

Change in Outpatient Service Offerings over a 2-Year Period



Danica K. Knight, Ph.D. Jennifer R. Edwards, M.S., ABD Patrick M. Flynn, Ph.D.

Texas Christian University, Institute of Behavioral Research, Fort Worth, TX
Addiction Health Services Research Annual Meeting, San Francisco, CA, October 29, 2009

Abstract

In response to national initiatives, substance abuse treatment programs across the nation have become more deliberate in their attempts to provide a wide array of services to clients. While some document a decline in service provision over recent decades, others suggest that specialized services remain stable or increase (e.g., medical exams/screenings). The purpose of this study is to examine stability and change in the number and source (onsite versus referral) of service offerings in outpatient treatment programs over a 3-year period. Directors from 69 outpatient non-methadone programs in four regions of the United States (Southeast, Great Lakes, Gulf Coast, and Northwest) completed the Survey of Structure and Operations (SSO), an assessment of general program characteristics, organizational relationships, clinical practices, and services provided. Questions pertaining to services are compatible with the National Survey of Substance Abuse Treatment Services (N-SSATS) and reflect core and comprehensive services recommended by NIDA and others. Measures included the availability of any service onsite or by referral. One-way, repeated-measures ANOVAs indicated that onsite service provision was generally stable over time, with increases only in drug monitoring. Service provision by referral was more likely to change. Specifically, therapeutic services increased, medical services increased, and transitional services decreased. Increased offerings represent growth as evidenced by no decline in the corresponding service offered through the alternative source (e.g., programs offered more medical services by referral without cutting services onsite). Specific program and client mix characteristics, including parent affiliation, census increase, budget increase, and high proportion of dual-diagnosis clients, can facilitate or impede service delivery. Supported by NIDA grant DA014468.

Research Questions

- To what extent does the provision of outpatient core and wraparound services change over time?
- When growth in services occurs, are new offerings provided onsite or by referral?
- What organizational factors are associated with change in outpatient offerings?

Results

Change in Percentage of Services Offered

Core Service	Onsite		By Referral	
	2004-05	2006-07	2004-05	2006-07
Assessment				
Substance Abuse	94	99	0	1
Mental Health	26	28	28	38
Therapeutic				
Individual Therapy	100	97	0	1
Group Therapy	100	100	0	0
Aftercare Counseling	94	88	1	6
Relapse Prevention	87	84	6	3
12-Step/Support	61	55	15	25
Pharmacotherapy/Rx Meds	7	15	25	38
Drug Monitoring				
Drug/Alcohol Urine Screen	87	91	7	7
Blood Alcohol Testing	52	67	1	2
Wraparound Service				
Health Screening				
HIV Testing	25	26	36	41
TB Screening	19	13	38	36
Hepatitis Testing	6	6	43	41
STD Testing	6	6	43	39
Transitional				
Discharge Planning	97	100	0	0
Referral: Transitional Services	81	84	15	12
Assistance w/ Obtaining Social Services	72	68	17	6
Employment Counseling/Training	29	26	41	28
Housing Assistance	26	22	33	26
Medical				
Smoking Cessation	19	17	19	28
Detoxification	15	13	17	39
Diagnosis, Testing, Tx	13	10	23	42
Psychiatric	4	10	32	48
Specialized				
Family Therapy	81	71	13	15
HIV/AIDS Education/Counseling	78	72	15	13
Outcome Follow-up (Post-Discharge)	58	71	3	1
Transportation Assist to Tx	41	42	17	12
Parenting Instruction	36	35	22	19
Family/Partner Violence Services	25	16	30	36
Childcare	23	26	13	17
Education Classes (e.g., GED)	9	6	22	29
Financial Services	4	6	20	29
Legal Counseling/Services	0	0	22	30

Key: Increase/Decrease

Summary

- Onsite service offerings were relatively stable during the 2-year period.
- Both onsite and referral offerings of Pharmacotherapy, Blood Alcohol Testing, and Psychiatric Services increased over time.
- Onsite Aftercare Counseling and some Specialized Services (Family Therapy and Family/Partner Violence) decreased over time.
- A significant percentage of programs added services by referral:
 - Aftercare counseling
 - 12-step support groups
 - Detoxification
 - Medical diagnosis/testing/treatment
- Independently run programs (not affiliated with a parent organization) were more likely to add referral offerings over time, adding on average 1 core and 3 wraparound services by referral.
- Increasing client census was associated with
 - More wraparound services onsite (across both time points)
 - Increase in core services by referral over time (namely aftercare counseling, 12-step support, and pharmacotherapy)
- When budgets increased, onsite wraparound services increased; when budgets decreased or remained stable, the same services decreased.
- Programs comprised largely of dual-diagnosis clients increased their offerings over time, both onsite and by referral.

Method

TCOM Sample Frame



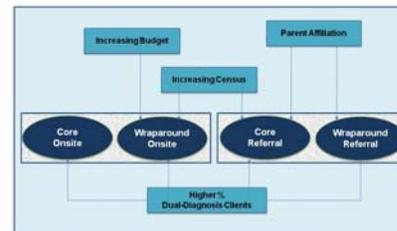
Outpatient Drug-Free Programs

- Directors from 115 programs located in four US regions completed the TCU Survey of Structure and Operations (SSO).
- Change in services offered represents the percentage of core and wraparound services offered at each time point.
- Differences across time were examined by comparing difference scores to 0 using t-statistic.
- Stepwise multiple regression was used to examine relationships between program structure and change in services offered.

Conclusion

Results of this study document that services provided within outpatient substance abuse treatment programs were relatively stable over a 2-year period, particularly with regard to core therapeutic services. The use of referral networks to provide a broader array of wraparound services increased, with programs adding services that reflect recent national initiatives toward program improvement, namely pharmacotherapy, medical diagnosis and treatment, and psychiatric services. These specialized services are particularly important for dual diagnosis clients, who must deal with mental health issues in conjunction with their addiction if treatment efforts are to be effective. Findings from this study also provide evidence that aspects of organizations can serve as barriers to or facilitators of improved service delivery. Organizational factors that were most influential were those that were dynamic – that can be manipulated by program management or influenced by external agencies – and therefore have implications for administration and public health policy. Organizational factors can also interact to produce change in complex ways. For instance, increasing census may be related to larger service offerings, but unless additional staff are hired, there is a risk of higher caseloads which may be counterproductive. These data further illuminate the complex nature of organizations and how these processes can impact change.

Predictors of Increased Onsite And Referral Services



Characteristics of Outpatient Drug-Free Programs

Characteristic	% of Programs
Parent Organization	72
Rural	29
Nonprofit Ownership	71
Intensive Service Approach	16
Mixed Service Approach	59
Average % across Programs	
Number of Counselors	7
Caseload	29
Counseling Hours Received by Clients	6
Dual Diagnosis Clients	56
CJ Referrals	56
Female Clients	40

Drug Abuse Treatment Core Components and Comprehensive Services



Elwidge, Hubbard, Anderson, Craddock, & Flynn, 1997 (FSB)
NIDA Principles of Drug Addiction Treatment, 1999

Funding from:

