

**UNDERSTANDING
THE BASIC CONCEPT
AND
THEORY OF ASAM**

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■ Sponsored by:

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Substance Abuse Services Division

Southern Coast ATTC

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Module 2

- ASAM PPC-2R Adult Levels of Care

 - Level 0.5 - Early Intervention

 - Level I – Outpatient Treatment

 - Level II – Intensive Outpatient/Partial Hospitalization

 - Level III – Residential/Inpatient Treatment

 - Level IV – Medically Managed Intensive Inpatient Treatment

- Definition of Terms

- Opioid Maintenance Therapy

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ASAM PPC-2R **ADULT LEVELS OF CARE**

- LEVEL 0.5 – EARLY INTERVENTION

- LEVEL I – OUTPATIENT TREATMENT

- LEVEL II – INTENSIVE OUTPATIENT/PARTIAL HOSPITALIZATION TREATMENT

- LEVEL III – RESIDENTIAL/INPATIENT TREATMENT

- LEVEL IV – MEDICALLY MANAGED INTENSIVE INPATIENT TREATMENT

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LEVEL 0.5

EARLY INTERVENTION PROGRAMS SERVE INDIVIDUAL'S:

- *WITH PROBLEMS RELATED TO SUBSTANCE USE
- *WHERE NO SUBSTANCE RELATED DISORDER CAN BE DIAGNOSED
- *WITH PROBLEMS OR RISK FACTORS THAT COULD DEVELOP INTO A SUBSTANCE USE RELATED DIAGNOSIS

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LEVEL 0.5

THIS LEVEL OF CARE CAN BE DELIVERED IN A WIDE VARIETY OF SETTINGS

IT EXPLORES AND ADDRESSES PROBLEMS AND/OR RISK FACTORS THAT APPEAR TO BE RELATED TO SUBSTANCE USE

LEVEL 0.5 HELPS THE INDIVIDUAL RECOGNIZE THE HARMFUL CONSEQUENCES OF THEIR INAPPROPRIATE OR CONTINUED SUBSTANCE USE

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LEVEL 0.5 **LENGTH OF SERVICE**

DURATION OF SERVICE VARIES ACCORDING TO:

THE INDIVIDUAL'S ABILITY TO COMPREHEND THE INFORMATION PROVIDED

THE INDIVIDUAL'S ABILITY TO APPLY THE PROVIDED INFORMATION AND MAKE BEHAVIOR CHANGES TO AVOID PROBLEMS IN THE FUTURE

OR

TRANSFER TO A HIGHER LEVEL OF CARE BECAUSE A DIAGNOSIS HAS BEEN ESTABLISHED

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LEVEL I **OUTPATIENT TREATMENT**

- ORGANIZED SERVICES DELIVERED IN A WIDE VARIETY OF SETTINGS
- REGULARLY SCHEDULED MEETINGS
- FOLLOWS A DEFINED SET OF POLICIES, PROCEDURES AND/OR MEDICAL PROTOCOLS
- SERVICES ARE PROVIDED BY ADDICTION OR MENTAL HEALTH PROFESSIONALS
- SERVICES INCLUDE EVALUATION, TREATMENT AND RECOVERY ISSUES

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LEVEL I **OUTPATIENT TREATMENT CONT.**

PROGRAMS AT THIS LEVEL ARE DESIGNED TO:

TREAT THE INDIVIDUAL'S LEVEL OF PROBLEM SEVERITY, ASSIST IN ACHIEVING PERMANENT CHANGES IN USING BEHAVIORS, AND IMPROVE MENTAL FUNCTIONING

IT IS IMPAIRATIVE THAT PROGRAMS ADDRESS PERSONAL LIFESTYLES, ATTITUDES, AND BEHAVIORS THAT CAN IMPACT AND PREVENT ACCOMPLISHING THE GOALS OF TREATMENT

LEVEL I MAY BE: THE INITIAL PHASE OF TREATMENT; A STEP DOWN PHASE; OR FOR THE INDIVIDUAL WHO IS NOT READY OR WILLING TO COMMIT TO A FULL RECOVERY PROGRAM (PRE-CONTEMPLATION)

LEVEL I IS AN EXCELLENT WAY TO ENGAGE RESISTANT INDIVIDUAL'S

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LEVEL I **LENGTH OF SERVICE**

DURATION VARIES WITH THE SEVERITY OF THE INDIVIDUAL'S ILLNESS AND RESPONSE TO TREATMENT

LEVEL I IS LESS THAN 9 HOURS OF TREATMENT PER WEEK FOR ADULTS

LESS THAN 6 HOURS OF TREATMENT PER WEEK FOR ADOLESCENTS

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GENERALIZED COMPONENTS OF LEVEL II **INTENSIVE OUTPATIENT/PARTIAL HOSPITIZATION**

1. TREATMENT MAY BE CONDUCTED DURING THE DAY, EVENING OR ON WEEKENDS
2. THE PROGRAM HAS THE CAPACITY TO ARRANGE FOR MEDICAL AND PSYCHIATRIC CONSULTATION, PSYCHOPHARMACOLOGICAL CONSULTATION, MEDICATION MANAGEMENT AND 24 HOUR CRISIS SERVICES
3. PROGRAMS HAVE AFFILIATIONS WITH OTHER LEVELS OF CARE, AND CAN HELP THE INDIVIDUAL ACCESS SUPPORT SERVICES SUCH AS CHILD CARE, VOCATIONAL TRAINING, AND TRANSPORTATION
4. SOME PROGRAMS CAN ALSO PROVIDE OVERNIGHT HOUSING FOR INDIVIDUALS WHO HAVE PROBLEMS RELATED TO THEIR LIVING ENVIRONMENT OR TRANSPORTATION, BUT WHO DO NOT NEED THE SUPERVISION OR 24 HOUR ACCESS TO SERVICES AFFORDED BY A LEVEL III PROGRAM

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TREATMENT LEVELS WITHIN LEVEL II

LEVEL II.1 (IOP)

- PROVIDES 2 OR *MORE* HOURS OF STRUCTURED TREATMENT PER WEEK FOR ADULTS (6 OR *MORE* FOR ADOLESCENTS)
- CONSISTS OF COUNSELING AND EDUCATION RELATING TO SUBSTANCE-RELATED AND MENTAL HEALTH PROBLEMS *AND/OR* DISORDERS
- PSYCHIATRIC AND MEDICAL SERVICES ARE ADDRESSED THROUGH CONSULTATION AND REFERRAL ARRANGEMENTS DEPENDING ON THE STABILITY OF THE INDIVIDUAL
- *IOP'S* GENERALLY DO NOT HAVE THE CAPACITY TO TREAT INDIVIDUALS WITH UNSTABLE MEDICAL AND PSYCHIATRIC PROBLEMS

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TREATMENT LEVELS WITHIN LEVEL II CONT.

LEVEL II.5 (PARTIAL HOSPITALIZATION)

- PROVIDES 20 OR MORE HOURS OF SERVICES PER WEEK
- THERE IS USUALLY DIRECT ACCESS TO PSYCHIATRIC, MEDICAL AND LABORATORY SERVICES WHEN WARRANTED BY THOSE INDIVIDUAL'S NEEDING SUCH SERVICES

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LEVEL II
LENGTH OF SERVICE

DURATION VARIES WITH THE SEVERITY OF THE INDIVIDUAL'S ILLNESS AND RESPONSE TO TREATMENT

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LEVEL III
RESIDENTIAL/INPATIENT TREATMENT

GENERAL CHARACTERISTICS OF LEVEL III:

- INDIVIDUALS NEEDING THIS LEVEL OF CARE HAVE ***FUNCTIONAL DEFICITS***; REQUIRE SAFE AND STABLE LIVING ENVIRONMENTS TO ASSIST IN DEVELOPING THEIR RECOVERY SKILLS
- TREATMENT SERVICES ARE PROVIDED IN A 24-HOUR RESIDENTIAL SETTING AND ARE STAFFED 24 HOURS A DAY
- SELF-HELP MEETINGS ARE USUALLY AVAILABLE ON SITE
- LIVING ENVIRONMENTS MAY BE IN THE SAME FACILITY OR IN SEPARATE FACILITIES
- THE LIVING ENVIRONMENT AND THE TREATMENT PROVIDER MUST BE CLOSE ENOUGH SO THE TREATMENT PLAN CAN BE ADDRESSED IN BOTH FACILITIES

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LEVEL III
RESIDENTIAL/INPATIENT TREATMENT

LEVEL III PROGRAMS :

PROVIDE RESIDENTIAL SERVICES FROM THE LEAST INTENSIVE CLINICALLY MANAGED RESIDENTIAL SERVICES TO THE MOST INTENSIVE MEDICALLY MONITORED INTENSIVE INPATIENT SERVICE

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DEFINITION OF TERMS

CLINICALLY MANAGED: DIRECTED BY A NON-PHYSICIAN ADDITION SPECIALIST RATHER THAN MEDICAL PERSONNEL. THIS STAFF IS APPROPRIATE FOR INDIVIDUALS WHOSE PRIMARY PROBLEMS INVOLVE EMOTIONAL, BEHAVIORAL, COGNITIVE, READINESS TO CHANGE, RELAPSE OR RECOVERY ENVIRONMENT CONCERNS AND WHOSE PROBLEMS IN DIMENSION 1 (ACUTE INTOXICATION/WITHDRAWAL) AND DIMENSION 2 (BIOMEDICAL CONCERNS) IF ANY, ARE ALL MINIMAL OR CAN BE MANAGED THROUGH SEPARATE ARRANGMENTS FOR MEDICAL SERVICES

(APPLIES TO DIMENSIONS 3,4,5,6)

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DEFINITION OF TERMS CONT.

MEDICALLY MONITORED: SERVICES PROVIDED BY AN INTERDISCIPLINARY STAFF OF NURSES, COUNSELORS, SOCIAL WORKERS, ADDITION SPECIALIST AND OTHER HEALTH AND TECHNICAL PERSONNEL UNDER THE DIRECTION OF A LICENSED PHYSICIAN. MEDICAL MONITORING IS PROVIDED THROUGH AN APPROPRIATE MIX OF DIRECT PATIENT CONTACT, REVIEW OF RECORDS, 24 HOUR MEETINGS, 24 HOUR COVERAGE BY A PHYSICIAN AND A QUALITY ASSURANCE PROGRAMS

(APPLIES TO DIMENSIONS 1,2)

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DEFINITION OF TERMS CONT.

MEDICALLY MANAGED: SERVICES THAT INVOLVE DAILY MEDICAL CARE, WHERE DIAGNOSTIC AND TREATMENT SERVICES ARE DIRECTLY PROVIDED AN/OR MANAGED BY AN APPROPRIATELY TRAINED AND LICENSED PHYSICIAN

(APPLIES TO DIMENSIONS 1,2)

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Handout 4

Definition of Terms

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LEVEL III.1
CLINICALLY MANAGED LOW-INTENSITY
RESIDENTIAL SERVICES

- **SUBSTANCE ABUSE SERVICES ARE PROVIDED FOR A MINIMUM OF 5 HOURS PER WEEK**
- **THE TREATMENT FOCUS IS ON RECOVERY SKILLS, PREVENTING RELAPSE, IMPROVING EMOTIONAL FUNCTIONING, AND WORKING TOWARD INTEGRATION INTO PRODUCTIVE EMPLOYMENT, FAMILY LIFE, AND/OR AN EDUCATIONAL PROGRAMS**
- **SELF-HELP MEETINGS ARE TYPICALLY PROVIDED ON SITE**

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LEVEL III.1
CLINICALLY MANAGED LOW-INTENSITY
RESIDENTIAL SERVICES

LEVEL III.1 IS SEEN AS A SERVICE OF COMPONENT PARTS AND INCLUDE:

1. **OUTPATIENT SUBSTANCE ABUSE SERVICES
(LEVEL I OR LEVEL II.1 SERVICES CAN BE PROVIDED)**
2. **A STRUCTURED RECOVERY ENVIRONMENT**
3. **24 HOURS A DAY STAFFING**
4. **LIVINGS SKILLS ARE PROMOTED THROUGH COMMUNITY AND HOUSE MEETINGS**

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LEVEL III.1
CLINICALLY MANAGED LOW-INTENSITY
RESIDENTIAL SERVICES

**FUNCTIONAL DEFICITS FOUND IN THIS
POPULATION:**

- PROBLEMS WITH APPLYING RECOVERY SKILLS
- LACK OF PERSONAL RESPONSIBILITY
- LACK OF CONNECTION TO THE WORLDS OF
WORK, EDUCATION, OR FAMILY

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LEVEL III.1
CLINICALLY MANAGED LOW-INTENSITY
RESIDENTIAL SERVICES

**LEVEL III.1 CAN ALSO MEET THE NEEDS OF THE
INDIVIDUAL WHO HAS NOT YET ACKNOWLEDGED
THEY HAVE A SUBSTANCE USE RELATED PROBLEM**

**LEVEL III.1 ADDRESSES DISCOVERY RATHER THAN
RECOVERY ISSUES**

**PLACEMENT OF AN INDIVIDUAL IN THIS LEVEL OF
CARE WITHOUT ACKNOWLEDGEMENT OF
SUBSTANCE ABUSE WOULD BE JUSTIFIED IF THE
LIVING ENVIRONMENT WAS TO TOXIC FOR ANY
TYPE OF RECOVERY**

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LEVEL III.1
CLINICALLY MANAGED LOW-INTENSITY
RESIDENTIAL SERVICES

**LEVEL III.1 IS NOT INTENDED TO INCLUDE SOBER
HOUSES, BOARDING HOUSES, OR GROUP HOMES
WHERE TREATMENT SERVICES ARE NOT PROVIDED**

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LEVEL III.3
CLINICALLY MANAGED MEDIUM-INTENSITY
RESIDENTIAL SERVICES

**THIS LEVEL OF CARE IS FREQUENTLY
REFERRED TO AS EXTENDED OR LONG TERM
CARE**

**AS IN LEVEL III.1, PROGRAMS ARE
PROVIDED IN A STRUCTURED
ENVIRONMENT IN COMBINATION WITH
MEDIUM INTENSITY CLINICAL SERVICES**

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LEVEL III.3
CLINICALLY MANAGED MEDIUM-INTENSITY
RESIDENTIAL SERVICES

DIFFERENCES FROM LEVEL III.1:

- SUBSTANCE USE HAS SIGNIFICATELY IMPAIRED THE INDIVIDUAL'S LIFE TO THE EXTENT THAT OUTPATIENT MOTIVATION AND/OR RELAPSE PREVENTION STRATEGIES ARE INEFFECTIVE
- FUNCTIONAL DEFICITS ARE PRIMARILY COGNITIVE AND ARE EITHER TEMPORARY OR IN SOME CASES PERMANENT
- TEMPORARY DEFICITS CAN BE THE RESULT OF THE SUBSTANCE USE (ORGANIC BRAIN SYNDROME)
- TREATMENT NEEDS TO SLOWER, MORE REPETITIVE, AND CONCRETE IN NATURE
- AS THE IMPAIRMENT CLEARS, TREATMENT CAN BE PROVIDED AT A LOWER LEVEL OF CARE

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LEVEL III.3
CLINICALLY MANAGED MEDIUM-INTENSITY
RESIDENTIAL SERVICES

CRITERIA FOR REMAINING IN LEVEL III.3:

CHRONIC BRAIN SYNDROME, OLDER ADULTS WITH COGNITIVE DEFICITS, INDIVIDUAL'S WITH A TRAUMATIC BRAIN INJURY, OR INDIVIDUAL'S WITH MENTAL RETARDATION

FOR THESE INDIVIDUAL'S WITH THESE IMPAIRMENTS OUTPATIENT TREATMENT WOULD NOT BE CLINICALLY APPROPRIATE

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LEVEL III.3
CLINICALLY MANAGED MEDIUM-INTENSITY
RESIDENTIAL SERVICES

REINTEGRATION OF INDIVIDUAL'S INTO THE COMMUNITY REQUIRES ONGOING CASE MANAGEMENT WITH SERVICES TO INCLUDE HOUSING, VOCATIONAL NEEDS, TRANSPORTATION, AND CONTIUNED SELF-HELP MEETING INVOLVEMENT

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LEVEL III.5
CLINICALLY MANAGED HIGH-INTENSITY
RESIDENTIAL SERVICES

INDIVIDUAL'S IN LEVEL III.5 PRESENT WITH MULTIPLE ISSUES; SUBSTANCE USE DISORDES, CRIMINAL ACTIVITY, PSYCHOLOGICAL PROBLEMS, IMPARED FUNCTIONING, AND DIFFICULTY IN CONFORMING TO MAINSTREAM VALUES

DSM - AXIS I MENTAL HEALTH DISORDERS ARE OF A SERIOUS NATURE: SCHIZOPHRENIA, BIPOLAR, AND MAJOR DEPRESSION

ALSO PRESENT ARE DSM - AXIS II DISORDERS – BORDERLINE, NARCISSISTIC AND ANTISOCIAL PERSONALITY DISORDERS

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LEVEL III.5
CLINICALLY MANAGED HIGH-INTENSITY
RESIDENTIAL SERVICES

PLACEMENT IN LEVEL III.5 IS APPROPRIATE FOR THE INDIVIDUAL WHO PRESENTS WITH CHAOTIC, NON-SUPPORTIVE, AND ABUSIVE INTERPERSONAL RELATIONSHIPS

THERE IS ALSO A LONG HISTORY OF TREATMENT ATTEMPTS OR CRIMINAL JUSTICE HISTORIES, AND LIMITED WORK AND/OR EDUCATIONAL EXPERIENCES

ANTISOCIAL VALUE SYSTEMS ARE ALSO PRESENT

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LEVEL III.5
CLINICALLY MANAGED HIGH-INTENSITY
RESIDENTIAL SERVICES

- LENGTH OF STAY IS BASED ON THE INDIVIDUAL'S PROGRESS, BUT TENDS TO BE LONGER AND MORE INTENSE
- TREATMENT IS TYPICALLY "HABILITATIVE" (TO TRAIN) RATHER THAN "REHABILITATIVE" (TO RESTORE)
- SOME TREATMENT PROGRAMS AT THIS LEVEL OF CARE OFFER FULL MEDICAL SERVICES

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LEVEL III.7
MEDICALLY MONITORED INTENSIVE
INPATIENT TREATMENT

- THIS LEVEL OF CARE PROVIDES 24-HOUR PROFESSIONALLY DIRECTED EVALUATION, OBSERVATION, MEDICAL MONITORING, AND ADDICTION TREATMENT
- THIS IS NOT A HOSPITAL SETTING OR A MEDICALLY MANAGED PROGRAM
- INDIVIDUALS REQUIRING LEVEL III.7 PRESENT WITH FUNCTIONAL DEFICITS, SUCH AS WITHDRAWAL RISK, MEDICAL PROBLEMS, OR EMOTIONAL ISSUES THAT IMPAIR THE INDIVIDUAL'S ABILITY TO ENGAGE IN THE RECOVERY PROCESS

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LEVEL III.7
MEDICALLY MONITORED
INTENSIVE INPATIENT TREATMENT

LENGTH OF SERVICE VARIES WITH THE SEVERITY OF THE ILLNESS BUT TENDS TO BE SIGNIFICANTLY LONGER THAN IN OTHER LEVEL III LEVELS OF CARE

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LEVEL IV - MEDICALLY MANAGED INTENSIVE INPATIENT TREATMENT

- TREATMENT SERVICES AT LEVEL IV ARE PROVIDED 24-HOURS A DAY IN A PERMANENT FACILITY WITH INPATIENT BEDS
- THE FULL RESOURCES OF A GENERAL ACUTE CARE OR PSYCHIATRIC HOSPITAL ARE AVAILABLE
- TREATMENT TEAMS PROVIDE BOTH SUBSTANCE ABUSE SERVICES AND THE TREATMENT OF ANY CO-OCCURRING BIOMEDICAL CONDITIONS, AND MENTAL HEALTH DISORDERS

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LEVEL IV - MEDICALLY MANAGED INTENSIVE INPATIENT TREATMENT

LENGTH OF STAY VARIES WITH THE SEVERITY OF THE INDIVIDUAL'S PRESENTING PROBLEMS

**THE FOCUS OF LEVEL IV:
STABILIZATION AND PREPARATION FOR TRANSFER TO A LESS INTENSE LEVEL OF CARE FOR ONGOING CONTINUING CARE**

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Handout 5

Adult Admission Criteria Crosswalk

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OPIOID MAINTENANCE THERAPY

OMT

OMT IS NOT CONSIDER A LEVEL OF CARE IN THE ASAM PPC-2R, BUT RATHER A SEPARATE SERVICE THAT CAN BE INCORPORATED INTO ANY OF THE I-IV LEVELS OF CARE

LENGTH OF SERVICES VARIES WITH SEVERITY OF THE IDENTIFIED PROBLEMS, AND THE INDIVIDUAL'S RESPONSE TO TREATMENT

LENGTH OF STAY ALSO DEPENDS ON THE INDIVIDUAL'S DESIRE TO CONTINUE OR DISCONTINUE OPIOID MAINTENANCE THERAPY

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REFERENCES

ASAM PPC-2R

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ADDICTION TREATMENT MATCHING:

Research Foundations of the American Society of Addiction
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David R. Gastfriend, MD, Editor