

Outcome Monitoring Program (OMP) Implementation Workgroup Conference Call  
SUMMARY  
Thursday, December 18, 2003  
2:00 PM – 3:00 PM

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Conference Call Participants

ADP Staff:

Facilitator: Jesse McGuinn  
Larry Carr, Ph.D.  
Craig Chaffee  
Sharon Dais  
Ken DaRosa  
Karen DeVoe  
Karen Dotson  
David Feinberg  
Sally Jew-Lochman  
George Lembi  
Rebecca Lira  
Susan McLeod  
Marjorie McKisson  
Isaac Ozobiani  
Thomas Powers  
Rachelle Repace  
Susan Rushing  
Del Sayles-Owen

External Participants:

Tom Avey  
Susan Blacksher  
Jeronimo Breen  
Doug Anglin  
Yvonne Frazier  
Gino Giannavola  
Dennis Koch  
Ken Nyberg  
Patrick Ogawa  
Rick Rawson  
Tom Renfree  
Al Senella  
Liz Stanley-Salazar  
Nancy Young

**Meeting Purpose and Desired Outcome(s):**

To:

- Discuss the Addiction Severity Index (ASI) and its utility as an Assessment tool;
- Discuss the ASI as a means to create the Data Set for CalOMS.

Desired Outcome:

- Reach Consensus/Agreement regarding use of standardized assessment tool.

It was noted from the outset that the discussion today is limited to the ASI tool only. Discussion will not include prevention.

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## 1. Discussion of the ASI as an Assessment Tool

There is a great deal of history documenting why the ASI was selected for a standardized assessment tool. Some of the background and history supporting the ASI include:

- The findings of the Managed Care Policy Advisory Committee (MCPAC) (1997) reports were considered in deciding to use ASI. The MCPAC recommended the ASI for use in the California Treatment Outcomes Program (CalTOP);
- Use of the ASI was successful in the CalTOP;
- The CalTOP Final Report demonstrated that the ASI is good for outcome measurement.

The participants discussed the issues and concerns regarding use of the ASI for CalOMS. Key points of this discussion included:

- There may be problems with using the approach of a standardized assessment tool for treatment planning;
- Training on the use of the ASI is crucial to success. Otherwise the result will be poor data;
- The field needs a standardized assessment tool;
  - ASI is the best choice because of its wide use
  - It may be burdensome but provides documentation of the impact of treatment services;
- Use the initial ASI score as baseline to measure change, not for diagnosis alone;
  - In and of itself, the ASI is not sufficient for comprehensive treatment planning
  - Be clear on what it will be used for
  - It is *helpful* in diagnosis but it is not sufficient to make a diagnosis
  - The ASI provides good information for the field

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- Acknowledge that the ASI does not work for Perinatal and adolescent populations.

**Decision Point #1.** The participants reached consensus to support use of a standardized, uniform assessment tool for CalOMS. There is no objection to ADP's *preference* to use the Addiction Severity Index, 5<sup>th</sup> Edition; Lite, Clinical Factors Version; University of Pennsylvania (ASI-Lite CF).

## **2. Discussion of the ASI Lite-Clinical Factors to Create a Data Set**

Participants discussed the use of the ASILite to create the Data Set for CalOMS. Comments and concerns included:

- Consider using independent contractor(s) to do the follow-up, and not the programs;
- Client retention may be impacted. Programs may lose clients if too many questions are asked;
- The ASI is expensive in terms of staff time and the current funding and rate structures do not provide reimbursement for administering the ASI;
- There are concerns regarding the software requirements necessary to use the ASILite CF systemically;
  - Counties will need assistance to defray these costs
- It was suggested that ADP withhold a portion of funding to provide the software;
- It was emphasized that the use of the ASI-Lite CF in its entirety is key to maintaining the tools validity and the integrity of the data for meaningful conclusions about treatment services and informed policy and funding decisions for legislative and financing agencies;
- It is important to eliminate double data entry in the data set design;
- A key consideration will be the various versions of ASI used in creating a data set.

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The participants generated many questions in discussing the ASI to create the data set. These include:

- Which ASI questions are needed for the PPGs?
- ASI may not be appropriate for Detoxification, Perinatal or Adolescent treatment populations. How will this be addressed?
- Which data items proved useful from CalTOP?

**Decision Point #2.** The decision on use of the ASI to create the Data Set is deferred to the next meeting. The discussion of the use of the ASI to create the data set will be continued at the next meeting.

**Action Items**

As a result of the discussion, the participants identified the following action items:

- Create a list-serve or Web-based chat room to facilitate further discussion among the participants;
- Create email list of the OMP Implementation Workgroup members;
- Provide list of the PPG questions.

**Next Meeting**

The next meeting will be held on Thursday, January 29, 2004, from 10:00 AM – 3:00 PM in Sacramento. Participants unable to attend in person may participate via teleconference. ADP is not able to pay for participant travel expenses.