SUBSTANCE USE DISORDER:

CLINICAL PROGRAM STANDARDS

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MEASURE 1

- Clinical leadership has expertise in SUD.
- The organization uses data-driven decisions and has a clear and structured plan for delivery of clinical services and supervision from properly credentialed individuals.

STANDARD

Quality SUD treatment providers have a well-designed and effective organizational structure with a clear clinical supervision framework. The structure must clearly highlight metrics, communications, technology, as well as global and legal issues.

HR and leadership professionals should understand the characteristics, benefits, and limitations of various organizational structures to assist in this strategic alignment to execute organizational initiatives.

Clinical leadership (in addition to individual providers) must have expertise in SUD. There needs to be an authority on SUD treatment within organizational leadership and a clearly identified clinical supervision structure for SUD treatment.

The organization's leadership group demonstrates the ability to meet the needs of clients, payers, community, and other key constituents, requiring it to move quickly and act with one voice. Organizational mission, vision and policies demonstrate a clear commitment to substance use disorders as health conditions that develop both independently and in conjunction with other mental health and physical health conditions. Data should drive decision-making, thereby reducing the reliance on emotion and persuasion to guide decisions.

MEASURE 2

- The program has clear operational definitions.

STANDARD

The program has clear operational definitions that accurately delineate the type and levels of care offered, including admission, discharge and continuing stay criteria that match each level of care.

Six core components form the ideal delivery of services for clients[1]. These include:

- Providing access and initiating clinical care immediately
- Completing a full assessment
- Determining and providing an appropriate level of care
- Providing comprehensive services
- Ensuring continuity of care
- Achieving integrated treatment

Colorado Access considers integrated care in a SUD setting as care that is addressing SUD and any necessary, basic, mental health services the client needs. There is also an expectation of screening and referral for medical needs for all clients. If an organization cannot be provided integrated services within the SUD treatment setting, referrals will be made to other healthcare professionals to effectively treat the client.

[1]*Adapted from: https://www.ncbi.nlm.nih.gov/books/NBK64185/*

MEASURE 3

- Clinically integrated provider trainings are regularly provided to staff.

STANDARD

Staff are trained on SUD and characteristics of effective interventions. There is evidence of provider training in the organization's treatment philosophy and approach. The literature on treatment effectiveness demonstrates that clear and consistent treatment philosophy is essential to high-quality treatment. Documentation showing training logs and training transcripts are kept to track staff development.

Throughout the year, we encourage programs to offer integrated treatment specialists intermittent booster training sessions. Consultation ranges from integrating evidence-based practice principles into the agency's policies and procedures to case consultation.

MEASURE 4

- Treatment approaches used should be based on current evidence of clinical effectiveness.

STANDARD

Clinical protocols are consistent, in written protocols and training materials, and are based on best practices, including American Society of Addiction Medicine (ASAM), National Institute on Drug Abuse (NIDA), Substance Abuse and Mental Health Services Administration (SAMSA) and community standards. An evidence-based practice (EBP) is a method to address a condition, which meets scientific and stakeholder criteria for safety, effectiveness, and cost-effectiveness for a specific population or populations. EBPs translate research findings into practice.

EBPs have been developed and are being researched across a broad spectrum. Providers have procedures to ensure that the practice is implemented correctly. Emerging clinical practices will be reviewed with additional scrutiny and need evidence to support justification for implementation based on the level of care, community setting and population served.

Programs making significant adaptations from widely accepted EBPs, or applying a new, emerging, EBP to a population that has not been demonstrated to benefit from the practice, must have a process of evaluating the impact of the practice and refining its implementation if needed.

MEASURE 5

- Implements procedures to continually assess and adjust treatment planning and level of care for all clients.

STANDARD

Variable length of stay (LOS) rather than fixed LOS are consistent with the implementation of ASAM. Fixed LOS programs have the potential to undermine client progress when:

- The client no longer meets the continued stay criteria for a particular level of care,
- And the client is stepped down or up in care prior to the end of the advertised fixed length of stay.

Implementation of ASAM requires not just justification of the initial level of placement, but also continued review of the client's condition according to the six dimensions outlined in ASAM.

MEASURE 6

- Substance use monitoring (urine screening, oral fluid tests, breathalyzers) are an essential component of treatment and should be a standard part of substance use treatment at all levels of care.

STANDARD

Monitoring drug or alcohol use through drug testing is an important disincentive for continued use. Monitoring use should be a standard part of substance use treatment programs at all levels of care. Drug testing should be used to support recovery rather than as a punishment.

Drug testing should be paired with a discussion with the client and unexpected, positive drug tests should trigger a discussion with the client about alterations of the treatment plan. The reoccurrence of symptoms or relapse should be viewed as a need to adjust treatment rather than a reason to discontinue treatment.

MEASURE 7

- Relapse should not be a criterion for discharge and should be considered a part of the recovery process.

STANDARD

"Relapse" is defined as the recurrence of symtoms of a substance use disorder after a period of remission i.e., abstinence from substances.

The reoccurrence of symptoms or relapse should be viewed as a need to readjust treatment rather than a reason to discontinue treatment. When clients relapse or continue to use substances, clinical staff, in conjunction with the client, should re-examine the treatment plan including the level of care.

MEASURE 8

- Clients are actively encouraged to become involved in social support activities tailored to their individual needs and preference.
- Clients are educated on and shown the use of online and local community social support resources to support SUD recovery.

STANDARD

Social support is one of the most powerful predictors of ongoing recovery. Effective programs communicate to clients that recovery happens in life, rather than in treatment and it is the non-clinical elements that set them up for success. This includes engagement in supportive social relationships, healthy recreational activities, and safe housing.

Self-help groups and social or peer support is predictive of positive outcomes including long term recovery. This includes 12-step programs and other mutual aid groups and social support in general. Peer support, in particular, is known to bolster transitions and has been tested in a variety of settings. Peer specialists or recovery coaches can provide a real-life view of recovery and as a result have the ability to instill hope in the future. When implemented with fidelity, peer navigation and support programs are successful in helping people remain in treatment and maintain the social support required for successful recovery.

MEASURE 9

- Individual counseling may be used as primary treatment if the client prefers.
- Group treatment should be paired with regular individual sessions.
- Participation in group treatment should not be a requirement for receiving treatment.

STANDARD

Both individual and group treatment have demonstrated effectiveness in the treatment of substance use disorders, however, participation in group treatment should not be a requirement for participation in treatment.

Although group treatment can be a powerful therapeutic tool for many people, for some individuals, group treatment requirements will discourage participation in treatment at all. Sensitive issues of abuse, trauma, guilt and shame may be more effectively addressed in individual sessions or more effectively addressed in group sessions after individual counseling.

As with all therapeutic interventions, group treatment should be used following a comprehensive assessment of the strengths and needs of the client, and client preference should drive the treatment plan.

MEASURE 10

- The initial contact should be predominately a clinical intervention rather than an administrative intake exercise.

STANDARD

The goals of early intervention are to reduce the harms associated with substance misuse, to reduce risky behaviors before they lead to injury, to improve health and social function, and to prevent progression to a disorder and subsequent need for specialty substance use disorder services. Early intervention consists of providing information about substance use risks, normal or safe levels of use, strategies to quit or cut down on use and use-related risky behaviors, and facilitating client initiation and engagement in treatment when needed. Early intervention services may be considered the bridge between prevention and treatment services. Initial contact with individuals should be designed to build a therapeutic alliance and motivate follow-up action to include participation in treatment as appropriate.

Clinical care should occur in the first session and the assessment should be continuous and integrated. Client "information needs to be collected continuously, and assessments revised and monitored as the client moves through recovery. A comprehensive assessment [...] leads to improved treatment planning"[2] and better treatment outcomes.

Treatment should start upon the initial contact in order to start a treatment relationship and give immediate support to clients. An intervention is defined as a professionally delivered service designed to prevent substance misuse (prevention intervention) or treat a substance use disorder (treatment intervention). We expect to see clearly articulated clinical criteria of intake protocol articulated based on best practices and corresponding with appropriate level of care.

[2]Adapted from: www.ncbi.nlm.nih.gov/books/NBK64196/

MEASURE 11

- Treatment includes routine family involvement in programming (Level 2.1 and higher for clients and all levels for adolescents).
- Programing should describe an approach to family counseling that is based on current evidence of effectiveness.

STANDARD

Substance use disorders may be shaped within the context of family, and family can offer both risk and protective factors for ongoing recovery. Individuals with substance use disorders often have damaged family relationships and working to repair these relationships can enhance the support required for recovery. In addition, family members can inadvertently or overtly sabotage recovery efforts. Involving family members in counseling can strengthen the supportive environment and reduce risk for relapse.

Family treatment should be used following a comprehensive assessment of the strengths and needs of the client and client preference should drive the treatment plan.

For adult or adolescent clients who don't consent to family involvement, having a treatment goal about engagement of family and family involvement is highly encouraged.

MEASURE 12

- Program has procedures to complete follow-up calls on all client no-shows that includes working with clients on motivational and tangible barriers to access care.

STANDARD

If a client misses a scheduled appointment, every effort should be made to find out why, and then to assist the client in overcoming tangible and motivational barriers as soon as possible after the missed appointment. Office practices should keep clear, consistent records of missed appointments and follow-up.

There should be a notation in the medical record documenting the call to the client to find out the reason for the missed appointment, attempts to overcome barriers in access, and to reschedule, being sure to give the timeframe (e.g. “call client to reschedule, must be seen within one week”). Staff should document their attempts at contacting the client, what was said to the client, and the client’s response.

MEASURE 13

- Program accepts clients who are currently receiving medications for treatment of addiction and does not discourage the use of medication for treatment of alcohol and opioid use disorders.

STANDARD

The use of medications such as methadone, buprenorphine, and naltrexone for the treatment of opioid use disorder is considered to be the best practice for treatment of opioid use disorders. The U.S. Food and Drug Administration (FDA) has approved three medications to treat alcohol use disorders (AUD) and three others to treat opioid use disorders (OUD). However, an insufficient number of existing treatment programs or practicing physicians offer these medications. Individuals presenting with opioid and alcohol use disorders should be assessed for appropriateness for medication assisted treatment. High-quality programs, regardless of treatment philosophy or level of care, do not discourage the use of medication-assisted treatment. It is recommended that medications be administered in conjunction with counseling and support activities.

MEASURE 14

- All programs treating SUD should be able to provide a basic level of mental health treatment.
- Programs screen all clients for co-occurring mental health conditions and have properly credentialed staff available to identify co-occurring needs and treat or refer to mental health treatment.

STANDARD

Approximately one-third of individuals with SUD also have a mental health disorder. Treatment of co-occurring mental health disorders can improve substance use outcomes. This includes evaluation and treatment with medications.

All programs should have the ability to assess for mental health disorders, provide or refer for med evals and provide co-occurring treatment for, at a minimum, mild to moderate mental health disorders. Programs should support mental health treatment and allow clients to continue medications that are prescribed for mental health treatment.

MEASURE 15

- Continually assesses members' treatment needs and programs provide coordinated transitions between levels of care as needed.
- Lengths of stay in treatment should be variable and depend on the clients' needs.

STANDARD

Organizations should complete screening and assessment upon initial contact and help clients access the services that will best meet their needs, even when these services fall outside the treatment program's capabilities. This includes admission and transfers to higher or lower levels of care. The length of stay in a level of care should be variable based on the severity of symptoms and level of functioning. It should be assessed regularly and modified based on the treatment response, progress in treatment, and outcomes. Organizations should not promote a fixed length of stay to either the client or the community. High-intensity programs (levels 2 and 3) should educate clients about the importance of continuing in outpatient continuing care based on individualized treatment needs.

Organizations should support clients in connecting to the next level of care before discharge. Programs should have procedures to ensure warm hand-offs between levels of care. Fixed days of discharge are generally reflective of treatment that is not individualized. A warm hand-off is defined as a personal connection between the client and the new provider that is established face-to-face or by video conference. In cases where the timing of the transfer prohibits a warm hand-off, at a minimum, releases of information, transfer of records and arrangements for continuation of medications are coordinated between discharging and receiving providers. When transfers occur within the same organization, the same arrangements are made to ensure continuity of care. Organizational policies should define timelines for transfer appointments and responsibility for continuity of care across the discharging and receiving staff members.

MEASURE 16

- Emergency services should be available to active clients.
- Enrolled clients have access to clinical support provided by provider organization in the event of a crisis.

STANDARD

Organizations should have on-call services to address issues that arise within the purview of the treatment the organization is providing (issues related to treatment fall under the responsibility of the organization's responsibility to cover). Leaning on the treatment relationship the client has with the organization is important to stabilize a client. This also ensures continuity of care for clients.

Crisis services are a continuum of services that are provided to individuals experiencing an emergency. The primary goal of these services is to stabilize and improve psychological symptoms of distress and to engage individuals in an appropriate treatment service to address the problem that led to the crisis. A recorded message directing them to call 911 or a crisis line is not adequate to satisfy this requirement.

MEASURE 17

- Programs must employ strategies to provide easy access to treatment.

STANDARD

Clients with substance use disorders rarely make the decision to enter treatment during normal business hours and/or are often struggling with other issues of caring for family and maintaining employment that interfere with their ability to attend regular business hour appointments. For these reasons, having easy access to services both initially and to ongoing treatment is important.

"Access" refers to the process by which a person with SUD makes initial contact with the service system, receives an initial screening/evaluation, and is welcomed into services that are appropriate for his or her needs. This includes having procedures, and signage that is developmentally and culturally appropriate for the population served. Appointments and clinical treatment should be available on evenings and weekends, and providers should use best practices such as same-day access/open access/rapid induction and community outreach to individuals who are homeless or homebound. Appointment reminders and follow-up calls should be employed to increase engagement in treatment.

MEASURE 18

- Programs screen and refer for infectious diseases that commonly co-occur with substance use disorders.

STANDARD

Clients with drug use disorders (in particular, IV drug use), are at high risk for HIV/AIDS, tuberculosis and hepatitis B and C. Providers should have protocols to screen, test, and refer to treatment as appropriate.

MEASURE 19

- Group treatment with adolescents should be used carefully and by highly trained counselors.

STANDARD

Groups can be effective in providing positive peer support, but they also hold risk of undermining recovery goals. For this reason, group therapy with adolescents should be led by highly trained clinicians using validated evidence-based curricula such as cognitive behavioral therapy.

Group composition should be carefully considered to minimize potential harmful consequences with particular attention to age/development, gender, trauma, and co-occurring mental health conditions.

MEASURE 20

- Staff is knowledgeable of adolescent development and has experience working with adolescents.
- Programs for adolescents should be specifically designed to be responsive to adolescent development.

STANDARD

Adolescent programs and treatment plans should be reflective of adolescent developmental issues. Staff should be trained in adolescent development and curricula should be designed with age and development in mind.

Adolescents should not be mixed in groups, sessions or programs with adults (other than family). The critical role that academics plays in the life of adolescents should be integrated into treatment programs at all levels of care.

MEASURE 21

- Evidence-based treatment approaches that are specific to adolescent substance use should be used.

STANDARD

Adolescent substance use is a specialty that requires evidence-based treatment that is both specific to adolescent development and to substance use and co-occurring disorders.

There are many evidence-based group, individual and family approaches to substance use treatment that have demonstrated efficacy with adolescent populations.