

Introduction to Revised Report: Changes from the original report are shown in italics.

*This document revises a report submitted to the CQI group in August 2003. In response to the CQI committee's request, the outcome designated "No substance abuse at discharge" was changed so as to reflect a reduction in substance use between admission and discharge. For this analysis, the outcome was recoded to yield two categories: NO reduction in use and ANY reduction in use between admission & discharge. No other variables were altered and the question remained the same:*

**Did participation in gender specific groups lead to better outcomes for out-patient clients in the Adult System of Care?**

**Table 1. Gender Specific group treatment and treatment outcomes**

Comparisons	Satisfactory discharge	Reduction in use	Same / improved employment at discharge
Compared to no gender specific groups:			
• 1 or 2 gender specific groups	No difference	No difference	No difference
• 3 + gender specific groups	No difference	+84%	No difference

- Membership to gender specific groups did not significantly increase the chances of a satisfactory discharge or employment status, *but it did increase the odds of a client reducing substance use by discharge as compared to admission. Compared to clients who were not in gender specific groups, those with 3 or more gender specific groups had a 84% greater odds of reduced substance use at discharge.*

**Table 2. Length of stay (in days) & treatment outcomes**

Comparisons	Satisfactory discharge	Reduction in use	Same / improved employment at discharge
Compared to less than 30 days of OP treatment			
• 30 to 60 days	No difference	No difference	No difference
• 60 to 90 days	+400%	No difference	No difference
• 90+	+1264%	+250%	No difference

- As compared to OP treatment of less than 30 days of stay, clients who stayed 60 to 90 days had a 400% higher chance of a satisfactory discharge.
- As compared to OP treatment of less than 30 days of stay, clients who stayed for more than 90 days had an even higher chance of satisfactory discharge (1264%), which is 12 times higher.
- *As compared to OP treatment of less than 30 days of stay, those with 90+ days of stay were more than 2 1/2 times as likely (+250%) of having reduced substance use at discharge compared to admission.*

**Table 3. Number of visits & treatment outcomes**

Comparisons	Satisfactory discharge	Reduction in use	Same / improved employment at discharge
Compared to 15 visits or less			
• 15 + visits	+84%	No difference	-44%

- Compared to clients with 15 or fewer visits, clients with more than 15 visits had a 84% higher chance of a satisfactory discharge. But more treatment visits did not increase the chances of reduced use of substances at discharge and actually decreased the chances of employment at discharge. Perhaps the need for more services is related to lower psychosocial functioning, including finding employment.

What predicts length of stay in outpatient treatment? (No change)

**Table 4. Gender specific group membership, criminal referral and homeless status & LOS**

Predictors	Length of stay +/- 90 days
Compared to no gender specific groups:	
• 1 or 2 gender specific groups	+270%
• 3 + gender specific groups	+693%
Compared to non-criminal referral clients	
• criminal referral clients	+81%
Compared to homeless clients	
• non-homeless clients	+59%

- Having any gender-specific groups increased the chances of staying in outpatient treatment for more than 90 days, as compared to clients with no gender specific groups. Clients with 1 or 2 gender specific groups had a 270% higher chance of a 90+ days length of stay, but client with 3 or more gender specific groups more than doubled their chance of staying for more than 90 days (693%).
- Clients who were referred through the criminal justice system had a 81% higher chance of staying in outpatient treatment for over 90 days as compared to other clients.
- Compared to homeless clients, non-homeless clients had a 59% higher chance of staying in outpatient treatment for over 90 days.

**Conclusions:**

- **Getting treatment in gender specific groups did not increase the chances of satisfactory discharge or employment at discharge.**
- *However, getting treatment in a gender specific group significantly increased the odds of clients reducing substance use at discharge, but only if the client attended three or more gender specific groups.*
- **Longer length of stay (more than 90 days) significantly increased the chances of a satisfactory discharge and the odds of reducing use at discharge. Length of stay of less than 90 days did not significantly reduce substance use at discharge.**
- **Longer length of stay did not improve employment status at discharge, relative to admission.**
  - **A separate analysis showed that being in a gender specific group increased chances of a longer length of stay. But the length of stay affected outcomes independently of membership to gender specific groups.**
- **Client with more than 15 visits increased their chances of a satisfactory discharge, but it made no difference with respect to reducing substance use at discharge. These clients also had poorer employment outcomes at discharge.**