

Executive Summary

System Evaluation for Adults Receiving Alcohol and Other Drug (AOD) Treatment Services Year 2002 Outcomes Report

ADAMH BOARD OF FRANKLIN COUNTY BEHAVIORAL HEALTHCARE NETWORK

This report provides a two-year (2000 and 2001) overview of system evaluation progress of adults receiving alcohol and drug treatment services from the ADAMH Board of Franklin County provider network. Our preliminary analysis showed that treatment significantly improved recovery in the employment, social/family relationships and legal and psychological areas. Alcohol and drug use also show marked reduction. This exciting finding confirms that our system makes a difference in people's life and in our society.

BACKGROUND

Starting January 19, 2000, ADAMH network providers implemented the Addiction Severity Index (ASI)¹ to develop an outcomes evaluation system to promote quality care. ADAMH Board of Trustees provided one-time-only financial release to assist providers to adjust their data systems to accommodate the needs for e-data transmission. Our system goals are to use these data to help improve clinical care and inform policy makers on decisions regarding rewarding performance and contracts, and to help consumers and families make informed decisions on purchase of care.

Approximately six thousand (N=5,789) clients entering the treatment system received baseline surveys. Nearly half (more than 46%) of these clients reported prior alcohol and drug treatment, and 36% had concurrent psychological/emotional problems. Many clients involuntarily sought treatment as they were referred by criminal justice systems. We conducted a preliminary analysis to compare pre- and post- treatment change including two hundred sixteen (216) clients who were discharged from the treatment and were followed up 30 days post-treatment. The follow-up group resembled similarities of the general population receiving AOD treatment in the distribution of gender, race, and primary diagnoses. Among these clients, 71% were male; 59% were white. Alcohol Dependency, Alcohol Abuse, and Cocaine Dependency were the top 3 diagnoses upon treatment entry.

TREATMENT WORKS

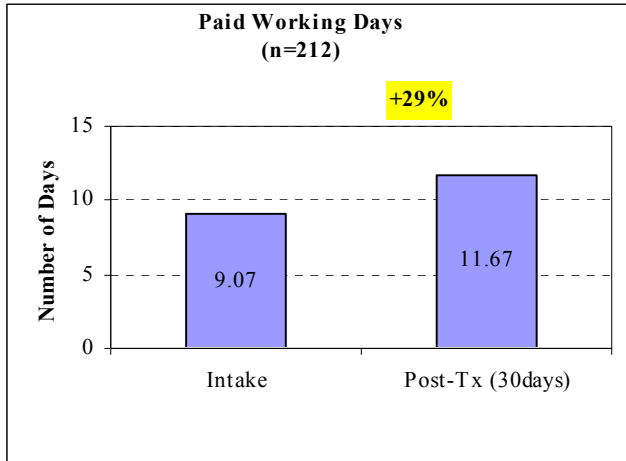
We found statistically significant improvement in the follow-up group in areas including Employment, Drug/Alcohol, Legal, Family/Social, and Psychological. Other recovery highlights of this group also included:

Reduction in medical problems

Of clients who reported medical problems 30 days before treatment, there was a 55% reduction in length of problem, from 22 to 8 days 30 days after discharging from treatment. The medical subscale was significantly improved by 42% for clients who reported medical problems at intake.

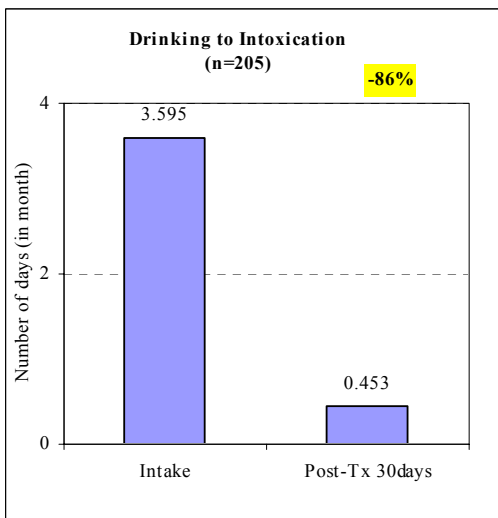
¹ The ASI (McLellan, 1980) has been widely used in programs and treatment centers throughout the U.S. and is an instrument of choice by various state and local governments. Many federal grants and national organizations including NIDA, NIAAA, NIMH and NIJ have encouraged use of the ASI for both clinical and research purposes (CSAT, SAMHSA, 1999)

Increase in working days there was a 29% increase in days worked, from nine to twelve days per month on average. There also was a 42% (\$187) increase in income from employment per month on average.



Reduction in alcohol use

- Of those people who reported drinking one or more days in the thirty days before treatment, 68% reported abstinence for the 30 days following treatment, and another 10% reported a reduction in number of days drinking in the 30 days after treatment
- Reduction in the past 30 days use, a 72% improvement
- Reduction in alcohol problems in the past 30 days by 85%
- Reduced average spending on alcohol per month by \$43, an 83% improvement
- Reduced drinking to intoxication by 86%, 30 days after discharge (*Baltimore Study*²: 64% improvement after 30 day in-treatment)

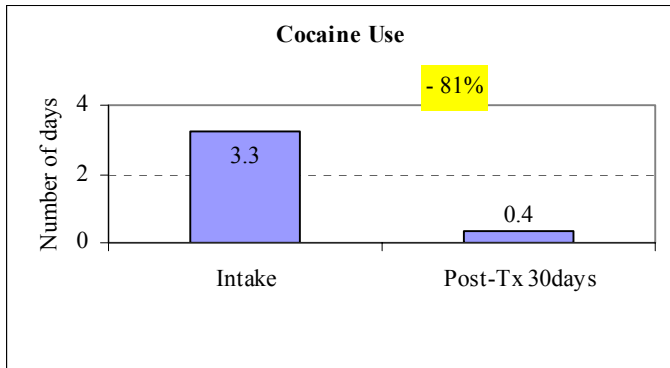


Reduction in drug problems and use

- Reduced drug problems by 74%
- Reduced polysubstance use by 78%

² Baltimore Substance Abuse Systems, Inc (2002). Steps to Success. Baltimore Drug and Alcohol Treatment Outcomes Study.

- Reduced Heroin use by 91%
- Reduced Cannabis use by 92%
- Reduced cocaine use by 81% (*Baltimore*: 64%, the first 30 days of treatment)



Reduction in legal problems

Problem severity in the area of legal domain also showed statistically significant improvement. In addition,

- 64.4% of clients reported not having legal problems at intake, while this rose to 85.2% at follow-up
- 77.8% of clients reported not at all important to have counseling or referral for these legal problems at intake, while this rose to 92.1% at follow-up.

Improvement of family/social relationship

- Reduced problems with spouse in the past 30 days by 53%
- Reduced problems with siblings by 88%

Reduction in psychological and emotional problems

- Trouble understanding in the past 30 days by 30%
- Reduction in psychological/emotional problems in the past 30 days from more than 7 days to less than 5 days, a 37% improvement

CLIENT SATISFACTION RATES ARE HIGH

A consumer-to-consumer phone survey was conducted by using the CSQ-8.³ The annual project was independently administered by ADAMH, while The Center for Vocational Alternatives (COVA) provided recruitment, payroll support, and job coach/case management. A sample size of 253 clients was randomly selected (error less than +/- 3%) from clients who were discharged or have had longer than 180 days of stay in one year period. In part due to a high rate of treatment dropout and instable living arrangement, a 20% response rate (total 1,775 client phone list used) was estimated when survey was concluded. The results are favorable when compared to other AOD treatment program satisfaction reported by a national study⁴. Key results also included:

- Eighty-eight (88) percent of clients reported that the services they received helped them to deal more effectively with their problems
- Eighty-five (85) percent of clients reported satisfaction with the services they received
- More than 94% of clients reported that they would recommend the program to a friend in need.

³ Developed by Drs. Clifford Attkisson and Daneil Larsen, at the University of California San Francisco. Copyright ©1979, 1989, 1990.

⁴ CSAT (2002). Treatment Satisfaction among Males and Female Clients in NTIES.

- Almost 89% of clients expressed that they would return to the program if they needed to seek help again.

CONCLUSIONS AND FUTURE STEPS

These findings compare favorably to the results of other national studies, and confirm that treatment works. These findings not only give recognition to the collective effort of our network and clinical staff, but also encourage consumers and county citizens that treatment can fight these prevalent illnesses. Treating addiction benefits society as research shows that alcohol and other drug treatment contributes the reduction of costs relating problems of criminal justice and other healthcare costs (AOD related accidents and mortality, and risks of contracting HIV and hepatitis and medical costs of hospital and emergency room admissions).

Immediate/Intermediate benefits

Outcomes data can be used to:

- Help clinicians/counselors to customize a treatment plan for the client, or to refer the client to a proper/adequate level of care.
- Engaging clients with post-treatment follow-up is an opportunity to reinforce the support/concern from the treatment centers after clients leave the treatment setting

Tax dollars well spent:

- We are proud to be the only public system in Ohio that is measuring AOD treatment outcomes in a comprehensive and consistent manner, and that is favorable to industry standards (e.g., JCAHO accreditations).
- Since implementing the outcomes assessment system, we now have results to demonstrate to tax payers and families that treatment not only reduces alcohol/drug use, legal and psychiatric problems, but also improves recovery in employment and social/family relations.⁵
- Tax dollars spent on addiction treatment are invaluable as this improves the productivity of our society and reduces pain and suffering of consumers and families.

Future steps

It is important to point out that although the findings are positive and supports drug and alcohol treatment as accountable and effective, these findings are not yet conclusive at the program or provider levels as risk adjustment factors are not included at this time.

Future analyses are promising and will be powerful tools to help the system to gain more understandings of some clinical and client characteristics that are likely to impede treatment effects. Our focus may include the following:

- Voluntary/non-voluntary treatment seeking
- Level of baseline severity in outcomes domains and lifetime addiction indicators
- Multi-substance users, or co-occurring mental illness
- High risks of medical complication (e.g., specialty program-woman programs with pregnant clients, HIV Programs, IV drug users, etc.)
- Special populations: homelessness, deaf, sexually or physically abused victims,
- Recidivated clients
- Client treatments that were managed by multiple agencies
- Placement of level of care

⁵ Our results are preliminary, but are favorable when comparing them to the *Baltimore Study*, that is one of the most comprehensive studies for a public system.