LifeWorks BHS

Substance Use disorder Program Evaluation Annotated Bibliography

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Annotated Bibliography

Abraham, A. J., Andrews, C. M., Grogan, C. M., D’Aunno, T., Humphreys, K. N., Pollack, H. A., & Friedmann, P. D. (2017). The affordable care act transformation of substance use disorder treatment. *American Journal of Public Health*, *107*(1), 31–32. doi: 10.2105/ajph.2016.303558

With the Affordable Care Act the Obama Administration attempted to crack down on the substance use problem in America mainly the opium epidemic. In order to fight against the Opioid Use Disorder (OUD), which is a very serious subcategory of Substance Use Disorder (SUD), insurers have to cover the whole range of the spectrum that is SUD which can be very costly with things such as outpatient treatment,

residential treatment, detoxification, recovery support services, and medications. Before the Affordably Care Act, SUD treatment services were either not being covered at all under private and public insurance plans or they were limited through the use of higher copayments, annual visit limits, and placing medications on higher tiers. The ACA offer improved care with OUD and other SUD by promoting the integration of SUD treatment and helping to mainstream health care for American’s everywhere. These changes the ACA is bring to SUD care also allow a large range of services to be reimbursed under a unified budget, giving these insurance companies incentives to increase integration and coordination of care across SUD care. This article is useful because it will help me ask questions about what the agency, I am doing covers and how affordable it is.

Harris, A. H., Humphreys, K., Bowe, T., Kivlahan, D. R., & Finney, J. W. (2009). Measuring the quality of substance use disorder treatment: Evaluating the validity of the Department of Veterans Affairs continuity of care performance measure. *Journal of Substance Abuse Treatment*, *36*(3), 294–305. doi: 10.1016/j.jsat.2008.05.011

This article talked about a study done to measure the quality of the Department of Veteran's Affairs substance use disorder treatment and its continuity care. They took up to 50 patients from each of the nationally representative sample of 109 VA substance use disorder (SUD) treatment programs at 73 VA facilities were assessed at intake and post treatment. It is stated in the continuity care measure that patients should receive at least two SUD outpatient visits in each of the 30-days consecutive periods after they have been qualified as new SUD patients. The results were mixed and showed favorable results, but the tests weren’t random. Strategies for possible future studies included having a more controlled group such as having one set of measures to discriminate and improve facility-level performance and the other r set to guide the care of individual patients also to tailor it more fitting to the induvial programs. This article would be useful to comparing how military participants feel about LifeWorks SUD treatment compared to the Veteran Affairs Clinics.

Lash, S. J., Burden, J. L., Parker, J. D., Stephens, R. S., Budney, A. J., Horner, R. D., … Grambow, S. undefined. (2013). Contracting, prompting and reinforcing substance use disorder continuing care. *Journal of Substance Abuse Treatment*, *44*(4), 449–456. doi: 10.1016/j.jsat.2012.09.008

In this article the author's report their findings on continued contracting, prompting and reinforcing (CPR) aftercare with those suffering from Substance Use Disorder. This article contains statistics from clinical trials showing how aftercare treatment has continue to prevent substance disorders patients from relapsing. Exploratory analyses show that CPR might be more effective with participants not required to attend aftercare. In regard to attendance, there were a similarity in the length of time with abstinence rates CPR and STX (standard treatment). Contracting, prompting, and reinforcing produced higher abstinence rates than the standard treatment at the 1-year follow-up that was done. Participation in Self-help groups has been shown as being very effective in improving treatment outcomes for those who go to them as well as participate in both aftercare and the self-help groups at the one-year mark and have the best outcomes. Unfortunately, the results of the study didn’t show to many significant differences when it came to CPR and STX nor did this help bring in more people to join and attend NA and AA. This article will be useful in giving me insight to the actual treatment since I won’t be evaluation till after the treatments giving me an idea of what I should ask and know.

Reif, S., Braude, L., Lyman, D. R., Dougherty, R. H., Daniels, A. S., Ghose, S. S., … Delphin-Rittmon, M. E. (2014). Peer Recovery Support for Individuals with Substance Use Disorders: Assessing the Evidence. *Psychiatric Services*, *65*(7), 853–861. doi: 10.1176/appi.ps.201400047

With peer recovery support services becoming such a largely accepted part of the treatment of substance use disorders, providing a more extensive lineup of services than typically associated with other types of mutual support groups. Peer support groups help people set recovery goals, develop a plan, and work toward and maintain recovery on a rawer setting than typical therapy. Peer to peer recovery service is support delivered by individuals in recovery from substance use disorders to peers with substance use disorders. The studies show that peer to peer support group attendance reduced relapse rates, increased treatment retention, improved relationships with treatment providers and social supports, and increased satisfaction with the overall treatment experience on a moderate level. Peer recovery support providers goal is to help individuals achieve and maintain recovery. While more research is needed to truly distinguish the effects of peer recovery support from other recovery support activities. LifeWorks Substance Use Disorder program is mainly Peer to peer support so this article helps me get a look at that from and outside perspective instead if what will be just told and shown to me helping me to adjust my questions and suggestions as needed.

Schaefer, J. A., Ingudomnukul, E., Harris, A. H. S., & Cronkite, R. C. (2005). Continuity of Care Practices and Substance Use Disorder Patients??? Engagement in Continuing Care. *Medical Care*, *43*(12), 1234–1241. doi: 10.1097/01.mlr.0000185736.45129.95

When it comes to substance use disorder continuing care or after care is just as important as treatment. Substance use disorder is a constant risk once you have been diagnosed and it can flare up at any time in life once you have it. Patients in outpatient programs who received more continuity of care engaged in continuing care significantly longer. With Substance use disorder being a constant battle patient are encouraged to continue after care, attend NA or AA meetings depending on their substance choice. The objective of this study was to determine if the staff’s continuity of care practices could predict patients’ engagement in continuing care in the 6 months after discharge from intensive SUD treatment and to determine if the impact of continuity of care practices on patients’ engagement in continuing care is different in any way from the patients treated in inpatient/residential versus outpatient programs. The Veteran Affairs hospitals do follow up and continuing care for those with Substance use disorders. with a lot of the participants in the LifeWorks program being new out of treatment and therapy I felt this article gives me an idea of the treatment they are receiving outside of LifeWorks program as well.