Clients entering treatment in Kentucky’s publicly funded substance abuse treatment programs can receive a wide range of services including non-medical or medical detoxification, residential, intensive outpatient, case management, outpatient group and individual therapy, as well as rehabilitation services for persistent co-occurring mental health problems. With the exception of residential and intensive outpatient, services are rarely provided as a standard program with a clear treatment discharge. Since the predominant form of treatment is outpatient, the services may be used by clients episodically.

5.1 DESCRIPTION OF OVERALL SERVICE USE

For this study, service data were collected from the Client Event Data Set from the University of Kentucky Research and Data Management Center, which manages all client data, event data, and provider information for the Kentucky Department of Mental Health and Mental Retardation. Client service events were selected for all services for 364 days after the KTOS intake date. Data were selected by service type for each client. It is important to note that these data do not necessarily constitute a count of client treatment “episodes”, but a count of all services received 12 months from intake data collection. The exact boundary of outpatient episodes is not defined by clear treatment decisions but is usually concluded from the date of the last service. Since many clients in Kentucky tend to enter, exit, and re-enter treatment, all services within the 12 months post-intake are examined, regardless of episode. While utilization data were analyzed for total amount of treatment received, there were no statistically significant differences in treatment outcome related to length of treatment or amount of services received, though there were differences in treatment modality.

In Kentucky’s system of substance abuse treatment, clients may receive a wide array of services rather than just one modality or service type. Many clients receive a variety of services within the categories listed below. For example, under “outpatient therapy” a client could receive psychiatric individual sessions as well as group counseling for substance abuse. The service data presented for clients excludes non-treatment events such as education groups on substance abuse for DUI offenders.

Table 5.1 presents the utilization of types of services clients received that were reported to the state. The entire list of services includes over 70 types and they were analyzed by combining them into classes of services. The percent of clients in the seven broad categories is greater than 100% because clients could have received services in more than one category.

Outpatient therapy was the largest portion of services (74.0%), followed by assessment/evaluation (34.0%) and residential treatment (25.9%), which includes 30-day as well as longer term transitional residential treatment. For those receiving any services, the largest number of services provided was in residential treatment (27.9 days), followed by intensive outpatient and therapeutic rehabilitation (24.2 services). Outpatient clients received an average of 11.4 sessions within the 12 months after intake.
Table 5.1. Percent of Clients Receiving Major Types of Substance Abuse Treatment

<table>
<thead>
<tr>
<th>Treatment Modality</th>
<th>% Received(^1)</th>
<th>Mean (SD) services for those who received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detoxification/stabilization</td>
<td>14.4%</td>
<td>6.6 (5.0)</td>
</tr>
<tr>
<td>Intensive outpatient &amp; therapeutic rehabilitation</td>
<td>12.0%</td>
<td>24.2 (38.3)</td>
</tr>
<tr>
<td>Outpatient therapy</td>
<td>74.0%</td>
<td>11.4 (13.1)</td>
</tr>
<tr>
<td>Residential treatment</td>
<td>25.9%</td>
<td>27.9 (18.0)</td>
</tr>
<tr>
<td>Case management</td>
<td>12.8%</td>
<td>9.6 (22.8)</td>
</tr>
<tr>
<td>Assessment/evaluation</td>
<td>34.0%</td>
<td>1.6 (1.1)</td>
</tr>
<tr>
<td>All Other Types of Services</td>
<td>12.4%</td>
<td>3.7 (8.7)</td>
</tr>
<tr>
<td>Any service</td>
<td>100.0%</td>
<td>34.2 (59.8)</td>
</tr>
</tbody>
</table>

\(^1\) Percents do not add to 100 since clients can be in multiple treatment facilities

5.2 Effects of Recovery Support and Treatment Modality on Substance Use Outcomes

In addition to clinical services that are reported to the state in the Client Data Set, clients self-reported participation in other self-help activities that contribute to recovery. Clients reported participating in Alcoholics Anonymous, Narcotics Anonymous, and other self-help groups. Overall, data on self-help participation were available for 971 clients with 28.8% (280) of all clients reporting self-help as part of their recovery.

Outcomes for Clients Reporting Self-Help and No Self-Help

There were significant differences in treatment outcomes for clients who reported using self-help when compared to clients who reported not using self-help. In order to provide examples of the differences in alcohol and drug use between self-help users and nonusers, Figures 5.2a to 5.2f present data on alcohol use, alcohol use to intoxication, and overall illegal drug use for the two groups. These differences are evident at intake and follow-up. Clients who reported using self-help reported a greater number of days of alcohol use at intake than clients who reported not using self-help. The self-help group reported alcohol use for 17.4% of days in the past 30 days at intake and the clients who reported not using self-help groups reported alcohol use for 14.5% of the past 30 days. Most importantly, the reductions in the proportion of days using alcohol were greater for those using self-help (70.1%) than for those not using self-help (29.7%). The change scores for self-help clients versus the no self-help clients were different for alcohol use to intoxication with the self-help user group reporting a 76.9% reduction at follow-up compared to a 44.1% reduction for the no self-help group. In addition, clients who reported using self-help had greater reductions in reported days of use of illegal drugs at follow-up when compared to clients who did not use self-help. Like earlier variables, the analysis of days of reported alcohol use controlled for days of living in a controlled environment.
Figure 5.2a. Proportion of Past 30 Days that Alcohol was used among Self-help Groups

![Bar chart showing the proportion of past 30 days alcohol used among Self-help and No Self-help groups.](chart1)

Figure 5.2b. Percent of Reduction in Proportion of Days of Alcohol Use in the Past 30 Days among Self-help Groups

![Bar chart showing the percent of reduction in alcohol use.](chart2)

Figure 5.2c. Proportion of Past 30 Days that Alcohol was Used to Intoxication among Self-help Groups

![Bar chart showing the proportion of days alcohol used to intoxication.](chart3)

*aSignificance established using paired-samples t-tests; **p < .01.
**Figure 5.2d.** Percent Reductions in Proportion of Past 30 Days Alcohol was used to Intoxication among Self-help Groups

Significance established using paired-samples t-tests; **p < .01.

**Figure 5.2e.** Reductions in Proportion of Past 30 Days Alcohol was used to Intoxication among Self-help Groups

**Figure 5.2f.** Percent of Reductions in the Proportion of Days in the Past 30 Days of Most Used Drug among Self-help Groups

Significance established using paired-samples t-tests; **p < .01.