

# Can State Policies Improve Drug Treatment Quality?

An examination of state legal mandates for outpatient substance abuse treatment programs

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## STUDY OVERVIEW

### Background and Purpose

**Background:** Despite the significant human and financial toll of substance abuse problems, little attention has been paid to the quality of substance abuse treatment. According to a 2003 *New England Journal of Medicine* study, the quality of alcohol treatment ranked last in an assessment of treatment for the nation's 25 leading causes of death, illness, hospitalization, and doctors' visits. Yet, unlike other health care sectors, the U.S. substance abuse treatment system lacks a national, standardized approach to delivering high quality, evidence-based services. As a result, substance abuse treatment service provision is governed by a patchwork of state policies. To date, a comprehensive review of the actual policies has not been undertaken.

### Purpose:

- Examine the nature and extent of state laws/regulations governing outpatient\* substance abuse treatment service provision.
- Explore the integration of evidence-based practices into the state laws/regulations to ascertain whether such issues were being addressed in codified laws.

\* Outpatient programs were chosen for analysis because, as data from SAMHSA reveal, the vast majority of substance abuse treatment services are provided on an outpatient basis.

### Research Questions

- Does outpatient substance abuse treatment program authorization (licensure, certification, accreditation) vary by state?
  - Is authorization mandatory or optional?
- What are some types of quality control mechanisms that are required of outpatient substance abuse treatment programs?
  - Do inspection requirements exist?
  - Are criteria-based/measurable objectives established?
  - Are treatment related statistics collected and reported?
  - Are client satisfaction surveys conducted?
- What standard components of treatment are typically addressed in the state laws?
  - Initial assessment?
    - Use of standardized patient placement criteria?
  - Specific types of therapy?
  - Specific evidence-based treatments?
  - Medication management and pharmacologic treatments?
  - Substance abuse and related education?
  - Substance abuse and related clinical testing?

### Data Sources

- State statutes and regulations in effect as of February 1, 2004
  - Statutes/regulations obtained from Westlaw
  - "State" defined to include the 50 states and the District of Columbia
- Data presented herein are based on preliminary analyses of the statutory and regulatory laws

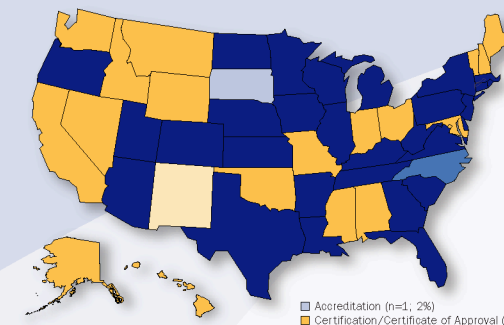
### Study Limitations

- Limited to standard outpatient and intensive outpatient programs (ASAM Levels I and I.5)
- Policies excluded from the study:
  - day treatment programs
  - detoxification programs
  - methadone/LAAM programs
  - residential programs
  - Medicaid/hospital regulations
- Studied policy adoption only; implementation not examined
- Cross-sectional analysis only

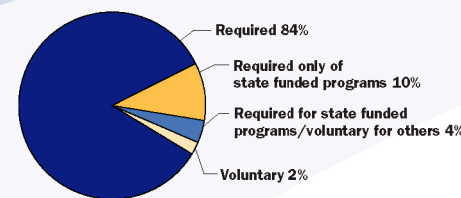
## STUDY FINDINGS

### Program Authorization

#### Types of Program Authorization



#### Authorization Status

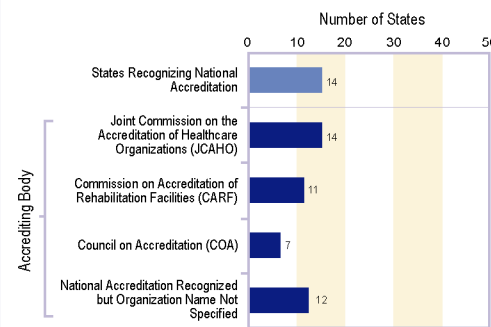


#### Definitions:

**Accreditation:** recognition that a treatment program has met certain state-specified or national standards that qualify the program to operate in the state  
**Certification:** a document certifying that a treatment program has met state-specified requirements and may operate in the state  
**Licensure:** governmental permission for a treatment program to operate

- Certification appears to be more common in the Western and Northwestern states, whereas, licensure is more common in the Midwest and East.
- Licensure is *required* (as opposed to being optional) in all states (n=29 states) that authorize outpatient substance abuse treatment programs by way of licensure.
- The vast majority of certification states *require* certification or a certificate of approval prior to program operation.
- Two certification states and one accreditation state allow for voluntary authorization, however, the two certification states require certification for state-funded programs.

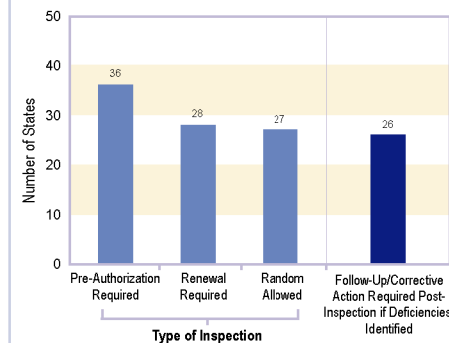
#### In addition to licensure/certification provisions, over 1/4 of the states recognize national accreditation



Note: JCAHO, CARF, and COA data are not mutually exclusive. In total, 14 states reference specific national accrediting bodies; 11 of these states reference JCAHO and at least one other body.

### Quality Control Measures

#### The majority of states address program-level inspection

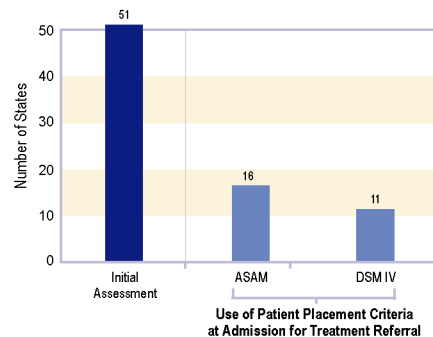


#### Additional types of quality control required of outpatient programs

Type of provision	Number of states	Percent of states
Establish criteria-based/measurable objectives	27	53%
Client satisfaction surveys	13	25%

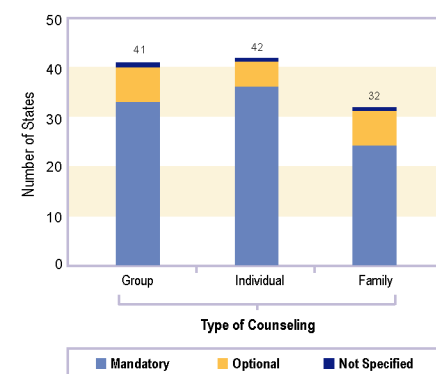
### Standard Components of Treatment

#### Initial assessment and patient placement criteria requirements



Assessment: "Those procedures by which a program evaluates an individual's strengths, weaknesses, problems and needs, and determines priorities so that a treatment plan can be developed." (ASAM PPC-2R, 2001, p. 369).

#### Counseling services are commonly addressed in state policies governing standard outpatient programs



#### Other Components of Treatment

**Evidence-Based Practices:** With the exception of relapse prevention (13 states), continuing care/aftercare (34 states), and support groups (e.g., AA, NA) (21 states), states have not yet incorporated specific evidence-based terminology into their laws/regulations.

**Medication Management/Pharmacologic Interventions:** 36 states address medication management; very few states mention specific pharmacologic treatments in their policies.

**Substance Abuse/Infectious Disease Education:** 35 states address education provisions for outpatient programs; 1 state only requires education for intensive outpatient programs.

**Substance Abuse/Infectious Disease Testing:** 26 states address testing provisions for outpatient programs.

## SUMMARY

### Program Authorization

- While all states specify some type of authorization (licensure/certification/accreditation) provision governing outpatient substance abuse treatment, not all states require that a program be authorized prior to operation.
- Just over 1/4 of the states recognize national accreditation in conjunction with or in lieu of state authorization.

### Quality Control Measures

- Inspection provisions are specified in the majority of the state policies; however, the type of inspection varies by state.
- More than 1/2 of the states require outpatient programs to establish criteria-based/measurable objectives.
- 1/4 of the states require that programs conduct client satisfaction surveys.

### Standard Components of Treatment

- All states address initial assessments as part of the laws/regulations governing outpatient programs; less than 1/3 of the states specify use of patient placement criteria at the time of admission.
- Counseling services are addressed in the majority of the states' laws/regulations.
- Continuing/aftercare, medication management, and substance abuse/infectious disease-related education are included in over 2/3 of the states' policies.
- Very few states, if any, incorporate specific evidence-based terminology into their laws/regulations governing outpatient substance abuse treatment programs.

## QUESTIONS FOR FURTHER STUDY

- Given that all states have some type of authorization requirement for outpatient substance abuse treatment programs, what are the implications for the delivery of quality and evidence-based outpatient substance abuse treatment services? Or, what other requirements or components might be influencing the delivery of quality and evidence-based services?
- Is there a relationship between policy and practice (i.e., implementation)? Do state laws/regulations have a differential impact on the delivery of evidence-based and quality outpatient treatment services?
- Do states with national accreditation requirements have higher accountability and better treatment outcomes than states where national accreditation is not recognized as part of the authorization process?
- Is service provision superior in states whose laws contain more stringent quality control provisions?
- Why do so few state laws/regulations contain evidence-based treatment language or requirements?

## NEXT STEPS

- State verification of policy information
- Research on laws/regulations in effect in 2002 to enable multiyear analyses of policy-to-practice

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