ASAM CRITERIA ASSESSMENT INTERVIEW GUIDE IMPLEMENTATION REPORT

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Executive Summary

Through a years-long collaborative process between DHCS, UCLA, and ASAM, The ASAM Criteria Assessment Interview Guide ("the Guide") was developed and has become the first ASAM-endorsed, publicly available, standardized version of the ASAM Criteria assessment for adults. While the Guide is not yet widely used in California, early feedback on the Guide shows that substance use disorder (SUD) providers are satisfied with the form, found it comprehensive and easy to use, and would recommend it to others.

The low saturation of the Guide's utilization in California could be due to "version confusion," in that many providers believe that the existing locally developed ASAM Criteria-based interview tools that they have been using are standardized and ASAM-endorsed, while they are not. It is recommended that UCLA and DHCS continue to raise awareness of the importance and availability of this tool as the only free, publicly available, and ASAM-endorsed interview guide. To this effort, UCLA launched an implementation support website for the Guide, which contains a description of the Guide, a link to download the Guide, an introductory video to the Guide, and other supportive materials. Found here: https://www.uclaisap.org/ASAMCriteriaAssessmentInterviewGuide/.

The upcoming release of the 4th Edition of the ASAM Criteria book in December 2023, offers DHCS and UCLA an opportunity to continue to collaborate with ASAM to update the Guide to match the new standards of the 4th Edition. Continuing this work will fill a need for ongoing access to standardized, free, ASAM-endorsed ASAM Criteria-based interview guides.

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Introduction

The ASAM Criteria Assessment Interview Guide (the "Guide") is the first free, publicly available, ASAM-endorsed interview guide for conducting a multidimensional assessment of adults presenting for substance use disorder (SUD) treatment. With the support of DHCS Contract #20-10462-UCLA DMC-ODS Evaluation Contract, the Guide was developed for use by SUD providers by a team at UCLA Integrated Substance Abuse Programs and a group of experts at the American Society of Addiction Medicine (ASAM) and is based on the third edition of *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*. In February 2022, ASAM launched a PDF version of the Guide for public use on their website: https://www.asam.org/asam-criteria/criteria-intake-assessment-form.

This report will serve as deliverable 15 of Contract # 20-10462 providing a status and implementation report of the ASAM Criteria Assessment Interview Guide following its launch.

Methods

Data from two surveys was used to gain insights into the utilization of the Guide and user's experience with the Guide. 1) The County Administrator Survey (CAS) and 2) The ASAM Criterial Assessment Interview Guide Feedback Survey.

County Administrator Survey (CAS)

As part of the DMC-ODS Waiver evaluation, UCLA Integrated Substance Abuse Programs (UCLA) developed an online County Administrator Survey (CAS) to obtain information and insights from SUD/behavioral health administrators of counties participating in the DMC-ODS Waiver. The CAS addresses the following topics: access to care; screening and placement practices; services and training; quality of care; collaboration, coordination, and integration of services; and DMC-ODS Waiver implementation status. Two items were included about the utilization of the Guide and feedback for DHCS regarding the implementation of The ASAM Criteria (see Appendix A for the survey items). UCLA completed data collection in November 2022 from 31 waivered counties, with a response rate of 82%.

ASAM Criteria Assessment Interview Guide Feedback Survey

UCLA, in consultation with ASAM experts, developed the ASAM Criteria Assessment Interview Guide Feedback Survey to gather feedback from SUD clinicians and counselors on the implementation, user-friendliness, clinical utility, and overall strengths and weaknesses of the Guide (see Appendix B for all survey items). UCLA developed this Feedback Survey specifically for providers who have used the Guide, or providers who supervise staff who use the Guide. In February 2023, this survey was distributed to county administrators who, according to their responses to items on the CAS, would recommend or require their county's SUD providers to use the Guide. UCLA also invited attendees of ASAM Criteria Interview Trainings (conducted through the UCLA ISAP Training Department) to respond to the survey. UCLA received 17 responses to the feedback survey. Seven participants were excluded due to failing an attention check item. All ten respondents whose data were included were recruited from ASAM Criteria Interview Trainings conducted by UCLA (April to June 2023). All respondents were from the state of California in the following counties: El Dorado, Lake, San Francisco, and Ventura.

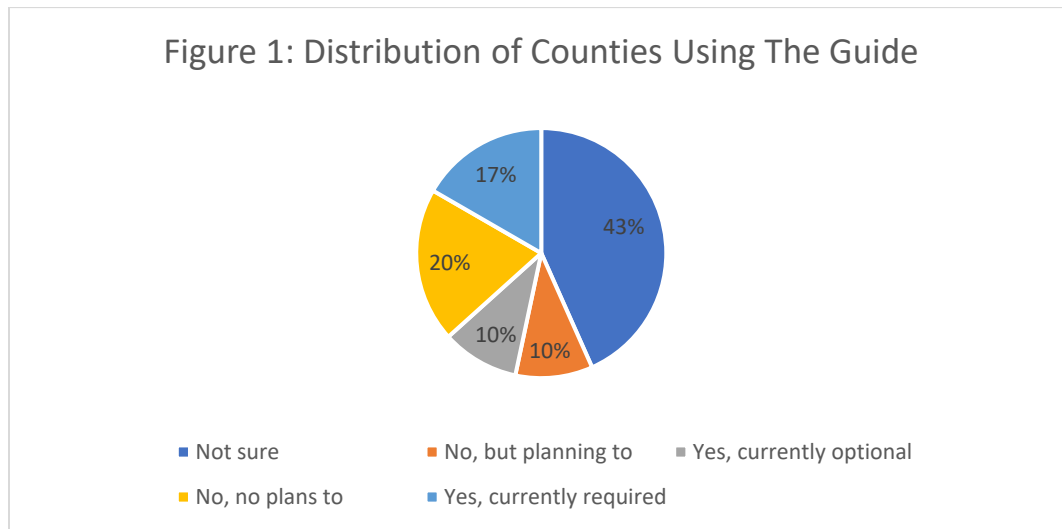# Findings

County Administrator Survey (CAS)

The findings from the County Administrator Survey (CAS) include data from two interview items; feedback regarding implementation of the ASAM Criteria overall (not just ASAM Criteria-based interviews) as well as data from administrators about plans to use the Guide with patients at the local level.

County Feedback: Implementation Processes of The ASAM Criteria Overall

County administrators were asked "What would be helpful for DHCS to know about the implementation of The ASAM Criteria?". As it relates to utilization of the Guide, two county administrators wrote that they thought that a standardized ASAM Criteria-based assessment is a good idea for consistency across counties. Another county administrator pointed out that having the ability to customize the Interview has been necessary for collecting all necessary intake data. The Guide, while standardized, is also customizable to the patient and should meet these needs.

Some counties wanted more direction from DHCS about what level of assessment is needed as part of the DMC-ODS Waiver system, and one county reported that some mental health providers still used out-of-date tools for assessing SUD. These comments support the need for the Guide and more training to further standardize processes and provide this level of guidance.

Adoption of The ASAM Criteria Intake Assessment Interview Guide

Figure 1: Distribution of Counties Using The Guide

As of November 2022, only 37% of county administrators (*n* = 11) reported having plans to or have already begun using the Guide as part of their county practices. 43% (*n* = 13) were unsure about it, requiring more information, and 20% (*n* = 6) reported no plans to use the Guide.

ASAM Criteria Assessment Interview Guide Feedback Survey

The findings from the Feedback Survey were specific to the Guide (not the implementation of the ASAM Criteria overall), with the intention to identify areas for improvement to user-friendliness, clinical utility, and to identify overall strengths and weaknesses of the new Guide.

Respondent Characteristics (*n* = 10)

Respondents were SUD providers from El Dorado, Lake, San Francisco, and Ventura counties. Half (*n* = 5) of the participants have worked in the field of SUD treatment for five or more years; 20% (*n* = 2) have had 1-2 years of experience and another 20% (*n* = 2) have had 3-4 years of experience. Only 10% (*n* = 1) of participants have had less than a year of experience.

Only 60% of respondents used the Guide with patients directly: 30% had used it with 1-5 patients and another 30% had used it with 11 or more patients. The remaining 40% had yet to use the Guide but received training to use the Guide.

Clarity of The Guide

All respondents (*n* = 10) either somewhat or strongly agreed that the wording of the Guide is **clear and easy to understand**. 90% of respondents (*n* = 9) reported that the Guide **offers enough space** to collect information, while one respondent did not think so. All participants (*n* = 10) reported that the color and format of the Guide was **user-friendly**.

Length of The Guide

Respondents varied on whether they thought the interview using the Guide **is too long**. 40% of respondents (*n* = 4) either strongly or somewhat disagreed that the Guide was too long, while 30% (*n* = 3) neither agreed nor disagreed. 30% (*n* = 3) of respondents somewhat agreed that the Guide was too long.

Redundancy in The Guide

Respondents were also split on whether the Guide **asked too many questions about the same thing**. While 40% of respondents (*n* = 4) somewhat disagreed that the Guide was repetitive, 30% of respondents (*n* = 3) somewhat agreed. The remaining 30% (*n* = 3) neither agreed nor disagreed.

Benefits to Placement Decisions, Intake Process, and Treatment Planning

90% of respondents (*n* = 9) either somewhat or strongly agreed that the Guide helped them **think about their clients' goals for treatment**, with 70% (*n* = 7) strongly agreed, but 10% of respondents (*n* = 1) neither agreed nor disagreed.

Similarly, 90% of respondents (*n* = 9) either somewhat or strongly agreed that the Guide was helpful for supporting their **clinical placement decisions**, with 70% (*n* = 7) strongly agreed; however, 10% of respondents (*n* = 1) strongly disagreed with that statement.

Regarding **documentation requirements**, 90% of respondents (*n* = 9) either somewhat or strongly agreed that the Guide helped them with this area, with 30% (*n* = 3) strongly agreed, but 10% of respondents (*n* = 1) neither agreed nor disagreed.

The majority, 90% of respondents (*n* = 9) either somewhat or strongly agreed that the Guide helped them with **treatment planning**, with 60% (*n* = 6) strongly agreed, but 10% of respondents (*n* = 1) neither agreed nor disagreed.

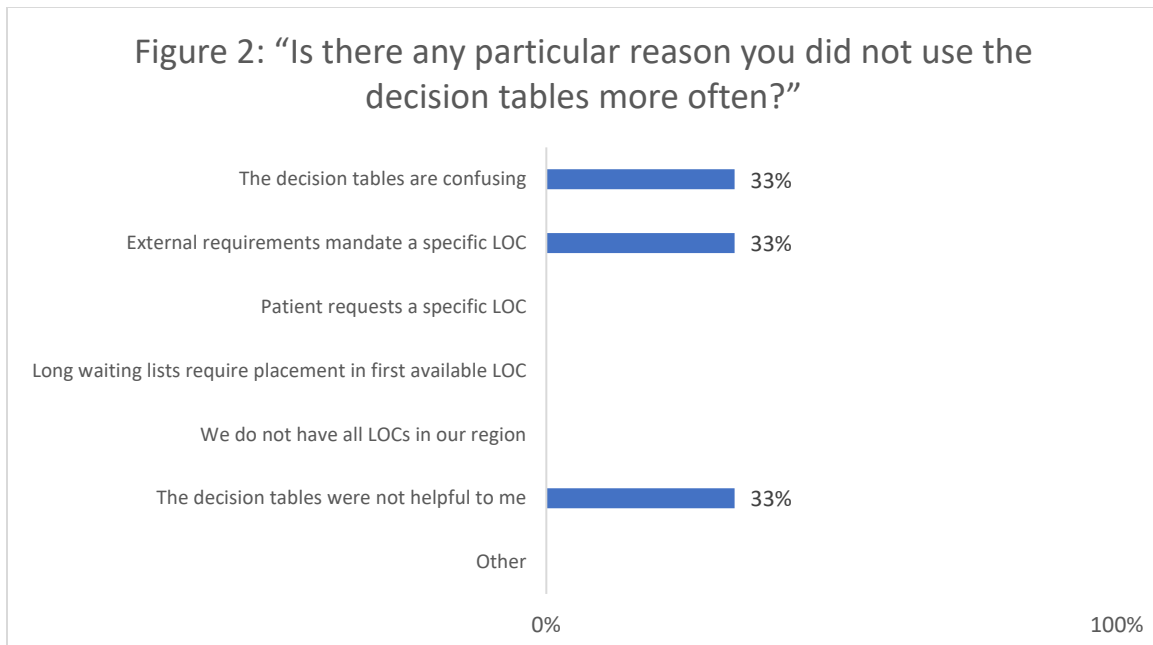### Readiness to Change and Motivation

80% of respondents (*n* = 8) either somewhat or strongly agreed that using the Guide in the assessment helped their patients both to become more **ready to change** their behavior and to feel more **motivated to engage** in treatment, with 30% (*n* = 3) strongly agreed, but 20% of respondents (*n* = 2 neither agreed nor disagreed.

Appendices and Decision Tables

Half of the respondents (*n* = 5) felt that the appendices were **useful**, with one respondent strongly agreed that the appendices were useful. 40% of respondents (*n* = 4) felt neutral about the appendices, with one respondent saying that the appendices were not provided to them.

Half of the respondents (*n* = 5) reported using the **decision tables most of the time**, while 20% of respondents (*n* = 2) reported using them less than half the time. 10% (*n* = 1) of respondents reported using them all the time and about half the time, respectively. One respondent reported that the decision tables were not provided to them.

Respondents indicated multiple reasons they did not use the decision tables more often. One indicated that their level of **familiarity with the ASAM Criteria** eliminated their need to reference the tables frequently, another said that **specific systems** (e.g., CPS, criminal justice, etc.) mandate a specific level of placement, and one respondent stated that the decision tables are **confusing**. See Figure 2 for all available response options.

Figure 2: "Is there any particular reason you did not use the decision tables more often?"

Reason	Percentage
The decision tables are confusing	33%
External requirements mandate a specific LOC	33%
Patient requests a specific LOC	
Long waiting lists require placement in first available LOC	
We do not have all LOCs in our region	
The decision tables were not helpful to me	33%
Other	

Areas for Improvement

Some participants wanted **more training and practice opportunities on scoring risk ratings and each dimension** and more training in how to use the tool in different **modalities**, with one respondent specifically mentioning wanting more training with regard to inpatient withdrawal management. 40% (n = 4) of participants thought that **some important concepts were excluded** in the Guide, such as the DSM-5 diagnostic criteria and the role of spirituality as a recovery support. While the Guide is not intended to be used as a diagnostic tool like the DSM-5, this suggests that more training would be helpful.

Overall

All respondents who had previously used a different version of an ASAM Criteria-based interview (n = 8) reported that the Guide was **slightly better or much better than their previous interview tools**. When prompted to report why the Guide was an improvement, respondents said that not only was the Guide more thorough, consistent, and in-depth, it was also easier to follow and leads "to a clear conclusion".

All participants (n = 10) expressed that **they will recommend** the Guide to other providers. When asked the reason why, participants praised the Guide's **comprehensiveness, ease of use, and usefulness** in determining levels of care and treatment goals. One coordinator even expressed that it is the best assessment that they have seen. Overall, all participants were either somewhat or extremely **satisfied** with the Guide, with four 40% of participants (n = 4) being extremely satisfied.

Recommendations and Next Steps

While the Guide is the first free ASAM-endorsed assessment interview available, it is not well known and has very low saturation in California. This may be due to "version confusion," in that many providers believe that the existing locally developed ASAM Criteria-based interview tools that they have been using are standardized and ASAM-endorsed when they are not. Additionally, the ASAM Criteria book, on which placement and treatment decisions should be based, is not widely available to SUD providers. One respondent mentioned to UCLA that they did not have access to the ASAM Criteria book, and they

speculated that their program did not own a copy. This lack of familiarity with the source material may contribute to version confusion.

It is recommended that UCLA and DHCS continue to raise awareness of the importance and availability of this tool as the only free, publicly available, ASAM-endorsed interview guide. To this effort, the UCLA ISAP Training Department began using the Guide as part of their DHCS-sponsored ASAM Criteria Trainings. UCLA also developed an introductory webinar for the Guide, as well as a website for implementation support. Full URL: https://www.uclaisap.org/ASAMCriteriaAssessmentInterviewGuide/. (See Appendix C for more details.) It is anticipated that use of the Guide will increase as more counties are exposed to the tool, receive ASAM Criteria training with this tool, and understand its benefits.

ASAM recently contacted UCLA to continue work on the Guide, incorporating user feedback and updating it to match the new standards of the 4th Edition of The ASAM Criteria book due in December 2023. Continuing this work will fill a need for ongoing access to standardized, free, ASAM-endorsed ASAM Criteria-based interview guides, and ensure that providers across California will have equitable access to standardized interviewing tools which promote the highest evidenced-based standards of care.

Appendix A: County Administrator Survey: Method of ASAM Level of Care Placement Data Collection

The following two questions are taken from the annual County Administrator Survey as part of the DMC-ODS Waiver evaluation in 2022 related to the adoption of the American Society of Addiction Medicine Criteria (ASAM Criteria).

ASAM and UCLA have created an ASAM-endorsed interview guide, The ASAM Criteria Assessment Interview Guide for adults, which is free for public use. (This interview guide is not required but is an ASAM-endorsed option for counties.)

Is your county currently using the new ASAM Criteria Intake Assessment Interview Guide?
- o Yes, currently requiring use county-wide
- o Yes, currently recommended but optional
- o No, but planning to
- o No, no plans to
- o Not sure, more information needed

What would be helpful for DHCS to know about the implementation of The ASAM Criteria? (Optional)

_____

_____

Appendix B: ASAM Criteria Assessment Interview Guide Feedback Survey

This survey is intended to capture your experience using The ASAM Criteria Assessment Interview Guide *(pictured in the image below). This form can be found at:* https://www.asam.org/asam-criteria/criteria-intake-assessment-form

This is the first and only, free, ASAM-endorsed interview guide, based on the 3rd edition of the ASAM Criteria. Your responses will help improve the form and inform its implementation.
This should take about 5-10 minutes to complete. Thank you for participating!
Please contact Anne with any questions: abellowslee@mednet.ucla.edu Thank you!

Approximately how long have you worked in the field of Substance Use Disorder (SUD) treatment?
- o   Less than 1 year
- o   1-2 years
- o   3-4 years
- o   5 or more years
- o   None/NA

Which version of **this form** (The ASAM Criteria Assessment Interview Guide) are you using?
- o   Paper
- o   Electronic Fillable PDF
- o   Embedded in our EHR (this form is programmed into our electronic health record).
- o   Another version/method
- o   Not Applicable/not using this form

How many patients have you interviewed using **this form** (The ASAM Criteria Assessment Interview Guide)?
- o   None yet, but I'd like to share my impressions
- o   1-5
- o   6-10
- o   11 or more
- o   I don't use the form; I supervise people who use it

How does **this form** compare to your previous practice/form?
- o   Much worse
- o   Slightly worse
- o   About the same
- o   Slightly better
- o   Much better
- o   N/A

Please describe *(optional)*:
_____

How much do you agree with the following statements?

The wording of **this form** is clear and easy to understand.
- o   Strongly disagree
- o   Somewhat disagree
- o   Neither agree nor disagree
- o   Somewhat agree
- o   Strongly agree

This form helped me think about **my client's goals for treatment**.
- o   Strongly disagree
- o   Somewhat disagree
- o   Neither agree nor disagree
- o   Somewhat agree
- o   Strongly agree

This form is helpful for supporting my **clinical placement decisions**.
- o   Strongly disagree
- o   Somewhat disagree
- o   Neither agree nor disagree
- o   Somewhat agree
- o   Strongly agree

This form helped me with my **documentation requirements** (*for example, progress notes, billing, authorizations, etc.*).
- o   Strongly disagree
- o   Somewhat disagree
- o   Neither agree nor disagree
- o   Somewhat agree
- o   Strongly agree

This form helped me with **treatment planning**.
- o   Strongly disagree
- o   Somewhat disagree
- o   Neither agree nor disagree
- o   Somewhat agree
- o   Strongly agree

Using **this form** to guide the assessment helped my patients become more **ready to change** their substance use or other risky/problem areas in their lives. *(For example, topics raised in the interview helped patients become aware of changes they are ready and willing to make)*
- o   Strongly disagree
- o   Somewhat disagree
- o   Neither agree nor disagree
- o   Somewhat agree
- o   Strongly agree

Using **this form** helped my patients feel more **motivated to engage in treatment.**
- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

For quality control purposes, please select "Somewhat disagree" as the response to this item.
- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

Using **this form** to conduct an ASAM Criteria-based assessment took **too long**.
- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

This form asked too many questions about the **same thing**.
- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

I found the **appendices** to be useful when using **this form**.
- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree
- o **The appendices were not provided to me**

I used the **decision tables** (in the appendix) to help my decision-making about Level of Care.
- o All the time
- o Most of the time
- o About half the time
- o Less than half the time
- o Never
- o **The decision tables were not provided to me**

Display This Question:
*   If I used the decision tables (in the appendix) to help my decision-making about Level of Care. = Less than half the time*

Or I used the decision tables (in the appendix) to help my decision-making about Level of Care. = Never

Or I used the decision tables (in the appendix) to help my decision-making about Level of Care. = About half the time

Is there any particular reason you did not use the decision tables more often? *(Select all that apply)*

1. I am very familiar with ASAM Criteria, and I don't always need to reference these tables.
2. The decision tables are confusing.
3. External requirements (Child protective Services, Criminal Justice, professional organization/work, other systems) mandate a specific LOC.
4. Patient requests a specific LOC.
5. Long waiting lists require placement in first available LOC.
6. We do not have all LOCs in our region.
7. The decision tables were not helpful to me (please describe): _____
8. Other: _____

Does **this form** offer **enough space** to collect information you needed? (*For example, are the write-in blanks, check boxes etc. large enough or sufficient to capture information?*)

- o Yes
- o No

Is the color and format of **this form** user-friendly?

- o Yes
- o No

What kind of **training** would be helpful to support use of **this form**?

_____

Are there **important concepts** that are <u>not included</u> in **this form**?

- o Yes, (please describe:) _____
- o No

Would you recommend **this form** to other providers?

- o Yes
- o No

Please explain why or why not (*optional*):

_____

Overall experience: how satisfied are you with **this form**?

- o Extremely dissatisfied
- o Somewhat dissatisfied
- o Neither satisfied nor dissatisfied

- o Somewhat satisfied
- o Extremely satisfied

If you are willing to be contacted in the future to provide additional feedback, please submit your email address below:
- o Name (First Last) _____
- o Email address _____

 In which US state, jurisdiction, commonwealth, freely associated state, miscellaneous insular or outlying area, or territory do your provide services?

▼ I provide services outside the US ... Republic of Palau

Display This Question:
*   If In which US state, jurisdiction, commonwealth, freely associated state, miscellaneous insular or... =*
I provide services outside the US

If you do not provide services in the US, please provide the country where you provide services.
- o Country _____

Appendix C: ASAM Criteria Assessment Interview Guide Website

UCLA launched a website for the Guide on June 15, 2023.

https://www.uclaisap.org/ASAMCriteriaAssessmentInterviewGuide/

The homepage of the website contains a brief description of the Guide, a link to download the Guide via the ASAM website, and an introductory video to the Guide. All these resources can be accessed from the menu bar. A patient response card (see below) to assist with patient interviews using the Guide is also included on the website. Furthermore, UCLA compiled a list of additional training resources on the ASAM Criteria and Motivational Interviewing. This list includes training opportunities and toolkits from ASAM, UCLA, and HealtheKnowledge. Visitors to the site who have feedback can contact the UCLA personnel listed on the website, as well as link to a five-minute survey to provide feedback.

Patient response card

0-Not at all

1-A Little

2-Somewhat

3-Very

4-Extremely