Planning Commission,

I wanted to write to give you more background into Residential Treatment Facilities (RTF) and the American Society of Addiction Medicine's (ASAM) Levels of Care. I wanted to share this information in the hope that we can do some good work for the city of Camas - while recognizing the seriousness of this issue and the background I believe it deserves.

The American Society of Addiction Medicine <u>https://www.asam.org/</u> is the largest leading professional society in addiction medicine. The *ASAM Criteria* and ASAM CONTINUUM are companion text and application that provides counselors, clinicians, and other treatment team members with a computer-guided, structured interview for assessing and caring for patients with addictive, substance-related, and co-occurring conditions.

As you are considering RTF zoning I would encourage you to take a look at their materials. There is a broad range of diagnosis criteria relating to different types of facilities - from Sober Living Homes to full hospital resources.



To give context - Discover Recovery, despite a PR piece in the <u>Camas-Washougal Post Record</u> in which the owners align themselves more as a day spa with resources like "yoga, acupuncture, nutritional therapies and EMDR, or eye movement desensitization and reprocessing," - is applying for a **Level 3.7** license (the highest level directly underneath full hospital Level 4.0). *Please review the chart on page 2 for more information on the dimensions and Levels of Care*.

## Level 3.7 includes patients with:

- a high risk of withdrawal
- low interest in treatment and impulse control is poor,
- Unable to control use, with imminently dangerous consequences despite active participation at less intensive levels of care.
- consumer lacks skills to cope outside of a highly structured 24-hour setting
- Surpasses even Level 3.5 which includes "demonstrates repeated inability to control impulses, or unstable and dangerous signs"

This chart is the reason that many of us are so concerned about this facility and getting our zoning correct. I absolutely feel that our community needs appropriate resources, but I also cannot ignore the fact that out-of-state Level 3.7 individuals detoxing from methamphetamine, with poor impulse control, can now be admitted to a facility sharing a fence with six-year-olds playing, and can leave at any time.

Obviously we need locations for these facilities, at all ends of the continuum. What levels would be allowed at what locations?

Please, let's give this the deep-dive that it deserves. I would also consider you all to read this <u>NPR piece</u> that came out last year about this industry.

Thank you for your time.

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Monteneries         Provincial         Monteneries         Monteneries         Monteneries         Monteneries         Provincial           Monteneries         Monte	Adult ASAM Worksheet	Level 0.5: Early Intervention	OTP Level 1: Opioid Treatment Program	Level 1: Outpatient Services	Level 2.1: Intensive Outpatient Treatment	Level 2.5: Partial Hospitalization	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
Dist         Dist <thdist< th="">         Dist         Dist         <thd< td=""><th>Dimension 1: Acute Intoxication and/or Withdrawal Potential</th><td>No withdrawal risk</td><td>Physiologically dependent on opioids and requires OTP to prevent withdrawal</td><td>Manageable at Level 1- WM</td><td>ageable at Level</td><td>Manageable at Level 2-WM</td><td>Concurrently receiving Level 1– WM or Level 2- WM services</td><td>If withdrawal is present, manageable at Level 3.2-WM</td><td>lf withdrawal is present, manageable at Level 3.2- WM.</td><td>At high risk of withdrawal, but manageable at Level 3.7-WM and does not require the full resources of a licensed hospital</td><td>At high risk of withdrawal and requires Level 4-WM and the full resources of a licensed hospital</td></thd<></thdist<>	Dimension 1: Acute Intoxication and/or Withdrawal Potential	No withdrawal risk	Physiologically dependent on opioids and requires OTP to prevent withdrawal	Manageable at Level 1- WM	ageable at Level	Manageable at Level 2-WM	Concurrently receiving Level 1– WM or Level 2- WM services	If withdrawal is present, manageable at Level 3.2-WM	lf withdrawal is present, manageable at Level 3.2- WM.	At high risk of withdrawal, but manageable at Level 3.7-WM and does not require the full resources of a licensed hospital	At high risk of withdrawal and requires Level 4-WM and the full resources of a licensed hospital
Bit         Nonc or wry radie mediation         Nonc or wry radie mediation         Nonc or wry radie mediation         Nonc or wry radie mediation         Nonce or wre wry radie mediation         Nonce or wre wry radie m	Dimension 2: Biomedical Conditions and Complications	None or very stable	None or manageable with outpatient medical monitoring	None or very stable, or is receiving concurrent medical monitoring	None or not a distraction from treatment	None or not sufficient to distract from treatment	None or stable, or receiving concurrent medical monitoring	None or stable, or receiving concurrent medical monitoring	None or stable, or receiving concurrent medical monitoring	Requires 24 hours medical monitoring but not intensive treatment	Requires 24 hour medical and nursing care and the full resources of a licensed hospital
<ul> <li>Consume is within the made monitoring and implementing the aventues of the made monitoring and implementation. A with monitoring and implementation and interaction many formation and interaction many formation.</li> <li>Constant is with prescription many formation and interaction and i</li></ul>	Dimension 3: Emotional, Emotional or Cognitive Complications Complications	None or very stable	None or manageable in an outpatient environment	None or very stable, or is receiving concurrent medical monitoring	Mild severity with the potential to distract from recovery: needs monitoring	Mild to Moderate severity with the potential to distract from recovery; needs stabilization	None or minimal; not distracting to recovery. If stable, a co-occurring appropriate. If not, a co-occurring is required is required	Mild to moderate severity, needs structure to focus on recovery. Tx should be designed to address significant cognitive deficits. If stable, a co- occurring program is enhanced program is required	Demonstrates repeated inability to control inubules, or unstable and dangerous signs/sx require stabilization. Other functional deficits need setabilization and 24-hour setting to prepare for continuing care. A co- courring mhanced setting required for those with severe and chronic Mil severe and chronic Mil	Moderate severity, needs a 24-hour structured setting, the consumer has a co- occurring menta disorder, requires concurrent MH services in a medically monitored setting	Because of severe and unstable problems, requires 24 hour psychiatric care with concomitant addiction tx (co- occurring enhanced)
Needs andAthigh risk ofAble to maintainIntensification ofIntensification of addictionUnderstandsHas little awarenessHas no recognition of theUnable to control use, withunderstanding ofelapse oreasiny continued useeasiny continued useimminently dangerousunderstanding ofenablese oreasiny continued usewithout OTP andbehaviors and pursueimminently dangerousunderstanding ofenablesionwithout OTP andbehaviors and pursueindicate a highmaintainonlineed use, withunderstanding ofwithout OTP andbehaviors and pursueindicate a highmaintainonly at level 3.3 toimminently dangerousunderstanding ofpercentcontinued use, withonly at level 3.3 toimminently dangerousconsequences despiteuse patterns and/orprogressunderstanding of relapse orhigh inkibe control use, withonly at level 3.3 toimminently dangeroususe patterns and/orprogressunderstanding of relapse orhigh inkibe behavioronly at level 3.3 toimminently dangerousingle relationprogressunderstanding of relapse orindicate a highmaintainonly at level 3.3 toimminently dangeroususe patterns and/orprogressunderstanding andunderstanding andunderstanding andunderstanding andunderstanding andsterent continued usesupportseveral times a weekunderstanding andunderstanding andunderstanding andsterent continued usesupportsupp	Dimension 4: Readiness to Change	Consumer is willing to explore how current alcohol, tobacco, other drug or medication use and/or high risk behaviors may gaals goals	Ready to change the negative effects of optiol use, but is not ready for total abstinence from illicit prescription or non-prescription drug use	Ready for recovery but needs motivating and monitoring strategies to strengthen readines, or needs ongoing management. Or high severity in this dimension but not in other dimensions. Needs Level 1 motvational	Has variable engagement in treatment, a ambivalence, or a lack of awareness of the substance use or MH substance use or MH a a structured program several times a week to promote progress through the stages of change	Has poor engagement in tx, significant ambivalence or a substance use or MH problem, requiring a near- daily structured program or intensive engagement service to promote progress through the stages of change	Open to recovery, but needs a structred maintain therapeutic gains	Has little awareness and needs interventions available only at Level 3.3 to engage and stay in tx. If there is high severity in Dimension 4 but not in any other dimension, motivational enhancement strategies should be strategies should be provided in Level 1	Has marked difficulty with, or oppositional to, tx, with dangerous consequences. If there is high severity in Dimension 4 but not in any other dimension, other dimension, antivation enhancement provided in Level 1	Low interest in tx and despite negative consequences; needs motivating strategies only safely available in a 24- there is high severity in Dimension 4 but not in any other dimension, other dimension, privational enhancement strategies should be provided in Level 1	Problems in this dimension do not qualify the consumer for Level 4 services. If the consumer's only severity is in Dimension 4,5 and/or 6 without high severity in Dimensions 1,2,and /or 3, then the consumer does not qualify for Level 4
Social support         Recovery environment is environment is system or environment is supportive and/or increase the risk of increase the risk o	Dimension 5: Relapse, Continued Use Continued Problem Potential	Needs an understanding of, or skills to change, current alcohol, tobacco, other drug, or medication use patterns and/or high risk behavior	At high risk of relapse or continued use without OTP and structured therapy to promote tx progress	Able to maintain abstinence or control use and/or addictive behaviors and pursue recovery or motivational goals with minimal support	Intensification of addition or MH sx indicate a high likelihood of relapse or continued use or continued problems without close monitoring and support several times a week	Intensification of addiction or MH sx, despite active 2.1 program; indicates a high likelihood of relapse or continued use or continued problems without near daily monitoring and support	Understands relapse, but needs structure to maintain therapeutic gains	Has little awareness and needs interventions available only at Level 3.3 to prevent continued use, with imminent dangerous consequences, because of cognitive deficits or comparable dysfunction	Has no recognition of the skills needed to prevent continued use, with imminently dangerous consequences	Unable to control use, with imminently dangerous consequences despite active participation at less intensive levels of care	Problems in this dimension do not qualify the consumer for Level 4 services. See further explanation in Dimension 4
	Dimension 6: Recovery Environment	Social support system or significant others increase the risk of personal conflict personal conflict tobacco, and/or tobacco, and/or other drug use	Recovery environment is supportive and/or consumer has the skills to cope	Recovery environment is supportive and/or the consumer has skills to cope	Recovery environment is not supportive, but with structure and support the consumer can cope	Recovery environment is supportive, but with structure and support and relief form the home environment, the consumer can cope	Environment is dangerous, but recovery is achievable if Level 3.1, 24-hour structure is available	Environment is dangerous and consumer needs 24- hour structure to learn to cope	Environment is dangerous and the consumer lacks shills to cope outside of a highly structured 24- hour setting	Environment is dangerous and the consumer lacks skills to cope outside of a highly structured 24- hour setting	Problems in this dimension do not qualify the consumer for Level 4 services. See further explanation in Dimension 4

To select the correct level of care, choose the highest level of care that has two or more criteria met. Review admission criteria for chosen level of care to ensure proper clinical fit.