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| **Table 3: Practice Guidelines and Noncompliant States** |
| **Number of Noncompliant States** | **Practice Guideline Source** | **Recommendations** |
| 7[a] | American Psychiatric Association, National Quality Forum | Remaining in treatment for an adequate period of time is critical for treatment effectiveness. Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment. |
| 7[b] | Health Services Research | 21 day program for Substance Use Disorder Care most cost effective, 28 day marginally more effective in successful treatment  |
| 7[c] | Institute of Medicine | Residential treatment is one of the most effective means of treating substance use disorders |
| 7[d] | Lippincott Williams and Wilkins | Residential treatment is one of the most effective means of treating substance use disorders |
| 7[e] | Medical Care | For substance use disorder inpatient care, lower risk of readmission associated with longer intended treatment duration, fewer early discharges, more patient participation in aftercare, and compulsory patient treatment  |
| 7[f] | Psychiatric Services | People who remain in substance use disorder treatment, outpatient or residential, for longer intervals achieve better outcomes |
| 7[g] | State Association of Addictive Services | Residential treatment is one of the most effective means of treating substance use disorders |
| 8[h] | United Nations Office on Drugs and Crime | Remaining in treatment for an adequate period of time is critical for treatment effectiveness. Short-term residential rehabilitation programs are typically delivered over 30-90 days |
| a. Count of noncompliant states includes state benchmark plans listing coverage for 21 days or less. Texas is excluded due to lack of clarity in the unit of care that is covered. We are evaluating this recommendation for ‘longer recommended treatment duration’ at a low bar of *more than* 21 days of substance use disorder inpatient care required coverage for by states or territories. (Guideline Source: Powers EJ, Nishimi RY, Kizer KW. Evidence-Based Treatment Practices for Substance Use Disorders. 2005:16. http://www.apa.org/divisions/div50/doc/Evidence\_-\_Based\_Treatment\_Practices\_for\_Substance\_Use\_Disorders.pdf) |
| b. Count includes state benchmark plans listing coverage for 21 days or less. Texas is excluded due to lack of clarity in the unit of care that is covered. (Guideline Source: Barnet et al. Cost effectiveness of inpatient substance abuse treatment. Health Serv Res. 1997;Dec, 32(5):615-629.) |
| c. Number of states that exclude coverage for Residential Treatment Centers in Substance Use Disorder Inpatient Care. (Institute of Medicine. Improving the Quality of Health Care for Mental and Substance-Use Condition: Quality Chasm Series. Washington, D.C.: National Academy Press; 2006.) |
| d. Number of states that exclude coverage for Residential Treatment Centers in Substance Use Disorder Inpatient Care. (Guideline Source: O’Brien W, Perfas F. The Theraputic Community. In: Lowinson J, Ruiz P, Millman R, Langrod J, eds. Substance Abuse: A Comprehensive Textbook. Baltimore, MD: Lippincott Williams and Wilkins; 2004.) |
| e. Count includes state benchmark plans listing coverage for 21 days or less. Texas is excluded due to lack of clarity in the unit of care that is covered. We are evaluating this recommendation for ‘longer recommended treatment duration’ at a low bar of *more than* 21 days of substance use disorder inpatient care required coverage for by states or territories. (Guideline Source: Peterson et al. Determinants of readmission following inpatient substance abuse treatment: a national study of VA programs. Med Care. 1994;June, 32(6):535-550.) |
| f. Count includes state benchmark plans listing coverage for 21 days or less. Texas is excluded due to lack of clarity in the unit of care that is covered. We are evaluating this compliance with this recommendation for ‘longer recommended treatment duration’ at a low bar of *more than* 21 days of substance use disorder inpatient care required coverage for by states or territories. (Guideline Source: Brunette M, Drake R, Woods M, Hartnett T. A comparison of long-term and short-term residential treatment programs for dual diagnosis patients. Psychiatr Serv. 2001;52(4):526-528.) |
| g. Number of states that exclude coverage for Residential Treatment Centers in Substance Use Disorder Inpatient Care. (Guideline Source: State Associations of Addiction Services. Residential Treatment of Substance Use Disorders: Practice Committee Concensus Report.; 2013. http://www.saasnet.org/PDF/SAAS\_Consensus\_Report\_Residential\_Treatment\_0413.pdf.) |
| h. Count includes state benchmark plans listing coverage for less than 30 days. Utah is included in this count, because the quantitative limit of 30 days is combined with mental health inpatient care (30 days total between mental health and substance use disorder inpatient care). (Guideline Source: United Nations Office on Drugs and Crime. Contemporary Drug Abuse Treatment: A Review of the Evidence. New York; 2002. https://www.unodc.org/docs/treatment/Review\_E.pdf.) |