Project ECHO®
at JSI Research & Training Institute, Inc.
Treating Addiction in Rural Areas

How does Co-Occurring Capability in All Levels of Care Impact an ASAM Level of Care Assessment?

This resource highlights key information from The ASAM Criteria 4th Edition: *Waller RC, Boyle MP, Daviss SR, et al, eds. The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-occurring Conditions, Volume 1: Adults. 4th ed. Hazelden Publishing; 2023*

Assessment and Treatment Planning (Page 332)

- Addiction programs should implement psychometrically validated instruments to screen for a wide range of mental health conditions (e.g., PHQ-2, PHQ-9, GAD-7, PCL-5, OQ, BASIS, etc.).
- Following a positive screen, a psychiatric history and review of prior assessments should be conducted. Evaluate:
    - Patient's current state
    - Mental health history
    - Baseline symptoms and functioning
- **Co-occurring capable programs (ALL programs) should have mental health-credentialed staff members who are responsible for conducting mental health assessments post-screening and integrating mental health services into treatment plans.**
- Completion of assessments needed for co-occurring conditions should be considered as treatment goals that require management by clinical staff.
- **Level of Care and Treatment Planning Assessments should address the severity of their active psychiatric symptoms and the anticipated baseline acuity of their psychiatric conditions and related disability based on history and current presentation.**
- The results of these assessments inform the need for further assessments, as well as level of care recommendations and treatment planning.

Level of Care Recommendations (Begins on page 342)

- When making level of care recommendations for patients with co-occurring conditions, the clinician needs to account for the following:
    - Where can the patient be treated safely and effectively?
        - Does the patient require psychiatric management?
        - What level of staff support does the patient need?
    - Does the patient have access to appropriate treatment options?
    - Does the patient prefer treatment in an addiction treatment or mental health treatment setting?
- The dimensional admission criteria assume that the clinician has determined that:
    - The patient's primary treatment need is for SUD, and
    - The patient's co-occurring issues in Dimension 3 are not significantly more severe than their SUD such that the mental health system would provide more appropriate treatment

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- The ASAM Criteria suggests a deductive approach.
    - First assess the dimensions with the highest potential for acute medical needs.
    - Then determine an initial level of care recommendation based on Dimensions 1 through 5.
- Dimension 6 is used to determine which level of care recommendations the patient is willing to accept.
- Dimensions 1 and 2 have the greatest potential to impact immediate needs or imminent risks that require medically managed care in a Level 3.7 or Level 4 program.
- **Issues identified in Dimension 3 – such as severe psychosis or suicidality – may also indicate a need for medically managed care or acute psychiatric interventions.**
- If immediate needs or immediate risks are identified in Dimensions 1, 2, or 3 that indicate the need for Level 3.7 or 4 – the Level of Care Assessment should end, as the recommended level of care has been determined.

Chapter 12: Integrated Care for Co-occurring Mental Health Conditions (Begins on page 319)

- The 4th Edition takes deliberate steps to advance the integration of care for co-occurring conditions.
- **ALL levels of care are now expected to be AT MINIMUM co-occurring capable.**
- Service characteristic standards have been incorporated into each level of care to support the delivery of co-occurring capable care across the continuum.
- Have also articulated additional service characteristic standards for each COE level of care (co-occurring enhanced).
- Twelve steps of co-occurring capability are summarized on page 325.

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