

Supplemental Materials for Engagement and Retention of Nonabstinent Patients in Substance Use Treatment

Appendix A: Methodology

ASAM's Quality Improvement Council (QIC) and Clinical Practice Guideline Methodology and Oversight Subcommittee (CPG-MOS) oversaw the development of this Clinical Consideration document. ASAM's *Methodology for Clinical Practice Guidelines* defines Clinical Considerations as documents that "address issues that are immediately clinically relevant, though they may have limited evidence."¹⁶¹ Clinical Considerations are distinct from CPGs in that they have less methodological rigor, but they allow ASAM to respond to important clinical concerns from its members and the public in a timely manner.

The QIC and CPG-MOS oversaw the selection and appointment of a Writing Committee comprised of six individuals representing the following groups:

1. Physician
2. Program director/administrator
3. Policymaker (ie, state or county administrator)
4. Behavioral health clinician with experience in residential care
5. Opioid treatment program director
6. Person with lived experience in SUD treatment

In addition, the QIC and CPG-MOS selected 11 field reviewers representing the same 6 groups to review the document prior to the public comment period.

Key Questions

The following questions informed the narrative literature review. Table 1 summarizes the PICOTS (patients, interventions, comparisons, outcomes, timing, and setting) table.

What clinical strategies and program policies can increase the engagement and initiation of SUD treatment services among patients who use alcohol and/or other drugs and may not yet be committed to abstinence?

1. What services are people with SUDs most interested in accepting?
2. What clinical strategies and program policies lower the threshold for initiating treatment services?
3. How should the transtheoretical model of change be considered when initiating treatment services?
4. How does the availability of medical services (eg, addiction medications, management of post-acute withdrawal symptoms) impact patient engagement?

What clinical strategies and program policies can prevent administrative discharges and minimize harm to patients?

What program policies, including those that are required based on state and local regulations, impact discontinuation of services, including administrative discharges? How can they be modified to reduce discontinuation of care?

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What clinical and administrative steps should be taken to prevent administrative or self-discharge related to:

5. poor treatment adherence, including medication adherence;
6. return to use;
7. rule infractions, including medication diversion;
8. threatening or violent behavior; and
9. disruption of the therapeutic milieu.

When a more intensive level of care is indicated based on behavioral considerations, how can the clinician and program support effective transition?

What are the roles of different team members (ie, medical staff, clinical staff, administrative staff, allied health staff) in promoting treatment engagement and reducing administrative discharges?

10. How can team members coordinate more effectively to improve treatment engagement, reduce administrative discharges, and facilitate effective transitions?

When is administrative discharge appropriate? Under what circumstances?

What are the measures of success on the above, and how can standardized data collection inform quality improvement related to treatment Initiation, engagement, and retention?

Table 1. PICOTS Table

P (Patients or Population)	Individuals with SUD
I (Intervention)	Harm reduction-focused clinical strategies and program policies
C (Comparison)	Abstinence-focused clinical strategies and program policies
O (Outcome)	Treatment engagement Treatment retention Administrative discharge
T (Timing)	Treatment admission Active treatment Treatment discharge
S (Setting)	SUD treatment settings, all levels of care

Literature Search

A structured literature search was performed in PubMed. Table 2 details the literature search strategy. Chosen search terms aligned with the PICOTS and key questions. Similar search terms were also entered in PsycINFO. Key articles were subjected to forward search. Finally, a gray literature search was conducted. Specifically, we searched the internet and websites of other medical societies, government agencies, and professional associations for relevant materials, using the search terms specified in Table 2. Additionally, we considered gray literature provided by Writing Committee members (eg, California Department of Health Care Services materials).

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Table 2. Literature Search Strategy

The following PubMed search was conducted. The search was limited to English language articles focusing on human participants. Studies that addressed topics relevant to the scoping questions were included regardless of research design. After a title and abstract review and the addition of Google Scholar search results, 39 articles were included. Relevant commentaries were included in the gray literature.

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Search Terms	Search String	Articles
SUD terms	"substance related disorders"[MeSH Terms] OR "addiction*" [Title/Abstract] OR "substance use disorder*" [Title/Abstract] OR "alcohol use disorder*" [Title/Abstract]	357295
Admission terms	"admission*" [Title/Abstract] OR "treatment initiation" [Title/Abstract] OR "treatment engagement" [Title/Abstract] OR "treatment retention" [Title/Abstract] OR "low threshold treatment" [Title/Abstract] OR "low barrier treatment" [Title/Abstract]	306520
Discharge terms	"discharge*" [Title/Abstract] OR "administrative discharge*" [Title/Abstract] OR "disciplinary discharge*" [Title/Abstract] OR "punitive discharge*" [Title/Abstract] OR "involuntary discharge*" [Title/Abstract]	343024
Treatment terms	"substance abuse treatment centers" [MeSH Terms] OR "residential treatment" [MeSH Terms] OR "opiate substitution treatment" [MeSH Terms] OR "intensive outpatient program*" [Title/Abstract] OR "intensive outpatient treatment" [Title/Abstract]	13476
Harm reduction terms	"harm reduction" [Title/Abstract]	8002

Search Combinations	Search String	Articles
SUD + Admission/Discharge	SUD + Admission SUD + Discharge	14566
SUD Tx + Admission/Discharge	SUD Tx + Admission SUD Tx + Discharge	1935
Harm Reduction	SUD + Admission + Harm Reduction (114) SUD + Discharge + Harm Reduction (73) SUD Treatment + Harm Reduction (387)	565

Keyword Searches	Search String	Articles
Nonabstinent	"nonabstinen*" [All Fields]	350

Development of Recommendations

The Writing Committee reviewed the literature and discussed each of the key questions in the context of the available research and their clinical experiences. They collectively

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developed a list of potential strategies for improving engagement and retention of nonabstinent patients and discussed the nuances of implementation in different clinical settings (eg, outpatient versus residential) and for different populations (eg, implications for patients at different stages of readiness to change). The Writing Committee then debated the importance of each and built consensus on which strategies were the most likely to be impactful. All Writing Committee members approved the final recommendations and narrative text.

Field Review

A full draft of the document was sent to 11 field reviewers who provided detailed feedback. The Writing Committee reviewed all comments and discussed how to update the document to improve clarity, add nuance, or adjust the recommended strategies in response. The document was updated based on those discussions, and the Writing Committee reviewed and approved the changes before releasing the document for public comment.

Public Comment

In May 2024, ASAM invited major stakeholder organizations, partner organizations, relevant ASAM committees, and its Board of Directors to provide comments on the draft document. In addition, ASAM broadly disseminated a call for public comment. Over 270 comments were received. The Writing Committee reviewed all comments and discussed how to address noted concerns. The document was updated based on those discussions, and the Writing Committee reviewed and approved the changes before sending it to ASAM's QIC and Board of Directors for approval.

Final Approval

The final document was reviewed and approved by ASAM's QIC and Board of Directors.

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1 **Appendix B: Conflict of Interest Disclosures**

2 **I. 2024 Writing Committee Relationships with Industry and Other Entities**

Writing Committee Member	Employment	Consultant	Speakers Bureau	Ownership/ Partnership/Principal	Institutional, Organizational or Other Financial Benefit	Research
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Jackie Lien, LPC	Phoenix Counseling Center	None	None	None	None	None
Samuela Manages, MD, FAAFP	Pines Health Services FQHC Community Health Center	None	None	None	None	None
Sarah Mohr, MA, LCSW, CADC-II	CenterPoint, Inc	None	None	None	None	None
Colleen Ryan, MD, FASAM	Alteri Behavioral Health	None	None	None	None	None
Gary Tsai, MD, FAPA, FASAM	Los Angeles County Department of Public Health	None	None	Amae Health*	None	None

The above table presents relationships of the **Writing Committee** during the past 24 months with industry and other entities that were determined to be relevant to this document. These relationships are current as of the completion of this document and may not necessarily reflect relationships at the time of publication. A relationship is considered to be significant if the individual receives compensation that includes cash, shares, and/or anything else of value, including direct ownership of shares, stock, stock options, or other interest valued at \$5,000 or more. A relationship is considered to be modest if it is less than significant under the preceding definition. A relationship is considered to be unpaid if the individual does not receive monetary reimbursement. ** Indicates significant relationship. * Indicates modest relationship.

3 **II. 2024 Field Reviewer Relationships with Industry and Other Entities**

Field Reviewer	Employment	Consultant	Speakers Bureau	Ownership/ Partnership/Principal	Institutional, Organizational or Other Financial Benefit	Research
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Mathew Boyer, MD	Rogers Behavioral Health	None	None	None	None	None
G. Malik Burnet, MD, MBA, MPH	REACH Health Services	None	None	None	None	None

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Field Reviewer	Employment	Consultant	Speakers Bureau	Ownership/ Partnership/Principal	Institutional, Organizational or Other Financial Benefit	Research
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David Lawrence, MD, FASAM	VA Greater Los Angeles	None	None	None	None	None
Joshua Leiderman, MD, FASAM	Partners for Recovery	None	None	None	None	None
Jessica Northcott-Brillati, MSW, LCSW	University of Pittsburgh	None	None	None	None	None
Jason Powers, MD, MAPP, FASAM, DABAM, FABFM	Positive Recovery Centers	None	None	None	None	None
Kate Roberts, MA, MSW, LCSW	Aurrera Health Group	California Department of Health Care Services	None	None	None	None
Sarah C. Spencer, DO, FASAM	Ninilchik Traditional Council Community Clinic	None	None	None	None	None
Mary Wiltshire-Fields	Behavioral Awareness Center PC	None	None	None	None	None

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1 III. 2024 ASAM Quality Improvement Council Relationships with Industry and Other Entities

Quality Improvement Council Member	Employment	Consultant	Speakers Bureau	Ownership/ Partnership/Principal	Institutional, Organizational or Other Financial Benefit	Research
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Kenneth I. Freedman, MD, MS, MBA, FACP, AGAF, DFASAM	Aetna/CVS Health; The Recovery Research Network	None	None	None	National Quality Forum	None

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Quality Improvement Council Member	Employment	Consultant	Speakers Bureau	Ownership/ Partnership/Principal	Institutional, Organizational or Other Financial Benefit	Research
Michael P. Frost, MD, DFASAM, FACP	Wayspring; Pocket Naloxone Corp; Frost Medical Group, LLC	Accord Healthcare UK*	Braeburn Pharmaceuticals*	Frost Medical Group, LLC**	None	None
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Tami Mark, PhD, MBA	RTI International	None	None	None	None	None
Stephen Martin, MD, FASAM	Boulder Care; Greylock Recovery	None	None	Boulder Care	None	None
Melissa B. Weimer, DO, MCR, FASAM	Yale School of Medicine; St. Peters Health Partners, Yale New Haven Hospital; PCSS-MAUD	Medical Legal Consulting	None	None	None	None

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1 IV. 2024 ASAM Board of Directors Relationships with Industry and Other Entities

Board Member	Employment	Consultant	Speakers Bureau	Ownership/ Partnership/Principal	Institutional, Organizational or Other Financial Benefit	Research
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Board Member	Employment	Consultant	Speakers Bureau	Ownership/ Partnership/Principal	Institutional, Organizational or Other Financial Benefit	Research
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Megan Buresh, MD, DFASAM	Johns Hopkins University School of Medicine	None	None	None	American Journal of Medicine*	None
Itai Danovitch, MD, MBA, FAPA, DFASAM	Cedars-Sinai Medical Center	Expert Witness**	None	Bexon Biomedical Board of Directors*; Workit Health*; California Mental Health Services Commissioner	None	None
Alta DeRoo, MD, MBA, FACOG, DFASAM	Hazelden Betty Ford Foundation	None	None	None	None	None
Michael Fingerhood, MD, FACP, DFASAM	Johns Hopkins University	None	None	None	American Academy of HIV Medicine	None
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Teresa Jackson, MD, DFASAM	Lakeside-Milam Recovery Center	None	None	None	None	None
Margaret A. E. Jarvis, MD, DFASAM	Geisinger	American Society of Addiction Medicine**; Expert Witness**	None	None	PA Governor's Behavioral Health Council; American Board of Preventive Medicine Exam Subcommittee**	None
Christina E. Jones, MD, FASAM	Teleleaf, LLC	None	None	None	None	None

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Board Member	Employment	Consultant	Speakers Bureau	Ownership/ Partnership/Principal	Institutional, Organizational or Other Financial Benefit	Research
Lori D. Karan, MD, FACP, DFASAM	VA Loma Linda Healthcare Center; Loma Linda University Health Education Consortium	None	None	None	None	None
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James P. Murphy, MD, DFASAM	Murphy Pain Center	None	None	Murphy Pain Center**	Kentucky Harm Reduction Coalition Board of Directors; University of Louisville School of Medicine	None
Cara A. Poland, MD, MEd, FACP, DFASAM	Michigan State University College of Human Medicine	None	None	None	None	None
Shawn Ryan, MD, MBA, FASAM	Brightview Health	Dynamicare*	None	Brightview Health*	None	None
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