STATE OF ARIZONA
OFFICE OF THE
AUDITOR GENERAL

Department of Health Services

Division of Behavioral Health Services—Substance Abuse Treatment Programs

REPORT HIGHLIGHTS
PERFORMANCE AUDIT

Our Conclusion

The Division should focus on three strategies that improve substance abuse treatment outcomes and hold treatment providers more accountable for consumer outcomes. Treating substance abuse is very difficult, and most consumers showed little change after treatment. Over half of the consumers were abstinent when they entered treatment, and treatment appeared to help them stay abstinent. However, most (75 percent) of the consumers who were using alcohol or drugs when entering treatment either continued or increased their use. Three strategies can increase treatment effectiveness: (1) retaining consumers in programs longer, (2) providing a continuum of care to meet consumers' changing levels of need, and (3) using therapies proven by research to have positive effects. The Division can also hold treatment providers more accountable for treatment outcomes by using incentives and penalties.

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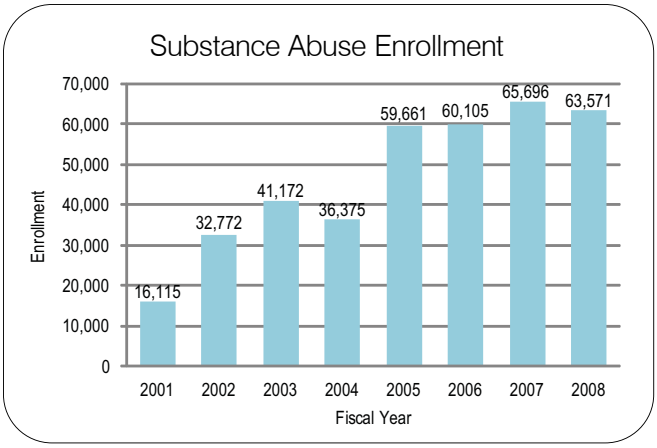
Focusing on strategies that improve outcomes

The Department of Health Services, Division of Behavioral Health Services (Division) provides substance abuse services mainly to consumers enrolled in the state Medicaid program (AHCCCS). The number of people receiving some type of state-provided substance abuse service has increased by nearly 300 percent from fiscal years 2001 to 2008. However, Arizona, like many other states, struggles to obtain positive treatment outcomes.



Most consumers showed little change— We analyzed four outcome measures for adult substance abuse consumers who did not have a serious mental illness and were enrolled in fiscal years 2006, 2007, or 2008: substance use, employment, criminal activity, and housing. We found a slight improvement in substance use, and little or no change in the other three measures. Generally, consumers who were doing well in a measured area before starting treatment maintained their status, particularly if they completed treatment. Consumers who were not doing well in an area when they entered treatment were more likely to improve if they completed treatment, and to stay the same or worsen if they did not complete treatment.

Changes in substance use—Fifty-four percent of the consumers were not using drugs or alcohol when they entered treatment, and 93 percent of them remained abstinent by the end of treatment. However, nearly 46 percent of the consumers were using drugs or alcohol when they entered the program, and only 25 percent of these consumers had reduced or stopped use by the end of treatment.

Three strategies for improving outcomes—Research shows the Division can improve outcomes by:

- **Increasing retention and completion rates—**Studies show that consumers who remain in treatment at least 3 to 6 months have better outcomes. Unfortunately, most consumers (58 percent) drop out of treatment well before then. The Division's average stay is 29 days for outpatient treatment and 78 days for long-term residential treatment.

  Several factors affect whether consumers stay in treatment, including motivation to change behavior, family/friends' support, and pressure by the criminal justice system. However, treatment programs can also affect retention by making treatment attractive, offering options, increasing monitoring, and giving feedback.

- **Monitoring continuum of care—**The Division should also monitor how services are matched to a consumer's particular treatment needs. Successfully matching the consumer to appropriate treatment helps to ensure positive outcomes. For example, such a continuum of care may include acute detoxification, followed by stabilization, rehabilitation, and continuing recovery support.

A lack of continuous care can lead to poor outcomes. For example, we identified one homeless consumer who received medical detoxification 54 times in 3 years (about every 3 weeks) at a cost of over $82,000. He typically received 2 to 3 days of detoxification, but chose not to complete treatment or receive follow-up care.

- **Ensuring use of evidence-based practices**—Scientific research has shown certain practices can improve treatment success. Such practices include motivational interviewing, cognitive behavioral therapy, community reinforcement therapy, and 12-step facilitation therapy. The Division requires providers to use evidence-based practices, but it does not monitor and enforce this requirement.

Division should focus its oversight on outcomes and costs

The Division should develop, monitor, and hold the Regional Behavioral Health Authorities accountable for meeting outcome measures. It should also enhance its reviews of treatment costs—both costs for individual treatment cases and costs for specific types of treatments or services.

The Division largely monitors processes rather than treatment outcomes. For example, the Division monitors the timeliness of services, but not whether the treatment is effective. Three other states—Colorado, Delaware, and Maine—have established goals for providers that focus on such things as treatment retention, continuation of care, and abstinence. For example, Colorado has a goal concerning the percentage of clients who had a reduction in primary drug use at discharge. Further, Delaware and Maine have incorporated financial incentives into their goals. Specifically, Delaware provides an incentive for treatment retention/completion, and in Maine, providers can also incur penalties for underperforming.

The Division should also increase its review of cases with very high costs. Auditors discovered 14 consumers who received substance abuse treatment totaling over $100,000 each during fiscal years 2006 through 2008. For fiscal years 2006 through 2008, $100 million (72 percent) of the money for substance abuse treatment was used to provide services to 20 percent of the consumers, and 45 percent of those did not complete treatment. The Division began monitoring high- and low-cost substance abuse cases in March 2009.

The Division should also continue to review those types of treatments that have high costs. For example, between fiscal years 2006 and 2008, 2,600 consumers (5 percent of all substance abuse consumers) received methadone treatment at a cost of over $9.5 million. The Division is transitioning to buprenorphine, an alternative to methadone treatment, which will be less costly and easier to administer.

TO OBTAIN MORE INFORMATION

A copy of the full report can be obtained by calling (602) 553-0333

or by visiting our Web site at: www.azauditor.gov

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Department of Health Services

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