



RELIAS | LEARNING



Relias Spotlight Series

April 2022

Hello Providers,

Welcome to the Optum Idaho **April Relias Spotlight Series** – a series devoted to offering you access to **free, accessible and continuing education unit-eligible** online education about topics that are important to behavioral health providers.

Addiction has no boundaries, no rules, no preferences, as it can take over anyone's life, if given the opportunity. There is a stigma around individuals with a substance use disorder that can hinder their ability to experience recovery. The stigma around addiction and treatment has enormous impacts on a person's willingness to seek and attend treatment.

Addiction can limit someone's ability to obtain and/or maintain healthy relationships, secure housing, employment and healthcare, which can then lead to untreated physical or mental health conditions and homelessness, in no particular order. So how do you help someone when they realize they need treatment, and how do you make sure they get the right treatment at the right time? In this month's Relias Spotlight Series, we are going to talk about substance use disorder treatment from a program-driven model versus the individualized model and how the American Society of Addiction Medicine's (ASAM) assessment and the continuum between the levels of care, help individuals with substance use disorders get the right level of care at the right time.

No one wakes up one day and says, "I think I am going to become an addict today," yet we also hear from people new to recovery asking themselves, "How did I get here?" Substance use disorder treatment is NOT a one size fits all modality, as everyone is walking in with their own history, experiences, and trauma. When providing substance use disorder treatment, you typically see programs that are designed to deliver services using a program-driven model or an individualized model.

Program-driven models are designed around the philosophy and modality of the provider that determines the length of stay and type of treatment they will provide. The treatment plans may look similar from member to member; you will see the same frequency and intensity of services regardless of the members risk or needs identified within the assessment. Although the member's needs are important, they will only be addressed within the structure of services that the current provider offers (i.e.: group or individual sessions). In Program-driven models, there is typically a lack of coordination of care and referrals for ancillary community resources or services. Program-driven model treatment plans may look like this:

- Attend three AA meetings per week
- Complete AA Steps one, two and three
- Attend group meetings two times per week
- Meet with a counselor once per week
- Complete treatment program in 28 days

Once an individual has completed the fixed length of stay, they graduate and complete treatment.

When a provider utilizes an individualized model, they approach the treatment modality with a different philosophy, offering a continuum of services that can be tailored to fit the member's risks, needs and preferences. The treatment is person-centered, collaborative and the frequency and intensity of treatment is designed to match the member's needs based on a multidimensional assessment that looks at the whole person and not just the substance use disorder. In an individualized model, the lengths of stay may be different based on the member's risks and needs; reassessment is done regularly to ensure that the member has the right level of care at the right time, and services align with evidenced-

based practices to meet the member’s needs. Coordination of care and referrals to ancillary community-based resources to meet the member’s immediate needs are identified and addressed while the member is in treatment and upon discharge planning. An individualized model treatment plan may look like this:

- Attend Relapse Prevention once per week and develop a relapse prevention plan that identifies triggers and at least two coping strategies for each trigger
- Attend Beyond Trauma once per week; practice skills learned each week and discuss with clinician during weekly individual sessions
- Attend Love and Logic once per week; practice skills learned with children each week and report out in family therapy
- Schedule physical exam with primary care provider within 30 days
- Schedule dental exam and cleaning within 45 days
- Attend individual counseling once per week and family counseling twice per month
- Attend and participate in reassessment every 30 days to determine if higher or lower level of care is needed

The example above shows how the member will be addressing multiple areas of their life that have been identified, not just their substance use disorder. In addition, there are no prescribed lengths of time, however regular re-assessment will determine when the member is ready to complete and/or if a transition to higher or lower levels of care are indicated.

The American Society of Addiction Medicine developed a six-dimension assessment that evaluates the whole person within several dimensions so that members can obtain individualized treatment within the appropriate level of care. Based on the information that is obtained within the six dimensions of the ASAM, a risk rating is assigned to each dimension. The risk rating then guides providers to make appropriate level of care recommendations for the member, thus ensuring that the member obtains the right level of care at the right time. The following tables provide information on the ASAM’s Six Dimensions, ASAM Risk Ratings and ASAM Levels of Care.

ASAM Six Dimensions*		
Dimension 1	Acute Intoxication and/or Withdrawal Potential	Exploring an individual’s past and current experiences of substance use and withdrawal.
Dimension 2	Biomedical Conditions and Complications	Exploring an individual’s health history and current physical condition.
Dimension 3	Emotional, Behavioral or Cognitive Conditions and Complications	Exploring an individual’s thoughts, emotions, mental health issues, cognitive concerns, and any safety concerns.

Dimension 4	Readiness to Change	Exploring and individual's readiness and interest in changing.
Dimension 5	Relapse, Continued Use or Continued Problem Potential	Exploring an individual's history of relapse or continued use despite continued problems.
Dimension 6	Recovery Environment	Exploring an individual's recovery or living situation, and the surrounding people, places, and things that can help or hinder the persons recovery.

ASAM Risk Ratings*	
0 - No Risk or Stable: Current risk is absent. Any acute or chronic problem mostly stabilized.	No Immediate services needed.
1-Mild: Minimal Current difficulty or impairment.	Low intensity of services. Treatment typically delivered in outpatient.
2 - Moderate: Moderate difficulty or impairment. Moderate signs and symptoms. Some difficulty coping or understanding but able to function with clinical and other support services and assistance.	Moderate intensity of services, skills training or supports needed for this level of risk. Treatment strategies may require intensive outpatient.
3 - Significant: Serious difficulties or impairments. Substantial difficulty coping or understanding and being able to function even with clinical support.	Moderate to high intensity of services, skills training or supports needed. May be in or near imminent danger.
4 - Severe: Severe difficulty or impairment. Seriously gross or persistent signs and symptoms. Very poor ability to tolerate and cope with problems Is in imminent danger.	High intensity of services, skills training or supports needed. More immediate, urgent services may require inpatient or residential setting or closely monitored case management services at a frequency greater than daily.

ASAM Levels of Care*	
0.5 Early Intervention	Assessment and Education for at risk individuals who do not meet diagnostic criteria for a substance use disorder
1.0 Outpatient	Less than 9 hours of service per week for adults Less than 6 hours of services per week for adolescents Focus on recovery and motivational enhancement therapies and strategies
2.1 Intensive Outpatient	9-19 or more service hours per week for adults

	6-19 or more service hours per week for adolescents Focus is to treat multidimensional instability
2.5 Partial Hospitalization	20 or more hours of service per week for multidimensional instability
3.1 Clinically Managed Low Intensity Residential	24-hour structure with trained personnel at least 5 hours of clinical services per week
3.3 Clinically Managed medium Intensity Residential	24-hour care with trained counselors to stabilize multidimensional imminent danger. Less intensive milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community
3.5 Clinically Managed High Intensity Residential	24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. Able to tolerate and use full active milieu or therapeutic community
3.7 Medically Monitored Intensive Inpatient	24-hour nursing care with physician availability for significant problems in Dimensions 1,2,3. Sixteen hours per day counselor availability
4.0 Medically Managed Intensive Inpatient	24-hour nursing care and daily physician care for sever, unstable problems in Dimensions 1,2,3. Counseling available to engage patient treatment
OTP- Opioid Treatment Program	Daily or several times weekly opioid agonist medication and counseling available to maintain multidimensional stability for those with severe opioid use disorder

*ASAM Information obtain from Mee-Lee, David. (Eds.) (2013) *The ASAM Criteria: Treatment for Addictive, Substance-Related, and Co-Occurring Conditions* Chevy Chase, Md.: American Society of Addiction Medicine

To learn more about the SUD treatment and the ASAM assessment, Relias offers FREE continuing education unit courses specifically geared towards your needs. We encourage you to log into [Relias](#) and search for the following modules:

American Society of Addiction Medicine (ASAM) as an Evidence-Based Tool	1152494
Enhancing Treatment Engagement of Individuals with Behavioral Health Disorders	REL-BHC-0-ETEIBHD
Evidence Based Practices in Treatment of Substance Use Disorders	REL-HHS-0-EBPTSUD-V2
Confidentiality in the Treatment of Substance Use Disorders	REL-BHC-0-CSUDT
Cognitive Behavioral Treatment of Substance Use Disorders	REL-BHC-0-UCBTSUDT

Thank you again for the work that you do each day with our members so that Idaho can continue to improve access to behavioral health services. Optum is excited to offer these resources to you.

Sincerely,

The Optum Education and Training Team