The Consequences of Access to CAM Resources and Disparities in Substance Use Disorder Treatment

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Substance Abuse Resources & Disability Issues (SARDI) Program

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The Consumer Advocacy Model (CAM) is an outpatient program providing specialized services for individuals with substance use disorder (SUD) and co-occurring mental health disorders. CAM resources include recovery education materials, online counseling, case management, computerized case management, and recovery support. Other benefits include automated text messages and e-mails to remind consumers of their appointments, access to electronic health records and their availability, appointment schedule, and private messaging directly to their counselor.

Accessible Resources

- The CAM program is an electronic enhancement of the Consumer Advocacy Model (CAM) program. CAM is an outpatient program in Dayton, Ohio, that provides specialized services for substance abuse disorders (SUD) and/or mental health issues. Through CAM, consumers can meet with their counselors online via web conferencing as well as access other resources through their individualized secure web page. These resources include recovery education materials, personal health information, and direct communication (texting) with their counselor. Other benefits include automated text messages and e-mails to remind consumers of their appointments, access to electronic health records and their availability, appointment schedule, and private messaging directly to their counselor.

Results

A simple random sample of 155 non-CAM consumers was chosen to compare treatment status with 155 CAM consumers. (There was no appointment data for 100 eCAM consumers.) An independent-samples t-test was conducted to compare appointment rates between consumers enrolled in CAM and consumers not enrolled in eCAM. There was a significant difference in the number of kept appointments between CAM consumers (M = 89.11, SD = 79.34) and non-CAM consumers (M = 66.35, SD = 24.57); t(108) = 10.91, p < .001. Consumers enrolled in CAM significantly kept more appointments than did non-CAM consumers. Furthermore, a paired-samples t-test was used to compare eCAM consumers’ kept appointments with their no-shows. There was a significant difference between the two groups of consumers (eCAM attractive to 36.71, p < .001. eCAM consumers had significantly more kept appointments than no-shows.

Discussion

Contrary to the hypothesis, eCAM consumers had significantly more no-shows than did traditional CAM consumers. However, eCAM consumers kept significantly more appointments than their traditional counterparts. This is likely due to the fact that the consumers enrolled in eCAM were notified more often via their access to communication resources, and therefore had more opportunity to not only keep more appointments, but miss them as well.

Due to increased attendance, eCAM consumers started using less illegal drugs. Though alcohol use did increase, which is typical with decreased illegal drug use, it was not significant. In addition, the individuals who drank enough to warrant extreme treatment measures only consumed significantly less alcohol. This could also be a result of increased improvement in their social well-being, which decreased mental health issues and the depression they cause.

The use of CAM, we have provided evidence for the benefits of implementing electronic services within SUD and mental health treatment programs. Further usage of such services will allow for providers to reach more individuals in need of SUD and mental health care, as well as improve their overall mental health.