

ASAM Technical Assistance Series

Conversations with Scott Boyles

Train for Change



Disclaimers

Alignment with The ASAM Criteria is required of drug and alcohol treatment providers that receive funding for providing treatment services under agreements with Single County Authorities and/or Managed Care Organizations.

DDAP stresses the importance of reviewing the ASAM Criteria text in its entirety, attending the ASAM two-day training, and reviewing the resources available through DDAP including trainings and documents.

Learning Objectives

- Discuss the difference between skilled treatment services and clinical services
- Explore the Foundations for Individualized Care
- Discuss Transfer and Discharge Criteria
- Promote Internal Support and Supervision around the ASAM Criteria

Considerations

Know your regulations, contractual requirements, policies, procedures, specific definitions, measures, who's requiring them and why...



Clinical Services

Who can perform clinical services?

- **Counselor:** A person trained to give guidance on personal, social, or psychological problems. Clinical addiction and mental health counseling is a distinct profession with national standards for education, training, and clinical practice.
-ASAM Criteria 3rd Edition Page 417
- This includes both **fully credentialed counselors** and those **working towards credentialing**.
 - Counselors must work within the **scope of their practice**.

Clinical Services

What is considered a clinical service?

- **Clinical services:** those services that need to be provided by an individual staffed by the program and meets the definition of a counselor (Ex.: individual and group therapy)
- **Skilled Treatment Services/Types of Services:** may include individual and group counseling, medication management, family therapy, educational groups, occupational and recreational therapy and other therapies. Self help/mutual help meetings, volunteer activities or homework assignments do not represent "skilled treatment services". *-ASAM Criteria 3rd Edition Page 429*

Clinical Services

What is considered a clinical services?

- **In summary,** Skilled Treatment Services support a person's recovery but may not always be considered clinical services.
- All services should be reflective of the treatment plan.

Clinical services may be part of skilled treatment services, but not all skilled treatment services are clinical services.

Are We Designed for Individualized Care?

Individualized Care

Individualized Care



- Standard program activities, how much is too much? "**have too**". AKA-Standard Program Activities
- Do we have room to tailor our services?
- External expectations-Pros and cons
- Does the treatment plan reflect our pre-existing program/services or the individuals needs and relative interventions?
- Shared decision making, around LOC recommendation, Tx plans, interventions, etc.

Are We Designed for Individualized Care?

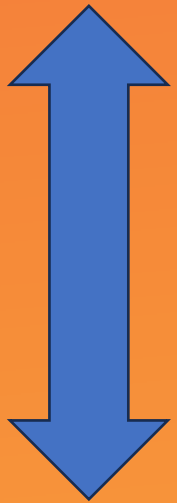
Foundations for Individualized Care



- Patient Autonomy/Shared Decision Making
- Non-judgmental
- Utilize open-ended questions
- Different levels of readiness (issue specific)
- Foster the therapeutic alliance
- Consider the unique personal experiences and worldview of each patient (trauma sensitive, culturally humble, SDOH).

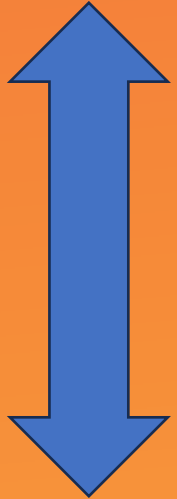
Transfer/Discharge Criteria

Transfers



1. Patient has achieved goals in treatment plan.....**Chronic disease management at a less intensive LOC**.....
2. Patient has been unable to resolve problem(s) (maximum possible benefit).....
3. Patient has demonstrated a lack of capacity due to diagnostic or co-occurring conditions to resolve problem(s).....Treatment at a qualitatively different level of care or type...
4. Patient has experienced intensification of problem(s).....

Transfers



Additional Considerations

1. Collaboration
2. Motivation
3. Increase or decrease services within the **same level of care**
4. Informed consent

Internal Supports and Supervision Around the Criteria

- Measures-How do we know we're using the ASAM Criteria as intended
- **Useful** Policy and Procedures- Assessment, LOC Determination, Continued Stay, Transfer and Discharge, Treatment Plans
- Standardized record review and coaching/feedback
- Patient staffing revolves around the dimensions, LOC decision rules, etc....

"What's measured is improved" Peter Drucker

**Additional
questions?**



Question Submission and Future Topics

- Suggestions for future webinar topics
- Questions should be submitted 10 days in advance of the webinar

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Thank you!



Reminder

Next TA Call = Monday August 5, 2024
10:00am

Topic =Continue Series with Scott

RA-DAASAM@pa.gov



Poll 1

Tell us your role

- Executive Director
- Clinical Director
- Clinical Supervisor
- Counselor
- Administration
- Medical Staff
- Support Staff (e.g. CRS)
- Case Manager
- DDAP
- SCA
- MCO

Submit Vote

Executive Director	2% (3)
Clinical Director	11% (12)
Clinical Supervisor	15% (16)
Counselor	6% (7)
Administration	14% (15)
Medical Staff	0% (1)
Support Staff (e.g. CRS)	0% (0)
Case Manager	2% (3)
DDAP	11% (12)
SCA	18% (19)
MCO	13% (14)

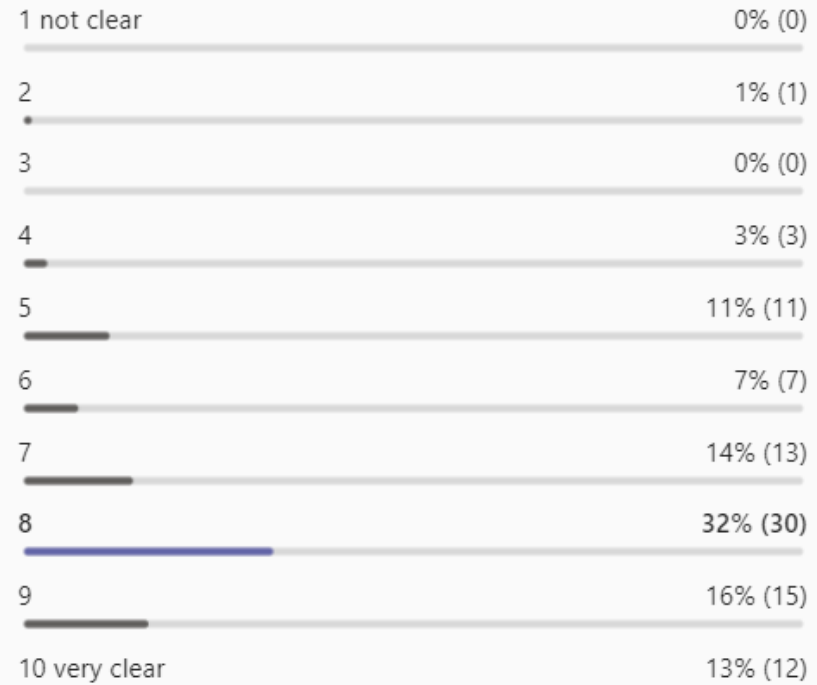
102 responses

Poll 2

Our agency has clear measures in place to assure fidelity to the ASAM Criteria on a scale of 1-10 where 1= not clear and 10= very clear

- 1 not clear
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 very clear

Submit Vote



92 responses