RBHA RICHMOND BEHAVIORAL HEALTH AUTHORITY

BOARD OF DIRECTORS MEETING MINUTES
March 7, 2023

The Richmond Behavioral Health Authority (RBHA) Board of Directors met in the Board Room at 107 S. 5th Street in Richmond, Virginia 23219.

This meeting was also held through electronic communication means due to safety concerns stemming from the coronavirus pandemic.

The public was provided the option to attend in person or by teleconference/videoconference via Zoom.

RBHA Board members present: Tameisha Archer; Karah Gunther, Vice Chair; Dr. Cynthia Newbille via Zoom; Rev. Dana Sally-Allen; Malesia "Nikki" Taylor, Secretary/Treasurer; Eduardo Vidal and Stephen Willoughby.

RBHA Board members absent: Jenny Aghomo; Kristi Babenko; Scott Cannady; Irvin Dallas, Chair; Shauntelle Hammonds; Dr. Brian Maiden; and Sarah Mines.

Staff present: Dr. John Lindstrom, CEO; Amy Erb; Bill Fellows; Susan Hoover; Dr. Jim May; Shenee McCray; Carolyn Seaman; Michael Tutt; Scott Ward; Cristi Zedd; Steve Buffenstein and Meleese Evans, Executive Assistant.

RBHA's Legal Counsel: Jon Joseph of Christian & Barton, LLP.

Guests: None.

Proceedings:

- The meeting was called to order at 3:05 p.m. by Karah Gunther, Board Vice Chair.
- Public Comment: None.
- Board meeting minutes for March 7, 2023, were tabled until the next Board meeting, as a quorum was not present.

Employee Recognitions

- Amber Spivey, LCSW, Program Manager II with the Assertive Community Treatment Team in the Adult Mental Health Services Division was recognized as employee of the month.

Chief Executive Officer's Report - Dr. John Lindstrom

- The CEO Report was discussed and is included in today's Board meeting packet and with today's meeting minutes.
- Dr. Cynthia Newbille and Dr. Lindstrom will meet to discuss increasing City funding.

RBH Foundation Report – Carolyn Seaman

- The RBH Foundation Development Report was discussed and is included in today's Board meeting packet and with today's meeting minutes.
- The RBH Foundation retreat will take place this Friday.
- RBHA Board members were asked to let Carolyn Seaman know of anyone they would recommend for the RBHF Board who are mission driven and passionate about the work RBHA does.

Committee Reports:

Access & Service Delivery Committee – Rev. Dana Sally-Allen

- The Access & Service Delivery Committee has not met since the last Board meeting.

Advocacy & Community Education Committee **–Scott Cannady**

- The Advocacy and Community Education Committee has not met since the last Board meeting.

Executive Committee **– Irvin Dallas**

- The Executive Committee has not met since the last Board meeting.

Finance Committee Report **– Malesia "Nikki" Taylor**

- Total cash in the bank on January 31st was $25.1 million, and RBHA's share of that cash is $6.8 million.
- RBHA's current operating reserve ratio for January was 0.80 or less than 2 months of expenses. The ratio will improve with collections due for services from the City of Richmond and reimbursement for federal funds expensed.
- RBHA's net worth is $17.8 million and year to date net income on January 31st was $15.6 million.
- Gross Accounts Receivable is $8.7 million and net Accounts Receivable, after the allowance for doubtful accounts, is $4.6 million due from the Managed Care Organizations.
- The note payable balance on January 31st was $2.7 million.

Human Resources Committee **–Karah Gunther**

- The Human Resources Committee has not met since the last Board meeting.

Nominating & By-Laws Committee **– Tameisha Archer**

- The Nominating and By-Laws Committee has not met since the last Board meeting.

Presentation: American Society of Addiction Medicine (ASAM) Criteria and ASAM Levels of Care, was presented by Dr. Jim May, Chief Operating Officer, Planning, Development, Research, Evaluation & Substance Use Disorder Services; Karen Redford, Director, Adult Substance Use Disorder Services; and Dierdre Pearson, Director, Women's Gender-Specific Substance Use & Co-Occurring Disorder Services. The presentation is included with today's meeting minutes.

The meeting adjourned at 4:53 p.m.

The next Board of Director's meeting will take place on **Tuesday, April 11, 2023, at 3:00 p.m., at RBHA, 107 S. 5th Street in Richmond, VA 23219.**

Respectfully Submitted:

Irvin L. Dallas
RBHA Board Chair

Dr. John P. Lindstrom
Chief Executive Officer

Richmond Behavioral Health Authority
Board of Directors
Chief Executive Officer**'s Report**
March 7, 2023

It is hard to believe we are approaching the end of the third quarter for FY 23. In the last week you might have seen a flurry of media coverage about Richmond's implementation of Marcus Alert. I hope you were able to spend time reading/viewing the links provided. We should be particularly proud of the work done with community partners and our own staff in putting Richmond at the forefront of this most important effort.

Chelsea Hill Purchase – a site survey will be completed prior to closing.

Licensure reviews – visits to RBHA by Licensure have ramped up as a prelude to Triennial License Renewal this spring.

New Electronic Health Record acquisition – awaiting final recommendations of the EHR selection group.

Zoning application – our formal application for rezoning property in Chesterfield County in support of REACH office operations is complete. Now awaiting a series of public comment opportunities.

RRS-VRS transition – RBHA's personnel profile has been submitted to VRS for the actuarial study.

Position Control – Keele & Company is working with our HR department, full speed, to develop a position control system which we plan to have operational by the end of the fiscal year.

Market Adjustments – RBHA initiated the reclassification and salary adjustments for nurses, nurse managers, and nurse practitioners discussed during the last Board meeting. Our next analysis will focus on any remaining compression, first focusing

on the areas of Case Management, Clinicians, and Administrative Support.

Budget Calendar – Remains on track for review by the Finance Committee

Local Funding Support -

I have followed up on board member requests for a fuller understanding of how differential levels of local support dollars impact operations, flexibility in program offerings, and the ability to gain equity or competitive advantage in staff compensation. A starting place is to examine the local contribution levels of RBHA compared to the surrounding jurisdictions. My colleagues at Chesterfield, Henrico, and Hanover provided the updates presented below. We do not present this information as a shaming exercise, but rather to help you understand our limited opportunities given our local funding.

RBHA's current funding allocation from the City of Richmond is $3,710,000 which falls below the match requirement (9.1 against 10 percent of state general funds, excluding regional). Our FY 23 Operating budget is $70,312,000. We have asked for an additional $287,162 for FY 24 which will meet match requirements unless additional state general funds are awarded. We have also submitted a supplemental request of an additional $90,000 which will not offset the basic match requirement as they are associated with a specific deliverable. As I referenced previously, the City budget planning process (no fault of the City) does not align with the state's timetable for awarding funds. Finally, it is important to note that RBHA must cover all expenses within dollars awarded (state, federal, local) or earned through reimbursement and grants. This includes all facility costs (purchased or rented) and administrative backbone costs such as data systems, HR, payroll processing, legal cost, insurance (risk management), etc.

Chesterfield Community Services has an FY 23 Operating Budget of $49,957,500. The County provides $15,301,100 of total budget, or 30.06 percent. In addition, the County provides their office building rent free. It also provides for payroll processing and their accounting system.

Henrico Area Mental Health & Developmental Services has an FY 23 Operating Budget of $47,855,635. Local support (Henrico, New Kent, and Charles City) totals $19,527,177, or 41 percent. Henrico County provides some buildings rent free while others are covered within budget. In addition, the County provides payroll processing, the accounting system, risk management, services of the County Attorney, auditing costs, recruitment, and employee health, among others.

Hanover Community Services has an FY 23 Operating Budget of $15,610,150. The County provides $5,937,110, or 38.0 percent. In addition, the County provides the office and other supports like Henrico and Chesterfield.

I look forward to a robust discussion.

Respectfully submitted,

John P. Lindstrom, Ph.D., LCP
Chief Executive Officer

RBHF RICHMOND BEHAVIORAL HEALTH FOUNDATION

RBHA Board Meeting
Development Report – March 7,2023

Richmond Behavioral Health Foundation

YTD Unrestricted to RBHF: $38,052.41 (as of 02/28/23)
YTD Restricted Funds (outside of grants) to RBHF: $9,127.00 (as of 02/28/23)
YTD grants awarded: $101,500
YTD gifts-in-kind: $91,500.50
YTD Total Revenue: $240,179.91

	Current Year (FY23)	Past Year (FY22)	2 years ago (FY21)
	Total Grants/Requests Submitted in FY23 (July 1, 2022 – June 30, 2023)	Total Grants/Requests Submitted in FY21 (July 1, 2021 – June 30, 2022)	Total Grants/Requests Submitted in FY21 (July 1, 2020 – June 30, 2021)
Number of Submitted Grants/Requests	3 carried over from FY22 $178,000 6	14 Total: $667,500.00	7 Total: $108,820
Number of Funded Grants/Requests	7	7	3
Dollar Value of Awarded Grants/Requests	$101,500	$86,000.00	$51,320
Number of Pending Grants/Requests	2	2	1
Dollar Value of Pending Grants/Requests	$125,000	$178,000.00	$15,000
Number of Denied Grants/Requests/Postponed	4	3	3
Dollar Value of Denied or Partially Funded Grants/Requests	$151,000	$403,500	$57,500
Gifts in Kind - Monetary Value (Includes Value of Volunteer Hours and Value of donated items)	$91,500.50	$65,242.44 (Volunteer Hours Value) $43,330.00 (Donated Items Value) TOTAL: $108,572.44	$68,357.20

RBHF RICHMOND BEHAVIORAL HEALTH FOUNDATION

RBHA Board Meeting
Development Report – March 7,2023

Volunteer Hours	1075	2306	1551

Update on Grants and Gifts: See attached chart

Volunteer Projects:

- Hands On Greater Richmond – coordinating a DIY Project on our behalf – Children's Personal Care Kits – July 2022 – Received 272 Kits
- Hands On/ Altria Event – July 20th 1pm – 5pm – North Campus WRTC, 100+ volunteers – Project completed
- Hands On/Altria – submitted 3 proposals for fall 2022 projects (see chart)
  Phase 2 of the WRTC Project – project completed September 21st
- 3 DIY Volunteer Projects for the Fall
  - Snack Kits
  - Personal Care Kits
  - Cold Weather Item Kits
  - Drop Off Dates are Nov 3rd, Nov 15th, and Dec 9th
- Hand On Fairfax/CarMax Volunteer Event – November 17th – North Campus – weeding, mulching and putting to bed all the garden spaces for the winter; building raised bed planters for Chelsea Hill Campus; Nourishment Kits
- Submitted 4 Volunteer Grant Proposals for Spring/Summer 2023 to Hands On Greater Richmond
- Spring DIY Volunteer Projects are scheduled (Activity Kits, Nourishment Kits, and Personal Care Kits):
  - April 18, 2023 11am – 2pm
  - April 28, 2023, 11am – 2pm
  - May 10, 2023, 11am – 2pm

Community Engagement:

- American Horticulture Society Conference – Tour of North Campus Greenspace – July 14th, 11am
- Marshall Center Exercise Room Ribbon Cutting – August 2, 1pm – Exercise Room funded by Aetna

Events:

- Marshall Center Exercise Room Ribbon Cutting – August 2, 1pm – Exercise Room funded by Aetna

Appeals:

- *Refresh for Recovery* Campaign – RBHF Board of Trustees Campaign - $5,000 match to paint the entry, dining room, and common areas on the 1st Floor at 1700 Front St.
- Giving Tuesday – November 29th – focusing on Homeless Services for this appeal
- Year-end Appeal – will begin around Thanksgiving – social media, email, and direct mail components

Mini Grants:

We awarded the first 3 $5,000 grants to:

- ACT – develop a Vocational/Educational group to assist individuals with developing job skills and furthering their education

- DS Children's Services – community inclusion events and activities for children and families
- WRTC Children's Services – Welcome Bags for children accompanying their mothers in treatment, community inclusion activities

Second 3 Mini Grants were awarded in January:

- Adult MH Case Management – to assist clients with funding birth certificates and identification cards
- SUD – Front Street – to finish the common areas with curtains, games & activities for the common area AND Alumni House for paint, dishes, linens, personal care items
- DS – REACH Adult Home – to purchase and maintain an indoor hydroponics unit to utilize with residents for skill building and growing their own food – works in conjunction with a cooking group that they facilitate with residents.

GRANT Applications FY23

	Date	Request	Requested	Funded		Not Funded	In Kind Value	Volunteer Hours	Notes
United Way	2/25/2022	Mobile Nurse Health Educator	$ 125,000.00	$ -		$ 125,000.00			Homeless/Residential Services - *Sept notification*
Walmart	4/8/2022	Funding for Snack Kits	$ 3,000.00	$ -		$ 3,000.00			Snack Kits for RICH Clinic and others
Robins Foundation	6/10/2022	CSC - equipment - inside & outside	$ 50,000.00	$ 50,000.00		$ -			CSC - Inside & Outside Equipment - *September notification*
Herndon Foundation	7/25/2022	CSC playground costs	$ 15,000.00	$ 15,000.00		$ -			CSC - Inside & Outside Equipment - *December notification*
Kroger Foundation	7/28/2022	Gift Cards - Homeless Servies Outreach	$ 5,000.00	$ -		$ 5,000.00			
Dominion Foundation	8/5/2022	TDT & CReST programs	$ 10,000.00	$ 7,500.00		$ 2,500.00			Increasing Community Inclusion for Youth with Mental Health Issues
Women of St. Stephen's Church	8/8/2022	Strollers & Car Seats WRTC	$ 2,000.00	$ 1,500.00		$ 500.00			
RMHF	8/16/2022	ACT - funding for Athelos device	$ 7,500.00	$ -		$ 7,500.00			rolling grant fudning until money runs out - 15 days for notification
Richmond Christmas Mother	9/15/2022	Holiday Gifts/Meal for Families	$ 5,000.00	$ 2,500.00		$ 2,500.00			Child & Family to identify 10 youth and families
Altria ACT	11/22/2022	Homeless Services Outreach	$ 25,000.00	$ 20,000.00		$ 5,000.00			Outreach & Move in Costs
Owens Minor	1/6/2023	Personal Care Kits	$ 10,000.00						also presented a volunteer event option for O&M employees
Annual LOI The Community Foundation	1/31/2023	Required for any grant invitation at TCF							
Altria/Changing Our World	2/28/2023	Concept Proposal - Smoking Cessation Pilot Project	$ 115,000.00						North Campus Programs - potential for 2 years of funding
			$ 194,500.00	$ 96,500.00		$ 151,000.00			

Volunteer Projects/Request/GIK							In Kind Value	Volunteer Hours	Notes
Hands On/Altria - Summer	5/20/2022	WRTC Entry Landscaping, Mural, and Kits					$ 15,000.00	300	July 20th Event (15,000 value + 5,000 cash counted in FY22) + 100 volunteers
Hands On/Altria - Fall	7/6/2022	CSU Entry Mural							
Hands On/Altria - Fall	7/7/2022	Chelsea Hill Landcsaping - front & side							
Hands On/Altria - Fall	7/7/2022	WRTC Entry - Complete Raised Bed Planting		$ 5,000.00				90	30 volunteers
VCU Agency Class Proposal	8/1/2022	VCU Capstone Class with Jen Kostyniuk							Fall Semester
Meadow Event Park	8/18/2022	State Fair Tickets for Marshall Center (40)							no response
Hands On Fairfax/CarMax Project	11/17/2022	Weed & Mulch gardens for winter/build raised beds Chelsea Hill					15,000	240	Also kits, rocks, horseshoe pits, sanding and staining picnic tables (80 @ 3)
Hands On/Altria - Spring 2023	1/23/2023	Chelsea Hill Landcsaping - front & side							
Hands On/Altria - Spring 2023	1/23/2023	CSU Entry Mural							
Hands On/Altria - Spring 2023	1/23/2023	CSU Interior Mural							removed from consideration - funding was identified internally
Hands On/Altria - Spring 2023	1/27/2023	REACH Adult CTH Raised Beds							

DIY Volunteer Projects & Other	Date	Personal Care Kits	Nourishment Kits	Cold Weather Kits	Activity Kits	Baby Care Kits	Kit Value	Volunteer Hours	Notes	Volunteer Value ($28.54/hour)
Summer 2022	July	272					$ 2,720.00	54	Hands On Featured Project in July - Children's Personal Care Kits	
Drop Off #1	11/3/2022	40	226	65			$ 3,310.00	46		
Drop Off #2	11/15/2022	21	70	81			$ 1,720.00	27		
Drop Off #3	12/9/2022	200	270	388			$ 8,580.00	145		
CarMax Volunteer Event	11/17/2022		180				$ 1,800.00	18		
Combined Board Project	12/12/2022			72			$ 720.00	15		
Suzanne Massey	11/28/2022	50					$ 500.00	10		
Dominion Volunteers	12/8/2022		1000				$ 10,000.00	100		
Kris Branch/Huguenot Baptist	12/8/2022								Gifts for Marshall Center - 80 gift bags and games	
Altria Clothing Drive	12/4/2022								clothes/coats for children	
Hourigan Construction	12/15/2022			24			$ 240.00	5		
Capital One (75)	12/16/2022			75			$ 750.00	15		
CRA Employees				48			$ 480.00	10		
Spring 2023 Drop Off #1	4/18/2023									
Spring 2023 Drop Off #2	4/28/2023									
Spring 2023 Drop Off #3	5/10/2023									
		583	1746	753			$ 60,820.00	1075		$ 30,680.50

RBH RICHMOND BEHAVIORAL HEALTH

ASAM Criteria & ASAM Levels of Care

Dr. Jim May, Ph.D., Chief Operating Officer, Planning, Development, Research, Evaluation & Substance Use Disorder Services
Karen Redford, Director, Adult Substance Use Disorder Services
Dierdre Pearson, Director, Women's Gender-Specific Substance Use & Co-Occurring Disorder Services

1

American Society of Addiction Medicine (ASAM)

- ASAM is the American Society of Addiction Medicine and the ASAM Criteria is the most widely used and comprehensive set of guidelines for the placement (level of care), stay, transfer and discharge of patients with substance use disorders (addiction) and co-occurring conditions.
- Federal policy requires that states be able to demonstrate that providers meet the ASAM Criteria prior to participating in Medicaid program (since 2015). In Virginia, DMAS later addressed this requirement by hiring Westat to certify that Virginia providers' services meet the ASAM program criteria.

2

History of ASAM in Virginia & RBHA

- Spring 2010: RBHA SUD Services implements use of ASAM patient placement criteria in case management services to guide referrals to contracted services, and to structure services plan reviews.
- 2015-2016: Key RBHA staff help craft the design of Virginia's Medicaid waiver request to add full array of Substance Use Disorders (SUDs) treatment services to Virginia's plan for Medicaid reimbursement (DMAS).
- April 2017: Addition of continuum SUD treatment services (ARTs benefits) to VA's Medicaid plan; required implementation of the ASAM patient placement criteria and program design under Managed Care.
- March 2020: General Assembly directs Department of Behavioral Health & Developmental Services (DBHDS) to utilize emergency authority to revise licensing regulations to align with ASAM or an equivalent set of criteria to ensure the provision of outcome-oriented and strengths-based care in the treatment of SUDs.

ASAM Criteria uses a Multidimensional Assessment

- **Dimension 1: Acute Intoxication and / or Withdrawal Potential**
  - Exploring an individual's past and current experience with substance use and *withdrawal*
- **Dimension 2: Biomedical Conditions or Complications**
  - Exploring an individual's health history and current physical health needs
- **Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications**
  - Exploring an individual's mental health history and current cognitive and mental health needs

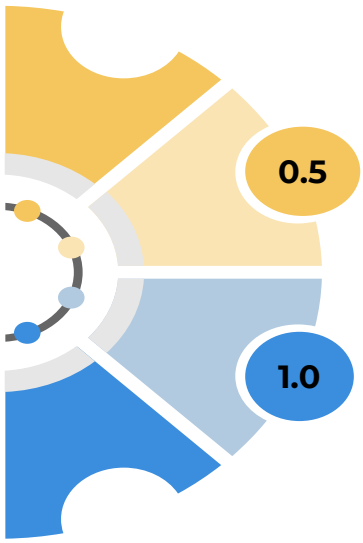
ASAM Criteria uses a Multidimensional Assessment

- **Dimension 4: Readiness to Change**
  - Exploring an individual's readiness for and interest in change
- **Dimension 5: Relapse, Continued Use, or Continued Problem**
  - Exploring an individual's unique needs that influence their risk for relapse or continued use
- **Dimension 6: Recovery/Living Environment**
  - Exploring an individual's recovery or living situation and the people and places that can support or hinder their recovery

Richmond Behavioral Health

5

Adult ASAM Continuum of Care (Level 1)

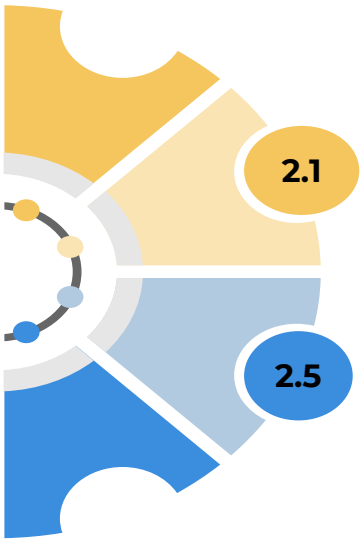


- **Prevention and Early Intervention**
  - Assessments, and education for people at risk of developing a Substance Use Disorder.
  - RBHA service licensed at **ASAM Level 0.5**
    - Outpatient Exploration Group
- **Outpatient Services (OP)**
  - Consists of treatment for substance use that is *less than 9 hours a week*
  - RBHA services licensed at **ASAM Level 1.0**
    - SUD Outpatient Services
    - OBAT group and individual counseling
    - Recovery Plus Opioid Treatment Services (methadone program)

Richmond Behavioral Health

6

Adult ASAM Continuum of Care (Level 2)



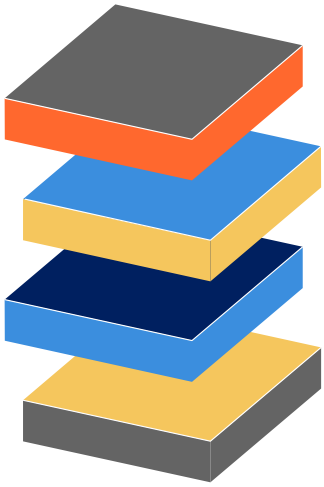
- **Intensive Outpatient Services (IOP)**
  - Consists of *at least 9 hours* and *no more than 20 hours* per week to treat multidimensional instability
  - RBHA service licensed at **ASAM Level 2.1**
    - SUD Intensive Outpatient Services
- **Partial Hospitalization Program (PHP)**
  - Provides structure, and daily oversight for people who need daily monitoring. Consists of at least 20 hours a week but is less than 24-hour care.
  - RBHA *does not presently provide* this **ASAM Level 2.5** service.

Richmond Behavioral Health

7

Adult ASAM Continuum of Care (Level 3)

Levels 3.X are residential services



3.1

- **Clinically Managed, Low-Intensity Residential Services:** Consists of a group home with SUD treatment services provided at least 5 hours per week
  - RBHA services licensed at **ASAM Level 3.1**
    - North Campus Men's Transitional Services
    - North Campus Women's Transitional Services

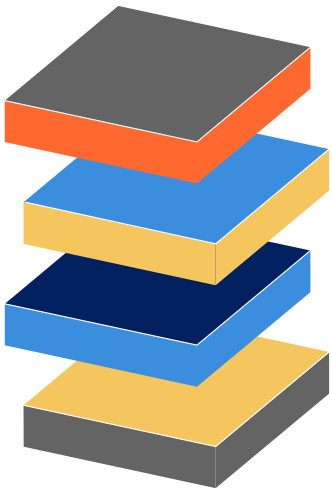
3.3

- **Clinically Managed, Population-Specific High-Intensity Residential Services:** Consists of treatment that moves at slower pace for people with specific needs (i.e., cognitive deficits)

Richmond Behavioral Health

8

Adult ASAM Continuum of Care (Level 3)

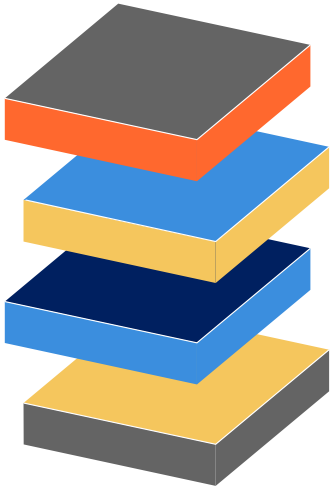


3.5

- **Clinically Managed, High-Intensity Residential Services:** Designed for people who need 24-hr. care or have *serious psychological / social issues*
  - RBHA services licensed at **ASAM Level 3.5**
    - North Campus Men's Intensive Residential Treatment
    - North Campus Women's Intensive Residential Treatment
    - North Campus HOPE Co-occurring Treatment Services

9

Adult ASAM Continuum of Care (Level 3)



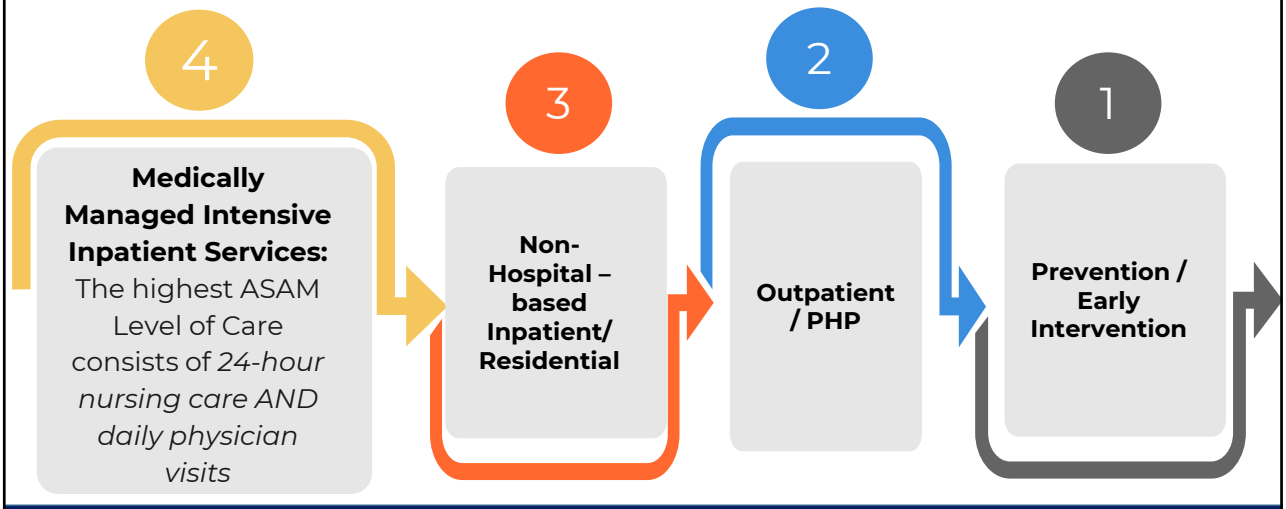
3.7

- **Medically-Monitored Intensive Inpatient (Residential) Services:** For people *who do NOT need daily physician interaction* but do need a 24-hour setting with *intensive medical or psychological monitoring*
  - RBHA services licensed at **ASAM Level 3.7**
    - North Campus Withdrawal (Detox) Management Services
    - Crisis Stabilization Unit's (CSU) Withdrawal Management Services

10

Adult ASAM Continuum of Care (Level 4)

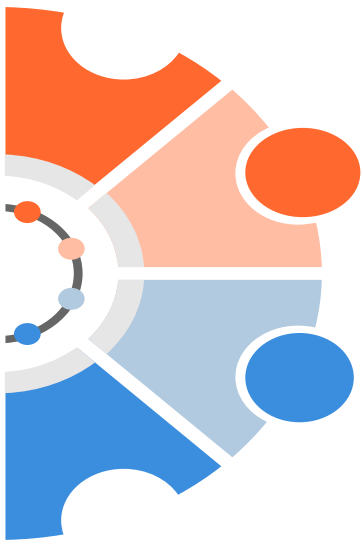
(Level 4 represents hospital-based services)



Richmond Behavioral Health

11

Adolescent ASAM Continuum of Care



- Adolescent ASAM is very similar to adult ASAM Criteria with only slight differences
- Adolescent ASAM does not have a level 3.3

Richmond Behavioral Health

12

ASAM Criteria Staffing Requirements

- **Outpatient Services** (Level 1.0)
  - Staff capable of monitoring stabilized mental health problems & recognizing any instability of individuals with co-occurring MH
  - Medication management services by a licensed independent practitioner with prescribing authority
- **Intensive Outpatient Services** (Level 2.1)
  - Interdisciplinary team including counselors, psychologists, social workers & addiction-credentialed physicians. Physicians shall have specialty training or experience in addiction medicine or addiction psychiatry
  - Staff trained to understand the signs & symptoms of mental disorders & to understand & be able to explain the uses of psychotropic medications & their interactions with SUD & other addictive disorders

13

ASAM Criteria Staffing Requirements

- **Partial Hospitalization** (Level 2.5)
  - Interdisciplinary team of addiction treatment professionals, including counselors, psychologists, social workers & addiction credentialed physicians. Physicians treating individuals shall have specialty training or experience in addiction medicine.
  - Staff able to obtain & interpret information regarding the individual's biopsychosocial needs.
  - Staff trained to understand the signs & symptoms of mental disorders & to understand & be able to explain the uses of psychotropic medications & their interactions with SUD

14

ASAM Criteria Staffing Requirements

- **Clinically Managed *Low-Intensity* Residential** (Level 3.1)
  - 24/7 phone or in-person consultation with a physician in case of an emergency related to SUD 24/7. Onsite allied health professional staff
  - Clinical staff knowledgeable about the biological & psychosocial dimensions of SUD & their treatment & can identify the signs & symptoms of acute psychiatric conditions

ASAM Criteria Staffing Requirements

- **Clinically Managed Population-Specific *High Intensity* Residential** (Level 3.3)
  - 24/7 phone or in-person consultation with a physician, a licensed nurse practitioner, or a physician assistant in case of emergency related to an individual's substance use disorder
  - Allied health professional staff onsite 24/7. At least 1 clinician with competence in SUD treatment available onsite or by phone 24/7
  - Staff knowledgeable about the biological &psychosocial dimensions of SUD & mental health disorders & treatment & able to identify the signs & symptoms of acute psychiatric conditions. Staff shall have specialized training in behavior management techniques

ASAM Criteria Staffing Requirements

- **Clinically Managed *High-Intensity* Residential** (Level 3.5)
  - 24/7 phone or in-person consultation with a physician, a licensed nurse practitioner, or a licensed physician assistant in case of an emergency related to an individual's SUD
  - Onsite 24/7 clinical staffing by credentialed addiction treatment professionals within an interdisciplinary team
  - Staff knowledgeable about the biological & psychosocial dimensions of SUD & mental health disorders & their treatment. Specialized training in behavior management techniques

ASAM Criteria Staffing Requirements

- **Medically Monitored Intensive Inpatient** (Level 3.7)
  - Licensed physician to oversee treatment process. Physician, licensed nurse practitioner, or licensed physician assistant shall be available 24/7 in person or by phone. Assessment by physician within 24 hrs of admission
  - 24 hr nursing care & nursing assessment on admission
  - Interdisciplinary staff trained in behavior management techniques, including physicians, nurses, addiction counselors, & behavioral health specialists able to assess & treat & obtain & interpret information regarding the individual's psychiatric & SUD disorders
  - Staff to provide daily, planned regimen of 24 hour evaluation, care and treatment, including onsite counseling and clinical services
  - Medication-Assisted Treatment (MAT) provided by qualified staff

ASAM Criteria Staffing Requirements

- **Medically Managed Intensive Inpatient** (Level 4.0)
  - Team of professionals providing medical management by physicians 24 hrs/day, primary nursing care & observation 24 hrs/day and professional counseling services 16 hrs/day.
  - Interdisciplinary team including: Addiction-credentialed physicians, nurse practitioners, physician assistants, nurses, counselors, psychologists, & social workers
  - Staff who are knowledgeable about biopsychosocial dimensions of addiction as well as biomedical, emotional, behavioral, and cognitive disorders;
  - Facility approved addiction counselors or licensed, certified, or registered addiction clinicians.

CASE EXAMPLE

"Diana Queen" ASAM LOC 3.7 Withdrawal Management

Dimension 1: Acute Intoxication and / or Withdrawal Potential

- Diana reports drinking all day, every day; smokes $125.00 worth Cocaine & Marijuana daily (uses together). Says she last used all 3 substances this morning before coming to treatment. Describes withdrawal symptoms including shakes / tremors, stomach issues, & irritability. Per medical staff, her Urine Drug Screen (UDS) on admission was positive for Marijuana and Cocaine and her Breathalyzer was positive for alcohol.

Dimension 2: Biomedical Conditions or Complications

- Diana states that she has Hypertension (HTN) and Stage 4 Throat Cancer (in remission). Says she is prescribed medications but doesn't take them when she is using.

Dimension 3: Emotional, Cognitive Conditions and Complications

- Diana's Hx reflects diagnoses of Depression & Anxiety. Doesn't take prescribed meds when using drugs. Describes symptoms of feeling "useless and worthless". Denies any Hx of psych hospitalizations. Denies any homicidal/suicidal ideations, plans, or intent.

CASE EXAMPLE

"Diana Queen" ASAM LOC 3.7 Withdrawal Management

Dimension 4: Readiness to Change

- Diana says she sought treatment b/c she relapsed; doesn't want to "fall back" into her "same old situation," but unable to state other reasons to abstain. Appears to be in contemplative stage of change; still sees benefits in her use.

Dimension 5: Relapse, Continued Use, or Continued Problem

- Diana says substance use began at age 13, with Alcohol and Marijuana. Started using Cocaine at age 15. Denies ever using other substances. She reports multiple previous Tx experiences. Recently completed a program but relapsed the same day; that relapse was triggered by feelings of disappointment. States longest period of clean time was about 2 – 2½ years, several years ago; says she relapses due to money problems.

Dimension 6: Recovery/Living Environment

- Diana says she lives in an apartment by herself. Says she is unemployed but receives a disability income. Denies having any sober supports in the community; says "everybody gets high".

CASE EXAMPLE

"John Rich" ASAM LOC 3.5 Intensive Residential

Dimension 1: Acute Intoxication and / or Withdrawal Potential

- John reports using alcohol & marijuana. Reports he drinks 1-2 bootlegger bottles (malt liquor) 1x/wk ; smokes weed 3-4x/wk. Says he started drinking around age 16-17. Denies that drinking has negative impact on his life or friends/ family (who DO say he drinks too much). Just completed hospital stay for alcohol withdrawal and, according to Nursing assessment, NOT experiencing current withdrawal.

Dimension 2: Biomedical Conditions or Complications

- John denied medical concerns but appeared frustrated, answering "no" quickly. Dx of High Blood Pressure but reports that he consistently takes his medication.

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

- John was previously diagnosed w/ mild ID and autistic disorder. Presented with low tolerance for frustration & lack of impulse control, struggling to identify emotions. Said "I can't get out of this dark hole.... nothing ever works for me". Recently prescribed Seroquel 100mg and Zoloft 25mg to help improve his mood and sleeping patterns. Reports social isolation; denies friends/family. Denies eating three meals a day, says "I don't know." (how much he eats). Says that he is angry "about everything".

CASE EXAMPLE

"John Rich" ASAM LOC 3.5 Intensive Residential

Dimension 4: Readiness to Change

- John is in contemplative stage of change, struggling to see consequences of drug use. Reports using alcohol to cope. He could benefit from learning healthier coping skills for unwanted emotions in a structured environment.

Dimension 5: Relapse, Continued Use, or Continued Problem

- John denied ever trying to stop drinking and denies drinking has negative impact. No previous treatment. Presents with minimal insight into relapse or recovery. Recent TDO due to inability to regulate emotions. Assessed to be at significant risk for relapse outside of LOC 3.5; struggles to understand alcohol exacerbates his negative emotions.

Dimension 6: Recovery/Living Environment

- John currently resides in a rooming house; staff connecting him with independent housing. He remains connected to a non-RBHA case manager and ARC coordinator. He could benefit from psychosocial rehab upon discharge. He denies having a support system even when including family, friends, or case workers.

CASE EXAMPLE

"Ms. Be Well" LOC 2.1 Intensive Outpatient Program

Dimension 1: Acute Intoxication and / or Withdrawal Potential

- Reports use w/in past two weeks, almost 60 days of recovery prior to current relapse; checked herself into St. Mary's after lapse (reports using only for one day). Reports current cravings that increase "whenever I'm about to get my monthly check."

Dimension 2: Biomedical Conditions or Complications

- Reports having cold sores; felt sick prior to hospitalization but no other complaints.

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

- Previous Dx of Schizophrenia & Cocaine Use Disorder. RBHA records reflect previous admissions to CSU > 22x.; self reports 20+ psych hospitalizations in community. She receives monthly injection but needs re-connection w/ psychiatry unit to remain on schedule w/ Invega. Reports "a little bit of depression" but minimizes severity of same.

CASE EXAMPLE

"Ms. Be Well" LOC 2.1 Intensive Outpatient Program

Dimension 4: Readiness to Change

- Reports 60 days Tx @ "Green Leaf" program in Georgia in past year. Relapses in August and in December. Says goal is to "stay clean" and recognizes need for structure and support of IOP. Wants help to achieve her goal of abstaining from substance use.

Dimension 5: Relapse, Continued Use, or Continued Problem

- Provided detailed report of her relapse on cocaine following 60-day programs, twice over the past year. Reports recent substance use - within the past two weeks. Also reports experiencing thoughts about use and cravings. Ms. Be Well will benefit from structured services, several times per week, to develop and reinforce skills to assist her with her goal of "staying clean".

Dimension 6: Recovery/Living Environment

- Individual reports that she does not presently have stable housing.

CASE EXAMPLE

"Holly Jolly" LOC 1.0 Outpatient

Dimension 1: Acute Intoxication and / or Withdrawal Potential: Ms. Jolly presents w/ Hx of alcohol use disorder, but no current signs/symptoms of withdrawal or intoxication.

Dimension 2: Biomedical Conditions or Complications: Previous Dx of Scoliosis, herniated disk, Degenerative Disk Disease; prescribed four- prong cane to assist w/walking upon exacerbation of symptoms. No other issues reported.

Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications: Denied depressive symptoms, reported re-occurring dreams of past traumatic event and emotional dysregulation, suggestive of possible PTSD.

Dimension 4: Readiness to Change: Individual self-reports she is a "10" on a 10-point scale readiness to maintain sobriety.

Dimension 5: Relapse, Continued Use, or Continued Problem: Reports several coping skills to support her recovery and mental health; regularly applies relapse prevention skills; last reported drink was 6 months ago.

Dimension 6: Recovery/Living Environment: Reports no stable housing.

RBH RICHMOND BEHAVIORAL HEALTH

Questions?

Thank you

27