ASAM Criteria

This document includes the ASAM criteria in the addressing withdrawal management and level of care placement chapters. See an ASAM book and/or online format for additional detail. For example, ASAM has risk-rating matrixes for various substances in the online format.

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A. ADDRESSING WITHDRAWAL MANAGEMENT

1. Treatment Levels & Comparison of Withdrawal Management Services

The ASAM Criteria matches a patient's severity of illness along Dimension 1 with five intensities of withdrawal management service: Level 1-WM, Level 2-WM, Level 3.2-WM, Level 3.7-WM, and Level 4-WM. The qualifier "WM" designates a withdrawal management service within the broad division (such as Level 3.2-WM, Clinically Managed Residential Withdrawal Management services or Social Setting Withdrawal Management).

In the adult criteria, a particular withdrawal management service can be provided separately ("unbundled") from other treatment services. When such services are provided separately, a sufficiently comprehensive biopsychosocial screening assessment and linkage to addiction management services is essential to avoid the circumstance in which patients revolve through acute care facilities in repeated cycles of acute stabilization and relapse (the "revolving door syndrome").

For withdrawal management provided in conjunction with treatment for co-occurring conditions identified in the comprehensive biopsychosocial screening assessment, *The ASAM Criteria* calls for the patient to be placed in the level of care appropriate to the most acute problem.

While *The ASAM Criteria* describes five levels of withdrawal management, staffing at any given level may be structured to provide a range of intensities of service. For example, withdrawal management of some patients can be carried out in the office (Level 1-WM) or in more structured outpatient settings (Level 2-WM) without the use of beds or intensive nursing monitoring. Intensive medical monitoring is required for Level 2-WM because the patients are at risk rating scores of 2 and 3, indicating moderate to significant risk in withdrawal. Other patients may need to be monitored for a period of time before an appropriate determination can be made. (Such monitoring can, at times, be carried out in what is technically considered an outpatient setting, but may require an even more structured service, such as a "23-hour observation bed.") Some withdrawal management programs that are described as Level 3 may have the capacity for more or less intensive medical monitoring of withdrawal management. For example, Level 3.2-WM social setting withdrawal management may provide only minimal medical monitoring, while a Level 3.7-WM withdrawal management service includes significant medical monitoring.

2. General Note

The same diagnostic criteria apply to all levels of withdrawal management (WM) care, with two exceptions. All patients who are appropriately placed in any level (1-WM through 4-WM) of withdrawal management meet the diagnostic criteria for substance withdrawal disorder of the current *Diagnostic and Statistical Manual of Mental Disorders* of the American Psychiatric Association or other standardized and widely accepted criteria, as well as the dimensional criteria for admission.

The only exceptions, however, are that in the case of Levels 1-WM and 2-WM, for patients whose presenting alcohol or other drug history is inadequate to substantiate such a diagnosis,

information provided by collateral parties (such as family members or a legal guardian) can indicate a high probability of such a diagnosis, subject to confirmation by further evaluation.

3. Level 1-WM: Ambulatory Withdrawal Management without Extended On-Site Monitoring

Level 1-WM withdrawal management is an organized outpatient service, which may be delivered in an office setting, a health care or addiction treatment facility, or in a patient's home by trained clinicians who provide medically supervised evaluation, withdrawal management, and referral services according to a predetermined schedule. Services are provided in regularly scheduled sessions and should be delivered under a defined set of policies and procedures or medical protocols.

EXAMPLES OF SERVICE DELIVERY

Physician's office or home health care agency.

SUPPORT SYSTEMS

In Level 1-WM withdrawal management, support systems feature the following:

Availability of specialized psychological and psychiatric consultation and supervision for biomedical, emotional, behavioral, and cognitive problems as indicated.

Ability to obtain a comprehensive medical history and physical examination of the patient at admission.

Affiliation with other levels of care, including other levels of specialty addiction treatment, for additional problems identified through a comprehensive biopsychosocial assessment.

Ability to conduct and/or arrange for appropriate laboratory and toxicology tests, which can be point-of-care testing.

24-hour access to emergency medical consultation services should such services become indicated.

Ability to provide or assist in accessing transportation services for patients who lack safe transportation.

STAFF

Level 1-WM withdrawal management services are staffed by physicians and nurses, who are essential to this type of service, although they need not be present in the treatment setting at all times. (In states where physician assistants or nurse practitioners are licensed as physician extenders, they may perform the duties designated for a physician under collaborative agreements or other requirements of the medical practice act in the given jurisdiction.)

Because Level 1-WM withdrawal management is conducted on an outpatient basis, it is important for medical and nursing personnel to be readily available to evaluate and confirm that

withdrawal management in the less supervised setting is relatively safe. (These services are distinguished from Level 3.2-WM services.) Physicians do not need to be certified as addiction specialist physicians and nurses do not need to be certified as addiction nurses, but training and experience in assessing and managing intoxication and withdrawal states is, of course, necessary.

The services of counselors, psychologists, and social workers may be available through the withdrawal management service, or may be accessed through affiliation with other entities providing Level 1 services.

All clinicians who assess and treat patients are able to obtain and interpret information regarding the needs of these persons, and are knowledgeable about the biopsychosocial dimensions of alcohol, tobacco, and other substance use disorders. Such knowledge includes the signs and symptoms of alcohol and other drug intoxication and withdrawal, as well as the appropriate treatment and monitoring of those conditions and how to facilitate the individual's entry into ongoing care.

THERAPIES

Therapies offered by Level 1-WM withdrawal management services include individual assessment, medication or non-medication methods of withdrawal management, patient education, non-pharmacological clinical support, involvement of family members or significant others in the withdrawal management process, and discharge or transfer planning, including referral for counseling and involvement in community recovery support groups.

Therapies also include physician and/or nurse monitoring, assessment, and management of signs and symptoms of intoxication and withdrawal.

ASSESSMENT/TREATMENT PLAN REVIEW

In Level 1-WM withdrawal management programs, elements of the assessment and treatment plan review include:

An addiction-focused history, obtained as part of the initial assessment and conducted by or reviewed by a physician during the admission process.

A physical examination by a physician, physician assistant, or nurse practitioner, performed within a reasonable time frame as part of the initial assessment.

Sufficient biopsychosocial screening assessments to determine the level of care in which the person should be placed and for the individualized care plan to address treatment priorities identified in Dimensions 2 through 6.

An individualized treatment plan, including problem identification in Dimensions 2 through 6 and development of treatment goals and measurable treatment objectives, as well as activities designed to meet those objectives as they apply to the management of the withdrawal syndrome.

Daily assessment of progress during withdrawal management and any treatment changes (or less frequent, if the severity of withdrawal is sufficiently mild or stable).

Transfer/discharge planning, beginning at the point of admission to Level 1-WM services.

Referral and linking arrangements for counseling, medical, psychiatric, and continuing care.

DOCUMENTATION

Documentation standards of Level 1-WM services include progress notes in the patient record that clearly reflect implementation of the treatment plan and the patient's response to treatment, as well as subsequent amendments to the plan.

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

Length of Service/Continued Service and Discharge Criteria

The patient continues in Level 1-WM withdrawal management services until:

1. Withdrawal signs and symptoms are sufficiently resolved that he or she can participate in self-directed recovery or ongoing treatment without the need for further medical or nursing withdrawal management monitoring; or,

2. The patient's signs and symptoms of withdrawal have failed to respond to treatment, and have intensified such that transfer to a more intensive level of withdrawal management service is indicated; or,

3. The patient is unable to complete withdrawal management at Level 1-WM, despite an adequate trial. For example, he or she is experiencing intense craving and evidences insufficient coping skills to prevent continued alcohol, tobacco, and/or other drug use concurrent with the withdrawal management medication, indicating a need for more intensive services (such as addition of a supportive living environment).

4. Level 2-WM: Ambulatory Withdrawal Management with Extended On-Site Monitoring

Level 2-WM withdrawal management is an organized service, which may be delivered in an office setting, a general health care or mental health care facility, or an addiction treatment facility by medical and nursing professionals who provide evaluation, withdrawal management, and referral services. Services are provided in regularly scheduled sessions and under a defined set of physician-approved policies and physician-monitored procedures or clinical protocols.

EXAMPLES OF SERVICE DELIVERY

Day hospital service.

SUPPORT SYSTEMS

In Level 2-WM withdrawal management, support systems feature:

Availability of specialized clinical consultation and supervision for biomedical, emotional, behavioral, and cognitive problems.

Ability to obtain a comprehensive medical history and physical examination of the patient at admission.

Access to psychological and psychiatric consultation.

Affiliation with other levels of care, including other levels of specialty addiction treatment, as well as general and psychiatric services for additional problems identified through a comprehensive biopsychosocial assessment.

Ability to conduct and/or arrange for appropriate laboratory and toxicology tests, which can be point-of-care testing.

24-hour access to emergency medical consultation services, should such services become indicated.

Ability to provide or assist in accessing transportation services for patients who lack safe transportation.

STAFF

Level 2-WM withdrawal management programs are staffed by physicians and nurses, although they need not be present at all times. (In states where physician assistants or nurse practitioners are licensed as physician extenders, they may perform the duties designated for a physician under collaborative agreements or other requirements of the medical practice act in the given jurisdiction.)

Because Level 2-WM withdrawal management is conducted on an outpatient basis, it is important for medical and nursing personnel to be readily available to evaluate and confirm that withdrawal management in the less supervised setting is safe. Physicians do not need to be certified as addiction specialist physicians and nurses do not need to be certified as addiction nurses, but training and experience in assessing and managing intoxication and withdrawal states is necessary.

The services of counselors, psychologists, and social workers may be available through the withdrawal management service or may be accessed through affiliation with entities providing other Level 2 services.

All clinicians who assess and treat patients are able to obtain and interpret information regarding the needs of these persons, and are knowledgeable about the biopsychosocial dimensions of alcohol and other drug addiction. Such knowledge includes the signs and symptoms of alcohol and other drug intoxication and withdrawal, as well as the appropriate treatment and monitoring of those conditions and how to facilitate entry into ongoing care.

THERAPIES

Therapies offered by Level 2-WM withdrawal management programs include individual assessment, medication or non-medication methods of withdrawal management, patient education, non-pharmacological clinical support, involvement of family members or significant others in the withdrawal management process, and discharge or transfer planning, including referral for counseling and involvement in community recovery support groups.

Therapies also include physician and/or nurse monitoring, assessment, and management of signs and symptoms of intoxication and withdrawal.

ASSESSMENT/TREATMENT PLAN REVIEW

In Level 2-WM withdrawal management services, elements of the assessment and treatment plan review include:

An addiction-focused history, obtained as part of the initial assessment and reviewed by a physician during the admission process.

A physical examination by a physician, physician assistant, or nurse practitioner within a reasonable time frame as part of the initial assessment.

Sufficient biopsychosocial screening assessments to determine the level of care in which the patient should be placed for the individualized care plan to address treatment priorities identified in Dimensions 2 through 6.

An individualized treatment plan, including problem identification in Dimensions 2 through 6 and development of treatment goals and measurable treatment objectives and activities designed to meet those objectives as they apply to the management of the withdrawal syndrome.

Daily assessment of progress during withdrawal management and any treatment changes.

Discharge/transfer planning, beginning at admission.

Referral arrangements, made as needed.

Serial medical assessments, using appropriate measures of withdrawal.

DOCUMENTATION

Documentation standards of Level 2-WM services include progress notes in the patient record that clearly reflect implementation of the treatment plan and the patient's response to treatment, as well as subsequent amendments to the plan.

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

Length of Service/Continued Service and Discharge Criteria

The patient continues in Level 2-WM withdrawal management services until:

1. Withdrawal signs and symptoms are sufficiently resolved that he or she can be safely managed at a less intensive level of care; or,

2. The patient's signs and symptoms of withdrawal have failed to respond to treatment and have intensified (as confirmed by higher scores on the CIWA-Ar or other comparable standardized scoring system), such that transfer to a more intensive level of withdrawal management service is indicated; or,

3. The patient is unable to complete withdrawal management at Level 2-WM, despite an adequate trial. For example, he or she is experiencing intense craving and has insufficient coping skills to prevent continued alcohol or other drug use, indicating a need for more intensive services.

5. Level 3-WM: Residential/Inpatient Withdrawal Management

Criteria are provided for two types of Level 3 Withdrawal Management programs: Level 3.2-WM (Clinically Managed Residential Withdrawal Management) and Level 3.7-WM (Medically Monitored Inpatient Withdrawal Management). The "residential" level of care has, in the past, been synonymous with rehabilitation services, whereas withdrawal management services and the "inpatient" level of care have been synonymous with acute inpatient hospital care. With the increased availability and utilization of Medically Monitored Inpatient Withdrawal Management services, the terms "residential" and "inpatient" are being used more broadly to contrast ambulatory ("outpatient") withdrawal management with non-ambulatory ("residential" or "inpatient") withdrawal management services. The difference between these two types of Level 3-WM programs is the intensity of clinical services, particularly as demonstrated by the degree of involvement of medical and nursing professionals.

6. Level 3.2-WM: Clinically Managed Residential Withdrawal Management

Level 3.2-WM Clinically Managed Residential Withdrawal Management (sometimes referred to as "social setting detoxification" or "social detox.") is an organized service that may be delivered by appropriately trained staff, who provide 24-hour supervision, observation, and support for patients who are intoxicated or experiencing withdrawal. This level is characterized by its emphasis on peer and social support rather than medical and nursing care. This level provides care for patients whose intoxication/withdrawal signs and symptoms are sufficiently severe to require 24-hour structure and support; however, the full resources of a Level 3.7-WM, Medically Monitored Inpatient Withdrawal Management service are not necessary.

Some programs are staffed to supervise self-administered medications for the management of withdrawal. All programs at this level rely on established clinical protocols to identify patients

who are in need of medical services beyond the capacity of the facility and to transfer such patients to more appropriate levels of care.

EXAMPLES OF SERVICE DELIVERY

Social setting withdrawal management program.

SUPPORT SYSTEMS

In Level 3.2-WM withdrawal management, support systems feature:

Availability of specialized clinical consultation and supervision for biomedical, emotional, behavioral, and cognitive problems.

Since Level 3.2-WM is managed by clinicians, not medical or nursing staff, protocols are in place should a patient's condition deteriorate and appear to need medical or nursing interventions. These protocols are used to determine the nature of the medical or nursing interventions that may be required. Protocols include under what conditions nursing and physician care is warranted and/or when transfer to a medically monitored facility or an acute care hospital is necessary. The protocols are developed and supported by a physician knowledgeable in addiction medicine.

Affiliation with other levels of care.

Ability to arrange for appropriate laboratory and toxicology tests.

STAFF

Level 3.2-WM social withdrawal management programs are staffed by appropriately credentialed personnel who are trained and competent to implement physician-approved protocols for patient observation and supervision, determination of appropriate level of care, and facilitation of the patient's transition to continuing care.

Level 3.2-WM social withdrawal management is a clinically managed withdrawal management service designed explicitly to safely assist patients through withdrawal without the need for ready on-site access to medical and nursing personnel.

Medical evaluation and consultation is available 24 hours a day, in accordance with treatment/transfer practice protocols and guidelines.

All clinicians who assess and treat patients are able to obtain and interpret information regarding the needs of these patients. Such knowledge includes the signs and symptoms of alcohol and other drug intoxication and withdrawal, as well as the appropriate treatment and monitoring of those conditions and how to facilitate entry into ongoing care.

Facilities that supervise self-administered medications have appropriately licensed or credentialed staff and policies and procedures in accordance with state and federal law.

Staff assures that patients are taking medications according to physician prescription and legal requirements.

THERAPIES

Therapies offered by Level 3.2-WM withdrawal management programs include daily clinical services to assess and address the needs of each patient. Such clinical services may include appropriate medical services, individual and group therapies, and withdrawal support.

The following therapies are provided as clinically necessary, depending on the patient's progress through withdrawal management and his or her assessed needs in Dimensions 2 through 6:

A range of cognitive, behavioral, medical, mental health, and other therapies are administered to the patient on an individual or group basis. These are designed to enhance the patient's understanding of addiction, the completion of the withdrawal management process, and referral to an appropriate level of care for continuing treatment.

Interdisciplinary individualized assessment and treatment.

Health education services.

Services to families and significant others.

ASSESSMENT/TREATMENT PLAN REVIEW

In Level 3.2-WM withdrawal management programs, elements of the assessment and treatment plan review include:

An addiction-focused history, obtained as part of the initial assessment and reviewed with a physician during the admission process.

A physical examination by a physician, physician assistant, or nurse practitioner as part of the initial assessment, if self-administered withdrawal management medications are to be used.

Sufficient biopsychosocial screening assessments to determine the level of care in which the patient should be placed and for the individualized care plan to address treatment priorities identified in Dimensions 2 through 6.

An individualized treatment plan, including problem identification in Dimensions 2 through 6 and development of treatment goals and measurable treatment objectives and activities designed to meet those objectives.

Daily assessment of patient progress through withdrawal management and any treatment changes.

Discharge/transfer planning, beginning at admission.

Referral arrangements, made as needed.

DOCUMENTATION

Documentation standards of Level 3.2-WM programs include progress notes in the patient record that clearly reflect implementation of the treatment plan and the patient's response to treatment, as well as subsequent amendments to the plan.

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

Length of Service/Continued Service and Discharge Criteria

The patient continues in a Level 3.2-WM withdrawal management program until:

1. Withdrawal signs and symptoms are sufficiently resolved that he or she can be safely managed at a less intensive level of care; or,

2. The patient's signs and symptoms of withdrawal have failed to respond to treatment and have intensified (as confirmed by higher scores on the CIWA-Ar or other comparable standardized scoring system), such that transfer to a more intensive level of withdrawal management service is indicated; or,

3. The patient is unable to complete withdrawal management at Level 3.2-WM, despite an adequate trial. For example, he or she is experiencing increasing depression and suicidal impulses complicating cocaine withdrawal and indicating the need for transfer to a more intensive level of care or the addition of other clinical services (such as intensive counseling).

7. Level 3.7-WM: Medically Monitored Inpatient Withdrawal Management

Level 3.7-WM: Medically Monitored Inpatient Withdrawal Management is an organized service delivered by medical and nursing professionals, which provides for 24-hour evaluation and withdrawal management in a permanent facility with inpatient beds. Services are delivered under a defined set of physician-approved policies and physician-monitored procedures or clinical protocols.

This level provides care to patients whose withdrawal signs and symptoms are sufficiently severe to require 24-hour inpatient care. It sometimes is provided by overlapping with Level 4-WM services (as a "step-down" service) in a specialty unit of an acute care general or psychiatric hospital. Twenty-four hour observation, monitoring, and treatment are available. However, the full resources of an acute care general hospital or a medically managed intensive inpatient treatment program are not necessary.

EXAMPLES OF SERVICE DELIVERY

Freestanding withdrawal management center.

SUPPORT SYSTEMS

In Level 3.7-WM withdrawal management support systems feature:

Availability of specialized clinical consultation and supervision for biomedical, emotional, behavioral, and cognitive problems.

Availability of medical nursing care and observation as warranted, based on clinical judgment.

Direct affiliation with other levels of care.

Ability to conduct or arrange for appropriate laboratory and toxicology tests.

STAFF

Level 3.7-WM withdrawal management programs are staffed by physicians, who are available 24 hours a day by telephone. (In states where physician assistants or nurse practitioners are licensed as physician extenders, they may perform the duties designated for a physician under collaborative agreements or other requirements of the medical practice act in the given jurisdiction.)

A physician is available to assess the patient within 24 hours of admission (or earlier, if medically necessary), and is available to provide on-site monitoring of care and further evaluation on a daily basis.

A registered nurse or other licensed and credentialed nurse is available to conduct a nursing assessment on admission.

A nurse is responsible for overseeing the monitoring of the patient's progress and medication administration on an hourly basis, if needed.

Appropriately licensed and credentialed staff is available to administer medications in accordance with physician orders. The level of nursing care is appropriate to the severity of patient needs.

Licensed, certified, or registered clinicians provide a planned regimen of 24-hour, professionally directed evaluation, care, and treatment services for patients and their families.

An interdisciplinary team of appropriately trained clinicians (such as physicians, nurses, counselors, social workers, and psychologists) is available to assess and treat the patient and to obtain and interpret information regarding the patient's needs. The number and disciplines of team members are appropriate to the range and severity of the patient's problems.

THERAPIES

Therapies offered by Level 3.7-WM withdrawal management programs include daily clinical services to assess and address the needs of each patient. Such clinical services may include appropriate medical services, individual and group therapies, and withdrawal support.

Hourly nurse monitoring of the patient's progress and medication administration are available, if needed.

The following therapies are provided as clinically necessary, depending on the patient's progress through withdrawal management and the assessed needs in Dimensions 2 through 6:

A range of cognitive, behavioral, medical, mental health, and other therapies are administered to the patient on an individual or group basis. These are designed to enhance the patient's understanding of addiction, the completion of the withdrawal management process, and referral to an appropriate level of care for continuing treatment.

Multidisciplinary individualized assessment and treatment.

Health education services.

Services to families and significant others.

ASSESSMENT/TREATMENT PLAN REVIEW

In Level 3.7-WM withdrawal management programs, elements of the assessment and treatment plan review include:

An addiction-focused history, obtained as part of the initial assessment and reviewed by a physician during the admission process.

A physical examination by a physician, physician assistant, or nurse practitioner within 24 hours of admission and appropriate laboratory and toxicology tests. If Level 3.7-WM withdrawal management services are step-down services from Level 4-WM, records of a physical examination within the preceding 7 days are evaluated by a physician within 24 hours of admission.

Sufficient biopsychosocial screening assessments to determine the level of care in which the patient should be placed and for the individualized care plan to address treatment priorities identified in Dimensions 2 through 6.

An individualized treatment plan, including problem identification in Dimensions 2 through 6 and development of treatment goals and measurable treatment objectives and activities designed to meet those objectives.

Daily assessment of patient progress through withdrawal management and any treatment changes.

Discharge/transfer planning, beginning at admission.

Referral arrangements, made as needed.

DOCUMENTATION

Documentation standards of Level 3.7-WM programs include progress notes in the patient record that clearly reflect implementation of the treatment plan and the patient's response to treatment, as well as subsequent amendments to the plan.

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

Length of Service/Continued Service and Discharge Criteria

The patient continues in a Level 3.7-WM withdrawal management program until withdrawal signs and symptoms are sufficiently resolved that he or she can be safely managed at a less intensive level of care; or, alternatively, the patient's signs and symptoms of withdrawal have failed to respond to treatment and have intensified (as confirmed by higher scores on the CIWA-Ar or other comparable standardized scoring system), such that transfer to a Level 4-WM intensive level of withdrawal management service is indicated.

8. Level 4-WM: Medically Managed Intensive Inpatient Withdrawal Management

Level 4-WM withdrawal management is an organized service delivered by medical and nursing professionals that provides for 24-hour medically directed evaluation and withdrawal management in an acute care inpatient setting. Services are delivered under a defined set of physician-approved policies and physician-managed procedures or medical protocols.

This level provides care to patients whose withdrawal signs and symptoms are sufficiently severe to require primary medical and nursing care services. Twenty-four hour observation, monitoring, and treatment are available. Although Level 4-WM is specifically designed for acute medical withdrawal management, it also is important to assess the patient and develop a care plan for any treatment priorities identified in Dimensions 2 through 6.

EXAMPLES OF SERVICE DELIVERY

Acute care or psychiatric hospital inpatient unit.

SUPPORT SYSTEMS

In Level 4-WM withdrawal management, support systems feature:

Availability of specialized medical consultation.

Full medical acute care services.

Intensive care, as needed.

STAFF

Level 4-WM withdrawal management programs are staffed by physicians, who are available 24 hours a day as active members of an interdisciplinary team of appropriately trained professionals, and who medically manage the care of the patient. (In states where physician assistants or nurse practitioners are licensed as physician extenders, they may perform the

duties designated for a physician under collaborative agreements or other requirements of the medical practice act in the given jurisdiction.)

A registered nurse or other licensed and credentialed nurse is available for primary nursing care and observation 24 hours per day.

Facility-approved addiction counselors or licensed, certified, or registered addiction clinicians are available 8 hours per day to administer planned interventions according to the assessed needs of the patient.

An interdisciplinary team of appropriately trained clinicians (such as physicians, nurses, counselors, social workers, and psychologists) is available to assess and treat the patient with a substance use disorder, or an addicted patient with a concomitant acute biomedical, emotional, or behavioral disorder.

THERAPIES

Therapies offered by Level 4-WM withdrawal management programs include highly individualized biomedical, emotional, behavioral, and addiction treatment. This includes the management of all concomitant biomedical, emotional, behavioral, and cognitive conditions in the context of addiction treatment. (The extent to which concomitant conditions can be treated depends on the capabilities of the particular Level 4-WM setting.)

Hourly or more frequent nurse monitoring is available, if needed.

The following therapies are provided as clinically necessary, depending on the patient's progress through withdrawal management and the assessed needs in Dimensions 2 through 6:

A range of cognitive, behavioral, medical, mental health and other therapies. These are designed to enhance the patient's understanding of addiction, the completion of the withdrawal management process and referral to an appropriate level of care for continuing treatment. For the patient with a severe comorbid psychiatric disorder, psychiatric interventions complement addiction treatment. For the patient with a severe comorbid biomedical disorder, biomedical interventions complement addiction treatment.

Health education services.

Services to families and significant others.

ASSESSMENT/TREATMENT PLAN REVIEW

In Level 4-WM withdrawal management programs, elements of the assessment and treatment plan review include:

A comprehensive nursing assessment, performed at admission.

Approval of the admission by a physician.

A comprehensive history and physical examination performed within 12 hours of admission, accompanied by appropriate laboratory and toxicology tests.

An addiction-focused history, obtained as part of the initial assessment and reviewed by a physician during the admission process.

Sufficient biopsychosocial screening assessments to determine placement, and for the individualized care plan to address treatment priorities identified in Dimensions 2 through 6.

Discharge/transfer planning, beginning at admission.

Referral arrangements, made as needed.

An individualized treatment plan, including problem identification in Dimensions 2 through 6 and development of treatment goals and measurable treatment objectives and activities designed to meet those objectives.

Daily assessment of patient progress through withdrawal management and any treatment changes.

DOCUMENTATION

Documentation standards of Level 4-WM programs include progress notes in the patient record that clearly reflect implementation of the treatment plan and the patient's response to treatment, as well as subsequent amendments to the plan.

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

Length of Service/Continued Service and Discharge Criteria

The patient continues in a Level 4-WM withdrawal management program until withdrawal signs and symptoms are sufficiently resolved that he or she can be safely managed at a less intensive level of care.

B. LEVEL OF CARE PLACEMENT

1. Level 0.5: Early Intervention - 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	See separate withdrawal management chapter for how to approach "unbundled" withdrawal management for adults.

Withdrawal Potential	
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).
DIMENSION 5: Relapse, Continued Use, or 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.
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.

2. Level 0.5: Early Intervention - Adolescent dimensional admission Criteria

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 may 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.

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.

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.
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.
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.
DIMENSION 4:	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

Readiness to Change	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).
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 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.
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.

3. Level 1: Outpatient Treatment - Adult dimensional admission criteria

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

DIMENSION 1:	**All Programs**

Acute Intoxication and/or Withdrawal Potential	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.
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.
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.
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.

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.
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.

4. Level 1: Outpatient Treatment – Adolescent dimensional admission criteria

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.

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.
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.
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. 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).
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.
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.
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.

5. Level 2.1: Intensive Outpatient Treatment - 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.

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.
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.
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***
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).
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.
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.
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.

6. Level 2.1: Intensive Outpatient Treatment - Adolescent dimensional admission criteria

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.)

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.
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.
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).

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.
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.
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.

7. Level 2.5: Partial Hospitalization - 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.

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.

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.
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 drug of abuse. Such decompensation is currently observable; ***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.
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.
DIMENSION 5: Relapse, Continued Use, or	**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

Continued Problem Potential	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. **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.

8. Level 2.5: Partial Hospitalization - Adolescent dimensional admission criteria

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).

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.)

DIMENSION 1: Acute Intoxication and/or	The adolescent who is appropriately placed in a Level 2.5 program is experiencing acute or subacute withdrawal, marked by mild symptoms that

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

Relapse, Continued Use, or Continued Problem Potential	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.
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.

9. Level 3.1: Clinically Managed Low-Intensity Residential Services - 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.

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.
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.
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*** 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.
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.) 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.
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.
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; ***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.

10. Level 3.1: Clinically Managed Low-Intensity Residential Services - Adolescent dimensional admission criteria

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).

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.

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.
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.
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. 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.
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.
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*** 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.
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.

11. Level 3.3: Clinically Managed Population-Focused High-Intensity Residential Services - Adult dimensional admission criteria (Adult only)

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

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.
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.
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; ***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 dis*or*der may manifest inadequate skills to manage the activities of daily living, po*or* 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.
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*** 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.
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 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 anticraving, 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.
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.

12. Level 3.5: Clinically Managed High-Intensity Residential Services - 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.

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.
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.
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*** 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.
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*** 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.
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. Case management and collaboration across levels of care may be needed to manage anticraving, 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.
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.

13. Level 3.5: Clinically Managed High-Intensity Residential Services – Adolescent dimensional admission criteria

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.

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. 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.
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.
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.
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*** 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.
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*** 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.
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.

14. Level 3.7: Medically Monitored Intensive Inpatient Treatment - 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.

DIMENSION 1: **Acute Intoxication and/or Withdrawal Potential**	**All Programs** See separate withdrawal management chapter for how to approach "unbundled" withdrawal management for adults.
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.

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;
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.
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.
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.
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; *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.

15. Level 3.7: Medically Monitored Intensive Inpatient Treatment - Adolescent dimensional admission criteria

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).

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.

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. 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.
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.
DIMENSION 3: Emotional, Behavioral, or	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):

Cognitive Conditions and Complications	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.
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; *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.
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).
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.

16. Level 4: Medically Managed Intensive Inpatient Treatment - 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.

DIMENSION 1:	**All Programs**

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	**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.
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. **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.
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.
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.
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.

17. Level 4: Medically Managed Intensive Inpatient Treatment – Adolescent dimensional admission criteria

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.

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.
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*** 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.
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.)
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.
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.
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.

18. Opioid Treatment Services

The patient who is appropriately placed in an opioid treatment program is assessed as meeting the required specifications in Dimensions 1 through 6.

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). **[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.
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.
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.
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 thus is unable to make 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.
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.
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.

C. CONTINUED SERVICE & TERMINATION

1. 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

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.
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.
	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.
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.
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.
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.
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.

2. 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

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 Service 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.
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 Service 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.
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 Service 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. **Example (Transfer/Discharge Service 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.
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 Service 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 Service 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.
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 Service 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.
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.
	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.