



beacon
health options

ASAM 3.1 : Clinically- Managed Low Intensity Residential Services Clinical Training

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Description of ASAM 3.1 Level of Care

- Level 3.1 programs offer at least five hours per week of low intensity SUD treatment
- Treatment includes individual, group and family therapy, medication management and psychoeducation
- The services facilitate the application of recovery skills, relapse prevention and emotional coping strategies

Expected Goals of ASAM 3.1 Programs

- Practice and integration of recovery and coping skills in a residential, supportive environment
- Populations served by 3.1 programs are patients with problems applying recovery skills, self-efficacy, or lack of connection to the community systems of work, education, or family life
- Patients engaged in this level of care are expected, after successfully completing the programs, to engage in employment or academic pursuits
- These programs can serve patients who may not yet acknowledge that they have an SUD or other addictive problem

Dropout Prevention versus Relapse Prevention

- Discovery, Dropout prevention services are aimed at patients who have not yet determined that they have an addiction problem or who are currently not interested in addressing it, and for whom "recovery" services will be unsuitable
- An important focus of treatment is engagement and attracting people into continuing treatment
- Consideration should be given to mixing a population of patients in "discovery" and another in "recovery" in the same setting

San Pedro de Atacama Chile



ASAM 3.1 and Psychosocial Environment

- Chaotic home environment
- Drug-using family or significant others
- Lack of the daily structured activity such as school or work
- Developmental immaturity
- Co-occurring conditions
- Greater than average susceptibility to peer influence
- Lack of impulse control

What is not ASAM 3.1

- Sober houses
- Boarding houses
- Group homes
- (No treatment is provided in these settings)

Examples of Service Delivery

- Halfway house or group home, or other supportive living environment (SLE) with 24-hour staff and close integration with clinical services

Valparaíso Chile



Support Systems

- Telephone or in person consultation with a physician and emergency services, available 24 hours a day, seven days a week
- Direct affiliations with more intensive levels of care or close coordination through referrals
- Ability to arrange for needed procedures i.e. laboratory tests
- Ability to arrange for psychiatric medications or anti-addiction drugs
- Direct affiliations with less intensive levels of care or close coordination through referrals

Staffing

- Allied health professional staff, such as counselor aides or group living workers were available on-site 24 hours a day or as required by licensing regulations
- Clinical staff were knowledgeable about the biological and psychosocial dimensions of SUD disorders and their treatment. They are also able to identify signs and symptoms of acute psychiatric conditions
- A team comprised of appropriately trained and credentialed medical, addiction, and mental health professionals

Therapies

- Services designed to improve the patient's ability to structure and organize the tasks of daily living and recovery, such as personal responsibility, personal appearance, and punctuality
- Planned clinical program activities for at least five hours per week of professionally directed treatment
- Activities may include relapse prevention, exploring interpersonal choices, and development of a social network supported or recovery
- Addiction pharmacotherapy
- Random urine screening to monitor and reinforce treatment gains

Therapies II

- Motivational enhancement and engagement strategies appropriate to the patient's state of readiness to change
- Counseling and clinical monitoring to support successful initial involvement or involvement in regular, productive daily activity
- Co-Occurring programs are designed to address the patient's mental health problems can psychiatric symptoms and to maintain such stabilization
- Specific attention is given to medication education and management and to motivational and engagement strategies, which are used in preference to confrontational approaches

Treatment Planning

- An individualized, comprehensive biopsychosocial assessment of the patient's substance use disorder conducted or updated by staff who are knowledgeable about addiction treatment
- The treatment plan should articulate short-term, measurable treatment goals, preferences, and activities designed to achieve those goals
- The treatment plan should reflect the patient's clinical progress
- A physical examination, perform within a reasonable time, as defined in the program's policy and procedure manual, and as determined by the patient's medical condition

Treatment Planning II

- Case management conducted by on-site staff
- Coordination of related addiction treatment, healthcare, mental health
- Social, vocational, or housing services
- Integration of services at this and other levels of care

Torres del Paine Patagonia



Documentation

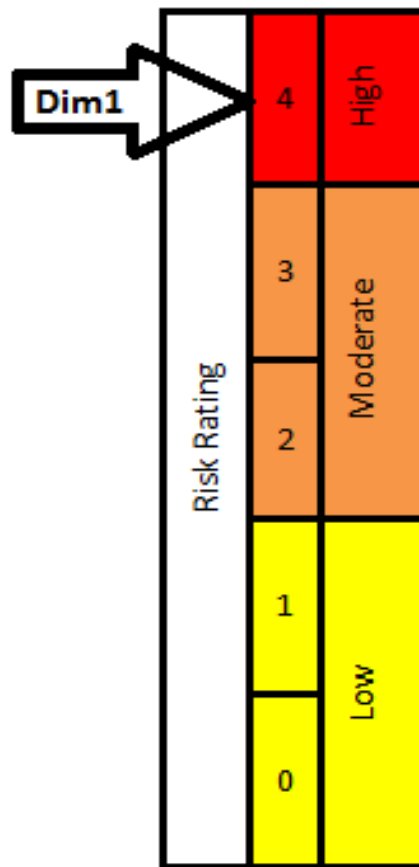
- Individualized progress notes in the patient's medical record
- Treatment plan reviews are conducted at specified times and recorded in the treatment plan
- In co-occurring enhanced programs, there is documentation of mental health problems, the relationship between mental health problems and substance use, and that patient's current level of mental functioning

Dimensions

- Dimension 1: no signs or symptoms of intoxication or withdrawal
- Dimension 2: biomedical problems are stable and do not require medical or nursing monitoring. Patient is able to self-administer medication
- Dimension 3: no acute psychiatric conditions
- Dimension 4: the patient acknowledges the existence of a psychiatric condition or SUD problem, is in early stages of recovery, or needs a 24-hour structured milieu
- Dimension 5: limited coping skills, risk for relapse, needs staff support to maintain engagement in his or her recovery program
- Dimension 6: lack of supportive recovery environment

Application of the Risk Rating

Step 1: Assess for Safety: If any Dimension is rated as High it must be addressed in some way.



The ASAM Continuum of Care

LOC 0.5	LOC 1	LOC 1	LOC 2.1	LOC 2.5	LOC 3.1	LOC 3.3	LOC 3.5	LOC 3.7	LOC 4
Early Intervention	OP	OPT	IOP	PHP	RTC Minimal Clinical Monitored	RTC Specialized Clinical Monitored	RTC Clinical Monitored	RTC Medical Monitored	Inpatient Hospital
assessment and education of at risk individuals who do not meet criteria for substance abuse treatment	Less than 9hrs of service per week adults, less than 6hrs per week adolescents for recovery or motivational enhancement	Daily or several times weekly opioid agonist medication and counseling available to maintain stability for those with severe opioid use disorder	9+ hours per week adults and more than 6hrs per week adolescents.	20+ hours per week not requiring 24hr care	24hr structure with available trained personnel; at least 5hrs per week of clinical service	24hr care with trained counselors to stabilize imminent danger. Less intense milieu group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community. **Not designated for adolescents.	24hr care with trained counselors to stabilize imminent danger and prepare for outpatient. Able to tolerate and use full active milieu or therapeutic community.	24hr nursing care with physician availability for significant problems in Dimensions 1, 2, 3 and 16hr counselor availability.	24hr nursing care and daily physician care for severe, unstable problems in dimensions 1, 2, or 3. Counseling available to engage patient in treatment.

Placement on the Continuum of Care

Consider placement along the continuum in terms of your overall Risk Rating. If most dimensions are low then a lower of care is indicated. If most dimensions are high then a higher level of care is indicated.

LOC 0.5	LOC 1	LOC 2.1	LOC 2.5	LOC 3.1	LOC 3.3	LOC 3.5	LOC 3.7	LOC 4
Low		Moderate			Mod/High		High	

Thank you

