

Inter-LACES

Los Angeles County Evaluation System: An Outcomes Reporting Program

February 2013

Among 23 States...

Although 58% successfully completed detoxification, residential, or intensive outpatient, only 17% proceeded to outpatient care (OAS, 2005).

Statewide

Only a quarter (25%) of patients in California move from residential treatment to outpatient care (UCLA ISAP, 2000).

In Los Angeles County

Few patients (less than 10%) make it to outpatient treatment once they are discharged from residential (SAPC DPH, 2013).

Substance use disorder treatment must move to a chronic care model.

“Historically, addiction treatment systems and research have been organized to improve the outcomes of acute episodes of care. However, current literature suggests that substance use disorder is a chronic, relapsing disease, similar to other diseases like diabetes. The conceptual model has been that an addicted person seeks treatment, completes an assessment, receives treatment, and is discharged, all in a period of weeks or months,” (Dennis et al, 2007, p. 45).

Thinking about addiction as a chronic disease suggests that recovery from substance use disorders is a long-term process, with remissions in illness, as well as periodic exacerbations that may require continuous service system exposure over the lifetime for most individuals (Dennis et al., 2003; Dennis & Scott, 2007; Hser, Anglin, Grella, Longshore, & Prendergast, 1997; Hser et al., 2007; McLellan, 2002; McLellan & Weisner, 1996). The chronic illness approach for substance use disorders requires an alcohol and other drug continuum-of-services system model that shifts the emphasis away from



“Treatment” as usual?

Considering the changes that will occur as a result of Health Care Reform and what we know about the prognosis of many substance use disorders, why is the field stuck in the “muck and mire” of treatment as usual? Why are we not working harder to integrate and better coordinate the care?

Continuity of care has been shown to be successful in leading to better “long-term” outcomes (compared to acute care) by having a positive influence on abstinence, addiction-related health illnesses, family relationship, legal status and psychiatric issues (including service utilization).

acute symptom stabilization (episodic treatment) toward a continuum including prevention, intervention, treatment, and long-term recovery support (Flaherty, 2006; Kipnis & Killar, n.d.). A system that mirrors the chronic illness approaches moves patients from inpatient treatment to outpatient and recovery supports. Continuity of care has been shown to be successful in leading to better “long-term” outcomes (compared to acute care) by having a positive influence on abstinence, addiction-related health illnesses, family relationship, legal status and psychiatric issues (including service utilization). Additionally, even with the additional costs for providing treatment services from inpatient to outpatient (compared to the cost of providing inpatient-only treatment), a continuum of care reduces the economic burden of substance use disorder on society (OAS, 2005).

Despite these benefits, there is little evidence to suggest that the treatment system reflects a continuum of care. One study found that among 23 states, 58 percent of patients successfully completed detoxification, hospital, residential treatment, or intensive outpatient programs. However, only about 17 percent of these individuals proceeded to regular outpatient

care (OAS, 2005). In Los Angeles County, 14.2% of patients in residential treatment (FY 2010-2012) were referred to another form of care within 30 days of discharge. Statewide data suggests that residential treatment programs transfer 25% of patients to any form of care within 30-days (Gonzales, 2010). In Los Angeles County, 7% of all residential patients were referred to outpatient within 30 days (SAPC DPH, 2013). This data suggests that, under a chronic care model, many patients who enter treatment do not complete the necessary course of treatment required for success and improved quality of life. Treatment effects usually don't last very long after acute treatment and clients who are not in some form of treatment or recovery management are at elevated risk for relapse. When treated as a chronic illness, the relapse rates of substance dependence are as good as or better than other chronic illnesses (McLellan et al., 2005). So, continuity of care (or client transitions between levels of care) is important for keeping the client engaged in their recovery and preventing relapse.

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