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/toxic treatment varied least in an assessment of treatment for the nation’s 25 leading causes of death, illness, hospitalization, and doctors’ visits. Yet, while other health care sectors, such as 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 law regulations governing outpatient substance abuse treatment service provision.
- Explore the integration of evidence-based practices into the state regulations to ascertain whether such issues were being addressed in credible law.

Research Questions

1. Do outpatient substance abuse treatment program authorization (licensure/certification, accreditation) vary by state?
2. Are there any type of quality control mechanisms that are required of outpatient substance abuse treatment programs?
3. Do inspection requirements exist?
4. Are provider-based measurable objectives established?
5. Are treatment related statistics collected and reported?
6. Is client satisfaction surveys conducted?

Data Sources

- State statutes and regulations in effect as of February 1, 2014
- State regulations obtained from the National Conference of State Legislatures and the National Association of State Alcohol and Drug Abuse Directors
- Data presented herein are based on preliminary analyses of the statutory and regulatory laws

STUDY FINDINGS

Program Authorization

Types of Program Authorization

<table>
<thead>
<tr>
<th>Authorization Status</th>
<th>Number of States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required (85)</td>
<td>39</td>
</tr>
<tr>
<td>Required at state level funded programs (10)</td>
<td>39</td>
</tr>
<tr>
<td>Required for state funded programs voluntary for others (1)</td>
<td>39</td>
</tr>
<tr>
<td>Optional (15)</td>
<td>10</td>
</tr>
</tbody>
</table>

In addition to licensure/certification provisions, over 3/4 of the states recognize national accreditation.

Quality Control Measures

The majority of states address program level inspection

- Type of inspection: 27
- Percent of states: 53%

Establish state-based measurable objectives

Client satisfaction survey

- Type of program: 13
- Percent of states: 25%

Additional types of quality control required of outpatient programs

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<tr>
<th>Type of provision</th>
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<th>Percent of states</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence-based treatment objectives</td>
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<td>53%</td>
</tr>
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<td>Client satisfaction survey</td>
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Standard Components of Treatment

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Other Components of Treatment

Evidence-Based Practice: With the exception of relapse prevention (23 states), continuing education (6 states), and support groups (e.g., AA, NA, 21 states), states have not yet incorporated specific evidence-based terminology into their legislations.

Substance Abuse Facilities Disease Education: 35 states address education provisions for outpatient programs, 1 state only requires education for interests outpatient programs.

Summary

Program Authorization

- While all states specify some type of authorization (licensure/certification/accreditation) provisions governing outpatient substance abuse treatment, not all states require that a program be authorized prior to operation.
- Just over 1/4 of the states require preadmission 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 a set of measurable objectives.
- 1/4 of the states require that programs conduct client satisfaction surveys.

Standard Components of Treatment

- All states address initial assessment as part of the law/regulations governing outpatient programs, less than 1/2 of the states specify what percent of patients are admitted at this time of admission.
- Counseling services are addressed in the majority of the states’ law/regulations.
- Continuing/rehab, medication management, and substance abuse/infections disease-related education are included in over 1/2 of the state’s policies.
- Very few states, if any, incorporate specific evidence-based terminology into their law/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 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 law/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 compared to 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 some state law/regulations contain evidence-based treatment language or requirements?

Next steps

- State verification of policy information
- Research on law/regulations in effect to 2003 to evaluate multiple analyses of policy-to-practice

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