SBIRT IN PRIMARY CARE

Referrals to Treatment

mosaic GROUP

This informational tool is meant to guide providers and additional practice staff assisting with referrals to substance use treatment and resources. By better understanding of the various levels of care, health care providers gain confidence in discussing appropriate options with patients.

The appropriate level of care should ultimately be determined by the patient, following a collaborative and informed discussion. While clinicians may feel that a higher level of care is warranted, it is essential to respect the patient's autonomy and support their ability to make informed decisions based on accurate information and clinical guidance.

Key Considerations

When evaluating a patient's suitability for substance use treatment, several critical factors should be assessed to ensure an appropriate and effective referral:

1. Substance Use Profile

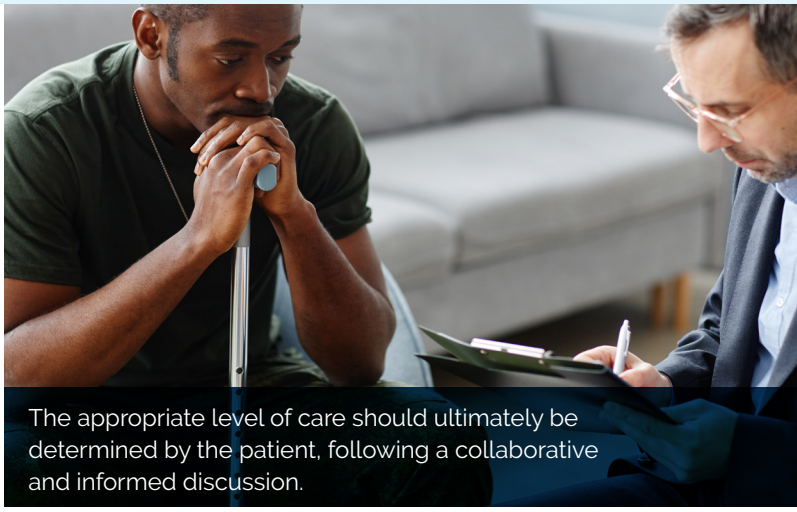
Assess the patient's pattern of substance use, including frequency, quantity, and the substances involved. The severity of use and associated consequences inform the appropriate level of care. For instance, substances like alcohol and benzodiazepines may require medical supervision during withdrawal due to potential health risks.

2. Co-occurring Medical and Mental Health Conditions

Identify any concurrent physical or mental health disorders that may impact treatment. Some facilities specialize in dual diagnosis and are better equipped to manage patients with co-occurring conditions. Ensuring the chosen treatment center can accommodate these needs is essential for comprehensive care.

3. Living Situation and Support System

Evaluate the patient's housing stability and available support network. A stable living environment and strong support system may allow for outpatient treatment options. Conversely, patients who are unhoused or lack social support might benefit more from residential programs that provide structured environments.



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4. Obligations and Accessibility

Consider the patient's responsibilities, such as employment or caregiving duties, which may affect their ability to participate in certain treatment programs. Additionally, assess logistical factors like transportation availability, which can influence the feasibility of attending outpatient services.

5. Motivation and Treatment History

Gauge the patient's readiness and willingness to engage in treatment. Collaborative decision-making enhances treatment adherence and outcomes. Reviewing previous treatment experiences can provide insights into what approaches have been effective or ineffective, guiding the selection of suitable programs.

By identifying and addressing these factors, healthcare providers can facilitate referrals that align with the patient's specific needs, thereby enhancing the likelihood of successful treatment outcomes.

Levels of Care

The American Society of Addiction Medicine (ASAM) Levels of Care assigns treatment settings ranging from 0.5 to 4, with 4 being the most intensive.

Let's review these levels of care and consider appropriate patient populations for each of the levels. (See Figure 1 for a graphic representation of criteria rating.)

The ASAM criteria for treatment settings can help you and your patient select the most effective program together.

Recovery Residence (Level 0.5)

Patients often reside here for several months to years, while maintaining recovery. In this structured environment, residents often share living spaces, participate in house meetings, an adhere to the rules designed to maintain a sobor and safe environment.

Appropriate Patients: Patients who have completed another treatment program but do not have a sober living environment and are concerned their sobriety may be affected by living with others who are not in recovery. Patients may visit their PCP following a residential treatment program and initially decline follow-up care but soon realize they may need additional support to maintain abstinence..

Outpatient (Level 1)

Involvement in outpatient treatment may vary from multiple times each week to monthly, depending on the patient's preference and severity of condition. Patients may directly admit to outpatient treatment or may have used it as a step-down from a higher level of care.

Appropriate Patients: Patients who have a stable, supportive living environment. Often, patients scoring 8 or higher on the AUDIT-C and/or using illicit drugs less than daily can maintain an effective treatment plan in an outpatient setting if they do not have unmanaged co-morbid severe physical or mental health conditions.

Intensive Outpatient/High-Intensity Outpatient (Level 2)

Patient may enter directly from the community or a higher level of care, and have a stable, supportive living environment. This often includes a combination of individual and group counseling sessions and require 9 hours of treatment per week or more.

Note: Opioid Treatment Programs (OTPs) and other programs administering medication for opioid use disorders are considered "Intensive Outpatient" though may not meet the '9 hour' requirement.

Appropriate Patients: Patients who don't feel they need constant supervision and are motivated for recovery. Often, patients using illicit drugs and/or have untreated co-occurring mental health disorders are able to maintain an effective treatment plan in an intensive outpatient setting.

Residential (Level 3)

Patients reside in a facility and may temporarily need nursing care around the clock. The care may decrease in intensity as the patient stabilizes, and includes 1:1 and group counseling and recovery-oriented activities most of the day.

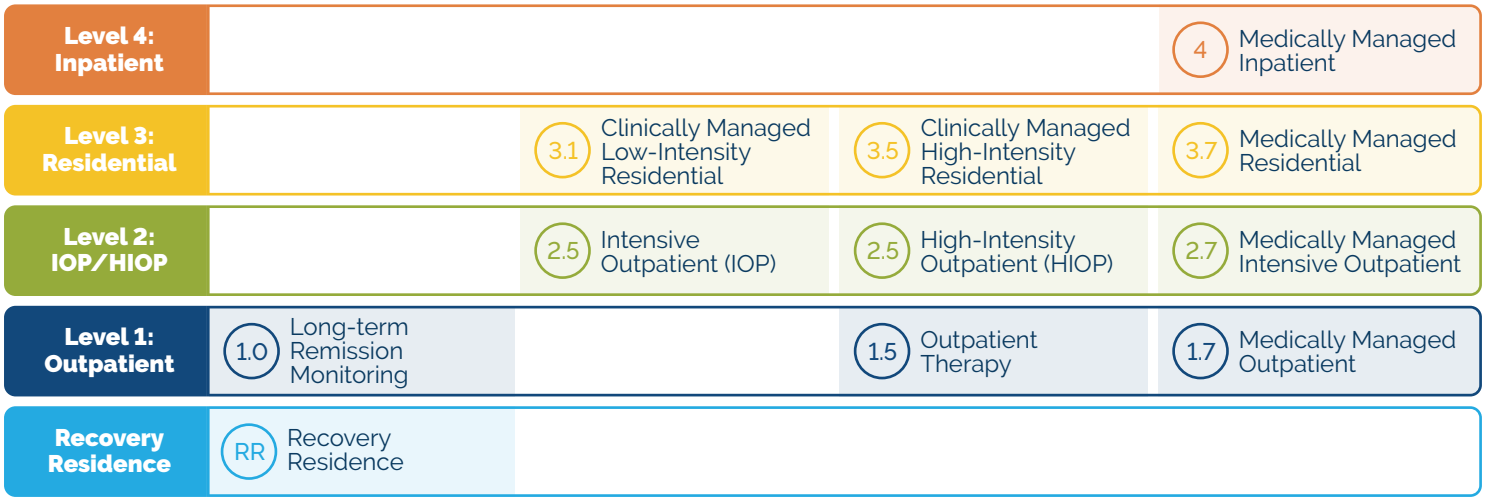
Appropriate Patients: Patients with a desire for high structure and supportive environment to address daily or near daily alcohol/substance use or co-occurring disorders and/or patients who have chronically returned to use following a lower level of care.

Inpatient (Level 4)

Patients reside in a facility under 24/7 supervision and treatment length varies based on patient need, insurance coverage and ability to pay. Care is focused on stabilizing patients and preparing them for a lower level of care.

Appropriate Patients: Patients needing withdrawal management from alcohol or benzodiazepines. Patients with a desire for high structure and supportive environment to address daily alcohol and/or drug use and may have co-occurring disorders and/or patients who have chronically returned to use following a lower level of care.

FIGURE 1. THE ASAM CRITERIA CONTINUUM OF CARE FOR ADULT ADDICTION TREATMENT



American Society of Addiction Medicine (ASAM). Recreated by Mosaic Group.

Self-Help Groups

Self-Help Groups (e.g., AA, NA, SMART Recovery, Celebrate Recovery, etc.; many also known as '12 Step groups') are not listed as part of the formal ASAM Continuum of Care model, as they are neither clinically driven nor professionally directed. While they may be an invaluable resource for many, they are recommended to complement, rather than be part of, the formal ASAM levels of care. It is recommended that any form of self-help group is not presented as the sole option, as these are often faith-based programs that many patients may struggle to find relatable.

Substance Use Treatment Intake and Assessment Process

Overview

The intake and assessment process is a critical first step in delivering effective, individualized care for patients with substance use disorders. This process ensures accurate diagnosis, appropriate placement, and the development of a comprehensive treatment plan. It's helpful to review this with a patient ahead of time so they have accurate expectations and can plan accordingly.

1. Initial Consultation and Information Gathering

Upon initial contact, the patient engages in a structured interview with clinical staff to discuss their substance use history, treatment goals, and any immediate concerns. This session also includes an overview of the program's levels of care, treatment expectations, and patient rights.

2. Insurance Verification and Financial Planning

Administrative personnel verify the patient's insurance coverage or discuss alternative payment options to ensure that financial considerations do not impede access to necessary care.

3. Comprehensive Biopsychosocial Assessment

Once a patient presents at the treatment facility, a thorough assessment is conducted. This often includes a review of medical and psychiatric needs, substance use history and social factors. Medical records are often necessary for higher levels of care for facility to ensure they may meet the physical and mental health needs of the patient.

4. Determination of Treatment Level and Admission Planning

Based on the assessment findings, clinicians determine the most suitable level of care—ranging from outpatient services to residential treatment. Admission scheduling considers patient preferences, facility availability, and logistical factors such as transportation.

This structured approach ensures that patients receive personalized, evidence-based care tailored to their unique needs, facilitating better treatment outcomes.

Provider Checklist to Determine Appropriate Level of Care[1]

By reviewing the below options with your patient and selecting those applying to your patient, you can determine which level of care may be most appropriate. Levels where all or most options are selected may indicate a suitable option.

Recovery Residence

- ☐ Patient was enrolled in a higher level of care and desires continued support and shared housing
- ☐ Patient has experienced a return to use (relapse) after maintained abstinence
- ☐ Patient lives with others who are drinking/using drugs or is currently unhoused
- ☐ Controlled or minimal/no co-occurring physical or mental health conditions
- ☐ Patient aims to maintain steady employment while engaging in treatment
- ☐ Patient does not have primary caregiving responsibilities or is able to delegate when needed

Outpatient Treatment (Level 1)

- ☐ Patient's use is having a moderate impact on their daily life
- ☐ Controlled or minimal/no co-occurring physical or mental health conditions
- ☐ Patient was involved in a higher level of care and desires continued support
- ☐ Patient aims to maintain steady employment while engaging in treatment

OR

- ☐ Patient is interested in reducing their use but not necessarily abstinence

Intensive Outpatient Treatment (Level 2)

- ☐ Patient's use is having a moderate to severe impact on their daily life
- ☐ Patient was involved in a higher level of care and desires continued support
- ☐ Patient has flexible employment schedule/leave or not currently employed

Residential Treatment (Level 3)

- ☐ Controlled or minimal/no co-occurring physical or mental health conditions
- ☐ Patient lives with others who are drinking/using drugs or is currently unhoused
- ☐ Patient's use is having a severe impact on their daily life
- ☐ Patient has returned to use in the past following a lower level of care
- ☐ Patient has flexible employment leave or not currently employed
- ☐ Patient does not have primary caregiving responsibilities or is able to delegate when needed

Inpatient Treatment (Level 4)

- ☐ Patient is using alcohol and/or benzodiazepines regularly and at risk for physical withdrawal
- ☐ Patient's use is having a severe impact on their daily life
- ☐ Patient lives with others who are drinking/using drugs or is currently unhoused
- ☐ Patient has a co-occurring medical condition that requires medical monitoring
- ☐ Patient aims for a highly structured environment
- ☐ Patient has returned to use in the past following a lower level of care
- ☐ Patient has flexible employment leave or not currently employed
- ☐ Patient does not have primary caregiving responsibilities or is able to delegate when needed

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This tool is intended to provide general guidance and should not be used as a comprehensive or definitive determination of the appropriate level of care.