

# SUBSTANCE USE DISORDER

## QUALITY MEASURES GUIDANCE FOR PROVIDERS



## MEASURE 1

The organizational leadership demonstrates a commitment to quality treatment of substance use disorders (SUD).

### STANDARD

The organizational mission, vision, and policies demonstrate a clear commitment to SUD as health conditions that develop both independently and in conjunction with other mental health and physical health conditions. The organization's clinical leadership is credentialed in SUD treatment and has the expertise necessary to meet the needs of patients, payers, community, and other key constituents. The organization has a clearly identified supervision structure that uses data to shape clinical supervision, clinical policy, and programming decisions.

### SPECIFIC CRITERIA

- Organizational chart shows clear oversight for substance use services from clinical/medical leadership.
- Clinical/medical leadership is credentialed in substance use treatment.
- Medical director is available in residential and withdrawal management levels of care.
- Organizational mission, vision, and policies demonstrate clear commitment to treatment of SUD.
- Supervisory structure is well-defined.
- Clinical supervision is provided to include supervision for staff members who lack credentialing to provide independent SUD counseling under their scope of practice.
- Organization uses data to structure and improve clinical care.

#### Resources:

1. American Society of Addiction Medicine. (2020) ASAM Level of Care Certification Manual
2. Medical Economics. (2015). Building a medical group in 12 steps.  
[medicaleconomics.com/view/building-medical-group-12-steps](http://medicaleconomics.com/view/building-medical-group-12-steps)
3. Society for Human Resources Management (SHRM). (2015). Understanding Organizational Structures.  
[shrm.org/resourcesandtools/tools-and-samples/toolkits/pages/understandinganddevelopingorganizationalculture.aspx](http://shrm.org/resourcesandtools/tools-and-samples/toolkits/pages/understandinganddevelopingorganizationalculture.aspx)
4. Substance Abuse and Mental Health Services Administration. (2021). The Substance Use Disorder Counseling Competency Framework: An Overview. Advisory  
[store.samhsa.gov/product/substance-use-disorder-counseling-competency-framework/pep20-02-01-017](https://store.samhsa.gov/product/substance-use-disorder-counseling-competency-framework/pep20-02-01-017)

## MEASURE 2

The organization and its programs have clear operational definitions.

### STANDARD

The organization has clear operational definitions that accurately delineate the type and levels of care offered and include admission, discharge, and continuing stay criteria for each program and level of care within each program. Residential and withdrawal management programs have clearly-articulated exclusion criteria. The operational definitions include the philosophy or approach to SUD service delivery, descriptions of how assessments and level of care determinations are established, the range of services delivered within the program or service level, and the staff credentials and responsibilities.

### SPECIFIC CRITERIA

- Each program and level of care within the program is completely described in policy or program description, and the description aligns with the American Society of Addiction Medicine (ASAM) level of care descriptions.
- Admission, discharge, and continuing stay criteria are all appropriate to the level of care and population served.
- Medical and other exclusion criteria are clear and appropriate to level of care and population served.
- Services described and service approaches are complete and specific to the needs of patients with SUD, individualized to the needs of the population served, and planned to respond to individual patient needs.
- Staffing is appropriate to the level of care provided.

#### Resources:

1. American Society of Addiction Medicine. (2020) ASAM Level of Care Certification Manual
2. American Society of Addiction Medicine. (2013). *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions* (M. David Mee-Lee Ed. 3rd ed.). Rockville, MD.
3. Substance Abuse and Mental Health Services Administration. (2020). *Substance Use Disorder Treatment for People with Co-Occurring Disorders*. (PEP20-02-01-004). [ncbi.nlm.nih.gov/books/NBK64197/](https://ncbi.nlm.nih.gov/books/NBK64197/)

## MEASURE 3

Clinically integrated provider trainings are regularly provided to staff members.

### STANDARD

Staff members are trained on SUD-specific content, including the organization's SUD treatment philosophy and approach, evidence-based practices in use in the organization, laws and ethical guidelines specific to the populations served, and levels of care provided. Training and case consultation are provided both at hire and periodically thereafter.

### SPECIFIC CRITERIA

- Training plans include content specific to SUD clinical practice.
- Training is tailored to the populations and levels of care provided.
- Training is ongoing.

#### **Resources:**

1. American Society of Addiction Medicine. (2020) ASAM Level of Care Certification Manual
2. Substance Abuse and Mental Health Services Administration. (2021). The Substance Use Disorder Counseling Competency Framework: An Overview. Advisory [store.samhsa.gov/product/substance-use-disorder-counseling-competency-framework/pep20-02-01-017](https://store.samhsa.gov/product/substance-use-disorder-counseling-competency-framework/pep20-02-01-017)

## MEASURE 4

Treatment approaches used are based on current evidence of clinical effectiveness.

### STANDARD

Clinical protocols are based on best practices, including those identified by the American Society of Addiction Medicine (ASAM), National Institute on Drug Abuse (NIDA), Substance Abuse and Mental Health Services Administration (SAMHSA) and community standards. The provider is trained on and uses evidence-based practices (EBP) that are specific to the needs of the populations served and the level or levels of care provided. In addition to participating in training in the EBPs in use, providers have procedures to ensure that the practice is implemented correctly and adaptations are done with consideration for the impact on the effectiveness. Emerging clinical practices that do not have strong evidence of effectiveness are reviewed with additional scrutiny and have justification for implementation based on the level of care, community setting, and population served.

### SPECIFIC CRITERIA

- Policies and/or program descriptions describe the evidence-based and best practices in use in each level of care that are specific to the needs of the population and level of care.
- Staff members are trained and supervised to ensure that EBPs are fully implemented with fidelity.

#### Resources:

1. NIDA principles of effective treatment: [drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment](https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment)
2. U.S. Department of Health and Human Services (HHS) Office of the Surgeon General. (2016). *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington DC: HHS. [addiction.surgeongeneral.gov/](https://addiction.surgeongeneral.gov/)

## MEASURE 5

The provider implements procedures to continually assess and adjust treatment planning and level of care.

### STANDARD

Providers are knowledgeable of American Society of Addiction Medicine (ASAM) level of care criteria and have procedures to assess patients initially and continually throughout treatment across the six dimensions outlined in ASAM.

### SPECIFIC CRITERIA

- Initial assessment addresses six dimensions outlined in ASAM and includes standardized screening/assessment as appropriate to level of care.
- Initial assessment supports the level of care provided.
- Admission, discharge, and transfer policies are aligned with ASAM level of care criteria.
- Procedures are in place to continually assess patients for treatment needs and placement appropriateness.
- Staff members are assigned to continually assess the patient in between formal treatment plan reviews.
- ASAM dimensions are used to determine ongoing treatment needs at time of discharge/transfer.

#### Resources:

1. American Society of Addiction Medicine. (2020) ASAM Level of Care Certification Manual
2. American Society of Addiction Medicine. (2013). *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions* (M. David Mee-Lee Ed. 3rd ed.). Rockville, MD.
3. U.S. Department of Health and Human Services (HHS) Office of the Surgeon General. (2016). *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington DC: HHS.  
[addiction.surgeongeneral.gov/](https://addiction.surgeongeneral.gov/)



## MEASURE 6

Substance use monitoring (urine screening, oral fluid tests, breathalyzers) is a standard part of substance use treatment at all levels of care.

### STANDARD

Monitoring drug or alcohol use is an important disincentive for continued use and therefore is incorporated as a standard practice at all levels of care. Drug or alcohol testing is used to support recovery, rather than as a punishment, and positive drug or alcohol tests trigger a discussion with the patient about alterations of the treatment plan.

### SPECIFIC CRITERIA

- Program materials articulate the clinical rationale for monitoring as a component of treatment.
- Programs/providers that share monitoring information with criminal justice or child welfare agencies clearly describe the distinction between their use in treatment and their use to determine legal sanctions.

#### Resources:

1. American Society of Addiction Medicine. (2020) ASAM Level of Care Certification Manual
2. NIDA principles of effective treatment: [drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment](https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment)

## MEASURE 7

Relapse is not a criterion for discharge and is considered a part of the recovery process.

### STANDARD

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

### SPECIFIC CRITERIA

- Policies do not support discharge or exclude people from admission due to relapse history.
- The reaction to relapse is therapeutic rather than punitive.
- Patient materials communicate that relapse, or continued use, is an indicator of the need to change treatment level or treatment plan.

#### Resources:

1. American Society of Addiction Medicine. (2013). *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions* (M. David Mee-Lee Ed. 3rd ed.). Rockville, MD.
2. NIDA principles of effective treatment: [drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment](https://drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment)
3. Substance Abuse and Mental Health Services Administration. (2019). *Enhancing Motivation for Change in Substance Use Disorder Treatment*. TIP 35: [store.samhsa.gov/product/TIP-35-Enhancing-Motivation-for-Change-in-Substance-Use-Disorder-Treatment/PEP19-02-01-003](https://store.samhsa.gov/product/TIP-35-Enhancing-Motivation-for-Change-in-Substance-Use-Disorder-Treatment/PEP19-02-01-003)



## MEASURE 8

Patients are actively encouraged to become involved in social and recovery support activities tailored to their individual needs and preference.

### STANDARD

Social support is one of the most powerful predictors of ongoing recovery. Effective programs communicate to patients that recovery happens in life, rather than in treatment and that the non-clinical elements are essential to set people up for lasting recovery. High-quality providers address recovery support needs such as building supportive social relationships, healthy recreational activities, and safe housing. This includes encouraging participation in self-help groups or other mutual aid groups and using recovery coaches or peer specialists as a part of the treatment team.

### SPECIFIC CRITERIA

- Patient materials and program policies emphasize the importance of social and recovery support.
- Building peer and recovery support is an integral part of the treatment, discharge, and relapse planning process.
- Service planning includes recovery environment considerations such as safe, drug-free housing.
- Providers actively assist patients in identifying and selecting social support activities based on their needs and preferences.
- Providers use peer specialists and recovery coaches to assist with engagement in services and transitions in care.

#### Resources:

1. American Society of Addiction Medicine. (2020) ASAM Level of Care Certification Manual
2. American Society of Addiction Medicine. (2013). *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions* (M. David Mee-Lee Ed. 3rd ed.). Rockville, MD.
3. NIDA principles of effective treatment: [drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment](https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment)
4. U.S. Department of Health and Human Services (HHS) Office of the Surgeon General. (2016). *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington DC: HHS. [addiction.surgeongeneral.gov/](https://addiction.surgeongeneral.gov/)
5. U.S. Department of Veterans Affairs. (2020). *Management of Substance Use Disorders*. VA/DoD Clinical Practice Guidelines. [healthquality.va.gov/guidelines/MH/sud/](https://healthquality.va.gov/guidelines/MH/sud/)

## MEASURE 9

Individual counseling is a standard part of treatment.

### STANDARD

The mix of therapeutic interventions should be determined following an assessment of the strengths and needs of the patient and the patient's preferences. Although group treatment can be a powerful therapeutic tool for many people, for some people requirements to participate in group treatment may discourage participation in any treatment. Sensitive issues of abuse, trauma, guilt and shame may be more effectively addressed in individual sessions or be more effectively addressed in group sessions after individual counseling. High-quality treatment programs will hold regular individual counseling sessions as a standard course of treatment to discuss treatment progress and check in on sensitive issues that may not be effectively addressed in group treatment.

### SPECIFIC CRITERIA

- Individual counseling is scheduled on regular intervals.
- Participation in group treatment is not a requirement of receiving treatment.
- Treatment approaches are individualized to the needs and preferences of the patient.
- Staff members are skilled in motivational approaches to counseling and use these skills to explore resistance to participating in group treatment.
- Programs treating patients that satisfy drinking and driving requirements make recommendations about the mix of services based on individual needs, rather than just what is needed to satisfy legal requirements.

#### Resources:

1. Lo Coco, G., et. Al., (2019). Group treatment for substance use disorder in adults: A systematic review and meta-analysis of randomized-controlled trials. *Journal of Substance Abuse Treatment*, 99, 104-116. doi: [doi.org/10.1016/j.jsat.2019.01.016](https://doi.org/10.1016/j.jsat.2019.01.016)
2. NIDA principles of effective treatment: [drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment](https://drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment)
3. Substance Abuse and Mental Health Services Administration. (2021). Group Therapy in Substance Use Treatment. Advisory. [store.samhsa.gov/product/group-therapy-substance-use-treatment/pep20-02-01-020](https://store.samhsa.gov/product/group-therapy-substance-use-treatment/pep20-02-01-020)
4. U.S. Department of Health and Human Services (HHS) Office of the Surgeon General. (2016). Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington DC: HHS. [addiction.surgeongeneral.gov/](https://addiction.surgeongeneral.gov/)

## MEASURE 10

The initial contact is predominately a clinical intervention rather than an administrative intake exercise.

### STANDARD

Providers design the initial contacts with patients or potential patients with the goal of building a therapeutic alliance and motivating follow-up action. High-quality providers train all staff members who encounter patients in motivational interviewing and other engagement strategies to enhance the likelihood that the individual will seek care. Assessment and data collection are integrated into the clinical intervention and spread over time in order to address the patient's presenting problems and provide immediate assistance with attaining their goals related to the presenting problems. High-quality providers help patients access the services that will best meet their needs, even when these services fall outside the treatment program's capabilities.

### SPECIFIC CRITERIA

- Patient-facing staff members are educated about substance use and addiction, trained in motivational interviewing, and given the tools needed to respond to patients in a non-judgmental manner.
- Administrative and intake paperwork are spread throughout initial sessions.
- Procedures are in place to reduce resistance to treatment and actively encourage patients to continue care.
- Patients who are determined to be inappropriate for care at a particular level of care or provider are actively assisted in finding a provider who is appropriate to provide the needed care.

#### Resources:

1. NIDA principles of effective treatment: [drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment](https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment)
2. Substance Abuse and Mental Health Services Administration. (2019). Enhancing Motivation for Change in Substance Use Disorder Treatment TIP35. [store.samhsa.gov/product/TIP-35-Enhancing-Motivation-for-Change-in-Substance-Use-Disorder-Treatment/PEP19-02-01-003](https://store.samhsa.gov/product/TIP-35-Enhancing-Motivation-for-Change-in-Substance-Use-Disorder-Treatment/PEP19-02-01-003)
3. U.S. Department of Health and Human Services (HHS) Office of the Surgeon General. (2016). Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington DC: HHS. [addiction.surgeongeneral.gov/](https://addiction.surgeongeneral.gov/)

## MEASURE 11

Family and other support systems are routinely involved in treatment.

### STANDARD

Individuals with substance use disorders often have damaged family relationships, and rebuilding these relationships can assist the patient in sustaining recovery. High-quality programs emphasize the importance of involving family and other support systems in counseling in order to strengthen the supportive environment and reduce risk for relapse.

### SPECIFIC CRITERIA

- Treatment at Level 3-residential and 2.1-intensive outpatient routinely includes evidence-based family interventions.
- Treatment of adolescents routinely involves evidence-based family interventions.
- Family is defined broadly based on the patient's support system.
- Relapse prevention planning addresses risk and resiliency factors associated with family interactions.

#### Resources:

1. American Society of Addiction Medicine. (2020) ASAM Level of Care Certification Manual
2. NIDA principles of effective treatment: [drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment](https://drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment)
3. Substance Abuse and Mental Health Services Administration. (2021). The Importance of Family Therapy in Substance Use Disorder Treatment. Advisory. [store.samhsa.gov/product/importance-family-therapy-substance-use-disorder-treatment/pep20-02-02-016](https://store.samhsa.gov/product/importance-family-therapy-substance-use-disorder-treatment/pep20-02-02-016)
4. Substance Abuse and Mental Health Services Administration. (2020). Substance Use Disorder Treatment and Family Therapy TIP 39. [store.samhsa.gov/product/treatment-improvement-protocol-tip-39-substance-use-disorder-treatment-and-family-therapy/PEP20-02-02-012](https://store.samhsa.gov/product/treatment-improvement-protocol-tip-39-substance-use-disorder-treatment-and-family-therapy/PEP20-02-02-012)

## MEASURE 12

Providers have procedures to complete follow-up calls on all patient no-shows and these procedures include working with patients on motivational and tangible barriers to care.

### STANDARD

High-quality providers have systems in place to contact a patient who misses a scheduled appointment or admission in order to assist the patient in overcoming tangible and motivational barriers. High-quality providers approach follow-up on “no-shows” as supportive interventions rather than instituting punitive policies.

### SPECIFIC CRITERIA

- Follow-up is completed routinely on missed appointments or admissions.
- Staff members conducting follow-up contacts are trained in strategies to enhance motivation and provided with the resources to assist the patient with motivational and tangible barriers.
- No-shows are not punished, but instead, patients with patterns of no-shows are provided with additional support such as navigation programs or drop-in appointment hours.

#### Resources:

1. American Society of Addiction Medicine. (2013). *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions* (M. David Mee-Lee Ed. 3rd ed.). Rockville, MD.
2. NIDA principles of effective treatment: [drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment](https://drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment)
3. Substance Abuse and Mental Health Services Administration. (2019). *Enhancing Motivation for Change in Substance Use Disorder Treatment. TIP 35.* [store.samhsa.gov/product/TIP-35-Enhancing-Motivation-for-Change-in-Substance-Use-Disorder-Treatment/PEP19-02-01-003](https://store.samhsa.gov/product/TIP-35-Enhancing-Motivation-for-Change-in-Substance-Use-Disorder-Treatment/PEP19-02-01-003)
4. U.S. Department of Health and Human Services (HHS) Office of the Surgeon General. (2016). *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington DC: HHS. [addiction.surgeongeneral.gov/](https://addiction.surgeongeneral.gov/)
5. U.S. Department of Veterans Affairs. (2020). *Management of Substance Use Disorders. VA/DoD Clinical Practice Guidelines.* [healthquality.va.gov/guidelines/MH/sud/](https://healthquality.va.gov/guidelines/MH/sud/)

## MEASURE 13

Providers accept patients who are currently receiving medications for treatment of addiction and do not discourage the use of medication for treatment of alcohol and opioid use disorders.

### STANDARD

High-quality programs, regardless of treatment philosophy or level of care, do not discourage the use of FDA-approved medications for the treatment of opioid and alcohol use disorders and educate patients on their potential value in treatment. Programs providing medication assisted treatment encourage patients to participate in counseling and support activities in conjunction with medication.

### SPECIFIC CRITERIA

- Programs that do not administer medication for treatment of addiction have protocols to educate patients who may benefit from medications on their availability and refer to providers who can prescribe medications as appropriate.
- Programs do not have criteria that exclude people from admission due to current use of medication assisted treatment (MAT) for addiction.
- Residential and inpatient programs have formal relationships with providers credentialed to dispense methadone when patients currently on methadone are in residential treatment.
- Programs treating pregnant women are knowledgeable of and adhere to current medical and clinical best practices related to use of medications to treat addiction in pregnant women.

#### Resources:

1. American Society of Addiction Medicine. (2020) ASAM Level of Care Certification Manual
2. NIDA principles of effective treatment: [drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment](https://drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment)
3. Substance Abuse and Mental Health Services Administration. (2021). Prescribing Pharmacotherapies for Patients with Alcohol Use Disorder. Advisory. [store.samhsa.gov/product/prescribing-pharmacotherapies-patients-with-alcohol-use-disorder/pep20-02-02-015](https://store.samhsa.gov/product/prescribing-pharmacotherapies-patients-with-alcohol-use-disorder/pep20-02-02-015)
4. Substance Abuse and Mental Health Services Administration. Medications for Opioid Use Disorder. Treatment Improvement Protocol (TIP) Series 63, Executive Summary. Publication No. PEP20-02-01-005. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2020. [store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Executive-Summary/PEP20-02-01-005](https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Executive-Summary/PEP20-02-01-005)
5. Substance Abuse and Mental Health Services Administration. (2019). Medications to Treat Opioid Use Disorder During Pregnancy. [store.samhsa.gov/product/medications-to-treat-opioid-use-during-pregnancy-an-info-sheet-for-providers/SMA19-5094-IS](https://store.samhsa.gov/product/medications-to-treat-opioid-use-during-pregnancy-an-info-sheet-for-providers/SMA19-5094-IS)
6. U.S. Department of Health and Human Services (HHS) Office of the Surgeon General. (2016). Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington DC: HHS. [addiction.surgeongeneral.gov/](https://addiction.surgeongeneral.gov/)



## MEASURE 14

All providers treating SUD are capable to screen for mental health conditions and provide a basic level of mental health treatment.

### STANDARD

Because nearly one-third of all people with substance use disorders also have a mental health disorder, quality providers have the capability to screen for mental health disorders and provide or refer for medication evaluation and mental health treatment. High-quality providers accept individuals with mild or moderate mental health disorders in their programs and have staff members who are capable to provide care. Programs support patients to continue medications that have been prescribed for mental health treatment.

### SPECIFIC CRITERIA

- Admission criteria do not exclude people with mild or stable mental health disorders.
- Providers, at a minimum, have staff members capable to screen and refer for mental health disorders.
- Providers educate patients about the interaction of mental health and substance use symptoms on relapse potential.
- Providers facilitate continuation of mental health medications during treatment.

#### Resources:

1. American Society of Addiction Medicine. (2020) ASAM Level of Care Certification Manual
2. American Society of Addiction Medicine. (2013). *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions* (M. David Mee-Lee Ed. 3rd ed.). Rockville, MD.
3. NIDA principles of effective treatment: [drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment](https://drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment)
4. Substance Abuse and Mental Health Services Administration. (2020). *Substance Use Disorder Treatment for People with Co-Occurring Disorders*. (PEP20-02-01-004). [ncbi.nlm.nih.gov/books/NBK64197/](https://ncbi.nlm.nih.gov/books/NBK64197/)

## MEASURE 15

Providers continually assess patients' treatment needs, tailor length of stay to individual needs, and provide coordinated transitions between levels of care.

### STANDARD

The level of care needs of the patient are assessed regularly, at highest frequency at the higher levels of care. The level of care and treatment plan is modified based on the treatment response, progress in treatment, and outcomes. Providers do not promote a fixed length of stay to either the patient or the community. High-quality programs educate patients and potential patients that treatment length in a particular level of care varies based on their needs and that continuing in treatment following high intensity treatment is important for sustained recovery. Programs ensure a smooth transition between levels of care and have procedures to ensure warm hand-offs to care both outside their organization and within levels of care in their own organization.

### SPECIFIC CRITERIA

- Programs are described to staff members, patients, and the community as variable length of stay based on the patient's changing needs.
- Procedures are in place to continually assess level of care needs and transfer smoothly to a lower or higher level of care as needed.

#### Resources:

1. American Society of Addiction Medicine. (2020) ASAM Level of Care Certification Manual
2. American Society of Addiction Medicine. (2013). *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions* (M. David Mee-Lee Ed. 3rd ed.). Rockville, MD.
3. NIDA principles of effective treatment: [drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment](https://drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment)
4. U.S. Department of Health and Human Services (HHS) Office of the Surgeon General. (2016). *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington DC: HHS. [addiction.surgeongeneral.gov/](https://addiction.surgeongeneral.gov/)
5. U.S. Department of Veterans Affairs. (2020). *Management of Substance Use Disorders*. VA/DoD Clinical Practice Guidelines. [healthquality.va.gov/guidelines/MH/sud/](https://healthquality.va.gov/guidelines/MH/sud/)

## MEASURE 16

Emergency services are available to active patients.

### STANDARD

High-quality providers offer after-hours emergency services to address treatment-related issues that arise. The primary goal of these services is to stabilize symptoms of distress and to engage patients in an appropriate treatment service or modify the treatment plan to address the problem that led to the crisis. Residential and withdrawal management programs have access to consultation with a medical provider.

### SPECIFIC CRITERIA

- Procedures are in place to communicate with patients about how to reach a clinician in the event of a crisis.
- Procedures are in place to communicate across the treatment team after a crisis occurs.
- Level 3 residential and withdrawal management programs have access to medical consultation after-hours.

#### Resources:

1. American Society of Addiction Medicine. (2020) *ASAM Level of Care Certification Manual*
2. American Society of Addiction Medicine. (2013). *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions* (M. David Mee-Lee Ed. 3rd ed.). Rockville, MD.

## MEASURE 17

Programs employ strategies to provide easy access to treatment.

### STANDARD

Patients with substance use disorders rarely make the decision to enter treatment during normal business hours. In addition, many patients have a responsibility to care for family or maintain employment that interferes with their ability to attend regular business hour appointments. High-quality treatment programs have easy access to services and minimize barriers to access both initial and ongoing care.

### SPECIFIC CRITERIA

- Facilities, marketing materials, and websites include instructions that are linguistically, developmentally, and culturally appropriate for the population served.
- Initial and ongoing appointments are available outside business hours.
- Procedures and policies to access treatment do not impose unnecessary barriers.

#### Resources:

1. NIDA principles of effective treatment: [drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment](https://drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment)
2. U.S. Department of Health and Human Services (HHS) Office of the Surgeon General. (2016). *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington DC: HHS. [addiction.surgeongeneral.gov/](https://addiction.surgeongeneral.gov/)

## MEASURE 18

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

### STANDARD

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

### SPECIFIC CRITERIA

- Screening routinely occurs with patients who are at-risk.
- Policies address the interventions provided to patients who screen positively, including how they are referred for follow-up care.

#### Resources:

1. NIDA principles of effective treatment: [drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment](https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment)
2. Substance Abuse and Mental Health Services Administration. (2021). Screening and Treatment of Viral Hepatitis in People with Substance Use Disorders. Advisory pep20-06-04-004.pdf
3. Substance Abuse and Mental Health Services Administration. (2021). Treating Substance Use Disorders Among People with HIV. Advisory. [store.samhsa.gov/product/advisory-treating-substance-use-disorders-among-people-hiv/pep20-06-04-007](https://store.samhsa.gov/product/advisory-treating-substance-use-disorders-among-people-hiv/pep20-06-04-007)

## MEASURE 19

Providers working with adolescents rely on evidence-based practices and highly trained staff members when delivering group therapy.

### *Additional Requirements for Adolescent Services*

#### STANDARD

Groups with adolescents who have SUD can be effective in providing positive peer support, but they also hold the risk of negative peer pressure that can undermine recovery goals. For this reason, high-quality providers ensure that group therapy with adolescents is conducted by highly-trained clinicians using validated evidence-based curricula such as cognitive behavioral therapy. Group composition is carefully considered to minimize potential harmful consequences with particular attention to age/development, gender, trauma, and co-occurring mental health conditions.

#### SPECIFIC CRITERIA

- Program descriptions discuss how group interventions are planned and used based on the needs of the population.
- Staff members who facilitate groups are fully credentialed to counsel independently and have experience co-facilitating adolescent groups.

#### **Resources:**

1. NIDA principles of effective treatment: [drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment](https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment)
2. Substance Abuse and Mental Health Services Administration. (2021). Group Therapy in Substance Use Treatment. Advisory. [store.samhsa.gov/product/group-therapy-substance-use-treatment/pep20-02-01-020](https://store.samhsa.gov/product/group-therapy-substance-use-treatment/pep20-02-01-020)
3. Substance Abuse and Mental Health Services Administration. (2021). Screening and Treatment of Substance Use Disorders among Adolescents. Advisory. [store.samhsa.gov/product/screening-treatment-substance-use-disorders-among-adolescents/pep20-06-04-008](https://store.samhsa.gov/product/screening-treatment-substance-use-disorders-among-adolescents/pep20-06-04-008)



## MEASURE 20

Providers serving adolescents provide care that is developmentally appropriate to their needs.

### *Additional Requirements for Adolescent Services*

#### STANDARD

Clinical interventions are tailored to the unique needs of adolescents, including involvement of family, and attention to peer relationships and educational goals. Staff members are well-equipped to provide developmentally-responsive care.

#### SPECIFIC CRITERIA

- Staff members are knowledgeable of adolescent development and have experience working with adolescents.
- Clinical interventions and programming are responsive to adolescent needs and challenges.
- Treatment plans are reflective of developmental issues including peer and family relationships, co-occurring mental illness, and educational goals.

#### **Resources:**

1. American Society of Addiction Medicine. (2013). *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions* (M. David Mee-Lee Ed. 3rd ed.). Rockville, MD.
2. NIDA principles of effective treatment: [drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment](https://drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment)
3. Substance Abuse and Mental Health Services Administration. (2021). *Screening and Treatment of Substance Use Disorders among Adolescents*. Advisory. [store.samhsa.gov/product/screening-treatment-substance-use-disorders-among-adolescents/pep20-06-04-008](https://store.samhsa.gov/product/screening-treatment-substance-use-disorders-among-adolescents/pep20-06-04-008)
4. U.S. Department of Health and Human Services (HHS) Office of the Surgeon General. (2016). *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington DC: HHS. [addiction.surgeongeneral.gov/](https://addiction.surgeongeneral.gov/)

## MEASURE 21

Providers serving adolescents use evidence-based treatment approaches that are specific to adolescent substance use.

### *Additional Requirements for Adolescent Services*

#### STANDARD

Adolescent substance use is a specialty that requires evidence-based treatment that is specific to adolescent development and addresses co-occurring mental health and substance use disorders. High-quality providers rely on the evidence-based approaches to substance use treatment that have demonstrated efficacy with adolescent populations.

#### SPECIFIC CRITERIA

- Evidence-based practices used are appropriate to adolescents.
- Program structure is appropriate to adolescent strengths, challenges and needs.

#### **Resources:**

1. NIDA principles of effective treatment: [drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment](https://drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment)
2. Substance Abuse and Mental Health Services Administration. (2021). Screening and Treatment of Substance Use Disorders among Adolescents. Advisory. [store.samhsa.gov/product/screening-treatment-substance-use-disorders-among-adolescents/pep20-06-04-008](https://store.samhsa.gov/product/screening-treatment-substance-use-disorders-among-adolescents/pep20-06-04-008)
3. U.S. Department of Health and Human Services (HHS) Office of the Surgeon General. (2016). Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington DC: HHS. [addiction.surgeongeneral.gov/](https://addiction.surgeongeneral.gov/)