

Improving Linkage to Continuing Care Improves Abstinence: Implications for State Systems of Care

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Presentation Goals

- Show the difference between the old concept of Aftercare and the newer term, Continuing Care
- Show how current practices lead to Continuing Care linkage for only 1/3 – 1/2 of clients.
- Present evidence that assertive linkage to Continuing Care can dramatically improve participation.
- Test the validity of the new Washington Circle Continuity of Care Performance Measure
- Provide recommendations to state systems of care to improve Continuity of Care

Aftercare Definition

The purpose of Aftercare is to maintain the clinical gains made in treatment

Assess → Res. Tx → IOP → OP → 12 Step
Aftercare: →

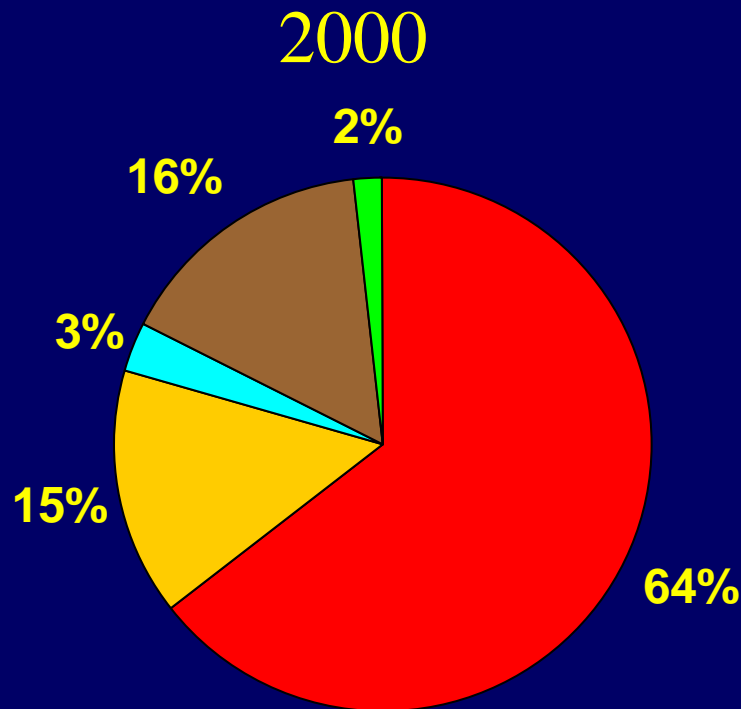
Assumptions:

1. Clients complete each tx phase successfully
2. Clients successfully link to next tx phase.

Continuing Care Definition

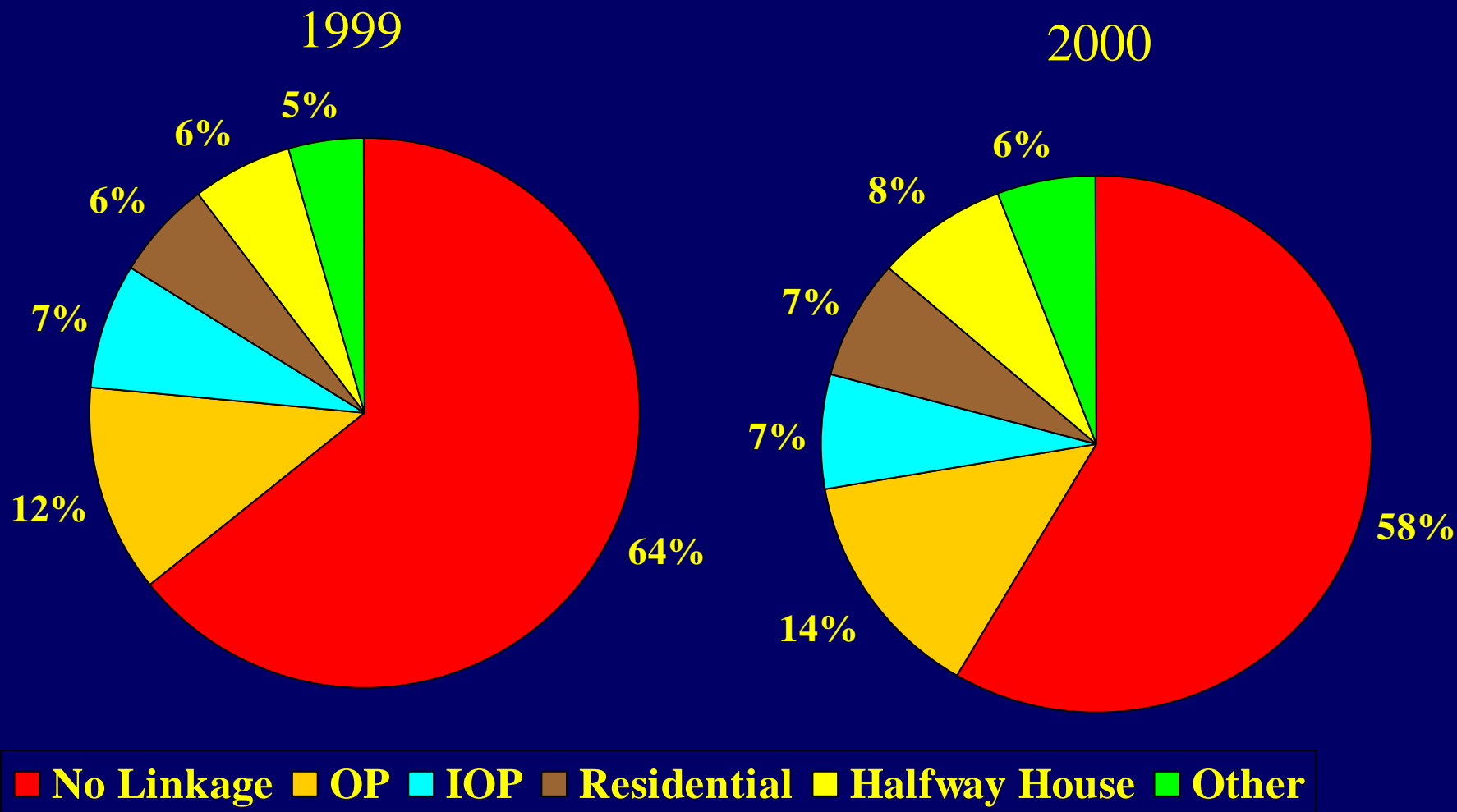
“The provision of a treatment plan and *organizational structure* that will ensure that a patient receives whatever kind of care he or she needs at the time. The *treatment program* thus is flexible and tailored to the shifting needs of the patient and his or her level of readiness to change.” (p. 361, ASAM Placement Criteria-2nd edition; Mee-Lee et al., 2001)

Linkage to Continuing Care Following Residential Treatment: Adolescents



■ No Linkage ■ OP ■ IOP ■ Residential ■ Other

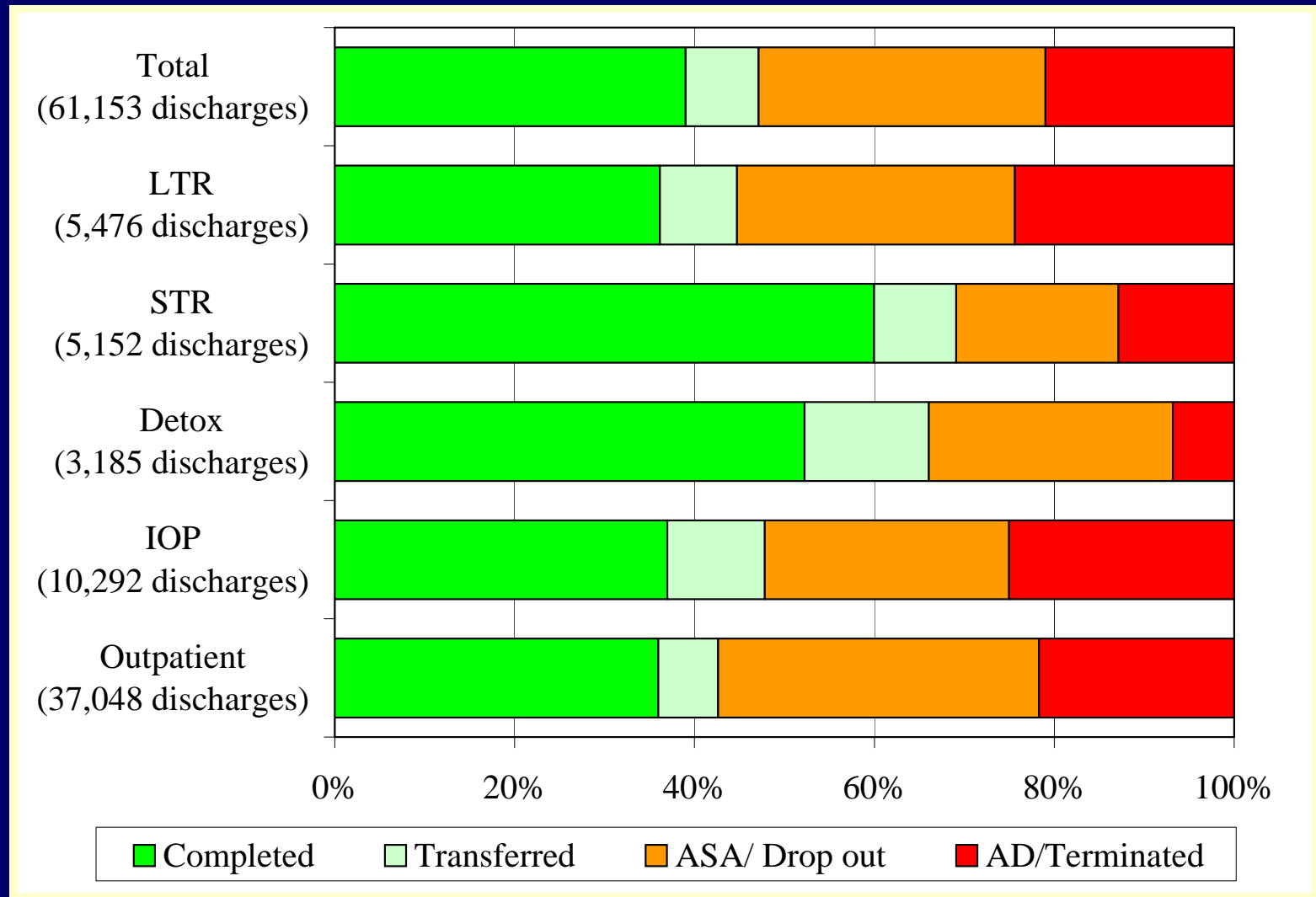
Linkage to Continuing Care Following Residential Treatment: Adults



Why do so many patients fail to receive continuing care?

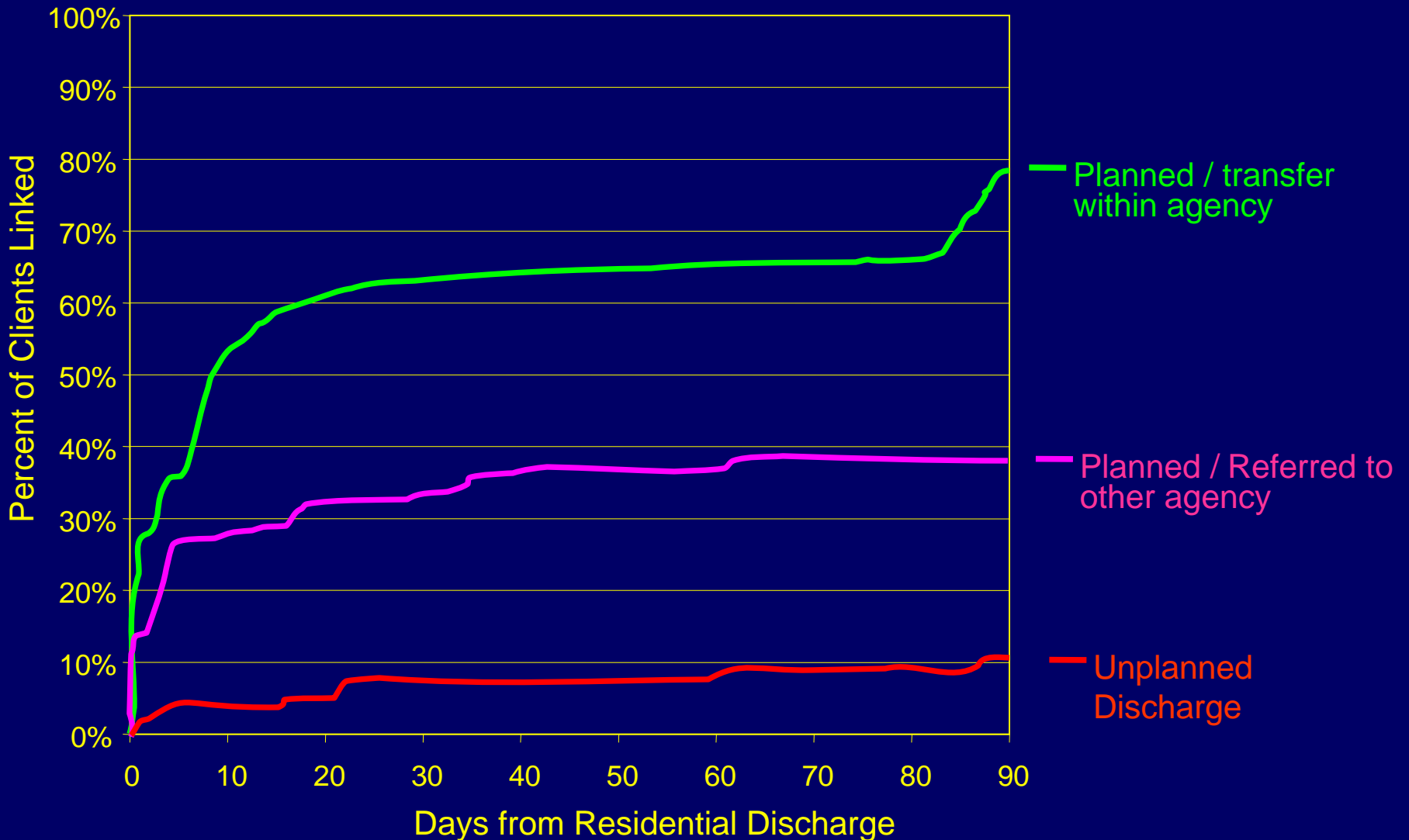
- Care systems operate under old Aftercare approach; may not give referral if ASA/AD discharge type
- Referrals to another provider org. are unreliable
- Even transferring to another counselor within agency can be a problem.
- Low Motivation/Treatment Fatigue - ready to be finished
- Logistical/financial obstacles to clinic attendance
- Providers view it as clients' responsibility to get to clinic; only get reimbursed if client attend.

53% Have Unfavorable Discharges



Source: Data received through August 4, 2004 from 23 States (CA, CO, GA, HI, IA, IL, KS, MA, MD, ME, MI, MN, MO, MT, NE, NJ, OH, OK, RI, SC, TX, UT, WY) as reported in Office of Applied Studies (OAS; 2005). Treatment Episode Data Set (TEDS): 2002. Discharges from Substance Abuse Treatment Services, DASIS Series: S-25, DHHS Publication No. (SMA) 04-3967, Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from http://www.dasis.samhsa.gov/teds02/2002_teds_rpt_d.pdf.

Who Links to Continuing Care?



Source: CSAT ART Grantees

Wilcoxon (Gehan) statistic (df=2)=79.83, $p < .001$.

What is the Washington Circle?

- Formed in 1998 by the Center for Substance Abuse Treatment, the Washington Circle (WC) is a multi-disciplinary group of providers, researchers, managed care representatives, and public policy representatives.
- Goals of the WC were to:
 - Develop and pilot test performance measures for substance abuse treatment programs
 - Promote adoption of these measures by public and private stakeholders
 - Current performance measures for identification, initiation, and engagement in treatment

Washington Circle Continuity of Care Performance Measure

Continuity of care after...

- Assessment Service
- Detoxification
- Short-term Residential
- Long-term Residential
- Inpatient

Continuity of Care is defined as the number of individuals with an additional service within 14 days after discharge from the previous service.

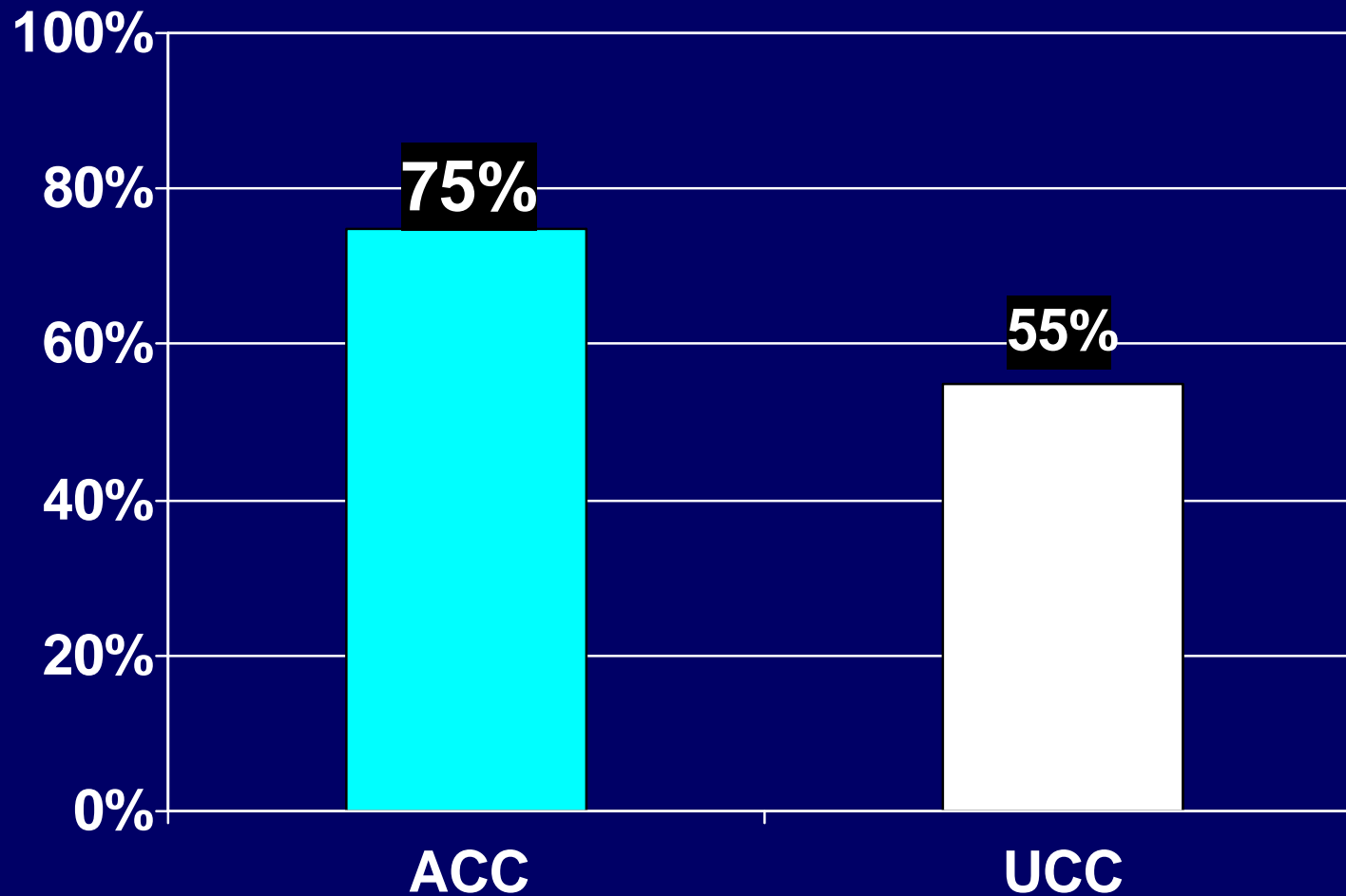
Assertive Continuing Care Experiments

- Samples:** A total of 525 adolescents in 2 studies meeting DSM IV dependence on alcohol, marijuana or other drug; meets ASAM Level 3 placement criteria, residential stay of 7+ days, returning to target counties, not a ward of state.
- Instruments:** Global Appraisal of Individual Needs (GAIN); BAC and Urine tests for Cannabis and Cocaine; Collateral Interviews
- Design:** Random Assignment to either UCC or different ACC conditions. Active CC phase was 90 days after residential discharge
- Follow-up:** Over 90% of all participants received a follow up interview at 3, 6, and 9 months after residential treatment

Features of Assertive Conditions

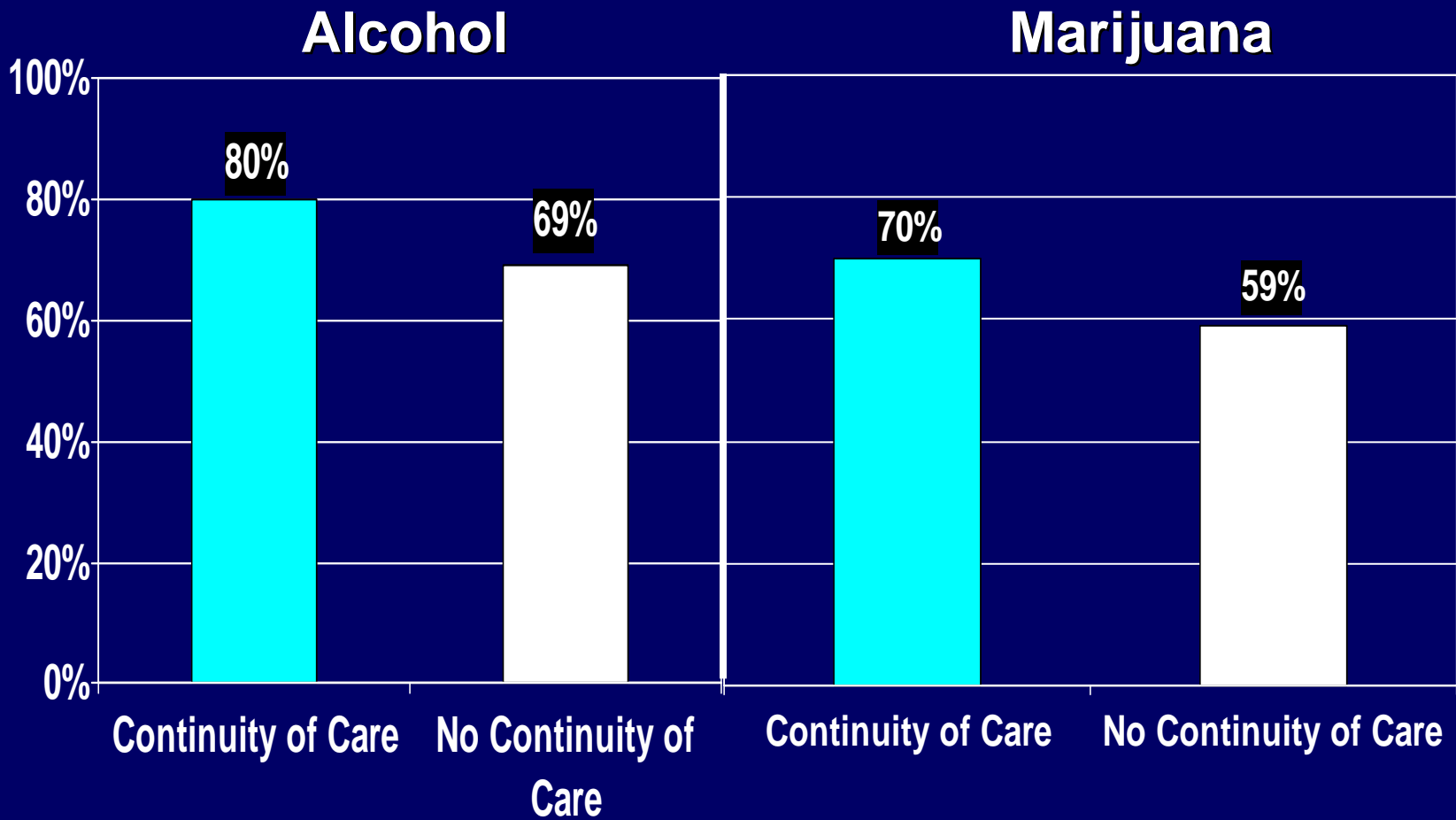
- Meet once with client before res. discharge
- Clinician is responsible for initiating CoC within 14 days of discharge.
- Different conditions rec'd either A-CRA (Godley et al., 2001), CM (Petry, 2000), or A-CRA+CM
- Sessions usually in the community (home/school)
- Clinician helps patients comply with or obtain needed services
- Use of telephone, email, instant messaging to maintain contact, support, and session reminders
- Limited transportation if needed to access referral resources, job interviews, etc.

Compliance to WC Continuity of Care Standard



$\chi^2 = 19.17, p < .001, d = .40$

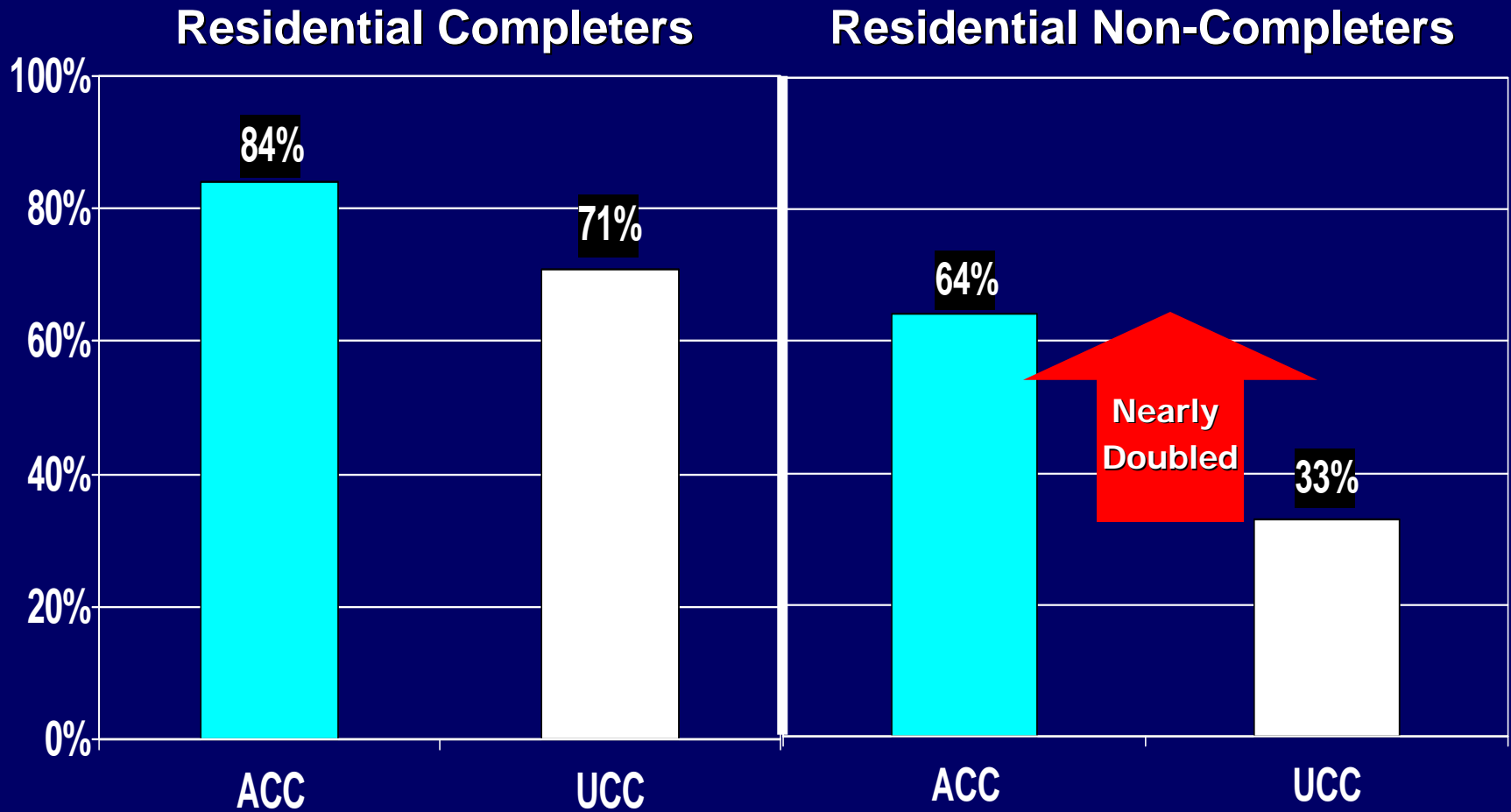
Effect of CoC Compliance on Days of Abstinence



$F = 17.10, p < .001, d = .44$

$F = 10.74, p < .001, d = .35$

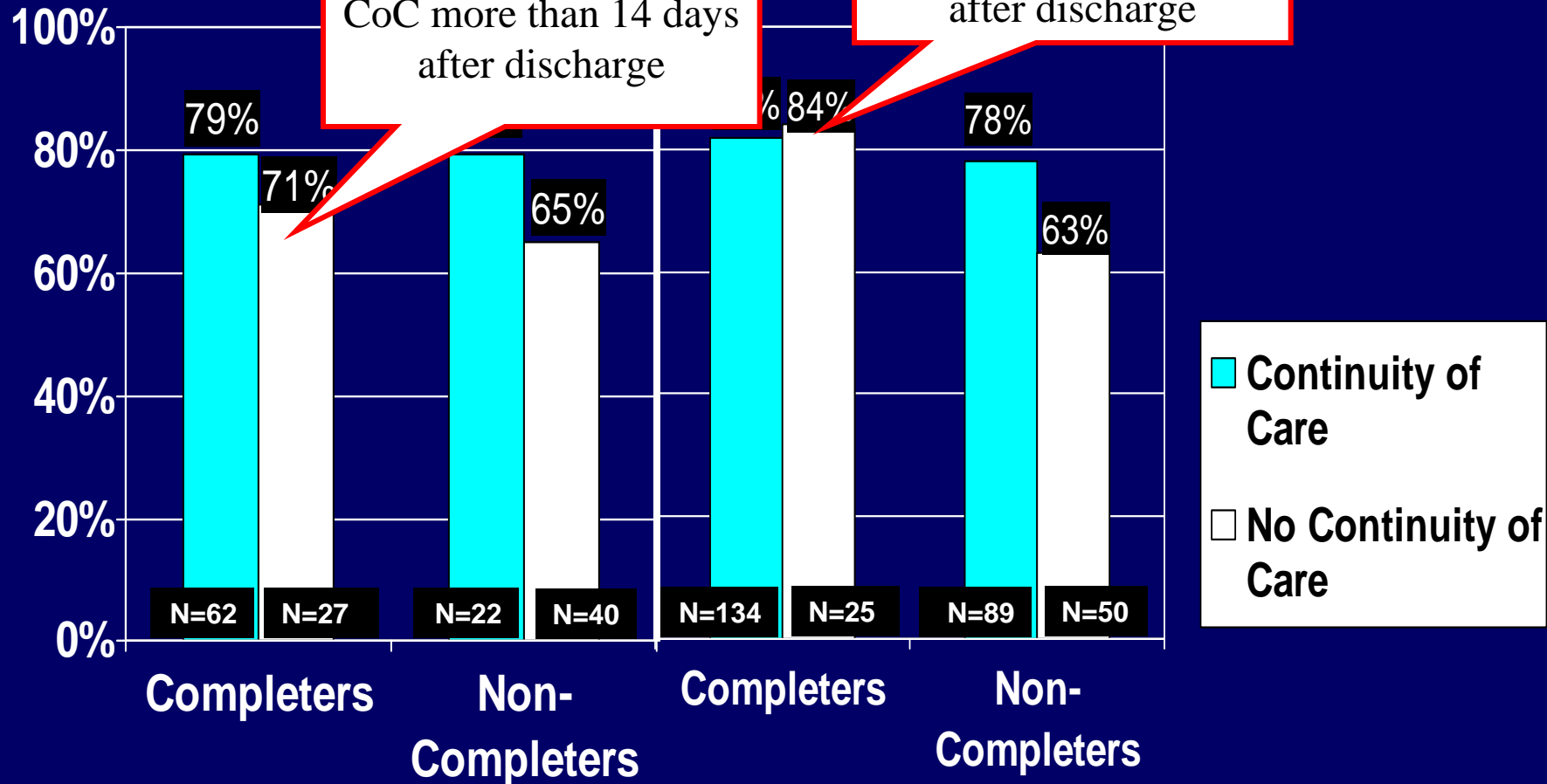
Continuity of Care by Completion Status & Condition



$\chi^2 = 6.51, p < .01, d=.31$

$\chi^2 = 17.71, p < .001, d=.59$

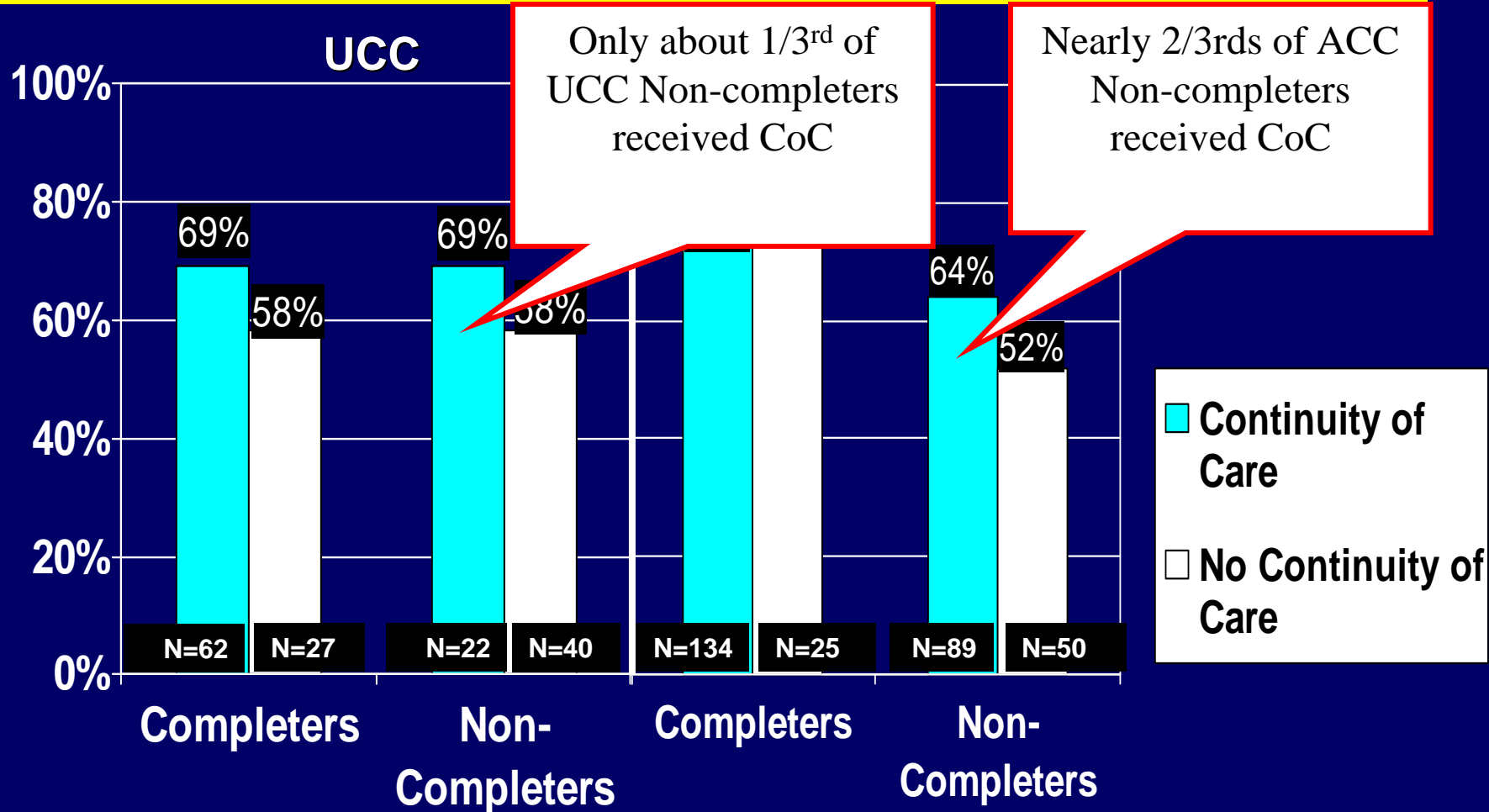
Percent of Days Abstinent from Alcohol by Completion Status



Main Effect for CoC
 $F = 5.18, p < .05, d = .42$

Interaction for Completion by CoC
 $F = 5.90, p < .05, f\text{-index} = .14$

Percent of Days Abstinent from Marijuana by Completion Status



Main Effect for CoC
 $F = 4.11, p < .05, d = .36$

Interaction for Completion by CoC
 $F = 3.19, p = .075, f\text{-index} = .11$

Conclusions

- Clients who link to Continuing Care do significantly better than those who do not; but in practice settings today few receive it.
- Linkage to Continuing Care was significantly higher among adolescents receiving assertive linkage, regardless of residential treatment completion status.
- Continuity of Care was found to predict significantly higher rates of abstinence from both Alcohol and Marijuana, even if clients failed in residential treatment.

Recommendations to State Systems

- States should review data collection systems to see if they can calculate the CoC performance measure.
- States should establish performance standards with providers for CoC.
- States should explore ways to encourage improving CoC.
- States should place special emphasis on linking clients who fail to complete their initial tx episode as these clients are at greatest risk for severe AOD consequences and may gain the most from continued care.

For More Information

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