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California Institute for Behavioral Health Solutions

Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver Training Project

Register now to complete the ASAM (A) Criteria Webinar Online Training Part I and Part II!

The following two-part webinar training is currently available as an online training:

ASAM-A Criteria – Part I and Part II webinar training

Step 1 in the ASAM Series

Introduction to the Application of ASAM Criteria for Substance Related and COD

Registration

Click HERE to register for Part 1!

Click HERE to register for Part 2!

Description

This two-part training designed for Substance Abuse Program Analyst and Administrative Staff interested in understanding and learning the skills to use the ASAM criteria for establishing medical necessity, assessing treatment needs, and determining the appropriate level of care placements for consumers with substance abuse issues. The training format will include the lecture with a focus on the transfer of knowledge to immediate workplace application.

Attending Part I and Part II of the ASAM-A Criteria webinar training is required to receive a certificate of attendance.

No CEs will be offered.

Completion of ASAM-A Criteria training qualifies participants to advance to the ASAM-B Criteria training within the ASAM Series.

Visit our website for a description of the training we offer.

You can also visit our registration website to see all training that is currently open for registration.

Once you have completed Part I and Part II of the ASAM-A Criteria webinar training, please email Kimberly Waterman at email address below to request a certificate of completion.

Questions? Contact:

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Understanding the American Society of Addiction Medicine (ASAM) Criteria in the Context of the California Treatment System

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1

Disclosures

- The following planners and faculty disclosed no relevant financial relationships with commercial interests:
  - Gary Tsai, MD, Larissa Mooney, MD, Thomas E. Freese, PhD, Christine Oh, PhD, Richard Rawson, PhD, Darren Urada, PhD, Beth Rutkowski, MPH, Holly McCravey, MA, Lydia Becerra, and Donna K. Lee-Liu
- There was no commercial support for this activity.

2

The Mission of the ASAM Criteria

1. To help clinicians, counselors, and care managers develop patient-centered service plans and make objective decisions about patient admission, and transfer/discharge for individuals with substance-use disorders and co-occurring conditions,
2. To implement and apply the criteria effectively to a variety of patient populations in a wide range of care settings,
3. To encourage the development of comprehensive continuum of care,
4. To help improve patient outcomes through their multidimensional assessment and the continuum of care.

The ASAM criteria offer a system for improving the "modality match" through the use of multidimensional assessment and treatment planning that permits more objective evaluation of patient outcomes.

3

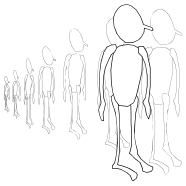
Guiding Principles of the ASAM Criteria

- Moving from one-dimensional to multidimensional assessment
- Clarifying the goals of treatment, and "Medical Necessity"
- Focusing on treatment outcomes while moving away from using previous "treatment failure" as an admission prerequisite
- Moving toward an interdisciplinary, team approach to care and clarifying the role of the physician
- Engaging with "informed consent"
- Incorporating ASAM''s definition of addiction
- Identifying adolescence specific needs

4

Assessment and Treatment Planning

Program-Driven



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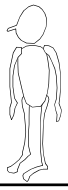
Individualized



5

Program-Driven Plans

- Services received and anticipated length of stay are determined primarily by the **philosophy**, **design,** and **model** of treatment
- Such programs are often for a **fixed length of stay** from which a patient **graduates** and is said to then have **completed treatment**.

"One size fits all"

6

Program-driven plans

- Client needs are important and will be addressed through the standard treatment program elements
- Plan often includes only services that the program offers (e.g., group, individual sessions)
- Little difference among clients' treatment plans

7

Programme-driven plans

Client will . . .

1. "Attend 3 Alcoholic Anonymous meetings a week"
2. "Complete Steps 1, 2, & 3"
3. "Attend group sessions 3 times/week"
4. "Meet with counselor 1 time/week"
5. "Complete 28-day program"

"Still don't fit right"

8

Programme-driven plans

- Often include only those services immediately available in agency
- Often do not include referrals to community services (e.g., parenting classes)

"ONLY wooden shoes?"

9

A paradigm shift

Truly Individualized Treatment

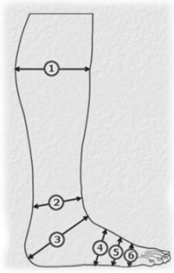
- Many colors/styles available -

- Custom style & fit -

10

Individualized Plan

Individualized Treatment



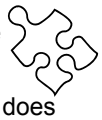
- Treatment is **person-centered** and **collaborative**
- Services that are directly related to **specific**, **unique** multidimensional assessment
- Services are designed to meet a patent's **specific needs** and **preferences**

"Sized" to match client's problems and needs

11

Individualized Treatment Requires Comprehensive Assessment

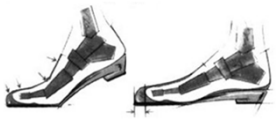
- What are the patient's immediate needs and is there imminent danger?
- What risk is associated with intoxication and/or withdrawal?
- How are they functioning across multiple dimensions?
- Where are their greatest risks, and what does this indicate about treatment needs?



12

Individualized Treatment Plans have been shown to…

- Increase retention, leading to improved outcomes
- Empower the patient and provide additional focus to counseling sessions



13

Six Dimensions of Multidimensional Assessment

1. Acute Intoxication and/or Withdrawal Potential
2. Biomedical Conditions and Complications
3. Emotional, Behavioral, or Cognitive Conditions and Complications
4. Readiness to Change
5. Relapse, Continued Use, or Continued Problems Potential
6. Recovery and Living Environment

14

Assessment Dimensions	Assessment and Treatment Planning Focus
1.Acute Intoxication and/ or Withdrawal Potential	
2.Biomedical Conditions and Complications	
3.Emotional, Behavioral or Cognitive Conditions and Complications	

15

Assessment Dimensions	Assessment and Treatment Planning Focus
4. Readiness to Change	
5. Relapse, Continued Use, or Continued Problem Potential	
6. Recovery Environment	

16

ASAM Dimensions / ASI* Domains

ASAM Dimensions	ASI* Domains
Acute Intoxication and/or Withdrawal Potential	Alcohol, Drugs
Biomedical Conditions and Complications	Medical
Emotional, Behavioral, or Cognitive Conditions and Complications	Psychiatric
Readiness to Change	
Relapse, Continued Use, or Continued Problems Potential	Alcohol, Drugs
Recovery and Living Environment	Employment support, Legal, Family social

*ASI: Addiction Severity Index, most commonly used assessment in California

17

What guides placement?

- "… the highest severity problem, with specific attention to Dimensions 1, 2, and 3 should determine the patient's entry point into the treatment continuum."
- Resolution of any acute problem(s) provides an opportunity to shift the patient down to a less intensive level of care.

18
18

Assessing "Immediate Needs" and "Imminent Danger "

- Immediate Need can be assessed in person or over the phone
- Should address each of the six dimensions
- Includes three components:
  - The strong probability that certain behaviors will occur (i.e., continued alcohol or drug use, etc.),
  - That such behaviors will present a significant risk of serious adverse consequences to individual and/or others (i.e., driving while intoxicated, neglect of child, etc.),
  - The likelihood these events will occur in the very near future (within hours or days, **not** weeks or months).

19

Assessing Risk for Each Dimension

4	Utmost severity. Critical impairments/symptoms indicating imminent danger
3	Serious issue or difficulty coping. High risk or near imminent danger
2	Moderate difficulty in functioning with some persistent chronic Issues
1	Mild difficulty, signs, or symptoms. Any chronic issue likely to resolve soon
0	Non-issue, or very low-risk issue. No current risk and any chronic issues likely to be mostly or entirely resolved

20

So, what do we do with all of this information?

Dimension 1
Dimension 2
Dimension 3
Dimension 4
Dimension 5
Dimension 6

Levels of Withdrawal Management (WM) (Level 1-4-WM)

??

Levels of Care Placement (Level 0.5 – 4)

Risk 0
Risk 1
Risk 2
Risk 3
Risk 4

21

Levels of Withdrawal Management

Withdrawal Management	Level	Description
Ambulatory Withdrawal Management without Extended On-Site Monitoring	1-WM	Mild withdrawal with daily or less than daily outpatient supervision; likely to complete withdrawal management and to continue treatment or recovery
Ambulatory Withdrawal Management with Extended On-Site Monitoring	2-WM	Moderate withdrawal with all day withdrawal management support and supervision; at night, has supportive family or living situation; likely to complete withdrawal management
Clinically Managed Residential Withdrawal Management	3-WM	Moderate-severe withdrawal, but needs 24-hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery
Medically Managed Intensive Inpatient Withdrawal Management	4-WM	Severe, unstable withdrawal and needs 24-hour nursing care and daily physician visits to modify withdrawal management regimen and manage medical instability

22

ASAM Levels of Care

0.5 Early Intervention

1. Outpatient Treatment
2. Intensive Outpatient and Partial Hospitalization
3. Residential/Inpatient Treatment
4. Medically-Managed Intensive Inpatient Treatment

23

Engage the person in their own care!

What?

Why? How?

Where? When?

24

What does it look like with clients/patients?

- **18 year old (y/o) unemployed male with a two year history of intravenous heroin use**
- **Criminal convictions for shoplifting**
- **Has attempted outpatient detox on two previous occasions with methadone, the most recent treatment episode lasted 4 months and he has not maintained sobriety more than 1 month post-detox**
- **Living with his parents who are unaware of his dependence**
- **Denies use of alcohol, benzos or other substances**
- **Reports that he felt stable on methadone though has financial concerns and lacks insurance**

25

Six Dimensions of Multidimensional Assessment

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ASAM Levels of Care

0.5 Early Intervention

1. Outpatient Treatment
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26

What does it look like with clients/patients?

- **42 y/o female reports daily alcohol use and occasional use of other substances**
- **Divorced, currently lives with her 12 y/o son and her mother**
- **Mother has found bottles of vodka hidden in closets**
- **Patient reports feeling extremely tired and trouble making decisions or "getting motivated to do anything"**
- **Reports nightmares and difficulty sleeping at night related to trauma exposure (sexual abuse as a child)**
- **Acknowledges drinking or taking a pill to help her get to sleep.**

27

Six Dimensions of Multidimensional Assessment	ASAM Levels of Care
1. Acute Intoxication and/or Withdrawal Potential 2. Biomedical Conditions and Complications 3. Emotional, Behavioral, or Cognitive Conditions and Complications 4. Readiness to Change 5. Relapse, Continued Use, or Continued Problems Potential 6. Recovery and Living Environment	0.5 Early Intervention 1. Outpatient Treatment 2. Intensive Outpatient and Partial Hospitalization 3. Residential/Inpatient Treatment 4. Medically-Managed Intensive Inpatient Treatment

28

Let's meet Mr. U.

29

What does it look like with clients/patients?

- Mr. U is a 68 year-old male who was brought to the clinic by Ms. M his 40 y/o daughter because he did not pick up his 10 y/o grandson from school last Friday as he does on a daily basis. Ms. M was called away from work to pick her son up. Upon arriving at home, Ms. M found Mr. U slumped over the workbench in the garage with and empty bottle of vodka nearby. Mr. U reports drinking to intoxication, complains of always feeling tired, has little or no appetite, and is not motivated to do anything.
- Mr. U retired three years ago, after a lengthy career working as a design engineer in the automotive industry. His wife of 43 years passed away five years ago after a relatively brief battle with cancer.

30

What does it look like with clients/patients?

- Mr. U reports no health related issues other than heartburn on a daily regular basis, but believes it is due to his liking spicy foods.
- He reports drinking to intoxication, complains of always feeling tired, has little or no appetite, and is not motivated to do anything. Mr. U acknowledges that he has little or no interest in most activities that used to bring him pleasure and is bothered by his recurrent thoughts of death.
- Mr. U was embarrassed and apologetic, as he appreciates living with his family and adores his daughter and grandchildren.
- Mr. U lives with his daughter, her husband who Mr. U likes, and their three children, ages 18, 16, and 10. They are supportive and concerned about his wellbeing.

31

Six Dimensions of Multidimensional Assessment

1. Acute Intoxication and/or Withdrawal Potential
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ASAM Levels of Care

0.5 Early Intervention
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32

Assessing Risk for Each Dimension

4	Utmost severity. Critical impairments/symptoms indicating imminent danger
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1	Mild difficulty, signs, or symptoms. Any chronic issue likely to resolve soon
0	Non-issue, or very low-risk issue. No current risk and any chronic issues likely to be mostly or entirely resolved

33

Dimension 1
Assessment Considerations

1. Acute Intoxication and/or Withdrawal Potential

Exploring an individual's past and current experiences of substance use and withdrawal

- What risk is associated with current level of intoxication?
- Are intoxication management services needed?
- What is the risk of severe withdrawal symptoms, seizures or other medical complications?
- Are there current signs of withdrawal?
- What are the scores of the standardized withdrawal rating scales?
- What are the patient's vital signs?
- Does the patient have support to complete an ambulatory withdrawal, if medically safe to consider?

34

Dimension 2
Assessment Considerations

2. Biomedical Conditions and Complications

Exploring an individual's health history and current physical condition

- Other than withdrawal, what are the current physical illnesses that should be addressed?
- What are the chronic conditions that need to be stabilized?
- Is there a communicable disease present that could impact the well-being the client, other patients, or staff?
- Is the patient pregnant? What is her pregnancy history?

35

Dimension 3
Assessment Considerations

3. Emotional, Behavioral, or Cognitive Conditions and Complications

Exploring an individual's thoughts, emotions, and mental health issues

- Are there psychiatric, psychological, behavioral, emotional or cognitive conditions needing to be addressed?
- What if any chronic conditions need to be stabilized (eg, bipolar disorder or chronic anxiety)
- Are the behavioral or cognitive symptoms part of the addictive disorder?
- If related to the substance use, do the emotional, cognitive, or behavioral conditions require mental health care (eg, suicidal ideation and depression)
- Is the patient able to participate in daily activities?
- Can she/he cope with the emotional, behavioral, or cognitive conditions?

36

Dimension 4
Assessment Considerations

4. Readiness to Change

Exploring an individual's readiness and interest in changing

- How aware is the patient of the relationship between her/his substance use and behaviors involved in the pursuit of reward or relief of negative life consequences?
- How ready, willing or able does the patient feel to make changes to her/his behaviors?
- How much does the patient feel in control of his or her treatment service?

37

Dimension 5
Assessment Consideration

5. Relapse, Continued Use, or Continued Problems Potential

Exploring an individual's relapse experiences/history of continued use

- Is the patient in immediate danger of continued mental health distress or substance use?
- Does the patient have any understanding of how to manage his mental health condition, in order to prevent continued use?
- What is her/his experience with addiction and/or psychotropic meds?
- How well can she/he cope with protracted withdrawal, craving, or impulses?
- How well can the patient cope with negative affects, peer pressure, and stress?
- How severe are the problems that may continue or reappear if the patient isn't successfully engaged in treatment for substance use or mental health treatment?
- Is the patient familiar with relapse trigger and does she/he possess the skills to control her/his impulses to use or harm her/himself?

38

Dimension 6
Assessment Considerations

6. Recovery and Living Environment

Evaluating the individual's living situation, environmental resources and challenges, including family and friends

- What in the individual's environment poses a threat to the person's safety or ability to engage in treatment?
- What are the environment resources the individual can draw upon, including family, friends, education, or vocational that can support her/his recovery?
- Are there any legal, vocational or social mandates that may enhance treatment engagement?
- What are environmental barriers that need to be addressed, including transportation, child care, housing, employment, etc.?

39

Six Dimensions of Multidimensional Assessment	ASAM Levels of Care
1. Acute Intoxication and/or Withdrawal Potential 2. Biomedical Conditions and Complications 3. Emotional, Behavioral, or Cognitive Conditions and Complications 4. Readiness to Change 5. Relapse, Continued Use, or Continued Problems Potential 6. Recovery and Living Environment	0.5 Early Intervention 1. Outpatient Treatment 2. Intensive Outpatient and Partial Hospitalization 3. Residential/Inpatient Treatment 4. Medically-Managed Intensive Inpatient Treatment

40

Decisional Flow to Match Assessment and Treatment Placement

- What does the patient want and why now?
- What are the patient's immediate needs or imminent risk in each of the dimensions?
- What is the Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosis?
- Intake and Assessment

41

Decisional Flow to Match Assessment and Treatment Placement

- Multidimensional severity/Level of function
- Prioritize which dimensions are most important
- Specify a target for each priority
- What services are needed
- Service Planning and Placement

42

Decisional Flow to Match Assessment and Treatment Placement

- What intensity of services is needed?
- Where are these services located (least intensive, but appropriate level of care)?
- What is the patient's progress regarding the established treatment plan and placement decision?
- Level of Care Placement including:
  - Withdrawal management
  - Level of Care Placement
  - Special Populations

43

Six Dimensions of Multidimensional Assessment

1. Acute Intoxication and/or Withdrawal Potential
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ASAM Levels of Care

0.5 Early Intervention

1. Outpatient Treatment
2. Intensive Outpatient and Partial Hospitalization
3. Residential/Inpatient Treatment
4. Medically-Managed Intensive Inpatient Treatment

44

Ok…So it's a little more complicated than that, but only in the specific

ASAM	Title	Description	Provider
0.5	Early Intervention	Screening, Brief Intervention, and Referral to Treatment (SBIRT).	Managed care or fee-for-service (FFS) provider
1	Outpatient Services	Less than 9 hours of service/week (adults); less than 6 hours/week (adolescents) for recovery or motivational enhancement therapies/strategies	Department of Health Care Services (DHCS) Certified Outpatient Facilities
2.1	Intensive Outpatient Services	9 or more hours of service/week (adults); 6 or more hours/week (adolescents) to treat multidimensional instability	DHCS Certified Intensive Outpatient Facilities
2.5	Partial Hospitalization Services	20 or more hours of service/week for multidimensional instability not requiring 24-hour care	DHCS Certified Partial Hospitalization Facilities

45

Ok…So it's a little more complicated than that, but only in the specific

ASAM	Title	Description	Provider
3.1	Clinically Managed Low-Intensity Residential Services	24-hour structure with available trained personnel; at least 5 hours of clinical service/week and prepare for outpatient treatment.	DHCS Licensed and DHCS/ASAM designated Residential Providers
3.3	Clinically Managed Population-Specific High-Intensity Residential Services	24-hour care with trained counselors to stabilize multidimensional imminent danger. Less intense milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community and prepare for outpatient treatment.	DHCS Licensed and DHCS/ASAM designated Residential Providers
3.5	Clinically Managed High-Intensity Residential Services	24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. Able to tolerate/use full milieu or therapeutic community	DHCS Licensed and DHCS/ASAM designated Residential Providers

46

Ok…So it's a little more complicated than that, but only in the specific

ASAM	Title	Description	Provider
3.7	Medically Monitored Intensive Inpatient Services	24-hour nursing care with physician availability for significant problems in Dimensions 1, 2, or 3. 16 hour/day counselor availability	Chemical Dependency Recovery Hospitals; Hospital, FreeStanding Psychiatric hospitals
4	Medically Managed Intensive Inpatient Services	24-hour nursing care and daily physician care for severe, unstable problems in Dimensions 1, 2, or 3. Counseling available to engage patient in treatment	Recovery Hospitals, Hospital; Free Standing Psychiatric hospitals
OTP	Opioid Treatment Program (OTP)	Daily or several times weekly opioid agonist medication and counseling available to maintain multidimensional stability for those with severe opioid use disorder	DHCS Licensed OTP Maintenance Providers, licensed prescriber

47

All Levels of Care include, where appropriate,

- Medication Management and Addiction Pharmacotherapy
- Support for families

48

Why is a Continuum of Care Important?

- Levels of care provide a terminology for describing the Continuum of "recovery-oriented" addiction services;
- Designed to create a seamless continuum of flexible services;
- Improved efficiency and effectiveness of services;
- Through regular assessment, patients can be shifted to the appropriate level of care, thereby effectively extending the care they receive.

49

What is "Regular Assessment?"

- Includes assessment across all six dimensions
  - Acute care facilities-daily or multiple times per day;
  - Residential settings-once weekly or more often if the patient is unstable;
  - Outpatient settings-every six sessions.

50

Progression through the Levels of Service

0.5 Early Intervention

1. Outpatient Treatment
2. Intensive Outpatient and Partial Hospitalization
3. Residential/Inpatient Treatment
4. Medically-Managed Intensive Inpatient Treatment

51

Required County Service Under Drug Medi-Cal (DMC) Waiver

- The following services must be provided, as outlined, to all eligible Drug Medi-Cal Organized Delivery System (DMC-ODS) beneficiaries for the identified level of care as follows.
- DMC-ODS benefits include a continuum of care that ensures that clients can enter substance use disorder (SUD) treatment:
  - At a level appropriate to their needs and,
  - Be able to step up or down to a different intensity of treatment based on their responses.

52

Required County Service Under DMC Waiver

Service	Required	Optional
Early intervention (SBIRT)	(Provided through Fee-for-Service (FFS) Managed Care)	
Outpatient Services	Outpatient Intensive Outpatient	Partial Hospitalization
Residential	At least one level initially. Within 3 years 3.1, 3.3, and 3.5 required	Additional levels
OTP	Required	
Withdrawal Management	At least one level of service	Additional levels
Additional Medication Assisted Treatment (MAT)		Optional
Recovery Services	Required	
Case Management	Required	
Physician Consultation	Required	

53

What do services under the new Drug Medi-Cal Waiver Require?

- Upon State approval, counties may implement
  - a regional model with other counties or,
  - contract with providers in other counties in order to provide the required services.

54

A note regarding residential services

- The only facilities DHCS will be designating are residential facilities that are licensed by the department and for only levels 3.1, 3.3, and 3.5 of the ASAM Levels of Care.
- DHCS will not be designating levels of Withdrawal Management. At least one level of service must be provided.
- Counties must provide required services and may provide optional service, but the specific facilities will not be designated by DHCS.

55

What does all of this mean?

- If you're already implementing ASAM Criteria in your services—You don't need to change anything right now.
- If you're not—
  - Learning the Criteria can be overwhelming because they look complicated (0.5, 3.1 with 1-WM, step down from 3.2 to 2.5).
  - Take a deep breath and remain calm…The good news is that our system already contains most of these elements.

56

So, what will change?

- The State and Los Angeles County systems are in the process of developing a process to respond to the requirement of using ASAM criteria.
- There will likely be some new assessment procedures that allow for clearer and quicker determination of placement.
- There will likely be changes in how clients flow from one level of care to the next so that we facilitate utilization of the most appropriate care.
- Some providers will continue services as they are, activating new partnerships to facilitate movement from one level of care to the next (to other providers).
- Other providers will develop and implement new services that will allow them to broaden the scope of care they provide.

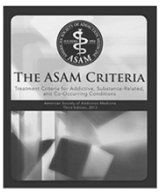
57

So, what will change?

- More information will be provided and trainings will be offered to ensure that providers are equipped with the information and skill needed to respond to this developing service delivery system.
- So…let's look at some examples of current implementation of the ASAM criteria.

58

References and Resources



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- ASAM www.asamcriteria.org
- The Change Companies: www.changecompanies.net
- Center for Integrated Behavioral Health Solutions www.cibhs.org
- UCLA Integrated Substance Abuse Programs (ISAP) Pacific Southwest Addiction Technology Transfer Center www.psattc.org

59

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60

Case Presentation
Mr. U

Mr. U is a 68 year-old male who was brought to the clinic by Ms. M his 40 year old (y/o) daughter because he did not pick up his 10y/o grandson from school last Friday as he does on a daily basis. Ms. M was called away from work to pick her son up. Upon arriving at home, Ms. M found Mr. U slumped over the workbench in the garage with and empty bottle of vodka nearby. Mr. U reports drinking to intoxication, complains of always feeling tired, has little or no appetite, and is not motivated to do anything.

Mr. U retired three years ago, after a lengthy career working as a design engineer in the automotive industry. His wife of 43 years passed away five years ago after a relatively brief battle with cancer.

Mr. U reports no health related issues other than heartburn on a daily regular basis, but believes it is due to his liking spicy foods.

Ms. M. reports that her father drinks to intoxication, complains of always feeling tired, has little or no appetite, and is not motivated to do anything. Mr. U acknowledges that he has little or no interest in most activities that use to bring him pleasure, and is bothered by his recurrent thoughts of death.

Mr. U was embarrassed and apologetic for his not picking up his grandson. He appreciates living with his family, and adores his daughter and grandchildren.

Mr. U lives with his daughter, her husband who Mr. U likes, and their three children, ages 18, 16, and 10. They are supportive and concerned about his wellbeing.

ASAM Dimension Problem List Worksheet

Review the Case, identify and list the problems in the space provided below which are related to the ASAM Dimension (1-6) that you have been assigned. It is important to note the resources and strengths of an individual, as well as the challenges she/he faces in regards to a specific dimension.

ASAM Criteria – Multidimensional Assessment

Dimension #1: **Acute Intoxication and/or Withdrawal Potential** Risk Rating:

Rationale:

Dimension #2: **Biomedical Conditions and Complications** Risk Rating:

Rationale:

Dimension #3: **Emotional, Beh. or Cog. Conditions and Complications** Risk Rating:

Rationale:

Dimension #4: **Readiness to Change** Risk Rating:

Rationale:

Dimension #5: **Relapse, Cont. Use, or Continued Problem Potential** Risk Rating:

Rationale:

Dimension #6: **Recovery/Living Environment** Risk Rating:

Rationale:

Non-issue Very low Risk	Mild difficulty chronic issues Likely to resolve	Moderate difficulty Persistent chronic issues	Serious Issue Near Imminent danger	Utmost severity Imminent Danger
0	1	2	3	4

Six Domains of Multidimensional Assessment

1. Acute Intoxication and/or Withdrawal Potential
2. Biomedical Conditions and Complications
3. Emotional, Behavioral, or Cognitive Conditions and Complications
4. Readiness to Change
5. Relapse, Continued Use, or Continued Problems Potential
6. Recovery and Living Environment

ASAM Levels of Care

1. Outpatient Treatment
2. Intensive Outpatient and Partial Hospitalization
3. Residential/Inpatient Treatment
4. Medically-Managed Intensive Inpatient Treatment

ASAM PPC-2R RISK RATING CROSSWALK

ASAM Patient Placement Criteria (PPC) for the Treatment of Substance-Related Disorders - Adult

	0	1	2	3	4
1 *Acute Intoxication and/or Withdrawal Potential*	Fully functioning, no signs of intoxication or withdrawal present.	Mild to moderate intoxication interferes with daily functioning, but does not pose a danger to self or others. Minimal risk of severe withdrawal.	Intoxication may be severe, but responds to support; not posing a danger to self or others. Moderate risk of severe withdrawal.	Severe s/s of intoxication indicates an imminent danger to self or others. Risk of severe but manageable withdrawal; or withdrawal is worsening.	Incapacitated, with severe signs and symptoms. Severe withdrawal presents danger, as of seizures. Continued use poses an imminent threat to life (e.g., liver failure, GI bleed*, or fetal death).
2 *Biomedical Conditions and Complications*	Fully functioning and able to cope with any physical discomfort or pain.	Adequate ability to cope with physical discomfort. Mild to moderate symptoms (such as mild to moderate pain) interfere with daily functioning.	Some difficulty tolerating physical problems. Acute, non-life threatening medical symptoms are present. Serious biomedical problems are neglected.	Serious medical problems are neglected during outpatient treatment. Severe medical problems are present but stable. Poor ability to cope with physical problems.	The patient is incapacitated, with severe medical problems.
3 *Emotional, Behavioral or Cognitive (EBC) Conditions and Complications*	Good impulse control and coping skills and sub-domains (dangerousness/lethality, interference with recovery efforts, social functioning, self-care ability, course of illness).	There is a suspected or diagnosed EBC condition that requires intervention, but does not significantly interfere with tx. Relationships are being impaired but not endangered by substance use.	Persistent EBC condition, with symptoms that distract from recovery efforts, but are not an immediate threat to safety and do not prevent independent functioning.	Severe EBC symptomatology, but sufficient control that does not require involuntary confinement. Impulses to harm self or others, but not dangerous in a 24-hr setting.	Severe EBC symptomatology; requires involuntary confinement. Exhibits severe and acute life-threatening symptoms (e.g., dangerous or impulsive behavior or cognitive functioning) posing imminent danger to self and others.
4 *Readiness to Change*	Willing, engaged in treatment.	Willing to enter treatment, but is ambivalent about the need for change. Or willing to change substance use, but believes it will not be difficult to do so.	Reluctant to agree to treatment. Able to articulate negative consequences of usage but has low commitment to change use. Only passively involved in treatment.	Unaware of the need for change, minimal awareness of the need for treatment, and unwilling or only partially able to follow through with recommendations.	Not willing to explore change, knows very little about addiction, and is in denial of the illness and its implications. Unable to follow -through with recommendations.
	Mental Health	*Mental Health*	*Mental Health*	*Mental Health*	*Mental Health*
	Willingly engaged in tx* as a proactive, responsible participant; willing to change mental functioning & behavior.	Willing to enter tx and explore strategies for changing mental functioning but is ambivalent about the need for change. Willing to explore the need for strategies to deal with mental disorders. Participation in mental health tx is sufficient to avert mental decompensation. *Ex: ambivalent about taking meds but generally follows tx recommendations.*	Reluctant to agree to tx for mental disorders. Is able to articulate the negative consequences of mental health problems but has low commitment to therapy. Has low readiness to change and passively involved in tx. *Ex: variable attendance to therapy or with taking medication.*	Exhibits inconsistent follow through and shows minimal awareness of mental disorder or need for tx. Unaware of the need for change and is unwilling or partially able to follow through with recommendations.	A. No immediate Action Required: Unable to follow through has little or no awareness of a mental disorder or negative consequences. Sees no connection between suffering and mental disorder. Is not imminently dangerous or unable to care for self. Unwilling to explore change and is in denial regarding their illness and its implications. B. Immediate Action Required: Unable to follow

*GI bleed: gastrointestinal bleeding

*tx: treatment

					through with recommendations. Behavior represents an imminent danger of harm to self and others. Unable to function independently or engage in self-care.
5 *Relapse, Continued Use, or Continued Problem Potential*	Low or no potential for relapse, good coping skills.	Minimal relapse potential, with some vulnerability, and has fair self management and relapse prevention skills.	Impaired recognition and understanding of substance use relapse issues, but is able to self manage with prompting.	Little recognition and understanding of substance use relapse issues, and poor skills to interrupt addiction problems, or to avoid or limit relapse.	No skills to cope with addiction problems, or to prevent relapse. Continued addictive behavior places self and/or others in imminent danger.
	Mental Health	*Mental Health*	*Mental Health*	*Mental Health*	*Mental Health*
	No potential for further mental health problems or low potential and good coping skills.	Minimal relapse potential with some vulnerability and fair self management & relapse prevention skills.	Impaired recognition & understanding of mental illness relapse issues, but is able to self-manage.	Little recognition or understanding of mental illness relapse issues & poor skills to cope with mental health problems.	A. No immediate action required: Repeated tx episodes with little positive effect. No skills to cope with or interrupt mental health problems. Not in imminent danger and is able to care for self. B. Immediate action required: No skills to arrest the mental health disorder or relapse of mental illness. Psychiatric disorder places them in imminent danger.
6 *Recovery Environment*	Supportive environment and/or able to cope in environment.	Passive support or significant others are not interested in patient's addiction recovery, but is not too distracted by this and is able to cope	The environment is not supportive of addiction recovery but, with clinical structure, able to cope most of the time.	The environment is not supportive of addiction recovery and the patient finds coping difficult, even with clinical structure.	The environment is chronically hostile and toxic to recovery. The patient is unable to cope with the negative effects of this environment on recovery, and the environment may pose a threat to the patient's safety.
	Mental Health	*Mental Health*	*Mental Health*	*Mental Health*	*Mental Health*
	Has a supportive environment or is able to cope with poor supports.	Has passive supports or significant others not interested in improved mental health but they are able to cope.	Environment is not supportive of good mental health but, with clinical structure, they are able to cope most of the time.	Environment is not supportive of good mental health and they find coping difficult, even with clinical structure.	A. No immediate action required: Environment is not supportive and is chronically hostile and toxic to good mental health Able to cope with the negative effects of the environment on their recovery. B. Immediate Action Required: Environment is not supportive and is chronically hostile to a safe mental health environment posing an immediate threat to their safety and well being. (ex

					lives with a abusive alcoholic partner.)
	No Risk	Low	Moderate	High	Severe

- **Level III Residential Treatment** typically has a one “3” or “4” in Dimension 1, 2 or 3; and an additional “3” or “4” in Dimensions 1 through 6. For dimension 1, risk rating of “3” or “4” within past 2 weeks.

- **Level II Partial Hospitalization** typically has a risk rating of “1” or “0” in Dimension 1; a “2” or “3” in Dimension 2; a “2 or 3” in Dimension 3; and one “3 or 4” in Dimensions 4 through 6.

- **Level II Intensive Outpatient** typically has a “0” or “1” in Dimensions 1 and 2; a “1 or 2” in Dimension 3; and a “3” or “4” in Dimension 4, 5, or 6.

- **Level I Outpatient treatment** typically has a risk rating of “0” or”1” in all Dimensions.

ASAM Criteria, Third Edition Matrix for Matching Adult Severity and Level of Function with Type and Intensity of Service		
Dimension	**Risk Rating & Description**	**Services & Modalities Needed**
Dimension 1: Acute Intoxication and/or Withdrawal Potential **Risk Rating: 0**	The patient is fully functioning and demonstrates good ability to tolerate and cope with withdrawal discomfort. No signs or symptoms of intoxication or withdrawal are present, or signs or symptoms are resolving. For patients in Opioid Treatment Programs (OTP), the dose is well stabilized, with no opioid intoxication or withdrawal.	No immediate intoxication monitoring or management services are needed. The patient in OTP requires opioid agonist medications, such as methadone or buprenorphine.
Dimension 1: Acute Intoxication and/or Withdrawal Potential **Risk Rating: 1**	The patient demonstrates adequate ability to tolerate and cope with withdrawal discomfort. Mild to moderate intoxication or signs and symptoms interfere with daily functioning, but do not pose an imminent danger to self or others. There is minimal risk of severe withdrawal (eg, as a continuation of withdrawal management at other levels of service, or in the presence of heavy alcohol or sedative-hypnotic use with minimal seizure risk). For patients in Opioid Treatment Programs (OTP), the dose is inadequately stabilized and the patient has mild symptoms of withdrawal, or occasional compensatory use of opioids or other drugs.	Low-intensity intoxication monitoring or management, or withdrawal management services are needed. For patients who require intensive mental health services (a Dimension 3 risk rating of 2 or higher), low-intensity withdrawal management can be provided in a mental health setting with ongoing case management to coordinate care. The patient in OTP requires dose adjustment, counseling services to assess and address readiness to change and relapse issues, and random urine testing.
Dimension 1: Acute Intoxication and/or Withdrawal Potential **Risk Rating: 2**	The patient has some difficulty tolerating and coping with withdrawal discomfort. Intoxication may be severe, but responds to support and treatment sufficiently that the patient does not pose an imminent danger to self or others. Moderate signs and symptoms, with moderate risk of severe withdrawal (eg, as a continuation of withdrawal management at other levels of service, or in the presence of heavy alcohol or sedative-hypnotic use with minimal seizure risk, or many signs and symptoms of opioid or stimulant withdrawal). For patients in Opioid Treatment Programs (OTP), the dose is inadequately stabilized and the patient has moderate symptoms of withdrawal, or frequent compensatory use of opioids or other drugs.	Moderate-intensity intoxication monitoring or management, or withdrawal management services are needed. For patients who require partial hospital or more intensive mental health services (a Dimension 3 risk rating of 2 or higher), moderate-intensity withdrawal management can be provided in a mental health setting with ongoing case management to coordinate care. The patient in OTP requires dose adjustment, counseling services to assess and address readiness to change and relapse issues, and random urine testing.

ASAM Criteria, Third Edition Matrix for Matching Adult Severity and Level of Function with Type and Intensity of Service		
Dimension	**Risk Rating & Description**	**Services & Modalities Needed**
Dimension 1: Acute Intoxication and/or Withdrawal Potential **Risk Rating: 3**	The patient demonstrates poor ability to tolerate and cope with withdrawal discomfort. Severe signs and symptoms of intoxication indicate that the patient may pose an imminent danger to self or others, and intoxication has not abated at less intensive levels of service. There are severe signs and symptoms of withdrawal, or risk of severe but manageable withdrawal; or withdrawal is worsening despite withdrawal management at a less intensive level of care (eg, as a continuation of withdrawal management at other levels of service, or in the presence of opioid withdrawal with cravings and impulsive behaviors). For patients in Opioid Treatment Programs (OTP), the dose is inadequately stabilized and the patient has severe symptoms of withdrawal, or frequent, significant, and ongoing compensatory use of opioids or other drugs.	Moderately high-intensity intoxication monitoring, management, or withdrawal management services are needed. Nursing and medical monitoring may be needed for more severe withdrawal. For patients who require medically monitored and nurse-managed mental health services (a Dimension 3 risk rating of 3 or higher), moderately high-intensity withdrawal management can be provided in a mental health setting with ongoing case management to coordinate care. The patient in OTP requires dose adjustment, counseling services to assess and address readiness to change and relapse issues, and random urine testing.
Dimension 1: Acute Intoxication and/or Withdrawal Potential **Risk Rating: 4**	The patient is incapacitated, with severe signs and symptoms. Severe withdrawal presents danger, such as seizures. Continued use poses an imminent threat to life (eg, liver failure, GI bleeding, or fetal death). For patients in Opioid Treatment Programs (OTP), the dose is inadequately stabilized and the patient has repeated, significant concurrent use of opioids or other drugs. Such use is unresponsive to treatment interventions, dose adjustments, and increasing sanctions.	High-intensity intoxication monitoring or management, or withdrawal management services are needed, with monitoring and management more often than hourly. The patient in OTP requires dose adjustment, counseling services to assess readiness to change, and long-term outpatient withdrawal management from the OTP medication.
Dimension 2: Biomedical Conditions and Complications **Risk Rating: 0**	The patient is fully functioning and demonstrates good ability to cope with physical discomfort. No biomedical signs or symptoms are present, or biomedical problems (such as hypertension or chronic pain) are stable.	No immediate biomedical services (except for long-term monitoring) are needed.
Dimension 2: Biomedical Conditions and Complications **Risk Rating: 1**	The patient demonstrates adequate ability to tolerate and cope with physical discomfort. Mild to moderate signs or symptoms (such as mild to moderate pain) interfere with daily functioning.	Low-intensity biomedical services are needed, including case management to coordinate addiction and mental health care.

ASAM Criteria, Third Edition Matrix for Matching Adult Severity and Level of Function with Type and Intensity of Service		
Dimension	**Risk Rating & Description**	**Services & Modalities Needed**
Dimension 2: Biomedical Conditions and Complications **Risk Rating: 2**	The patient has some difficulty tolerating and coping with physical problems, and/or has other biomedical problems. These problems may interfere with recovery and mental health treatment. The patient neglects to care for serious biomedical problems. Acute, non-life-threatening medical signs and symptoms (such as acute episodes of chronic, distracting pain, or signs of malnutrition or electrolyte imbalance) are present.	Moderate-intensity biomedical services are needed, including case management to ensure further biomedical evaluation and treatment as part of the overall treatment plan. For patients with significant mental health impairments (a Dimension 3 risk rating of 2 or higher), case management may be needed to coordinate the patient's addiction, mental health, and biomedical care.
Dimension 2: Biomedical Conditions and Complications **Risk Rating: 3**	The patient demonstrates poor ability to tolerate and cope with physical problems, and/or his or her general health condition is poor. The patient has serious medical problems, which he or she neglects during outpatient or intensive outpatient treatment. Severe medical problems (such as severe pain requiring medication, or brittle diabetes) are present but stable.	Moderately high-intensity biomedical services are needed, including medical and nursing monitoring to ensure stabilization. For patients with significant mental health impairments (a Dimension 3 risk rating of 2 or higher), case management may be needed to coordinate the patient's addiction, mental health, and biomedical care.
Dimension 2: Biomedical Conditions and Complications **Risk Rating: 4**	The patient is incapacitated, with severe medical problems (such as extreme pain, uncontrolled diabetes, GI bleeding, or infection requiring IV antibiotics).	High-intensity biomedical services are needed for stabilization and medication management, including medical and nursing close observation and 24-hour management.

ASAM Criteria, Third Edition Matrix for Matching Adult Severity and Level of Function with Type and Intensity of Service		
Dimension	**Risk Rating & Description**	**Services & Modalities Needed**
Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications **Risk Rating: 0**	The patient either has no mental health problems or has a diagnosed but stable mental disorder. Dangerousness/Lethality: Good impulse control and coping skills. Interference with Addiction Recovery Efforts: Ability to focus on recovery, identify appropriate supports and reach out for help. Social Functioning: Full functioning in relationships with significant others, coworkers, friends, etc. Ability for Self-Care: Full functioning, with good resources and skills to cope with emotional problems. Course of Illness: No emotional or behavioral problems, or problems identified are stable (eg, depression that is stable and managed with antidepressants). No recent serious or high-risk vulnerability.	No immediate mental health services are needed.

ASAM Criteria, Third Edition Matrix for Matching Adult Severity and Level of Function with Type and Intensity of Service		
Dimension	**Risk Rating & Description**	**Services & Modalities Needed**
Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications **Risk Rating: 1**	The patient has a diagnosed mental disorder that requires intervention, but does not significantly interfere with addiction treatment. Dangerousness/Lethality: Adequate impulse control and coping skills to deal with any thoughts of harm to self or others. Interference with Addiction Recovery Efforts: Emotional concerns relate to negative consequences and effects of addiction. The patient is able to view these as part of addiction and recovery. Social Functioning: Relationships or spheres of social functioning (as with significant others, friends, coworkers) are being impaired but not endangered by patient's substance use (eg, no imminent divorce, job loss, or coping in homeless situations). The patient is able to meet personal responsibilities and maintain stable, meaningful relationships despite the mild symptoms experienced (eg, mood or anxiety symptoms subthreshold for DSM diagnosis or, if meeting diagnostic criteria, patient is able to continue in essential roles). Ability for Self-Care: Adequate resources and skills to cope with emotional or behavioral problems. Course of Illness: Mild to moderate signs and symptoms (eg, dysphoria, relationship problems, work or school problems, or problems coping in the community) with good response to treatment in the past. Any past serious problems have a long period of stability (eg, serious depression and suicidal behavior 15 years ago) or past problems are chronic but not severe enough to pose any high-risk vulnerability (eg, superficial wrist scratching, but no previous hospitalization or life-threatening behavior).	Low-intensity mental health services are needed, including case management to coordinate addiction and mental health care, medication monitoring, psychoeducation about mental disorders and psychotropic medications, self/mutual help, co-occurring disorders support, and recovery groups to deal with emotional aspects of recovery.

ASAM Criteria, Third Edition Matrix for Matching Adult Severity and Level of Function with Type and Intensity of Service		
Dimension	**Risk Rating & Description**	**Services & Modalities Needed**
Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications **Risk Rating: 2**	Patients are of two types. The first exhibits this level of impairment only during acute decompensation. The second demonstrates this level of decompensation at baseline. This risk rating implies chronic mental illness, with symptoms and disability that cause significant interference with addiction treatment, but do not constitute an immediate threat to safety and do not prevent independent functioning. Dangerousness/Lethality: Suicidal ideation; violent impulses; significant history of suicidal or violent behavior requires more than routine monitoring. Interference with Addiction Recovery Efforts: Emotional, behavioral, or cognitive problems distract the patient from recovery efforts. Social Functioning: Relationships or spheres of social functioning (as with significant others, friends, coworkers) are being impaired by substance use, but also are linked to a psychiatric disorder (eg, a patient with depression or anxiety disorder is unable to sleep or socialize). Symptoms are causing moderate difficulty in managing relationships with significant others; social, work, or school functioning; or coping in the community, but not to a degree that they pose a significant danger to self or others, or that the patient is unable to manage activities of daily living or basic responsibilities in the home, work, school, or community. Ability for Self-Care: Poor resources, with moderate or minimal skills to cope with emotional or behavioral problems. Course of Illness: Frequent and/or intensive symptoms (eg, frequent suicidal or homicidal ideation, vegetative signs, agitation or retardation, inconsistent impulse control), with a history that indicates significant problems that are not well stabilized (eg, psychotic episodes with frequent periods of decompensation). Acute or acute-on-chronic problems pose some risk of harm to self or others, but the patient is not imminently dangerous (eg, hallucinations and delusions invoke homicidal ideation, but the patient has no plan or means to harm others).	Moderate-intensity mental health services are needed, including case management to ensure monitoring and evaluation of emotional, behavioral, and cognitive status as part of the treatment plan, medication management and monitoring, and medical and nursing monitoring and management as needed. For acute decompensation patients, activities to address the substance use disorder may need to be postponed until the patient's mental health symptoms are more stable. For baseline patients, the patient's substance use disorder may be addressed in psychiatrically enhanced addiction services, staffed by mental health professionals with smaller caseloads. For patients with high risk ratings in Dimension 4, motivational enhancement therapies may be integrated into ongoing mental health services.

ASAM Criteria, Third Edition Matrix for Matching Adult Severity and Level of Function with Type and Intensity of Service		
Dimension	**Risk Rating & Description**	**Services & Modalities Needed**
Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications **Risk Rating: 3**	Patients are of two types. The first exhibits this level of impairment only during acute decompensation. The second demonstrates this level of decompensation at baseline. This risk rating is characterized by severe psychiatric symptomatology, disability, and impulsivity, but the patient has sufficient control that he or she does not require involuntary confinement. Dangerousness/Lethality: Suicidal ideation; violent impulses; significant history of suicidal or violent behavior requires more than routine monitoring. Interference with Addiction Recovery Efforts: Emotional, behavioral, or cognitive problems distract the patient from recovery efforts. Social Functioning: Relationships or spheres of social functioning (as with significant others, friends, coworkers) are being impaired by substance use, but also are linked to a psychiatric disorder (eg, a patient with depression or anxiety disorder is unable to sleep or socialize). Symptoms are causing moderate difficulty in managing relationships with significant others; social, work, or school functioning; or coping in the community, but not to a degree that they pose a significant danger to self or others, or that the patient is unable to manage activities of daily living or basic responsibilities in the home, work, school, or community. Ability for Self-Care: Poor resources, with moderate or minimal skills to cope with emotional or behavioral problems. Course of Illness: Frequent and/or intensive symptoms (eg, frequent suicidal or homicidal ideation, vegetative signs, agitation or retardation, inconsistent impulse control), with a history that indicates significant problems that are not well stabilized (eg, psychotic episodes with frequent periods of decompensation). Acute or acute-on-chronic problems pose some risk of harm to self or others, but the patient is not imminently dangerous (eg, hallucinations and delusions invoke homicidal ideation, but the patient has no plan or means to harm others).	Moderate-intensity mental health services are needed, including case management to ensure monitoring and evaluation of emotional, behavioral, and cognitive status as part of the treatment plan, medication management and monitoring, and medical and nursing monitoring and management as needed. For acute decompensation patients, activities to address the substance use disorder may need to be postponed until the patient's mental health symptoms are more stable. For baseline patients, the patient's substance use disorder may be addressed in psychiatrically enhanced addiction services, staffed by mental health professionals with smaller caseloads. For patients with high risk ratings in Dimension 4, motivational enhancement therapies may be integrated into ongoing mental health services.

ASAM Criteria, Third Edition Matrix for Matching Adult Severity and Level of Function with Type and Intensity of Service		
Dimension	**Risk Rating & Description**	**Services & Modalities Needed**
Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications **Risk Rating: 4**	Patients have severe psychiatric symptomatology, disability, and impulsivity, and require involuntary confinement. Dangerousness/Lethality: Severe psychotic, mood, or personality disorder, which presents acute risk to the patient, such as immediate risk of suicide; psychosis with unpredictable, disorganized, or violent behavior; or gross neglect of self-care. Interference with Addiction Recovery Efforts: Risk in this domain does not influence type and intensity of services needed. Social Functioning: Risk in this domain does not influence type and intensity of services needed. Ability for Self-Care: Risk in this domain does not influence type and intensity of services needed. Course of Illness: High risk and significant vulnerability for dangerous consequences. The patient exhibits severe and acute life-threatening symptoms (eg, dangerous or impulsive behavior or cognitive functioning) that pose imminent danger to self or others. Symptoms of psychosis include command hallucinations or paranoid delusions. History of instability is such that high-intensity services are needed to prevent dangerous consequences (eg, the patient is not responding to daily changes in medication at less intensive levels of service, with escalating psychosis).	High-intensity mental health services are needed, including 24-hour medical and nursing monitoring and management, medication management, ECT or secure services, and close observation more often than hourly. Appropriate addiction services (such as withdrawal management and motivational enhancement therapies) can be integrated into mental health services.
Dimension 4: Readiness to Change **Risk Rating: 0**	Substance Use Disorders: The patient is willingly engaged in treatment as a proactive, responsible participant, and is committed to changing his or her alcohol, tobacco, and/or other drug use. Mental Disorders: The patient is willingly engaged in treatment as a proactive, responsible participant, and is committed to changing his or her mental functioning and behavior.	No immediate engagement or motivational enhancement strategies or services are needed.

ASAM Criteria, Third Edition Matrix for Matching Adult Severity and Level of Function with Type and Intensity of Service		
Dimension	**Risk Rating & Description**	**Services & Modalities Needed**
Dimension 4: Readiness to Change **Risk Rating: 1**	Substance Use Disorders: The patient is willing to enter treatment and to explore strategies for changing his or her substance use, but is ambivalent about the need for change. He or she is willing to explore the need for treatment and strategies to reduce or stop substance use (eg, the patient views his or her substance use problem as caused by depression or another psychiatric diagnosis). Or the patient is willing to change his or her substance use, but believes it will not be difficult to do so, or does not accept a full recovery treatment plan. Mental Disorders: The patient is willing to enter treatment and to explore strategies for changing his or her mental functioning, but is ambivalent about the need for change. He or she is willing to explore the need for treatment and strategies to deal with mental disorders. The patient's participation in mental health treatment is sufficient to avert mental decompensation (eg, a bipolar patient who is ambivalent about taking mood-stabilizing medications, but who generally follows through with treatment recommendations).	In any addiction/co-occurring disorders setting, low-intensity engagement or motivational strategies are needed. These include education about the illness(es), education of family and significant others, and legal, work, or school system reinforcement of the need for treatment. For patients with impairment in Dimension 3, motivational enhancement is integrated into continuing care management at any degree of intensity, as well as into specific treatment episodes.
Dimension 4: Readiness to Change **Risk Rating: 2**	Substance Use Disorders: The patient is reluctant to agree to treatment for substance use problems. He or she is able to articulate the negative consequences of substance use, but has low commitment to change his or her use of alcohol or other drugs. The patient is assessed as having low readiness to change and is only passively involved in treatment, and is variably compliant with attendance at outpatient sessions or meetings of self/mutual help or other support groups. Mental Disorders: The patient is reluctant to agree to treatment for mental disorders. He or she is able to articulate the negative consequences of his or her mental health problems, but has low commitment to therapy. The patient is assessed as having low readiness to change and is only passively involved in treatment (eg, is variable in follow through with use of psychotropic medications or attendance at therapy sessions).	Moderate-intensity engagement or motivational strategies are needed, with active support from family; significant others; legal, work, or school systems to set and follow through with clear, consistent limits and consequences. Assertive case management or assertive community treatment (ACT) may be needed. For patients who face legal consequences, court-mandated treatment (as through drug court) may be indicated. For patients with Dimension 3 baseline risk ratings of 2 or higher, intensive care management may be required to integrate motivational enhancement therapies and continuing mental health care.

ASAM Criteria, Third Edition Matrix for Matching Adult Severity and Level of Function with Type and Intensity of Service		
Dimension	**Risk Rating & Description**	**Services & Modalities Needed**
Dimension 4: Readiness to Change **Risk Rating: 3**	Substance Use Disorders: The patient exhibits inconsistent follow through and shows minimal awareness of his or her substance use disorder and need for treatment. He or she appears unaware of the need to change, and thus is unwilling or only partially able to follow through with treatment recommendations. Mental Disorders: The patient exhibits inconsistent follow through and shows minimal awareness of his or her mental disorder and need for treatment. He or she appears unaware of the need to change, and thus is unwilling or only partially able to follow through with treatment recommendations.	Moderately high-intensity engagement or motivational enhancement strategies are needed to engage the patient in treatment. Effort should be focused on any available systems leverage (family, school, work, or legal system) to align incentives that promote treatment engagement and investment by the patient. If opposition to treatment is caused by psychosis, intramuscular injections of a depot, slow-release antipsychotic medication, may be needed. Assertive case management or assertive community treatment (ACT) may be needed. For patients with a Dimension 3 risk rating of 2 to 4, intensive case management or assertive community treatment (ACT) may be required.
Dimension 4: Readiness to Change **Risk Rating: 4a**	Substance Use Disorders: The patient is unable to follow through, has little or no awareness of substance use problems and any associated negative consequences, knows very little about addiction, and sees no connection between his/her suffering and substance use. He or she is not imminently dangerous or unable to care for self, and is not willing to explore change regarding his or her illness and its implications (for example, he or she blames others for legal or family problems, and rejects treatment). Mental Disorders: The patient is unable to follow through, has little or no awareness of a mental disorder and any associated negative consequences, knows very little about mental illness, and sees no connection between his or her suffering and mental health problems. He or she is not imminently dangerous or unable to care for self, is not willing to explore change regarding his or her illness and its implications.	The patient needs high-intensity engagement or motivational strategies to try to engage him or her in treatment. Any available systems leverage (as through family, school, work, or the judicial system) should be used to align incentives to promote the patient's engagement and investment in treatment. Preferred strategies involve assertive community treatment (ACT) rather than intensive therapy aimed at "breaking through denial."

ASAM Criteria, Third Edition Matrix for Matching Adult Severity and Level of Function with Type and Intensity of Service		
Dimension	**Risk Rating & Description**	**Services & Modalities Needed**
Dimension 4: Readiness to Change **Risk Rating: 4b**	Substance Use Disorders: The patient is unable to follow through with treatment recommendations. As a result, his or her behavior represents an imminent danger of harm to self or others, or he or she is unable to function independently and engage in self-care. For example, the patient repeatedly demonstrates inability to follow through with treatment, continues to use alcohol and/or other drugs, and to become violent, suicidal, or to drive dangerously. Mental Disorders: The patient is unable to follow through with treatment recommendations. As a result, his or her behavior represents an imminent danger of harm to self or others, or he or she is unable to function independently and engage in self-care. For example, the patient refuses all medications and is overtly psychotic, so that his or her judgment and impulse control is severely impaired.	The patient needs secure placement for stabilization while imminently dangerous. If treatment resistance is caused by psychosis, involuntary commitment and placement in a secure unit may be necessary. If treatment resistance is caused by severe, acute intoxication, close observation may be needed until the patient is less toxic.
Dimension 5: Relapse, Continued Use, or Continued Problem Potential **Risk Rating: 0**	Substance Use Disorders: The patient has no potential for further substance use problems, or has low relapse potential and good coping skills. Mental Disorders: The patient has no potential for further mental health problems, or has low potential and good coping skills.	No immediate relapse prevention services are needed. The patient may need self/mutual help or a non-professional support group.
Dimension 5: Relapse, Continued Use, or Continued Problem Potential **Risk Rating: 1**	Substance Use Disorders: The patient has minimal relapse potential, with some vulnerability, and has fair self-management and relapse prevention skills. Mental Disorders: The patient has minimal relapse potential, with some vulnerability, and has fair self-management and relapse prevention skills.	Low-intensity relapse prevention services are needed to reinforce coping skills until the patient is integrated into continuing care or a self/mutual help or non-professional group. Medication management may be needed (as with anti-craving, opioid agonist, or antipsychotic medications).

ASAM Criteria, Third Edition Matrix for Matching Adult Severity and Level of Function with Type and Intensity of Service		
Dimension	**Risk Rating & Description**	**Services & Modalities Needed**
Dimension 5: Relapse, Continued Use, or Continued Problem Potential **Risk Rating: 2**	Substance Use Disorders: The patient has impaired recognition and understanding of substance use relapse issues, but is able to self-manage with prompting. Mental Disorders: The patient has impaired recognition and understanding of mental illness relapse issues, but is able to self-manage with prompting.	Moderate-intensity relapse prevention services are needed to monitor and strengthen the patient's coping skills. The patient also needs relapse prevention education and help with integration into self/mutual help and community support groups, assertive case management, and assertive community treatment (ACT). Medication management may be needed (as with anti-craving, opioid agonist, or antipsychotic medications). The patient may need addiction treatment coupled with continuing outpatient mental health and/or addiction care (routine or intensive). For patients with a Dimension 3 risk rating of 1 to 2, continuing coordinated and integrated mental health care is required while intensive addiction treatment is provided. For patients with a Dimension 3 risk rating of 2 or (especially) 3, intensive case management services may be required to coordinate and integrate addiction treatment into continuing mental health care.

ASAM Criteria, Third Edition Matrix for Matching Adult Severity and Level of Function with Type and Intensity of Service		
Dimension	**Risk Rating & Description**	**Services & Modalities Needed**
Dimension 5: Relapse, Continued Use, or Continued Problem Potential **Risk Rating: 3**	Substance Use Disorders: The patient has little recognition and understanding of substance use relapse issues, and has poor skills to cope with and interrupt addiction problems, or to avoid or limit relapse. Mental Disorders: The patient has little recognition and understanding of mental illness relapse issues, and has poor skills to cope with and interrupt mental health problems, or to avoid or limit relapse.	Moderately high-intensity relapse prevention services are needed, including structured coping skills training, motivational strategies, and exploration of family and/or significant other's ability to align incentives to consolidate engagement in treatment, and possible assistance in finding a supportive living environment. The patient also needs assertive case management and assertive community treatment (ACT). Medication management may be needed (as with anti-craving, opioid agonist, or antipsychotic medications). The patient may need addiction treatment coupled with continuing outpatient mental health and/or addiction care (routine or intensive). For patients with a Dimension 3 risk rating of 1 to 2, continuing coordinated and integrated addiction treatment and mental health care is required. For patients with a Dimension 3 risk rating of 2 to 3 at baseline, assertive community treatment or other intensive case management services may be required.

ASAM Criteria, Third Edition Matrix for Matching Adult Severity and Level of Function with Type and Intensity of Service		
Dimension	**Risk Rating & Description**	**Services & Modalities Needed**
Dimension 5: Relapse, Continued Use, or Continued Problem Potential **Risk Rating: 4a**	Substance Use Disorders: Repeated treatment episodes have had little positive effect on the patient's functioning. He or she has no skills to cope with and interrupt addiction problems, or to prevent or limit relapse. However, the patient is not in imminent danger and is able to care for self (eg, the patient has undergone repeated withdrawal managements but is unable to cope with continued cravings to use). Mental Disorders: Repeated treatment episodes have had little positive effect on the patient's functioning. He or she has no skills to cope with and interrupt mental health problems, or to prevent or limit relapse. However, the patient is not in imminent danger and is able to care for self (eg, the patient is severely and chronically mentally ill, with chronic dysfunction and inability to arrest psychotic episodes).	Exploration of systems incentives to consolidate the patient's engagement in treatment is required. The patient needs motivational strategies, structured coping skills, assertive case management and community outreach, assistance in finding supportive living arrangements, and assertive community treatment (ACT). Medication management may be needed (as with anti-craving, opioid agonist, or antipsychotic medications). The patient may need addiction treatment coupled with continuing outpatient mental health and/or addiction care (routine or intensive). For patients with a Dimension 3 risk rating of 2 or higher, coordinated and integrated addiction treatment and mental health case management and/or assertive community treatment may be indicated.

ASAM Criteria, Third Edition Matrix for Matching Adult Severity and Level of Function with Type and Intensity of Service		
Dimension	**Risk Rating & Description**	**Services & Modalities Needed**
Dimension 5: Relapse, Continued Use, or Continued Problem Potential **Risk Rating: 4b**	Substance Use Disorders: The patient has no skills to arrest the addictive disorder, or to prevent relapse to substance use. His or her continued addictive behavior places the patient and/or others in imminent danger (eg, a patient whose continued drug use leads to impulsive, psychotic, and aggressive behaviors). Mental Disorders: The patient has no skills to arrest the mental illness, or to prevent relapse to mental health problems. His or her continued psychiatric disorder places the patient and/or others in imminent danger (eg, a patient whose depression and feelings of hopelessness cause strong impulses to slash his or her wrists, or who has paranoid delusions with command hallucinations to harm others).	The patient needs secure placement for stabilization while imminently dangerous. If the relapse and/or dangerousness is due to psychosis, placement in a secure unit and/or involuntary commitment may be necessary. If continued use is due to severe, acute intoxication, close observation may be needed until the patient is less toxic. Medication management may be needed (as with anti-craving, opioid agonist, or antipsychotic medications). When the patient is stabilized, a supportive living arrangement will be needed. For patients with a Dimension 3 risk rating of 2 or higher at baseline, continuing mental health and addiction treatment with intensive case management also is required.
Dimension 6: Recovery/Living Environment **Risk Rating: 0**	Substance Use Disorders: The patient has a supportive environment or is able to cope with poor supports. Mental Disorders: The patient has a supportive environment or is able to cope with poor supports.	No immediate supportive living or skills training services are needed.
Dimension 6: Recovery/Living Environment **Risk Rating: 1**	Substance Use Disorders: The patient has passive support, or significant others are not interested in his or her addiction recovery, but he or she is not too distracted by this situation and is able to cope. Mental Disorders: The patient has passive support, or significant others are not interested in an improved mental health environment, but he or she is not too distracted by this situation and is able to cope.	The patient needs assistance in finding a supportive living environment or skills training, vocational training, child care, and transportation. For patients with a Dimension 3 risk rating of 1 or higher, coordination of mental health and addiction care may support functioning in the current recovery environment.

ASAM Criteria, Third Edition Matrix for Matching Adult Severity and Level of Function with Type and Intensity of Service		
Dimension	**Risk Rating & Description**	**Services & Modalities Needed**
Dimension 6: Recovery/Living Environment **Risk Rating: 2**	Substance Use Disorders: The patient's environment is not supportive of addiction recovery, but, with clinical structure, the patient is able to cope most of the time. Mental Disorders: The patient's environment is not supportive of good mental health, but, with clinical structure, the patient is able to cope most of the time.	The patient needs assistance in finding a supportive living environment or skills training, vocational training, child care, transportation, assertive case management, and assertive community treatment (ACT). The range of services needed depends on the interaction among Dimensions 3, 4, and 5. For example, a stabilized, depressed patient with alcohol use disorder who is ready for recovery and active in self/mutual help groups may need only individual or group counseling once a week, whereas a psychotic patient who is addicted to intravenous cocaine and who is not interested in recovery and has few skills to cope with craving may need more intensive services.
Dimension 6: Recovery/Living Environment **Risk Rating: 3**	Substance Use Disorders: The patient's environment is not supportive of addiction recovery and he or she finds coping difficult, even with clinical structure. Mental Disorders: The patient's environment is not supportive of good mental health and he or she finds coping difficult, even with clinical structure.	The patient needs assertive assistance in finding a supportive living environment or skills training (depending on the patient's coping skills and impulse control), structured vocational rehabilitation, assertive case management and community outreach, and assertive community treatment (ACT). The range of services needed depends on the interaction among Dimensions 3, 4, and 5, as described in risk rating 2.

ASAM Criteria, Third Edition Matrix for Matching Adult Severity and Level of Function with Type and Intensity of Service		
Dimension	**Risk Rating & Description**	**Services & Modalities Needed**
Dimension 6: Recovery/Living Environment **Risk Rating: 4a**	Substance Use Disorders: The patient's environment is not supportive and is chronically hostile and toxic to addiction recovery or treatment progress (eg, the patient has many drug-using friends, or drugs are readily available in the home environment, or there are chronic lifestyle problems but not acute conditions). The patient is unable to cope with the negative effects of this environment on his or her recovery. Mental Disorders: The patient's environment is not supportive and is chronically hostile and toxic to good mental health (eg, the patient is homeless and unemployed and has chronic lifestyle problems but not acute conditions). The patient is unable to cope with the negative effects of this environment on his or her recovery.	The patient needs highly assertive assistance in finding a supportive living environment; or skills training and impulse control services; or need for protection, assertive case management and community outreach, and assertive community treatment (ACT). The range of services needed depends on the interaction among Dimensions 3, 4, and 5, as described in risk rating 2. For example, an alcoholic patient with alcohol use and panic disorder who is motivated for recovery may need Level 3.1 services, while a severely and chronically psychotic schizophrenic patient who drinks daily and lives on the street may need more ACT team contact than is available at Level 3.1.
Dimension 6: Recovery/Living Environment **Risk Rating: 4b**	Substance Use Disorders: The patient's environment is not supportive and is actively hostile to addiction recovery, posing an immediate threat to the patient's safety and well-being (eg, the patient lives with a drug dealer who offers drugs daily). Mental Disorders: The patient's environment is not supportive or is actively hostile to a safe mental health environment, posing an immediate threat to the patient's safety and well-being (eg, the patient lives with a physically abusive, alcohol-using partner).	The patient needs immediate separation from a toxic environment and placement in a temporary supportive living environment. The range of services needed depends on the interaction among Dimensions 3, 4, and 5, as described in risk rating 2. For example, a psychotic patient who is not interested in recovery, or an impulsive heroin-addicted person may need a more intensive residential level for safety.