

IMPROVING CARE CONTINUITY IN DRUG ABUSE TREATMENT

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Brief (28-day) residential treatment is one of the most desirable modalities offered in any treatment system. Yet it is also one of the most costly, and its benefits are limited if not followed reliably by continuing aftercare in an outpatient program. This services research project will examine the real world effectiveness of three evidence-based interventions for improving historically modest rates of successful transition from residential to outpatient treatment. The project takes place within the treatment service delivery system of Baltimore City and represents a collaboration between Johns Hopkins University School of Medicine, the Mid Atlantic Node of the National Drug Abuse Treatment Clinical Trials Network (CTN) and Baltimore Substance Abuse Systems (BSAS), the substance abuse authority for the City of Baltimore. Residential clients at the Tuerk House who reside in Baltimore City will be referred to one of 8 outpatient programs during the 2-year project with referral based mainly on residence zip code. The 3 experimental interventions to be examined in comparison to usual care referral procedures are a) residential in-reach in which staff from the outpatient referral program meet with clients at the residential facility for in-person orientation visits, b) transportation escort in which residential clients are delivered to the door of the outpatient program on day of discharge and c) client incentive program in which a financial bonus will be available at the referral outpatient program for clients who successfully enroll within 30 days of residential discharge. Using a quasi-experimental cross-over design that maximizes external validity each intervention will be tested 4 times in random sequence during successive 6-week blocks of time. Primary outcome measure will be the percent of referred residential clients who are admitted to an outpatient program within 30 days of residential discharge. Data analysis will utilize logistic regression to examine percentage of successfully transitioned clients by study condition, with hypotheses tested about effects of enhanced versus usual care referral transition interventions. Retention in the outpatient programs will be examined as a function of transition interventions as a secondary outcome. Overall, the project will provide valuable new data that can be used by policy makers to select treatment transition options that will maximize continuity of care within a drug abuse treatment service delivery system.