County of Los Angeles Public Health

Resource Guide
Further Study for Prescribers

Matrix for Matching Risk and Severity

	Risk Rating 0	Risk Rating 1	Risk Rating 2	Risk Rating 3	Risk Rating 4
D1	Fully functioning, "no signs of intoxication or withdrawal present".	Mild to moderate intoxication interferes with daily functioning but does not pose a danger to self or others. Minimal risk of severe withdrawal.	Intoxication may be severe but responds to support; not posing a danger to self or others. "Moderate risk of severe withdrawal".	"Severe signs/symptoms of intoxication indicates… an imminent danger to self or others". Risk of severe but manageable withdrawal; or withdrawal is worsening.	"Incapacitated, with severe signs and symptoms. Severe withdrawal presents danger, as of seizures. Continued use poses an imminent threat to life (e.g., liver failure, GI bleed, or fetal death)."
D2	Fully functioning, no biomedical symptoms or signs are present. Biomedical conditions are stable.	Biomedical signs/symptoms are mild to moderate that may interfere with daily functioning.	Biomedical conditions may interfere with recovery and mental health treatment. Neglecting serious biomedical conditions. Presence of acute but non-life-threatening medical symptoms and signs. Shows some "difficulty tolerating and coping with physical problems."	"Poor ability to tolerate and cope with physical problems." Poor health condition. Neglecting serious medical problems but health is still stable.	Presence of serious medical problems. "Patient is incapacitated." Requires medical stabilization and medication management in a hospital setting.
D3	Good impulse control and coping skills in subdomains (dangerousness/lethality, interference with recovery efforts, social functioning, self-care ability, course of illness).	There is a suspected or diagnosed EBC condition that requires intervention but does not significantly interfere with treatment. Relationships are being impaired but not endangered by substance use.	Persistent EBC condition, with symptoms that distract from recovery efforts, but are not an immediate threat to safety and do not prevent independent functioning.	Severe EBC symptoms, but sufficient control that does not require involuntary confinement. Impulses to harm self or others, but not dangerous in a 24-hr setting.	Severe EBC symptomatology; requires involuntary confinement. Exhibits severe and acute life-threatening symptoms (e.g., dangerous or impulsive behavior or cognitive functioning) posing imminent danger to self and others.

American Society of Addiction Medicine. (2013, pp.69-89). *The ASAM Criteria: Treatment criteria for addictive, substance-related, and co-occurring conditions* (3rd ed.). The Change Companies.

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	Risk Rating 0	Risk Rating 1	Risk Rating 2	Risk Rating 3	Risk Rating 4
D4	Patient shows willingness and commitment to both SUD and mental health (MH) treatment. Patient is proactive and responsible.	Patient shows willingness and commitment to both SUD and MH treatment but feels ambivalent with the need for change.	Aware of negative consequences of substance use but has "low readiness to change and is passively involved in treatment. May be inconsistent with treatment and attendance. Moderate intensity engagement or motivational strategies needed.	Patient does not follow through treatment consistently and has limited insight to need for treatment. Not aware of the need to change.	Inability to follow through treatment recommendations and see the connection between substance use and negative consequences. Blaming others for their SUD and unwilling to explore change. Requires immediate action if patient shows imminent risk to harm self/others due to SUD or MH conditions.
D5	Low relapse potential. Good coping skills.	Minimal relapse risk. Relapse prevention skills and self-management skills are fair.	Patient is capable of self-management with prompting but has "impaired recognition and understanding of" relapse.	Limited understanding on relapse and has poor coping skills. Limited relapse coping skills.	No relapse prevention skills to reduce relapse. Repeated treatment has little effect on improving the patient's functioning. Requires immediate action if patient shows imminent risk to harm self/others due to SUD or MH conditions.
D6	"The patient has a supportive environment or is able to cope with poor supports."	Patient is able to cope even with passive support or limited support from loved ones.	Patient is able to cope with clinical structure even though their environment is not supportive of SUD recovery.	Patient struggles with coping even with clinical structure due to unsupportive recovery environment.	Patient's surrounding environment is hostile and not supportive of SUD recovery. Patient struggles to cope with the environment. Requires immediate action if the environment is posting imminent threat to patient's wellbeing and safety.

American Society of Addiction Medicine. (2013, pp.69-89). *The ASAM Criteria: Treatment criteria for addictive, substance-related, and co-occurring conditions* (3rd ed.). The Change Companies.

ASAM LOC: Outpatient Services

ASAM	Title	Description	Provider
0.5	Early Intervention	Screening, Brief Intervention, and Referral to Treatment (SBIRT). *For youth and young adults under age 21	DHCS Certified Outpatient Facilities
1	Outpatient Services	Less than 9 hours of service/week (adults); less than 6 hours/week (adolescents) for recovery or motivational enhancement therapies/strategies	DHCS Certified Outpatient Facilities
2.1	Intensive Outpatient Services	9 or more hours of service/week (adults); 6 or more hours/week (adolescents) to treat multidimensional instability	DHCS Certified Intensive Outpatient Facilities
*2.5**	Partial Hospitalization Services	20 or more hours of service/week for multidimensional instability not requiring 24-hour care	DHCS Certified Intensive Outpatient Facilities (NOT provided by SAPC Provider Network under DMC-ODS)

American Society of Addiction Medicine. (2013, p. 106). *The ASAM Criteria: Treatment criteria for addictive, substance-related, and co-occurring conditions* (3rd ed.). The Change Companies.

ASAM LOC: Residential Services

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ASAM	Title	Description	Provider
3.1	Clinically Managed Low-Intensity Residential Services	24-hour structure with available trained personnel; at least 5 hours of clinical service/week and prepare for outpatient treatment.	DHCS Licensed and DHCS/ASAM designated Residential Providers
3.3	Clinically Managed Population-Specific High-Intensity Residential Services	24-hour care with trained counselors to stabilize multidimensional imminent danger. Less intense milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community and prepare for outpatient treatment.	DHCS Licensed and DHCS/ASAM designated Residential Providers
3.5	Clinically Managed High-Intensity Residential Services	24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. Able to tolerate/use full milieu or therapeutic community	DHCS Licensed and DHCS/ASAM designated Residential Providers

American Society of Addiction Medicine. (2013, p. 106). *The ASAM Criteria: Treatment criteria for addictive, substance-related, and co-occurring conditions* (3rd ed.). The Change Companies.

ASAM LOC: Medically Managed & OTP

ASAM	Title	Description	Provider
*3.7**	Medically Monitored Intensive Inpatient Services	24-hour nursing care with physician availability for significant problems in Dimensions 1, 2, or 3. 16 hour/day counselor availability	Chemical Dependency Recovery Hospitals; Hospital, Free Standing Psychiatric hospitals
*4**	Medically Managed Intensive Inpatient Services	24-hour nursing care and daily physician care for severe, unstable problems in Dimensions 1, 2, or 3. Counseling available to engage patient in treatment	Recovery Hospitals, Hospital; Free Standing Psychiatric hospitals
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	DHCS Licensed OTP Maintenance Providers, licensed prescriber

American Society of Addiction Medicine. (2013, p. 106). *The ASAM Criteria: Treatment criteria for addictive, substance-related, and co-occurring conditions* (3rd ed.). The Change Companies.

Levels of Withdrawal Management

Withdrawal Management	Level	Description
Ambulatory Withdrawal Management without Extended On-Site Monitoring	1-WM	Mild withdrawal with daily or less than daily outpatient supervision; likely to complete withdrawal management and to continue treatment or recovery
Ambulatory Withdrawal Management with Extended On-Site Monitoring	2-WM	Moderate withdrawal with all day withdrawal management support and supervision; at night, has supportive family or living situation; likely to complete withdrawal management
Clinically Managed Residential Withdrawal Management	3-WM (3.2WM & 3.7WM)	Moderate-severe withdrawal, but needs 24-hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery
Medically Managed Intensive Inpatient Withdrawal Management	4-WM	Severe, unstable withdrawal and needs 24-hour nursing care and daily physician visits to modify withdrawal management regimen and manage medical instability

American Society of Addiction Medicine. (2013, p. 107). *The ASAM Criteria: Treatment criteria for addictive, substance-related, and co-occurring conditions* (3rd ed.). The Change Companies.

Further Study: MAT Guidance

Organization	Description	Link
ASAM	**The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder** This guide is intended to aid clinicians in their clinical decision-making and management of patients with OUD.	https://eguideline.guidelinecentral.com/i/1224390-national-practice-guideline-for-the-treatment-of-opioid-use-disorder-2020-update/0?
SAMHSA	**Advisory: Prescribing Pharmacotherapies for Patients With Alcohol Use Disorder** Factsheet on prescribing, assessing, and evaluating medications for Alcohol Use Disorder.	https://library.samhsa.gov/sites/default/files/PEP20-02-02-015.pdf
SAMHSA	**TIP 63: Medications for Opioid Use Disorder** Reviews the FDA-approved medications used to treat OUD and the other strategies and services needed to support recovery for people with OUD.	https://library.samhsa.gov/product/tip-63-medications-opioid-use-disorder/pep21-02-01-002
SAPC	**Information Notice 24-01** **Attachment B: SAPC Required Medications** This notice provides information on MAT services that are required and recommended for providers within the SAPC network.	http://publichealth.lacounty.gov/sapc/bulletins/START-ODS/24-01/SAPC-IN-24-01-Attachment-B-Required-Addiction-Medications.pdf

Further Study: Special Populations

Organization	Description	Link
SAMHSA	**Treating Substance Use Disorders Among People with HIV** Highlights strategies and considerations for SUD treatment providers to effectively engage people with HIV in SUD treatment.	https://library.samhsa.gov/sites/default/files/pep20-06-04-007.pdf
SAMHSA	**Addressing the Specific Needs of Women for Treatment of Substance Use Disorders** Guidance to providers and administrators about the needs of women during substance use disorder.	https://library.samhsa.gov/sites/default/files/pep20-06-04-002.pdf
SAMHSA	**Substance Use Disorder Treatment for People with Co-Occurring Disorders** Screen, assess, diagnose, and manage the treatment of individuals with co-occurring substance use and mental disorders.	https://library.samhsa.gov/sites/default/files/pep20-06-04-006.pdf
SAMHSA	**TIP 54: Managing Chronic Pain in Adults With or in Recovery From Substance Use Disorders** This guide equips clinicians with information for treating chronic pain in adults living with a history of substance use.	https://library.samhsa.gov/sites/default/files/sma13-4671.pdf

Further Study

Organization	Description	Link
ASAM	**The ASAM Clinical Practice Guideline on Alcohol Withdrawal Management** This guide provides healthcare providers with access to guidelines on alcohol withdrawal management in a clear concise format.	https://eguideline.guidelinecentral.com/i/1254278-alcohol-withdrawal-management/0?
ASAM	**Clinical Guidelines** Offers guidelines for a variety of SUD topics.	https://www.asam.org/quality-care/clinical-guidelines
SAMHSA	**TIP 45: Detoxification and Substance Abuse Treatment** This guide provides education for clinicians about withdrawal.	https://library.samhsa.gov/sites/default/files/sma15-4131.pdf
SAMHSA	**Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings** This guide focuses on using medication-assisted treatment for opioid use disorder in jails and prisons and during the reentry process when justice-involved persons return to the community.	https://library.samhsa.gov/sites/default/files/treatment-criminal-justice-pep19-matusecjs.pdf
SAPC	**Provider Manual, Version 9.0** The manual offers information about providing services within the SAPC network of SUD treatment. Service, clinical, and business process standards are included.	http://publichealth.lacounty.gov/sapc/bulletins/START-ODS/24-08/SAPC-IN24-08-Provider-Manual-9.0-Att-II-10-04-2024.pdf