

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
<p>Dimension 1: Acute Intoxication and/or Withdrawal Potential</p> <p>Risk Rating: 0</p>	<p>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.</p>	<p>No immediate intoxication monitoring or management services are needed. The patient in OTP requires opioid agonist medications, such as methadone or buprenorphine.</p>
<p>Dimension 1: Acute Intoxication and/or Withdrawal Potential</p> <p>Risk Rating: 1</p>	<p>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).</p> <p>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.</p>	<p>Low-intensity intoxication monitoring or management, or withdrawal management services are needed.</p> <p>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.</p> <p>The patient in OTP requires dose adjustment, counseling services to assess and address readiness to change and relapse issues, and random urine testing.</p>
<p>Dimension 1: Acute Intoxication and/or Withdrawal Potential</p> <p>Risk Rating: 2</p>	<p>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).</p> <p>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.</p>	<p>Moderate-intensity intoxication monitoring or management, or withdrawal management services are needed.</p> <p>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.</p> <p>The patient in OTP requires dose adjustment, counseling services to assess and address readiness to change and relapse issues, and random urine testing.</p>

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<p>Dimension 1: Acute Intoxication and/or Withdrawal Potential</p> <p>Risk Rating: 3</p>	<p>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).</p> <p>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.</p>	<p>Moderately high-intensity intoxication monitoring, management, or withdrawal management services are needed. Nursing and medical monitoring may be needed for more severe withdrawal.</p> <p>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.</p> <p>The patient in OTP requires dose adjustment, counseling services to assess and address readiness to change and relapse issues, and random urine testing.</p>
<p>Dimension 1: Acute Intoxication and/or Withdrawal Potential</p> <p>Risk Rating: 4</p>	<p>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).</p> <p>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.</p>	<p>High-intensity intoxication monitoring or management, or withdrawal management services are needed, with monitoring and management more often than hourly.</p> <p>The patient in OTP requires dose adjustment, counseling services to assess readiness to change, and long-term outpatient withdrawal management from the OTP medication.</p>
<p>Dimension 2: Biomedical Conditions and Complications</p> <p>Risk Rating: 0</p>	<p>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.</p>	<p>No immediate biomedical services (except for long-term monitoring) are needed.</p>
<p>Dimension 2: Biomedical Conditions and Complications</p> <p>Risk Rating: 1</p>	<p>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.</p>	<p>Low-intensity biomedical services are needed, including case management to coordinate addiction and mental health care.</p>

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<p>Dimension 2: Biomedical Conditions and Complications</p> <p>Risk Rating: 2</p>	<p>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.</p>	<p>Moderate-intensity biomedical services are needed, including case management to ensure further biomedical evaluation and treatment as part of the overall treatment plan.</p> <p>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.</p>
<p>Dimension 2: Biomedical Conditions and Complications</p> <p>Risk Rating: 3</p>	<p>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.</p>	<p>Moderately high-intensity biomedical services are needed, including medical and nursing monitoring to ensure stabilization.</p> <p>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.</p>
<p>Dimension 2: Biomedical Conditions and Complications</p> <p>Risk Rating: 4</p>	<p>The patient is incapacitated, with severe medical problems (such as extreme pain, uncontrolled diabetes, GI bleeding, or infection requiring IV antibiotics).</p>	<p>High-intensity biomedical services are needed for stabilization and medication management, including medical and nursing close observation and 24-hour management.</p>

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<p>Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications</p> <p>Risk Rating: 0</p>	<p>The patient either has no mental health problems or has a diagnosed but stable mental disorder.</p> <p>Dangerousness/Lethality: Good impulse control and coping skills.</p> <p>Interference with Addiction Recovery Efforts: Ability to focus on recovery, identify appropriate supports and reach out for help.</p> <p>Social Functioning: Full functioning in relationships with significant others, coworkers, friends, etc.</p> <p>Ability for Self-Care: Full functioning, with good resources and skills to cope with emotional problems.</p> <p>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.</p>	<p>No immediate mental health services are needed.</p>

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<p>Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications</p> <p>Risk Rating: 1</p>	<p>The patient has a diagnosed mental disorder that requires intervention, but does not significantly interfere with addiction treatment.</p> <p>Dangerousness/Lethality: Adequate impulse control and coping skills to deal with any thoughts of harm to self or others.</p> <p>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.</p> <p>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).</p> <p>Ability for Self-Care: Adequate resources and skills to cope with emotional or behavioral problems.</p> <p>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).</p>	<p>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.</p>

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<p>Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications</p> <p>Risk Rating: 2</p>	<p>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.</p> <p>Dangerousness/Lethality: Suicidal ideation; violent impulses; significant history of suicidal or violent behavior requires more than routine monitoring.</p> <p>Interference with Addiction Recovery Efforts: Emotional, behavioral, or cognitive problems distract the patient from recovery efforts.</p> <p>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.</p> <p>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).</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>For patients with high risk ratings in Dimension 4, motivational enhancement therapies may be integrated into ongoing mental health services.</p>

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<p>Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications</p> <p>Risk Rating: 3</p>	<p>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.</p> <p>Dangerousness/Lethality: Suicidal ideation; violent impulses; significant history of suicidal or violent behavior requires more than routine monitoring.</p> <p>Interference with Addiction Recovery Efforts: Emotional, behavioral, or cognitive problems distract the patient from recovery efforts.</p> <p>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.</p> <p>Ability for Self-Care: Poor resources, with moderate or minimal skills to cope with emotional or behavioral problems.</p> <p>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).</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>For patients with high risk ratings in Dimension 4, motivational enhancement therapies may be integrated into ongoing mental health services.</p>

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<p>Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications</p> <p>Risk Rating: 4</p>	<p>Patients have severe psychiatric symptomatology, disability, and impulsivity, and require involuntary confinement.</p> <p>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.</p> <p>Interference with Addiction Recovery Efforts: Risk in this domain does not influence type and intensity of services needed.</p> <p>Social Functioning: Risk in this domain does not influence type and intensity of services needed.</p> <p>Ability for Self-Care: Risk in this domain does not influence type and intensity of services needed.</p> <p>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).</p>	<p>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.</p> <p>Appropriate addiction services (such as withdrawal management and motivational enhancement therapies) can be integrated into mental health services.</p>
<p>Dimension 4: Readiness to Change</p> <p>Risk Rating: 0</p>	<p>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.</p> <p>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.</p>	<p>No immediate engagement or motivational enhancement strategies or services are needed.</p>

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<p>Dimension 4: Readiness to Change</p> <p>Risk Rating: 1</p>	<p>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.</p> <p>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).</p>	<p>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.</p> <p>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.</p>
<p>Dimension 4: Readiness to Change</p> <p>Risk Rating: 2</p>	<p>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.</p> <p>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).</p>	<p>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.</p> <p>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.</p>

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<p>Dimension 4: Readiness to Change</p> <p>Risk Rating: 3</p>	<p>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.</p> <p>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.</p>	<p>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.</p> <p>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.</p> <p>For patients with a Dimension 3 risk rating of 2 to 4, intensive case management or assertive community treatment (ACT) may be required.</p>
<p>Dimension 4: Readiness to Change</p> <p>Risk Rating: 4a</p>	<p>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).</p> <p>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.</p>	<p>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."</p>

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<p>Dimension 4: Readiness to Change</p> <p>Risk Rating: 4b</p>	<p>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.</p> <p>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.</p>	<p>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.</p> <p>If treatment resistance is caused by severe, acute intoxication, close observation may be needed until the patient is less toxic.</p>
<p>Dimension 5: Relapse, Continued Use, or Continued Problem Potential</p> <p>Risk Rating: 0</p>	<p>Substance Use Disorders: The patient has no potential for further substance use problems, or has low relapse potential and good coping skills.</p> <p>Mental Disorders: The patient has no potential for further mental health problems, or has low potential and good coping skills.</p>	<p>No immediate relapse prevention services are needed. The patient may need self/mutual help or a non-professional support group.</p>
<p>Dimension 5: Relapse, Continued Use, or Continued Problem Potential</p> <p>Risk Rating: 1</p>	<p>Substance Use Disorders: The patient has minimal relapse potential, with some vulnerability, and has fair self-management and relapse prevention skills.</p> <p>Mental Disorders: The patient has minimal relapse potential, with some vulnerability, and has fair self-management and relapse prevention skills.</p>	<p>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.</p> <p>Medication management may be needed (as with anti-craving, opioid agonist, or antipsychotic medications).</p>

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<p>Dimension 5: Relapse, Continued Use, or Continued Problem Potential</p> <p>Risk Rating: 2</p>	<p>Substance Use Disorders: The patient has impaired recognition and understanding of substance use relapse issues, but is able to self-manage with prompting.</p> <p>Mental Disorders: The patient has impaired recognition and understanding of mental illness relapse issues, but is able to self-manage with prompting.</p>	<p>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).</p> <p>Medication management may be needed (as with anti-craving, opioid agonist, or antipsychotic medications).</p> <p>The patient may need addiction treatment coupled with continuing outpatient mental health and/or addiction care (routine or intensive).</p> <p>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.</p> <p>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.</p>

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<p>Dimension 5: Relapse, Continued Use, or Continued Problem Potential</p> <p>Risk Rating: 3</p>	<p>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.</p> <p>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.</p>	<p>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).</p> <p>Medication management may be needed (as with anti-craving, opioid agonist, or antipsychotic medications).</p> <p>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.</p> <p>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.</p>

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<p>Dimension 5: Relapse, Continued Use, or Continued Problem Potential</p> <p>Risk Rating: 4a</p>	<p>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).</p> <p>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).</p>	<p>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).</p> <p>Medication management may be needed (as with anti-craving, opioid agonist, or antipsychotic medications).</p> <p>The patient may need addiction treatment coupled with continuing outpatient mental health and/or addiction care (routine or intensive).</p> <p>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.</p>

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<p>Dimension 5: Relapse, Continued Use, or Continued Problem Potential</p> <p>Risk Rating: 4b</p>	<p>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).</p> <p>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).</p>	<p>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.</p> <p>Medication management may be needed (as with anti-craving, opioid agonist, or antipsychotic medications).</p> <p>When the patient is stabilized, a supportive living arrangement will be needed.</p> <p>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.</p>
<p>Dimension 6: Recovery/Living Environment</p> <p>Risk Rating: 0</p>	<p>Substance Use Disorders: The patient has a supportive environment or is able to cope with poor supports.</p> <p>Mental Disorders: The patient has a supportive environment or is able to cope with poor supports.</p>	<p>No immediate supportive living or skills training services are needed.</p>
<p>Dimension 6: Recovery/Living Environment</p> <p>Risk Rating: 1</p>	<p>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.</p> <p>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.</p>	<p>The patient needs assistance in finding a supportive living environment or skills training, vocational training, child care, and transportation.</p> <p>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.</p>

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Dimension	Risk Rating & Description	Services & Modalities Needed
<p>Dimension 6: Recovery/Living Environment</p> <p>Risk Rating: 2</p>	<p>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.</p> <p>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.</p>	<p>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.</p>
<p>Dimension 6: Recovery/Living Environment</p> <p>Risk Rating: 3</p>	<p>Substance Use Disorders: The patient's environment is not supportive of addiction recovery and he or she finds coping difficult, even with clinical structure.</p> <p>Mental Disorders: The patient's environment is not supportive of good mental health and he or she finds coping difficult, even with clinical structure.</p>	<p>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.</p>

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Dimension	Risk Rating & Description	Services & Modalities Needed
<p>Dimension 6: Recovery/Living Environment</p> <p>Risk Rating: 4a</p>	<p>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.</p> <p>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.</p>	<p>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.</p>
<p>Dimension 6: Recovery/Living Environment</p> <p>Risk Rating: 4b</p>	<p>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).</p> <p>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).</p>	<p>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.</p>