ASAM American Society of Addiction Medicine

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ASAM Criteria Dimensional Admission Criteria

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Withdrawal Management

DIMENSIONAL ADMISSION CRITERIA DECISION RULES

SPECIFICATIONS FOR APPROPRIATE PLACEMENT		
LEVEL 1-WM Ambulatory Withdrawal Management without Extended On-Site Monitoring	The patient is experiencing at least mild signs and symptoms of withdrawal, or there is evidence (based on history of substance intake; age; gender; previous withdrawal history; present symptoms; physical condition; and/or emotional, behavioral, or cognitive condition) that withdrawal is imminent.	The patient is assessed as being at minimal risk of severe withdrawal syndrome and can be safely managed at this level.
LEVEL 2-WM Ambulatory Withdrawal Management with Extended On-Site Monitoring	The patient is experiencing signs and symptoms of withdrawal, or there is evidence (based on history of substance intake; age; gender; previous withdrawal history; present symptoms; physical condition; and/or emotional, behavioral, or cognitive condition) that withdrawal is imminent.	The patient is assessed as being at moderate risk of severe withdrawal syndrome outside the program setting; is free of severe physical and psychiatric complications; and would safely respond to several hours of monitoring, medication, and treatment.
LEVEL 3.2-WM Clinically Managed Residential Withdrawal Management	The patient is experiencing signs and symptoms of withdrawal, or there is evidence (based on history of substance intake; age; gender; previous withdrawal history; present symptoms; physical condition; and/or emotional, behavioral, or cognitive condition) that withdrawal is imminent.	The patient is assessed as not being at risk of severe withdrawal syndrome, and moderate withdrawal is safely manageable at this level of service.
LEVEL 3.7-WM Medically Monitored Inpatient Withdrawal Management	The patient is experiencing signs and symptoms of severe withdrawal, or there is evidence (based on history of substance intake; age; gender; previous withdrawal history; present symptoms; physical condition; and/or emotional, behavioral, or cognitive condition) that a severe withdrawal syndrome is imminent.	The severe withdrawal syndrome is assessed as manageable at this level of service.
LEVEL 4-WM Medically Managed Intensive Inpatient Withdrawal Management	The patient is experiencing signs and symptoms of severe withdrawal, or there is evidence (based on history of substance intake; age; gender; previous withdrawal history; present symptoms; physical condition; and/or emotional, behavioral, or cognitive condition) that a severe withdrawal syndrome is imminent.	

ALCOHOL

Examples include, but are not limited to the following:

1-WM	• The presence of mild to moderate symptoms of withdrawal, with a CIWA-Ar score of less than 10, or the equivalent for a comparable standardized scoring system.
2-WM	• A CIWA-Ar score of 10 to 25, or the equivalent for a comparable standardized scoring system.
3.2-WM	• The patient is intoxicated or is withdrawing from alcohol and the CIWA-Ar score is less than 8 at admission, and monitoring is available to assure that it remains less than 8, or the equivalent for a comparable standardized scoring system.
3.7-WM	• The patient is withdrawing from alcohol, the CIWA-Ar score is 19 or greater (or the equivalent for a standardized scoring system) by the end of the period of outpatient monitoring available in Level 2-WM. • Alcohol and sedative/hypnotics: The patient has marked lethargy or hypersomnolence due to intoxication with alcohol or other drugs, and a history of severe withdrawal syndrome, or the patient's altered level of consciousness has not stabilized at the end of the period of outpatient monitoring available at Level 2-WM.
4-WM	• The patient is withdrawing from alcohol, and the CIWA-Ar score is 19 or greater (or the equivalent for a comparable standardized scoring system), and the patient requires monitoring more often than hourly; requires intravenous medication or infusions; or requires close behavioral monitoring because of high levels of agitation, confusion, or extremes of vital signs. • Alcohol and sedative/hypnotics: The patient is experiencing seizures; delirium tremens; or severe, chronic hallucinations.

SEDATIVE/HYPNOTICS

Examples include, but are not limited to the following:

1-WM	• Any recent use is confined to therapeutic levels and is not complicated by daily use of alcohol or other mind-altering drugs known to produce a significant withdrawal syndrome. • There is a reliable history that the patient is withdrawing from therapeutic doses of sedative/hypnotics, but there is no evidence of other severe substance use disorder. Withdrawal symptoms have responded to, or are likely to respond to, substitute doses of sedative/hypnotics in the therapeutic range within 2 hours.
2-WM	• There is a reliable history that the patient is withdrawing from sedative/hypnotics and withdrawal symptoms have responded to, or are likely to respond to, substitute doses of sedative/hypnotics within the observable hours of the program. • The patient has ingested sedative/hypnotics in excess of therapeutic levels daily for at least 4 weeks, but the risk of seizures, hallucinations, dissociation, or severe affective disorder during unobserved periods outside the program is assessed as minimal. Close hourly monitoring is available, if needed. There is no accompanying chronic mental or physical disorder that poses a danger to the patient during withdrawal. • The patient has ingested sedative/hypnotics at not more than therapeutic levels daily for at least 6 months, in combination with daily alcohol use or regular use of another mind-altering drug known to have its own dangerous withdrawal syndrome. Nonetheless, the risk of seizures, hallucinations, dissociation, or severe affective symptoms outside the program is minimal.
3.2-WM	
3.7-WM	• The patient has ingested sedative/hypnotics at more than therapeutic levels daily for more than 4 weeks and is not responsive to appropriate recent efforts to maintain the dose at therapeutic levels. • The patient has ingested sedative/hypnotics at more than therapeutic levels daily for more than 4 weeks, in combination with daily alcohol use or regular use of another mind-altering drug known to pose a severe risk of withdrawal. Signs and symptoms of withdrawal are of moderate severity, and the patient cannot be stabilized by the end of the period of outpatient monitoring available at Level 2-WM. • Alcohol and sedative/hypnotics: The patient has marked lethargy or hypersomnolence due to intoxication with alcohol or other drugs, and a history of severe withdrawal syndrome, or the patient's altered level of consciousness has not stabilized at the end of the period of outpatient monitoring available at Level 2-WM.
4-WM	• Alcohol and sedative/hypnotics: The patient is experiencing seizures; delirium tremens; or severe, chronic hallucinations. • The patient has ingested sedative/hypnotics at more than therapeutic levels daily for more than 4 weeks, and the patient has an accompanying acute mental or physical disorder that is complicating withdrawal. • The patient has ingested sedative/hypnotics daily for at least 6 months, in combination with daily alcohol use or regular use of another mind-altering drug known to pose a severe withdrawal syndrome, and the patient has an accompanying acute mental or physical disorder that is complicating withdrawal.

OPIOIDS

Examples include, but are not limited to the following:

1-WM	• For withdrawal management not using opioid agonist medication: Either the patient's use of high-potency opioids (such as injectable or smoked forms) has not been daily for more than 2 weeks preceding admission or the use of opioids is near the therapeutically recommended level. • For withdrawal management using opioid agonist medication, such as methadone or other appropriate opioids: Either the patient is being withdrawn gradually from opioid agonist medication or the patient is being treated for mild opioid withdrawal symptoms.
2-WM	• For withdrawal management not using opioid agonist medication: The abstinence syndrome—as indicated by vital signs and evidence of physical discomfort or craving—can be stabilized by the end of each day's monitoring, so that the patient can manage such symptoms at home with appropriate supervision. • For withdrawal management using opioid agonist medication, such as methadone or other appropriate opioids: The withdrawal signs and symptoms are of such severity or instability that extended monitoring is required to determine the appropriate dosage.
3.2-WM	• Withdrawal signs and symptoms are distressing but do not require medication for reasonable withdrawal discomfort, and the patient is impulsive and lacks skills needed to prevent immediate continued drug use.
3.7-WM	• The patient has used opioids daily for more than two weeks and has demonstrated a current inability to complete withdrawal as an outpatient or without medication in a Level 3.2-WM service. • Antagonist medication is to be used in withdrawal in a brief but intensive withdrawal management (as in multiday pharmacological induction onto naltrexone).
4-WM	• The patient is experiencing a severe opioid withdrawal syndrome that has not been stabilized or managed at a less intensive level of service.

STIMULANTS

Examples include, but are not limited to the following:

1-WM	• The patient is withdrawing from stimulants and is experiencing some lethargy, agitation, paranoia, mild psychotic symptoms, or depression, but he or she has good impulse control.
2-WM	• The patient is withdrawing from stimulants and is experiencing significant lethargy, agitation, paranoia, psychotic symptoms, or depression, and requires extended outpatient monitoring to determine impulse control and readiness for Level 1-WM ambulatory withdrawal management services or the need for Level 3.2-WM withdrawal management services.
3.2-WM	• The patient has marked lethargy, hypersomnolence, paranoia, or mild psychotic symptoms due to stimulant withdrawal, and these are still present beyond a period of outpatient monitoring available in Level 2-WM services.
3.7-WM	• The patient has marked lethargy, hypersomnolence, agitation, paranoia, depression, or mild psychotic symptoms due to stimulant withdrawal, and has poor impulse control and/or coping skills to prevent immediate continued drug use.
4-WM	• Intoxication or withdrawal signs and symptoms require psychiatric or medical monitoring more frequently than hourly (because of psychotic, impulsive behavior or depressive suicidality).

NICOTINE

Examples include, but are not limited to the following:

1-WM	• The patient is withdrawing from nicotine and is experiencing withdrawal symptoms that require either nicotine replacement therapies or non-nicotine agents for symptomatic treatment.
2-WM	
3.2-WM	
3.7-WM	
4-WM	

ALL SUBSTANCES

Examples include, but are not limited to the following:

1-WM	
2-WM	
3.2-WM	
3.7-WM	
4-WM	• There is recent (within 24 hours) serious head trauma or loss of consciousness, with chronic mental status or neurological changes resulting in the need to closely observe the patient at least hourly. • Drug overdose or intoxication has compromised the patient's mental status, cardiac function, or other vital signs or functions. • The patient has a significant acute biomedical disorder that poses substantial risk of serious or life-threatening consequences during withdrawal (such as significant hypertension or esophageal varices).

DIMENSIONAL ADMISSION CRITERIA DECISION RULES (CONTINUED)

SPECIFICATIONS FOR APPROPRIATE PLACEMENT

LEVEL 1-WM Ambulatory Withdrawal Management without Extended On-Site Monitoring	**IN ADDITION** to specifications shown on the preceding pages	The patient has withdrawal symptoms but is at minimal risk of severe withdrawal syndrome and is assessed as likely to complete needed withdrawal management and to enter into continued treatment or self-help recovery, as evidenced by meeting **[1]** or **[2]** or **[3]**:
LEVEL 2-WM Ambulatory Withdrawal Management with Extended On-Site Monitoring	**IN ADDITION** to specifications shown on the preceding pages	The patient is assessed as likely to complete withdrawal management and to enter into continued treatment or self-help recovery, as evidenced by meeting **[1]** and either **[2]** or **[3]** or **[4]**:
LEVEL 3.2-WM Clinically Managed Residential Withdrawal Management	**IN ADDITION** to specifications shown on the preceding pages	The patient is assessed as not requiring medication, but requires this level of service to complete withdrawal management and enter into continued treatment or self-help recovery because of inadequate home supervision or support structure, as evidenced by meeting **[1]** or **[2]** or **[3]**:
LEVEL 3.7-WM Medically Monitored Inpatient Withdrawal Management	**ALTERNATIVELY** to the specifications shown on the preceding pages	There is a strong likelihood that the patient (who requires medication) will not complete withdrawal management at another level of care and enter into continuing treatment or self-help recovery, as evidenced (for example), by **any** of **[1]** or **[2]** or **[3]:**
LEVEL 4-WM Medically Managed Intensive Inpatient Withdrawal Management	**ALTERNATIVELY** to the specifications shown on the preceding pages	Level 4 is the only available level of care that can provide the medical support and comfort care needed by the patient, as evidenced by **[1]** or **[2]:**

1-WM	**[1]** The patient has an adequate understanding of ambulatory withdrawal management and has expressed commitment to enter such a program; **or** **[2]** The patient has adequate support services to ensure commitment to completion of withdrawal management and entry into ongoing treatment or recovery; **or** **[3]** The patient is willing to accept a recommendation for treatment (for example, to begin disulfiram, naltrexone, or other medication once withdrawal has been managed, or to attend outpatient sessions or self-help groups).
2-WM	**[1]** The patient or support persons clearly understand instructions for care and are able to follow instructions; **and** **[2]** The patient has an adequate understanding of ambulatory withdrawal management and has expressed commitment to enter such a program; **or** **[3]** The patient has adequate support services to ensure commitment to completion of withdrawal management and entry into ongoing treatment or recovery; **or** **[4]** The patient evidences willingness to accept a recommendation for treatment once withdrawal has been managed (for example, to attend outpatient sessions or self-help groups).
3.2-WM	**[1]** The patient's recovery environment is not supportive of withdrawal management and entry into treatment, and the patient does not have sufficient coping skills to safely deal with the problems in the recovery environment; **or** **[2]** The patient has a recent history of withdrawal management at less intensive levels of service that is marked by inability to complete withdrawal management or to enter into continuing addiction treatment, and the patient continues to have insufficient skills to complete withdrawal management; **or** **[3]** The patient recently has demonstrated an inability to complete withdrawal management at a less intensive level of service, as manifested by continued use of other-than-prescribed drugs or other mind-altering substances.
3.7-WM	**[1]** The patient requires medication and has a recent history of withdrawal management at a less intensive level of care, marked by past and current inability to complete withdrawal management and enter into continuing addiction treatment. The patient continues to have insufficient skills or supports to complete withdrawal management; **or** **[2]** The patient has a recent history of withdrawal management at less intensive levels of service that is marked by inability to complete withdrawal management or to enter into continuing addiction treatment, and the patient continues to have insufficient skills to complete withdrawal management; **or** **[3]** The patient has a comorbid physical, emotional, behavioral, or cognitive condition (such as chronic pain with active exacerbation or posttraumatic stress disorder with brief dissociative episodes) that is manageable in a Level 3.7-WM setting but which increases the clinical severity of the withdrawal and complicates withdrawal management.
4-WM	**[1]** A withdrawal management regimen or a patient's response to that regimen that requires monitoring or intervention more frequently than hourly; **or** **[2]** The patient's need for withdrawal management or stabilization while pregnant, until she can be safely treated in a less intensive level of care. For example, the patient does not require medical management (as in the case of a patient who is soon to have the pregnancy terminated), or she no longer is bleeding or leaking amniotic fluid, or an unstable fetal heartbeat has improved.

DIMENSIONAL ADMISSION CRITERIA DECISION RULES (CONTINUED)

	SPECIFICATIONS FOR APPROPRIATE PLACEMENT		
LEVEL 1-WM Ambulatory Withdrawal Management without Extended On-Site Monitoring		**IN ADDITION** to specifications shown on the preceding pages	For patients whose withdrawal symptoms are no more severe than those noted in the specifications shown on pages 165-170, the patient has, and responds positively to, emotional support and comfort, as evidenced by: **[1]** Decreased emotional symptoms at the close of the initial treatment session; **and** **[2]** The patient's or support person's ability to clearly understand instructions for care, and the presence of both the ability and resources to follow instructions.
2-WM			No additional specifications.
3.2-WM			No additional specifications.
3.7-WM			No additional specifications.
4-WM			No additional specifications.

Risk Matrix

STRATEGY FOR APPLYING THE RISK MATRIX IN WITHDRAWAL MANAGEMENT	
STEP 1	Assess the patient in terms of ASAM criteria Dimensions 1 through 6 to determine the risk rating.
STEP 2	Use the risk rating matrix on the following pages to suggest the least intensive level of care.
STEP 3	For risk ratings of 2 or higher: a) Strive for immediate reduction and ultimate elimination of AWS by using a symptom-triggered protocol with appropriate alcohol withdrawal management medication. Medication should not be withheld while the patient is still experiencing withdrawal symptoms, even for scores of CIWA-Ar < 10. b) Reassess the patient hourly during the first several hours to confirm that the level of care, as well as the medication dosage, are appropriate. If this frequent reassessment is not done, the result may be under-medication and the otherwise preventable escalation to a more severe AWS.
STEP 4	Begin the rest of the addiction recovery treatment process concurrently as cognitive status permits, rather than delaying it until the patient's withdrawal management is completed.
STEP 5	As the withdrawal syndrome resolves, quickly move the patient to a less intensive level of care. Conversely, move the patient to a more intensive level of care if the withdrawal symptoms do not respond to treatment.

RISK RATING MATRIX — ALCOHOL[5(p46)]

RISK RATING 0 — MINIMAL OR NO RISK

DESCRIPTION	INITIAL ASSESSMENT
A risk rating of 0 in Dimension 1 indicates that the patient is fully functioning and demonstrates good ability to tolerate and cope with the discomfort of withdrawal.	The patient with a risk rating of 0 evidences no observable signs or symptoms of intoxication or withdrawal, or minor signs or symptoms are resolving and the patient is fully functioning and demonstrates good ability to tolerate and cope with any withdrawal discomfort.

SERVICE NEEDS	TREATMENT INTERVENTIONS	LEVEL OF CARE & SETTING
A risk rating of 0 in Dimension 1 indicates that no immediate intoxication monitoring or management, or withdrawal management services are needed. It does not affect the overall placement decision.	At this level of risk, there is no need to initiate new professional services specifically for problems in Dimension 1. However, the patient may be receiving (and should continue to receive) maintenance treatment with anti-addiction medications, such as those for alcohol dependence or opioid addiction (OTP), as well as continuing care counseling, and these should be continued.	For the patient with a risk rating of 0 in Dimension 1, the determination of level of care or setting is guided by the risk rating in other dimensions.

RISK RATING MATRIX — ALCOHOL[5(pp47-48)]

RISK RATING 1 — MILD RISK

INITIAL ASSESSMENT

The patient with a risk rating of 1 might have mild anxiety, sweating, and insomnia, but no tremor (which is generally associated with a CIWA-Ar score of less than 10). In addition:

a) The patient is not withdrawing from other substances.

b) If the patient previously stopped drinking within the past year, he or she did not experience a severe withdrawal syndrome.

c) He or she is fully coherent and able to comprehend instructions.

d) The patient has no more than mild active medical problems, or any that exist are stable.

e) There are no symptoms of a co-occurring psychiatric disorder or such symptoms are mild, reflecting a low level of severity, or are stable as the result of treatment.

f) The patient has a high level of commitment to the withdrawal management process and is very cooperative with treatment interventions.

g) The patient demonstrates a clear understanding of treatment instructions and has the resources to carry them out. Reliability is demonstrated by the patient's willingness to accept recommendations for treatment and responsiveness to treatment interventions.

h) The patient has family or friends who are supportive of the withdrawal management process and can assist in providing transportation and a safe place to stay. Or, if such supports are absent, the patient demonstrates an ability to obtain transportation (other than driving himself or herself) and access to safe and appropriate housing.

REASSESSMENT

On reassessment after initiation of treatment, the patient with a risk rating of 1 evidences one of the following:

(1) The patient's symptoms are improving as a result of the medical and psychosocial interventions, but sufficient residual symptoms persist to justify a continued risk rating of 1;

or

(2) The patient's withdrawal symptoms initially were compatible with a risk rating of 0, but have intensified;

or

(3) The patient's withdrawal symptoms initially were compatible with a risk rating of 2 (or higher) and have improved sufficiently in response to treatment to warrant a reduction to a risk rating of 1.

SERVICE NEEDS

A risk rating of 1 indicates a need for professional services, such as low-intensity intoxication monitoring or management, or withdrawal management services, specifically to address problems in Dimension 1.

Immediate service needs include baseline measurement of blood alcohol level. If positive, serial measurements should be conducted until the level is 0. Urine drug testing should be conducted to detect the presence of substances in addition to alcohol.

TREATMENT INTERVENTIONS

An appropriate alcohol withdrawal management medication should be given. Effects should be monitored through the use of the CIWA-Ar or equivalent instrument. Doses should be repeated, preferably daily, using a symptom-triggered protocol. Alternatively, a time-driven protocol with a symptom-driven override/rescue protocol can be used.

Anticonvulsants are sometimes used for mild to moderate withdrawal symptoms. For ambulatory withdrawal management, they offer the advantages of causing minimal sedation and having less potential for harmful use.

A limited amount of medication should be prescribed or dispensed, sufficient to last until the next visit (ideally, the next day). The appropriate alcohol withdrawal management medication should be adjusted at subsequent visits on a tapering schedule and discontinued entirely within a total treatment period of 3 to 5 days (longer in the case of additional withdrawal management from long-acting sedative/hypnotics).

Chronic abstinence symptoms beyond the period of acute withdrawal should not be treated with benzodiazepines because of the danger of cross-addiction.

The patient should be offered immediate access to, and simultaneous participation in, an addiction counseling program or other suitable psychosocial intervention.

Transportation to return the patient to his or her home and overnight supervision should be arranged.

LEVEL OF CARE & SETTING

A risk rating of 1 in Dimension 1 indicates the need for Level 1-WM Ambulatory Withdrawal Management without Extended On-Site Monitoring, if the patient has sufficient supports (such as family) to provide monitoring of symptoms.

If such supports are absent, the patient should be placed in a Level 2-WM withdrawal management program. Clinical services may be delivered in a primary care, addiction treatment, or mental health setting.

If family or other supports are not adequate or the patient meets residential criteria in other dimensions, then a Level 3.2-WM (Clinically Managed Residential Withdrawal Management) program with concurrent medical services equivalent to Level 1-WM may be appropriate.

If the patient requires intensive mental health services (with a risk rating of 2 or higher in Dimension 3), low-intensity withdrawal management can be provided in a mental health setting, with ongoing case management to coordinate care.

RISK RATING MATRIX — ALCOHOL[5(pp48-50)]

RISK RATING 2 — MODERATE RISK

INITIAL ASSESSMENT

The patient with a risk rating of 2 might evidence one of the following:

(1) Moderate anxiety, sweating, and insomnia, as well as a mild tremor, indicating a moderate risk of severe withdrawal (which is generally associated with a CIWA-Ar score of 10 to 18). He or she is not withdrawing from a substance other than alcohol, and is fully coherent and able to comprehend instructions. In addition:

a) If the patient previously stopped drinking within the past year, he or she did not experience a severe withdrawal syndrome.

b) The patient has no significant active medical problems, or any that exist are stable. Any current physical symptoms such as nausea or vomiting are no more than moderate in intensity.

c) Any symptoms of a co-occurring psychiatric disorder are mild, reflecting a low level of severity, or are stable as the result of treatment.

d) The patient has a high level of commitment to the withdrawal management process and is very cooperative.

e) The patient (or his or her significant support person) demonstrates a clear understanding of treatment instructions and the resources to carry them out. Reliability is demonstrated by the patient's willingness to accept recommendations for treatment and responsiveness to treatment interventions.

f) The patient has family or friends who are at least minimally supportive of the withdrawal management process and can assist in providing transportation and a safe place to stay. Or, if such supports are absent, the patient demonstrates an ability to obtain transportation (other than driving himself or herself) and access to safe and appropriate housing.

or

(2) The patient might exhibit moderate anxiety, sweating, and insomnia, but no tremor. He or she is not withdrawing from a substance other than alcohol, and is fully coherent and able to comprehend instructions. The patient otherwise would have had a risk rating of 1, but evidences one or more of the following problems, which pose a significant impediment to withdrawal management at a less intensive level of care:

a) The patient's past attempts to stop drinking were marked by severe withdrawal.

b) The patient has moderate, active, and potentially destabilizing medical problems.

c) Symptoms of a co-occurring psychiatric disorder are active, reflecting a moderate level of severity that is likely to complicate the withdrawal management.

d) The patient does not have a high level of commitment to the withdrawal management process and his or her level of cooperation and reliability are questionable.

e) The patient's likelihood of imminent relapse is high.

f) The patient's family or friends are not supportive of or oppose the withdrawal management process and will not assist in providing transportation and a safe place to stay. The patient appears unable to obtain transportation (other than driving himself or herself) and access to safe and appropriate housing.

REASSESSMENT

On reassessment after initiation of treatment, the patient with a risk rating of 2 evidences one of the following:

(1) The patient's symptoms are improving as a result of the medical and psychosocial interventions, but sufficient residual symptoms persist to justify a continued risk rating of 2;

or

(2) The patient's withdrawal symptoms initially were compatible with a risk rating of 1 and have intensified despite appropriate treatment;

or

(3) The patient's withdrawal symptoms initially were compatible with risk rating 3 and have improved sufficiently in response to treatment to warrant a reduction to a risk rating of 2.

RISK RATING MATRIX — ALCOHOL[5(pp48-50)]

RISK RATING 2 — MODERATE RISK

SERVICE NEEDS	TREATMENT INTERVENTIONS	LEVEL OF CARE & SETTING
A risk rating of 2 in Dimension 1 indicates the need for moderate-intensity intoxication monitoring or management, or withdrawal management services.	An appropriate alcohol withdrawal management medication should be given. Medication effects should be monitored – preferably several times per day, in accordance with the severity and course of withdrawal symptoms – through the use of the CIWA-Ar or an equivalent instrument. Doses should be repeated, with the capacity for dosing multiple times per day, using a symptom-triggered protocol. Alternatively, a time-driven protocol with a symptom-driven override/rescue protocol can be used. Anticonvulsants may be used as alternatives for mild to moderate withdrawal symptoms. For ambulatory withdrawal management, these medications offer the advantages of causing minimal sedation and having less potential for harmful use. A limited amount of medication should be prescribed or dispensed, sufficient to last until the next visit (ideally, the next day). The appropriate alcohol withdrawal management medication should be adjusted at subsequent visits on a tapering schedule and discontinued entirely within a total treatment period of 3 to 5 days [by definition, a risk rating of 2 does not involve withdrawal from other substances.]. Chronic abstinence symptoms beyond the period of acute withdrawal should not be treated with benzodiazepines because of the danger of cross-addiction. The patient should be offered immediate access to, and simultaneous participation in, an addiction counseling program or other suitable psychosocial intervention. Transportation to return the patient to his or her home and overnight supervision should be arranged.	The patient with a risk rating of 2 in Dimension 1 should be placed in a Level 2-WM Ambulatory Withdrawal Management with Extended On-Site Monitoring program. If family, transportation, or other supports are not adequate to enable the success of a Level 2-WM program or the patient meets residential criteria in other dimensions, then residential treatment supports should be added. If available, a Level 3.2-WM (Clinically Managed Residential Withdrawal Management) program with concurrent medical services equivalent to Level 2-WM should be considered. If the patient requires partial hospitalization or more intensive mental health services (ie, a risk rating of 2 or 3 or higher in Dimension 3), moderate intensity withdrawal management can be provided in a properly equipped mental health setting with ongoing case management to coordinate care.

RISK RATING MATRIX — ALCOHOL[5(pp51-52)]

RISK RATING 3 — SIGNIFICANT RISK

INITIAL ASSESSMENT

The patient with a risk rating of 3 might evidence one of the following:

(1) Significant anxiety and a moderate to severe tremor (generally associated with a CIWA-Ar score of 19 or more). The patient also may be withdrawing from substances other than alcohol. However, he or she is fully coherent and able to comprehend instructions;

or

(2) The patient has moderate anxiety, sweating, and insomnia, as well as a mild tremor (generally associated with a CIWA-Ar score of 19 or more); he or she is not withdrawing from a substance other than alcohol; and is fully coherent and able to comprehend instructions.

The patient would otherwise have had a risk rating of 2, except that he or she evidences one or more of the following problems, which pose a significant impediment to withdrawal management at a less intensive level of care:

a) The patient's past attempts to stop drinking were marked by severe withdrawal symptoms.

b) The patient has moderate to severe active and potentially destabilizing medical problems.

c) Symptoms of a co-occurring psychiatric disorder are moderate to severe.

d) The patient does not have a high level of commitment to the withdrawal management process and his or her level of cooperation and reliability is questionable.

e) The patient is at significant risk of imminent relapse.

f) The patient's family or friends are not supportive of or oppose the withdrawal management process and will not assist in providing transportation and a safe place to stay. The patient appears unable to obtain transportation (other than driving himself or herself) and access to safe and appropriate housing.

REASSESSMENT

On reassessment after initiation of treatment, the patient with a risk rating of 3 evidences one of the following:

(1) The patient's symptoms are improving as a result of the medical and psychosocial interventions, but sufficient residual symptoms persist to justify a continued risk rating of 3;

or

(2) The patient's withdrawal symptoms, although initially compatible with a risk rating of 2, have intensified despite appropriate treatment;

or

(3) The patient's withdrawal symptoms, while initially compatible with a risk rating of 4, have improved sufficiently in response to treatment to warrant a reduction to a risk rating of 3.

RISK RATING MATRIX — ALCOHOL[5(pp51-52)]

RISK RATING 3 — SIGNIFICANT RISK

SERVICE NEEDS	TREATMENT INTERVENTIONS	LEVEL OF CARE & SETTING
A risk rating of 3 in Dimension 1 indicates a need for moderately high-intensity intoxication monitoring or management, or withdrawal management services. Nursing and medical care is essential.	An appropriate alcohol withdrawal management medication should be given. Medication effects should be monitored very frequently (at least several times a day, or hourly if needed in the presence of severe tremor or elevated vital signs) through the use of the CIWA-Ar or equivalent instrument. Doses should be repeated, using a symptom-triggered protocol. Alternatively, a time-driven protocol with a symptom-driven override/rescue protocol can be used. If the patient is in an ambulatory setting, a limited amount of medication should be prescribed or dispensed, sufficient to last until the next day. Patients should have access to on-call medical personnel between scheduled assessments in case of worsening symptoms. The appropriate alcohol withdrawal management medication should be adjusted at subsequent visits on a tapering schedule and discontinued entirely within a total treatment period of 3 to 5 days (longer if the patient also is being withdrawn from long-acting sedative-hypnotics). Chronic abstinence symptoms beyond the period of acute withdrawal should not be treated with benzodiazepines because of the danger of cross-addiction. The patient should be offered immediate access to, and simultaneous participation in, a rehabilitation program or other suitable psychosocial interventions. Transportation to return the patient to his or her home and overnight supervision should be arranged. Alternatively, residential support may be indicated if there is a significant likelihood that the patient will not complete withdrawal management or enter into continuing addiction treatment.	The patient with a risk rating of 3 in Dimension 1 should be placed in a Level 2-WM (Ambulatory Withdrawal Management with Extended On-Site Monitoring) or Level 3.7-WM (Medically Monitored Inpatient Withdrawal Management) program. However, Level 2-WM is not appropriate if certain symptoms (such as agitation or severe tremor) are persistently present at the close of the day's program service hours despite having received multiple doses of medication, because such a patient needs 24-hour medical monitoring. Level 2-WM also is not appropriate if assessment items 2d or 2f (see initial assessment on previous page) exist, unless Level 2-WM can be combined with a supportive living arrangement. Alternatively, the patient may be placed in a Level 3.7-WM Medically Monitored Inpatient Withdrawal Management program. Such a program may be located in an addiction treatment or mental health setting. If the patient requires medically monitored or clinically managed mental health services (with a risk rating of 3 or higher in Dimension 3), moderately high-intensity withdrawal management can be provided in a mental health setting with ongoing case management to coordinate care.

RISK RATING MATRIX — ALCOHOL[5(pp52-53)]

RISK RATING 4 — SEVERE RISK

INITIAL ASSESSMENT

The patient with a risk rating of 4 might evidence one of the following:

(1) The patient has clouding of the sensorium or confusion, or new onset of hallucinations, or has experienced a seizure, or is not able to fully comprehend instructions (which is generally associated with a CIWA-Ar score of 19 or greater);

or

(2) The patient has severe anxiety and a moderate to severe tremor. He or she also may be concurrently withdrawing from a substance other than alcohol. The patient would otherwise have had a risk rating of 3, except that he or she evidences one or more of the following problems, which pose a major impediment to withdrawal management at a less intensive level of care:

a) The patient's past attempts to stop drinking were marked by seizures or delirium tremens.

b) The patient has severe destabilizing medical problems or biomedical conditions that pose substantial risk of serious consequences during withdrawal.

c) Symptoms of a co-occurring psychiatric disorder are severe.

d) The patient is not cooperative or reliable, to an extent that places him or her at imminent risk of harm.

e) The patient requires medical monitoring more frequently than hourly.

REASSESSMENT

On reassessment after initiation of treatment, the patient with a risk rating of 4 evidences one of the following:

(1) The patient's symptoms are currently improving as a result of the medical and psychosocial interventions, but sufficient residual symptoms persist to justify a continued risk rating of 4;

or

(2) The patient's withdrawal symptoms, although initially compatible with a risk rating of 3, have intensified despite appropriate treatment.

SERVICE NEEDS

A risk rating of 4 in Dimension 1 indicates a need for high-intensity intoxication monitoring or management, or withdrawal management services, with medical monitoring and management more often than hourly.

TREATMENT INTERVENTIONS

An appropriate alcohol withdrawal management medication should be administered. Short- or long-acting agents may be appropriate, depending on the circumstances (for example, short-acting and non-hepatically metabolized agents such as oxazepam or lorazepam are preferable in the presence of hepatic insufficiency).

Parenteral hydration as well as other appropriate supportive medications should be available.

The patient should be closely monitored (at least several times a day, or hourly in the presence of delirium or substantial elevation of vital signs) through the use of the CIWA-Ar or equivalent instrument. The dose should be repeated, using a symptom-triggered protocol. Alternatively, a time-driven protocol with a symptom-driven override/rescue protocol can be used.

As soon as he or she is medically stable, the patient should be offered immediate access to, and simultaneous participation in, a rehabilitation program or other suitable psychosocial interventions.

LEVEL OF CARE & SETTING

The patient with a risk rating of 4 should be placed in a Level 4-WM Medically Managed Intensive Inpatient Withdrawal Management program, which is an organized hospital addiction service. In the absence of such a service, an organized medical or psychiatric service in a hospital under the direction of an addiction medicine specialist may be used.

If the patient requires medically monitored and nurse-managed mental health services (with a risk rating of 3 or higher in Dimension 3), moderately high-intensity withdrawal management can be provided in a mental health setting with ongoing case management to coordinate care.

SUMMARY OF RISK ASSESSMENT MATRIX FOR ALCOHOL		
RISK RATING	**WITHDRAWAL MANAGEMENT SERVICE NEEDS & INTERVENTIONS**	**LEVEL OF CARE & SETTING**
0 (MINIMAL/ NONE)	None	None
1 (MILD)	**Service Needs** » Daily monitoring » Measurement of blood alcohol level, urine screen for drugs **Treatment Interventions** » Prescription or dispensing of an appropriate alcohol withdrawal management medication	1-WM, 3.2-WM
2 (MODERATE)	**Service Needs** » Hourly monitoring until improvement begins, then every 2 to 3 hours **Treatment Interventions** » Implementation of symptom-triggered withdrawal management protocol using an appropriate alcohol withdrawal management medication	2-WM
3 (SIGNIFICANT)	**Service Needs** » Hourly monitoring until improvement begins, then every 2 to 3 hours **Treatment Interventions** » Implementation of symptom-triggered withdrawal management protocol using an appropriate alcohol withdrawal management medication	2-WM, 3.7-WM
4 (SEVERE)	**Service Needs** » 24-hour monitoring – every 30 to 60 minutes until improvement begins, then every 2 hours **Treatment Interventions** » Implementation of symptom-triggered withdrawal management protocol using an appropriate alcohol withdrawal management medication	4-WM

Variable Withdrawal Risk by Substance
SEDATIVE/HYPNOTICS

The withdrawal syndrome from sedative/hypnotics resembles the alcohol withdrawal syndrome but the individual symptoms are more variable. In addition to differences between individuals, a variety of substances with different elimination half-lives are included in this substance category.

Screening for the Possibility of a Withdrawal Syndrome and Predicting Severity

Screening and predicting are more difficult for this category than for alcohol because:

» For a given individual, the symptoms of sedative/hypnotic withdrawal tend to

fluctuate more than do symptoms of alcohol withdrawal

» Tremor and measurable signs may not accompany the patient's symptoms

» There is no consensus regarding validated severity scales

» The simultaneous re-emergence of underlying anxiety and insomnia can resemble the withdrawal symptoms

Guidelines for patterns of sedative/hypnotic use that are predictive of a withdrawal syndrome are[11]:

» Therapeutic ("low") dose use for at least 4 to 6 months

» "High" dose (two to three times the upper limit of recommended therapeutic dose) use for more than 2 to 3 months

Time frames for the withdrawal syndromes from sedative/hypnotics have been best defined for benzodiazepines[12]:

» Short acting:
Onset: Within 24 hours of cessation
Peak severity: 1 to 5 days
Duration: 7 to 21 days

» Long acting:
Onset: Within 5 days of cessation
Peak severity: 1 to 9 days
Duration: 10 to 28 days

Recommendation

As for alcohol withdrawal, begin with an assessment of all 6 assessment dimensions of the ASAM criteria to determine the patient's risk rating and institute treatment as soon as possible at the appropriate level of care. When treatment is provided in an ambulatory setting, give the patient only a small supply of detoxifying or tapering medication, sufficient until each next visit.

RISK RATING MATRIX — SEDATIVE/HYPNOTICS

RISK RATING 0 — MINIMAL OR NO RISK

DESCRIPTION	INITIAL ASSESSMENT
A risk rating of 0 in Dimension 1 indicates that the patient is fully functioning and demonstrates good ability to tolerate and cope with the discomfort of withdrawal.	The patient with a risk rating of 0 evidences no observable signs or symptoms of intoxication or withdrawal, or minor signs or symptoms are resolving and the patient is fully functioning and demonstrates good ability to tolerate and cope with any withdrawal discomfort.

SERVICE NEEDS	TREATMENT INTERVENTIONS	LEVEL OF CARE & SETTING
A risk rating of 0 in Dimension 1 indicates that no immediate intoxication monitoring or management, or withdrawal management services are needed. It does not affect the overall placement decision.	At this level of risk, there is no need to initiate new professional services specifically for problems in Dimension 1.	For the patient with a risk rating of 0 in Dimension 1, the determination of level of care or setting is guided by the risk rating in other dimensions.

RISK RATING MATRIX — SEDATIVE/HYPNOTICS

RISK RATING 1 — MILD RISK

INITIAL ASSESSMENT

The patient with a risk rating of 1 might evidence mild anxiety and insomnia. In addition:

a) The patient is not withdrawing from other substances.

b) If the patient previously stopped using sedative/hypnotics within the past year, he or she did not experience a severe withdrawal syndrome.

c) He or she is fully coherent and able to comprehend instructions.

d) The patient has no more than mild active medical problems, or any that exist (such as hypertension, diabetes, or hepatitis) are stable.

e) There are no symptoms of a co-occurring psychiatric disorder (such as a mood, anxiety, or attention deficit disorder) or such symptoms are mild, reflecting a low level of severity, or are stable as the result of treatment.

f) The patient has a high level of commitment to the withdrawal management process and is very cooperative with treatment interventions.

g) The patient demonstrates a clear understanding of treatment instructions and has the resources to carry them out. Reliability is demonstrated by the patient's willingness to accept recommendations for treatment and responsiveness to treatment interventions.

h) The patient has family or friends who are supportive of the withdrawal management process and can assist in providing transportation and a safe place to stay. Or, if such supports are absent, the patient demonstrates an ability to obtain transportation (other than driving himself or herself) and access to safe and appropriate housing.

REASSESSMENT

On reassessment after initiation of treatment, the patient with a risk rating of 1 evidences one of the following:

(1) The patient's symptoms are improving as a result of the medical and psychosocial interventions, but sufficient residual symptoms persist to justify a continued risk rating of 1;

or

(2) The patient's withdrawal symptoms initially were compatible with a risk rating of 0, but have intensified;

or

(3) The patient's withdrawal symptoms initially were compatible with a risk rating of 2 (or higher) and have improved sufficiently in response to treatment to warrant a reduction to a risk rating of 1.

SERVICE NEEDS

A risk rating of 1 indicates a need for professional services, such as low-intensity intoxication monitoring or management, or withdrawal management services, specifically to address problems in Dimension 1.

Immediate service needs include baseline measurement of blood alcohol level. If positive, serial measurements should be conducted until the level is zero. Urine drug testing should be conducted to detect the presence of other addictive substances.

TREATMENT INTERVENTIONS

Phenobarbital or a long-acting benzodiazepine should be given. Doses should be repeated, preferably daily, using a symptom-triggered or time-driven protocol with a symptom-driven override/rescue protocol.

Adjunctive anticonvulsants are sometimes used.

A limited amount of medication should be prescribed or dispensed, sufficient to last until the next visit (ideally, the next day). The medication should be adjusted at subsequent visits on a tapering schedule and discontinued entirely within a total treatment period of 2 to 8 weeks.

Low doses of non-addicting sleep medications may be useful for chronic insomnia.

The patient should be offered immediate access to, and simultaneous participation in, an addiction counseling program or other suitable psychosocial intervention.

Transportation to return the patient to his or her home and overnight supervision should be arranged.

LEVEL OF CARE & SETTING

A risk rating of 1 in Dimension 1 indicates the need for Level 1-WM Ambulatory Withdrawal Management without Extended On-Site Monitoring, if the patient has sufficient supports (such as family) to provide monitoring of symptoms.

If such supports are absent, the patient should be placed in a Level 2-WM withdrawal management program. Clinical services may be delivered in a primary care, addiction treatment, or mental health setting.

If family or other supports are not adequate or the patient meets residential criteria in other dimensions, then a Level 3.2-WM (Clinically Managed Residential Withdrawal Management) program with concurrent medical services equivalent to Level 1-WM may be appropriate.

If the patient requires intensive mental health services (with a risk rating of 2 or higher in Dimension 3), low-intensity withdrawal management can be provided in a mental health setting, with ongoing case management to coordinate care.

RISK RATING MATRIX — SEDATIVE/HYPNOTICS

RISK RATING 2 — MODERATE RISK

A risk rating of 2 in Dimension 1 indicates that the patient is experiencing moderate difficulty in tolerating and coping with the discomfort of withdrawal.

Alternatively, the patient's level of intoxication or withdrawal may be severe, but it responds to support and treatment sufficiently that the patient does not pose an imminent danger to self or others.

INITIAL ASSESSMENT

The patient with a risk rating of 2 evidences one of the following:

(1) The patient has moderate anxiety and insomnia, and possibly physical signs of withdrawal, eg, mild tremor, indicating a moderate risk of severe withdrawal. He or she is not withdrawing from a substance other than sedative/hypnotics, and is fully coherent and able to comprehend instructions. In addition:

a) If the patient previously stopped using sedative/hypnotics within the past year, he or she did not experience a severe withdrawal syndrome.

b) The patient has no significant active medical problems, or any that exist are stable. Any current physical symptoms such as nausea or vomiting are no more than moderate in intensity.

c) Any symptoms of a co-occurring psychiatric disorder are mild, reflecting a low level of severity, or are stable as the result of treatment.

d) The patient has a high level of commitment to the withdrawal management process and is very cooperative.

e) The patient (or his or her significant support person) demonstrates a clear understanding of treatment instructions and has the resources to carry them out. Reliability is demonstrated by the patient's willingness to accept recommendations for treatment and responsiveness to treatment interventions.

f) The patient has family or friends who are at least minimally supportive of the withdrawal management process and can assist in providing transportation and a safe place to stay. Or, if such supports are absent, the patient demonstrates an ability to obtain transportation (other than driving himself or herself) and access to safe and appropriate housing.

or

(2) The patient exhibits mild anxiety and insomnia without physical signs of withdrawal, eg, tremor. He or she is not withdrawing from a substance other than sedative/hypnotics, and is fully coherent and able to comprehend instructions. The patient otherwise would have had a risk rating of 1, but evidences one or more of the following problems, which pose a significant impediment to withdrawal management at a less intensive level of care:

a) The patient's past attempts to stop using sedative/hypnotics were marked by severe withdrawal symptoms.

b) The patient has moderate, active, and potentially destabilizing medical problems.

c) Symptoms of a co-occurring psychiatric disorder are active, reflecting a moderate level of severity that is likely to complicate the withdrawal management.

d) The patient does not have a high level of commitment to the withdrawal management process and his or her level of cooperation and reliability are questionable. For example, the patient has a recent history of withdrawal management at less intensive levels of care that were marked by inability to complete withdrawal management or to enter into continuing addiction treatment, and the patient lacks sufficient skills to complete withdrawal management

e) The patient's likelihood of imminent relapse is high.

f) The patient's family or friends are not supportive of or oppose the withdrawal management process and will not assist in providing transportation and a safe place to stay. The patient appears unable to obtain transportation (other than driving himself or herself) and access to safe and appropriate housing.

REASSESSMENT

On reassessment after initiation of treatment, the patient with a risk rating of 2 evidences one of the following:

(1) The patient's symptoms are improving as a result of the medical and psychosocial interventions, but sufficient residual symptoms persist to justify a continued risk rating of 2;

or

(2) The patient's withdrawal symptoms initially were compatible with a risk rating of 1 and have intensified despite appropriate treatment;

or

(3) The patient's withdrawal symptoms initially were compatible with risk rating 3 and have improved sufficiently in response to treatment to warrant a reduction to a risk rating of 2.

RISK RATING MATRIX — SEDATIVE/HYPNOTICS

RISK RATING 2 — MODERATE RISK

SERVICE NEEDS	TREATMENT INTERVENTIONS	LEVEL OF CARE & SETTING
A risk rating of 2 in Dimension 1 indicates the need for moderate-intensity intoxication monitoring or management, or withdrawal management services.	Phenobarbital or a long-acting benzodiazepine should be given. Doses should be repeated, preferably daily, using a symptom-triggered or time-driven protocol with a symptom-driven override/rescue protocol. Adjunctive anticonvulsants are sometimes used. A limited amount of medication should be prescribed or dispensed, sufficient to last until the next visit (ideally, the next day). The medication should be adjusted at subsequent visits on a tapering schedule and discontinued entirely within a total treatment period of 2 to 8 weeks. Low doses of non-addicting sleep medications may be useful for chronic insomnia. The patient should be offered immediate access to, and simultaneous participation in, an addiction counseling program or other suitable psychosocial intervention. Transportation should be arranged to return the patient to his or her home and overnight supervision.	The patient with a risk rating of 2 in Dimension 1 should be placed in a Level 2-WM Ambulatory Withdrawal Management with Extended On-Site Monitoring program. Such a program may be located in an addiction treatment or mental health setting. If family, transportation, or other supports are not adequate to enable the success of a Level 2-WM program or the patient meets residential criteria in other dimensions, then residential treatment supports should be added. If available, a Level 3.2-WM (Clinically Managed Residential Withdrawal Management) program with concurrent medical services equivalent to Level 2-WM should be considered. If the patient requires partial hospitalization or more intensive mental health services (ie, a risk rating of 2 or 3 or higher in Dimension 3), moderate intensity withdrawal management can be provided in a properly equipped mental health setting with ongoing case management to coordinate care.

RISK RATING MATRIX — SEDATIVE/HYPNOTICS

RISK RATING 3 — SIGNIFICANT RISK

A risk rating of 3 in Dimension 1 indicates that the patient has significant signs and symptoms of withdrawal, or is at risk for significant but manageable withdrawal; or withdrawal is worsening despite withdrawal management at a less intensive level of care.

INITIAL ASSESSMENT

The patient with a risk rating of 3 might evidence one of the following:

(1) The patient has significant anxiety and a moderate to severe tremor. The patient also may be withdrawing from substances other than sedative/hypnotics. However, he or she is fully coherent and able to comprehend instructions;

or

(2) The patient has moderate anxiety and insomnia, as well as possibly a mild tremor. He or she is not withdrawing from a substance other than sedative/hypnotics, and is fully coherent and able to comprehend instructions.

The patient would otherwise have had a risk rating of 2, except that he or she evidences one or more of the following problems, which pose a significant impediment to withdrawal management at a less intensive level of care:

a) The patient's past attempts to stop using sedative/hypnotics were marked by severe withdrawal symptoms.

b) The patient has moderate to severe active and potentially destabilizing medical problems.

c) Symptoms of a co-occurring psychiatric disorder are moderate to severe.

d) The patient does not have a high level of commitment to the withdrawal management process and his or her level of cooperation and reliability are questionable. For example, the patient has a recent history of withdrawal management at less intensive levels of care that were marked by inability to complete withdrawal management or to enter into continuing addiction treatment, and the patient lacks sufficient skills to complete withdrawal management.

e) The patient is at significant risk of imminent relapse.

f) The patient's family or friends are not supportive of or oppose the withdrawal management process and will not assist in providing transportation and a safe place to stay. The patient appears unable to obtain transportation (other than driving himself or herself) and access to safe and appropriate housing.

REASSESSMENT

On reassessment after initiation of treatment, the patient with a risk rating of 3 evidences one of the following:

(1) The patient's symptoms are improving as a result of the medical and psychosocial interventions, but sufficient residual symptoms persist to justify a continued risk rating of 3;

or

(2) The patient's withdrawal symptoms, although initially compatible with a risk rating of 2, have intensified despite appropriate treatment;

or

(3) The patient's withdrawal symptoms, while initially compatible with a risk rating of 4, have improved sufficiently in response to treatment to warrant a reduction to a risk rating of 3.

RISK RATING MATRIX — SEDATIVE/HYPNOTICS

RISK RATING 3 — SIGNIFICANT RISK

SERVICE NEEDS	TREATMENT INTERVENTIONS	LEVEL OF CARE & SETTING
A risk rating of 3 in Dimension 1 indicates a need for moderately high-intensity intoxication monitoring or management, or withdrawal management services. Nursing and medical care is essential.	Phenobarbital or a long-acting benzodiazepine should be given. Doses should be repeated, preferably daily, using a symptom-triggered or time-driven protocol with a symptom-driven override/rescue protocol. Adjunctive anticonvulsants are sometimes used. A limited amount of medication should be prescribed or dispensed, sufficient to last until the next visit (ideally, the next day). The medication should be adjusted at subsequent visits on a tapering schedule and discontinued entirely within a total treatment period of 2 to 8 weeks. Low doses of non-addicting sleep medications may be useful for chronic insomnia. The patient should be offered immediate access to, and simultaneous participation in, an addiction counseling program or other suitable psychosocial intervention. Transportation should be arranged to return the patient to his or her home and overnight supervision.	The patient with a risk rating of 3 in Dimension 1 should be placed in a Level 2-WM (Ambulatory Withdrawal Management with Extended On-Site Monitoring) or Level 3.7-WM (Medically Monitored Inpatient Withdrawal management) program. However, Level 2-WM is not appropriate if certain symptoms (such as agitation or severe tremor) are persistently present at the close of the day's program service hours, because such a patient needs 24-hour medical monitoring. Level 2-WM also is not appropriate if assessment items 2d or 2f (see initial assessment on previous page) exist, unless Level 2-WM can be combined with a supportive living arrangement. Alternatively, the patient may be placed in a Level 3.7-WM Medically Monitored Inpatient Withdrawal Management program. Such a program may be located in an addiction treatment or mental health setting. If the patient requires medically monitored or clinically managed mental health services (with a risk rating of 3 or higher in Dimension 3), moderately high-intensity withdrawal management can be provided in a mental health setting with ongoing case management to coordinate care.

RISK RATING MATRIX — SEDATIVE/HYPNOTICS

RISK RATING 4 — SEVERE RISK

A risk rating of 4 in Dimension 1 indicates that the patient is incapacitated, with severe signs and symptoms of withdrawal. Such a patient is in imminent danger from either the continued use of sedative/hypnotics or the abrupt discontinuation of use.

INITIAL ASSESSMENT

The patient with a risk rating of 4 might evidence one of the following:

(1) The patient has clouding of the sensorium or confusion, or new onset of hallucinations, or has experienced a seizure, or is not able to fully comprehend instructions.
or

(2) The patient has severe anxiety and a moderate to severe tremor. He or she also may be withdrawing from a substance other than sedative/hypnotics. The patient would otherwise have had a risk rating of 3, except that he or she evidences one or more of the following problems, which pose a major impediment to withdrawal management at a less intensive level of care:

a) The patient's past attempts to stop using sedative/hypnotics were marked by seizures or delirium tremens.

b) The patient has severe destabilizing medical problems.

c) Symptoms of a co-occurring psychiatric disorder are severe.

d) The patient is not cooperative or reliable, to an extent that places him or her at imminent risk of harm.

e) The patient requires medical monitoring for more than 5 hours a day.

REASSESSMENT

On reassessment after initiation of treatment, the patient with a risk rating of 4 evidences one of the following:

(1) The patient's symptoms are currently improving as a result of the medical and psychosocial interventions, but sufficient residual symptoms persist to justify a continued risk rating of 4;
or

(2) The patient's withdrawal symptoms, although initially compatible with a risk rating of 3, have intensified despite appropriate treatment.

SERVICE NEEDS

A risk rating of 4 in Dimension 1 indicates a need for high-intensity intoxication monitoring or management, or withdrawal management services, with medical monitoring and management more often than hourly.

TREATMENT INTERVENTIONS

Phenobarbital or a long-acting benzodiazepine should be given. Adjunctive anticonvulsants are sometimes used.

The patient should be closely monitored (at least several times a day, or hourly in the presence of delirium or substantial elevation of vital signs). The dose should be repeated, using a symptom-triggered or time-driven protocol with a symptom-driven override/rescue protocol in place.

As soon as he or she is medically stable, the patient should be offered immediate access to, and simultaneous participation in, a rehabilitation program or other suitable psychosocial interventions.

LEVEL OF CARE & SETTING

The patient with a risk rating of 4 should be placed in a Level 4-WM Medically Managed Intensive Inpatient Withdrawal Management program, which is an organized hospital addiction service. In the absence of such a service, an organized medical or psychiatric service in a hospital under the direction of an addiction medicine specialist may be used.

If the patient requires medically monitored and nurse-managed mental health services (with a risk rating of 3 or higher in Dimension 3), moderately high-intensity withdrawal management can be provided in a mental health setting with ongoing case management to coordinate care.

Variable Withdrawal Risk by Substance
OPIOIDS

Opioid withdrawal can be intensely uncomfortable. Although they are not life threatening, the symptoms can be so severe and chronic that, if not properly treated, relapse is highly likely.

Screening for the Possibility of a Withdrawal Syndrome and Predicting Severity

Patients with opioid use disorder experience withdrawal frequently and are therefore usually

familiar with the timing and early symptoms of withdrawal. The particular symptoms vary between individuals but tend to evolve in a predictable way for a given individual. Therefore, consulting with the patient about their individual pattern, in combination with noting vital sign and pupillary diameter, will usually result in an accurate estimate of when treatment is needed.

RISK ASSESSMENT MATRIX FOR OPIOID WITHDRAWAL SYNDROME

RISK RATING	WITHDRAWAL MANAGEMENT SERVICE NEEDS & INTERVENTIONS	LEVEL OF CARE & SETTING
0 (MINIMAL/NONE)	A risk rating of 0 in Dimension 1 indicates that the patient is fully functioning and demonstrates good ability to tolerate and cope with the discomfort of withdrawal. **Service Needs** A risk rating of 0 in Dimension 1 indicates that no immediate intoxication monitoring or management, or withdrawal management services are needed. It does not affect the overall placement decision. **Treatment Interventions** At this level of risk, there is no need to initiate new professional services specifically for problems in Dimension 1.	For the patient with a risk rating of 0 in Dimension 1, the determination of level of care or setting is guided by the risk rating in other dimensions.
1 (MILD)	Occasional yawning, slight pupillary dilation, rhinorrhea, chills, mild anxiety. **Service Needs** • Daily monitoring. • Measurement of blood alcohol level. Urine screen for drugs. **Treatment Interventions** • Implementation of symptom-triggered withdrawal management protocol using long-acting opioids or non-opioid medications.	1-WM 3.2-WM
2 (MODERATE)	Frequent yawning, mild piloerection, abdominal cramps, nausea, loose stools, body aches, mild elevation of blood pressure or pulse, moderate sweating, anxiety, tremulousness, restlessness, irritability. **Service Needs** • Hourly monitoring until improvement begins, then every 2 to 3 hours. **Treatment Interventions** • Implementation of symptom-triggered withdrawal management protocol using long-acting opioids or non-opioid medications.	2-WM
3 (SIGNIFICANT)	Vomiting, diarrhea, observable tremor, mild fever, moderate elevation of blood pressure or pulse, significant anxiety, sweating, restlessness, body aches, pupillary dilation, piloerection. **Service Needs** • Hourly monitoring until improvement begins, then every 2 to 3 hours. **Treatment Interventions** • Implementation of symptom-triggered withdrawal management protocol using long-acting opioids or non-opioid medications.	2-WM 3.7-WM
4 (SEVERE)	Debilitating vomiting and diarrhea, agitation, gross tremor, fever, severe elevation of blood pressure or pulse. **Service Needs** • 24-hour monitoring – hourly or more frequent until improvement begins, then every 2 to 3 hours. **Treatment Interventions** • Implementation of symptom-triggered withdrawal management protocols using long-acting opioids or non-opioid medications.	4-WM

Adolescent Levels of Care	DIMENSION 1 Acute Intoxication and/or Withdrawal Potential	DIMENSION 2 Biomedical Conditions and Complications	DIMENSION 3 Emotional, Behavioral, or Cognitive Conditions and Complications **A)** Dangerousness/Lethality, **B)** Interference with Addiction and/or Mental Health Recovery Efforts, **C)** Social Functioning, **D)** Ability for Self-Care, **E)** Course of Illness
LEVEL 0.5 Early Intervention	No withdrawal risk	None or very stable	None or very stable. Any Dimension 3 issues are being addressed through concurrent mental health services and do not interfere with early intervention addiction treatment services
LEVEL 1 Outpatient Services	No withdrawal risk	None or very stable, or is receiving concurrent medical monitoring	The adolescent's status in Dimension 3 is characterized by all of the following: **A)** The adolescent is not at risk of harm, **B)** There is minimal interference, **C)** Minimal to mild impairment, **D)** The adolescent is experiencing minimal current difficulties with activities of daily living, but there is significant risk of deterioration, **E)** The adolescent is at minimal imminent risk, which predicts a need for some monitoring or interventions
LEVEL 2.1 Intensive Outpatient Services	Experiencing minimal withdrawal, or is at risk of withdrawal	None or stable, or distracting from treatment at a less intensive level of care. Such problems are manageable at Level 2.1	The adolescent's status in Dimension 3 features one or more of the following: **A)** The adolescent is at low risk of harm, and he or she is safe between sessions, **B)** Mild interference requires the intensity of this level of care to support treatment engagement, **C)** Mild to moderate impairment, but can sustain responsibilities, **D)** The adolescent is experiencing mild to moderate difficulties with activities of daily living, and requires frequent monitoring or interventions, **E)** The adolescent's history (combined with the present situation) predicts the need for frequent monitoring or interventions
LEVEL 2.5 Partial Hospitalization Services	Experiencing mild withdrawal, or is at risk of withdrawal	None or stable, or distracting from treatment at a less intensive level of care. Such problems are manageable at Level 2.5	The adolescent's status in Dimension 3 features one or more of the following: **A)** The adolescent is at low risk of harm, and he or she is safe overnight, **B)** Moderate interference requires the intensity of this level of care to support treatment engagement, **C)** Moderate impairment, but can sustain responsibilities, **D)** The adolescent is experiencing moderate difficulties with activities of daily living and requires near-daily monitoring or interventions, **E)** The adolescent's history (combined with the present situation) predicts the need for near-daily monitoring or interventions
LEVEL 3.1 Clinically Managed Low-Intensity Residential Services	The adolescent's state of withdrawal (or risk of withdrawal) is being managed concurrently at another level of care	None or stable, or receiving concurrent medical monitoring as needed	The adolescent's status in Dimension 3 is characterized by one or more of the following: **A)** The adolescent needs a stable living environment for safety, **B)** Moderate interference requiring limited 24-hour supervision to support treatment engagement, **C)** Moderate impairment needing limited 24-hour supervision to sustain responsibilities, **D)** Moderate difficulties with activities of daily living requiring limited 24-hour supervision and frequent prompting, **E)** The adolescent's history (combined with the present situation) predicts instability without limited 24-hour supervision
LEVEL 3.5 Clinically Managed Medium-Intensity Residential Services	Adolescent is experiencing mild to moderate withdrawal (or is at risk of withdrawal), but does not need pharmacological management or frequent medical or nursing monitoring	None or stable, or receiving concurrent medical monitoring as needed	The adolescent's status in Dimension 3 features one or more of the following: **A)** Moderate but stable risk of harm, thus needing medium-intensity 24-hour monitoring or treatment for safety, **B)** Moderate to severe interference requiring medium-intensity residential treatment to support engagement, **C)** Moderate to severe impairment that cannot be managed at a less intensive level of care, **D)** Moderate to severe difficulties with activities of daily living requiring 24-hour supervision and medium-intensity staff assistance, **E)** The adolescent's history (combined with the present situation) predicts destabilization without medium-intensity residential treatment
LEVEL 3.7 Medically Monitored High-Intensity Inpatient Services	Adolescent is experiencing moderate to severe withdrawal (or is at risk of withdrawal), but this is manageable at Level 3.7	Requires 24-hour medical monitoring, but not intensive treatment	The adolescent's status in Dimension 3 features one or more of the following: **A)** Moderate risk of harm needing high-intensity 24-hour monitoring or treatment, or secure placement, for safety, **B)** Severe interference requiring high-intensity residential treatment to support engagement, **C)** Severe impairment that cannot be managed at a less intensive level of care, **D)** Severe difficulties with activities of daily living requiring 24-hour supervision and high-intensity staff assistance, **E)** The adolescent's history (combined with the present situation) predicts destabilization without high-intensity residential treatment
LEVEL 4 Medically Managed Intensive Inpatient Services	Adolescent is experiencing severe withdrawal (or is at risk of withdrawal) and requires intensive active medical management	Requires 24-hour medical and nursing care and the full resources of a licensed hospital	The adolescent's status in Dimension 3 features one or more of the following: **A)** The adolescent is at severe risk of harm, **B)** Very severe, almost overwhelming interference renders the adolescent incapable of participating in treatment at a less intensive level of care, **C)** Very severe, dangerous impairment requiring frequent medical and nursing interventions, **D)** Very severe difficulties with activities of daily living requiring frequent medical and nursing interventions, **E)** The adolescent's history (combined with the present situation) predicts destabilization without inpatient medical management

	DIMENSION 4 Readiness to Change	DIMENSION 5 Relapse, Continued Use, or Continued Problem Potential	DIMENSION 6 Recovery/Living Environment [a]
	Willing to explore how current alcohol, tobacco, medication, other drug use, and/or high-risk behaviors may affect achievement of personal goals	Needs an understanding of, or skills to change, current alcohol, tobacco, other drug, or medication use patterns, and/or high-risk behaviors	Adolescent's risk of initiation of or progression in substance use and/or high-risk behaviors is increased by substance use or values about use. High-risk behaviors of family, peers, or others in the adolescent's social support system
	Willing to engage in treatment, and is at least contemplating change, but needs motivating and monitoring strategies	Able to maintain abstinence or control use and pursue recovery or motivational goals with minimal support	Family and environment can support recovery with limited assistance
	Requires close monitoring and support several times a week to promote progress through the stages of change because of variable treatment engagement, or no interest in getting assistance	Significant risk of relapse or continued use, or continued problems and deterioration in level of functioning. Has poor prevention skills and needs close monitoring and support	Adolescent's environment is impeding his or her recovery, and adolescent requires close monitoring and support to overcome that barrier
	Requires a near-daily structured program to promote progress through the stages of change because of little treatment engagement or escalating use and impairment, or no awareness of the role of alcohol, tobacco, and/or other drugs play in his or her present problems	High risk of relapse or continued use, or continued problems and deterioration in level of functioning. Has minimal prevention skills and needs near-daily monitoring and support	Adolescent's environment renders recovery unlikely without near-daily monitoring and support, or frequent relief from his or her home environment
	Open to recovery, but needs limited 24-hour supervision to promote or sustain progress	Understands the potential for continued use and/or has emerging recovery skills, but needs supervision to reinforce recovery and relapse prevention skills, limit exposure to substances and/or environmental triggers, or maintain therapeutic gains	Environment poses a risk to his or her recovery, so that he or she requires alternative residential secure placement or support
	The adolescent needs intensive motivating strategies in a 24-hour structured program to address minimal engagement in, or opposition to, treatment, or to address his or her lack of recognition of current severe impairment	Unable to control use and/or behaviors and avoid serious impairment without a 24-hour structured program. He or she is unable to overcome environmental triggers or cravings, has insufficient supervision between encounters at a less intensive level of care, or has high chronicity and/or poor response to treatment	Environment is dangerous to his or her recovery, so that he or she requires residential treatment to promote recovery goals, or for protection
	The adolescent needs motivating strategies in a 24-hour medically monitored program due to no treatment engagement associated with a biomedical, emotional, or behavioral condition; or because he or she actively opposes treatment, requiring secure placement to remain safe; or because he or she needs high-intensity case management to create linkages that would support outpatient treatment	Unable to interrupt high-severity or high-frequency pattern of use and/or behaviors and avoid dangerous consequences without high-intensity 24-hour interventions (because of an emotional, behavioral, or cognitive condition; severe impulse control problems; withdrawal symptoms; and the like)	Environment is dangerous to his or her recovery, and he or she requires residential treatment to promote recovery goals or for protection, and to help him or her establish a successful transition to a less intensive level of care
	Problems in this dimension do not qualify the patient for Level 4 services. If the patient's only severity is in Dimension 4, 5, and/or 6 without high severity in Dimensions 1, 2, and/or 3, then the patient does not qualify for Level 4	Problems in this dimension do not qualify the patient for Level 4 services. If the patient's only severity is in Dimension 4, 5, and/or 6 without high severity in Dimensions 1, 2, and/or 3, then the patient does not qualify for Level 4	Problems in this dimension do not qualify the patient for Level 4 services. If the patient's only severity is in Dimension 4, 5, and/or 6 without high severity in Dimensions 1, 2, and/or 3, then the patient does not qualify for Level 4

NOTE: This overview of the adolescent admission criteria is an approximate summary to illustrate the principal concepts and structure of the criteria. This brief overview is not intended to replace the use of the comprehensive admission criteria.

Adult Levels of Care	DIMENSION 1 Acute Intoxication and/or Withdrawal Potential	DIMENSION 2 Biomedical Conditions and Complications	DIMENSION 3 Emotional, Behavioral, or Cognitive Conditions and Complications
LEVEL 0.5 Early Intervention	No withdrawal risk	None or very stable	None or very stable
OTP - LEVEL 1 Opioid Treatment Program	Physiologically dependent on opioids and requires OTP to prevent withdrawal	None or manageable with outpatient medical monitoring	None or manageable in an outpatient structured environment
LEVEL 1 Outpatient Services	Not experiencing significant withdrawal, or at minimal risk of severe withdrawal. Manageable at Level 1-WM (See withdrawal management criteria)	None or very stable, or is receiving concurrent medical monitoring	None or very stable, or is receiving concurrent mental health monitoring
LEVEL 2.1 Intensive Outpatient Services	Minimal risk of severe withdrawal, manageable at Level 2-WM (See withdrawal management criteria)	None or not a distraction from treatment. Such problems are manageable at Level 2.1	Mild severity, with potential to distract from recovery; needs monitoring
LEVEL 2.5 Partial Hospitalization Services	Moderate risk of severe withdrawal manageable at Level 2-WM (See withdrawal management criteria)	None or not sufficient to distract from treatment. Such problems are manageable at Level 2.5	Mild to moderate severity, with potential to distract from recovery; needs stabilization
LEVEL 3.1 Clinically Managed Low-Intensity Residential Services	No withdrawal risk, or minimal or stable withdrawal. Concurrently receiving Level 1-WM (minimal) or Level 2-WM (moderate) services (See withdrawal management criteria)	None or stable, or receiving concurrent medical monitoring	None or minimal; not distracting to recovery. If stable, a co-occurring capable program is appropriate. If not, a co-occurring enhanced program is required
LEVEL 3.3 Clinically Managed Population-Specific High-Intensity Residential Services	At minimal risk of severe withdrawal. If withdrawal is present, manageable at Level 3.2-WM (See withdrawal management criteria)	None or stable, or receiving concurrent medical monitoring	Mild to moderate severity; needs structure to focus on recovery. Treatment should be designed to address significant cognitive deficits. If stable, a co-occurring capable program is appropriate. If not, a co-occurring enhanced program is required
LEVEL 3.5 Clinically Managed High-Intensity Residential Services	At minimal risk of severe withdrawal. If withdrawal is present, manageable at Level 3.2-WM (See withdrawal management criteria)	None or stable, or receiving concurrent medical monitoring	Demonstrates repeated inability to control impulses, or unstable and dangerous signs/symptoms require stabilization. Other functional deficits require stabilization and a 24-hour setting to prepare for community integration and continuing care. A co-occurring enhanced setting is required for those with severe and chronic mental illness
LEVEL 3.7 Medically Monitored Intensive Inpatient Services	At high risk of withdrawal, but manageable at Level 3.7-WM and does not require the full resources of a licensed hospital (See withdrawal management criteria)	Requires 24-hour medical monitoring but not intensive treatment	Moderate severity; needs a 24-hour structured setting. If the patient has a co-occurring mental disorder, requires concurrent mental health services in a medically monitored setting
LEVEL 4 Medically Managed Intensive Inpatient Services	At high risk of withdrawal and requires Level 4-WM and the full resources of a licensed hospital (See withdrawal management criteria)	Requires 24-hour medical and nursing care and the full resources of a licensed hospital	Because of severe and unstable problems, requires 24-hour psychiatric care with concomitant addiction treatment (co-occurring enhanced)

	DIMENSION 4 Readiness to Change	DIMENSION 5 Relapse, Continued Use, or Continued Problem Potential	DIMENSION 6 Recovery/Living Environment
	Willing to explore how current alcohol, tobacco, other drug, or medication use, and/or high-risk behaviors may affect personal goals	Needs an understanding of, or skills to change, current alcohol, tobacco, other drug, or medication use patterns, and/or high risk behavior	Social support system or significant others increase the risk of personal conflict about alcohol, tobacco, and/or other drug use
	Ready to change the negative effects of opioid use, but is not ready for total abstinence from illicit prescription or non-prescription drug use	At high risk of relapse or continued use without OTP and structured therapy to promote treatment progress	Recovery environment is supportive and/or the patient has skills to cope
	Ready for recovery but needs motivating and monitoring strategies to strengthen readiness. Or needs ongoing monitoring and disease management. Or high severity in this dimension but not in other dimensions. Needs Level 1 motivational enhancement strategies	Able to maintain abstinence or control use and/or addictive behaviors and pursue recovery or motivational goals with minimal support	Recovery environment is supportive and/or the patient has skills to cope
	Has variable engagement in treatment, ambivalence, or a lack of awareness of the substance use or mental health problem, and requires a structured program several times a week to promote progress through the stages of change	Intensification of addiction or mental health symptoms indicate a high likelihood of relapse or continued use or continued problems without close monitoring and support several times a week	Recovery environment is not supportive, but with structure and support, the patient can cope
	Has poor engagement in treatment, significant ambivalence, or a lack of awareness of the substance use or mental health problem, requiring a near-daily structured program or intensive engagement services to promote progress through the stages of change	Intensification of addiction or mental health symptoms, despite active participation in a Level 1 or 2.1 program, indicates a high likelihood of relapse or continued use or continued problems without near-daily monitoring and support	Recovery environment is not supportive, but with structure and support and relief from the home environment, the patient can cope
	Open to recovery, but needs a structured environment to maintain therapeutic gains	Understands relapse but needs structure to maintain therapeutic gains	Environment is dangerous, but recovery is achievable if Level 3.1 24-hour structure is available
	Has little awareness and needs interventions available only at Level 3.3 to engage and stay in treatment. If there is high severity in Dimension 4 but not in any other dimension, motivational enhancement strategies should be provided in Level 1	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	Environment is dangerous and patient needs 24-hour structure to learn to cope
	Has marked difficulty with, or opposition to, treatment, with dangerous consequences. If there is high severity in Dimension 4 but not in any other dimension, motivational enhancement strategies should be provided in Level 1	Has no recognition of the skills needed to prevent continued use, with imminently dangerous consequences	Environment is dangerous and the patient lacks skills to cope outside of a highly structured 24-hour setting
	Low interest in treatment and impulse control is poor, despite negative consequences; needs motivating strategies only safely available in a 24-hour structured setting. If there is high severity in Dimension 4 but not in any other dimension, motivational enhancement strategies should be provided in Level 1	Unable to control use, with imminently dangerous consequences, despite active participation at less intensive levels of care	Environment is dangerous and the patient lacks skills to cope outside of a highly structured 24-hour setting
	Problems in this dimension do not qualify the patient for Level 4 services. If the patient's only severity is in Dimension 4, 5, and/or 6 without high severity in Dimensions 1, 2, and/or 3, then the patient does not qualify for Level 4	Problems in this dimension do not qualify the patient for Level 4 services. See further explanation in Dimension 4	Problems in this dimension do not qualify the patient for Level 4 services. See further explanation in Dimension 4

NOTE: This overview of the adult admission criteria is an approximate summary to illustrate the principal concepts and structure of the criteria. This brief overview is not intended to replace the use of the comprehensive admission criteria.

Adolescent Criteria

ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

5 DIMENSION 5: Continued Problem Potential

The individual's status in Dimension 5 is characterized by (a) ***or*** (b):

a. The individual does not understand the need to alter his or her current behavior or pattern of use of alcohol, tobacco, and/or other drugs to prevent harm that may be related to such use or behavior;

or

b. The individual needs to acquire specific skills needed to change his or her current pattern of use or behavior.

6 DIMENSION 6: Living Environment

The individual's status in Dimension 6 is characterized by at least (a) ***or*** (b) ***or*** (c) ***or*** (d):

a. The individual's social support system is composed primarily of persons whose substance use or addictive behavior patterns prevent them from meeting social, work, school, or family obligations;

or

b. The individual's family member(s) currently is/are addictively using alcohol or other drugs (or has/have done so in the past), thereby heightening the individual's risk for a substance use disorder;

or

c. The individual's significant other expresses values concerning addictive behavior and/or alcohol or other drug use that create serious conflict for the individual;

or

d. The individual's significant other condones or encourages high-risk addictive behavior and/or use of alcohol or other drugs.

NOTE

In Level 0.5, the titles of Dimension 5 and Dimension 6 are slightly different compared to the other benchmark levels of care. Because the individual does not meet the diagnostic criteria for a substance use or addictive disorder in Level 0.5 (see Diagnostic Admission Criteria), concepts such as "relapse" and "recovery" are not applicable. See the descriptions of Dimensions 5 and 6 in Chapter 3 for more information.

ADOLESCENT DIAGNOSTIC ADMISSION CRITERIA

The adolescent who is an appropriate candidate for Level 0.5 services evidences problems and risk factors that appear to be related to substance use or addictive behavior. However, the individual does not meet the diagnostic criteria for substance use or addictive disorder, as defined in the current *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) of the American Psychiatric Association or other standardized and widely accepted criteria, or there is currently insufficient information to perform a diagnostic assessment.

a ADOLESCENT DIMENSIONAL ADMISSION CRITERIA

The adolescent who is appropriately cared for at Level 0.5 meets at least ***one*** of the specifications in Dimensions 4, 5, or 6. Any identifiable problems in Dimensions 1, 2, or 3 are stable or are being addressed through appropriate outpatient medical or mental health services.

1 DIMENSION 1: Acute Intoxication and/or Withdrawal Potential	The adolescent who is an appropriate candidate for Level 0.5 services shows no signs of acute or subacute withdrawal, or risk of acute withdrawal.
2 DIMENSION 2: Biomedical Conditions and Complications	The adolescent's biomedical conditions and problems, if any, are stable or are being actively addressed, and thus will not interfere with therapeutic interventions.
3 DIMENSION 3: Emotional, Behavioral, or Cognitive Conditions and Complications	The adolescent's emotional, behavioral, or cognitive conditions and complications, if any, are being addressed through appropriate mental health services, and thus will not interfere with therapeutic interventions.
4 DIMENSION 4: Readiness to Change	The adolescent expresses willingness to gain an understanding of how his or her current addictive behavior and/or use of alcohol, tobacco, and/or other drugs may be harmful or impair his or her ability to meet responsibilities and achieve personal goals. This could also include those individuals who are ambivalent about exploring how their current behavior or use of alcohol and other drugs may be harmful or impairing, or those whose motivation is to achieve some goal other than the modification of their substance use behaviors (eg, having their driving privileges restored).
5 DIMENSION 5: Continued Problem Potential	The adolescent's status in Dimension 5 is characterized by (a) ***or*** (b): a. The adolescent does not understand the need to alter his or her current behavior or pattern of use of alcohol, tobacco, and/or other drugs to prevent harm that may be related to such use or behavior; ***or*** b. The adolescent needs to acquire specific skills needed to change his or her current pattern of use or behavior.
6 DIMENSION 6: Living Environment	The adolescent's status in Dimension 6 is characterized by at least (a) ***or*** (b) ***or*** (c) ***or*** (d): a. The adolescent's social support system is composed primarily of persons whose substance use or addictive behavior patterns prevent him or her from meeting social, work, school, or family obligations; ***or*** b. The adolescent's family member(s) currently is/are addictively using alcohol or other drugs (or has/have done so in the past), thereby heightening the adolescent's risk for a substance use disorder; ***or*** c. A significant member of the adolescent's support system expresses values concerning addictive behavior and/or alcohol or other drug use that create serious conflict for the individual; ***or*** d. A significant member of the adolescent's support system condones or encourages high-risk addictive behavior and/or use of alcohol or other drugs.

ADOLESCENT DIAGNOSTIC ADMISSION CRITERIA

The adolescent who is appropriately placed in a Level 1 program is assessed as meeting the diagnostic criteria for a substance use, substance-induced, and/or other addictive disorder as defined in the current *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) of the American Psychiatric Association or other standardized and widely accepted criteria, as well as the dimensional criteria for admission.

If the adolescent's presenting alcohol, tobacco, and/or other drug use or addictive behavior history is inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information appropriately submitted or obtained from collateral parties (such as family members, legal guardians, and significant others) when there is valid authorization to obtain this information.

ADOLESCENT DIMENSIONAL ADMISSION CRITERIA

The adolescent who is appropriately admitted to Level 1 is assessed as meeting specifications in ***all*** of the following six dimensions.

1 DIMENSION 1:
Acute Intoxication and/or Withdrawal Potential

The adolescent has no signs or symptoms of withdrawal, or his or her withdrawal needs can be safely managed in a Level 1 setting.

The adolescent who is appropriately placed in a Level 1 program is not experiencing acute or subacute withdrawal from alcohol or other drugs, and is not at risk of acute withdrawal; ***or***

If the adolescent is experiencing very mild withdrawal, the symptoms consist of no more than lingering but improving sleep disturbance.

Nicotine: Nicotine withdrawal is the exception to the previous statement, as it may be marked by more severe symptoms. However, these can be managed in a Level 1 setting. Nicotine withdrawal symptoms may require either nicotine replacement therapy or non-nicotine pharmacological agents for symptomatic treatment.

NOTE: If the adolescent is presenting for treatment after recently experiencing an episode of acute withdrawal without treatment (as opposed to stepping down from a more intensive level of care following a good response to treatment), it is safer to err on the side of greater intensity of services in making a placement. For example, a Level 2.1 setting may be indicated if the adolescent is doing poorly or if there are indicators for that level of care in other dimensions.

2 DIMENSION 2:
Biomedical Conditions and Complications

The adolescent's status in Dimension 2 is characterized by biomedical conditions and problems, if any, that are sufficiently stable to permit participation in outpatient treatment. Examples include uncomplicated pregnancy or asymptomatic HIV disease.

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

The adolescent's status in Dimension 3 is characterized by ***all*** of the following:

a. **Dangerousness/Lethality:** The adolescent is assessed as not posing a risk of harm to self or others. He or she has adequate impulse control to deal with any thoughts of harm to self or others.

a ADOLESCENT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

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

b. **Interference with Addiction Recovery Efforts:** The adolescent's emotional concerns relate to negative consequences and effects of addiction, and he or she is able to view them as part of addiction and recovery. Emotional, behavioral, or cognitive symptoms, if present, appear to be related to substance-related problems rather than to a co-occurring psychiatric, emotional, or behavioral condition. If they ***are*** related to such a condition, appropriate additional psychiatric services are provided concurrent with the Level 1 treatment. The adolescent's mental status does not preclude his or her ability to: (1) understand the materials presented (that is, his or her cognitive abilities are appropriate to the treatment modality and materials used); and (2) participate in the treatment process.

c. **Social Functioning:** Relationships or spheres of social functioning (as with family, friends, and peers at school and work) are impaired but not endangered by substance use (for example, there is no imminent break-up of family, expulsion from home, or imminent failure at school). The adolescent is able to meet personal responsibilities and to maintain stable, meaningful relationships despite the mild symptoms experienced (such as mood swings without aggression or threats of danger, or in-school suspension for lateness but no suspensions for truancy).

d. **Ability for Self-Care:** The adolescent has adequate resources and skills to cope with emotional, behavioral, or cognitive problems, with some assistance. He or she has the support of a stable environment and is able to manage the activities of daily living (feeding, personal hygiene, grooming, and the like).

e. **Course of Illness:** The adolescent has only mild signs and symptoms. Any acute problems (such as severe depression, suicidality, aggression, or dangerous delinquent behaviors) have been well stabilized, and chronic problems are not serious enough to pose a high risk of vulnerability (such as chronic and stable low-lethality self-injurious behavior, chronic depression without significant impairment or increase in severity, or chronic stable threats without risk of aggression).

4 DIMENSION 4:
Readiness to Change

The adolescent's status in Dimension 4 is characterized by (a) ***and*** one of (b) ***or*** (c) ***or*** (d):

a. The adolescent expresses willingness to participate in treatment planning and to attend all scheduled activities mutually agreed upon in the treatment plan;
and

b. The adolescent acknowledges that he or she has a substance-related or other addictive disorder and/or mental health problem and wants help to change, but is ambivalent about recovery efforts and requires monitoring and motivating strategies;
or

c. The adolescent is ambivalent about a substance-related or other addictive disorder and/or mental health condition. He or she requires monitoring and motivating strategies, but not a structured milieu program. For example: (a) the adolescent has sufficient awareness and recognition of a substance use or addictive disorder and/or mental health problems to allow engagement and follow through with attendance at intermittent treatment sessions as scheduled; (b) The adolescent acknowledges that he or she has a substance-related and/or mental health problem but is ambivalent about change. He or she is invested in avoiding negative consequences and is in need of monitoring and motivating strategies to engage in treatment and progress through stages of change;
or

d. The adolescent may not recognize that he or she has a substance-related or other addictive disorder and/or mental health problem. For example, he or she is more invested in avoiding a negative consequence than in the recovery effort. Such an adolescent may require monitoring and motivating strategies to engage in treatment and to progress through the stages of change.

a ADOLESCENT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

5 DIMENSION 5: Relapse, Continued Use, or Continued Problem Potential	In Dimension 5, the adolescent is assessed as able to achieve or maintain abstinence and related recovery goals. Or the adolescent is able to achieve awareness of a substance or other addiction problem and related motivational enhancement goals, only with support and scheduled therapeutic contact. This is to assist him or her in dealing with issues that include (but are not limited to) concern or ambivalence about preoccupation with alcohol, tobacco, and/or other drug use; other addictive behavior; cravings to use or gamble; peer pressure; and lifestyle and attitude changes.
6 DIMENSION 6: Recovery Environment	The adolescent's status in Dimension 6 is characterized by (a) ***or*** (b) ***or*** (c): a. The adolescent's psychosocial environment is sufficiently supportive that outpatient treatment is feasible (for example, significant others are in agreement with the recovery effort; there is a supportive work environment or legal coercion; adequate transportation to the program is available; and support meeting locations and non-alcohol/drug-centered work are near the home environment and accessible); ***or*** b. The adolescent does not have an adequate primary or social support system, but he or she has demonstrated motivation and willingness to obtain such a support system; ***or*** c. The adolescent's family, guardian, or significant others are supportive but require professional interventions to improve the adolescent's chance of treatment success and recovery. Such interventions may involve assistance in limit-setting, communication skills, a reduction in rescuing behaviors, and the like.

Level 2
Intensive Outpatient/Partial Hospitalization Services

Level 2 encompasses intensive outpatient treatment services, which may be delivered in a wide variety of outpatient or partial hospitalization settings. Distinctions are made among various subtypes of Level 2 programs. Criteria are offered here for two variations: Intensive Outpatient (Level 2.1) and Partial Hospitalization (Level 2.5) programs.

Level 2 treatment services can be delivered during the day, before or after work or school, in the evening, or on weekends. For appropriately selected patients, such programs provide essential addiction education and treatment components while allowing patients to apply their newly acquired skills within "real world" environments. Beyond the essential services, many Level 2 programs have the capacity to effectively treat patients who have complex co-occurring mental and substance-related conditions. Programs also have the capacity to arrange for medical and psychiatric consultation, psychopharmacological consultation, medication management, and 24-hour crisis services.

Level 2 programs can provide comprehensive biopsychosocial assessments and individualized treatment plans, including formulation of problem needs, strengths, skills, and priority formulation and articulation of short-term, measurable treatment goals and preferences, and activities designed to achieve those goals—all developed in consultation with the patient. Such programs typically have active affiliations

ADOLESCENT DIAGNOSTIC ADMISSION CRITERIA

The adolescent who is appropriately placed in a Level 2.1 program is assessed as meeting the diagnostic criteria for a substance use and/or other addictive disorder as defined in the current *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) of the American Psychiatric Association or other standardized and widely accepted criteria, as well as the dimensional criteria for admission.

If the adolescent's presenting alcohol and/or other drug use and other addictive behavior history is inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information submitted by collateral parties (such as family members, legal guardians, and significant others).

ADOLESCENT DIMENSIONAL ADMISSION CRITERIA

Direct admission to a Level 2.1 program is advisable for the adolescent who meets the stability specifications in Dimension 1 (if any withdrawal problems exist) ***and*** Dimension 2 (if any biomedical conditions or problems exist) and the severity specifications in at least ***one*** of Dimensions 3, 4, 5, and 6.

Transfer to a Level 2.1 program is appropriate for the adolescent who has met the objectives of treatment in a more intensive level of care ***and*** who requires the intensity of service provided at Level 2.1 in at least ***one*** dimension.

An adolescent also may be transferred to Level 2.1 from a Level 1 program when the services provided at that level have proven insufficient to address his or her needs or when Level 1 services have consisted of motivational interventions to prepare the adolescent for participation in a more intensive level of care for which he or she now meets criteria. (The adolescent may be transferred to the next higher intensity level of care if the indicated level is not available in the immediate geographic area.)

1 DIMENSION 1: Acute Intoxication and/or Withdrawal Potential

The adolescent who is appropriately placed in a Level 2.1 program is not experiencing or at risk of acute withdrawal. At most, the adolescent's symptoms consist of subacute withdrawal marked by minimal symptoms that are diminishing (as during the first several weeks of abstinence following a period of more severe acute withdrawal).

The adolescent is likely to attend, engage, and participate in treatment, as evidenced by his or her meeting the following criteria:

a. The adolescent is able to tolerate mild subacute withdrawal symptoms.

b. He or she has made a commitment to sustain treatment and to follow treatment recommendations.

c. The adolescent has external supports (family and/or court) that promote engagement in treatment.

NOTE: If the adolescent presents for treatment after recently experiencing an episode of acute withdrawal without treatment (as opposed to stepping down from a more intensive level of care following a good response), it is safer to err on the side of greater intensity of services when making a placement decision. For example, a Level 2.5 setting may be indicated if the adolescent is doing poorly or if there are indications in other dimensions that he or she would benefit from that level of care.

a ADOLESCENT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

2 DIMENSION 2:
Biomedical Conditions and Complications

In Dimension 2, the adolescent's biomedical conditions and problems, if any, are stable or are being addressed concurrently and thus will not interfere with treatment. Examples include mild pregnancy-related hypertension, asthma, hypertension, or diabetes.

or

The adolescent's biomedical conditions and problems are severe enough to distract from recovery and treatment at a less intensive level of care, but will not interfere with recovery at Level 2.1. The biomedical conditions and problems are being addressed concurrently by a medical treatment provider.

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

The adolescent's status in Dimension 3 is characterized by at least ***one*** of the following:

a. **Dangerousness/Lethality:** The adolescent is at mild risk of behaviors endangering self, others, or property (for example, he or she has suicidal or homicidal thoughts, but no active plan), and requires frequent monitoring to assure that there is a reasonable likelihood of safety between IOP sessions. However, his or her condition is not so severe as to require daily supervision.

b. **Interference with Addiction Recovery Efforts:** The adolescent's recovery efforts are negatively affected by an emotional, behavioral, or cognitive problem, which causes mild interference with, and requires increased intensity to support, treatment participation and/or adherence. For example, the adolescent requires frequent repetition of treatment materials because of memory impairment associated with marijuana use.

c. **Social Functioning:** The adolescent's symptoms are causing mild to moderate difficulty in social functioning (involving family, friends, school, or work), but not to such a degree that he or she is unable to manage the activities of daily living or to fulfill responsibilities at home, school, work, or community. For example, the adolescent's problems may involve significantly worsening school performance or in-school detentions, a circle of friends that has narrowed to predominantly drug users, or loss of interest in most activities other than drug use.

d. **Ability for Self-Care:** The adolescent is experiencing mild to moderate impairment in ability to manage the activities of daily living, and thus requires frequent monitoring and treatment interventions. Problems may involve poor hygiene secondary to exacerbation of a chronic mental illness, poor self-care, or lack of independent living skills in an older adolescent who is transitioning to adulthood, or in a younger adolescent who lacks adequate family supports.

e. **Course of Illness:** The adolescent's history and present situation suggest that an emotional, behavioral, or cognitive condition would become unstable without frequent monitoring and maintenance. For example, he or she may require frequent prompting and monitoring of medication adherence (in an adolescent with a history of medication non-adherence) or frequent prompting and monitoring of behavioral adherence (in an adolescent with a conduct disorder or other serious pattern of delinquent behavior).

a ADOLESCENT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

4 DIMENSION 4: Readiness to Change

The adolescent's status in Dimension 4 is characterized by (a) ***or*** (b):

a. The adolescent requires structured therapy and a programmatic milieu to promote progress through the stages of change, as evidenced by behaviors such as the following: (1) the adolescent is verbally compliant, but does not demonstrate consistent behaviors; (2) the adolescent is only passively involved in treatment; or (3) the adolescent demonstrates variable adherence with attendance at outpatient sessions or self or mutual help meetings or support groups. Such interventions are not feasible or are not likely to succeed in a Level 1 service;
or

b. The adolescent's perspective inhibits his or her ability to make progress through the stages of change. For example, he or she has unrealistic expectations that the alcohol or other drug problem will resolve quickly and with little or no effort, or does not recognize the need for continued assistance. The adolescent thus requires structured therapy and a programmatic milieu. Such interventions are not feasible or are not likely to succeed in a Level 1 service.

5 DIMENSION 5: Relapse, Continued Use, or Continued Problem Potential

The adolescent's status in Dimension 5 is characterized by (a) ***or*** (b):

a. Although the adolescent has been an active participant at a less intensive level of care, he or she is experiencing an intensification of symptoms of the substance-related disorder (such as difficulty postponing immediate gratification and related drug-seeking behavior) and his or her level of functioning is deteriorating despite modification of the treatment plan;
or

b. There is a high likelihood that the adolescent will continue to use or relapse to use of alcohol and/or other drugs or gambling without close outpatient monitoring and structured therapeutic services, as indicated by his or her lack of awareness of relapse triggers, difficulty in coping, or in postponing immediate gratification or ambivalence toward treatment. The adolescent has unsuccessfully attempted treatment at a less intensive level of care, or such treatment is adjudged insufficient to stabilize the adolescent's condition so that direct admission to Level 2.1 is indicated.

6 DIMENSION 6: Recovery Environment

The adolescent's status in Dimension 6 is characterized by (a) ***or*** (b) ***or*** (c):

a. Continued exposure to the adolescent's current school, work, or living environment will render recovery unlikely. The adolescent lacks the resources or skills necessary to maintain an adequate level of functioning without the services of a Level 2.1 program;
or

b. The adolescent lacks social contacts, has unsupportive social contacts that jeopardize recovery, or has few friends or peers who do not use alcohol or other drugs. He or she also lacks the resources or skills necessary to maintain an adequate level of functioning without Level 2.1 services.
or

c. In addition to the characteristics for all programs, a third option is that the adolescent's family or caretakers are supportive of recovery, but family conflicts and related family dysfunction impede the adolescent's ability to learn the skills necessary to achieve and maintain abstinence.

NOTE: The adolescent may require Level 2.1 services in addition to an out-of-home placement (for example, at Level 3.1 or the equivalent, such as a group home or a non-treatment residential setting such as a detention program). If his or her present environment is supportive of recovery but does not provide sufficient addiction-specific services to foster and sustain recovery goals, the adolescent's needs in Dimension 6 may be met through an out-of-home placement, while other dimensional criteria would indicate the need for care in a Level 2.1 program.

ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

DIMENSION 5:
Relapse, Continued Use, or Continued Problem Potential

Co-Occurring Enhanced Programs

The patient's status in Dimension 5 is characterized by psychiatric symptoms that pose a high risk of relapse to the substance or psychiatric disorder.

Such a patient has impaired recognition or understanding of relapse issues, and inadequate skills in coping with and interrupting mental disorders and/or avoiding or limiting relapse. Such a patient's follow through in treatment is so inadequate or inconsistent, and his or her relapse problems are escalating to such a degree, that treatment at Level 2.1 is not succeeding or not feasible.

For example, the patient may continue to inflict superficial wounds on himself or herself and have continuing suicidal ideation and impulses. However, he or she has no specific suicide plan and agrees to reach out for help if seriously suicidal. Or the patient's continuing substance-induced psychotic symptoms are resolving, but difficulties in controlling his or her substance use exacerbate the psychotic symptoms.

DIMENSION 6:
Recovery Environment

All Programs

The patient's status in Dimension 6 is characterized by (a) ***or*** (b):

a. Continued exposure to the patient's current school, work, or living environment will render recovery unlikely. The patient lacks the resources or skills necessary to maintain an adequate level of functioning without the services of a Level 2.5 program;
or
b. Family members and/or significant other(s) who live with the patient are not supportive of his or her recovery goals, or are passively opposed to his or her treatment. The patient requires the intermittent structure of Level 2.5 treatment services and relief from the home environment in order to remain focused on recovery, but may live at home because there is no active opposition to, or sabotaging of, his or her recovery efforts.

Co-Occurring Enhanced Programs

The patient's status in Dimension 6 is characterized by a living, working, social, and/or community environment that is not supportive of good mental functioning. The patient has such limited resources and skills to deal with this situation that treatment is not succeeding or not feasible.

For example, the patient is unable to cope with continuing stresses caused by homelessness, unemployment, and isolation, and evidences increasing depression and hopelessness. The support and intermittent structure of a Level 2.5 co-occurring enhanced program provide sufficient stability to prevent further deterioration.

ADOLESCENT DIAGNOSTIC ADMISSION CRITERIA

The adolescent who is appropriately placed in a Level 2.5 program is assessed as meeting the diagnostic criteria for a substance use and/or other addictive disorder as defined in the current *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) of the American Psychiatric Association or other standardized and widely accepted criteria, as well as the dimensional criteria for admission.

If the adolescent's presenting substance use or gambling history is inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information submitted by collateral parties (such as family members, legal guardians, and significant others).

a ADOLESCENT DIMENSIONAL ADMISSION CRITERIA

Direct admission to a Level 2.5 program is advisable for the adolescent who meets the stability specifications in Dimension 1 (if any withdrawal problems exist) ***and*** Dimension 2 (if any biomedical conditions or problems exist) and the severity specifications in ***one*** of Dimensions 3, 4, 5, and 6.

Transfer to a Level 2.5 program is appropriate for the adolescent who has met the objectives of treatment in a more intensive level of care ***and*** who requires the intensity of service provided at Level 2.5 in at least ***one*** dimension.

An adolescent also may be transferred to Level 2.5 from a Level 1 or 2.1 program when the services provided at those levels have proven insufficient to address his or her needs or when Level 1 or 2.1 services have consisted of motivational interventions to prepare the adolescent for participation in a more intensive level of care for which he or she now meets criteria. (The adolescent may be transferred to the next higher level of care if the indicated level is not available in the immediate geographic area.)

1 DIMENSION 1: Acute Intoxication and/or Withdrawal Potential

The adolescent who is appropriately placed in a Level 2.5 program is experiencing acute or subacute withdrawal, marked by mild symptoms that are diminishing (as during the first several weeks of abstinence following a period of more severe acute withdrawal).

Withdrawal rating scale tables and flow sheets (which may include tabulation of vital signs) are used as needed.

The adolescent is likely to attend, engage, and participate in treatment, as evidenced by meeting the following criteria:

a. The adolescent is able to tolerate mild withdrawal symptoms.
b. He or she has made a commitment to sustain treatment and to follow treatment recommendations.
c. The adolescent has external supports (as from family and/or court) that promote treatment engagement.

Drug-specific examples follow:

a. **Alcohol:** Mild withdrawal; no need for sedative/hypnotic substitution therapy; no hyperdynamic state; CIWA-Ar score of ≤6; no significant history of regular morning drinking; the adolescent's symptoms are stabilized and he or she is comfortable by the end of each day's active treatment or monitoring.
b. **Sedative/hypnotics:** Mild withdrawal; the adolescent may have a history of near-daily sedative/hypnotic use, but no cross-dependence on other substances; no disturbance of vital signs; no unstable complicating exacerbation of affective disturbance; no need for sedative/hypnotic substitution therapy; the adolescent's symptoms are stabilized, and he or she is comfortable by the end of each day's active treatment or monitoring.
c. **Opiates:** Mild withdrawal; the adolescent may need over-the-counter medications for symptomatic relief, but does not need prescription medications or opiate agonist substitution therapy; he or she is comfortable by the end of each day's active treatment or monitoring. The adolescent has sufficient impulse control, coping skills, and/or supports to prevent immediate continued use beyond the active treatment day.
d. **Stimulants:** Mild to moderate withdrawal (for example, involving depression, lethargy, or agitation), so that the adolescent is likely to need frequent contact and/or higher intensity services to tolerate symptoms, engage in treatment, and bolster external supports. The adolescent has sufficient impulse control, coping skills, and/or supports to prevent immediate continued use beyond the active treatment day.
e. **Inhalants:** Mild subacute intoxication (involving cognitive impairment, lethargy, agitation, and depression), such that the adolescent is likely to need frequent contact and/or higher intensity services to tolerate symptoms, engage in treatment, and bolster external supports. The adolescent has sufficient impulse control, coping skills, and/or supports to prevent immediate continued use beyond the active treatment day.

a ADOLESCENT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

1 DIMENSION 1:
Acute Intoxication and/or Withdrawal Potential

f. **Marijuana:** Moderate withdrawal (involving irritability, general malaise, inner agitation, and sleep disturbance) or sustained subacute intoxication (involving cognitive disorganization, memory impairment, and executive dysfunction), such that the adolescent is likely to need frequent contact and/or higher intensity services to tolerate symptoms, engage in treatment, and bolster external supports.

g. **Hallucinogens:** Mild chronic intoxication (involving mild perceptual distortion, mild suspiciousness, or mild affective instability). The adolescent has sufficient compensatory coping skills to support engagement in treatment.

2 DIMENSION 2:
Biomedical Conditions and Complications

The adolescent's biomedical conditions and problems are severe enough to distract from recovery and treatment at a less intensive level of care, but will not interfere with recovery at Level 2.5. Examples include unstable diabetes or asthma requiring medication adjustment, or physical disabilities that distract from recovery efforts.

Such problems require medical monitoring and/or medical management, which can be provided by a Level 2.5 program either directly or through an arrangement with another treatment provider.

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

The adolescent's status in Dimension 3 is characterized by at least ***one*** of the following:

a. **Dangerousness/Lethality:** The adolescent is at mild risk of behaviors endangering self, others, or property (for example, he or she has suicidal or homicidal thoughts, but no active plan), and requires frequent monitoring to assure that there is a reasonable likelihood of safety between PHP sessions. However, his or her condition is not so severe as to require 24-hour supervision.

b. **Interference with Addiction Recovery Efforts:** The adolescent's recovery efforts are negatively affected by an emotional, behavioral, or cognitive problem, which causes moderate interference with, and requires increased intensity to support, treatment participation and/or adherence. For example, cognitive impairment or significant attention deficit hyperactivity disorder prevents achievement of recovery tasks or goals.

c. **Social Functioning:** The adolescent's symptoms are causing mild to moderate difficulty in social functioning (involving family, friends, school, or work), but not to such a degree that the adolescent is unable to manage the activities of daily living or to fulfill responsibilities at home, school, work, or community. For example, the adolescent's problems may involve recent arrests or legal charges, or non-adherence with probation, progressive school suspensions or truancy, risk of failing the school year, regular intoxication at school or work, involvement in drug trafficking, or a pattern of intentional property damage.

   Alternatively, the adolescent may be transitioning back to the community as a step down from an institutionalized setting.

d. **Ability for Self-Care:** The adolescent is experiencing moderate impairment in ability to manage the activities of daily living, and thus requires near-daily monitoring and treatment interventions. Problems may involve disorganization and inability to manage the demands of daily self-scheduling, a progressive pattern of promiscuous or unprotected sexual contacts, or poor vocational or prevocational skills that require habilitation and training provided in the program.

e. **Course of Illness:** The adolescent's history and present situation suggest that an emotional, behavioral, or cognitive condition would become unstable without daily or near-daily monitoring and maintenance. For example, signs of imminent relapse may indicate a need for near-daily monitoring of an adolescent with attention deficit hyperactivity disorder and a history of disorganization that becomes unmanageable in school with substance use; or an initial lapse indicates a need for near-daily monitoring in an adolescent whose conduct disorder worsens dangerously within the context of progressive use.

a ADOLESCENT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

4 DIMENSION 4: Readiness to Change

The adolescent's status in Dimension 4 is characterized by (a) ***or*** (b):

a. The adolescent requires structured therapy and a programmatic milieu to promote treatment progress and recovery because motivational interventions at another level of care have failed. Such interventions are not feasible or are not likely to succeed in a Level 2.1 program;
or

b. The adolescent's perspective and lack of impulse control inhibit his or her ability to make behavioral changes without repeated, structured, clinically directed motivational interventions. (For example, the adolescent has unrealistic expectations that his or her alcohol, other drug, or mental health problem will resolve quickly, with little or no effort, or the adolescent experiences frequent impulses to harm himself or herself. He or she is willing to reach out but lacks the ability to ask for help.) Such interventions are not feasible or are not likely to succeed in a Level 1 or Level 2.1 program. However, the adolescent's willingness to participate in treatment and to explore his or her level of awareness and readiness to change suggest that treatment at Level 2.5 can be effective.

5 DIMENSION 5: Relapse, Continued Use, or Continued Problem Potential

The adolescent's status in Dimension 5 is characterized by (a) ***or*** (b):

a. The adolescent is at high risk of relapse or continued use without almost daily outpatient monitoring and structured therapeutic services (as indicated, for example, by susceptibility to relapse triggers, a pattern of frequent or progressive lapses, inability to overcome the momentum of a pattern of habitual use, difficulty in overcoming a pattern of impulsive behaviors, or ambivalence about or disinterest in treatment). Also, treatment at a less intensive level of care has been attempted or given serious consideration and been judged insufficient to stabilize the adolescent's condition;
or

b. The adolescent demonstrates impaired recognition and understanding of relapse or continued use issues. He or she has such poor skills in coping with and interrupting substance use problems, and avoiding or limiting relapse, that the near-daily structure afforded by a Level 2.5 program is needed to prevent or arrest significant deterioration in function.

6 DIMENSION 6: Recovery Environment

The adolescent's status in Dimension 6 is characterized by (a) ***or*** (b) ***or*** (c):

a. Continued exposure to the adolescent's current school, work, or living environment will render recovery unlikely. The adolescent lacks the resources or skills necessary to maintain an adequate level of functioning without the services of a Level 2.5 program;
or

b. Family members and/or significant other(s) who live with the adolescent are not supportive of his or her recovery goals, or are passively opposed to his or her treatment. The adolescent requires the intermittent structure of Level 2.5 treatment services and relief from the home environment in order to remain focused on recovery, but may live at home because there is no active opposition to, or sabotaging of, his or her recovery efforts;
or

c. The adolescent lacks social contacts, or has high-risk social contacts that jeopardize recovery, or has few friends or peers who do not use alcohol or other drugs. He or she also has insufficient (or severely limited) resources or skills necessary to maintain an adequate level of functioning without the services of a Level 2.5 program, but is capable of maintaining an adequate level of functioning between sessions.

The adolescent may require Level 2.5 services in addition to an out-of-home placement (for example, at Level 3.1 or the equivalent, such as a group home or a non-treatment residential setting such as a detention program). If his or her present environment is supportive of recovery but does not provide sufficient addiction-specific services to foster and sustain recovery goals, the adolescent's needs in Dimension 6 may be met through an out-of-home placement, while other dimensional criteria would indicate the need for care in a Level 2.5 program.

ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

6 DIMENSION 6:
Recovery Environment

and

b. The patient has been living in an environment that is characterized by a moderately high risk of initiation or repetition of physical, sexual, or emotional abuse, or substance use so endemic that the patient is assessed as being unable to achieve or maintain recovery at a less intensive level of care;

or

c. The patient lacks social contacts or has high-risk social contacts that jeopardize his or her recovery, or the patient's social network is characterized by significant social isolation and withdrawal. The patient's social network includes many friends who are regular users of alcohol or other drugs or regular gamblers, leading recovery goals to be assessed as unachievable outside of a 24-hour supportive setting;

or

d. The patient's social network involves living in an environment that is so highly invested in alcohol or other drug use that the patient's recovery goals are assessed as unachievable;

or

e. Continued exposure to the patient's school, work, or living environment makes recovery unlikely, and the patient has insufficient resources and skills to maintain an adequate level of functioning outside of a 24-hour supportive environment;

or

f. The patient is in danger of victimization by another and thus requires 24-hour supervision.

Co-Occurring Enhanced Programs

The patient's status in Dimension 6 is characterized by severe and chronic mental illness. He or she may be too ill to benefit from skills training to learn to cope with problems in the recovery environment. Such a patient requires planning for assertive community treatment, intensive case management, or other community outreach and support services.

The patient's living, working, social, and/or community environment is not supportive of good mental health functioning. He or she has insufficient resources and skills to deal with this situation. For example, the patient may be unable to cope with the continuing stress of homelessness, or hostile or addicted family members, and thus exhibits increasing anxiety and depression. Such a patient needs the support and structure of a Level 3.1 co-occurring enhanced program to achieve stabilization and prevent further deterioration.

ADOLESCENT DIAGNOSTIC ADMISSION CRITERIA

The adolescent who is appropriately placed in a Level 3.1 program meets the diagnostic criteria for a moderate or severe substance use and/or addictive disorder, as defined in the current *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) of the American Psychiatric Association or other standardized and widely accepted criteria, as well as the dimensional criteria for admission.

If the adolescent's presenting history is inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information submitted by collateral parties (such as family members, legal guardians, and significant others).

a ADOLESCENT DIMENSIONAL ADMISSION CRITERIA

The adolescent who is appropriately placed in a Level 3.1 program meets specifications in at least ***two*** of the six dimensions.

1 DIMENSION 1:
Acute Intoxication and/or Withdrawal Potential

The adolescent's status in Dimension 1 is characterized by problems with intoxication or withdrawal (if any) that are being managed through concurrent placement at another level of care for withdrawal management (typically Level 1, Level 2.1, or Level 2.5).

If residential placement in a Level 3.1 program is being used to support withdrawal management at a non-residential level of care, then the adolescent is considered to have met specifications in Dimension 1.

2 DIMENSION 2:
Biomedical Conditions and Complications

The adolescent's status in Dimension 2 is characterized by ***one*** of the following:

a. Biomedical conditions distract from recovery efforts and require limited residential supervision to ensure their adequate treatment or to provide support to overcome the distraction. Adequate nursing or medical monitoring can be provided through an arrangement with another provider. The adolescent is capable of self-administering any prescribed medications or procedures, with available supervision;
or
b. Continued substance use would place the adolescent at risk of serious damage to his or her physical health because of a biomedical condition (such as pregnancy or HIV) or an imminently dangerous pattern of high-risk use (such as continued use of shared injection apparatus). Adequate nursing or medical monitoring for biomedical conditions can be provided through an arrangement with another provider. The adolescent is capable of self-administering any prescribed medications or procedures, with available supervision.

Biomedical Enhanced Services
The adolescent who has a biomedical problem that requires a degree of staff attention (such as monitoring of medications or assistance with mobility) that is not available in other Level 3.1 programs is in need of biomedical enhanced services.

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

The adolescent's status in Dimension 3 is characterized by at least ***one*** of the following (requiring 24-hour supervision):

a. **Dangerousness/Lethality:** The adolescent is at risk of dangerous consequences because of the lack of a stable living environment (for example, exposure to the elements, risk of assault, risk of prostitution, and the like). He or she needs a stable residential setting for protection.
b. **Interference with Addiction Recovery Efforts:** The adolescent needs a stable living environment to promote a sustained focus on recovery tasks (for example, recovery efforts are hindered by the adolescent's preoccupying worries about shelter).
c. **Social Functioning:** The adolescent's emotional, behavioral, or cognitive problem results in moderate impairment in social functioning. He or she therefore needs limited 24-hour supervision, which can be provided by program staff or in combination with a Level 1 or Level 2 program. This might involve protection from antisocial peer influences in a motivated adolescent, reinforcement of improving behavior self-management techniques, support of increasingly independent functions (such as school or work), and the like.
d. **Ability for Self-Care:** The adolescent has moderate impairment in his or her ability to manage the activities of daily living and thus needs limited 24-hour supervision, which can be provided by program staff or through coordination with a Level 1 or Level 2 program. The adolescent's impairments might require the provision of food and shelter, prompting for self-care, or supervised self-administration of medications.

a ADOLESCENT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

The adolescent who is appropriately placed in a Level 3.1 program meets specifications in at least ***two*** of the six dimensions.

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

e. **Course of Illness:** The adolescent's history and present situation suggest that an emotional, behavioral, or cognitive condition would become unstable without 24-hour supervision (for example, an adolescent who experiences rapid, dangerous exacerbation if he or she misses a few doses of medicine or if he or she has even a minor relapse to substance use).

or

f. The adolescent's emotional, behavioral, or cognitive condition suggests the need for low-intensity and/or longer-term reinforcement and practice of recovery skills in a controlled environment.

4 DIMENSION 4: Readiness to Change

The adolescent's status in Dimension 4 is characterized by at least ***one*** of the following:

a. The adolescent acknowledges the existence of a psychiatric condition and/or substance use problem. He or she recognizes specific negative consequences and dysfunctional behaviors and their effect on his or her desire to change. He or she is sufficiently ready to change and cooperative enough to respond to treatment at Level 3.1;

or

b. The adolescent is assessed as appropriately placed at Level 1 or 2 and is receiving Level 3.1 services concurrently. The adolescent may be at an early stage of readiness to change and thus in need of engagement and motivational strategies;

or

c. The adolescent requires a 24-hour structured milieu to promote treatment progress and recovery, because motivating interventions have failed in the past and such interventions are assessed as not likely to succeed in an outpatient setting;

or

d. The adolescent's perspective impairs his or her ability to make behavior changes without the support of a structured environment. For example, the adolescent attributes his or her alcohol, other drug, or mental health problem to other persons or external events, rather than to a substance use or mental disorder. Interventions are assessed as not likely to succeed in an outpatient setting.

5 DIMENSION 5: Relapse, Continued Use, or Continued Problem Potential

The adolescent's status in Dimension 5 is characterized by at least ***one*** of the following:

a. The adolescent demonstrates limited coping skills to address relapse triggers and urges and/or deteriorating mental functioning. He or she thus is in imminent danger of relapse, with dangerous emotional, behavioral, or cognitive consequences, and needs 24-hour structure to help him or her apply recovery and coping skills;

or

b. The adolescent understands his or her addiction and/or mental disorder but is at risk of relapse in a less structured level of care because he or she is unable to consistently address either or both;

or

a ADOLESCENT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

The adolescent who is appropriately placed in a Level 3.1 program meets specifications in at least ***two*** of the six dimensions.

5 DIMENSION 5:
Relapse, Continued Use, or Continued Problem Potential

c. The adolescent needs staff support to maintain engagement in his or her recovery program while transitioning to life in the community;
or
d. The adolescent is at high risk of substance use, addictive behavior, or deteriorated mental functioning, with dangerous emotional, behavioral, or cognitive consequences, in the absence of close 24-hour structured support (as evidenced, for example, by lack of awareness of relapse triggers, difficulty in postponing immediate gratification or ambivalence toward or low interest in treatment), and these issues are being addressed concurrently in a Level 2 program.

6 DIMENSION 6:
Recovery Environment

The adolescent's status in Dimension 6 is characterized by at least ***one*** of the following:

a. The adolescent has been living in an environment in which there is a high risk of neglect, or initiation or repetition of physical, sexual, or severe emotional abuse, such that the adolescent is assessed as being unable to achieve or maintain recovery without residential secure placement;
or
b. The adolescent has a family or other household member who has an active substance use disorder, or substance use is endemic in his or her home environment or broader social network, so that recovery goals are assessed as unachievable without residential secure placement;
or
c. The adolescent's home environment or social network is too chaotic or ineffective to support or sustain treatment goals, so that recovery is assessed as unachievable without residential support. For example, the adolescent's family reinforces antisocial norms and values, or the family cannot sustain treatment engagement or school attendance, or the family is experiencing significant social isolation or withdrawal;
or
d. Logistical impediments (such as distance from a treatment facility, mobility limitations, lack of transportation, and the like) preclude participation in treatment at a less intensive level of care.

Level 3.3: Clinically Managed Population-Specific High-Intensity Residential Services (Adult Criteria Only)

Level 3.3 programs provide a structured recovery environment in combination with high-intensity clinical services provided in a manner to meet the functional limitations of patients to support recovery from substance-related disorders.

For the typical patient in a Level 3.3 program, the effects of the substance use or other addictive disorder or a co-occurring disorder resulting in cognitive impairment on the individual's life are so significant, and the resulting level of impairment so great, that outpatient motivational and/or relapse prevention strategies are not feasible or effective. Similarly, the patient's cognitive limitations make it unlikely that he or she could benefit from other levels of residential care.

The functional limitations seen in individuals who are appropriately placed at Level 3.3 are primarily cognitive and can be either temporary or permanent. They may result in problems in interpersonal relationships, emotional coping

ADOLESCENT DIAGNOSTIC ADMISSION CRITERIA

The adolescent who is appropriately placed in a Level 3.5 program meets the diagnostic criteria for a substance use and/or addictive disorder of moderate to high severity as defined in the current *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) of the American Psychiatric Association or other standardized and widely accepted criteria, as well as the dimensional criteria for admission.

If the adolescent's presenting history is inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information submitted by collateral parties (such as family members, legal guardians, and significant others).

ADOLESCENT DIMENSIONAL ADMISSION CRITERIA

The adolescent who is appropriately placed in a Level 3.5 program meets specifications in at least ***two*** of Dimensions 1 through 6.

1 DIMENSION 1:
Acute Intoxication and/or Withdrawal Potential

The adolescent's status in Dimension 1 is characterized by the following:

The adolescent is at risk of or experiencing acute or subacute intoxication or withdrawal, with mild to moderate symptoms. He or she needs secure placement and increased treatment intensity (without frequent access to medical or nursing services) to support engagement in treatment, ability to tolerate withdrawal, and prevention of immediate continued use. Alternatively, the adolescent has a history of failure in treatment at the same or a less intensive level of care.

Problems with intoxication or withdrawal are manageable at this level of care.

Withdrawal rating scale tables and flow sheets (which may include tabulation of vital signs) are used as needed.

Drug-specific examples follow:

a. **Alcohol:** Mild acute withdrawal or moderate subacute withdrawal, with symptoms that require 24-hour support, extended monitoring, and non-pharmacological management; no abnormal vital signs; no need for sedative/hypnotic substitution withdrawal management; a CIWA -Ar score of <8; no significant history of regular morning drinking.
b. **Sedative/hypnotics:** Mild to moderate withdrawal, with symptoms that require 24-hour support and extended monitoring; may have a recent history of low-level daily sedative/hypnotic use, but no cross-dependence on other substances; may have a need for extended agonist substitution therapy, but only with a stable taper regimen in the context of a step down from a more intensive level of care, where the regimen has been titrated and established; no abnormal vital signs; no unstable complicating exacerbation of affective disorder.
c. **Opiates:** Mild to moderate withdrawal, with symptoms requiring 24-hour support and extended monitoring and non-pharmacological or over-the-counter medication for symptomatic relief; no need for prescription pharmacological treatments or agonist substitution therapy.

a ADOLESCENT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

The adolescent who is appropriately placed in a Level 3.5 program meets specifications in at least ***two*** of Dimensions 1 through 6.

1 DIMENSION 1:
Acute Intoxication and/or Withdrawal Potential

With the high craving states typical of opioid withdrawal, the adolescent may require 24-hour secure placement and increased intensity of treatment because of lack of sufficient impulse control, coping skills, or supports to prevent immediate continued use.

d. **Stimulants:** Mild to moderate to severe withdrawal (involving lethargy, apathy, agitation, depression, suspiciousness, fearfulness, or hypervigilance) of sufficient intensity that the patient needs 24-hour secure placement and increased intensity of treatment to support the ability to tolerate symptoms, support treatment engagement, and bolster external supports.

With the high craving states typical of stimulant withdrawal, the adolescent may require 24-hour secure placement and increased intensity of treatment because of lack of sufficient impulse control, coping skills, or supports to prevent immediate continued use.

e. **Inhalants:** Moderate subacute intoxication (involving cognitive impairment, lethargy, agitation, and depression) of sufficient intensity that the patient needs 24-hour secure placement and increased treatment intensity to support the ability to tolerate symptoms, support engagement in treatment, and bolster external supports.

f. **Marijuana:** Moderate to severe withdrawal symptoms (involving irritability, general malaise, inner agitation, severe sleep disturbance, and severe craving) or sustained susceptibility, subacute intoxication states (involving cognitive disorganization, memory impairment, executive dysfunction, and the like), such that the patient needs 24-hour secure placement and increased treatment intensity to support the adolescent's ability to tolerate symptoms, support engagement in treatment, and bolster external supports. The patient may be using or likely to use marijuana in order to relieve withdrawal from other substances, and may need secure placement to prevent immediate continued use.

g. **Hallucinogens:** Moderate to severe chronic intoxication (involving perceptual distortion, moderate non-delusional suspiciousness, moderate affective instability, and the like), which requires 24-hour secure placement and increased intensity of treatment to support the adolescent's ability to tolerate symptoms, support engagement in treatment, and bolster external supports.

2 DIMENSION 2:
Biomedical Conditions and Complications

The adolescent's status in Dimension 2 is characterized by ***one*** of the following:

a. Biomedical conditions distract from recovery efforts and require residential supervision (that is unavailable at a less intensive level of care) to ensure their adequate treatment, or they require medium-intensity residential treatment to provide support to overcome the distraction. Adequate nursing or medical monitoring can be provided through an arrangement with another provider. The adolescent is capable of self-administering any prescribed medications or procedures, with available supervision.

or

b. Continued substance use would place the adolescent at risk of serious damage to his or her physical health because of a biomedical condition (such as pregnancy or HIV) or an imminently dangerous pattern of high-risk use (such as continued use of shared injection apparatus). Adequate nursing or medical monitoring for biomedical conditions can be provided through an arrangement with another provider. The adolescent is capable of self-administering any prescribed medications or procedures, with available supervision.

Biomedical Enhanced Services

The adolescent is in need of biomedical enhanced services if he or she has a biomedical problem that requires a degree of staff attention (such as monitoring of adherence to medications or assistance with mobility) that is not available in other Level 3.5 programs.

a ADOLESCENT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

The adolescent who is appropriately placed in a Level 3.5 program meets specifications in at least ***two*** of Dimensions 1 through 6.

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

The adolescent's status in Dimension 3 is characterized by at least ***one*** of the following (requiring 24-hour supervision and a medium-intensity therapeutic milieu):

a. **Dangerousness/Lethality:** The adolescent is at moderate but stable risk of imminent harm to self or others, and needs medium-intensity 24-hour monitoring and/or treatment for protection and safety. However, he or she does not require access to medical or nursing services.
b. **Interference with Addiction Recovery Efforts:** The adolescent's recovery efforts are negatively affected by his or her emotional, behavioral, or cognitive problems in significant and distracting ways. He or she requires 24-hour structured therapy and/or a programmatic milieu to promote sustained focus on recovery tasks because of active symptoms.
c. **Social Functioning:** The adolescent has significant impairments, with moderate to severe symptoms (such as poor impulse control, disorganization, and the like). These seriously impair his or her ability to function in family, social, school, or work settings, and cannot be managed at a less intensive level of care. This might involve, for example, a recent history of high-risk runaway behavior, inability to resist antisocial peer influences, a need for consistent boundaries unavailable in the home environment, or inability to sustain school attendance, and the like.
d. **Ability for Self-Care:** The adolescent has moderate impairment in his or her ability to manage the activities of daily living and thus requires 24-hour supervision and staff assistance, which can be provided by the program. The adolescent's impairments may involve a need for intensive modeling and reinforcement of personal grooming and hygiene, a pattern of continuing indiscriminate or unprotected sexual contacts in an adolescent with a history of sexually transmitted diseases, moderate dilapidation and self-neglect in the context of advanced alcohol or drug dependence, a need for intensive teaching of personal safety techniques in an adolescent who has suffered physical or sexual assault, and the like.
e. **Course of Illness:** The adolescent's history and present situation suggest that an emotional, behavioral, or cognitive condition would become unstable without 24-hour supervision and a medium-intensity structured programmatic milieu. These may involve, for example, an adolescent whose substance use has been associated with a dangerous pattern of criminal or delinquent behaviors and who needs monitoring to assess safety and the likelihood of successful treatment on an outpatient basis before being returned to the community following release from a juvenile justice setting, or an adolescent with a recent lapse or relapse, whose history suggests that this is likely to result in disruptive behavior that will impede participation in treatment at a less intensive level of care, and the like.

4 DIMENSION 4:
Readiness to Change

The adolescent's status in Dimension 4 is characterized by at least ***one*** of the following:

a. Because of the intensity and chronicity of the addictive disorder or the adolescent's mental health problems, he or she has limited insight into and little awareness of the need for continuing care or the existence of his or her substance use or mental health problem and need for treatment, and thus has limited readiness to change;
or
b. Despite experiencing serious consequences or effects of the addictive disorder or mental health problem, the adolescent has marked difficulty in understanding the relationship between his or her substance use, addiction, mental health, or life problems and his or her impaired coping skills and level of functioning, often blaming others for his or her addiction problems;
or

a ADOLESCENT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

The adolescent who is appropriately placed in a Level 3.5 program meets specifications in at least ***two*** of Dimensions 1 through 6.

4 DIMENSION 4: Readiness to Change

c. The adolescent demonstrates passive or active opposition to addressing the severity of his or her mental health problem or addiction, or does not recognize the need for treatment. Such continued substance use or inability to follow through with mental health treatment poses a danger of harm to self or others. However, assessment indicates that treatment interventions available at Level 3.5 may increase the patient's degree of readiness to change;

or

d. The adolescent requires structured therapy and a 24-hour programmatic milieu to promote treatment progress and recovery, because motivational interventions have not succeeded at less intensive levels of care and such interventions are assessed as not likely to succeed at a less intensive level of care;

or

e. The adolescent's perspective impairs his or her ability to make behavior changes without repeated, structured, clinically directed motivational interventions, which will enable him/her to develop insight into the role he or she plays in his or her substance use and/or mental condition, and empower him/her to make behavioral changes, which can only be delivered in a 24-hour milieu;

or

f. Despite recognition of a substance use or addictive behavior problem and understanding of the relationship between his or her substance use, addiction, and life problems, the patient expresses little to no interest in changing. Because of the intensity or chronicity of the adolescent's addictive disorder and high-risk criminogenic needs, he or she is in imminent danger of continued substance use or addictive behavior. This poses imminent serious life consequences (ie, imminent risk to public safety or imminent abuse or neglect of children) and/or a continued pattern of risk of harm to others (ie, extensive pattern of assaults, burglaries) while under the influence of substances;

or

g. The adolescent attributes his or her alcohol, drug, addictive, or mental health problem to other persons or external events, rather than to a substance use or addictive or mental disorder. The adolescent requires clinical, directed motivation interventions that will enable him or her to develop insight into the role he/she plays in his or her health condition, and empower him or her to make behavioral changes. Interventions are adjudged as not feasible or unlikely succeed at a less intensive level of care.

5 DIMENSION 5: Relapse, Continued Use, or Continued Problem Potential

The adolescent's status in Dimension 5 is characterized by at least ***one*** of the following:

a. The adolescent does not recognize relapse triggers and lacks insight into the benefits of continuing care, and is therefore not committed to treatment. His or her continued substance use poses an imminent danger of harm to self or others in the absence of 24-hour monitoring and structured support;

or

b. The adolescent's psychiatric condition is stabilizing. However, despite his or her best efforts, the adolescent is unable to control his or her use of alcohol, other drugs, and/or antisocial behaviors, with attendant probability of harm to self or others. The adolescent has limited ability to interrupt the relapse process or continued use, or to use peer supports when at risk for relapse to his or her addiction or mental disorder. His or her continued substance use poses an imminent danger of harm to self or others in the absence of 24-hour monitoring and structured support;

or

a ADOLESCENT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

The adolescent who is appropriately placed in a Level 3.5 program meets specifications in at least ***two*** of Dimensions 1 through 6.

5 DIMENSION 5:
Relapse, Continued Use, or Continued Problem Potential

c. The adolescent is experiencing psychiatric or addiction symptoms such as drug craving, insufficient ability to postpone immediate gratification, and other drug-seeking behaviors. This situation poses an imminent danger of harm to self or others in the absence of close 24-hour monitoring and structured support. The introduction of psychopharmacologic support is indicated to decrease psychiatric or addictive symptoms, such as cravings, that will enable the patient to delay immediate gratification and reinforce positive recovery behaviors;

or

d. The adolescent is in imminent danger of relapse or continued use, with dangerous emotional, behavioral, or cognitive consequences, as a result of a crisis situation;

or

e. Despite recent, active participation in treatment at a less intensive level of care, the adolescent continues to use alcohol or other drugs, or to deteriorate psychiatrically, with imminent serious consequences, and is at high risk of continued substance use or mental deterioration in the absence of close 24-hour monitoring and structured treatment;

or

f. The adolescent demonstrates a lifetime history of repeated incarceration with a pattern of relapse to substances and uninterrupted use outside of incarceration, with imminent risk of relapse to addiction or mental health problems and recidivism to criminal behavior (for example, extensive and recurrent pattern of crimes such as burglary, assault, robbery). This poses imminent risk of harm to self or others. The adolescent's imminent danger of relapse is accompanied by an uninterrupted cycle of relapse-reoffending-incarceration-release-relapse without the opportunity for treatment. The adolescent requires 24-hour monitoring and structure to assist in the initiation and application of recovery and coping skills.

6 DIMENSION 6:
Recovery Environment

The adolescent's status in Dimension 6 is characterized by at least ***one*** of the following:

a. The adolescent has been living in an environment in which there is a high risk of neglect, or initiation or repetition of physical, sexual, or severe, emotional abuse, such that the patient is assessed as being unable to achieve or maintain recovery without residential treatment.

or

b. The adolescent has a family or other household member who has an active substance use disorder, or substance use is endemic in his or her home environment or broader social network, so that recovery goals are assessed as unachievable without residential treatment.

or

c. The adolescent's home environment or social network is too chaotic or ineffective to support or sustain treatment goals, so that recovery is assessed as unachievable without residential treatment. For example, the adolescent's family reinforces antisocial norms and values, or the family cannot sustain treatment engagement or school attendance, or the family is experiencing significant social isolation or withdrawal.

or

d. Logistical impediments (such as distance from a treatment facility, mobility limitations, lack of transportation, and the like) preclude participation in treatment at a less intensive level of care.

ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

All Programs
The patient who is appropriately admitted to a Level 3.7 program meets specifications in at least ***two*** of the six dimensions, at least ***one*** of which is in Dimension 1, 2, or 3.

6 DIMENSION 6:
Recovery Environment

or

b. Family members or significant others living with the patient are not supportive of his or her recovery goals and are actively sabotaging treatment, or their behavior jeopardizes recovery efforts. This situation requires structured treatment services and relief from the home environment in order for the patient to focus on recovery;

or

c. The patient is unable to cope, for even limited periods of time, outside of 24-hour care. The patient needs staff monitoring to learn to cope with Dimension 6 problems before he or she can be transferred safely to a less intensive setting.

Co-Occurring Enhanced Programs
The patient's status in Dimension 6 is characterized by severe psychiatric symptoms. He or she may be too compromised to benefit from skills training to learn to cope with problems in the recovery environment. Such a patient requires planning for assertive community treatment, intensive case management, or other community outreach and support services.

Such a patient's living, working, social, and/or community environment is not supportive of addiction and/or psychiatric recovery. He or she has insufficient resources and skills to deal with this situation. For example, the patient may be unable to cope with a hostile family member with alcohol use disorder, and thus exhibits increasing anxiety and depression. Such a patient needs the support and structure of a Level 3.7 co-occurring enhanced program to achieve stabilization and prevent further decompensation.

a ADOLESCENT DIAGNOSTIC ADMISSION CRITERIA

The adolescent who is appropriately placed in a Level 3.7 program meets the diagnostic criteria for a moderate or severe substance use or addictive disorder, as defined in the current *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) of the American Psychiatric Association or other standardized and widely accepted criteria, as well as the dimensional criteria for admission.

If the adolescent's presenting history is conflicting or inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information provided by collateral parties (such as family members, legal guardians, and significant others).

a ADOLESCENT DIMENSIONAL ADMISSION CRITERIA

The adolescent who is appropriately admitted to a Level 3.7 program meets specifications in ***two*** of the six dimensions, at least ***one*** of which is in Dimension 1, 2, or 3.

1 DIMENSION 1:
Acute Intoxication and/or Withdrawal Potential

The adolescent's status in Dimension 1 is characterized by the following:

The adolescent is experiencing or at risk of acute or subacute intoxication or withdrawal, with moderate to severe signs and symptoms. He or she needs 24-hour treatment services, including the availability of active medical and nursing monitoring to manage withdrawal, support engagement in treatment, and prevent immediate continued use. Alternatively, the adolescent has a history of failure in treatment at the same or a less intensive level of care.

a ADOLESCENT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

The adolescent who is appropriately admitted to a Level 3.7 program meets specifications in ***two*** of the six dimensions, at least ***one*** of which is in Dimension 1, 2, or 3.

1 DIMENSION 1:
Acute Intoxication and/or Withdrawal Potential

Problems with intoxication or withdrawal are manageable at this level of care.

Withdrawal rating scale tables and flow sheets (which may include tabulation of vital signs) are used as needed.

Drug-specific examples follow:

a. **Alcohol:** Moderate withdrawal, with significant symptoms that require access to nursing and medical monitoring. The patient may have a history of daily drinking or drinking to self-medicate withdrawal, or regular morning drinking. He or she may require sedative/hypnotic substitution therapy, but typically this can be managed with a standing taper without the need for extensive titration.

b. **Sedative/hypnotics:** Moderate withdrawal, with significant symptoms that require access to nursing and medical monitoring. The adolescent may be cross-dependent on other substances and may require withdrawal management with tapering substitute agonist therapy and/or pharmacological management of symptoms.

c. **Opiates:** Moderate to severe withdrawal, usually in the context of daily opiate use. The patient requires access to nursing and medical monitoring, may require use of prescription medications or agonist substitution therapy, and may need monitoring for induction of antagonist therapy (as with naltrexone). Severe craving states or affective instability typical of withdrawal may require high-intensity 24-hour treatment to support engagement.

d. **Stimulants:** Severe withdrawal (involving sustained affective or behavioral disturbances or mild psychotic symptoms), which requires access to nursing and medical monitoring. Severe craving states or affective instability typical of withdrawal may require high-intensity 24-hour treatment to support engagement.

e. **Inhalants:** Severe subacute intoxication (involving mild delirium or other serious cognitive impairment, lethargy, agitation, and depression) of sufficient intensity that the patient requires access to nursing and medical monitoring.

f. **Marijuana:** Severe sustained intoxication (involving mild psychosis, coarse cognitive disorganization, agitation, and the like), which requires access to nursing and medical monitoring.

g. **Hallucinogens:** Severe chronic intoxication (involving mild delirium, mild psychosis, agitation, moderate to severe affective instability, cognitive disorganization, and the like), which requires access to nursing and medical monitoring.

2 DIMENSION 2:
Biomedical Conditions and Complications

The adolescent's status in Dimension 2 is characterized by ***one*** of the following:

a. The interaction of the adolescent's biomedical condition and continued alcohol and/or other drug use places the adolescent at significant risk of serious damage to physical health or concomitant biomedical conditions (such as pregnancy with vaginal bleeding or ruptured membranes, unstable diabetes or asthma, etc.);

or

b. A current biomedical condition requires 24-hour nursing and medical monitoring or active treatment, but not the full resources of an acute care hospital.

Biomedical Enhanced Services

The adolescent who has a biomedical problem that requires a degree of staff attention (such as monitoring of medications or assistance with mobility) or staff intervention (such as changes in medication) that is not available in other Level 3.7 programs is in need of biomedical enhanced services.

a ADOLESCENT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

The adolescent who is appropriately admitted to a Level 3.7 program meets specifications in ***two*** of the six dimensions, at least ***one*** of which is in Dimension 1, 2, or 3.

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

The adolescent's status in Dimension 3 is characterized by at least ***one*** of the following (requiring 24-hour supervision and a high-intensity therapeutic milieu, with access to nursing and medical monitoring and treatment):

a. **Dangerousness/Lethality:** The adolescent is at moderate (and possibly unpredictable) risk of imminent harm to self or others and needs 24-hour monitoring and/or treatment in a high-intensity programmatic milieu and/or enforced secure placement for safety.
b. **Interference with Addiction Recovery Efforts:** The adolescent's recovery efforts are negatively affected by his or her emotional, behavioral, or cognitive problems in significant and distracting ways. He or she requires 24-hour structured therapy and/or a high-intensity programmatic milieu to stabilize unstable emotional or behavioral problems (as through ongoing medical or nursing evaluation, behavior modification, titration of medications, and the like).
c. **Social Functioning:** The adolescent has significant impairments, with severe symptoms (such as poor impulse control, disorganization, and the like), which seriously impair his or her ability to function in family, social, school, or work settings and which cannot be managed at a less intensive level of care. These might involve a recent history of aggressive or severely disruptive behavior, severe inability to manage peer conflict, a recurrent or chronic pattern of runaway behavior requiring enforced confinement, and the like.
d. **Ability for Self-Care:** The adolescent has a significant lack of personal resources and moderate to severe impairment in ability to manage the activities of daily living. He or she thus needs 24-hour supervision and significant staff assistance, including access to nursing or medical services. The adolescent's impairments may involve progressive and severe dilapidation and self-neglect in the context of advanced substance use disorder, the need for observation after eating to prevent self-induced vomiting, the need for intensive reinforcement of medication adherence, the need for intensive modeling of adequate self-care during pregnancy, the need for intensive training for self-care in a cognitively impaired patient, and the like.
e. **Course of Illness:** The adolescent's history and present situation suggest that an emotional, behavioral, or cognitive condition would become unstable without 24-hour supervision and a high-intensity structured programmatic milieu, with access to nursing or medical monitoring or treatment. These may be required to treat an adolescent who, for example, requires secure placement or enforced abstinence for reinstatement or titration of a pharmacological treatment regimen; or an adolescent whose substance use has been associated with a dangerous pattern of aggressive/violent behaviors and who needs monitoring to assess safety and likelihood of outpatient treatment success before returning to the community following release from a juvenile justice setting; or an adolescent who requires intensive monitoring or treatment because ongoing substance use prevents adequate or safe treatment or diagnostic clarification for an emotional, behavioral, or cognitive condition that may or may not be substance-induced; or an adolescent whose history suggests rapid escalation of dangerousness/lethality when using alcohol or drugs and who is in relapse or at imminent risk of relapse.

4 DIMENSION 4:
Readiness to Change

The adolescent's status in Dimension 4 is characterized by at least ***one*** of the following:

a. Despite experiencing serious consequences or effects of the addictive disorder and/or behavioral health problem, the adolescent does not accept or relate the addictive disorder to the severity of the presenting problem;

a ADOLESCENT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

The adolescent who is appropriately admitted to a Level 3.7 program meets specifications in ***two*** of the six dimensions, at least ***one*** of which is in Dimension 1, 2, or 3.

4 DIMENSION 4: Readiness to Change

or

b. The adolescent is in need of intensive motivating strategies, activities, and processes available only in a 24-hour structured, medically monitored setting;

or

c. The adolescent needs ongoing 24-hour psychiatric monitoring to assure follow through with the treatment regimen, and to deal with issues such as ambivalence about adherence to psychiatric medications and a recovery program.

5 DIMENSION 5: Relapse, Continued Use, or Continued Problem Potential

The adolescent's status in Dimension 5 is characterized by at least ***one*** of the following:

a. The adolescent is experiencing an acute psychiatric or substance use crisis, marked by intensification of symptoms of his or her addictive or mental disorder (such as poor impulse control, drug seeking behavior, or increasing severity of anxiety or depressive symptoms). This situation poses a serious risk of harm to self or others in the absence of 24-hour monitoring and structured support;

or

b. The adolescent is experiencing an escalation of relapse behaviors and/or reemergence of acute symptoms, which places the patient at serious risk to self or others in the absence of the type of 24-hour monitoring and structured support found in a medically monitored setting (for example, not taking life-sustaining medications; or the adolescent has severe and chronic problems with impulse control that require stabilization through high-intensity medical and nursing interventions; or he or she has issues with intoxication or withdrawal that require stabilization in a medically monitored setting; or there is a likelihood of self-medication of recurrent symptoms of a mood disorder, which require stabilization in a medically monitored setting). Treatment at a less intensive level of care has been attempted or given serious consideration.

or

c. The modality or intensity of treatment protocols to address relapse require that the patient receive care in a Level 3.7 program (such as initiating or restarting medications for medical or psychiatric conditions, an acute stress disorder, or the processing of a traumatic event; to safely and effectively initiate antagonist therapy (such as naltrexone for severe opioid use disorder), or agonist therapy (such as methadone or buprenorphine for severe opioid use disorder).

6 DIMENSION 6: Recovery Environment

The adolescent's status in Dimension 6 is characterized by ***one*** of the following:

a. The adolescent has been living in an environment in which supports that might otherwise have enabled treatment at a less intensive level of care are unavailable. For example, the family undermines the adolescent's treatment, or is unable to sustain treatment attendance at a less intensive level of care, or family members have active substance use disorders and/or facilitate access to alcohol or other drugs, or the home environment is dangerously chaotic or abusive, or the family is unable to adequately supervise medications, or the family is unable to adequately implement a needed behavior management plan. Level 3.7 care thus is needed to effect a change in the home environment so as to establish a successful transition to a less intensive level of care.

or

b. Logistical impediments (such as distance from a treatment facility, mobility limitations, lack of transportation, and the like) preclude participation in treatment at a less intensive level of care, and Level 3.7 care is necessary to establish a successful transition to a less intensive level of care.

ADOLESCENT DIAGNOSTIC ADMISSION CRITERIA

The adolescent who is appropriately placed in a Level 4 program is assessed as meeting the diagnostic criteria for a substance use or substance-induced disorder, as defined in the current *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) of the American Psychiatric Association or other standardized and widely accepted criteria, as well as the dimensional criteria for admission.

If the adolescent's presenting alcohol or drug use history is inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information submitted by collateral parties (such as family members, legal guardians, and significant others).

ADOLESCENT DIMENSIONAL ADMISSION CRITERIA

The adolescent who is appropriately admitted to a Level 4 program meets specifications in at least ***one*** of Dimensions 1, 2, or 3.

1 DIMENSION 1: Acute Intoxication and/or Withdrawal Potential

The adolescent's status in Dimension 1 is characterized by at least ***one*** of the following:

a. The adolescent who is appropriately placed in a Level 4 program is experiencing acute withdrawal, with severe signs or symptoms, and is at risk for complications that require 24-hour intensive medical services. Such complications may involve delirium, hallucinosis, seizures, high morbidity medical complications, pregnancy, severe agitation, psychosis, unremitting suicide risk, and the like;

or

b. There is recent (within 24 hours) serious head trauma or loss of consciousness, with chronic mental status or neurological changes, resulting in the need to closely observe the adolescent at least hourly;

or

c. Drug overdose or intoxication has compromised the adolescent's mental status, cardiac function, or other vital signs or functions;

or

d. The adolescent has a significant acute biomedical disorder that poses substantial risk of serious or life-threatening consequences during withdrawal (such as significant hypertension or esophageal varices).

Withdrawal rating scale tables and flow sheets (which may include tabulation of vital signs) are used as needed.

2 DIMENSION 2: Biomedical Conditions And Complications

The adolescent's status in Dimension 2 is characterized by at least ***one*** of the following:

a. Biomedical complications of the addictive disorder require medical management and skilled nursing care;

or

b. A concurrent biomedical illness or pregnancy requires stabilization and daily medical management, with daily primary nursing interventions;

or

c. The adolescent has a concurrent biomedical condition(s) (including pregnancy) in which continued alcohol or other drug use presents an imminent danger to life or severe danger to health;

or

a ADOLESCENT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

The adolescent who is appropriately admitted to a Level 4 program meets specifications in at least ***one*** of Dimensions 1, 2, or 3.

2 DIMENSION 2:
Biomedical Conditions and Complications

d. The adolescent's alcohol, tobacco, and/or other drug use is gravely complicating or exacerbating a previously diagnosed medical condition;
or
e. Changes in the adolescent's medical status, such as significant worsening of a medical condition, make abstinence imperative;
or
f. Significant improvement in a previously unstable medical condition allows the adolescent to respond to addiction treatment;
or
g. The adolescent has (an)other biomedical problem(s) that requires 24-hour observation and evaluation.

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

The adolescent's status in Dimension 3 is characterized by at least ***one*** of the following:

a. **Dangerousness/Lethality:** The adolescent presents an imminent risk of suicidal, homicidal, or other violent behavior, or is at risk of a psychosis with unpredictable, disorganized, or agitated behavior that endangers self or others. Such a patient may require a locked unit.
b. **Interference with Addiction Recovery Efforts:** The adolescent is unable to focus on recovery tasks because of unstable, overwhelming psychiatric problems (for example, a patient with schizophrenia who has gravely regressed to a lower level of functioning, or a bipolar youth who is manic, or a juvenile diabetic whose uncontrolled glucose levels are causing his or her confusion).
c. **Social Functioning:** The adolescent is unable to cope with family, school, work, or friends, or has severely impaired ability to function in family, social, work, or school settings because of an overwhelming mental health problem (such as a thought disorder or severe mood lability that places the patient at risk).
d. **Ability for Self-Care:** The adolescent has insufficient resources and skills to maintain an adequate level of functioning and requires daily medical and nursing care (for example, an adolescent with head injury, mental retardation, severe depression, eating disorder, and severe cachexia).
e. **Course of Illness:** The adolescent's history and present situation suggest that, in the absence of medical management, the patient's emotional, behavioral, or cognitive condition will become unstable. The unfolding course of the adolescent's illness, with ensuing changes in symptoms or mental status, is likely to lead to imminently dangerous consequences. (Examples include an adolescent in relapse who has a history of severe psychosis with intoxication, or an adolescent who requires withdrawal management and has become acutely suicidal during past attempts at withdrawal, or an adolescent who is experiencing a recurrence of severe depression and who has had a dangerous relapse to alcohol or drug use, with attendant high-severity, high-risk behaviors and episodes of depression in the past.)

4 DIMENSION 4:
Readiness to Change

Only an adolescent who meets criteria in Dimensions 1, 2, or 3 is appropriately placed in a Level 4 program. Problems in Dimension 4 alone are not sufficient for placement at Level 4.

5 DIMENSION 5:
Relapse, Continued Use, or Continued Problem Potential

Only an adolescent who meets criteria in Dimensions 1, 2, or 3 is appropriately placed in a Level 4 program. Problems in Dimension 5 alone are not sufficient for placement at Level 4.

ADOLESCENT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

The adolescent who is appropriately admitted to a Level 4 program meets specifications in at least ***one*** of Dimensions 1, 2, or 3.

DIMENSION 6:
Recovery Environment

Only an adolescent who meets criteria in Dimensions 1, 2, or 3 is appropriately placed in a Level 4 program. Problems in Dimension 6 alone are not sufficient for placement at Level 4.

Opioid Treatment Services (OTS)

"Opioid Treatment Services" is an umbrella term that encompasses a variety of pharmacological and nonpharmacological treatment modalities. This term is intended to broaden understandings of opioid treatments to include all medications used to treat opioid use disorders and the psychosocial services that are offered concurrently with these pharmacotherapies. Pharmacological agents include opioid agonist medications such as methadone and buprenorphine, and opioid antagonist medications such as naltrexone.

Agonist and Antagonist Medications

Opioid agonist medications pharmacologically occupy opioid receptors in the body. They thereby relieve withdrawal symptoms and reduce or extinguish cravings for opioids. The result is a continuously maintained physiological/neurochemical state in which the therapeutic agent does not produce euphoria, intoxication, or withdrawal symptoms. This allows the patient to function free of the major physiological components of their opioid use disorder.

Opioid antagonist medications pharmacologically occupy opioid receptors in the body, but do not activate the receptors. This effectively blocks the receptor, preventing the brain from responding to opioids. The result is that further use of opioids does not produce reinforcing euphoria or intoxication. When using opioid treatment medications, collaboration with other providers and accessing statewide prescription monitoring programs is highly recommended, given the dangerous drug interactions that are possible.

Agonist, partial agonist, or antagonist medications used in the treatment of opioid use disorder should be prescribed in the context of psychosocial supports and interventions to manage the patient's addiction.

In office-based opioid treatment (OBOT) services and in the prescribing of opioid antagonist medications, it is a clinical judgment of the physician whether to use medications as part of a care plan of "Medication-Assisted Treatment" (MAT)—in addition to the psychosocial therapy services described elsewhere in *The ASAM Criteria* for the care of the patient with a substance use or co-occurring disorder. Currently, there is no established and recognized practice guideline on patient selection for pharmacotherapy interventions for opioid use disorder, or to guide

Specific program characteristics and criteria for opioid treatment programs (OTP) using methadone and/or buprenorphine are presented here as a Level 1 service because an outpatient setting is the context in which opioid agonist medications are most commonly offered. Patients receiving Level 2 and 3 substance use and co-occurring disorders care can be referred to, or otherwise be concurrently enrolled in, OTP or OBOT services, and patients in Levels 2, 3, and 4 care can be prescribed buprenorphine while receiving psychosocial services in the level of addiction care most appropriate given their severity of illness and their assets and resiliencies.

Adult Criteria

Interventions
Interventions offered at Level 0.5 may involve individual, group, or family counseling, SBIRT services, as well as planned educational experiences focused on helping the individual recognize and avoid harmful or high-risk substance use and/or addictive behavior.

ASSESSMENT

At Level 0.5, screening to rule in or rule out substance-related or addictive disorders and sufficient assessment of the dimensional risk and severity of need is performed prior to services, and may continue throughout the process of delivering services.

DOCUMENTATION

Documentation standards for Level 0.5 programs include progress notes in the individual's record that clearly indicate assessment findings, attendance, and significant clinical events, particularly those that require further assessment and referral.

ADULT DIAGNOSTIC ADMISSION CRITERIA

The individual who is an appropriate candidate for Level 0.5 services evidences problems and risk factors that appear to be related to substance use or addictive behavior. However, the individual does not meet the diagnostic criteria for a substance use or addictive disorder, as defined in the current *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) of the American Psychiatric Association or other standardized and widely accepted criteria, or there is currently insufficient information to perform a diagnostic assessment.

ADULT DIMENSIONAL ADMISSION CRITERIA

The individual who is appropriately cared for at Level 0.5 meets at least ***one*** of the specifications in Dimensions 4, 5, or 6. Any identifiable problems in Dimensions 1, 2, or 3 are stable or are being addressed through appropriate outpatient medical or mental health services.

DIMENSION 1: Acute Intoxication and/or Withdrawal Potential	See separate withdrawal management chapter for how to approach "unbundled" withdrawal management for adults.
DIMENSION 2: Biomedical Conditions and Complications	The individual's biomedical conditions and problems, if any, are stable or are being actively addressed, and thus will not interfere with therapeutic interventions.
DIMENSION 3: Emotional, Behavioral, or Cognitive Conditions and Complications	The individual's emotional, behavioral, or cognitive conditions and complications, if any, are being addressed through appropriate mental health services, and thus will not interfere with therapeutic interventions.
DIMENSION 4: Readiness to Change	The individual expresses willingness to gain an understanding of how his or her current addictive behavior and/or use of alcohol, tobacco, and/or other drugs may be harmful or impair his or her ability to meet responsibilities and achieve personal goals. This could also include those individuals who are ambivalent about exploring how their current behavior or use of alcohol and other drugs may be harmful or impairing, or those whose motivation is to achieve some goal other than the modification of their substance use behaviors (eg, having their driving privileges restored).

ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

5 DIMENSION 5: Continued Problem Potential

The individual's status in Dimension 5 is characterized by (a) ***or*** (b):

a. The individual does not understand the need to alter his or her current behavior or pattern of use of alcohol, tobacco, and/or other drugs to prevent harm that may be related to such use or behavior;

or

b. The individual needs to acquire specific skills needed to change his or her current pattern of use or behavior.

6 DIMENSION 6: Living Environment

The individual's status in Dimension 6 is characterized by at least (a) ***or*** (b) ***or*** (c) ***or*** (d):

a. The individual's social support system is composed primarily of persons whose substance use or addictive behavior patterns prevent them from meeting social, work, school, or family obligations;

or

b. The individual's family member(s) currently is/are addictively using alcohol or other drugs (or has/have done so in the past), thereby heightening the individual's risk for a substance use disorder;

or

c. The individual's significant other expresses values concerning addictive behavior and/or alcohol or other drug use that create serious conflict for the individual;

or

d. The individual's significant other condones or encourages high-risk addictive behavior and/or use of alcohol or other drugs.

NOTE

In Level 0.5, the titles of Dimension 5 and Dimension 6 are slightly different compared to the other benchmark levels of care. Because the individual does not meet the diagnostic criteria for a substance use or addictive disorder in Level 0.5 (see Diagnostic Admission Criteria), concepts such as "relapse" and "recovery" are not applicable. See the descriptions of Dimensions 5 and 6 in Chapter 3 for more information.

ADOLESCENT DIAGNOSTIC ADMISSION CRITERIA

The adolescent who is an appropriate candidate for Level 0.5 services evidences problems and risk factors that appear to be related to substance use or addictive behavior. However, the individual does not meet the diagnostic criteria for substance use or addictive disorder, as defined in the current *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) of the American Psychiatric Association or other standardized and widely accepted criteria, or there is currently insufficient information to perform a diagnostic assessment.

ADULT DIAGNOSTIC ADMISSION CRITERIA

The patient who is appropriately placed in a Level 1 program is assessed as meeting the diagnostic criteria for a substance use, substance-induced, and/or other addictive disorder as defined in the current *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) of the American Psychiatric Association or other standardized and widely accepted criteria, as well as the dimensional criteria for admission.

If the patient's presenting alcohol, tobacco, and/or other drug use or addictive behavior history is inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information appropriately submitted or obtained from collateral parties (such as family members, legal guardians, and significant others) when there is valid authorization to obtain this information.

Co-Occurring Capable Programs

At Level 1, some patients have co-occurring mental disorders that meet the stability criteria for a co-occurring capable program. Other patients have difficulties in mood, behavior, or cognition as the result of other psychiatric or substance-induced disorders, or the patient's emotional, behavioral, or cognitive symptoms are troublesome but not sufficient to meet the criteria for a diagnosed mental disorder.

Co-Occurring Enhanced Programs

In contrast to the diagnostic criteria described above for co-occurring capable programs, the patient who is identified as in need of Level 1 co-occurring enhanced program services is assessed as meeting the diagnostic criteria for a mental disorder as well as a substance use or induced disorder, as defined in the current *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) of the American Psychiatric Association or other standardized and widely accepted criteria, as well as the dimensional criteria for admission.

If the patient's presenting history is inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information submitted by collateral parties (such as family members, legal guardians, and significant others).

ADULT DIMENSIONAL ADMISSION CRITERIA

All Services
The patient who is appropriately admitted to Level 1 is assessed as meeting specifications in ***all*** of the following six dimensions.

1 DIMENSION 1:
Acute Intoxication and/or Withdrawal Potential

All Programs
The patient has no signs or symptoms of withdrawal, or his or her withdrawal needs can be safely managed in a Level 1 setting. See separate withdrawal management chapter for how to approach "unbundled" withdrawal management for adults.

2 DIMENSION 2:
Biomedical Conditions and Complications

All Programs
The patient's status in Dimension 2 is characterized by biomedical conditions and problems, if any, that are sufficiently stable to permit participation in outpatient treatment. Examples include uncomplicated pregnancy or asymptomatic HIV disease.

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

All Programs
The patient's status in Dimension 3 is characterized by (a) ***or*** (b); ***and*** both (c) ***and*** (d):

a. The patient has no symptoms of a co-occurring mental disorder, or any symptoms are mild, stable, fully related to a substance use or other addictive disorder, and do not interfere with the patient's ability to focus on addiction treatment issues;
or
b. The patient's psychiatric symptoms (such as anxiety, guilt, or thought disorders) are mild, mostly stable, and primarily related to either a substance use or other addictive disorder, or to a co-occurring cognitive, emotional, or behavioral condition. Mental health monitoring is needed to maintain stable mood, cognition, and behavior. For example, fluctuations in mood only recently stabilized with medication, substance-induced depression that is resolving but still significant, or a patient with schizophrenic disorder recently released from the hospital;
and
c. The patient's mental status does not preclude his or her ability to: (1) understand the information presented and (2) participate in treatment planning and the treatment process;
and
d. The patient is assessed as not posing a risk of harm to self or others and is not vulnerable to victimization by another.

Co-Occurring Enhanced Programs
In addition to the above criteria, the patient's status in Dimension 3 is characterized by either (a); ***or*** all of (b) ***and*** (c) ***and*** (d):

a. The patient has a severe and chronic mental illness that impairs his or her ability to follow through consistently with mental health appointments and psychotropic medication. However, the patient has the ability to access services such as assertive community treatment and intensive case management or supportive living designed to help the patient remain engaged in treatment;
or
b. The patient has a severe and chronic mental disorder or other emotional, behavioral, or cognitive problems, or substance-induced disorder;
and
c. The patient's mental health functioning is such that he or she has impaired ability to: (1) understand the information presented, and (2) participate in treatment planning and the treatment process. Mental health management is required to stabilize mood, cognition, and behavior;
and
d. The patient is assessed as not posing a risk of harm to self or others and is not vulnerable to victimization by another.

ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

4 DIMENSION 4:
Readiness to Change

All Programs

The patient's status in Dimension 4 is characterized by (a); ***and*** one of (b) ***or*** (c) ***or*** (d):

a. The patient expresses willingness to participate in treatment planning and to attend all scheduled activities mutually agreed upon in the treatment plan;
and
b. The patient acknowledges that he or she has a substance-related or other addictive disorder and/or mental health problem and wants help to change;
or
c. The patient is ambivalent about a substance-related or other addictive disorder and/or mental health condition. He or she requires monitoring and motivating strategies, but not a structured milieu program. For example: (a) the patient has sufficient awareness and recognition of a substance use or addictive disorder and/or mental health problems to allow engagement and follow through with attendance at intermittent treatment sessions as scheduled; (b) The patient acknowledges that he or she has a substance-related and/or mental health problem but is ambivalent about change. He or she is invested in avoiding negative consequences and is in need of monitoring and motivating strategies to engage in treatment and progress through stages of change;
or
d. The patient may not recognize that he or she has a substance-related or other addictive disorder and/or mental health problem. For example, he or she is more invested in avoiding a negative consequence than in the recovery effort. Such a patient may require monitoring and motivating strategies to engage in treatment and to progress through stages of change.

5 DIMENSION 5:
Relapse, Continued Use, or Continued Problem Potential

All Programs

In Dimension 5, the patient is assessed as able to achieve or maintain abstinence and related recovery goals. Or the patient is able to achieve awareness of a substance or other addiction problem and related motivational enhancement goals, only with support and scheduled therapeutic contact. This is to assist him or her in dealing with issues that include (but are not limited to) concern or ambivalence about preoccupation with alcohol, tobacco, and/or other drug use; other addictive behavior; cravings to use or gamble; peer pressure; and lifestyle and attitude changes.

Co-Occurring Programs

In addition to the above criteria for all programs, the patient is assessed as able to achieve or maintain mental health functioning and related goals only with support and scheduled therapeutic contact to assist him or her in dealing with issues that include (but are not limited to) impulses to harm self or others and difficulty in coping with his or her affects, impulses, or cognition.

While such impulses and difficulty in coping may apply to patients in both co-occurring capable and co-occurring enhanced programs, patients in need of co-occurring enhanced program services are more unstable and require the outreach and support of assertive community treatment and intensive case management to maintain their mental health function. For example, such a patient may be unable to reliably keep mental health appointments because of instability in cognition, behavior, or mood.

ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

DIMENSION 6:
Recovery Environment

All Programs

The patient's status in Dimension 6 is characterized by (a) ***or*** (b) ***or*** (c):

a. The patient's psychosocial environment is sufficiently supportive that outpatient treatment is feasible (for example, significant others are in agreement with the recovery effort; there is a supportive work environment or legal coercion; adequate transportation to the program is available; and support meeting locations and non-alcohol/drug-centered work are near the home environment and accessible);
or

b. The patient does not have an adequate primary or social support system, but he or she has demonstrated motivation and willingness to obtain such a support system;
or

c. The patient's family, guardian, or significant others are supportive but require professional interventions to improve the patient's chance of treatment success and recovery. Such interventions may involve assistance in limit-setting, communication skills, a reduction in rescuing behaviors, and the like.

Co-Occurring Enhanced Programs

In addition to the above criteria, the patient's status in Dimension 6 is characterized by (a) ***or*** (b) ***or*** (c):

a. The patient does not have an adequate primary or social support system and has mild impairment in his or her ability to obtain a support system. For example, mood, cognition, and impulse control fluctuate and distract the patient from focusing on treatment tasks;
or

b. The family, guardian, or significant others require active family therapy or systems interventions to improve the patient's chances of treatment success and recovery. These may include family enmeshment issues, significant guilt or anxiety, or passivity or disengaged aloofness or neglect;
or

c. The patient's status in Dimension 6 is characterized by ***all*** of the following: (1) the patient has a severe and chronic mental disorder or an emotional, behavioral, or cognitive condition, and (2) the patient does not have an adequate family or social support system, and (3) the patient is chronically impaired, but not in imminent danger, and has limited ability to establish a supportive recovery environment. However, he or she does have access to intensive outreach and case management services that can provide structure and allow him or her to work toward stabilizing both the substance use or other addictive disorder and mental disorders.

DOCUMENTATION

All Programs

Documentation standards for Level 2.1 programs include individualized progress notes in the patient's record that clearly reflect implementation of the treatment plan and the patient's response to therapeutic interventions for all disorders treated, as well as subsequent amendments to the plan.

Co-Occurring Programs

In addition to the documentation standards described here, Level 2.1 co-occurring capable and co-occurring enhanced programs document the patient's mental health problems, the relationship between the mental and substance-related disorders, and the patient's current level of mental functioning.

ADULT DIAGNOSTIC ADMISSION CRITERIA

All Programs

The patient who is appropriately placed in a Level 2.1 program is assessed as meeting the diagnostic criteria for a substance use and/or other addictive disorder as defined in the current *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) of the American Psychiatric Association or other standardized and widely accepted criteria, as well as the dimensional criteria for admission.

If the patient's presenting alcohol and/or other drug use and other addictive behavior history is inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information submitted by collateral parties (such as family members, legal guardians, and significant others).

Co-Occurring Enhanced Programs

The patient in need of Level 2.1 co-occurring enhanced program services is assessed as meeting the diagnostic criteria for a mental disorder as well as a substance use disorder, as defined in the current *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) of the American Psychiatric Association or other standardized and widely accepted criteria, as well as the dimensional criteria for admission.

If the patient's presenting history is inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information submitted by collateral parties (such as family members, legal guardians, and significant others).

ADULT DIMENSIONAL ADMISSION CRITERIA

All Programs

Direct admission to a Level 2.1 program is advisable for the patient who meets specifications in Dimension 2 (if any biomedical conditions or problems exist) ***and*** in Dimension 3 (if any emotional, behavioral, or cognitive conditions or problems exist), as well as in at least ***one*** of Dimensions 4, 5, or 6.

Transfer to a Level 2.1 program is advisable for the patient who

a. has met the essential treatment objectives at a more intensive level of care
and
b. requires the intensity of services provided at Level 2.1 in at least one of Dimensions 4, 5, or 6.

A patient also may be transferred to Level 2.1 from a Level 1 program when the services provided at Level 1 have proved insufficient to address the patient's needs or when Level 1 services have consisted of motivational interventions to prepare the patient for participation in a more intensive level of service, for which he or she now meets the admission criteria.

1 DIMENSION 1:
Acute Intoxication and/or Withdrawal Potential

All Programs

The patient has no signs or symptoms of withdrawal, or his or her withdrawal needs can be safely managed in a Level 2.1 setting. See separate withdrawal management chapter for how to approach "unbundled" withdrawal management for adults.

2 DIMENSION 2:
Biomedical Conditions and Complications

All Programs

In Dimension 2, the patient's biomedical conditions and problems, if any, are stable or are being addressed concurrently and thus will not interfere with treatment. Examples include mild pregnancy-related hypertension, asthma, hypertension, or diabetes.

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

All Programs

Problems in Dimension 3 are not necessary for admission to a Level 2.1 program. However, if any of the Dimension 3 conditions are present, the patient must be admitted to either a co-occurring capable or co-occurring enhanced program, depending on the patient's level of function, stability, and degree of impairment in this dimension.

Co-Occurring Capable Programs

The patient's status in Dimension 3 is characterized by (a) ***or*** (b):

a. The patient engages in abuse of family members or significant others, and requires intensive outpatient treatment to reduce the risk of further deterioration;
or
b. The patient has a diagnosed emotional, behavioral, or cognitive disorder that requires intensive outpatient monitoring to minimize distractions from his or her treatment or recovery.

Co-Occurring Enhanced Programs

The patient's status in Dimension 3 is characterized by (a) ***or*** (b) ***or*** (c):

a. The patient has a diagnosed emotional, behavioral, or cognitive disorder that requires management because the patient's history suggests a high potential for distraction from treatment; such a disorder requires stabilization concurrent with addiction treatment (for example, an unstable borderline personality disorder, compulsive personality disorder, unstable anxiety, or mood disorder);
or

ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

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

b. The patient is assessed as at mild risk of behaviors endangering self, others, or property (for example, he or she has suicidal or homicidal thoughts but no active plan);
or
c. The patient is at significant risk of victimization by another. However, the risk is not severe enough to require 24-hour supervision (for example, the patient has sufficient coping skills to maintain safety through attendance at treatment sessions at least 9 or more hours per week).

4 DIMENSION 4:
Readiness to Change

All Programs
The patient's status in Dimension 4 is characterized by (a) ***or*** (b):

a. The patient requires structured therapy and a programmatic milieu to promote treatment progress and recovery because motivational interventions at another level of care have failed. Such interventions are not feasible or are not likely to succeed in a Level 1 program;
or
b. The patient's perspective inhibits his or her ability to make behavioral changes without repeated, structured, clinically directed motivational interventions. (For example, the patient attributes his or her alcohol or other drug and mental health problems to other persons or external events rather than to an addictive or mental disorder.) Such interventions are not feasible or are not likely to succeed in a Level 1 program. However, the patient's willingness to participate in treatment and to explore his or her level of awareness and readiness to change suggest that treatment at Level 2.1 can be effective.

Co-Occurring Enhanced Programs
The patient's status in Dimension 4 is characterized by meeting criteria for all programs and (a); ***and*** one of (b) ***or*** (c):

a. The patient is reluctant to agree to treatment and is ambivalent about his or her commitment to change a co-occurring mental health problem;
and
b. The patient is assessed as requiring intensive services to improve his or her awareness of the need to change. The patient has such limited awareness of or commitment to change that he or she cannot maintain an adequate level of functioning without Level 2.1 services. For example, the patient continues to experience mild to moderate depression, anxiety, or mood swings, and is inconsistent in taking medication, keeping appointments, and completing mental health assignments;
or
c. The patient's follow through in treatment is so poor or inconsistent that Level 1 services are not succeeding or are not feasible.

ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

5 DIMENSION 5:
Relapse, Continued Use, or Continued Problem Potential

All Programs
The patient's status in Dimension 5 is characterized by (a) ***or*** (b):

a. Although the patient has been an active participant at a less intensive level of care, he or she is experiencing an intensification of symptoms of the substance-related disorder (such as difficulty postponing immediate gratification and related drug-seeking behavior) and his or her level of functioning is deteriorating despite modification of the treatment plan;
or
b. There is a high likelihood that the patient will continue to use or relapse to use of alcohol and/or other drugs or gambling without close outpatient monitoring and structured therapeutic services, as indicated by his or her lack of awareness of relapse triggers, difficulty in coping, or in postponing immediate gratification or ambivalence toward treatment. The patient has unsuccessfully attempted treatment at a less intensive level of care, or such treatment is adjudged insufficient to stabilize the patient's condition so that direct admission to Level 2.1 is indicated.

Co-Occurring Enhanced Programs
The patient's status in Dimension 5 is characterized by psychiatric symptoms that pose a moderate risk of relapse to the alcohol, other drug, or other addictive or psychiatric disorder.

Such a patient has impaired recognition or understanding of–and difficulty in managing–relapse issues, and requires Level 2.1 co-occurring enhanced program services to maintain an adequate level of functioning. For example, the patient may have chronic difficulty in controlling his or her anger, with impulses to damage property, or the patient continues to increase his or her medication dose beyond the prescribed level in an attempt to control continued symptoms of anxiety or panic.

6 DIMENSION 6:
Recovery Environment

All Programs
The patient's status in Dimension 6 is characterized by (a) ***or*** (b):

a. Continued exposure to the patient's current school, work, or living environment will render recovery unlikely. The patient lacks the resources or skills necessary to maintain an adequate level of functioning without the services of a Level 2.1 program;
or
b. The patient lacks social contacts, has unsupportive social contacts that jeopardize recovery, or has few friends or peers who do not use alcohol or other drugs. He or she also lacks the resources or skills necessary to maintain an adequate level of functioning without Level 2.1 services.

Co-Occurring Enhanced Programs
The patient's status in Dimension 6 is characterized by a living, working, social, and/or community environment that is not supportive of good mental functioning. The patient has insufficient resources and skills to deal with this situation.

For example, the patient is unable to cope with continuing stresses caused by hostile family members with addiction, and he or she evidences increasing depression and anxiety. The support and structure of a Level 2.1 co-occurring enhanced program provide sufficient stability to prevent further deterioration.

determinations are made according to established protocols, which include reliance on the patient's personal physician whenever possible. The determination is based on the staff's capabilities and the severity of the patient's symptoms, and is approved by a physician. (In states where physician assistants or nurse practitioners are under physician supervision and are licensed as physician extenders, they may perform the duties designated here for a physician.)

b. An individualized treatment plan, which involves problems, needs, strengths, skills, and priority formulation and articulation of short-term, measurable treatment goals, preferences, and activities designed to achieve those goals. The plan is developed in collaboration with the patient and reflects the patient's personal goals. Treatment plan reviews are conducted at specified times, as noted in the treatment plan.

Co-Occurring Enhanced Programs

In addition to the activities just described, which encompass co-occurring capable programs, Level 2.5 co-occurring enhanced programs provide a review of the patient's recent psychiatric history and a mental status examination (which are reviewed by a psychiatrist, if necessary). A comprehensive psychiatric history and examination and a psychodiagnostic assessment are performed within a reasonable time frame, as determined by the patient's psychiatric condition.

DOCUMENTATION

All Programs

Documentation standards for Level 2.5 programs include individualized progress notes in the patient's record that clearly reflect implementation of the treatment plan and the patient's response to therapeutic interventions for all disorders treated, as well as subsequent amendments to the plan.

Co-Occurring Programs

In addition to the documentation standards previously described, Level 2.5 co-occurring capable and co-occurring enhanced programs document the patient's mental health problems, the relationship between the mental and substance-related disorders, and the patient's current level of mental functioning.

ADULT DIAGNOSTIC ADMISSION CRITERIA

All Services

The patient who is appropriately placed in a Level 2.5 program is assessed as meeting the diagnostic criteria for a substance use and/or other addictive disorder as defined in the current *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) of the American Psychiatric Association or other standardized and widely accepted criteria, as well as the dimensional criteria for admission.

If the patient's presenting substance use or gambling history is inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information submitted by collateral parties (such as family members, legal guardians, and significant others).

Co-Occurring Enhanced Programs

The patient in need of Level 2.5 co-occurring enhanced program services is assessed as meeting the diagnostic criteria for a mental disorder as well as a substance use or addictive disorder, as defined in the current *Diagnostic and Statistical Manual of Mental Disorders (DSM)* of the American Psychiatric Association or other standardized and widely accepted criteria, as well as the dimensional criteria for admission.

If the patient's presenting history is inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information submitted by collateral parties (such as family members, legal guardians, and significant others).

ADULT DIMENSIONAL ADMISSION CRITERIA

All Programs

Direct admission to a Level 2.5 program is advisable for the patient who meets specifications in Dimension 2 (if any biomedical conditions or problems exist) ***and*** in Dimension 3 (if any emotional, behavioral, or cognitive conditions or problems exist), as well as in at least ***one*** of Dimensions 4, 5, or 6.

Transfer to a Level 2.5 program is advisable for the patient who

a. has met essential treatment objectives at a more intensive level of care
and
b. requires the intensity of services provided at Level 2.5 in at least ***one*** dimension.

A patient also may be transferred to Level 2.5 from a Level 1 or Level 2.1 program when the services provided at the less intensive level have proved insufficient to address the patient's needs, or when those services have consisted of motivational interventions to prepare the patient for participation in a more intensive level of service, for which he or she now meets the admission criteria.

1 DIMENSION 1:
Acute Intoxication and/or Withdrawal Potential

All Programs

The patient has no signs or symptoms of withdrawal, or his or her withdrawal needs can be safely managed in a Level 2.5 setting. See separate withdrawal management chapter for how to approach "unbundled" withdrawal management for adults.

2 DIMENSION 2:
Biomedical Conditions and Complications

All Programs

In Dimension 2, the patient's biomedical conditions and problems, if any, are not sufficient to interfere with treatment, but are severe enough to distract from recovery efforts. Examples include unstable hypertension or asthma requiring medication adjustment or chronic back pain that distracts from recovery efforts.

Such problems require medical monitoring and/or medical management, which can be provided by a Level 2.5 program either directly or through an arrangement with another treatment provider.

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

All Programs

Problems in Dimension 3 are not necessary for admission to a Level 2.5 program. However, if any of the Dimension 3 conditions are present, the patient must be admitted to either a co-occurring capable or co-occurring enhanced program, depending on the patient's level of function, stability, and degree of impairment in this dimension.

The severity of the patient's problems in Dimension 3 may require partial hospitalization or a similar supportive living environment in conjunction with a Level 3.1 program. On the other hand, if the patient receives adequate support from his or her family or significant other(s), a Level 2.5 program may suffice.

Co-Occurring Capable Programs

The patient's status in Dimension 3 is characterized by a history of mild to moderate psychiatric decompensation (marked by paranoia or mild psychotic symptoms) on discontinuation of the drug use. Such decompensation may occur and requires monitoring to permit early intervention.

Co-Occurring Enhanced Programs

The patient's status in Dimension 3 is characterized by (a) ***or*** (b) ***or*** (c):

a. The patient evidences current inability to maintain behavioral stability over a 48-hour period (as evidenced by distractibility, negative emotions, or generalized anxiety that significantly affects his or her daily functioning);
or
b. The patient has a history of moderate psychiatric decompensation (marked by severe, non-suicidal depression) on discontinuation of the addictive drug. Such decompensation is currently observable;

ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

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

or

c. The patient is at mild to moderate risk of behaviors endangering self, others, or property, and is at imminent risk of relapse, with dangerous emotional, behavioral, or cognitive consequences, in the absence of Level 2.5 structured services. For example, the patient does not have sufficient internal coping skills to maintain safety to self, others, or property without the consistent structure achieved through attendance at treatment sessions daily, or at least 20 hours per week.

4 DIMENSION 4: Readiness to Change

All Programs

The patient's status in Dimension 4 is characterized by (a) ***or*** (b):

a. The patient requires structured therapy and a programmatic milieu to promote treatment progress and recovery because motivational interventions at another level of care have failed. Such interventions are not feasible or are not likely to succeed in a Level 2.1 program;
or

b. The patient's perspective and lack of impulse control inhibit his or her ability to make behavioral changes without repeated, structured, clinically directed motivational interventions. (For example, the patient has unrealistic expectations that his or her alcohol, other drug, or mental health problem will resolve quickly, with little or no effort, or the patient experiences frequent impulses to harm himself or herself. He or she is willing to reach out but lacks ability to ask for help.) Such interventions are not feasible or are not likely to succeed in a Level 1 or Level 2.1 program. However, the patient's willingness to participate in treatment and to explore his or her level of awareness and readiness to change suggest that treatment at Level 2.5 can be effective.

Co-Occurring Enhanced Programs

The patient's status in Dimension 4 is characterized by (a); ***and*** one of (b) ***or*** (c):

a. The patient has little awareness of his or her co-occurring mental disorder;
and

b. The patient is assessed as requiring more intensive engagement, community, or case management services than are available at Level 2.1 in order to maintain an adequate level of functioning (for example, the patient experiences frequent impulses to harm himself or herself, with poor commitment to reach out for help);
or

c. The patient's follow through in treatment is so poor or inconsistent that Level 2.1 services are not succeeding or are not feasible.

5 DIMENSION 5: Relapse, Continued Use, or Continued Problem Potential

All Programs

The patient's status in Dimension 5 is characterized by (a) ***or*** (b):

a. Although the patient has been an active participant at a less intensive level of care, he or she is experiencing an intensification of symptoms of the substance-related disorder (such as difficulty postponing immediate gratification and related drug-seeking behavior) and his or her level of functioning is deteriorating despite modification of the treatment plan;
or

b. There is a high likelihood that the patient will continue to use or relapse to use of substances or gambling without close outpatient monitoring and structured therapeutic services, as indicated by his or her lack of awareness of relapse triggers, difficulty in coping or postponing immediate gratification, or ambivalence toward treatment. The patient has unsuccessfully attempted treatment at a less intensive level of care, or such treatment is adjudged insufficient to stabilize the patient's condition so that direct admission to Level 2.5 is indicated.

ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

DIMENSION 5:
Relapse, Continued Use, or Continued Problem Potential

Co-Occurring Enhanced Programs

The patient's status in Dimension 5 is characterized by psychiatric symptoms that pose a high risk of relapse to the substance or psychiatric disorder.

Such a patient has impaired recognition or understanding of relapse issues, and inadequate skills in coping with and interrupting mental disorders and/or avoiding or limiting relapse. Such a patient's follow through in treatment is so inadequate or inconsistent, and his or her relapse problems are escalating to such a degree, that treatment at Level 2.1 is not succeeding or not feasible.

For example, the patient may continue to inflict superficial wounds on himself or herself and have continuing suicidal ideation and impulses. However, he or she has no specific suicide plan and agrees to reach out for help if seriously suicidal. Or the patient's continuing substance-induced psychotic symptoms are resolving, but difficulties in controlling his or her substance use exacerbate the psychotic symptoms.

DIMENSION 6:
Recovery Environment

All Programs

The patient's status in Dimension 6 is characterized by (a) ***or*** (b):

a. Continued exposure to the patient's current school, work, or living environment will render recovery unlikely. The patient lacks the resources or skills necessary to maintain an adequate level of functioning without the services of a Level 2.5 program;
or
b. Family members and/or significant other(s) who live with the patient are not supportive of his or her recovery goals, or are passively opposed to his or her treatment. The patient requires the intermittent structure of Level 2.5 treatment services and relief from the home environment in order to remain focused on recovery, but may live at home because there is no active opposition to, or sabotaging of, his or her recovery efforts.

Co-Occurring Enhanced Programs

The patient's status in Dimension 6 is characterized by a living, working, social, and/or community environment that is not supportive of good mental functioning. The patient has such limited resources and skills to deal with this situation that treatment is not succeeding or not feasible.

For example, the patient is unable to cope with continuing stresses caused by homelessness, unemployment, and isolation, and evidences increasing depression and hopelessness. The support and intermittent structure of a Level 2.5 co-occurring enhanced program provide sufficient stability to prevent further deterioration.

ADOLESCENT DIAGNOSTIC ADMISSION CRITERIA

The adolescent who is appropriately placed in a Level 2.5 program is assessed as meeting the diagnostic criteria for a substance use and/or other addictive disorder as defined in the current *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) of the American Psychiatric Association or other standardized and widely accepted criteria, as well as the dimensional criteria for admission.

If the adolescent's presenting substance use or gambling history is inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information submitted by collateral parties (such as family members, legal guardians, and significant others).

conducted by a psychiatrist.) A comprehensive psychiatric history, examination, and psychodiagnostic assessment are performed within a reasonable time, as determined by the patient's needs.

Level 3.1 co-occurring enhanced programs (either directly or through affiliation with another program) also provide active reassessment of the patient's mental status, at a frequency determined by the urgency of the patient's psychiatric problems, and follow through with mental health treatment and psychotropic medications. **NOTE:** Certain patients may need the kinds of assessment and treatment services described here for co-occurring enhanced, but at a reduced level of frequency and comprehensiveness to match the greater stability of the patient's mental health problems. For such patients, placement in a co-occurring capable program may be appropriate.

DOCUMENTATION

All Programs

Documentation standards for Level 3.1 programs include individualized progress notes in the patient's record that clearly reflect implementation of the treatment plan and the patient's response to therapeutic interventions for all disorders treated, as well as subsequent amendments to the plan.

Treatment plan reviews are conducted at specified times and recorded in the treatment plan.

Co-Occurring Enhanced Programs

In addition to the information just described, Level 3.1 co-occurring enhanced programs document the patient's mental health problems, the relationship between the mental and substance use and addictive disorders, and the patient's current level of mental functioning.

ADULT DIAGNOSTIC ADMISSION CRITERIA

All Programs

The patient who is appropriately placed in a Level 3.1 program meets the diagnostic criteria for a moderate or severe substance use and/or addictive disorder, as defined in the current *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) of the American Psychiatric Association or other standardized and widely accepted criteria, as well as the dimensional criteria for admission.

If the patient's presenting history is inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information submitted by collateral parties (such as family members, legal guardians, and significant others).

NOTE: Patients in Level 3.1 co-occurring capable programs may have co-occurring mental disorders that meet the stability criteria for placement in a co-occurring capable program; or difficulties with mood, behavior, or cognition related to a substance use, other addictive, or mental disorder; or emotional, behavioral, or cognitive symptoms that are troublesome but do not meet the *DSM* criteria for a mental disorder.

Co-Occurring Enhanced Programs

The patient who is appropriately admitted to a Level 3.1 co-occurring enhanced program meets the diagnostic criteria for a mental disorder as well as a moderate or severe substance use and/or addictive disorder, as defined in the current *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) of the American Psychiatric Association or other standardized and widely accepted criteria, as well as the dimensional criteria for admission.

If the patient's presenting history is inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information submitted by collateral parties (such as family members, legal guardians, and significant others).

ADULT DIMENSIONAL ADMISSION CRITERIA

All Programs
The adult patient who is appropriately admitted to a Level 3.1 program meets specifications in ***each*** of the six dimensions.

1 DIMENSION 1:
Acute Intoxication and/or Withdrawal Potential

All Programs
The patient has no signs or symptoms of withdrawal, or his or her withdrawal needs can be safely managed in a Level 3.1 setting. See separate withdrawal management chapter for how to approach "unbundled" withdrawal management for adults.

2 DIMENSION 2:
Biomedical Conditions and Complications

All Programs
The patient's status in Dimension 2 is characterized by ***one*** of the following:

a. Biomedical problems, if any, are stable and do not require medical or nurse monitoring, and the patient is capable of self-administering any prescribed medications;
or
b. A current biomedical condition is not severe enough to warrant inpatient treatment but is sufficient to distract from treatment or recovery efforts. The problem requires medical monitoring, which can be provided by the program or through an established arrangement with another provider.

Biomedical Enhanced Services
The patient who has a biomedical problem that requires a degree of staff attention (such as monitoring of medications or assistance with mobility) that is not available in other Level 3.1 programs is in need of biomedical enhanced services.

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

All Programs
The patient may not have any significant problems in this dimension. However, if ***any*** of the Dimension 3 conditions are present, the patient must be admitted to a co-occurring capable or co-occurring enhanced program (depending on his or her level of function, stability, and degree of impairment).

Co-Occurring Capable Programs
The patient's status in Dimension 3 is characterized by (a); ***and*** one of (b) ***or*** (c) ***or*** (d) ***or*** (e):

a. The patient's mental status (including emotional stability and cognitive functioning) is assessed as sufficiently stable to allow the patient to participate in the therapeutic interventions provided at this level of care and to benefit from treatment.
and
b. The patient's psychiatric condition is stable, and he or she is assessed as having minimal problems in this area, as evidenced by ***both*** of the following: (1) the patient's thought disorder, anxiety, guilt, and/or depression may be related to substance use problems or to a stable co-occurring emotional, behavioral, or cognitive condition, with imminent likelihood of relapse with dangerous consequences outside of a structured environment. For mandated patients, examples of "dangerous consequences" may be the imminent loss of their children, imminent years of impending imprisonment, etc. as consequences of relapse, and (2) the patient is assessed as not posing a risk to self or others;
or
c. The patient's symptoms and functional limitations, when considered in the context of his or her home environment, are sufficiently severe that he or she is assessed as not likely to maintain mental stability and/or abstinence if treatment is provided in a nonresidential setting. Functional limitations may include–but are not limited to–residual psychiatric symptoms, chronic addictive disorder, history of criminality, marginal intellectual ability, limited educational achievement, poor vocational skills, inadequate anger management skills, and the sequelae of physical, sexual, or emotional trauma. These limitations may be complicated by problems in Dimensions 2 through 6;
or

ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

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

d. The patient demonstrates (through distractibility, negative emotions, or generalized anxiety) an inability to maintain stable behavior over a 24-hour period without the structure and support of a 24-hour setting;
or
e. The patient's co-occurring psychiatric, emotional, behavioral, or cognitive conditions are being addressed concurrently through appropriate psychiatric services.

Co-Occurring Enhanced Programs

The patient's status in Dimension 3 is characterized by one of (a) ***or*** (b); ***and*** (c):

a. The patient has a diagnosed emotional, behavioral, or cognitive disorder that requires monitoring of medications or assessment of psychiatric symptoms or behavioral management techniques, because the patient's history suggests that these disorders are likely to distract him or her from treatment efforts;
or
b. The patient needs monitoring of psychiatric symptoms concurrent with addiction treatment (as may occur in a patient with borderline or compulsive personality disorder, anxiety or mood disorder, or chronic schizophrenic disorder in addition to a stabilizing substance use or other addictive disorder);
and
c. The patient is assessed as able to safely access the community for work, education, and other community resources.

NOTE: Such a patient may be receiving specific co-occurring services in a Level 2.1 or 2.5 program, or be receiving Level 1 outpatient services with intensive case management.

4 DIMENSION 4: Readiness to Change

All Programs

The patient's status in Dimension 4 is characterized by at least ***one*** of the following:

a. The patient acknowledges the existence of a psychiatric condition and/or substance use problem. He or she recognizes specific negative consequences and dysfunctional behaviors and their effect on his or her desire to change. He or she is sufficiently ready to change and cooperative enough to respond to treatment at Level 3.1;
or
b. The patient is assessed as appropriately placed at Level 1 or 2 and is receiving Level 3.1 services concurrently. The patient may be at an early stage of readiness to change and thus in need of engagement and motivational strategies;
or
c. The patient requires a 24-hour structured milieu to promote treatment progress and recovery, because motivating interventions have failed in the past and such interventions are assessed as not likely to succeed in an outpatient setting;
or
d. The patient's perspective impairs his or her ability to make behavior changes without the support of a structured environment. For example, the patient attributes his or her alcohol, other drug, or mental health problem to other persons or external events, rather than to a substance use or mental disorder. Interventions are assessed as not likely to succeed in an outpatient setting.

Co-Occurring Enhanced Programs

The patient's status in Dimension 4 is characterized by ambivalence in his or her commitment to change a co-occurring mental health problem.

(See following page for additional information.)

ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

4 DIMENSION 4:
Readiness to Change

Similarly, the patient is appropriately placed in a Level 3.1 co-occurring enhanced program when he or she is not consistently able to follow through with treatment, or demonstrates minimal awareness of a problem, or is unaware of the need to change. Such a patient requires active interventions with family, significant others, and other external systems to create leverage and align incentives so as to promote engagement in treatment.

5 DIMENSION 5:
Relapse, Continued Use, or Continued Problem Potential

All Programs

The patient's status in Dimension 5 is characterized by at least ***one*** of the following:

a. The patient demonstrates limited coping skills to address relapse triggers and urges and/or deteriorating mental functioning. He or she thus is in imminent danger of relapse, with dangerous emotional, behavioral, or cognitive consequences, and needs 24-hour structure to help him or her apply recovery and coping skills;
or

b. The patient understands his or her addiction and/or mental disorder but is at risk of relapse in a less structured level of care because he or she is unable to consistently address either or both;
or

c. The patient needs staff support to maintain engagement in his or her recovery program while transitioning to life in the community;
or

d. The patient is at high risk of substance use, addictive behavior, or deteriorated mental functioning, with dangerous emotional, behavioral, or cognitive consequences, in the absence of close 24-hour structured support (as evidenced, for example, by lack of awareness of relapse triggers, difficulty in postponing immediate gratification, or ambivalence toward or low interest in treatment), and these issues are being addressed concurrently in a Level 2 program.

Co-Occurring Enhanced Programs

The patient's status in Dimension 5 is characterized by psychiatric symptoms that pose a moderate risk of relapse to a substance use or mental disorder. Such a patient demonstrates limited ability to apply relapse prevention skills, as well as deteriorating psychiatric functioning, which increases his or her risk of serious consequences and requires the types of services and 24-hour structure of a Level 3.1 co-occurring enhanced program in order to maintain an adequate level of functioning. For example, the patient demonstrates deteriorating functioning during outpatient treatment or while in a halfway house that does not provide co-occurring enhanced services.

The patient who is receiving concurrent Level 2 and Level 3.1 services requires case management to coordinate the services across levels of care. Case management and collaboration across levels of care may be needed to manage anticraving, psychotropic, or opioid agonist medications. For example, the patient may have only recently developed the ability to control his or her anger and impulses to damage property. Or the patient may have only recently become adherent in taking psychotropic medications as prescribed and is not increasing the dose to control continuing symptoms of anxiety or panic.

Preparation for transfer of the patient to a less intensive level of care and/or reentry into the community requires case management and staff exploration of supportive living environments, separately from their therapeutic work with the patient.

6 DIMENSION 6:
Recovery Environment

All Programs

The patient's status in Dimension 6 is characterized by one of (a); ***and*** one of (b) ***or*** (c) ***or*** (d) ***or*** (e) ***or*** (f):

a. The patient is able to cope, for limited periods of time, outside the 24-hour structure of a Level 3.1 program in order to pursue clinical, vocational, educational, and community activities;

ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

6 DIMENSION 6:
Recovery Environment

and

b. The patient has been living in an environment that is characterized by a moderately high risk of initiation or repetition of physical, sexual, or emotional abuse, or substance use so endemic that the patient is assessed as being unable to achieve or maintain recovery at a less intensive level of care;

or

c. The patient lacks social contacts or has high-risk social contacts that jeopardize his or her recovery, or the patient's social network is characterized by significant social isolation and withdrawal. The patient's social network includes many friends who are regular users of alcohol or other drugs or regular gamblers, leading recovery goals to be assessed as unachievable outside of a 24-hour supportive setting;

or

d. The patient's social network involves living in an environment that is so highly invested in alcohol or other drug use that the patient's recovery goals are assessed as unachievable;

or

e. Continued exposure to the patient's school, work, or living environment makes recovery unlikely, and the patient has insufficient resources and skills to maintain an adequate level of functioning outside of a 24-hour supportive environment;

or

f. The patient is in danger of victimization by another and thus requires 24-hour supervision.

Co-Occurring Enhanced Programs

The patient's status in Dimension 6 is characterized by severe and chronic mental illness. He or she may be too ill to benefit from skills training to learn to cope with problems in the recovery environment. Such a patient requires planning for assertive community treatment, intensive case management, or other community outreach and support services.

The patient's living, working, social, and/or community environment is not supportive of good mental health functioning. He or she has insufficient resources and skills to deal with this situation. For example, the patient may be unable to cope with the continuing stress of homelessness, or hostile or addicted family members, and thus exhibits increasing anxiety and depression. Such a patient needs the support and structure of a Level 3.1 co-occurring enhanced program to achieve stabilization and prevent further deterioration.

ADOLESCENT DIAGNOSTIC ADMISSION CRITERIA

The adolescent who is appropriately placed in a Level 3.1 program meets the diagnostic criteria for a moderate or severe substance use and/or addictive disorder, as defined in the current *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) of the American Psychiatric Association or other standardized and widely accepted criteria, as well as the dimensional criteria for admission.

If the adolescent's presenting history is inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information submitted by collateral parties (such as family members, legal guardians, and significant others).

DOCUMENTATION

All Programs

Documentation standards for Level 3.3 programs include individualized progress notes in the patient's record that clearly reflect implementation of the treatment plan and the patient's response to therapeutic interventions for all disorders treated, as well as subsequent amendments to the plan.

Treatment plan reviews are conducted at specified times and recorded in the treatment plan.

Co-Occurring Enhanced Programs

In addition to the information just described, Level 3.3 co-occurring enhanced programs document the patient's mental health problems, the relationship between the mental and substance use or addictive disorders, and the patient's current level of mental functioning.

ADULT DIAGNOSTIC ADMISSION CRITERIA

All Programs

The patient who is appropriately placed in a Level 3.3 program meets the diagnostic criteria for a moderate or severe substance use and/or addictive disorder, as defined in the current *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) of the American Psychiatric Association or other standardized and widely accepted criteria, as well as the dimensional criteria for admission.

If the patient's presenting history is inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information submitted by collateral parties (such as family members, legal guardians, and significant others).

NOTE: Patients in Level 3.3 co-occurring capable programs may have co-occurring mental disorders that meet the stability criteria for placement in a co-occurring capable program; or difficulties with mood, behavior, or cognition related to a substance use, other addictive, or mental disorder; or emotional, behavioral, or cognitive symptoms that are troublesome but do not meet the *DSM* criteria for a mental disorder.

Co-Occurring Enhanced Programs

The patient who is appropriately admitted to a Level 3.3 co-occurring enhanced program meets the diagnostic criteria for a mental disorder as well as a moderate or severe substance use and/or addictive disorder, as defined in the current *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) of the American Psychiatric Association or other standardized and widely accepted criteria, as well as the dimensional criteria for admission.

If the patient's presenting history is inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information submitted by collateral parties (such as family members, legal guardians, and significant others).

ADULT DIMENSIONAL ADMISSION CRITERIA

All Programs
The patient who is appropriately admitted to a Level 3.3 program meets specifications in ***each*** of the six dimensions.

1 DIMENSION 1:
Acute Intoxication and/or Withdrawal Potential

All Programs
The patient has no signs or symptoms of withdrawal, or his or her withdrawal needs can be safely managed in a Level 3.3 setting. See separate withdrawal management chapter for how to approach "unbundled" withdrawal management for adults.

2 DIMENSION 2:
Biomedical Conditions and Complications

All Programs
The patient's status in Dimension 2 is characterized by ***one*** of the following:

a. Biomedical problems, if any, are stable and do not require medical or nurse monitoring, and the patient is capable of self-administering any prescribed medications;
or
b. A current biomedical condition is not severe enough to warrant inpatient treatment but is sufficient to distract from treatment or recovery efforts. The problem requires medical monitoring, which can be provided by the program or through an established arrangement with another provider.

Biomedical Enhanced Services
The patient who has a biomedical problem that requires a degree of staff attention (such as monitoring of medications or assistance with mobility) that is not available in other Level 3.3 programs is in need of biomedical enhanced services.

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

All Programs
If any of the Dimension 3 conditions are present, the patient must be admitted to either a co-occurring capable or a co-occurring enhanced program (depending on his or her level of function, stability, and degree of impairment).

Co-Occurring Capable Programs
The patient's status in Dimension 3 is characterized by (a); ***and*** one of (b) ***or*** (c) ***or*** (d):

a. The patient's mental status (including emotional stability and cognitive functioning) is assessed as sufficiently stable to permit the patient to participate in the therapeutic interventions provided at this level of care and to benefit from treatment;
and
b. The patient's psychiatric condition is stabilizing, but he or she is assessed as in need of a 24-hour structured environment, as evidenced by ***one*** of the following: (1) depression or other emotional, behavioral, or cognitive conditions significantly interfere with activities of daily living and recovery; or (2) the patient exhibits violent or disruptive behavior when intoxicated and is assessed as posing a danger to self or others; or (3) the patient exhibits stress behaviors related to recent or threatened losses in work, family, or social arenas, such that activities of daily living are significantly impaired and the patient requires a secure environment to focus on the substance use or mental health problem; or (4) concomitant personality disorders are of such severity that the accompanying dysfunctional behaviors require continuing structured interventions;
or
c. The patient's symptoms and functional limitations, when considered in the context of his or her home environment, are assessed as sufficiently severe that the patient is not likely to maintain mental stability and/or abstinence if treatment is provided in a non-residential setting. Functional limitations may include, but are not limited to, cognitive impairment, developmental disability, manifest chronicity and intensity of the primary addictive disease process, residual psychiatric symptoms, cognitive deficits resulting from traumatic brain injury, limited educational achievement, poor vocational skills, inadequate anger management skills, and other equivalent indications that services need to be presented at a pace that is slower and/or more repetitive and concrete than is found at other levels of care. These deficits may be complicated by problems in Dimensions 2 through 6;

ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

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

or

d. The patient is at mild risk of behaviors endangering self, others, or property, and is in imminent danger of relapse (with dangerous emotional, behavioral, or cognitive consequences or serious life consequences, such as imminent criminality, ie, extensive and recurrent patterns of criminal behavior such as robbery, DUI, child neglect, assault, etc.) without the 24-hour support and structure of a Level 3.3 program.

Co-Occurring Enhanced Programs

The patient's status in Dimension 3 is characterized by (a) ***or*** (b):

a. The patient has a diagnosed emotional, behavioral, or cognitive disorder that requires active management (involving monitoring of medications or assessment of psychiatric symptoms or behavioral management techniques, for example). Such disorders complicate treatment of the patient's substance use or substance-induced disorder and require differential diagnosis. The patient thus is in need of stabilization of psychiatric symptoms concurrent with addiction treatment (examples include a patient with unstable borderline or compulsive personality disorder or unstable anxiety or mood disorder, in addition to his or her substance use or substance-induced disorder).
Because cognitive deficits are commonly seen in patients treated at Level 3.3, such patients may require treatment that is delivered at a slower pace or in a more concrete or repetitive fashion;
or

b. The patient is assessed as at mild to moderate risk of behaviors endangering self, others, or property (for example, he or she has suicidal or homicidal thoughts, but lacks an active plan).

NOTE: The patient who has a severe and chronic mental disorder may manifest inadequate skills to manage the activities of daily living, poor social functioning, disorganized thinking, and/or periods of confusion, disorientation, or impaired reality testing. The patient's dysfunction is so severe that 24-hour structure is required to provide sufficient stabilization so that the patient can safely survive at a less intensive level of care.
During the stabilization period, expectations for the patient's involvement in group, community, and activities therapy are limited. A more highly individualized regimen of individual, group, and activities involvement may be required.

4 DIMENSION 4: Readiness to Change

All Programs

The patient's status in Dimension 4 is characterized by at least ***one*** of the following:

a. Because of the intensity and chronicity of the addictive disorder or the patient's cognitive limitations, he or she has little awareness of the need for continuing care or the existence of his or her substance use or mental health problem and need for treatment, and thus has limited readiness to change;
or

b. Despite experiencing serious consequences or effects of the addictive disorder or mental health problem, the patient has marked difficulty in understanding the relationship between his or her substance use, addiction, mental health, or life problems, and impaired coping skills and level of functioning;
or

c. The patient's continued substance use poses a danger of harm to self or others, and he or she demonstrates no awareness of the need to address the severity of his or her addiction or psychiatric problem or does not recognize the need for treatment. However, assessment indicates that treatment interventions available at Level 3.3 may increase the patient's degree of readiness to change;
or

ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

4 DIMENSION 4: Readiness to Change

d. The patient's perspective impairs his or her ability to make behavior changes without repeated, structured, clinically directed motivational interventions, delivered in a 24-hour milieu. For example, because of cognitive deficits, the patient attributes his or her alcohol and/or other drug, or mental health problem to other persons or external events, rather than to a substance use or mental disorder. Interventions in an outpatient setting are assessed as not feasible or not likely to succeed.

Co-Occurring Enhanced Programs

The patient's status in Dimension 4 is characterized by ambivalence in his or her commitment to change and reluctance to engage in activities necessary to address a co-occurring mental health problem. For example, such a patient does not understand the need for antipsychotic medications, so that his or her medication adherence is inconsistent.

Similarly, the patient is appropriately placed in a Level 3.3 co-occurring enhanced program when he or she is not consistently able to follow through with treatment, or demonstrates minimal awareness of a problem, or is unaware of the need to change. Such a patient requires active interventions with family, significant others, and other external systems to create leverage and align incentives so as to promote engagement in treatment.

5 DIMENSION 5: Relapse, Continued Use, or Continued Problem Potential

All Programs

The patient's status in Dimension 5 is characterized by at least ***one*** of the following:

a. The patient does not recognize relapse triggers and has little awareness of the need for continuing care. Because of the intensity or chronicity of the patient's addictive disorder or the chronicity of the mental health problem or cognitive limitations, he or she is in imminent danger of continued substance use or mental health problems, with dangerous emotional, behavioral, or cognitive consequences. The patient thus needs 24-hour monitoring and structure to assist in the application of recovery and coping skills, as well as active staff interventions to prevent relapse;

or

b. The patient is experiencing an intensification of symptoms of his or her substance use disorder (such as difficulty in postponing immediate gratification and related drug-seeking behavior) or mental disorder (for example, increasing suicidal thoughts or impulses without a plan), and his or her level of functioning is deteriorating despite an amendment of the treatment plan;

or

c. The patient's cognitive impairment has limited his or her ability to identify and cope with relapse triggers and high-risk situations. He or she requires relapse prevention activities that are delivered at a slower pace, more concretely, and more repetitively, in a setting that provides 24-hour structure and support to prevent imminent dangerous consequences;

or

d. Despite recent, active participation in treatment at a less intensive level of care, the patient continues to use alcohol and/or other drugs or to continue other addictive behavior or to deteriorate psychiatrically, with imminent serious consequences. For mandated patients, serious consequences may be criminal and addictive behavior of such instability that the patient demonstrates imminent risk to public safety. There is a high risk of continued substance use, addictive behavior, or mental deterioration without close 24-hour monitoring and structured treatment.

Co-Occurring Enhanced Programs

The patient's status in Dimension 5 is characterized by psychiatric symptoms that pose a moderate risk of relapse to a substance use or mental disorder. Such a patient demonstrates limited ability to apply relapse prevention skills, as well as poor skills in coping with mental disorders and/or avoiding or limiting relapse, with imminent serious consequences.
For example, the patient continues to engage in behaviors that pose a risk of relapse (such as non-adherence with the medication regimen or spending time in places where drugs are

ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

5 DIMENSION 5:
Relapse, Continued Use, or Continued Problem Potential

being sold or used) because he or she has cognitive deficits that prevent understanding of the relationship between those behaviors and relapse to substance use or mental disorders. The presence of these relapse issues requires the types of services and 24-hour structure of a Level 3.3 co-occurring enhanced program.

Case management and collaboration across levels of care may be needed to manage anti-craving, psychotropic, or opioid agonist medications. For example, because of significant cognitive deficits, the patient may have difficulty in managing the activities of daily living without 24-hour interventions, and thus require preparation for placement in a group home in order to support his or her continued recovery from a substance use disorder or mental health problem. (Such a group home may involve supervised living for persons with cognitive deficits such as developmental disabilities or those who have severe and chronic mental illness.)

Preparation for transfer of the patient to a less intensive level of care, a different type of service in the community, and/or reentry into the community requires case management and staff exploration of supportive living environments, separately from their therapeutic work with the patient.

6 DIMENSION 6:
Recovery Environment

All Programs

The patient's status in Dimension 6 is characterized by at least ***one*** of the following:

a. The patient has been living in an environment that is characterized by a moderately high risk of initiation or repetition of physical, sexual, or emotional abuse, or substance use so endemic that the patient is assessed as being unable to achieve or maintain recovery at a less intensive level of care;
or
b. The patient is in significant danger of victimization and thus requires 24-hour supervision. For example, the patient has sustained a traumatic brain injury, as a result of which he or she is vulnerable to victimization when using psychoactive substances;
or
c. The patient's social network includes regular users of alcohol or other drugs, such that recovery goals are assessed as unachievable at a less intensive level of care;
or
d. The patient's social network involves living with an individual who is a regular user, addicted user, or dealer of alcohol or other drugs, or the patient's living environment is so highly invested in alcohol or other drug use that his or her recovery goals are assessed as unachievable;
or
e. Because of cognitive limitations, the patient is in danger of victimization by another and thus requires 24-hour supervision;
or
f. The patient is unable to cope, for even limited periods of time, outside the 24-hour structure of a Level 3.3 program. He or she needs staff monitoring to assure his or her safety and well-being.

Co-Occurring Enhanced Programs

The patient's status in Dimension 6 is characterized by severe and chronic mental illness. He or she may be too ill to benefit from skills training to learn to cope with problems in the recovery environment. Such a patient requires planning for assertive community treatment, intensive case management, or other community outreach and support services.

The patient's living, working, social, and/or community environment is not supportive of good mental health functioning. He or she has insufficient resources and skills to deal with this situation. For example, the patient may be unable to cope with the continuing stress of decreased cognitive functioning, or hostile family members with alcohol use disorder, and thus exhibits increasing anxiety and depression. Such a patient needs the support and structure of a Level 3.3 co-occurring enhanced program to achieve stabilization and prevent further deterioration.

DOCUMENTATION

All Programs

Documentation standards for Level 3.5 programs include individualized progress notes in the patient's record that clearly reflect implementation of the treatment plan and the patient's response to therapeutic interventions for all disorders treated, as well as subsequent amendments to the plan.

Treatment plan reviews are conducted at specified times and recorded in the treatment plan.

Co-Occurring Enhanced Programs

In addition to the information just described, Level 3.5 co-occurring enhanced programs document the patient's mental health status, the relationship between the mental and substance use disorders, and the patient's current level of mental functioning.

ADULT DIAGNOSTIC ADMISSION CRITERIA

All Programs

The patient who is appropriately placed in a Level 3.5 program meets the diagnostic criteria for a substance use and/or addictive disorder of moderate to high severity as defined in the current *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) of the American Psychiatric Association or other standardized and widely accepted criteria, as well as the dimensional criteria for admission. If the patient's presenting history is inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information submitted by collateral parties (such as family members, legal guardians, and significant others).

NOTE: Patients in Level 3.5 co-occurring disorders programs may have co-occurring mental disorders that meet the stability criteria for placement in a co-occurring capable program; or difficulties with mood, behavior, or cognition related to a substance use or mental disorder; or emotional, behavioral, or cognitive symptoms that are problematic but do not meet the *DSM* criteria for a mental disorder.

Co-Occurring Enhanced Programs

The patient who is appropriately admitted to a Level 3.5 co-occurring enhanced program meets the diagnostic criteria for a mental disorder as well as a substance use or addictive disorder, as defined in the current *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) of the American Psychiatric Association or other standardized and widely accepted criteria, as well as the dimensional criteria for admission.

If the patient's presenting history is inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information submitted by collateral parties (such as family members, legal guardians, and significant others).

ADULT DIMENSIONAL ADMISSION CRITERIA

All Programs

The adult patient who is appropriately admitted to a Level 3.5 program meets specifications in ***each*** of the six dimensions.

1 DIMENSION 1:
Acute Intoxication and/or Withdrawal Potential

All Programs

The patient has no signs or symptoms of withdrawal, or his or her withdrawal needs can be safely managed in a Level 3.5 setting. See separate withdrawal management chapter for how to approach "unbundled" withdrawal management for adults.

NOTE: A patient who is being transferred from a Level 3.7 program should not require medically managed or monitored withdrawal management services.

ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

2 DIMENSION 2:
Biomedical Conditions and Complications

All Programs
The patient's status in Dimension 2 is characterized by ***one*** of the following:

a. Biomedical problems, if any, are stable and do not require 24-hour medical or nurse monitoring, and the patient is capable of self-administering any prescribed medications;
or
b. A current biomedical condition is not severe enough to warrant inpatient treatment but is sufficient to distract from treatment or recovery efforts. The problem requires medical monitoring, which can be provided by the program or through an established arrangement with another provider.

Biomedical Enhanced Services
The patient is in need of biomedical enhanced services if he or she has a biomedical problem that requires a degree of staff attention (such as monitoring of adherence to medications or assistance with mobility) that is not available in other Level 3.5 programs.

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

All Programs
If any of the Dimension 3 conditions are present, the patient must be admitted to a co-occurring capable or co-occurring enhanced program (depending on his or her level of function, stability, and degree of impairment).

Co-Occurring Capable Programs
The patient's status in Dimension 3 is characterized by (a); ***and*** one of (b) ***or*** (c) ***or*** (d) ***or*** (e) ***or*** (f):

a. The patient's mental status (including emotional stability and cognitive functioning) is assessed as sufficiently stable to permit the patient to participate in the therapeutic interventions provided at this level of care and to benefit from treatment.
and
b. The patient's psychiatric condition is stabilizing. However, despite his or her best efforts, the patient is unable to control his or her use of alcohol, tobacco, and/or other drugs and/or antisocial behaviors, with attendant probability of imminent danger. The resulting level of dysfunction is so severe that it precludes the patient's participation in a less structured and intensive level of care;
or
c. The patient demonstrates repeated inability to control his or her impulses to use alcohol and/or other drugs and/or to engage in antisocial behavior, and is in imminent danger of relapse, with attendant likelihood of harm to self, others, or property. The resulting level of dysfunction is of such severity that it precludes participation in treatment in the absence of the 24-hour support and structure of a Level 3.5 program;
or
d. The patient demonstrates antisocial behavior patterns (as evidenced by criminal activity) that have led or could lead to significant criminal justice problems, lack of concern for others, and extreme lack of regard for authority (expressed through distrust, conflict, or opposition), and which prevents movement toward positive change and precludes participation in a less structured and intensive level of care;
or

ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

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

e. The patient has significant functional deficits, which are likely to respond to staff interventions. These symptoms and deficits, when considered in the context of his or her home environment, are sufficiently severe that the patient is not likely to maintain mental stability and/or abstinence if treatment is provided in a non-residential setting. The functional deficits are of a pervasive nature, requiring treatment that is primarily habilitative in focus; they do not require medical monitoring or management. They may include–but are not limited to–residual psychiatric symptoms, chronic addictive disorder, history of criminality, marginal intellectual ability, limited educational achievement, poor vocational skills, inadequate anger management skills, poor impulse control, and the sequelae of physical, sexual, or emotional trauma. These deficits may be complicated by problems in Dimensions 2 through 6;

or

f. The patient's concomitant personality disorders (eg, antisocial personality disorder with verbal aggressive behavior requiring consistent limit-setting) are of such severity that the accompanying dysfunctional behaviors provide opportunities to promote continuous boundary setting interventions.

Co-Occurring Enhanced Programs

The patient's status in Dimension 3 is characterized by a range of psychiatric symptoms that require active monitoring, such as low anger management skills. These are assessed as posing a risk of harm to self or others if the patient is not contained in a 24-hour structured environment.

Although such patients do not require specialized psychiatric nursing and close observation, they do need monitoring and interventions by mental health staff to limit and de-escalate their behaviors, develop a therapeutic alliance, and process events that trigger symptomatology and identify and utilize appropriate coping techniques and medical interventions or relaxation. A 24-hour milieu is sufficient to contain such impulses in most cases, but enhanced staff and therapeutic interventions are required to manage unpredictable losses of impulse control.

The treatment regimen should be strengths-based and focused on rapid formal feedback regarding change of treatment plan, process, and outcomes in treatment, while avoiding highly confrontational strategies or strong affect that are intended to induce submissive behavior.

4 DIMENSION 4:
Readiness to Change

All Programs

The patient's status in Dimension 4 is characterized by at least ***one*** of the following:

a. Because of the intensity and chronicity of the addictive disorder or the patient's mental health problems, he or she has limited insight and little awareness of the need for continuing care or the existence of his or her substance use or mental health problem and need for treatment, and thus has limited readiness to change;

or

b. Despite experiencing serious consequences or effects of the addictive disorder or mental health problem, the patient has marked difficulty in understanding the relationship between his or her substance use, addiction, mental health, or life problems and his or her impaired coping skills and level of functioning, often blaming others for his or her addiction problems;

or

ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

4 DIMENSION 4:
Readiness to Change

c. The patient demonstrates passive or active opposition to addressing the severity of his or her mental or addiction problem, or does not recognize the need for treatment. Such continued substance use or inability to follow through with mental health treatment poses a danger of harm to self or others. However, assessment indicates that treatment interventions available at Level 3.5 may increase the patient's degree of readiness to change;

or

d. The patient requires structured therapy and a 24-hour programmatic milieu to promote treatment progress and recovery, because motivational interventions have not succeeded at less intensive levels of care and such interventions are assessed as not likely to succeed at a less intensive level of care;

or

e. The patient's perspective impairs his or her ability to make behavior changes without repeated, structured, clinically directed motivational interventions, which will enable him/her to develop insight into the role he or she plays in his or her substance use and/or mental condition, and empower him/her to make behavioral changes which can only be delivered in a 24-hour milieu;

or

f. Despite recognition of a substance use or addictive behavior problem and understanding of the relationship between his or her substance use, addiction, and life problems, the patient expresses little to no interest in changing. Because of the intensity or chronicity of the patient's addictive disorder and high-risk criminogenic needs, he or she is in imminent danger of continued substance use or addictive behavior. This poses imminent serious life consequences (ie, imminent risk to public safety or imminent abuse or neglect of children) and/or a continued pattern of risk of harm to others (ie, extensive pattern of assaults, burglaries, DUI) while under the influence of substances;

or

g. The patient attributes his or her alcohol, drug, addictive, or mental health problem to other persons or external events, rather than to a substance use or addictive or mental disorder. The patient requires clinical directed motivation interventions that will enable him or her to develop insight into the role he/she plays in his or her health condition, and empower him or her to make behavioral changes. Interventions are adjudged as not feasible or unlikely succeed at a less intensive level of care.

Co-Occurring Enhanced Programs

The patient's status in Dimension 4 is characterized by a lack of commitment to change and reluctance to engage in activities necessary to address a co-occurring mental health problem. For example, the patient does not understand the need for antidepressant or antimania medications, and so does not adhere to a medication regimen.

Similarly, the patient is appropriately placed in a Level 3.5 co-occurring enhanced program if he or she is not consistently able to follow through with treatment, or demonstrates minimal awareness of a problem, or is unaware of the need to change. Such a patient requires active interventions with family, significant others, and other external systems to create leverage and align incentives so as to promote engagement in treatment.

ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

5 DIMENSION 5:
Relapse, Continued Use, or Continued Problem Potential

All Programs

The patient's status in Dimension 5 is characterized by at least ***one*** of the following:

a. The patient does not recognize relapse triggers and lacks insight into the benefits of continuing care, and is therefore not committed to treatment. His or her continued substance use poses an imminent danger of harm to self or others in the absence of 24-hour monitoring and structured support;

or

b. The patient's psychiatric condition is stabilizing. However, despite his or her best efforts, the patient is unable to control his or her use of alcohol, other drugs, and/or antisocial behaviors, with attendant probability of harm to self or others. The patient has limited ability to interrupt the relapse process or continued use, or to use peer supports when at risk for relapse to his or her addiction or mental disorder. His or her continued substance use poses an imminent danger of harm to self or others in the absence of 24-hour monitoring and structured support;

or

c. The patient is experiencing psychiatric or addiction symptoms such as drug craving, insufficient ability to postpone immediate gratification, and other drug-seeking behaviors. This situation poses an imminent danger of harm to self or others in the absence of close 24-hour monitoring and structured support. The introduction of psychopharmacologic support is indicated to decrease psychiatric or addictive symptoms, such as cravings, that will enable the patient to delay immediate gratification and reinforce positive recovery behaviors;

or

d. The patient is in imminent danger of relapse or continued use, with dangerous emotional, behavioral, or cognitive consequences, as a result of a crisis situation;

or

e. Despite recent, active participation in treatment at a less intensive level of care, the patient continues to use alcohol or other drugs, or to deteriorate psychiatrically, with imminent serious consequences, and is at high risk of continued substance use or mental deterioration in the absence of close 24-hour monitoring and structured treatment;

or

f. The patient demonstrates a lifetime history of repeated incarceration with a pattern of relapse to substances and uninterrupted use outside of incarceration, with imminent risk of relapse to addiction or mental health problems and recidivism to criminal behavior (for example, extensive and recurrent pattern of crimes such as burglary, assault, robbery, DUI). This poses imminent risk of harm to self or others. The patient's imminent danger of relapse is accompanied by an uninterrupted cycle of relapse-reoffending-incarceration-release-relapse without the opportunity for treatment. The patient requires 24-hour monitoring and structure to assist in the initiation and application of recovery and coping skills.

Co-Occurring Enhanced Programs

The patient's status in Dimension 5 is characterized by psychiatric symptoms that pose a moderate to high risk of relapse to a substance use or mental disorder. Such a patient demonstrates limited ability to apply relapse prevention skills, as well as inadequate skills in coping with mental disorders and/or avoiding or limiting relapse, with imminent serious consequences.

For example, the patient continues to engage repetitively and compulsively in behaviors that pose a risk of relapse (such as antisocial behavior or criminal activity, or spending time in places where antisocial behavior is the attraction) because of an inability to understand the relationship between those behaviors and relapse to substance use or mental disorders or criminal activity. The presence of these relapse issues requires the intensity and types of services and 24-hour structure of a Level 3.5 co-occurring enhanced program.

ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

5 DIMENSION 5:
Relapse, Continued Use, or Continued Problem Potential

Case management and collaboration across levels of care may be needed to manage anti-craving, psychotropic, or opioid agonist medications. For example, because of an external locus of control, the patient may have difficulty resisting pressures to use psychoactive substances. He or she may continue involvement or become reinvolved with peers who are engaged in antisocial and/or criminal behaviors, and thus requires some type of group living situation that provides ongoing structure and support. (Such a group home may be a supervised living arrangement for ex-offenders.)

Discharge planning includes preparation for transfer of the patient to a less intensive level of care, a different type of service in the community, and/or reentry into the community. This requires case management and staff exploration of supportive living environments, separate from their therapeutic work with the patient.

6 DIMENSION 6:
Recovery Environment

All Programs

The patient's status in Dimension 6 is characterized by at least ***one*** of the following:

a. The patient has been living in an environment that is characterized by a moderately high risk of neglect; initiation or repetition of physical, sexual, or emotional abuse; or substance use so endemic that the patient is assessed as being unable to achieve or maintain recovery at a less intensive level of care;
or

b. The patient's social network includes regular users of alcohol, tobacco, and/or other drugs, such that recovery goals are assessed as unachievable at a less intensive level of care;
or

c. The patient's social network is characterized by significant social isolation or withdrawal, such that recovery goals are assessed as inconsistently unachievable at a less intensive level of care;
or

d. The patient's social network involves living with an individual who is a regular user, addicted user or dealer of alcohol or other drugs, or the patient's living environment is so highly invested in alcohol and/or other drug use that his or her recovery goals are assessed as unachievable;
or

e. The patient is unable to cope, for even limited periods of time, outside of 24-hour care. He or she needs staff monitoring to learn to cope with Dimension 6 problems before being transferred safely to a less intensive setting.

Co-Occurring Enhanced Programs

The patient's status in Dimension 6 is characterized by severe and chronic mental illness. He or she may be too ill to benefit from skills training to learn to cope with problems in the recovery environment. Such a patient requires planning for assertive community treatment, intensive case management, or other community outreach and support services.

Such a patient's living, working, social, and/or community environment is not supportive of good mental health functioning. He or she has insufficient resources and skills to deal with this situation. For example, the patient may be unable to cope with the continuing stress of peer pressure to be involved in criminal behavior, or threats by former criminal associates, or hostile family members with alcohol use disorder, and thus exhibits increasing anxiety and depression. Such a patient needs the support and structure of a Level 3.5 co-occurring enhanced program to achieve stabilization and prevent further deterioration.

ADULT DIAGNOSTIC ADMISSION CRITERIA

All Programs

The patient who is appropriately placed in a Level 3.7 program meets the diagnostic criteria for a moderate or severe substance use or addictive disorder, as defined in the current *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) of the American Psychiatric Association or other standardized and widely accepted criteria, as well as the dimensional criteria for admission.

If the patient's presenting history is conflicting or inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information provided by collateral parties (such as family members, legal guardians, and significant others).

NOTE: Patients in Level 3.7 co-occurring capable programs may have co-occurring mental disorders that meet the stability criteria for placement in a co-occurring capable program; or difficulties with mood, behavior, or cognition related to a substance use or mental disorder; or emotional, behavioral, or cognitive symptoms that interfere with overall functioning but do not meet the *DSM* criteria for a mental disorder.

Co-Occurring Enhanced Programs

The patient who is appropriately admitted to a Level 3.7 co-occurring enhanced program meets the diagnostic criteria for a mental disorder as well as a substance use or addictive disorder, as defined in the current *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) of the American Psychiatric Association or other standardized and widely accepted criteria, as well as the dimensional criteria for admission.

If the patient's presenting history is conflicting or inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information obtained by collateral parties (such as family members, legal guardians, and significant others).

ADULT DIMENSIONAL ADMISSION CRITERIA

All Programs

The patient who is appropriately admitted to a Level 3.7 program meets specifications in at least ***two*** of the six dimensions, at least ***one*** of which is in Dimension 1, 2, or 3.

1 DIMENSION 1: Acute Intoxication and/or Withdrawal Potential

All Programs

See separate withdrawal management chapter for how to approach "unbundled" withdrawal management for adults.

2 DIMENSION 2: Biomedical Conditions and Complications

All Programs

The patient's status in Dimension 2 is characterized by ***one*** of the following:

a. The interaction of the patient's biomedical condition and continued alcohol and/or other drug use places the patient at significant risk of serious damage to physical health or concomitant biomedical conditions (such as pregnancy with vaginal bleeding or ruptured membranes, unstable diabetes, etc.);

or

b. A current biomedical condition requires 24-hour nursing and medical monitoring or active treatment, but not the full resources of an acute care hospital.

Biomedical Enhanced Services

The patient who has a biomedical problem that requires a degree of staff attention (such as monitoring of medications or assistance with mobility) or staff intervention (such as changes in medication) that is not available in other Level 3.7 programs is in need of biomedical enhanced services.

ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

All Programs
The patient who is appropriately admitted to a Level 3.7 program meets specifications in at least ***two*** of the six dimensions, at least ***one*** of which is in Dimension 1, 2, or 3.

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

All Programs
Problems in Dimension 3 are not necessary for admission to a Level 3.7 program. However, if any of the Dimension 3 conditions are present, the patient must be admitted to a co-occurring capable or co-occurring enhanced program (depending on his or her level of function, stability, and degree of impairment).

Co-Occurring Capable Programs
The patient's status in Dimension 3 is characterized by at least ***one*** of the following:

a. The patient's psychiatric condition is unstable and presents with symptoms (which may include compulsive behaviors, suicidal or homicidal ideation with a recent history of attempts but no specific plan, or hallucinations and delusions without acute risk to self or others) that are interfering with abstinence, recovery, and stability to such a degree that the patient needs a structured 24-hour, medically monitored (but not medically managed) environment to address recovery efforts;

or

b. The patient exhibits stress behaviors associated with recent or threatened losses in work, family, or social domains; or there is a reemergence of feelings and memories of trauma and loss once the patient achieves abstinence, to a degree that his or her ability to manage the activities of daily living is significantly impaired. The patient thus requires a secure, medically monitored environment in which to address self-care problems (such as those associated with eating, sleeplessness, or personal hygiene) and to focus on his or her substance use or behavioral health problems;

or

c. The patient has significant functional limitations that require active psychiatric monitoring. They may include—but are not limited to—problems with activities of daily living; problems with self-care, lethality, or dangerousness; and problems with social functioning. These limitations may be complicated by problems in Dimensions 2 through 6;

or

d. The patient is at moderate risk of behaviors endangering self, others, or property, likely to result in imminent incarceration or loss of custody of children, and/or is in imminent danger of relapse (with dangerous emotional, behavioral, or cognitive consequences) without the 24-hour support and structure of a Level 3.7 program;

or

e. The patient is actively intoxicated, with resulting violent or disruptive behavior that poses imminent danger to self or others. Such a patient may, on further evaluation, belong in Level 4-WM withdrawal management or an acute observational setting if assessed as not safe in a Level 3.7 service;

or

f. The patient is psychiatrically unstable or has cognitive limitations that require stabilization but not medical management.

Co-Occurring Enhanced Programs
The patient's status in Dimension 3 is characterized by at least ***one*** of the following:

a. The patient has a history of moderate psychiatric decompensation (which may involve paranoia; moderate psychotic symptoms; or severe, depressed mood, but not actively suicidal); or such symptoms occur during discontinuation of addictive drugs or when experiencing post-acute withdrawal symptoms, and such decompensation is present;

ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

All Programs
The patient who is appropriately admitted to a Level 3.7 program meets specifications in at least ***two*** of the six dimensions, at least ***one*** of which is in Dimension 1, 2, or 3.

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

or

b. The patient is assessed as at moderate to high risk of behaviors endangering self, others or property, or is in imminent danger of relapse (with dangerous emotional, behavioral, or cognitive consequences) without 24-hour structure and support and medically monitored treatment. For example, without medically monitored inpatient treatment, the patient does not have sufficient coping skills to avoid harm to self, others, or property because of co-occurring mania;

or

c. The patient is severely depressed, with suicidal urges and a plan. However, he or she is able to reach out for help as needed and does not require a one-on-one suicide watch;

or

d. The patient has a co-occurring psychiatric disorder (such as anxiety, distractibility, or depression) that is interfering with his or her addiction treatment or ability to participate in a less intensive level of care, and thus requires stabilization with psychotropic medications;

or

e. The patient has a co-occurring psychiatric disorder of moderate to high severity that is marginally and tenuously stable and requires care to prevent further decompensation. The patient thus requires co-occurring enhanced services and is best served in an addiction treatment program with integrated mental health services, or in a mental health program with integrated addiction treatment services.

4 DIMENSION 4:
Readiness to Change

All Programs
The patient's status in Dimension 4 is characterized by at least ***one*** of the following:

a. Despite experiencing serious consequences or effects of the addictive disorder and/or behavioral health problem, the patient does not accept or relate the addictive disorder to the severity of the presenting problem;

or

b. The patient is in need of intensive motivating strategies, activities, and processes available only in a 24-hour structured, medically monitored setting;

or

c. The patient needs ongoing 24-hour psychiatric monitoring to assure follow through with the treatment regimen, and to deal with issues such as ambivalence about adherence to psychiatric medications and a recovery program.

Co-Occurring Enhanced Programs
The patient's status in Dimension 4 is characterized by no commitment to change and no interest in engaging in activities necessary to address a co-occurring psychiatric disorder. For example, the patient with bipolar disorder prefers his or her manic state over what feels like depression when stabilized, and thus does not adhere to a regimen of mood-stabilizing medications.

Similarly, the patient is not consistently able to follow through with treatment, or demonstrates minimal awareness of a problem, or is unaware of the need to change behaviors related to behavioral or health problems. Such an individual requires active interventions with family, significant others, and/or other external systems to create leverage and align incentives so as to promote engagement in treatment, and is appropriately placed in a Level 3.7 co-occurring enhanced program.

ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

All Programs
The patient who is appropriately admitted to a Level 3.7 program meets specifications in at least ***two*** of the six dimensions, at least ***one*** of which is in Dimension 1, 2, or 3.

5 DIMENSION 5: Relapse, Continued Use, or Continued Problem Potential

All Programs
The patient's status in Dimension 5 is characterized by at least ***one*** of the following:

a. The patient is experiencing an acute psychiatric or substance use crisis, marked by intensification of symptoms of his or her addictive or mental disorder (such as poor impulse control, drug seeking behavior, or increasing severity of anxiety or depressive symptoms). This situation poses a serious risk of harm to self or others in the absence of 24-hour monitoring and structured support;

or

b. The patient is experiencing an escalation of relapse behaviors and/or reemergence of acute symptoms, which places the patient at serious risk to self or others in the absence of the type of 24-hour monitoring and structured support found in a medically monitored setting (for example, Driving Under the Influence (DUI), or not taking life-sustaining medications);

or

c. The modality or intensity of treatment protocols to address relapse require that the patient receive care in a Level 3.7 program (such as initiating or restarting medications for medical or psychiatric conditions, an acute stress disorder, or the processing of a traumatic event) to safely and effectively initiate antagonist therapy (such as naltrexone for severe opioid use disorder), or agonist therapy (such as methadone or buprenorphine for severe opioid use disorder).

Co-Occurring Enhanced Programs
The patient's status in Dimension 5 is characterized by psychiatric symptoms that pose a moderate to high risk of relapse to a substance use or mental disorder. Such a patient demonstrates limited ability to apply relapse prevention skills, as well as demonstrating poor skills in coping with psychiatric disorders and/or avoiding or limiting relapse, with imminent serious consequences.

The patient's follow through in treatment is limited or inconsistent, and his or her relapse problems are escalating to such a degree that treatment at a less intensive level of care is not succeeding or not feasible.

For example, the patient continues to evidence self-harm behaviors or suicidal ideation or impulses with a plan to commit suicide, but agrees to reach out if seriously suicidal, and is assessed as capable of enough internal control to do so. Or the patient's continuing substance-induced mood states or psychotic symptoms are resolving, but his or her difficulties in remaining abstinent and craving for use are exacerbating his or her psychiatric symptoms.

6 DIMENSION 6: Recovery Environment

All Programs
The patient's status in Dimension 6 is characterized by at least ***one*** of the following:

a. The patient requires continuous medical monitoring while addressing his or her substance use and/or psychiatric symptoms because his or her current living situation is characterized by a high risk of initiation or repetition of physical, sexual, or emotional abuse, or active substance use, such that the patient is assessed as being unable to achieve or maintain recovery at a less intensive level of care. For example, the patient is involved in an abusive relationship with an actively using significant other;

ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

All Programs
The patient who is appropriately admitted to a Level 3.7 program meets specifications in at least ***two*** of the six dimensions, at least ***one*** of which is in Dimension 1, 2, or 3.

6 DIMENSION 6:
Recovery Environment

or

b. Family members or significant others living with the patient are not supportive of his or her recovery goals and are actively sabotaging treatment, or their behavior jeopardizes recovery efforts. This situation requires structured treatment services and relief from the home environment in order for the patient to focus on recovery;

or

c. The patient is unable to cope, for even limited periods of time, outside of 24-hour care. The patient needs staff monitoring to learn to cope with Dimension 6 problems before he or she can be transferred safely to a less intensive setting.

Co-Occurring Enhanced Programs
The patient's status in Dimension 6 is characterized by severe psychiatric symptoms. He or she may be too compromised to benefit from skills training to learn to cope with problems in the recovery environment. Such a patient requires planning for assertive community treatment, intensive case management, or other community outreach and support services.

Such a patient's living, working, social, and/or community environment is not supportive of addiction and/or psychiatric recovery. He or she has insufficient resources and skills to deal with this situation. For example, the patient may be unable to cope with a hostile family member with alcohol use disorder, and thus exhibits increasing anxiety and depression. Such a patient needs the support and structure of a Level 3.7 co-occurring enhanced program to achieve stabilization and prevent further decompensation.

a ADOLESCENT DIAGNOSTIC ADMISSION CRITERIA

The adolescent who is appropriately placed in a Level 3.7 program meets the diagnostic criteria for a moderate or severe substance use or addictive disorder, as defined in the current *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) of the American Psychiatric Association or other standardized and widely accepted criteria, as well as the dimensional criteria for admission.

If the adolescent's presenting history is conflicting or inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information provided by collateral parties (such as family members, legal guardians, and significant others).

a ADOLESCENT DIMENSIONAL ADMISSION CRITERIA

The adolescent who is appropriately admitted to a Level 3.7 program meets specifications in ***two*** of the six dimensions, at least ***one*** of which is in Dimension 1, 2, or 3.

1 DIMENSION 1:
Acute Intoxication and/or Withdrawal Potential

The adolescent's status in Dimension 1 is characterized by the following:

The adolescent is experiencing or at risk of acute or subacute intoxication or withdrawal, with moderate to severe signs and symptoms. He or she needs 24-hour treatment services, including the availability of active medical and nursing monitoring to manage withdrawal, support engagement in treatment, and prevent immediate continued use. Alternatively, the adolescent has a history of failure in treatment at the same or a less intensive level of care.

DOCUMENTATION

All Programs

Documentation standards for Level 4 programs include individualized progress notes in each patient's record for every shift. Such notes clearly reflect implementation of the treatment plan and the patient's response to therapeutic interventions for all disorders treated, as well as subsequent amendments to the plan.

The focus of documentation is the degree of stabilization of the patient's substance-related disorder and any concurrent biomedical, emotional, behavioral, or cognitive problem(s). Documentation also focuses on the elements of the treatment plan that are related to case management and coordination of care to ensure a smooth transition to continuing service or another level of care.

ADULT DIAGNOSTIC ADMISSION CRITERIA

All Programs

The patient who is appropriately placed in a Level 4 program is assessed as meeting the diagnostic criteria for a substance use or substance-induced disorder, as defined in the current Diagnostic and Statistical Manual of Mental Disorders (DSM) of the American Psychiatric Association or other standardized and widely accepted criteria, as well as the dimensional criteria for admission.

If the patient's presenting alcohol or other drug use history is inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information submitted by collateral parties (such as family members, legal guardians, and significant others).

Co-Occurring Capable Programs

Some patients have co-occurring mental disorders that meet stability criteria for admission to a co-occurring capable program. Other patients may have difficulties with mood, behavior, or cognition as the result of other psychiatric or substance-induced disorders, or the patient's emotional, behavioral, or cognitive symptoms may be troublesome but not sufficient to meet the criteria for a diagnosed mental disorder.

Co-Occurring Enhanced Programs

In contrast to the diagnostic criteria described above for co-occurring capable programs, the patient who is appropriately placed in a Level 4 co-occurring enhanced program is assessed as meeting the diagnostic criteria for a mental disorder as well as a substance use or substance-induced disorder, as defined in the current Diagnostic and Statistical Manual of Mental Disorders (DSM) of the American Psychiatric Association or other standardized and widely accepted criteria, as well as the dimensional criteria for admission.

If the patient's presenting history is inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information submitted by collateral parties (such as family members, legal guardians, and significant others).

ADULT DIMENSIONAL ADMISSION CRITERIA

All Programs
The patient who is appropriately admitted to a Level 4 program meets specifications in at least ***one*** of Dimensions 1, 2, or 3.

1 DIMENSION 1:
Acute Intoxication and/or Withdrawal Potential

All Programs
See separate withdrawal management chapter for how to approach "unbundled" withdrawal management for adults.

2 DIMENSION 2:
Biomedical Conditions and Complications

All Programs
The patient's status in Dimension 2 is characterized by at least ***one*** of the following:

a. Biomedical complications of the addictive disorder require medical management and skilled nursing care;
or
b. A concurrent biomedical illness or pregnancy requires stabilization and daily medical management, with daily primary nursing interventions;
or
c. The patient has a concurrent biomedical condition(s) (including pregnancy) in which continued alcohol or other drug use presents an imminent danger to life or severe danger to health;
or
d. The patient is experiencing recurrent or multiple seizures;
or
e. The patient is experiencing a disulfiram-alcohol reaction;
or
f. The patient has life-threatening symptoms (such as stupor or convulsions) that are related to use of alcohol, tobacco, and/or other drugs;
or
g. The patient's alcohol, tobacco, and/or other drug use is gravely complicating or exacerbating a previously diagnosed medical condition;
or
h. Changes in the patient's medical status, such as significant worsening of a medical condition, make abstinence imperative;
or
i. Significant improvement in a previously unstable medical condition allows the patient to respond to addiction treatment;
or
j. The patient has (an)other biomedical problem(s) that requires 24-hour observation and evaluation.

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

All Programs
The patient whose status in Dimension 3 is characterized by stabilized emotional, behavioral, or cognitive conditions is appropriately assessed as in need of Level 4 co-occurring capable program services.

On the other hand, if the patient's symptoms in Dimension 3 are so severe as to require admission to a Level 4 program, then only a co-occurring enhanced program is sufficient to meet the patient's needs.

ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

All Programs
The patient who is appropriately admitted to a Level 4 program meets specifications in at least ***one*** of Dimensions 1, 2, or 3.

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

Co-Occurring Enhanced Programs
For admission to a Level 4 co-occurring enhanced program, the patient's status in Dimension 3 is characterized by at least ***one*** of the following:

a. Emotional, behavioral, or cognitive complications of the patient's addictive disorder require psychiatric management and skilled nursing care;
or
b. A concurrent emotional, behavioral, or cognitive illness requires stabilization, daily psychiatric management, and primary nursing interventions;
or
c. The patient's uncontrolled behavior poses an imminent danger to self or others;
or
d. The patient's mental confusion or fluctuating orientation poses an imminent danger to self or others (for example, severe self-care problems, violence, or suicide);
or
e. A concurrent serious emotional, behavioral, or cognitive disorder complicates the treatment of addiction and requires differential diagnosis and treatment;
or
f. The patient's extreme depression poses an imminent risk to his or her safety;
or
g. Impairment of the patient's thought processes or abstract thinking, limitations in his or her ability to conceptualize, and impairment in the patient's ability to manage the activities of daily living pose an imminent risk to his or her safety;
or
h. The patient's continued alcohol, tobacco, and/or drug use is causing grave complications or exacerbation of a previously diagnosed psychiatric, emotional, or behavioral condition;
or
i. The patient is experiencing altered mental status, with or without delirium, as manifested by: (1) disorientation to self, or (2) alcoholic hallucinosis, or (3) toxic psychosis.

4 DIMENSION 4:
Readiness to Change

All Programs
Only a patient who meets criteria in Dimensions 1, 2, or 3 is appropriately placed in a Level 4 program. Problems in Dimension 4 alone are not sufficient for placement at Level 4.

5 DIMENSION 5:
Relapse, Continued Use, or Continued Problem Potential

All Programs
Only a patient who meets criteria in Dimensions 1, 2, or 3 is appropriately placed in a Level 4 program. Problems in Dimension 5 alone are not sufficient for placement at Level 4.

6 DIMENSION 6:
Recovery Environment

All Programs
Only a patient who meets criteria in Dimensions 1, 2, or 3 is appropriately placed in a Level 4 program. Problems in Dimension 6 alone are not sufficient for placement at Level 4.

Opioid Treatment Criteria

DIAGNOSTIC ADMISSION CRITERIA

The patient who is appropriately placed in an opioid treatment program is assessed as meeting the diagnostic criteria for severe opioid use disorder, as defined in the current *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) or other standardized and widely accepted criteria, aside from those exceptions listed in 42 CFR 8.12.

If the patient's drug use history is inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information submitted by other health care professionals and programs and collateral parties (such as family members, legal guardians, or significant others).

Individuals who are admitted to treatment with methadone or buprenorphine must demonstrate specific objective and subjective signs of opioid use disorder, as defined in 42 CFR 8.12.

OPIOID TREATMENT PROGRAM DIMENSIONAL ADMISSION CRITERIA

The patient who is appropriately placed in an opioid treatment program is assessed as meeting the required specifications in Dimensions 1 through 6.

1 DIMENSION 1:
Acute Intoxication and/or Withdrawal Potential

In Dimension 1, the patient meets specifications as indicated in 42 CFR 8.12 (e):

Patient admission criteria

1. **Maintenance treatment**

"An OTP shall maintain current procedures designed to ensure that patients are admitted to maintenance treatment by qualified personnel who have determined, using accepted medical criteria such as those listed in the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*), that the person is currently addicted to an opioid drug, and that the person became addicted at least 1 year before admission for treatment. In addition, a program physician shall ensure that each patient voluntarily chooses maintenance treatment and that all relevant facts concerning the use of the opioid drug are clearly and adequately explained to the patient, and that each patient provides informed written consent to treatment."

2. **Maintenance treatment for persons under age 18**

"A person under 18 years of age is required to have had two documented unsuccessful attempts at short-term withdrawal management or drug-free treatment within a 12-month period to be eligible for maintenance treatment. No person under 18 years of age may be admitted to maintenance treatment unless a parent, legal guardian, or responsible adult designated by the relevant state authority consents in writing to such treatment."

3. **Maintenance treatment admission exceptions**

"If clinically appropriate, the program physician may waive the requirement of a 1-year history of addiction under part (e), paragraph (1), of 42 CFR 8.12, for patients released from penal institutions (within 6 months after release), for pregnant patients (program physician must certify pregnancy), and for previously treated patients (up to 2 years after discharge)."

OPIOID TREATMENT PROGRAM DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

1 DIMENSION 1:
Acute Intoxication and/or Withdrawal Potential

[42 CFR 8.2]
Opioid addiction is described in 42 CFR 8.2 "as a cluster of cognitive, behavioral, and physiological symptoms in which the individual continues use of [opioids] despite significant [opioid]-induced problems. [Opioid use disorder] is characterized by repeated self-administration that usually results in [opioid] tolerance, withdrawal symptoms, and compulsive drug taking." Addiction involving the use of opioids is defined by ASAM through the ASAM Definition of Addiction.

Opioid use disorder as described in the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (*DSM-5*) may occur with or without the physiological symptoms of tolerance and withdrawal.

The patient's current physiological dependence (in addition to a history of addiction) is confirmed by vital signs, early physical signs of narcotic withdrawal, a urine screen that is positive for opioids, the presence of old or fresh needle marks, and documented reports from medical professionals, the patient or family, treatment history, or (if necessary) a positive reaction to a naloxone test.

2 DIMENSION 2:
Biomedical Conditions and Complications

In Dimension 2, the patient meets specifications in ***one*** of the following:

a. The patient meets the biomedical criteria for opioid use disorder, with or without the complications of opioid addiction, and requires outpatient medical monitoring and skilled care;
or
b. The patient has a concurrent biomedical illness or pregnancy, which can be treated on an outpatient basis with minimal daily medical monitoring;
or
c. The patient has biomedical problems that can be managed on an outpatient basis, such as liver disease or problems with potential hepatic decomposition, pancreatitis, gastrointestinal problems, cardiovascular disorders, HIV and AIDS, sexually transmitted diseases, and tuberculosis.

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

In Dimension 3, the patient meets specifications in ***one*** of the following:

a. The patient's emotional, behavioral, or cognitive problems, if present, are manageable in an outpatient structured environment;
or
b. The patient's substance-related abuse or neglect of his or her spouse, children, or significant others requires intensive outpatient treatment to reduce the risk of further deterioration;
or
c. The patient has a diagnosed and stable emotional, behavioral, or cognitive problem or thought disorder (such as stable borderline personality disorder or obsessive-compulsive disorder) that requires monitoring, management, or medication because of the risk that the problem(s) will distract the patient from his or her focus on treatment;
or
d. The patient poses a mild risk of harm to self or others, with or without a history of severe depression, suicidal or homicidal behavior, but can be managed safely in a structured outpatient environment;
or
e. The patient demonstrates emotional and behavioral stability but requires continued pharmacotherapy to prevent relapse to opioid use.

OPIOID TREATMENT PROGRAM DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

4 DIMENSION 4: Readiness to Change

In Dimension 4, the patient meets specifications in ***one*** of the following:

a. The patient requires structured therapy, pharmacotherapy, and programmatic milieu to promote treatment progress and recovery;

or

b. The patient attributes his or her problems to persons or external events rather than to the substance-related disorder. He or she is thus uninterested in making behavioral changes in the absence of clinically directed and repeated structured motivational interventions. However, the patient's low interest in recovery does not render treatment ineffective.

5 DIMENSION 5: Relapse, Continued Use, or Continued Problem Potential

In Dimension 5, the patient meets specifications in ***one*** of the following:

a. The patient requires structured therapy, pharmacotherapy, and a programmatic milieu to promote treatment progress because he or she attributes continued relapse to physiologic craving or the need for opioids;

or

b. Despite active participation in other treatment interventions without provision for opioid pharmacotherapy, the patient is experiencing an intensification of addiction symptoms (such as difficulty in postponing immediate gratification and related drug-seeking behavior) or continued high-risk behaviors (such as shared needle use), and his or her level of functioning is deteriorating, despite revisions of the treatment plan;

or

c. The patient is at high risk of relapse to opioid use without opioid pharmacotherapy, close outpatient monitoring, and structured support (as indicated by his or her lack of awareness of relapse triggers, difficulty in postponing immediate gratification or ambivalence toward or low interest in treatment);

or

d. The patient is pregnant and requires continued opioid pharmacotherapy to avert repeated episodes of withdrawal by the fetus and ensure its continued health.

6 DIMENSION 6: Recovery Environment

In Dimension 6, the patient meets specifications in ***one*** of the following:

a. The patient has a sufficiently supportive psychosocial environment to render opioid pharmacotherapy feasible. For example, significant others are supportive of recovery efforts, the patient's workplace is supportive, the patient is subject to legal coercion, the patient has adequate transportation to the program, and the like;

or

b. The patient's family members or significant others are supportive, but require professional intervention to improve the patient's likelihood of treatment success (such as assistance with limit-setting, communication skills, avoiding rescuing behaviors, education about opioid pharmacotherapy treatment and HIV-risk avoidance, and the like);

or

c. The patient does not have a positive social support system to assist with immediate recovery efforts, but he or she has demonstrated motivation to obtain such a support system or to pursue (with assistance) an appropriate alternative living environment;

or

d. The patient has experienced traumatic events in his or her recovery environment (such as physical, emotional, sexual, or domestic abuse) or has manifested the effects of emotional, behavioral, or cognitive problems in the environment (such as criminal activity), but these are manageable on an outpatient basis.

Continued Service Criteria

Continued Service Criteria

It is appropriate to retain the patient at the present level of care if:

A The patient is making progress, but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the patient to continue to work toward his or her treatment goals;
or

B The patient is not yet making progress, but has the capacity to resolve his or her problems. He or she is actively working toward the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the patient to continue to work toward his or her treatment goals;
and/or

C New problems have been identified that are appropriately treated at the present level of care. The new problem or priority requires services, the frequency and intensity of which can only safely be delivered by continued stay in the current level of care. The level of care in which the patient is receiving treatment is therefore the least intensive level at which the patient's new problems can be addressed effectively.

To document and communicate the patient's readiness for discharge or need for transfer to another level of care, each of the six dimensions of the ASAM criteria should be reviewed. If the criteria apply to the patient's existing or new problem(s), the patient should continue in treatment at the present level of care. If not, refer to the Transfer/Discharge Criteria provided in this section.

For continued service, typical findings in each of the six dimensions follow for both adult and adolescent, with examples given.

ADULT AND ADOLESCENT CONTINUED SERVICE CRITERIA

1 DIMENSION 1: Acute Intoxication and/or Withdrawal Potential

Signs and symptoms indicate the continued presence of the intoxication or withdrawal problem that required admission to the present level of care. The problem requires monitoring or withdrawal management services that can be provided effectively only at the present level of care.

Example (Continued Service Criterion A):
A patient in a Level 3.7-WM program is improving, but continues to experience withdrawal anxiety, tremors, and increased pulse rate and blood pressure related to withdrawal. The patient continues to require withdrawal management medications and nurse monitoring every 8 hours. Therefore, continued treatment can be provided effectively only in a Level 3.7-WM service.

ADULT AND ADOLESCENT CONTINUED SERVICE CRITERIA (CONTINUED)

2 DIMENSION 2: Biomedical Conditions and Complications

The physical health problem that required admission to the present level of care, or a new problem, requires biomedical services that can be provided effectively only at the present level of care.

a Adolescent Example (Continued Service Criterion B):
An adolescent patient in a Level 3.7 program who has experienced significant weight loss from a co-occurring disorder (anorexia nervosa) has not yet regained sufficient weight to allow safe transfer to a less intensive level of care. However, the adolescent is following through with the treatment plan. He or she needs further medical monitoring and 24-hour nurse management to monitor for insomnia, excessive exercise, or purging behavior, and to provide dietary structure. These services can be provided effectively only in a Level 3.7 program.

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

The emotional, behavioral, and/or cognitive problem that required admission to the present level of care continues, or a new problem has appeared. This problem requires interventions than can be provided effectively only at the present level of care.

Example (Continued Service Criterion B):
A patient in a Level 2.5 program has substance-induced depressive symptoms and suicidal ideation persisting beyond the "crash" of cocaine withdrawal. The patient thus requires consistent monitoring of depression and suicidal ideation at a frequency that can be provided effectively in a co-occurring enhanced Level 2.5 program.

Example (Continued Service Criterion C):
Following a methamphetamine binge, a patient in a Level 2.5 setting has cognitive and impulse control problems beyond what might be seen as self-limiting or substance-induced. The patient thus requires consistent behavioral interventions at a frequency that can be provided effectively only in a Level 2.5 program.

4 DIMENSION 4: Readiness to Change

The patient continues to demonstrate a need for engagement and motivational enhancement that can be provided effectively only at the present level of care.

Example (Continued Service Criterion A):
A patient in a Level 2.1 program is attending group sessions and has articulated increasing awareness that his marijuana and alcohol use have negatively affected his work or school performance and family relationships. However, the patient is not yet implementing recommended changes in his friends and recovery support groups. Further family work, employer involvement, peer confrontation, and education about addiction are thus required to increase the patient's readiness to change. The family and employer or school counselor sessions are to explore if there is leverage to increase incentives for the patient to embrace recovery. The peer confrontation and intensive groups can hold him accountable as he tries his own "strong willpower" and "I can just stop" methods to achieve abstinence. These motivational enhancement strategies are of such intensity that they can be provided effectively only in a Level 2.1 program.

ADULT AND ADOLESCENT CONTINUED SERVICE CRITERIA (CONTINUED)

5 DIMENSION 5:
Relapse, Continued Use, or Continued Problem Potential

The patient continues to demonstrate a problem, or has developed a new problem, that requires coping skills and strategies to prevent relapse, continued use, or continued problems. These strategies can be provided effectively only at the present level of care.

Example (Continued Service Criterion B):
A patient in a Level 1 program continues to experience cravings to drink on a daily basis, but is willing to continue addressing her alcohol problem. She is attending group therapy twice a week and Alcoholics Anonymous meetings four days a week. Even though there was a brief "slip" during which the patient drank two glasses of wine, she talked about it in group and identified the relevant relapse triggers and situations. Moreover, she articulated plans to avoid the friends and the parties associated with the slip. Continued service is required and can be provided effectively at Level 1.

6 DIMENSION 6:
Recovery Environment

The patient continues to demonstrate a problem in his or her recovery environment, or has a new problem, that requires coping skills and support system interventions. These interventions can be provided effectively only at the present level of care.

Adolescent Example (Continued Service Criterion C):
In a Level 3.5 program, family work has uncovered the fact that an adolescent patient is a victim of incest. As the effects of her use of alcohol, cocaine, and marijuana have cleared, the patient has become increasingly distressed, and her father, who has an alcohol use disorder, has become unwilling to attend family sessions. The individual and group strategies to help the adolescent cope with her emotional distress, as well as her relationship with her father, without reverting to substance use, can be provided effectively only in a Level 3.5 program. In addition, the family work is sufficiently intense that continued treatment at Level 3.5 is necessary until staff and social services can clarify whether the adolescent will require placement outside the family home to permit full recovery.

Transfer & Discharge Criteria

To document and communicate the patient's readiness for discharge or need for transfer to another level of care, each of the six dimensions of the ASAM criteria should be reviewed. If the criteria apply to the existing or new problem(s), the patient should be discharged or transferred, as appropriate. If not, refer to the continued service criteria provided in this section.

For transfer/discharge service, adult and adolescent findings in each of the six dimensions, as well as examples, follow.

Transfer/Discharge Criteria

It is appropriate to transfer or discharge the patient from the present level of care if he or she meets the following criteria:

A. The patient has achieved the goals articulated in his or her individualized treatment plan, thus resolving the problem(s) that justified admission to the present level of care. Continuing the chronic disease management of the patient's condition at a less intensive level of care is indicated;
or

B. The patient has been unable to resolve the problem(s) that justified admission to the present level of care, despite amendments to the treatment plan. The patient is determined to have achieved the maximum possible benefit from engagement in services at the current level of care. Treatment at another level of care (more or less intensive) in the same type of service, or discharge from treatment, is therefore indicated;
or

C. The patient has demonstrated a lack of capacity due to diagnostic or co-occurring conditions that limit his or her ability to resolve his or her problem(s). Treatment at a qualitatively different level of care or type of service, or discharge from treatment, is therefore indicated;
or

D. The patient has experienced an intensification of his or her problem(s), or has developed a new problem(s), and can be treated effectively only at a more intensive level of care.

ADULT AND ADOLESCENT TRANSFER/DISCHARGE CRITERIA

1 DIMENSION 1:
Acute Intoxication and/or Withdrawal Potential

The patient's intoxication or withdrawal problem has improved sufficiently to allow monitoring or withdrawal management services to be provided at a less intensive level of care. Or the patient's condition has worsened to a point at which more intensive monitoring or withdrawal management services are required.

Example (Transfer/Discharge Criterion A):
A patient in a Level 3.7-WM program exhibits significant and stable improvement in her withdrawal anxiety, tremors, pulse rate, and blood pressure that nurse monitoring no longer is necessary. The patient's treatment can continue in a Level 2-WM program.

ADULT AND ADOLESCENT TRANSFER/DISCHARGE CRITERIA (CONTINUED)

2 DIMENSION 2:
Biomedical Conditions and Complications

The patient's physical health has improved sufficiently to allow biomedical services to be provided effectively at a less intensive level of care. Or the patient's condition has worsened to a point at which more intensive biomedical services are necessary.

Example (Transfer/Discharge Criterion B):
A patient in a Level 3.7 program exhibits worsening breathing difficulties and is showing evidence of more frequent asthma attacks. Therefore, daily medical management, 24-hour nurse monitoring, and intravenous therapy in a Level 4 program are required.

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

The patient's functioning has improved sufficiently to allow interventions or services to be provided effectively at a less intensive level of care. Or the patient's condition has worsened to a point at which more intensive services are necessary.

Example (Transfer/Discharge Criterion C):
A patient in a Level 2.5 program has not been able to resolve her depression and suicidal ideation despite behavioral, individual, and group therapy. The patient now requires more specific and structured mental health interventions, in addition to the addiction treatment. The medical monitoring, 24-hour nurse monitoring, medication management, other mental health services, and environmental structure the patient needs can be provided effectively only in a psychiatrically oriented Level 3.7 co-occurring enhanced service. If such a service is unavailable, transfer to a Level 4 psychiatric service is indicated.

a **Adolescent Example (Transfer/Discharge Criteria B and C):**
An adolescent patient in a Level 3.7 program is chronically disruptive and overstimulated, and has not developed coping skills to resist the negative peer influences that provoked similar behavior and drug use prior to admission. The adolescent also is unable to integrate or make use of therapeutic activities, materials, and behavior management techniques utilized in the program. Further evaluation was completed once the adolescent had cleared more cognitively from her heavy drug use. It showed that the adolescent has baseline cognitive impairment in the moderate range of intellectual disability (intellectual developmental disorder in the *DSM-5*). If the Level 3.7 program cannot provide the specialty services and programming needed to treat this degree of cognitive impairment, the adolescent should be transferred to a program that offers such specialty treatment (for example, a specialized Level 3.7, or Level 3.5, program with high-intensity special education services, or a Level 2.5 specialty program with adequate home environment supports) (Criterion (b)).

If, after such specialty treatment is provided, the adolescent is assessed as incapable of developing the necessary coping skills (Criterion (c)) because of the cognitive impairment, then an appropriate placement would involve transfer to a program that can provide indefinite monitoring and supervision (such as a Level 3.1 group home).

Alternatively, the adolescent could be transferred to a program in which long-term vocational training and/or other habilitative services are provided as substitutes for the internalization of coping skills.

ADULT AND ADOLESCENT TRANSFER/DISCHARGE CRITERIA (CONTINUED)

4 DIMENSION 4:
Readiness to Change

The patient's stage of readiness to change has improved sufficiently to allow interventions or strategies to be provided effectively at a less intensive level of care. Or the patient has demonstrated sustained lack of interest in changing; or a lack of progress to such a degree that further interventions at the present level of care will be ineffective and/or decrease the patient's willingness to engage in treatment. Transfer to another level of care will permit the use of different strategies to engage the patient in treatment and enhance his or her readiness to change.

Example (Transfer/Discharge Criterion B):
A patient in a Level 2.1 program demonstrates an increasingly fixed belief that he does not have a drinking problem, despite education about addiction, motivational strategies involving the family, and group treatment. The patient asserts that he has no thoughts of drinking, no urges to use, a good understanding of what alcohol can do to his life, and an awareness of his overuse in the past. However, the patient insists that these behaviors were associated with the pressures of starting a new job or school, thus exhibiting inaccurate symptom attribution. Despite his family's and the treatment team's concern that the patient has a more severe problem than he is able to acknowledge, the patient is convinced his problematic use was temporary and is now under control. The patient is not ready to engage in recovery treatment, but is willing to attend a weekly group session and to abstain from alcohol for three months to demonstrate to treatment professionals and family members that he does not have a drinking problem. His family is willing to continue in family therapy. These motivational services can be provided effectively in a Level 1 program. The patient thus can be transferred from Level 2.1.

Example (Transfer/Discharge Criterion B):
A patient in a Level 0.5 program has been sporadic with attendance at drinking and driving education classes. The patient's focus on his legal problems and his intense anger at being compared to his father, who has an alcohol use disorder, make it difficult for him to grasp that he has a problem and to listen attentively enough to commit to change. Transfer to a Level 1 outpatient program for further evaluation and motivational enhancement therapy therefore is indicated.

Example (Transfer/Discharge Criterion C):
A patient with a schizophrenic disorder who has smoked marijuana daily for almost 25 years is sporadically attending a Level 2.5 co-occurring enhanced program while residing in a Level 3.1 therapeutic group home. Despite a variety of interventions, including intensive case management, assertive community treatment, and motivational enhancement therapy, the patient is making no progress toward his recovery goals. He is convinced that marijuana relieves his chronic hallucinations (which have not responded to other treatment), despite clear evidence that the marijuana actually makes the hallucinations worse. The patient's chronic signs and symptoms prevent any meaningful engagement in recovery activities.

The patient's lack of capacity to resolve his delusions requires strategies that are designed for maintenance of basic functioning and self-care. The patient thus is appropriately transferred from the Level 2.5 co-occurring enhanced program to a Level 1 co-occurring enhanced service, where the focus will be on maximizing control of the symptoms of schizophrenia and limiting his access to drugs. For his living situation, he will be transferred from the Level 3.1 therapeutic group home to a more structured Level 3.1 service to focus on interventions such as simple behavioral contingencies and limiting the patient's access to marijuana through custodial supervision in a controlled and structured environment.

ADULT AND ADOLESCENT TRANSFER/DISCHARGE CRITERIA (CONTINUED)

5 DIMENSION 5:
Relapse, Continued Use, or Continued Problem Potential

The patient's coping skills have improved sufficiently that strategies to prevent relapse or continued use can be provided effectively at a less intensive level of care. Or the patient has demonstrated a regression or lack of progress so significant that further interventions at the present level of care will not enhance his or her ability to prevent relapse or continued use, and/or will decrease the patient's willingness to engage in treatment. Transfer to another level of service will allow different strategies to be employed to engage the patient in treatment and enhance his or her ability to prevent relapse or continued use.

Example (Transfer/Discharge Criterion D):
A patient in a Level 2.5 program has experienced intense thoughts of alcohol and other drug use, cravings, and impulses to use for more than two weeks. Her ability to cope is deteriorating, despite more focused role-playing to enhance peer refusal skills, other behavioral techniques, attendance at AA meetings, and increased individual sessions. Because the patient becomes depressed and suicidal when drinking, and, over the past two days, has been drinking daily, she is appropriately transferred to a Level 3.5 program.

6 DIMENSION 6:
Recovery Environment

The patient's environment and/or ability to cope with it have improved sufficiently to allow interventions or services to be provided effectively at a less intensive level of care. Or the patient's recovery environment and/or ability to cope with it have worsened to such a degree that the patient requires transfer to another level of care, where different interventions or strategies can be provided.

a Adolescent Example (Transfer/Discharge Criterion C):
The physically and sexually abusive father of an adolescent patient in a Level 3.5 program continues to use alcohol and refuses attendance at family meetings. There is no foreseeable way of making the patient's home environment safe. She continues to have difficulty in coping with anxiety and stress reactions, but has accommodated to the need for an out-of-home placement. Transfer to a Level 3.1 safe living environment, with concurrent Level 2.5 services, is needed to strengthen her ability to cope with both her substance use problem and her safety issues with her father.