

ASAM Criteria 4th Edition: Framework and Roadmap for Integrating Recovery Housing and Supports

Center of Excellence in
Recovery Housing and Supports
March 2024



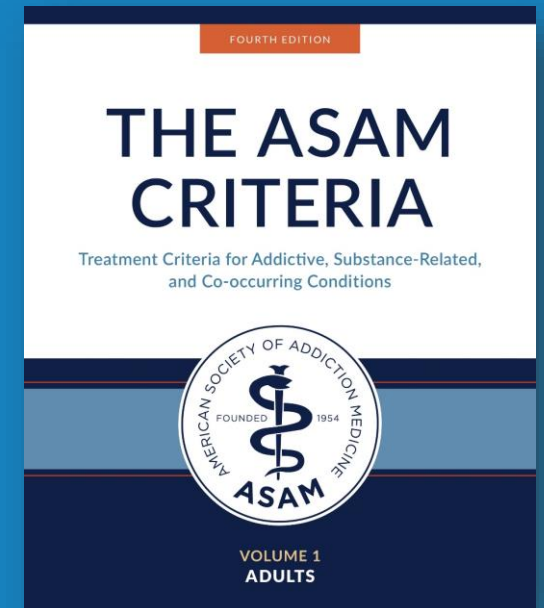
What We'll Talk About Today:

- Why ASAM 4th Edition is important to recovery services
- How ASAM's new chapter on recovery support services (RSS), including recovery housing (RH), characterizes the relationship of RSS and treatment
- Conceptual framework and research supporting RSS in ASAM Criteria
- Specific guidance to treatment providers in evaluating RSS needs and RH placement

Plenty of Time for Discussion and Q/A

What is the ASAM 4th Edition and why does it matter?

- Released in November 2023, the ASAM Criteria 4th Edition is the most widely used guidance for addiction treatment providers
- The 4th Edition first to recognize and promote referrals to recovery housing and recovery support services
- Per recent federal HHS survey, 45 state Medicaid programs use ASAM criteria for placement in SUD treatment services and programs
- At least 26 states and DC provide coverage for some services specified in the ASAM Criteria



ASAM's conceptual framework for recovery supports including housing?

Recovery Capital

- Underlying concept that supports integrating RSS in ASAM Criteria
- Clinical services and recovery support work in tandem to build recovery capital

Definition: Total resources available to a person to help them find and maintain their recovery, including the person's skills, abilities, and knowledge; resources to fulfill their basic needs and social and community support

Social Model Recovery Support

- 4th Edition notes that many recovery residences utilize a social model to guide their programs and structure, creating a therapeutic milieu in a community that reinforces skills and attitudes needed for sustained recovery

What evidence does ASAM point to regarding recovery supports (and why does it matter)?

ASAM references over 60 studies, systematic reviews, books, other resources

Individual Assessment of Recovery Capital

The Potential of Recovery Capital - Best and Laudet, 2010

<https://www.thersa.org/globalassets/pdfs/reports/a4-recovery-capital-230710-v5.pdf>

Development and validation of a Brief Assessment of Recovery Capital (BARC-10) for alcohol and drug use disorder.

Vilsaint, Kelly, et al – 2017

<https://www.sciencedirect.com/science/article/abs/pii/S0376871617302119?via%3Dihub>



ASAM cites evidence recovery supports

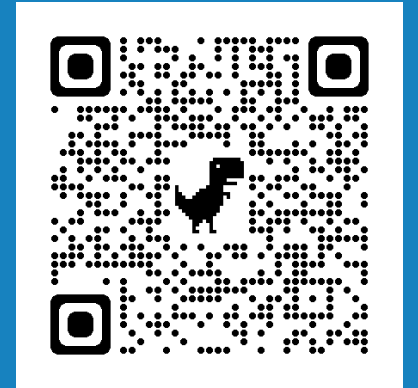
Social Model Recovery Support

Maximizing Social Model Principles in Residential Recovery Settings
Plocin, et al 2014

<https://www.tandfonline.com/doi/full/10.1080/02791072.2014.960112>

Moving Social Model Recovery Forward:
Recent Research on Sober Living Houses
Plocin, et al 2023

<https://www.tandfonline.com/doi/full/10.1080/07347324.2023.2167528?src=recsys>



What health system concepts are discussed that may be important to understand?

The Chronic Care Model

- Framework originally designed to improve the quality of care for patients with chronic diseases like diabetes and heart disease
- Components include self-management support, delivery system design, decision support, clinical information systems, organization of health, and community

Measurement Based Care (MBC)

- Systematic and routine assessment of a patient's symptoms and functioning inform treatment decisions and engage patients in their treatment

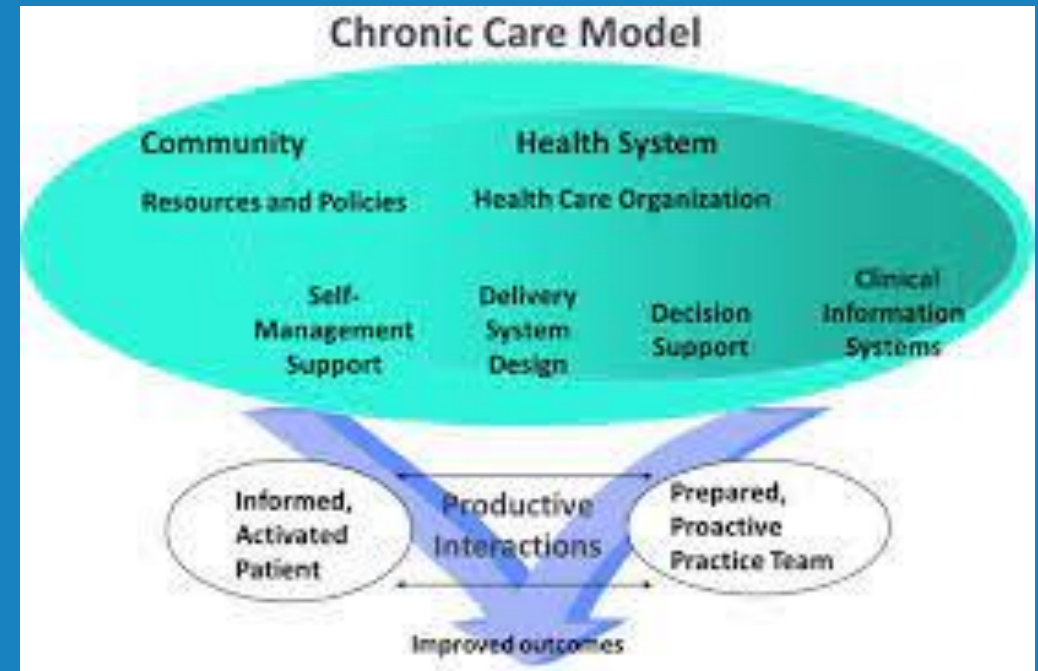
Addiction as a Chronic Illness

The 4th Edition recognizes addiction as a chronic illness and encourages treatment providers to adopt the Chronic Care Model in order to:

- Establish and encourage long term remission
- Provide recovery management checkups
- Include planned visits for remission monitoring in treatment plan
- Support rapid re-engagement into care when needed, acknowledging relapse can be part of the disease process

Partnerships between Treatment and Recovery Services are Explicit in the Chronic Care Model

- Integrated, team-based care
- Patients encouraged to participate in effective community programs
- Healthcare and community partnerships support interventions and fill gaps in needed services





A RECOVERY ECOSYSTEM

Begins with safe housing and grows from there



COMMUNITY

Stakeholders take pride in reuniting families, reviving local economies, and restoring meaning and purpose to life



DIVERSION

From punishment to connection and rehabilitation—with full criminal justice support



TREATMENT

A complete continuum of holistic, best-practice, on-demand care that's evidence-based and trauma-informed



SUPPORT

Peer support and mentorship builds relationships while instilling comradery, a strong work ethic, and full accountability



EMPLOYMENT

Vocational training and aggressive social enterprise create the recovery capital and meaningful employment critical to long-term recovery



PROOF

Continuous documentation of outcomes, aided by academic researchers, ensures quality control and never-ending improvement

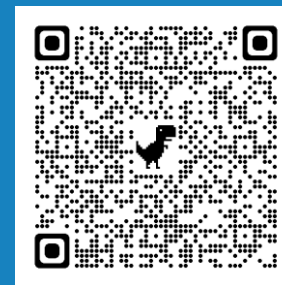
A COMPLETE SYSTEM OF EXCELLENCE

Based on Whole Health

Measurement-Based Care

Using the **Brief Assessment of Recovery Capital (BARC-10)** to assess an individual's resources and strengths to help recover from addiction:

- Based on a 50-item standardized measure, the Assessment of Recovery Capital (ARC)
- Well studied and validated 10-item, strength-based, self-report questionnaire
- 2-5 minutes to complete
- Scores range from 6-60
- Already widely in use (see example)



BARC-10



What is the BARC-10?

BARC-10 stands for **Brief Assessment of Recovery Capital-10**.

Recovery capital is the characteristics and assets that a person develops on the recovery journey from a substance use disorder. The BARC-10 is a validated questionnaire that assesses an individual's recovery capital through **10 questions** that measure **10 domains** of recovery capital. Below are the 10 domains and the question that measures that domain.



Substance Use & Sobriety

There are more important things to me in life than using substances.



Meaningful Activities

I regard my life as challenging and fulfilling without the need for using drugs or alcohol.



Global Psychological Health

In general, I am happy with my life.



Housing Status

My living space has helped to drive my recovery journey.



Global Physical Health

I have enough energy to complete the tasks I set for myself.



Risk-Taking Behavior

I take full responsibility for my actions.



Civic & Community Engagement

I am proud of the community I live in and feel a part of it.



Recovery Experience

I am making good progress on my recovery journey.



Coping & Life Functioning

I am happy dealing with a range of professional people.



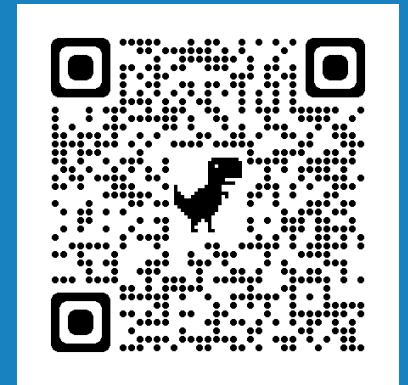
Social Support

I get lots of support from friends.

BARC-10 Items & Scoring

Instructions: On a scale of 1 (Strongly disagree) to 6 (Strongly agree), indicate your level of agreement with the following statements:

1. There are more important things to me in life than using substances.
2. In general I am happy with my life.
3. I have enough energy to complete the tasks I set myself.
4. I am proud of the community I live in and feel part of it.
5. I get lots of support from friends.
6. I regard my life as challenging and fulfilling without using drugs or alcohol.
7. My living space has helped to drive my recovery journey.
8. I take full responsibility for my actions.
9. I am happy dealing with a range of professional people.
10. I am making good progress on my recovery journey.

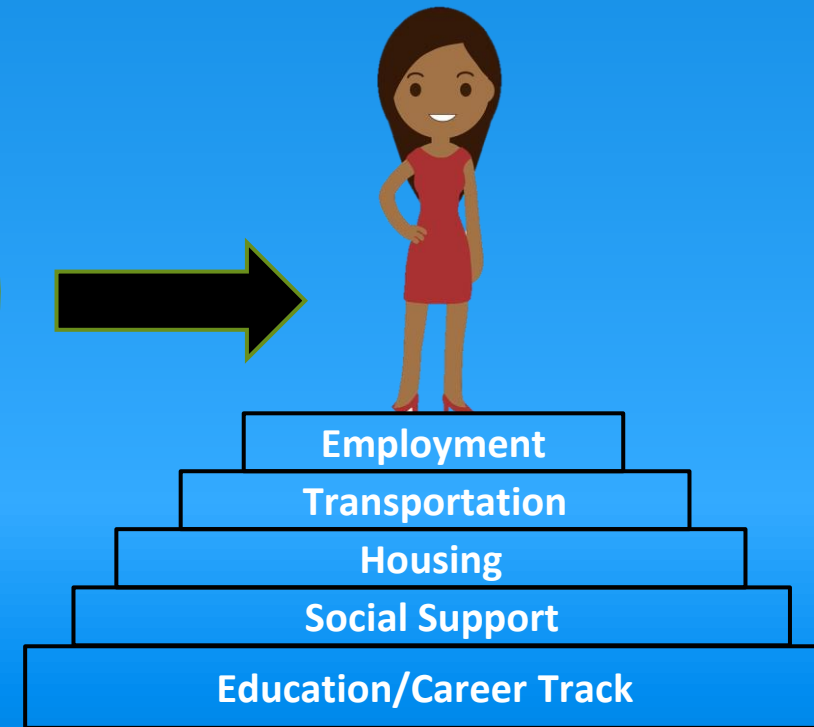
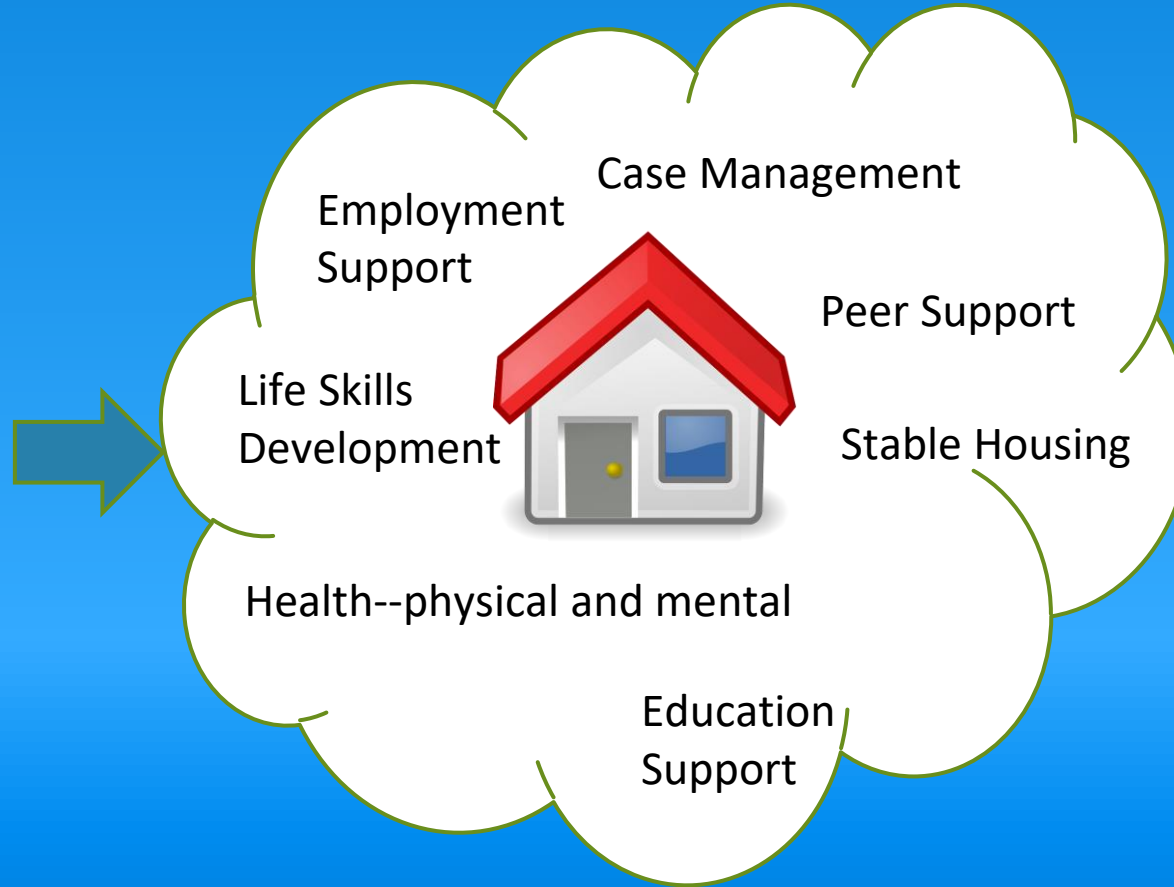


Link to BARC-10 one-pager and study citation

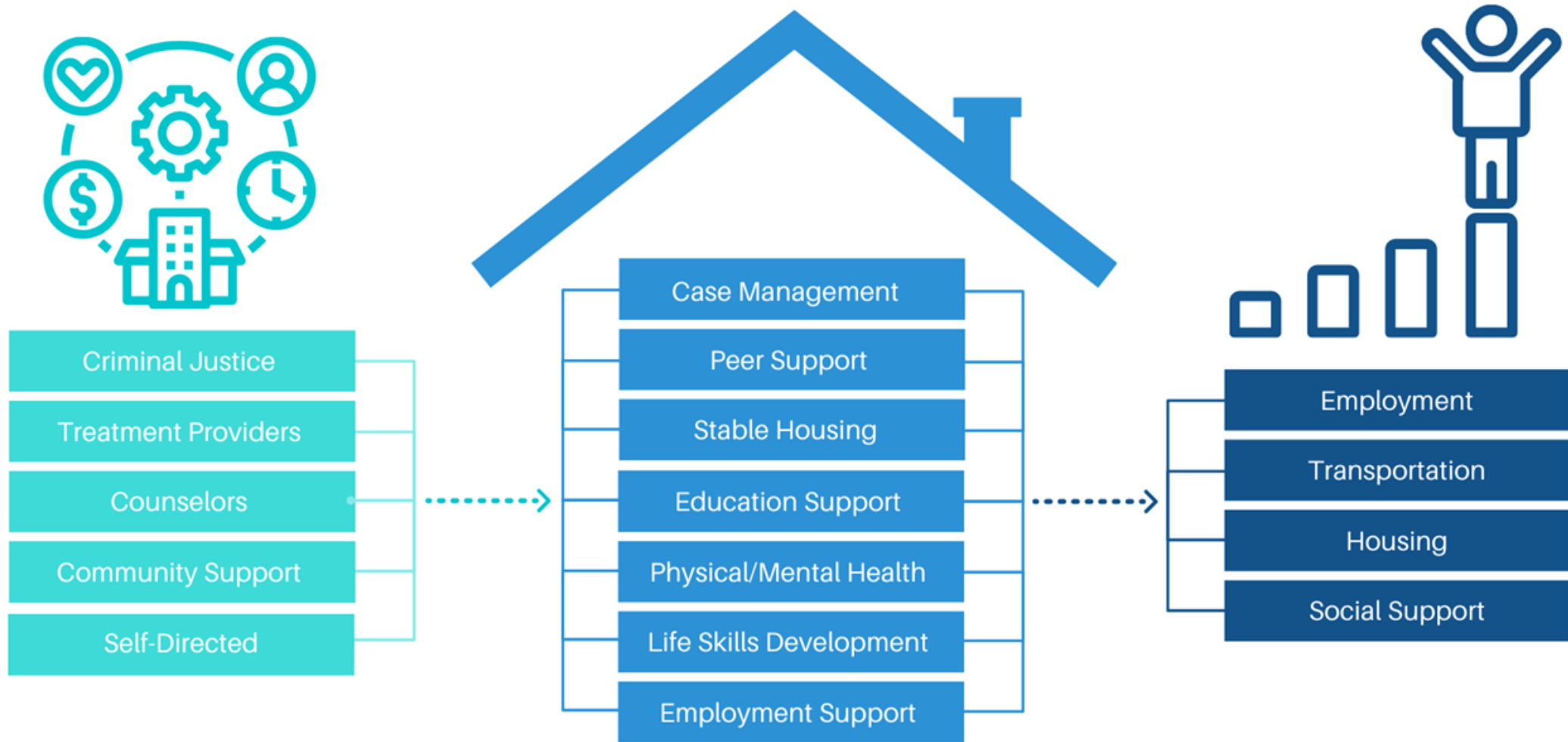
BARC-10 Helps Demonstrate that Recovery Residences Build Recovery Capital

Referral Sources:

- Criminal Justice
- Treatment Providers
- Counselors
- Community Support Groups
- Physical Health
- Self-directed



How A Recovery Ecosystem Creates Recovery Capital



Beyond MBC –

What is ASAM's guidance to treatment providers about referrals to recovery housing and supports?

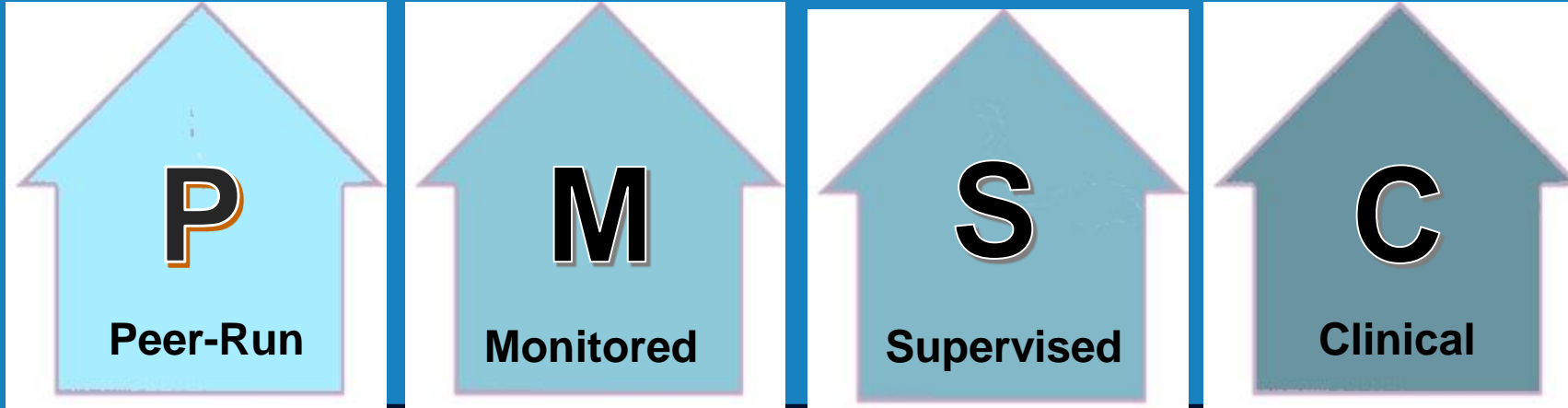
Evaluate patient's "recovery environment interactions:"

- Able to function effectively in current environment?
- Physical and emotional safety in current environment?
- Likelihood of engaging in risky behavior or SUD-related behaviors in current living situation?

Is my patient able to engage in a supportive community?

ASAM & NARR: Four Types of Recovery Housing

Graphic provided by Paul H. Earley, M.D., DFASAM and Beth Fisher Sanders LCSW, LCAS, MAC, CCS



Recovery housing

Social model recovery support

Recovery support services

Life skills

Clinical

ASAM 4th Edition Guidance in Considering Recovery Housing Referrals

Access to medications

- Ensure recovery residence does not discourage use of addiction medications

On-site staffing and governance model

- Peers vs. clinical staffing, peer roles in person-centered support

On-site supports and services

- Mutual support (spiritual, secular or religious)? Employment training?

Culture and community

- Group and community dynamics, rules for living in community

Thank You!

Discussion and Q/A

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Thanks for joining us today!



Increasing the quality and capacity of recovery programs and services for at risk populations with substance use disorders, including those with justice involvement and those experiencing homelessness



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.