Overview of Substance Use Disorder Treatment Levels of Care with an Emphasis on Family Treatment

NWAY LINN, LPCC, LADC
KELSEY KIRKWOOD, LPCC, LADC
PETER FEENEY, LADC

ASAM Levels of Care

Past Treatment Concepts

- Diagnoses defined treatment placement (28 days)
- Began as a single treatment model was available (Residential)
- Placement was program based instead of client driven
- One size fits all model was the standard

Development of ASAM Criteria

- The American Society of Addiction Medicine (ASAM) began developing patient placement criteria through a collaboration that began in the 1980s
- Their goal was to have a national set of criteria for the treatment of addiction through outcome-oriented and results-based care
- Intention was to move practitioners away from determining treatment driven by diagnosis or the program (you get this type of programming because it's what we offer)
- Movement towards individualize, clinically driven, participant directed, outcome informed

Purpose of ASAM Criteria

- ASAM criteria is the most widely used comprehensive set of guidelines for placement, continued stay and transfers/discharge of clients with addiction and co-occurring conditions
- Establish a common language among treatment providers
- Promote individualized treatment matching for clients
- Improve the quality of assessments and treatment planning

What are the six dimensions?

Dim 1: Intoxication and withdrawal and associated risks, additional medication needs

Dim 2: Bio-Medical Conditions and Complications

Dim 3: Psychiatric and Cognitive Conditions

Dim 4: Substance Use Related Risks

Dim 5: Recovery Environment Interactions

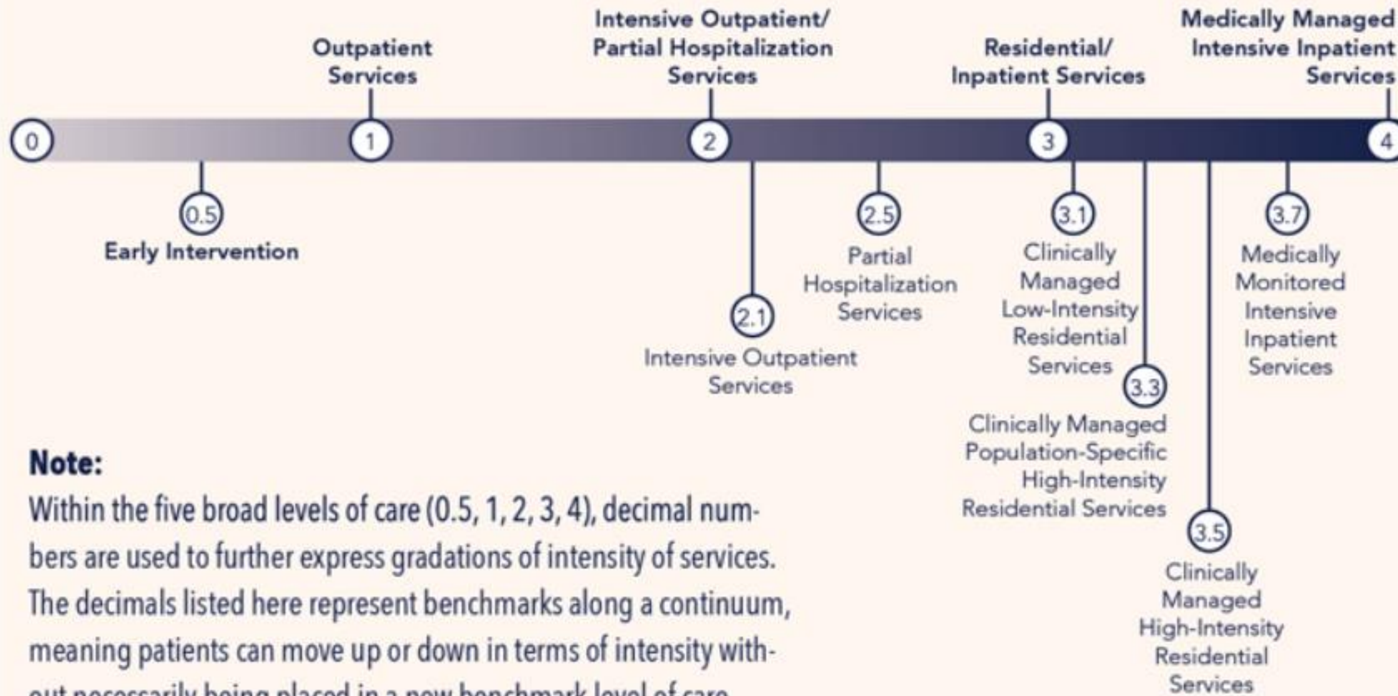
Dim 6: Person Centered Considerations

What are risk ratings?

- Assessment for a client risk is multidimensional and bio-psychosocial in nature
- Related to individual’s history and evaluated in terms of individual’s current status
- Risk assessment from a non-problematic baseline observation to an escalation of problems
- Must integrate history, ongoing life situation, and current presentation
- Risk assessments are evaluated for each of the 6 ASAM Dimensions

How are the six dimensions used in substance abuse treatment?

- A comprehensive assessment is a type of assessment that provides recommendation for the level of care an individual receives (residential, outpatient etc..).
- It serves as a method to determine placement for level of care
- A client's risk matches the placement that they are recommended, along with actions taken to address their concerns
- If client's risk rating is increasing or decreasing and they no longer are appropriate for services they must be moved to appropriate channels


REFLECTING A CONTINUUM OF CARE
Outpatient Services
Intensive Outpatient/ Partial Hospitalization Services
Residential/ Inpatient Services
Medically Managed Intensive Inpatient Services
0
1
2
3
4
0.5
Early Intervention
2.1
Intensive Outpatient Services
2.5
Partial Hospitalization Services
3.1
Clinically Managed Low-Intensity Residential Services
3.3
Clinically Managed Population-Specific High-Intensity Residential Services
3.5
Clinically Managed High-Intensity Residential Services
3.7
Medically Monitored Intensive Inpatient Services
Note:
Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.

Level 1.0 Outpatient Services

- Virtual and In-person options
- Group and/or Individual therapy
- Can be short term or long term
  - Recovery Management Check ups
  - Rapid re-engagement in care when needed
- Relapse prevention (2 weeks+ of group and individual sessions)
- Driving with care (6, 2 hour classes totaling 12 hours in a group setting)
- Level 1.5 is generally less than 9 hours of services a week

2.0 Intensive Outpatient Services

- Virtual and In-person options
- Groups and Individual sessions
- Programming is 9+ hours a week, typically 12 weeks or more
- Option to have IOP with lodging, where individuals may reside at housing overseen by the treatment center
- Level 2.1 – 3.1 is 9 – 19 hours of clinical services a week
- Level 2.5 – 3.5 is 10+ hours of clinical services a week

3.0 Residential Services

- In person
- 24/7 operations
- Groups and Individual sessions
- Usually 30 – 90 days of programming
- Structured serviced 7 days a week in level 3.1 and 3.5
- Individuals will live on site at the facility where services are rendered
- Nursing, case management, mental health services, SUD counseling and other service providers are also on site

Inpatient Hospitalization

- In person
- 24/7 operations
- Group and Individual sessions
- Can be from 1 day to several weeks or months
- Detox services would also be in this category
- Individuals will live on site at the facility where services are rendered
- Nursing, case management, mental health services, SUD counseling and other service providers are also on site

Barriers to Care

Substance Use Disorder Treatment

Only 1 in 10 people with a substance use disorder receive treatment in the U.S.

Among adult Minnesotans, alcohol remains the primary substance used at the time of admission to Substance Use Disorder (SUD) treatment. Continuing previous year trends, methamphetamine has been the second leading

Barriers to Care

- Women with children or more than one child who require residential services not wanting to be separated from their children
  - Limited support for childcare
  - Fear and concerns related to children outside of their care
  - Desire to maintain relationships and attachments while in treatment
- Lack of stable housing or unsafe living environment
  - Families have transient housing
  - Use or risk of safety in their living environment
  - Unsafe partner and relationship issues
- Fear of legal and CPS involvement
  - Due to changes in legislature, clients are more willing to access treatment after updates regarding CPS reporting in those experiencing SUD while pregnant resulting in women getting services
  - Substance use is a common factor in a vast majority of CPS involvement

Minnesota Statute

2023 Minnesota Statutes

260E.31 REPORTING OF PRENATAL EXPOSURE TO CONTROLLED SUBSTANCES.

Subdivision 1. **Reports required.** (a) Except as provided in paragraph (b), a person mandated to report under this chapter shall immediately report to the local welfare agency if the person knows or has reason to believe that a woman is pregnant and has used a controlled substance for a nonmedical purpose during the pregnancy, including but not limited to tetrahydrocannabinol, or has consumed alcoholic beverages during the pregnancy in any way that is habitual or excessive.

(b) A health care professional or a social service professional who is mandated to report under this chapter is exempt from reporting under paragraph (a) if the professional is providing or collaborating with other professionals to provide the woman with prenatal care, postpartum care, or other health care services, including care of the woman's infant. If the woman does not continue to receive regular prenatal or postpartum care, after the woman's health care professional has made attempts to contact the woman, then the professional is required to report under paragraph (a).

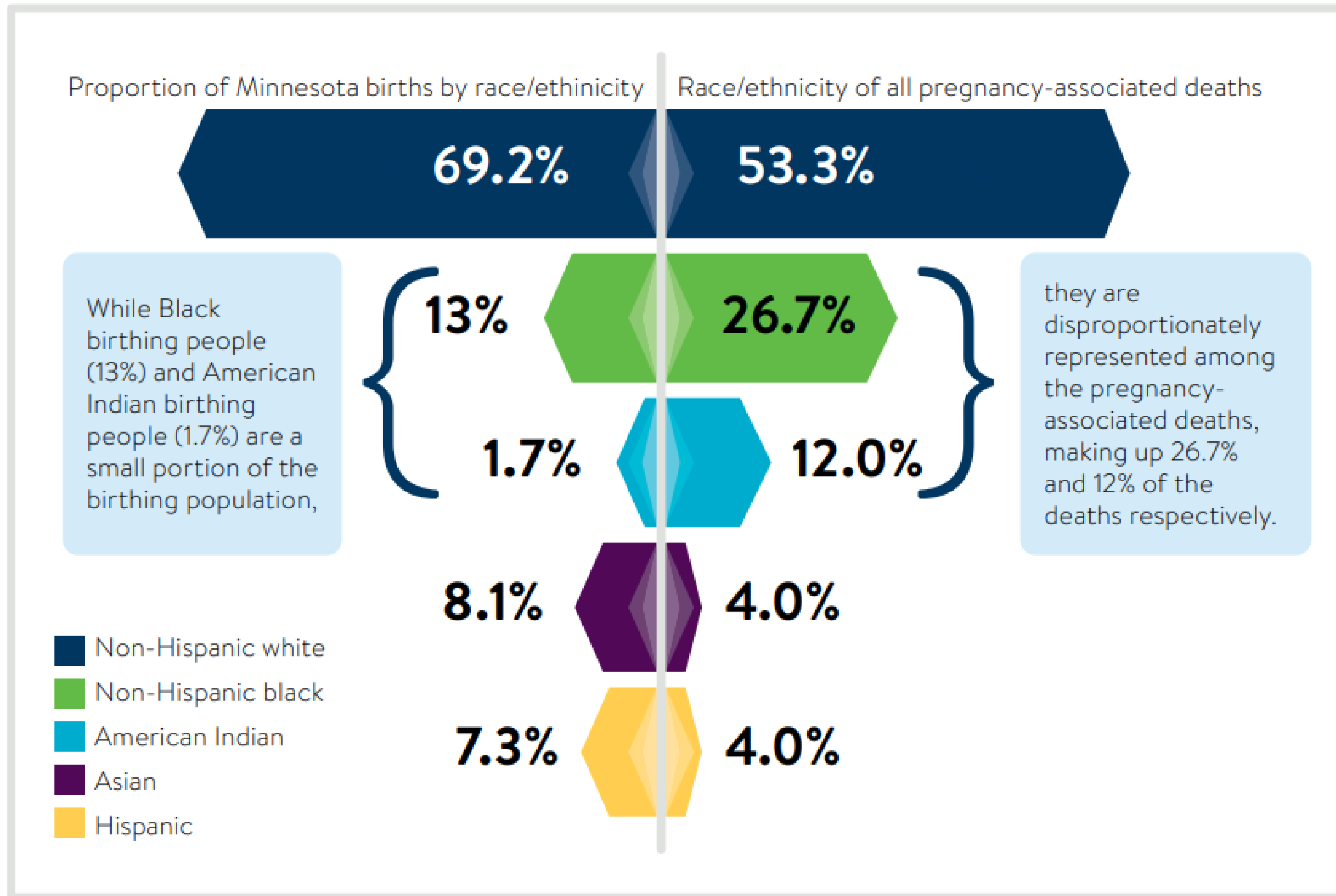
(c) Any person may make a voluntary report if the person knows or has reason to believe that a woman is pregnant and has used a controlled substance for a nonmedical purpose during the pregnancy, including but not limited to tetrahydrocannabinol, or has consumed alcoholic beverages during the pregnancy in any way that is habitual or excessive.

(d) An oral report shall be made immediately by telephone or otherwise. An oral report made by a person required to report shall be followed within 72 hours, exclusive of weekends and holidays, by a report in writing to the local welfare agency. Any report shall be of sufficient content to identify the pregnant woman, the nature and extent of the use, if known, and the name and address of the reporter. The local welfare agency shall accept a report made under paragraph (c) notwithstanding refusal by a voluntary reporter to provide the reporter's name or address as long as the report is otherwise sufficient.

(e) For purposes of this section, "prenatal care" means the comprehensive package of medical and psychological support provided throughout the pregnancy.

Barriers to Care

- Limited access to services
  - Medical and dental care for themselves and their children
  - Difficulties with transportation and childcare for appointments
  - Lack of prenatal or postnatal care
- Lack of knowledge regarding parenting and healthcare topics
  - Home safety (fire extinguisher at home, first aid kit, contact for poison control etc…)
- Unaware of mental health needs and services
  - Shame related to seeking care and services
  - Difficulty adjusting to changes in their lives along with their children



"While Black birthing people (13%) and American Indian birthing people (1.7%) are a small portion of the birthing population, they are disproportionately represented among the pregnancy-associated deaths, making up 26.7% and 12% of the deaths respectively."

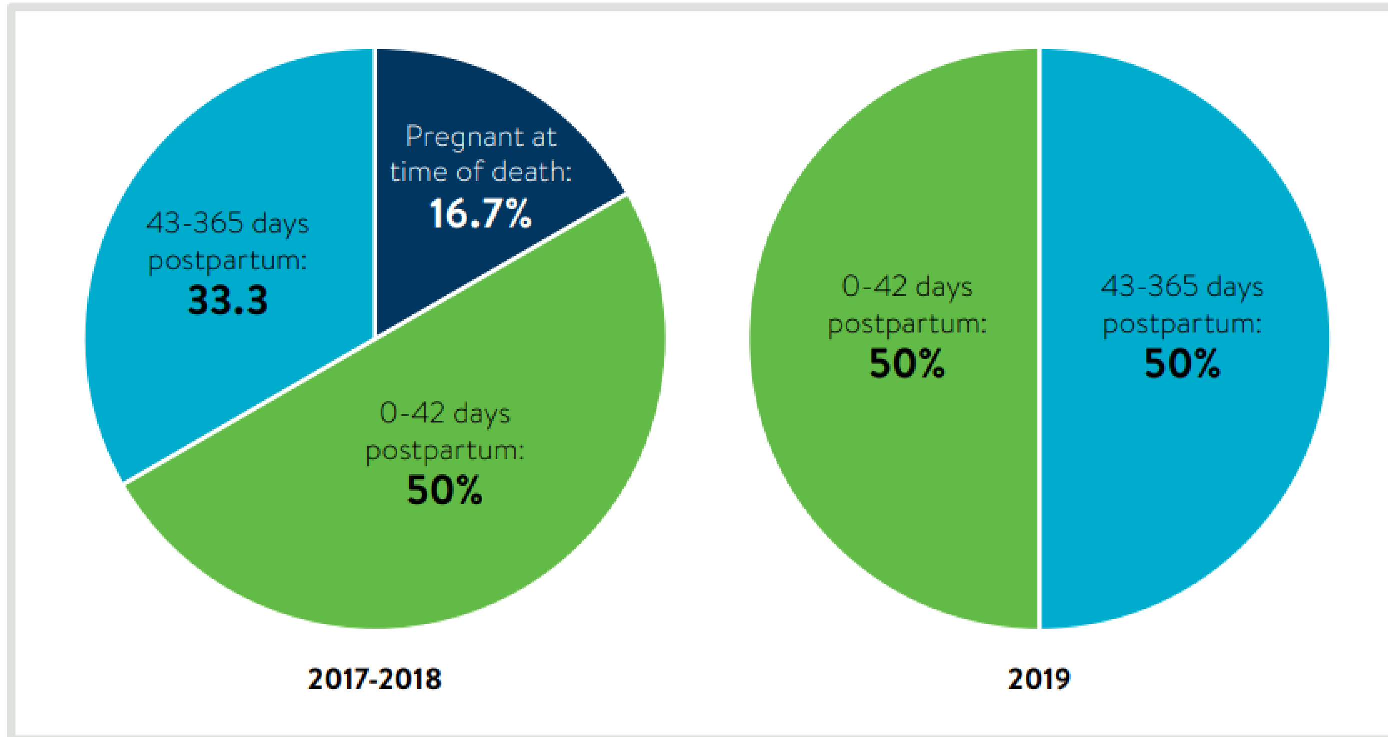
Leading Cause of Death for Pregnancy Associated Deaths

The top five leading causes of all maternal deaths from 2017-2019 were injury (34.7%), mental health conditions (21.3%), cancer (9.3%), infection (5.3%) and four cases where the specific cause of death could not be identified (5.3%).

Table 1: Top Five Leading Causes of Pregnancy-Associated Death, 2017-2019

Cause of death	Frequency	Percent
Injury	26	34.7
Mental health conditions	16	21.3
Cancer	7	9.3
Infection	4	5.3
Unknown cause of death	4	5.3

In Minnesota, there has been a rise in pregnancy-associated fatalities, primarily attributed to injury or mental health issues (including substance use disorders), when compared to other prevalent causes of death.



Pregnancy Related Deaths

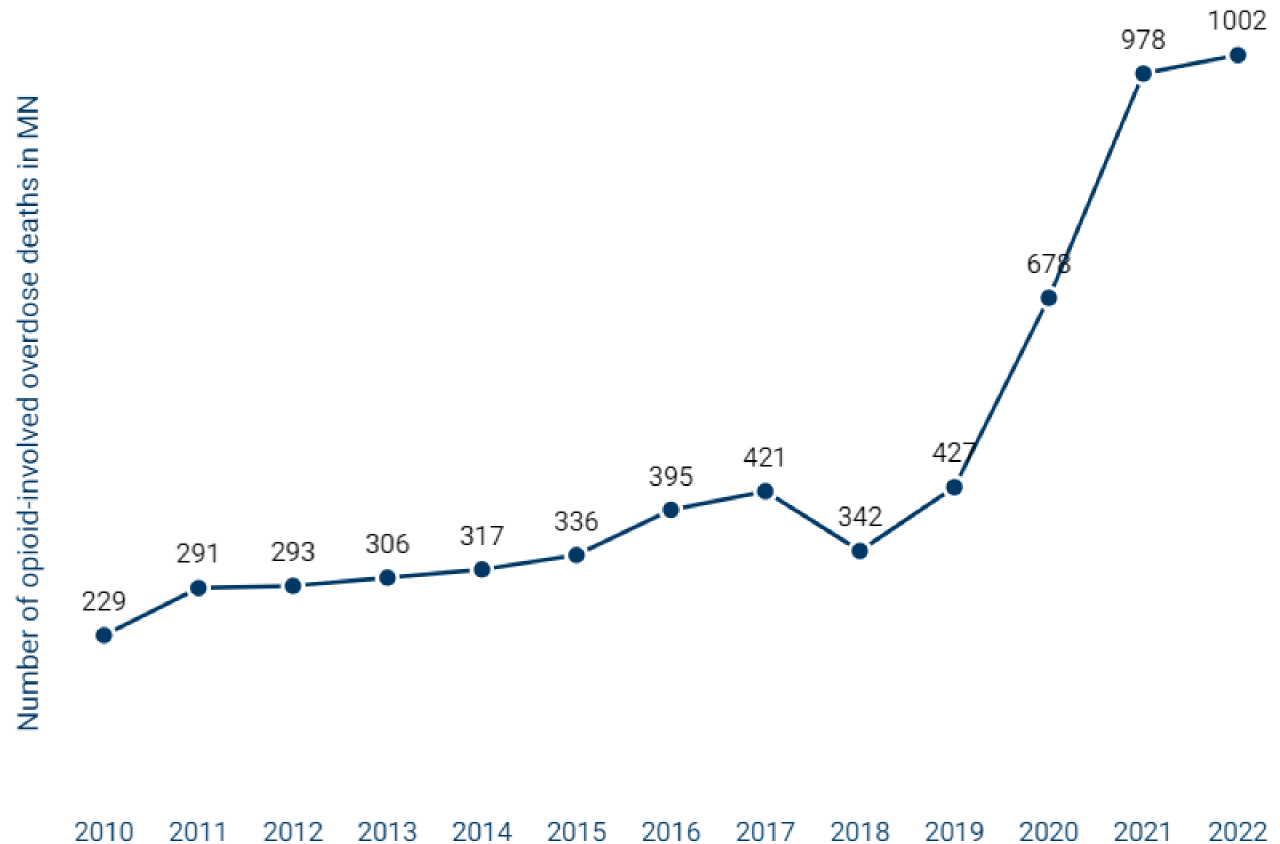
- Importance of acute and long term follow up care

Barriers to Care

- Struggles with substance use through out the perinatal journey
  - Withdrawal management
  - Health care professionals with experience working with SUD and having conversations regarding use
- Additional support regarding family reunification
  - Navigating court and legal proceedings
  - Support for the family dynamic and navigating relationships
- According to the CDC, Opioid use among pregnant women is a significant public health concern
  - From 2010 – 2017, the number of women with opioid related diagnoses at delivery hospitalization increased by 131%

Opioid Overdose Deaths

Department of Health 2022



Medication Assisted Therapy (MAT)

Suboxone: contains both buprenorphine and naloxone

- combination of both drugs helps to assist with the detoxification of opioids and designed to make it less prone to being abused.

Methadone: used in MAT to support the stabilization of an opioid dependent person due to is long lasting opioid medication

- safer, controlled dose of opioid medication that will eventually be tapered off over a period of time.
- reduce overwhelming highs and crashing lows that heroin and other opioids produce

(Dan Wagener 2022)

Medication Assisted Therapy (MAT)

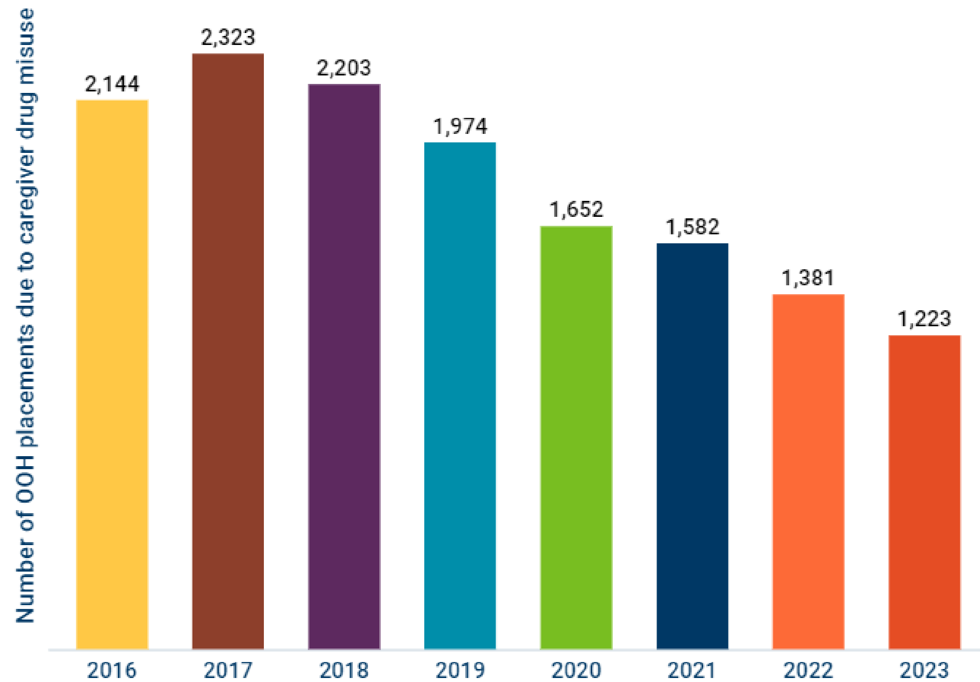
Buprenorphine: is a partial opioid agonist, it occupies the same receptors in the brain that opioid drugs target

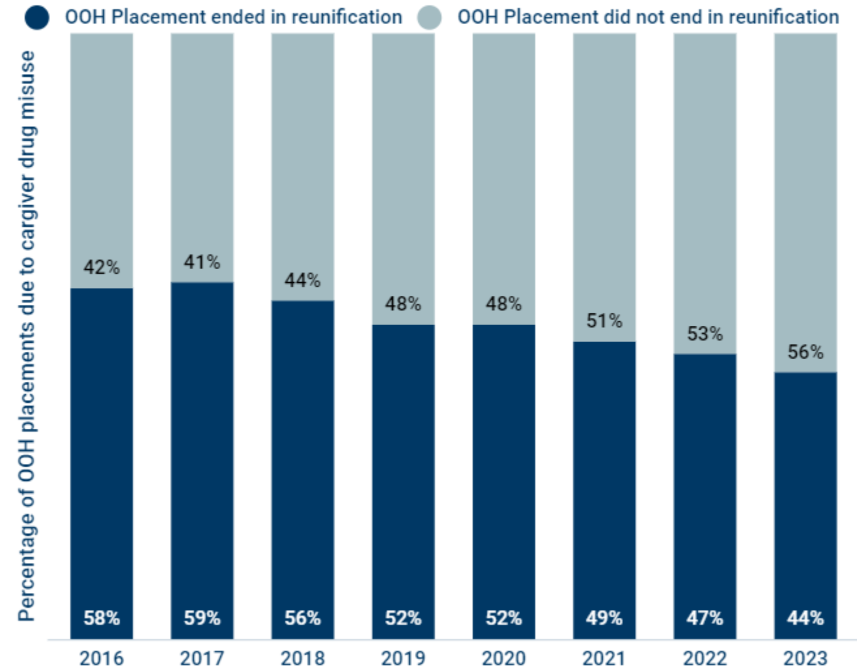
- produces similar but less pronounced opioid effects while preventing withdrawal symptoms.
- when taken as prescribed, users will not get the same “high” or the other effects of the drug they abused.

Naltrexone: is an opioid antagonist, locks to the opioid receptors in the brain and keeps other drugs from attaching to those receptors.

- does not produce any of the effects that other opioid drugs produce
- blocks the “high” that users normally experience when they use opioid drugs
- helps to discourage further drug use and minimize relapse risk.

(Dan Wagener 2022)





MN depart of Health Out-of-home Placement Statistics

Family Treatment

Residential Treatment for Families

- Wayside Recovery Center has a Family Treatment Center (FTC) location in Minneapolis, MN
- Capacity to have up to 18 adult female clients and 17 children, up to age 11.
- FTC has capacity to serve families that have more than one child – there are two mom + 3 rooms, and 2 mom + 2 rooms,
- One of Four in the entire state in which clients can receive residential level of treatment – ASAM 3.5 and 3.1 level of care and have their children live on-site with them
- Wayside is the only FTC that can accept Methadone, due to limited accessibility to methadone clinics outside of the metro area
- Wayside Family Treatment Center provides care to pregnant women as well, and helps clients to establish or maintain pre-natal and post natal care
- Providing advocacy and psychoeducation regarding SUD and pregnancy

Residential Treatment for Families Continued

- Family Service counselor (who is an LADC)
  - Primary focus is CPS cases and helping clients to navigate reunification with their children.
- Case Manager specific to Children and Family Services
  - Daycare
  - Enrolling in school
  - Referrals for therapy
    - Mental health services for parent and child
  - Additional services

Resources

Drug Overdose Dashboard - MN Dept. of Health (state.mn.us)

Sec. 260E.31 MN Statutes

Maternal Mortality Update - Reporting for 2017-2019 (state.mn.us)

Medications for Opioid Addiction | Recovery.org

Cases/Questions/Consultation?