Establishing Effective Treatment

Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions

Scott Teitelbaum, MD, FAAP, FASAM
Vice Chair, Department of Psychiatry
Professor, Department of Psychiatry and Pediatrics
University of Florida, College of Medicine
Pottash Professor in Psychiatry and Neuroscience
Chief, Division of Addiction Medicine
Medical Director, Florida Recovery Center
NIDA’s 13 Principles of Effective Drug Treatment

1. No single treatment is effective for all individuals
2. Treatment needs to be readily available
3. Effective treatment attends to multiple needs
4. Treatment needs to be flexible
5. Remaining in treatment for an adequate period of time is critical for treatment effectiveness
6. Individual and/or group counseling and other behavioral therapies are critical components of effective treatment for addiction
7. Medications are an important element of treatment for many patients

8. Addicted or drug-abusing individuals with co-existing mental disorders should have both disorders treated in an integrated way

9. Medical detox is only the first stage of addiction treatment

10. Treatment does not need to be voluntary to be effective

11. Possible drug use during treatment must be monitored continuously

12. Treatment programs should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis and other infectious diseases

13. Recovery from drug addiction can be a long-term process
The Six Dimensions of Multidimensional Assessment

Dimension 1: Acute Intoxication and/or Withdrawal Potential

Dimension 2: Biomedical Conditions and Complications

Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications

Dimension 4: Readiness to Change

Dimension 5: Relapse, Continued Use, or Continued Problem Potential

Dimension 6: Recovery/Living Environment
Four Features of ASAM Patient Placement Criteria

1) Comprehensive, individualized treatment planning.
2) Ready access to services.
3) Alteration to multiple treatment needs.
4) On-going reassessment and modification of plan.
Characteristics of American Society of Addiction Medicine (ASAM) Model

- Bio psychosocial
- Multidimensional
- Clinically driven
- Variable length of service
- Continuum of care
- Individualized
Level of Care Placement

Adult Levels of Care:

- LEVEL 0.5 – Early Intervention
- OTP LEVEL 1 – Opioid Treatment Program
- LEVEL 1 – Outpatient Services
- LEVEL 2.1 – Intensive Outpatient Services
- LEVEL 2.5 – Partial Hospitalization Services
- LEVEL 3.1 – Clinically Managed Low-Intensity Residential Services
- LEVEL 3.3 Clinically Managed Population-Specific High-Intensity Residential Services
- LEVEL 3.5 – Clinically Managed High-Intensity Residential Services
- LEVEL 3.7 – Medically Monitored Intensive Inpatient Services
- LEVEL 4 – Medically Managed Intensive Inpatient Services
<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>This rating would indicate issues of utmost severity. The patient would present with critical impairments in coping and functioning, with signs and symptoms, indicating an “imminent danger” concern.</td>
</tr>
<tr>
<td>3</td>
<td>This rating would indicate a serious issue or difficulty coping within a given dimension. A patient presenting at this level of risk may be considered in or near “imminent danger”.</td>
</tr>
<tr>
<td>2</td>
<td>This rating would indicate moderate difficulty in functioning. However, even with moderate impairment, or somewhat persistent chronic issues, relevant skills, or support systems may be present.</td>
</tr>
<tr>
<td>1</td>
<td>This rating would indicate a mildly difficult issue, or present minor signs and symptoms. Any existing chronic issues or problems would be able to be resolved in a short period of time.</td>
</tr>
<tr>
<td>0</td>
<td>This would indicate a non-issue or very low-risk issue. The patient would present no current risk and any chronic issues would be mostly or entirely stabilized.</td>
</tr>
</tbody>
</table>
• Preferred level is least invasive that meets treatment objectives while providing safety and security for the patient
• Relapse doesn’t always mean more intensive level
• Need continuum of care
• Length of stay not fixed
• Clinical vs Reimbursement consideration
Women's Recovery Kentucky Centers

A Cumberland Hope Community Center For Women, Harlan
Agency: Cumberland River Behavioral Health

B Brighton Center for Women, Florence
Agency: Brighton Center Inc.

C Women's Addiction Recovery Manor, Henderson
Agency: Henderson Addiction Recovery LLC

D Trilogy Center for Women, Hopkinsville
Agency: Pennroyal MH/MR Board, Inc.

E Liberty Place for Women, Richmond
Agency: Kentucky River Foothills Partnership

F The Hope Center Recovery Program for Women, Lexington
(Program Model)

G The Healing Place Women and Children's Community, Louisville
(Program Model)

Men's Recovery Kentucky Centers

H The Healing Place of Campbellsville
Agency: The Healing Place

I Transitions Grateful Life Center for Men, Erlanger
Agency: Transitions Inc.

J Morehead Inspiration Center for Men, Morehead
Agency: Pathways Inc.

K Owensboro Regional Recovery Center for Men
Agency: Audubon Area Community Services/ Lighthouse Counseling Services Inc.

L CenterPoint Recovery Center for Men, Paducah
Agency: Four Rivers Behavioral Health Inc.

M George Privett Recovery Center for Men, Lexington
(Program Model)

N The Healing Place for Men, Louisville
(Program Model)

O Hickory Hill Recovery Center, Emmalena
Agency: Kentucky River Community Care Inc.

P Men's Addiction Recovery Campus
Agency: Henderson Addiction Recovery LLC

Q Genesis Recovery Kentucky Center, Grayson
Agency: Pathways, Inc.