



The table below provides a cross-walk between the services defined in the continuum of care for SUD/OD for the RCORP Planning Needs Assessment and services defined in the Rush model using for estimating need/demand for planning. The Rush model is based in Canada and uses different continuum of care terms and categories than are commonly used in the United States (US). However, most of the content is similar to the commonly used ASAM levels of care used to define the continuum of SUD/OD treatment in the US. The table shows how the US description of the levels of care that are used by the providers across all the counties in this needs assessment map on to the Rush Model’s definitions.

| RCORP Needs Assessment | Rush Model |
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| Prevention | Not in Rush model, mapped from service matrix |
| <p>Engagement and harm reduction</p> <ul style="list-style-type: none"> - Harm reduction- Practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs. Harm reduction incorporates a spectrum of strategies from safer use, to managed use to abstinence to meet drug users “where they’re at,” addressing conditions of use along with the use itself. - Early Intervention- Professional services targeting individuals who are at risk of developing a substance-related problem but may not have a diagnosed SUD. These early intervention services—including individual or group counseling, motivational interventions, and Screening, Brief Intervention, and Referral to Treatment (SBIRT)—seek to identify substance-related risk factors to help individuals recognize the potentially harmful consequences of high-risk behaviors (ASAM Level 0.5) | <p>Community services and supports – Minimal</p> <p>This involves a very limited number of sessions of substance use-specific counselling activities in individual or group formats. These sessions may be quite brief and sometimes offered on an outreach basis.</p> |



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| <p>Outpatient Treatment Services (ASAM level 1.0)</p> <ul style="list-style-type: none"> - Initial level of care for patients with less severe disorders; for those who are in early stages of change, as a “step down” from more intensive services; or for those who are stable and for whom ongoing monitoring or disease management is appropriate. | <p>Community services and supports – Minimal</p> <p>This involves a very limited number of sessions of substance use-specific counselling activities in individual or group formats. These sessions may be quite brief and sometimes offered on an outreach basis.</p> |
| <p>Opioid treatment programs (OTP)</p> <ul style="list-style-type: none"> - OTPs, commonly known as methadone maintenance treatment clinics or opioid maintenance therapy clinics, directly administer MAT (primarily methadone) to patients on a daily basis. Thus individuals receiving medication from OTPs are not required to take a prescription to any outpatient dispensing pharmacy. Due to this organizational structure, OTPs are heavily regulated by federal and state agencies. OTPs are appropriate for individuals who are assessed as meeting the diagnostic criteria for a severe opioid use disorder. | <p>Community services and supports – Moderate</p> <p>This involves a scheduled course of 1- to 2-hour sessions of substance use-specific counselling in group sessions or an individual format. This category also includes opioid replacement services with or without a counselling component.</p> |
| <p>Office-based opioid treatment (OBOT)</p> <ul style="list-style-type: none"> - The OBOT model of care allows waived physicians in office-based settings and in private or public clinics to prescribe outpatient supplies of buprenorphine. However, waived physicians are not permitted to prescribe in inpatient settings. Physicians must complete an eight-hour training approved by the Center for Substance Abuse Treatment and must submit their training credits to the Drug Enforcement Agency to achieve waiver status that allows them to prescribe buprenorphine. | <p>Community services and supports – Moderate</p> <p>This involves a scheduled course of 1- to 2-hour sessions of substance use-specific counselling in group sessions or an individual format. This category also includes opioid replacement services with or without a counselling component.</p> |



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| <p>Intensive Outpatient Treatment (ASAM Level 2.1)</p> <ul style="list-style-type: none"> - These programs provide essential addiction education and treatment components and have two gradations of intensity. They provide intensive outpatient programs provide 9–19 hours of weekly structured programming for adults or 6–19 hours of weekly structured programming for adolescents. Programs may occur during the day or evening, on the weekend, or after school for adolescents. <p>Partial Hospitalization Services (ASAM Level 2.5)</p> <ul style="list-style-type: none"> - These programs differ from intensive outpatient programs in the intensity of services. Partial hospitalization programs are appropriate for patients who are living with unstable medical and psychiatric conditions. Partial hospitalization programs are able to provide 20 hours or more of clinically intensive programming each week to support patients who need daily monitoring and management in a structured outpatient setting. | <p>Community services and support – Intensive</p> <p>This involves a structured schedule of substance use-specific counselling activities taking place over some days/evenings, or part days/evenings, of the week. This category may include the initial intensive phase of opiate replacement therapy. Programs are generally offered for a defined number of weeks while the client resides elsewhere.</p> |
| <p>Outpatient Treatment Services (ASAM level 1.0)</p> <ul style="list-style-type: none"> - See Description Above <p>Opioid treatment programs (OTP)</p> <ul style="list-style-type: none"> - See Description Above <p>Office-based opioid treatment (OBOT)</p> <ul style="list-style-type: none"> - See Description Above <p>Intensive Outpatient Treatment (ASAM Level 2.1)</p> <ul style="list-style-type: none"> - See Description Above <p>Partial Hospitalization Services (ASAM Level 2.5)</p> <ul style="list-style-type: none"> - See Description Above | <p>Withdrawal Management - Home-based/mobile</p> <p>This involves withdrawal management with support provided in a client’s home or other setting while the person continues to live at home or has other safe accommodation. It may also involve visits to a central location (e.g., addictions program) during the day, while returning home at night. This service may involve a medical assessment by a physician and regular monitoring by a nurse and health care worker during the withdrawal process to provide medical management and support.</p> |



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| <p>Acute treatment/service detox</p> <ul style="list-style-type: none"> - Ambulatory Detoxification without Extended Onsite Monitoring (e.g., physician’s office, home health care agency). This level of care is an organized outpatient service monitored at predetermined intervals (ASAM Level 1) - Ambulatory Detoxification with Extended Onsite Monitoring (e.g., day hospital service). This level of care is monitored by appropriately credentialed and licensed nurses (ASAM Level 2) - Clinically Managed Residential Detoxification (e.g., non-medical or social detoxification setting). This level emphasizes peer and social support and is intended for patients whose intoxication and/or withdrawal is sufficient to warrant 24-hour support. (ASAM Level 3.2) - Medically Monitored Inpatient Detoxification (e.g., freestanding detoxification center). Unlike Level III.2.D, this level provides 24-hour medically supervised detoxification services. (ASAM Level 3.7) - Medically Managed Intensive Inpatient Detoxification (e.g., psychiatric hospital inpatient center). This level provides 24-hour care in an acute care inpatient setting.(This is a medical benefit thus it is not a benefit provided under LRP funding (ASAM Level 4) <p>*NOTES:</p> <ul style="list-style-type: none"> - -Included more intensive medical care into this category, keeping residential/inpatient detox in one category that spans across varying levels of medical care. - -Rush includes a level if Withdrawal services called “Home-Based”. This level was excluded because a similar level of care in the United States is not commonly conducted and not consistent with the ASAM levels of care. | <p>Withdrawal management – Community/medical residential</p> <p>This involves withdrawal management in a non-hospital residential setting. Although the environment and supportive services are largely nonmedical, this service may involve a medical assessment by a physician and regular monitoring by a nurse and health care worker during the withdrawal process to provide basic medical management and support.</p> |



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| <p>Residential inpatient</p> <ul style="list-style-type: none"> - Programs include 3 sublevels (Clinically managed low-intensity residential services (ASAM level 3.1), clinical managed population specific (i.e., cognitive impairment) high-intensity (ASAM Level 3.3), and clinically managed high intensity residential services (ASAM Level 3.5). The uniting feature is that these services all are provided in a structured, residential setting that is staffed 24 hours daily and are clinically managed. | <p>Residential services and supports – Residential services</p> <p>These services provide accommodation as well as structured, scheduled interventions and activities specifically designed to ameliorate substance use problems and/or moderate severity co-occurring disorders.</p> |
| <p>Medically managed intensive inpatient</p> <ul style="list-style-type: none"> - Medically Monitored Intensive Inpatient Services (ASAM Level 3.7). This level of care is appropriate for patients with biomedical, emotional, behavioral and/or cognitive conditions that require highly structured 24-hour services including direct evaluation, observation, and medically monitored addiction treatment. Medical conditions are not severe enough to warrant inpatient hospital stay. | <p>Residential services and supports – Complexity enhanced</p> <p>These services provide accommodation within a health care setting with a high level of medical and psychiatric capability and which involve structured, scheduled programs of substance use treatment activities for clients with significant substance use problems, co-occurring medical/psychiatric disorders, or other complex needs.</p> |



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| <p>Recovery support services</p> <p>Nonclinical services that assist individuals and families to recover from alcohol or drug problems. Examples include:</p> <ul style="list-style-type: none"> - Self-help and support groups (e.g., 12-step groups, SMART Recovery®, Women for Sobriety); Life skills - Employment services and job training - case management and individual services coordination - Providing linkages with other services (e.g., legal services, Temporary Assistance for Needy Families, social services, food stamps) - Outreach - Relapse prevention - Housing assistance and services - Child care - Transportation to and from treatment, recovery support activities, employment, etc. - Family/marriage education - Peer-to-peer services, mentoring, and coaching - Spiritual and faith-based support - Education: Academic, parent education and child development support services, substance abuse education, etc. | <p>Residential services and supports – supported recovery</p> <p>This involves accommodation and a range of lifestyle and psychosocial supports in an alcohol and drug-free setting but not including a highly structured schedule of treatment.</p> <p>Other support services – Internet-based (virtual) and mobile-based technologies</p> <p>These innovations are emerging as critically important in the delivery of substance use services and supports and have been increasingly harnessed to distribute educational and health literacy materials as well as deliver a range of self-administered and therapist-assisted interventions.</p> <p>Other support services – Mutual aid groups</p> <p>Supports available through groups such as Alcoholics Anonymous and Narcotics Anonymous are widely recognized as a key component of substance use systems.</p> <p>Other support services – Housing</p> <p>This involves accommodation that addresses the continuum of housing needs of people with substance use problems, and/or co-occurring disorders. Options vary from short-term low-threshold shelter to supervised supportive housing to longer term third-stage housing with access to more limited supports.</p> |



Adirondack Health Institute

Substance Use Disorder/Opioid Use Disorder (SUD/OD) Services
Cross-Walk between RCORP Needs Assessment and Rush Model



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Text for Definitions Above Extracted From:

- ASAM's Levels of Care: <https://www.asamcontinuum.org/knowledgebase/what-are-the-asam-levels-of-care/>. Note- when "level" is used in text below, it refers to ASAM's levels.
- Overview of Substance Use Disorder (SUD) Care Clinical Guidelines: A Resource for States Developing SUD Delivery System Reforms- <https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/iap-downloads/reducing-substance-use-disorders/asam-resource-guide.pdf>
- Rush, Tremblay, Brown. Development of a Needs-Based Planning Model to Estimate Required Capacity of a Substance Use Treatment System. Journal of Studies on Alcohol and Drugs.(s18), 51–63 (2019)
- Harm Reduction Coalition (<https://harmreduction.org/about-us/principles-of-harm-reduction/>)