

Summary of Research on Continuity of Care and Treatment Engagement

Lee, M T, Horgan, C M, Garnick, D W, Acevedo, A, Panas, L, Ritter, G A, Dunigan R, Babakhanlou-Chase H, Bidorini A, Campbell K, Haberlin K, Huber A, Lambert-Wacey D, Leeper T, Reynolds, M (2014). A performance measure for continuity of care after detoxification: Relationship with outcomes. *Journal of Substance Abuse Treatment*, (47), 130-139.

Administrative data from five states were used to examine whether continuity of specialty substance abuse treatment after detoxification predicts outcomes. We examined the influence of a 14-day continuity of care process measure on readmissions. Across multiple states, there was support that clients who received treatment for substance use disorders within 14-days after discharge from detoxification were less likely to be readmitted to detoxification. In Washington, clients who received inpatient/residential treatment for substance use disorders within a short window of time after discharge from detoxification were less likely to have a readmission regardless of whether the readmission was followed by treatment. A performance measure for continuity of care after detoxification is a useful tool to help providers monitor quality of care delivered and to alert them when improvement is needed.

If you would like a copy of this article, please contact mlee@brandeis.edu

Garnick, D W, Horgan, C M, Acevedo, A, Lee, MT, Panas, L, Ritter, GA, Dunigan, R, Bidorini, A, Campbell, K, Haberlin, K, Huber, A., Lambert-Wacey, D, Leeper, T, Reynolds, M, Wright, D. (2014). Criminal justice outcomes after engagement in outpatient substance abuse treatment. *Journal of Substance Abuse Treatment*, 46(3), 295-305.

The relationship between engagement in outpatient treatment facilities in the public sector and subsequent arrest is examined for clients in Connecticut, New York, Oklahoma and Washington. Engagement is defined as receiving another treatment service within 14 days of beginning a new episode of specialty treatment and at least two additional services within the next 30 days. Data are from 2008 and survival analysis modeling is used. Survival analyses express the effects of model covariates in terms of “hazard ratios,” which reflect a change in the likelihood of outcome because of the covariate. In Washington, engaged clients had a significantly lower hazard of any arrest or of property/violence related arrests than non-engaged clients. Engaging clients in outpatient treatment is a promising approach to decrease their subsequent criminal justice involvement.

If you would like a copy of this article, please contact garnick@brandeis.edu