The Effects of Participating in the Louisiana Access to Recovery (ATR) Program on Addiction Treatment Outcomes

Laurel Mangrum, Ph.D. & Charlene Gradney, MSW, LGSW
University of Texas at Austin, Addiction Research Institute & Louisiana Office of Behavioral Health

Introduction

The Access to Recovery Grant encompasses a recovery-oriented systems (ROSC) of care model in the treatment of addiction. The ROSC model employs a person-centered and self-directed approach to recovery and integration of health and wellness domains, which individuals choose their own path to recovery. ROSCs also provide a broad range of recovery support services that assist individuals in multiple life areas to build on personal strengths and to enhance resilience in the recovery process. In Louisiana, the Access to Recovery (ATR) project provides voucher monies for addiction treatment and recovery support services to a subset of their clients receiving state-funded treatment. Key components of the ATR project include independent assessment to determine individual service needs and the provision of client choice among an array of service providers, including faith-based and community organizations. Recovery support services in the Louisiana ATR program include care coordination; transportation; safe and sober housing; spiritual/behavioral counseling; alcohol and drug free social activities; job readies; life skills; child care; anger management; family education services; and recreational therapy.

The current study compares client characteristics and addiction treatment outcomes of clients who participated in the Louisiana ATR program with clients receiving state-funded treatment but who did not participate in the ATR program. The purpose of the study is to explore whether clients who received ATR services had better treatment outcomes compared to those clients who did not receive ATR services.

Sample and Method

Non-ATR treatment providers are required to report client information in the Louisiana Addictive Disorders Data System (LADDs) and the Louisiana Addiction Services Information System (LASIS). LASIS is the mandatory data reporting system for Louisiana that collects client demographic, substance use, diagnoses, treatment services, and discharge status information for state-funded addiction treatment providers. LASIS is the required data reporting system that stores Addiction Severity Index (ASI) assessment data for state-funded providers. ATR assessment and services are required to report client data for the Government Performance and Results Act (GPRA) as mandated by the federal government for grant management purposes. GPRA data include client descriptive data, services received, and status at discharge from the ATR program. The State of Louisiana created an enhanced GPRA data collection form that includes all ASI assessment items.

To compare ATR and non-ATR clients, comparable variables measuring client and treatment outcome characteristics were selected from LADDs, LASIS, and GPRA and were transformed into compatible variables to create a dataset that allowed for evaluation analyses between the two groups. GPRA data were available for 6,405 ATR clients who were admitted and discharged from services between February 1, 2008 and September 1, 2010. A comparison group of 6,405 non-ATR clients was generated through random selection of LADDs/LASIS clients who entered and were discharged from state-funded intensive and non-intensive outpatient treatment services during the same time period. The non-ATR comparison group was created using the SAS statistical software random selection procedure to provide groups of equivalent size.

ATR clients were compared to non-ATR clients on demographic and social characteristics, addiction and mental health treatment history, ASI composite severity scores, substance use patterns, and treatment outcomes at discharge. Continuous variables were analyzed using t-tests for independent groups and categorical variables were assessed using X² tests.

Client Characteristics and Treatment Outcomes

Results and Conclusions

Results: On demographic and social characteristics at admission to treatment, the ATR clients were more likely to be male, Black, and unemployed, whereas non-ATR clients were more likely to be White, had higher incidence of arrest during the past 30 days, and had higher rates of stable housing. No group differences were found in average age, with both groups attaining a mean age of 34 years. The ATR group demonstrated greater severity in all ASI domains, indicating the ATR clients reported greater problems in the areas of medical, employment, substance use, legal, family/social, and psychological issues relative to the non-ATR group. Group comparisons on addiction treatment history revealed that the ATR group had a greater incidence of all addiction treatment types, including alcohol and drug treatments, and alcohol and drug detox treatments. In the area of previous mental health treatment, ATR clients had a higher incidence of mental health inpatient treatment, whereas the non-ATR clients had a greater rate of mental health outpatient treatment. The ATR clients, however, had a higher number of previous treatments in both of these mental health treatment types relative to non-ATR clients. No group differences were found in the area of past mental health diagnosis. Analyses of substance use patterns indicated that non-ATR clients more often used alcohol as their primary substance of abuse, whereas the ATR group more often used primary problems with cocaine/crack and heroin/opiates. During the month prior to admission, ATR clients were more likely to use alcohol, any drugs, heroin/cocaine/crack, marijuana, ecstasy, and polysubstances, whereas the non-ATR clients had higher rates of sedatives and opiates other than heroin. Examination of frequency of past 30-day substance use indicated that the ATR clients had greater days of use of alcohol, any drugs, cocaine/crack, amphetamines, marijuana, ecstasy, and polysubstances relative to the non-ATR group. At discharge, the ATR group had significantly higher rates of treatment completion, past 30-day abstinence, and maintaining or gaining employment. By contrast, the non-ATR group had higher rates of maintaining or gaining stable housing and self-help involvement. No group differences were found in incidence of past 30-day arrest (3% for each group) or length of stay in treatment, with both groups averaging approximately 108 days in treatment.

Conclusions: Overall, ATR clients demonstrated better substance abuse treatment outcomes and medication to non-ATR clients. At discharge, ATR clients achieved greater rates of treatment completion, higher past month abstinence rates, and greater success in maintaining or gaining employment during the course of treatment despite having lower levels of employment at admission relative to the non-ATR clients. Analyses of client characteristics at admission indicated that the ATR group demonstrated greater severity in all seven of the ASI domains, including medical, employment, alcohol/drugs, legal, family/social, and psychological problems. Further, ATR clients had a higher history of addiction and mental health problems, thus the ATR clients reported higher levels of substance use during the 30 days prior to treatment entry. These characteristics would normally be associated with higher expectations for poor clinical outcomes. Despite the nature of these clients, the results suggest that participation in the ATR program may have enhanced client outcomes at discharge. Although direct comparisons between services received between the groups were not possible due to incompatible data, the additional recovery support services provided in the ATR program may have assisted these more severe treatment clients in addressing multiple life issues and enhanced their ability to engage in treatment and achieve positive outcomes.

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