



BOARD OF DIRECTORS

OFFICERS

President

Albert M. Senella

Tarzana Treatment Centers, Inc.
Kern, Los Angeles, Orange,
Riverside, San Bernardino, and Ventura
Counties

Vice President

Vitka Eisen, MSW, Ed. D.

HealthRIGHT 360
Kings, Los Angeles, Madera,
Riverside, San Francisco,
and Sutter Counties

Secretary

Shawn Jenkins

WestCare California
Butte, San Joaquin, Merced, Madera
Fresno, Kings, Kern, Tuolumne, Solano,
Sacramento and San Luis Obispo
Counties

Treasurer

Norman Sprunck

Western Pacific Med Corp
Los Angeles, Orange, Ventura Counties

BOARD MEMBERS

Brett Andrews

PRC-Baker Places
San Francisco County

Jack Bernstein

CRI-HELP, Inc.
Los Angeles County

Doug Bond

Amity Foundation
Los Angeles, Madera, San Bernardino
and San Diego Counties

Chris Brosch

Phoenix Houses of California, Inc.
Kings, Los Angeles, Madera, Orange,
San Bernardino, San Diego, and Ventura
Counties

Alex Dodd

Aegis Treatment Centers
Butte, Fresno, Kern, Los Angeles
Merced, Placer, San Bernardino,
San Joaquin, San Luis Obispo,
Santa Barbara, Stanislaus, Sutter,
Ventura, Yuba Counties

Deena Duncan

Volunteers of America
Los Angeles County

Luis Montes

Narcotics Prevention Association Inc.
Los Angeles County

Juan Navarro

Los Angeles Centers for Alcohol & Drug
Abuse Los Angeles County

Shirley Summers

Behavioral Health Services, Inc.
Los Angeles, Orange Counties

Sushma Taylor, Ph.D.

Center Point, Inc.
Marin, Sonoma, Napa, Contra Costa,
Alameda, Solano, Del Norte, Lassen,
Tuolumne, San Joaquin, and Amador

Elvia Torres

SPIRITT Family Services
Los Angeles County

In memoriam
Dale Shimizu

February 4, 2021

Julia L. Chang, MBA, MS Chief Executive Officer
American Society of Addiction Medicine
11400 Rockville Pike, Suite 200
Rockville, MD 20852

Subject: Commercialization of the ASAM Criteria

Dear Ms. Chang:

On behalf of the California Association of Alcohol and Drug Program Executives (CAADPE), this letter addresses the American Society of Addiction Medicine's (ASAM) commercialization of its ASAM Criteria.

CAADPE is a large California state association representing publicly funded and private substance use disorders (SUD) service providers across the state. CAADPE member agencies provide the full continuum of SUD services. CAADPE was a pivotal organization in advocating for California's adoption of the ASAM Criteria in California's system of care. CAADPE is now genuinely concerned about ASAM's policy regarding the Criteria.

The ASAM Criteria is an important set of national guidelines that facilitate the standardized care and placement of individuals with SUD. Like the Addiction Severity Index (ASI) and comprehensive biopsychosocial psychiatric assessments that are standard components of medical school curricula, the ASAM Criteria provides a multidimensional SUD assessment framework that facilitates identifying the appropriate level of care, decision-making and other aspects of care delivery for the SUD workforce, particularly for those with non-medical backgrounds. The ASAM Criteria aims to move the addiction field toward outcome-oriented and result-based care, and CAADPE joins others across the country in commending ASAM for its leadership in developing the Criteria.

However, CAADPE's concern is about the unintended consequences resulting from ASAM's policy and actions in enforcing copyright restrictions related to the ASAM Criteria. Requiring entities that train on and mention the Criteria to pay licensing fees according to a fee schedule based on the number of participants and training duration is have a chilling effect on the training and use of the ASAM Criteria and will ultimately diminish, rather than expand, access to treatment.



This is particularly disappointing to CAADPE given its extraordinarily strong advocacy for California to adopt the ASAM Criteria as the statewide and national standard. CAADPE advocated adoption of the ASAM Criteria as a required national standard, thus making the Criteria's use required as a condition of receiving licensure and claiming reimbursement for SUD services with public funds such as Medicaid (Medi-Cal in California). CAADPE's advocacy preceded ASAM's own advocacy for the adoption of the Criteria in California and other states to utilize the ASAM Criteria.

CAADPE believes that ASAM's efforts to mandate the ASAM Criteria and then to enforce copyright restrictions and licensing fees is a revenue opportunity that exploits the publicly funded SUD systems and represent questionable professional and business ethics and practices. These questionable practices impair California's safety net system. The safety net system needs to focus resources and energies on realizing the full benefit of California's Medicaid waiver programs that are intended to fortify SUD systems and build up the knowledge and skills of the addiction treatment workforce.

As a result of ASAM's copyright restrictions, health jurisdictions and providers that have been mandated to implement the ASAM Criteria have been either paying licensing fees to provide ASAM trainings – diverting resources that could otherwise be used for services for safety net populations. CAADPE is extremely concerned the costs charged will continue to shift to providers and further take away from treatment resources. SUD providers are instead using industry/field accepted alternatives that enable them to appropriately train staff without the additional licensing fees, thus retaining resources for direct patient services.

ASAM's aggressive initiative for widespread adoption of its Criteria paired with its subsequent actions to limit training on the Criteria through copyright restrictions have done just the opposite: it has limited access to training and diverted resources for safety net systems. In addition, ASAM's actions have created confusion around training with the direct consequence of harming SUD care and systems, while also threatening fidelity.

ASAM has cited lack of fidelity as the major driver behind its pursuit of perceived copyright infringements involving its Criteria. Its website states, "*Recent growth in use of **The ASAM Criteria** has been accompanied by increasing reports of misuse and unapproved use by some providers and payers. In some cases, parts of **The ASAM Criteria** standards are used but they are not implemented comprehensively. These actions threaten the long-term credibility and integrity of **The ASAM Criteria** and undermine the efforts of providers and payers who implement it correctly.*" However, by responding to these fidelity concerns by limiting access to trainings through licensing fees, it seems ASAM's concerns regarding fidelity would more effectively be addressed by expanding access to high-quality trainings and making training materials more widely available without restriction.

While the ASAM clearly has proprietary business products such as the ASAM CONTINUUM® and CO-Triage®, the addiction field would be best served if the ASAM Criteria were treated as a national standard as opposed to a business product. The ASAM Criteria was developed through an interdisciplinary workgroup that developed and refined consensus principles, like the development of the American Psychiatric Association's (APA) 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). The DSM-5 contains descriptions, symptoms, and criteria for diagnosing mental disorders, including SUDs. Similar to the ASAM Criteria, the DSM-5 is required for the reimbursement of public payers such as Medicaid and allows clinicians to use a common language to communicate about patients and severity of conditions and supports appropriate service billing.



based on the information gathered. Yet, the APA does not broadly charge fees to limit references to or training on the DSM-5. Another example is Pfizer, which made the Patient Health Questionnaire (PHQ) and the General Anxiety Disorder Questionnaire (GAD-7) publicly available for free in 2010, without copyright restriction to increase access to these tools and improve the quality of patient care

CAADPE urges ASAM to consider joining these and other professional and private organizations that have approached the development and management of practice standards and screening/assessment tools to increase access to their intellectual property to the betterment of patients, providers, and systems, while also benefiting strategically from their adoption. There is inherent value for ASAM to have its Criteria be viewed as a national standard as opposed to a business product and for the ASAM Criteria to be widely known, available, and appropriately trained on.

In consideration of the above, CAADPE respectfully requests that ASAM consider the following:

1. Removal all licensing and permission fees for publicly funded entities that wish to train on the ASAM Criteria; and
2. Invest in free and public access to ASAM Criteria training to address fidelity considerations and expand use of the Criteria across SUD systems.

Leaders of publicly funded SUD systems and training entities across California recognize ASAM's efforts to strengthen the addiction field and to achieve our shared goal of improving the health and wellbeing of individuals with SUDs, their families, and their communities. However, ASAM's decision to pursue licensing and training fees are potentially undermining and eroding its national significance and organizational credibility while forcing the dissociation of ASAM from multidimensional biopsychosocial assessments. Should ASAM continue its initiative CAADPE may have to reassess its present support for use of the ASAM Criteria and assess other options that will meet its goals and mission of access to high quality, evidence based treatment for all.

Increasing access to high quality ASAM Criteria training will benefit ASAM, SUD systems/providers/clients, and the entire SUD field.

CAADPE views ASAM's success as the field's success and is the basis for the requests to consider these concerns.

Respectfully,

A handwritten signature in blue ink, appearing to read "Albert M. Senella", is written over a white background.

Albert M. Senella
President

Cc Will Lightbourne, Director, CA Dept of Health Care Services
Kelly Pfeifer, Deputy Director for Behavioral Health, CA Dept of Health Care Services