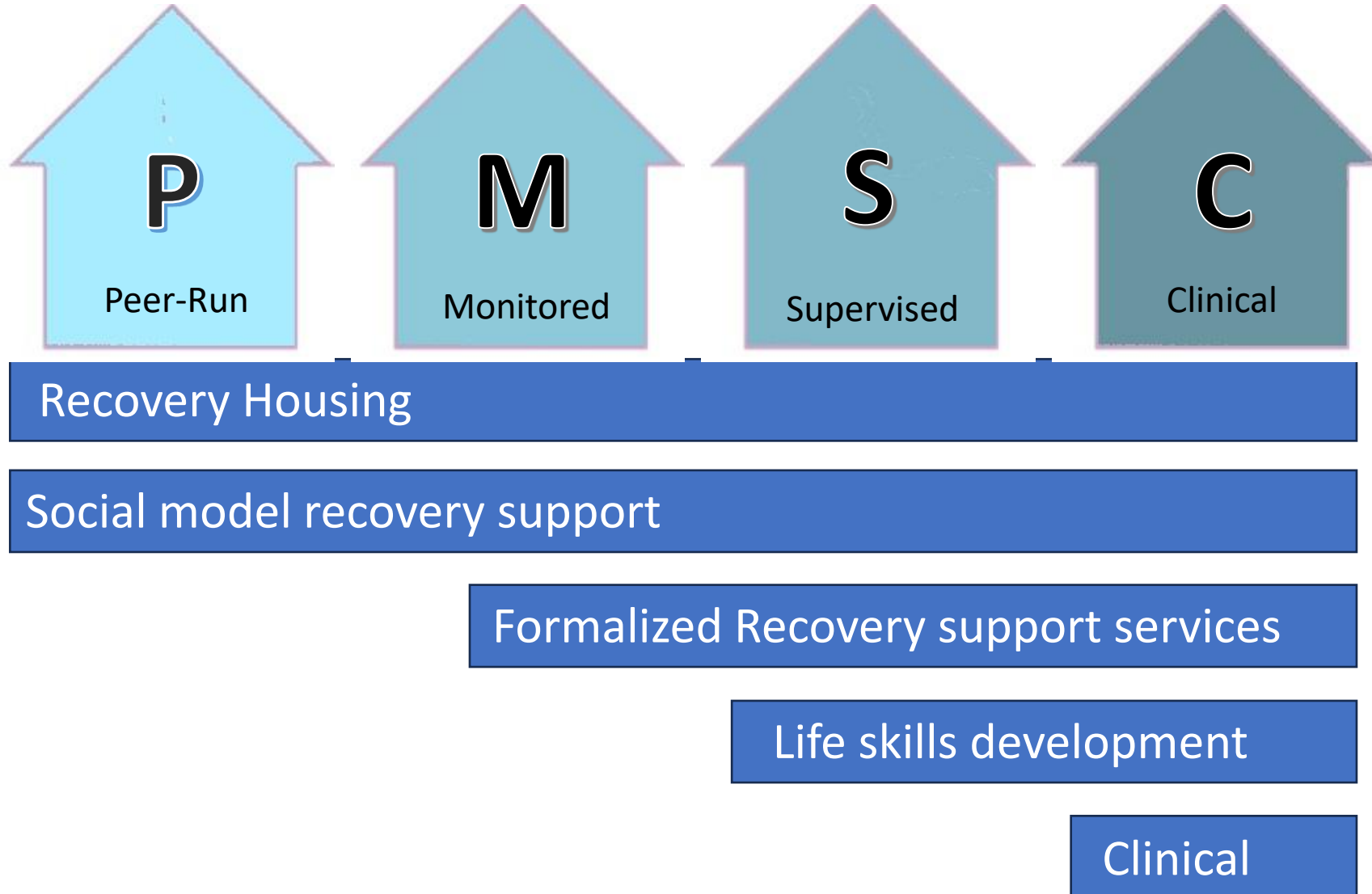


Recovery Residences Foster Recovery through the Social Model of Recovery

Executed properly, recovery residences:

- Provide an environment that protects the participant from substance availability, social pressures to use, and substance cues (e.g., triggers for continued use).
- Allow time for the brain to reprogram a daily routine of engagement in recovery activities, overcoming ingrained patterns of substance use.
- Sustain a social norm that eschews the use of mood- altering chemicals and addiction behaviors.
- Promote mutual aid and experiential learning to build one's sense of connection, personal meaningfulness and pro-social role taking and leadership.
- Reinforce skills learned in clinically-driven care and support efforts to improve health and wellbeing.
- Provide opportunities to practice recovery skills and entrench healthy routines supported by a community of peers in 'real world' settings.
- Facilitating a transition from an expert-driven- to self-directed recovery.

Four Types (Levels) of RR Support



RECOVERY RESIDENCE TYPE

Recovery Residence Types	NARR Type			
Bundled Services	P	M	S	C*
Living environment free from alcohol and illicit substances	X	X	X	X
Mutual aid and social model milieu	X	X	X	X
Recovery support services delivered by professional staff †			X	X
Life skills development program			X	X
Treatment services				X

Governance and staffing

Democratically elected leaders	X			
Appointed resident leaders and/or managers		X	X	X
Trained and/or credentialed peers (Type S) or staff (Type C)			X	X
Supervised staff			X	X

† Recovery support services include formalized services delivered by paid staff

* RR Type C programs are a subtype of the ASAM criteria level 3.1 and should meet the level 3.1 service characteristics standards: Text in **bold** represents the primary differences between the two types of care. The unique addition of a governance structure within RR Type C, including resident leaders and/or managers, supports individual self-management skills and promotes each individual taking responsibility for the wider recovery community.

Evaluation Considerations for RR Placement



Recovery Capital



On-site Staffing



Governance



On-site support, structure and services

Implementation



A true chronic care model that includes Recovery Residences as a RSS – stakeholders may now consider investing in recovery as well as treatment.



Types of RR's defined by NARR allow for alignment of individual need to service in the referral process.



NARR promulgates the national quality Standard for all Types of RR's, state Affiliates provide quality assurance as well as collective outcomes data through the certification process.

Additional Tools

The ASAM Criteria

ASAM Criteria Software

ASAM CONTINUUM™

A computer-guided, structured clinical interview for assessing patients plus clinical decision support for making level of care recommendations based on The ASAM Criteria.

ASAM CO-TRIAGE®

A computer-guided referral tool with clinical decision support designed to generate an initial level of care recommendation where a patient can receive a comprehensive ASAM assessment.

ASAM Criteria® Navigator

ASAM has partnered with Change Healthcare to develop software for using *The ASAM Criteria* in utilization review and management workflows. *The ASAM Criteria Navigator* brings *The ASAM Criteria* into a structured, interactive tool for utilization management that helps streamline and improve the medical review process for substance use disorder patients.

<https://www.asam.org/asam-criteria/asam-criteria-software>

ASAM Criteria Interview Assessment Guide

- First publicly available standardized ASAM Criteria assessment
- Free to all clinicians
- Developed by ASAM in partnership with UCLA

THE ASAM CRITERIA ASSESSMENT INTERVIEW GUIDE
Adult

Notes to Interviewers:
If relevant (history of mental health issues are identified, consider how these relate to ED or call 911) if the patient is intoxicated or in withdrawal, it may be more appropriate to complete a full ASAM Criteria Assessment using their condition has been stabilized. Consider how these relate to medical evaluation or withdrawal management options.
Before we get started, can you tell me about why you have come to meet with me today?
Probe: How can I be of help? What are you seeking treatment for?

DIMENSION 1 - ACUTE INTOXICATION OR WITHDRAWAL POTENTIAL

1. I am going to read you a list of substances. Could you tell me which ones you have used, how long, how recently, and how you used them?

	NEVER USED	DURATION of withdrawal (Estimate hours and in terms of use)	FREQUENCY in last 30 days				ROUTE (select all that apply)					
			4-7 times/week	1-3 times/week	2-3 times/week	1-2 times/week	Oral	Inhaled	Injected	Rectal	Other (specify)	
ALCOHOL Date of last use: _____ Avg. drinks per drinking day: _____ In the last 30 days, how often have you had? (For example, 4 or more drinks on one occasion) For medical use, how often have you needed? _____	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HEROIN, FENTANYL, OR OTHER NON-PRESCRIPTION OPIOIDS Date of last use: _____	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PRESCRIPTION OPIOID MEDICATION ABUSE Specify type: _____ Have these medications been a daily prescription? <input type="radio"/> Yes <input type="radio"/> No Date of last use: _____	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BENZODIAZEPINES/OTHER SEDATIVES/ANXIOLYTICS/SLIPPING MEDICATION ABUSE What have you taken from a daily prescription? <input type="radio"/> Yes <input type="radio"/> No Date of last use: _____	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Note: This form is a guide to multiple-substance assessment and the assessment questions are ASAM Criteria Assessment.
Dimension 1

ASAM CRITERIA[®]

IMPLEMENTATION GUIDE

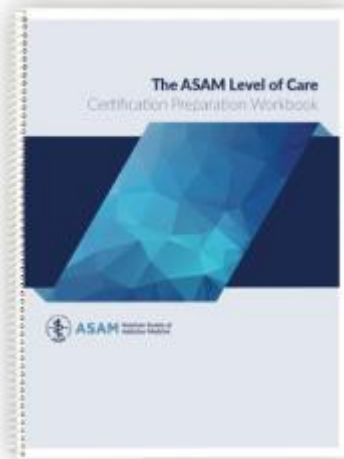
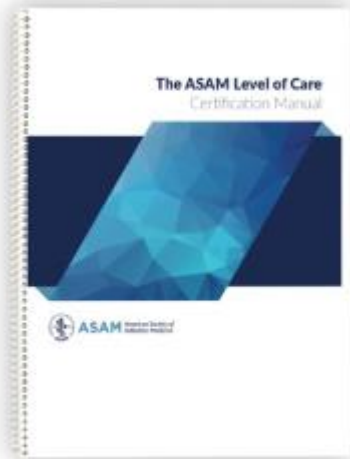


ASAM American Society of
Addiction Medicine

ASAM Criteria Implementation Guide

- Guides programs to more effectively implement *The ASAM Criteria*
- Uses the evidence-based NIATx model for process improvement
- Training and Consultation available through The Change Companies in partnership with NIATx

ASAM LEVEL OF CARE CERTIFICATION



- Administered by CARF International
- Assesses a treatment program's capacity to deliver an ASAM Level of Care
- ASAM's offers training and other educational resources to help programs prepare for certification
- CARF's accepts applications, conduct site surveys, and issues independent certification decisions

SPEAKING THE SAME LANGUAGE:

A Toolkit for Strengthening Patient-Centered
Addiction Care in the United States



Toolkit for Policymakers and other Stakeholders

- a comprehensive list of strategies and potential pathways that interested states can pursue for integrating The ASAM Criteria;
- an overview of existing implementation tools;
- examples from current state efforts, and
- model legislative, regulatory, and contractual language from which interested states can draw.

ASAM Criteria Training

Training and consolation on The ASAM Criteria is available through the following designated training organizations:



NARR
Standard 3.0
(2018)

10 Principles covering
four domains:

- 1) Administrative
- 2) Physical Environment
- 3) Recovery Support
- 4) Good Neighbor

narronline.org/resources

•

Questions and Discussion





www.fletchergroup.org

This report was supported by the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services (HHS) under grant number UD9RH33631-01-00 as part of an award totaling \$3.3 M with 0% financed with non-governmental sources. The contents are those of the authors and do not necessarily represent the official views of, nor endorsed by HRSA, HHS, or the US Government.