

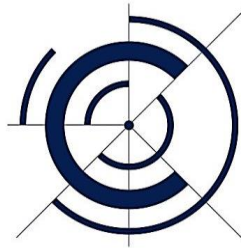
MEDICATION ASSISTED TREATMENT

PRESCRIPTION DRUG AND OPIOID ADDICTION

THE IOWA CONSORTIUM FOR SUBSTANCE ABUSE RESEARCH AND EVALUATION

**Year One
Annual Evaluation Report
September 2016**

**With Funds Provided By:
Iowa Department of Public Health,
Division of Behavioral Health;
Substance Abuse and Mental Health
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Center for Substance Abuse Treatment,
Grant Number TI026143**



**THE IOWA
CONSORTIUM**
FOR SUBSTANCE ABUSE RESEARCH AND EVALUATION

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MAT IOWA

Year One Annual Evaluation Report September 2016

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<http://iconsortium.subst-abuse.uiowa.edu/Iconsort.html>

EXECUTIVE SUMMARY

In August 2015, the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) awarded a three-year grant to the Iowa Department of Public Health (IDPH) under the Targeted Capacity Expansion: Medication Assisted Treatment-Prescription Drug and Opioid Addiction (MAT-PDOA) program. The purpose of this grant is to broaden treatment services and infrastructure for evidence-based medication assisted treatment (MAT) services in Iowa. In November 2015, IDPH contracted with the following four substance use treatment providers in the highest need counties in Iowa.

- Area Substance Abuse Council, Linn County located in east central Iowa.
- Jackson Recovery Centers, Woodbury County located in northwest Iowa.
- Mercy Turning Point Treatment Center, Dubuque County located in northeast Iowa.
- United Community Services, Inc., Polk County located in central Iowa.

The Iowa Consortium for Substance Abuse Research and Evaluation (Consortium) conducts the evaluation for the MAT Iowa project. This report presents results for Year One of the grant: August 1, 2015 through July 31, 2016.

Project Goals

The MAT Iowa project attempts to obtain the following goals:

- 1) Coordinate expansion and enhancement of MAT services.
- 2) Increase the number of individuals receiving MAT services.
- 3) Decrease illicit drug use and improve client outcomes.

MAT Iowa intends to serve 340 new clients during the three-year grant, with the goal of admitting 100 clients in Year One. As of July 31, 2016, 85 clients were admitted to the grant.

Description of Clients in MAT Iowa

The Government Performance and Results Act (GPRA) instrument is administered to all clients at grant admission. GPRA admission data were analyzed and the following are characteristics of the 85 individuals in MAT Iowa at grant admission. GPRA questions and responses refer to activity in the past 30 days and are self-reported by clients.

Of the 85 clients:

- Fifty-five clients (64.7%) are male and 30 clients (35.3%) are female.
- Clients ranged from 19 to 62 years of age at grant admission, with a median age of 33 years.
- Eighty-one clients (95.3%) are white, three clients (3.5%) are African American, and one client (1.2%) is Asian. Hispanic or Latino ethnicity was reported by two clients (2.4%).
- Sixty-two clients (72.9%) reported use of alcohol or illegal drugs in the 30 days prior to grant admission.
 - Fifty-two clients reported illegal drug use.
 - Twenty-nine clients reported heroin use.
 - Thirteen clients used of OxyContin or oxycodone.
 - Seven clients used of morphine.
 - Four clients used Percocet.
 - Three clients used codeine.
 - Three clients used Dilaudid.
 - One client used Tylenol with codeine.
 - Thirty clients reported alcohol use.



- Twenty-six clients (30.6%) indicated they injected drugs in the 30 days prior to grant admission.
 - Thirteen of the 26 clients (50%) indicated they had shared needles or paraphernalia with someone else in the past 30 days.

- Of the 85 clients admitted to the MAT Iowa grant:
 - Fifty-nine clients (69.4%) were prescribed buprenorphine.
 - Twenty-two clients (25.9%) were prescribed naltrexone.
 - Two clients (2.4%) were prescribed acamprosate.
 - Two clients (2.4%) were prescribed disulfiram.

- The MAT Iowa grant has provided many services to clients including:
 - Over 450 appointments with physicians.
 - Nearly 60 appointments with nurses.
 - Over 350 treatment and case management services (including assessments and care coordination).
 - Over 200 alcohol and drug tests conducted with clients.

Follow-Up Interview

The GPRA is administered to clients when possible approximately six months post-admission (follow-up interview). Of the 85 clients receiving grant services, 29 clients have been eligible to complete the follow-up interview. As of July 31, 2016, follow-up interviews were completed with 13 clients. During the follow-up interview, providers also administer a client satisfaction survey.

The results of the follow-up interviews and client satisfaction surveys with clients support that MAT Iowa is making a positive difference in the lives of individuals. Of clients with completed follow-up interviews:

- The percentage of clients with past 30-day use at follow-up was reduced to less than half compared to admission (from seven to three clients).
- Injection drug use was cut in half (from four clients to two clients).

Many favorable comments were made by clients about MAT Iowa.

What Services Have Been Most Helpful?
<p>“The medication, even though I didn’t want to see myself as one of these people, I realized I was a functioning addict. I have gotten more out of the groups.”</p> <p>“Suboxone, it helped me focus on recovery.”</p> <p>“Being able to talk to knowledgeable staff and being in treatment with others that are taking the same meds.”</p>
Client Comments
<p>“Thank you to the staff as you have helped me get my life back on track.”</p> <p>“This has been an awesome experience for me.”</p>



TABLE OF CONTENTS

Overview	1
Table 1. Service Providers and MAT Iowa Start Dates	1
Clients Served.....	1
Description of Clients at Admission.....	2
Table 2. Sex, Gender, and Sexual Orientation	2
Figure 1. Age and Sex.....	2
Table 3. Race and Ethnicity.....	3
Table 4. County of Residence	3
MAT Medications and Substances of Use	4
Table 5. Substances Used and Planned MAT.....	4
Outcomes.....	4
Description of Clients with Completed Follow-Up Interviews	5
Table 6. Clients with Completed Follow-Up Interviews	5
Table 7. Clients with Completed Follow-Up Interviews: Substances Used and MAT Medication Prescribed	6
Drug and Alcohol Use	6
Table 8. Substance Use	7
Table 9. Binge Drinking and Same Day Alcohol and Drug Use	8
Table 10. Injection Drug Use	8
Table 11. Injection Drug Use Details	9
Family and Living Conditions	10
Table 12. Housing	10
Table 13. Stress, Reduction in Activities, and Emotional Problems Due to Use of Alcohol or Drugs	11
Education, Employment, and Income	12
Table 14. Education Level	12
Table 15. Enrolled in School or Job Training Program.....	12
Table 16. Employment Status	13
Table 17. Sources of Income.....	13
Table 18. Total Income Received.....	14
Crime and Criminal Justice Status	14
Table 19. Incarceration.....	14
Table 20. Currently on Parole or Probation	15
Mental and Physical Health Problems and Treatment/Recovery	15
Table 21. Overall Health.....	15
Table 22. Inpatient and Outpatient Treatment.....	16
Table 23. Emergency Room Visits	16
Table 24. Unprotected Sexual Contacts.....	17
Table 25. Ever Tested for HIV	17
Table 26. Psychological or Emotional Problems	18
Table 27. For Those Clients Reporting Serious Psychiatric Symptoms: How Bothersome Psychological or Emotional Problems Are	18
Table 28. Effects of Violence or Trauma	19
Table 29. Recent Physical Violence	19



Social Connectedness	20
Table 30. Social Connectedness.....	20
Client Satisfaction	20
Figure 2. Received MAT Iowa Services in a Timely Manner	21
Figure 3. Delays in Receiving MAT Medication.....	21
Figure 4. Provider Explanations Easy to Understand.....	21
Figure 5. Staff Courteous and Respectful	22
Figure 6. Provider Asked What Client Thought Was Best.....	22
Figure 7. Provider Consult About Decisions.....	22
Figure 8. Provider Discuss Side Effects of MAT Medication	23
Figure 9. Materials and Forms in Language or Preference	23
Figure 10. Using MAT Medication at Time of Follow-Up Interview.....	23
Figure 11. Staff Assistance with Services	24
Figure 12. MAT Services Helped with Recovery	24
Figure 13. Cultural Competency.....	25
MAT Iowa Services	26
Services Provided to Clients	26
Table 31. MAT Iowa Services Provided to Clients	26
Table 32. Treatment Services	26
Discharge and Length of Stay.....	27
Discharge Status.....	27
Table 33. Discharge Status	27
Length of Stay in MAT Grant.....	27
Clients Discharged from MAT Iowa.....	28
Table 34. Description of Discharged Clients	28
Table 35. Clients Discharged from Grant: Substance of Use and MAT Medication Prescribed	29
Status of Project Goals	29
Project Goals.....	29
Table 36. Number of Individuals Receiving MAT Services.....	30
MAT Iowa Integration Process.....	31
MAT Integration and How System of Care is Coordination and Integrated	31
Program Staffing	32
Trainings and Professional Development Related to MAT	32
Appendix	34



OVERVIEW

In August 2015, the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) awarded a three-year grant to the Iowa Department of Public Health (IDPH) under the Targeted Capacity Expansion: Medication Assisted Treatment-Prescription Drug and Opioid Addiction (MAT-PDOA) program. The purpose of this grant is to broaden treatment services and infrastructure for evidence-based medication assisted treatment (MAT) services in Iowa. In November 2015, IDPH contracted with four substance use disorder treatment providers in some of the highest need counties in Iowa shown in Table 1.

Table 1. Service Providers and MAT Iowa Start Dates

Provider	Iowa County	Area of State	Date MAT Iowa Services Began
Area Substance Abuse Council (ASAC)	Linn	East Central Iowa	12/16/2015
Jackson Recovery Centers	Woodbury	Northwest Iowa	1/7/2016
Mercy Turning Point Treatment Center	Dubuque	Northeast Iowa	12/3/2015
United Community Services, Inc. (UCS)	Polk	Central Iowa	12/2/2015

The MAT Iowa project attempts to obtain the following goals:

- 1) Coordinate expansion and enhancement of MAT services.
- 2) Increase the number of individuals receiving MAT services.
- 3) Decrease illicit drug use and improve client outcomes.

The Iowa Consortium for Substance Abuse Research and Evaluation (Consortium) conducts the evaluation for the MAT Iowa project. This report presents results for Year One of the grant: August 1, 2015 through July 31, 2016.

CLIENTS SERVED

MAT Iowa intends to serve 340 new clients during the three-year grant, with the goal of admitting 100 clients in Year One. Clients were admitted to the grant beginning December 2, 2015. As of July 31, 2016, 85 clients were admitted to the grant. The treatment providers administer the Government Performance and Results Act (GPRA) instrument to all clients at grant admission. GPRA data are entered into the United States Department of Health and Human Services CSAT – GPRA Services Accountability Improvement System (SAIS).



Description of Clients at Admission

Fifty-five clients (64.7%) are male and 30 clients (35.3%) are female as shown in Table 2.

Table 2. Sex, Gender, and Sexual Orientation

Sex, Gender, and Sexual Orientation		All Clients % (n=85)
Sex	Female (Year One Goal: 44)	35.3 (30)
	Male (Year One Goal: 56)	64.7 (55)
Gender	Female	35.3 (30)
	Male	64.7 (55)
	Transgender (Year One Goal: 0)	0.0 (0)
Sexual Orientation	Lesbian (Year One Goal: 2)	0.0 (0)
	Gay (Year One Goal: 4)	0.0 (0)
	Bisexual (Year One Goal: 0)	3.5 (3)

The 85 clients ranged from 19 to 62 years of age at grant admission, with a median age of 33 years. Figure 1 presents the number of males and females in five age categories.

Figure 1. Age and Sex

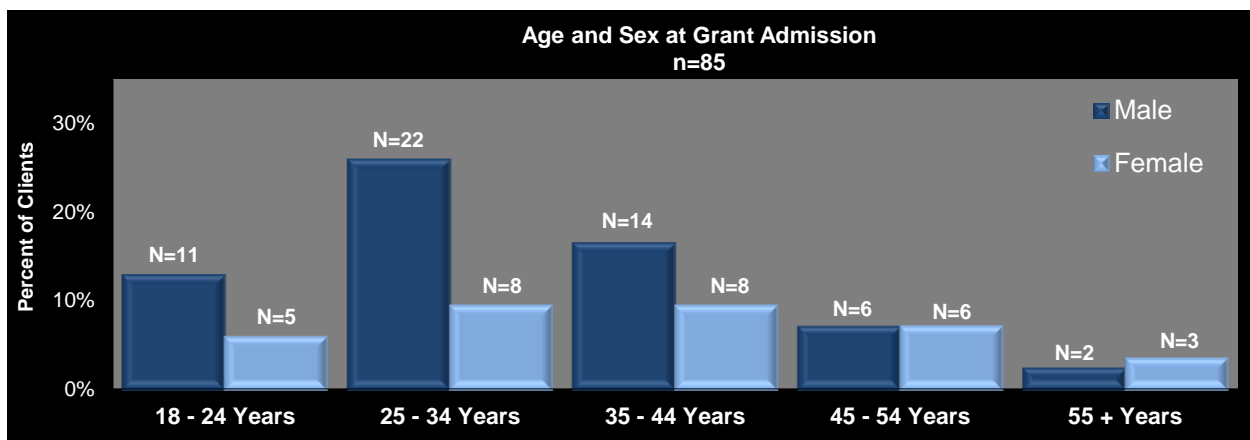


Table 3 presents race and ethnicity reported by clients. Eighty-one clients (95.3%) indicated they are White; three clients (3.5%) reported African American; and one client (1.2%) indicated Asian. Hispanic or Latino ethnicity was reported by two clients (2.4%).

Table 3. Race and Ethnicity

Race and Ethnicity		All Clients % (n=85)
Race	White (Year One Goal: 88)	95.3 (81)
	African American (Year One Goal: 6)	3.5 (3)
	American Indian/Alaska Native (Year One Goal: 1)	0.0 (0)
	Asian (Year One Goal: 1)	1.2 (1)
	Native Hawaiian/Other Pacific Islander (Year One Goal: 1)	0.0 (0)
	Multi-Racial (Year One Goal: 1)	0.0 (0)
	Ethnicity	
Hispanic/Latino (Year One Goal: 2)	2.4 (2)	
Not Hispanic/Latino	97.6 (83)	

Clients report their county of residence when admitted to the grant. Of the 99 counties in Iowa, 38 counties are identified as urban counties and 61 are rural counties¹. Eighty-one of the 85 clients (95.3%) reside in urban counties and four clients (4.7%) reside in a rural county in Iowa.

Table 4. County of Residence

Rural or Urban County of Residence	All Clients % (n=85)
Rural	4.7 (4)
Urban	95.3 (81)

¹ As defined by U.S. Census Bureau, Population Division, Office of Management and Budget, February 2013 delineations.



MAT Medications and Substances of Use

Treatment providers may offer a selection of the following five MAT medications.

- Methadone.
- Acamprosate (Campral).
- Buprenorphine (Suboxone).
- Naltrexone (Revia, Depade, Vivitrol).
- Disulfiram (Antabuse).

Of the 85 clients admitted to the MAT Iowa grant, 59 clients (69.4%) were prescribed buprenorphine, 22 clients (25.9%) were prescribed naltrexone, two clients (2.4%) were prescribed acamprosate, and two clients (2.4%) were prescribed disulfiram. Table 5 shows the MAT medications prescribed by substance of use for the 85 clients in the grant.

Table 5. Substances Used and Planned MAT

Substance of Use	% (n=85)	Planned MAT Medication	
		Medication	n=85
Heroin	47.1 (40)	Buprenorphine	34
		Naltrexone	6
Heroin and Opioids	1.2 (1)	Buprenorphine	1
Opioids	30.6 (26)	Buprenorphine	23
		Naltrexone	3
Alcohol	20.0 (17)	Acamprosate	2
		Disulfiram	2
		Naltrexone	13
Alcohol and Opioids	1.2 (1)	Buprenorphine	1

OUTCOMES

The treatment providers administer the Government Performance and Results Act Client Outcome Measures Instrument (GPRA) to all clients at grant admission and approximately six months following grant admission (follow-up interview). Adhering to GPRA guidelines, providers may conduct follow-up interviews with clients within a time frame of 30 days before and up to 60 days after the six month post-admission date.

Of the 85 clients receiving grant services in Year One, 29 clients were eligible to complete the follow-up interview (within the five to eight month post-admission period). As of July 31, 2016, providers completed follow-up interviews with 13 of the 29 clients. Of the 29 clients eligible for interview, 18 clients had reached the six month post-admission time frame used to calculate the follow-up rate in the SAIS system, resulting in a follow-up rate of 72.2%².

² Follow-up rate = (number of follow-up interviews completed/number of clients six months post-admission) * 100. (13/18) * 100 = 72.2%.



Description of Clients with Completed Follow-Up Interviews

Table 6 shows eight of the 13 clients (61.5%) who completed follow-up interviews are male and five clients (38.5%) are female. All clients are White and non-Hispanic or Latino.

Table 6. Clients with Completed Follow-Up Interviews

Demographics of Clients with Completed Follow-Up Interviews		% (n=13)
Sex	Female	38.5 (5)
	Male	61.5 (8)
Gender	Female	38.5 (5)
	Male	61.5 (8)
	Transgender	0.0 (0)
Sexual Orientation	Heterosexual	100.0 (13)
	Lesbian	0.0 (0)
	Gay	0.0 (0)
	Bisexual	0.0 (0)
Race	White	100.0 (13)
	African American	0.0 (0)
	American Indian/Alaska Native	0.0 (0)
	Asian	0.0 (0)
	Native Hawaiian/Other Pacific Islander	0.0 (0)
	Multi-Racial	0.0 (0)
Ethnicity	Hispanic/Latino	0.0 (0)
	Not Hispanic/Latino	100.0 (13)

Table 7 shows substance of use reported at grant admission and the MAT medication prescribed for the 13 clients with completed interviews. Of the 13 clients who completed follow-up interviews, over two-thirds (69.2%) were prescribed Buprenorphine.

Table 7. Clients with Completed Follow-Up Interviews: Substances Used and MAT Medication Prescribed

Clients with Completed Follow-Up Interviews			
Substance of Use	% (n=13)	MAT Medication	
		Medication	n=13
Heroin	38.5 (5)	Buprenorphine	5
Heroin and Opioids	7.7 (1)	Buprenorphine	1
Opioids	15.4 (2)	Buprenorphine	2
Alcohol	30.8 (4)	Disulfiram	1
		Naltrexone	3
Alcohol and Opioids	7.7 (1)	Buprenorphine	1

Tables 8 through 30 on the following pages present GPRA data collected from clients receiving services through MAT Iowa at grant admission and at the follow-up interview. Admission responses are for the 85 clients admitted to the grant and follow-up responses are from 13 clients who completed follow-up interviews. Data are presented from individual questions in the six sections of the GPRA instrument: drug and alcohol use; family and living conditions; education, employment, and income; crime and criminal justice status; mental and physical health problems and treatment/recovery; and social connectedness. GPRA questions and responses usually refer to activity in the last 30 days: the admission period refers to the 30 days preceding the intake interview and the follow-up period refers to the 30 days preceding the follow-up interview. The first column describes the responses or categories of responses for the GPRA question. The second column presents the responses of 85 clients at grant admission. The third and fourth columns provide comparisons on individual variables by presenting the responses for 13 clients at admission and at follow-up. Admission and follow-up GPRA data are self-reported by clients. It is important to note that all clients were still receiving grant services at the time their follow-up interview was conducted.

Drug and Alcohol Use

When the GPRA is administered, clients are asked to report all substances used in the past 30 days. Table 8 on the following page shows of the 85 clients receiving MAT Iowa grant services, 62 clients (72.9%) reported use of alcohol or at least one illegal substance in the 30 days prior to grant admission; 23 clients (27.1%) reported abstinence from alcohol or illegal substances in the 30 days preceding grant admission. Illegal drug use was reported by 52 clients (61.2%). Alcohol and heroin were the most common substances used in the 30 days prior to grant admission: 30 clients (35.3%) reported use of alcohol and 29 clients (34.1%) reported heroin use. Other opioids used illegally by clients include OxyContin or oxycodone (13 clients, 15.3%),



morphine (7 clients, 8.2%), Percocet (four clients, 4.7%), codeine (3 clients, 3.5%), Dilaudid (3 clients, 3.5%), and Tylenol with codeine (1 client, 1.2%).

Of the 13 who completed follow-up interviews, seven clients (53.8%) reported use of alcohol or illegal drugs in the 30 days prior to grant admission. At follow-up, over three-quarters (10 clients, 76.9%) reported abstinence from alcohol or illegal drug use in the 30 days prior to the interview.

Table 8. Substance Use

Substance Use in Past 30 Days	All Clients percent (n=85)	Clients with Completed Follow-Up Interviews	
		Admission percent (n=13)	Follow-Up percent (n=13)
Opioids:			
Heroin	34.1 (29)	23.1 (3)	7.7 (1)
OxyContin/Oxycodone	15.3 (13)	23.1 (3)	0.0 (0)
Morphine	8.2 (7)	0.0 (0)	0.0 (0)
Percocet	4.7 (4)	0.0 (0)	0.0 (0)
Codeine	3.5 (3)	0.0 (0)	0.0 (0)
Dilaudid	3.5 (3)	7.7 (1)	0.0 (0)
Tylenol 2,3,4 (with codeine)	1.2 (1)	0.0 (0)	0.0 (0)
Alcohol	35.3 (30)	46.2 (6)	15.4 (2)
Marijuana/Hashish	28.2 (24)	15.4 (2)	7.7 (1)
Cocaine/Crack	9.4 (8)	7.7 (1)	0.0 (0)
Benzodiazepines	11.8 (10)	7.7 (1)	0.0 (0)
Methamphetamine	11.8 (10)	0.0 (0)	7.7 (1)
No Substance Use in Past 30 Days	27.1 (23)	46.2 (6)	76.9 (10)

Column totals are not equal to the number of individuals since clients report all substances used in the past 30 days.

As shown in Table 9, nearly one-quarter of clients (19 clients, 22.4%) reported binge drinking in the 30 days prior to grant admission. Fourteen clients (16.5%) reported use of alcohol and illegal drugs on the same day. At follow-up, none of the clients reported binge drinking and one client (7.7%) reported alcohol and illegal drug use on the same day in the 30 days prior to the follow-up interview.

Table 9. Binge Drinking and Same Day Alcohol and Drug Use

Binge Drinking and Same Day Alcohol and Drug Use	All Clients percent (n=85)	Clients with Completed Follow-Up Interviews	
		Admission percent (n=13)	Follow-Up percent (n=13)
Binge Drinking (Five or More Drinks in One Sitting)	22.4 (19)	23.1 (3)	0.0 (0)
Used Alcohol and Illegal Drugs on the Same Day	16.5 (14)	15.4 (2)	7.7 (1)

Table 10 shows 26 clients (30.6%) in the grant indicated they injected drugs in the 30 days prior to grant admission. At follow-up, two clients (15.4%) reported injection drug use in the 30 days preceding the follow-up interview.

Table 10. Injection Drug Use

Injection Drug Use	All Clients percent (n=85)	Clients with Completed Follow-Up Interviews	
		Admission percent (n=13)	Follow-Up percent (n=13)
Injected Drugs in Past 30 Days	30.6 (26)	30.8 (4)	15.4 (2)

Twenty-one of the 26 clients (80.8%) who reported injection drug use in the 30 days prior to grant admission indicated they injected heroin as displayed in Table 11. Half of the 26 clients who injected drugs (13 clients, 50%) indicated they had shared needles or paraphernalia with someone else in the 30 days prior to grant admission. The two clients who reported injection drug use at follow-up indicated they injected heroin and methamphetamine; one client indicated needle or paraphernalia sharing with someone in the 30 days preceding the follow-up interview.

Table 11. Injection Drug Use Details

Substances Injected	All Clients percent (n=85)	Clients with Completed Follow-Up Interviews	
		Admission percent (n=13)	Follow-Up percent (n=13)
Opioids:			
Heroin	24.7 (21)	23.1 (3)	7.7 (1)
OxyContin/Oxycodone	3.5 (3)	7.7 (1)	0.0 (0)
Percocet	1.2 (1)	0.0 (0)	0.0 (0)
Dilaudid	2.4 (2)	0.0 (0)	0.0 (0)
Morphine	3.5 (3)	0.0 (0)	0.0 (0)
Cocaine/Crack	3.5 (3)	7.7 (1)	0.0 (0)
Methamphetamine	3.5 (3)	0.0 (0)	7.7 (1)
Not Applicable (No IV Drug Use)	69.4 (59)	69.2 (9)	84.6 (11)
Needle or Paraphernalia Sharing	All Clients percent (n=85)	Clients with Completed Follow-Up Interviews	
		Admission percent (n=13)	Follow-Up percent (n=13)
Always	2.4 (2)	7.7 (1)	0.0 (0)
More Than Half the Time	3.5 (3)	0.0 (0)	0.0 (0)
Half the Time	3.5 (3)	0.0 (0)	7.7 (1)
Less Than Half the Time	5.9 (5)	7.7 (1)	0.0 (0)
Never	15.3 (13)	15.4 (2)	7.7 (1)
Not Applicable (No IV Drug Use)	69.4 (59)	69.2 (9)	84.6 (11)

Column totals in the “Substance Injected” portion of the table are not equal to the number of clients who reported injection drug use since clients report all substances injected in the past 30 days.

Family and Living Conditions

Clients are asked where they lived most of the time during the past 30 days. The most common living arrangement clients reported was living in their own apartment or house for all 85 clients at grant admission (43.5%) and the 13 clients at follow-up (53.8%).

Table 12. Housing

Housing Situation	All Clients percent (n=85)	Clients with Completed Follow-Up Interviews	
		Admission percent (n=13)	Follow-Up percent (n=13)
Own/Rent Apartment, Room, House	43.5 (37)	30.8 (4)	53.8 (7)
Someone Else's Apartment, Room, House	40.0 (34)	30.8 (4)	15.4 (2)
Institution (Hospital, Jail/Prison)	2.4 (2)	7.7 (1)	0.0 (0)
Halfway House	3.5 (3)	15.4 (2)	23.1 (3)
Shelter	2.4 (2)	7.7 (1)	7.7 (1)
Residential Treatment	5.9 (5)	7.7 (1)	0.0 (0)
Other: Hotel	2.4 (2)	0.0 (0)	0.0 (0)

Clients are asked how stressed they have felt in the past 30 days due to their use of alcohol and drugs; if the use of alcohol or illegal substances has caused them to reduce or give up important activities during the past 30 days; and if their use of alcohol or drugs has caused emotional problems during the past 30 days. The response options for these three questions are “not at all”, “somewhat”, “considerably”, and “extremely.” Clients indicating they have not used alcohol or drugs in the past 30 days are still asked the question since previous use of alcohol or drugs could result in an affirmative response to the questions. Table 13 on the following page presents the number of clients who responded “somewhat”, “considerably”, or “extremely” to the three questions.



As presented in Table 13, of the 13 clients with completed follow-up interviews, nearly all clients (12 clients, 92.3%) at grant admission indicated experiencing stress in the past 30 days due to current or previous use of alcohol or drugs; this decreased to slightly under one-quarter of clients (3 clients, 23.1%) at follow-up. Over two-thirds of the 13 clients (9 clients, 69.2%) indicated current or previous use of alcohol or drugs had caused them to reduce or give up activities that were important to them, this reduced threefold at follow-up (3 clients, 23.1%). At admission, nine of the 13 clients (69.2%) reported they had experienced emotional problems in the past 30 days due to current or previous use of alcohol or drugs, one client (7.7%) reported this at follow-up.

Table 13. Stress, Reduction in Activities, and Emotional Problems Due to Use of Alcohol or Drugs

Stress, Reduction in Activities, and Emotional Problems Due to Alcohol and Drug Use	All Clients percent (n=85)	Clients with Completed Follow-Up Interviews	
		Admission percent (n=13)	Follow-Up percent (n=13)
Experienced Stress Due to Use of Alcohol or Other Drugs in Past 30 Days	81.2 (69)	92.3 (12)	23.1 (3)
Use of Alcohol or Other Drugs Caused Reduction or Giving Up Important Activities in Past 30 Days	72.9 (62)	69.2 (9)	23.1 (3)
Use of Alcohol or Other Drugs Caused Emotional Problems in Past 30 Days	70.6 (60)	69.2 (9)	7.7 (1)

Clients may answer affirmatively to more than one of the questions.

Over half of the clients (58.8%) indicated they had children at grant admission. Of the 50 clients who reported they had children, three clients indicated they have children living with someone else due to a child protection court order.

Education, Employment, and Income

As shown in Table 14, 13 clients (15.3%) reported they had not completed high school at grant admission. Over half of the clients (51.8%) indicated they had a high school diploma or equivalent. Approximately one-third of the clients (28 clients, 32.9%) had continued their education or training after high school.

Table 14. Education Level

Highest Level of Education	All Clients percent (n=85)	Clients with Completed Follow-Up Interviews	
		Admission percent (n=13)	Follow-Up percent (n=13)
Did not Graduate High School	15.3 (13)	7.7 (1)	15.4 (2)
High School Diploma/Equivalent	51.8 (44)	38.5 (5)	53.8 (7)
Some College/University or Associates Degree	27.1 (23)	30.8 (4)	23.1 (3)
Bachelor's Degree or Higher	3.5 (3)	7.7 (1)	7.7 (1)
Vocational/Technical Diploma	2.4 (2)	15.4 (2)	0.0 (0)

Clients are asked if they are currently involved in any educational or job training program. Four clients (4.7%) reported enrollment in school or a job training program at grant admission.

Table 15. Enrolled in School or Job Training Program

Currently Enrolled in School or Job Training Program	All Clients percent (n=85)	Clients with Completed Follow-Up Interviews	
		Admission percent (n=13)	Follow-Up percent (n=13)
Enrolled full-time	1.2 (1)	0.0 (0)	0.0 (0)
Enrolled part-time	3.5 (3)	7.7 (1)	7.7 (1)
Not enrolled	95.3 (81)	92.3 (12)	92.3 (12)



Table 16 shows that when admitted to the grant, nearly half of the clients reported full or part-time employment. At follow-up, 8 clients reported employment (61.5%), an increase of two clients since admission. Clients in the “other” category include clients laid off and clients receiving social security.

Table 16. Employment Status

Employment Status	All Clients percent (n=85)	Clients with Completed Follow-Up Interviews	
		Admission percent (n=13)	Follow-Up percent (n=13)
Employed Full-Time (≥35 hrs/wk)	41.2 (35)	46.2 (6)	53.8 (7)
Employed Part-Time (<35 hrs/wk)	15.3 (13)	0.0 (0)	7.7 (1)
Unemployed, Looking for Work	27.1 (23)	30.8 (4)	0.0 (0)
Unemployed, Not Looking for Work	5.9 (5)	7.7 (1)	7.7 (1)
Unemployed, Disabled	8.2 (7)	7.7 (1)	23.1 (3)
Other	2.4 (2)	7.7 (1)	0.0 (0)

Clients report their sources of income in the 30 days preceding grant admission. They report the amount of income from each source and may report income from more than one response category. Therefore, sources of income reported by clients in Table 17 outnumber clients. Wages are the income source most frequently reported by clients in the past 30 days at admission and follow-up.

Table 17. Sources of Income

Sources of Income Received in the Past 30 Days	All Clients percent (n=85)*	Clients with Completed Follow-Up Interviews	
		Admission percent (n=13)	Follow-Up percent (n=13)
Wages	45.9 (39)	38.5 (5)	61.5 (8)
Public Assistance	4.7 (4)	7.7 (1)	15.4 (2)
Retirement	1.2 (1)	7.7 (1)	0.0 (0)
Disability	5.9 (5)	7.7 (1)	23.1 (3)
Non-Legal Income	1.2 (1)	7.7 (1)	0.0 (0)
Family/Friends	27.1 (23)	30.8 (4)	0.0 (0)
Other	2.4 (2)	0.0 (0)	0.0 (0)
No Reported Sources of Income	22.4 (19)	23.1 (3)	15.4 (2)

Column totals are not equal to the number of individuals since clients report income from all sources.

*Data in the table above reflect records of individuals who answered the questions. The number of records in each response category which individuals declined to answer the question varied.



Income is considered the amount of money received by the client in the 30 days preceding grant admission. The amount reflects pre-tax individual income and includes total income received by the client from all sources. Table 18 shows the total amount of money received by clients from various sources in the past 30 days. Of clients with completed follow-up interviews, there was an increase in the number of clients reporting monthly income in the \$1001 to \$2000 income category.

Table 18. Total Income Received

Total Income Received in Past 30 Days	All Clients percent (n=75)*	Clients with Completed Follow-Up Interviews	
		Admission percent (n=12)*	Follow-Up percent (n=12)*
None	12.0 (9)	16.7 (2)	8.3 (1)
\$500 or Less	28.0 (21)	25.0 (3)	25.0 (3)
\$501 to \$1000	34.7 (26)	33.3 (4)	16.7 (2)
\$1001 to \$2000	24.0 (18)	25.0 (3)	41.7 (5)
Over \$2000	1.3 (1)	0.0 (0)	8.3 (1)

*Data in the table above reflect records of individuals who answered the questions in Table 17. Data for ten clients in the "All Clients" column are excluded from this table due to clients declining to disclose income. Data from one client in the "Clients with Completed Follow-Up Interviews" columns are excluded due to the admission record coded as client declines to disclose income.

Crime and Criminal Justice Status

Two clients (2.4%) reported being arrested in the 30 days prior to grant admission. None of the clients reported arrests in the past 30 days at follow-up.

Four clients (4.7%) reported spending time in jail or prison in the 30 days prior to grant admission as shown in Table 19. None of the clients reported spending nights in jail or prison in the 30 days prior to the follow-up interview.

Table 19. Incarceration

Nights in Jail or Prison in Past 30 Days	All Clients percent (n=85)	Clients with Completed Follow-Up Interviews	
		Admission percent (n=13)	Follow-Up percent (n=13)
None	95.3 (81)	84.6 (11)	100.0 (13)
One to Ten Nights	2.4 (2)	7.7 (1)	0.0 (0)
Eleven to Thirty Nights	2.4 (2)	7.7 (1)	0.0 (0)



Nearly one-quarter of the 85 clients (20 clients, 23.5%) at grant admission and 3 clients (23.1%) at follow-up indicated they were on parole or probation.

Table 20. Currently on Parole or Probation

Currently on Parole or Probation	All Clients percent (n=85)	Clients with Completed Follow-Up Interviews	
		Admission percent (n=13)	Follow-Up percent (n=13)
Yes	23.5 (20)	30.8 (4)	23.1 (3)
No	76.5 (65)	69.2 (9)	76.9 (10)

Mental and Physical Health Problems and Treatment/Recovery

Clients are asked to rate their overall health. This includes mental, emotional, and physical health. Clients most commonly reported being in good or fair health at admission and follow-up as shown in Table 21.

Table 21. Overall Health

Self Rating of Overall Health	All Clients percent (n=85)	Clients with Completed Follow-Up Interviews	
		Admission percent (n=13)	Follow-Up percent (n=13)
Excellent	5.9 (5)	0.0 (0)	7.7 (1)
Very Good	8.2 (7)	7.7 (1)	15.4 (2)
Good	28.2 (24)	46.2 (6)	38.5 (5)
Fair	48.2 (41)	46.2 (6)	30.8 (4)
Poor	9.4 (8)	0.0 (0)	7.7 (1)

To identify their use of the medical and treatment community, Tables 22 and 23 provide information regarding clients receiving inpatient, outpatient, and emergency room treatment in the 30 days prior to grant admission.

As shown in Table 22, nearly one-quarter of the clients (23.5%) reported receiving inpatient treatment for alcohol or substance abuse in the 30 days prior to grant admission. One client (7.7%) indicated inpatient alcohol or substance abuse treatment in the 30 days preceding the follow-up interview. None of the clients reported receiving inpatient treatment in the past 30 days for physical issues or mental or emotional difficulties at the follow-up interview. The majority of clients in the grant (88.2%) indicated they had received outpatient treatment for alcohol or substance abuse in the 30 days prior to grant admission. All clients at follow-up had received outpatient treatment for alcohol or substance abuse in the past 30 days.

Table 22. Inpatient and Outpatient Treatment

Receiving Inpatient Treatment In Past 30 Days	All Clients percent (n=85)	Clients with Completed Follow-Up Interviews	
		Admission percent (n=13)	Follow-Up percent (n=13)
Physical Complaint	8.2 (7)	15.4 (2)	0.0 (0)
Mental or Emotional Difficulties	11.8 (10)	15.4 (2)	0.0 (0)
Alcohol or Substance Abuse	23.5 (20)	30.8 (4)	7.7 (1)
Receiving Outpatient Treatment In Past 30 Days	All Clients percent (n=85)	Clients with Completed Follow-Up Interviews	
		Admission percent (n=13)	Follow-Up percent (n=13)
Physical Complaint	8.2 (7)	15.4 (2)	7.7 (1)
Mental or Emotional Difficulties	30.6 (26)	38.5 (5)	30.8 (4)
Alcohol or Substance Abuse	88.2 (75)	76.9 (10)	100.0 (13)

Clients may answer affirmatively to more than one of the questions.

Clients most commonly received emergency room treatment for alcohol or substance abuse reasons in the 30 days prior to grant admission as shown in Table 23.

Table 23. Emergency Room Visits

Receiving Emergency Room Treatment In Past 30 Days	All Clients percent (n=85)	Clients with Completed Follow-Up Interviews	
		Admission percent (n=13)	Follow-Up percent (n=13)
Physical Complaint	14.1 (12)	30.8 (4)	23.1 (3)
Mental or Emotional Difficulties	11.8 (10)	15.4 (2)	0.0 (0)
Alcohol or Substance Abuse	20.0 (17)	15.4 (2)	0.0 (0)

Clients may answer affirmatively to more than one of the questions.



Clients are asked about unprotected sexual contacts they have had in the 30 days prior to grant admission. The intent is to determine unprotected sexual contacts clients may have had with individuals who may be at high risk for human immunodeficiency virus (HIV) infection. Twenty-two clients (25.9%) reported unprotected sexual contacts at grant admission. As shown in Table 24, five clients (5.9%) indicated they had sexual contacts with an individual who was an injection drug user, and nine clients (10.6%) reported sexual contact with someone who was high on a substance. At follow-up, one client (7.7%) reported sexual contacts with an individual who was an injection drug user and one client (7.7%) reported sexual contacts with someone who was high on a substance.

Table 24. Unprotected Sexual Contacts

Unprotected Sexual Contacts	All Clients percent (n=85)	Clients with Completed Follow-Up Interviews	
		Admission percent (n=13)	Follow-Up percent (n=13)
Individual Who is HIV Positive or Has AIDS	0.0 (0)	0.0 (0)	0.0 (0)
Individual Who is an Injection Drug User	5.9 (5)	7.7 (1)	7.7 (1)
Individual Who is High on Some Substance	10.6 (9)	7.7 (1)	7.7 (1)

Clients may answer affirmatively to more than one of the questions.

Clients are asked if they have ever been tested for HIV. At grant admission, approximately half the clients (45 clients, 52.9%) reported they had been tested for HIV. Of clients completing follow-up interviews, six clients (46.2%) at admission reported they had been tested and ten clients (76.9%) at follow-up indicated they had been tested for HIV.

Table 25. Ever Tested for HIV

Tested for HIV	All Clients percent (n=85)	Clients with Completed Follow-Up Interviews	
		Admission percent (n=13)	Follow-Up percent (n=13)
Yes	52.9 (45)	46.2 (6)	76.9 (10)
No	36.5 (31)	53.8 (7)	23.1 (3)
Client Does Not Know	5.9 (5)	0.0 (0)	0.0 (0)
Declined to Answer Question	4.7 (4)	0.0 (0)	0.0 (0)



Clients are asked if they have experienced psychological or emotional problems (not due to the use of alcohol or drugs) in the past 30 days. Sixty-one of the 85 clients (71.8%) responded they had experienced one or more of the items listed in Table 26 on one or more days in the 30 days preceding grant admission. The majority of clients at grant admission reported experiencing serious depression or anxiety or tension in the 30 days prior to grant admission. Of clients with completed follow-up interviews, 11 clients (84.6%) at both admission and follow-up indicated they experienced one or more of the items listed in Table 26 in the preceding 30 days. Clients reporting trouble understanding, concentrating, or remembering decreased in half from admission to follow-up (from six clients to three clients).

Table 26. Psychological or Emotional Problems

Psychological or Emotional Problems Experienced In Past 30 Days	All Clients percent (n=85)	Clients with Completed Follow-Up Interviews	
		Admission percent (n=13)	Follow-Up percent (n=13)
Serious Depression	54.1 (46)	61.5 (8)	53.8 (7)
Anxiety or Tension	54.1 (46)	61.5 (8)	69.2 (9)
Hallucinations	1.2 (1)	0.0 (0)	0.0 (0)
Trouble Understanding, Concentrating, or Remembering	20.0 (17)	46.2 (6)	23.1 (3)
Trouble Controlling Violent Behavior	1.2 (1)	0.0 (0)	0.0 (0)
Attempted Suicide	1.2 (1)	0.0 (0)	0.0 (0)
Taking Prescribed Medication for Psychological/Emotional Problems	42.4 (36)	53.8 (7)	53.8 (7)

Clients may answer affirmatively to more than one of the questions.

Table 27 presents data for the subset of clients who reported experiencing any psychological or emotional problem in Table 26 (61 of the 85 total grant admissions and 11 of the 13 clients with a follow-up interview). At admission and follow-up, the majority of clients who reported symptoms in the previous 30 days were bothered by their symptoms.

Table 27. For Those Clients Reporting Serious Psychiatric Symptoms: How Bothersome Psychological or Emotional Problems Are

Feelings of How Bothersome Psychological or Emotional Problems Are	All Clients percent (n=61)	Clients with Completed Follow-Up Interviews	
		Admission percent (n=11)	Follow-Up percent (n=11)
Not at All	6.6 (4)	9.1 (1)	27.3 (3)
Slightly	16.4 (10)	9.1 (1)	27.3 (3)
Moderately	29.5 (18)	27.3 (3)	9.1 (1)
Considerably	23.0 (14)	36.4 (4)	36.4 (4)
Extremely	26.2 (16)	18.2 (2)	0.0 (0)



Clients are asked if they have ever experienced or witnessed violence or trauma in any setting during their lifetime. At grant admission, 52 of the 85 clients (61.2%) indicated they had experienced or witnessed violence or trauma during their lifetime.

Clients who report experiencing or witnessing violence or trauma during their lifetime are asked four additional questions. Therefore Table 28 presents responses from the 52 clients who reported experiencing violence or trauma during their lifetime. Most clients who reported violence or trauma indicated they have experienced effects from the event(s).

Table 28. Effects of Violence or Trauma

Effects of Violence or Trauma	All Clients Reporting Violence or Trauma percent (n=85)	Clients with Completed Follow-Up Interviews	
		Admission percent (n=13)	Follow-Up percent (n=13)
Have Had Nightmares or Think About It When Trying Not To	45.9 (39)	46.2 (6)	23.1 (3)
Tried Hard Not to Think About It or Go Out of Way to Avoid Situations That Remind of It	50.6 (43)	53.8 (7)	30.8 (4)
Have Been Constantly on Guard, Watchful, or Easily Startled	36.5 (31)	53.8 (7)	23.1 (3)
Have Felt Numb and Detached from Others, Activities, or Surroundings	42.4 (36)	46.2 (6)	30.8 (4)
Reported No Lifetime Violence or Trauma	38.8 (33)	38.5 (5)	69.2 (9)

Clients may answer affirmatively to more than one of the questions.

One client at admission (1.2%) and one client at follow-up (7.7%) indicated they had been experienced physical violence in the 30 days preceding the interview as shown in Table 29.

Table 29. Recent Physical Violence

Recent Physical Violence	All Clients Reporting Violence or Trauma percent (n=85)	Clients with Completed Follow-Up Interviews	
		Admission percent (n=13)	Follow-Up percent (n=13)
Been Hit, Kicked, Slapped, or Otherwise Physically Hurt in Past 30 Days	1.2 (1)	0.0 (0)	7.7 (1)



Social Connectedness

To help determine whether clients have a social support network, they are asked about attendance at non-professional, peer oriented self-help groups to assist in their recovery; if they have family and friends who are supportive of their recovery; and if they feel as if they have someone to turn to when having trouble. At follow-up, over two-thirds of clients (69.2%) had attended a self-help group for recovery in the prior 30 days; nearly all clients (92.3%) reported they had interaction with family or friends who are supportive of their recovery and all clients (100%) indicated they had someone to turn to when they were having trouble.

Table 30. Social Connectedness

Social Connectedness	All Clients percent (n=85)	Clients with Completed Follow-Up Interviews	
		Admission percent (n=13)	Follow-Up percent (n=13)
Attended Any Type of Self-Help Recovery Groups Including Religious/Faith-Based, Non-Religious, or Any Other in Past 30 Days	47.1 (40)	53.8 (7)	69.2 (9)
Interaction With Family/Friends Who Support Recovery	91.8 (78)	92.3 (12)	92.3 (12)
Have Someone to Turn to When Having Trouble	98.8 (84)	100.0 (13)	100.0 (13)

Clients may answer affirmatively to more than one of the questions.

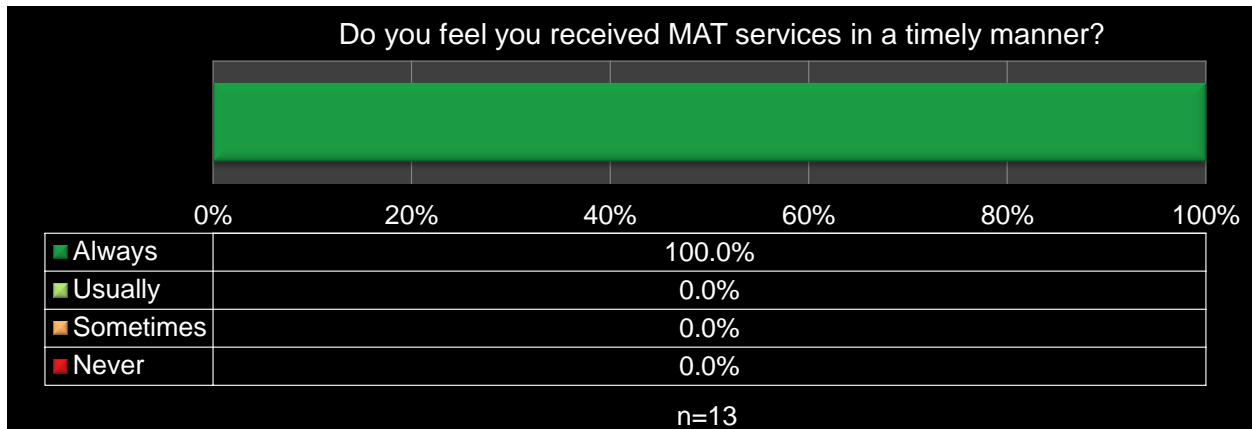
CLIENT SATISFACTION

A client satisfaction survey was developed for the MAT Iowa grant. Providers administer the client satisfaction survey with clients when they conduct the follow-up interview (approximately six months following grant admission). Thirteen clients completed the client satisfaction survey during Year One. Figures 2 through 13 on the following pages present client satisfaction survey questions and responses.



Figure 2 shows all 13 clients (100%) indicated they felt they received MAT services in a timely manner from providers.

Figure 2. Received MAT Iowa Services in a Timely Manner



All 13 clients (100%) reported there were never delays in receiving the MAT medication prescribed for them as shown in Figure 3.

Figure 3. Delays in Receiving MAT Medication

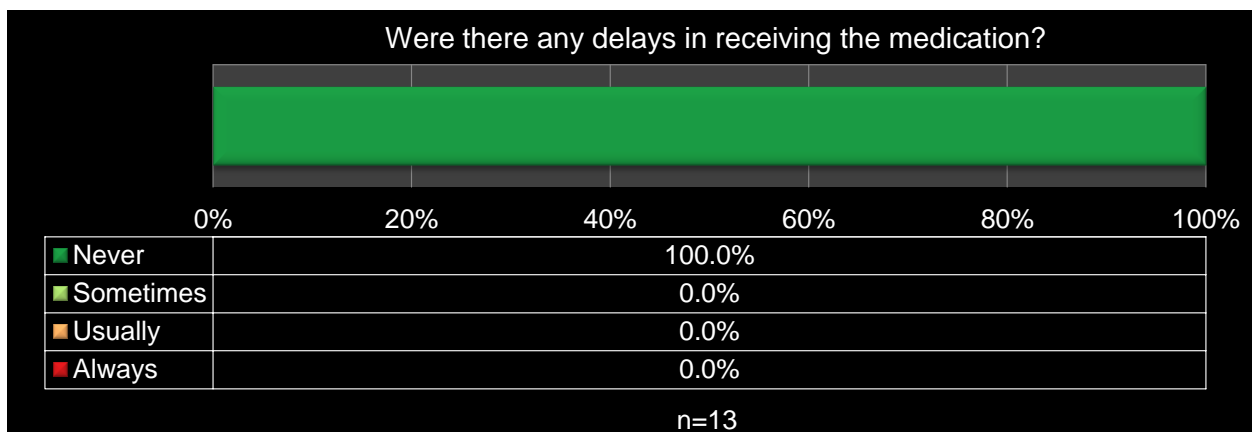
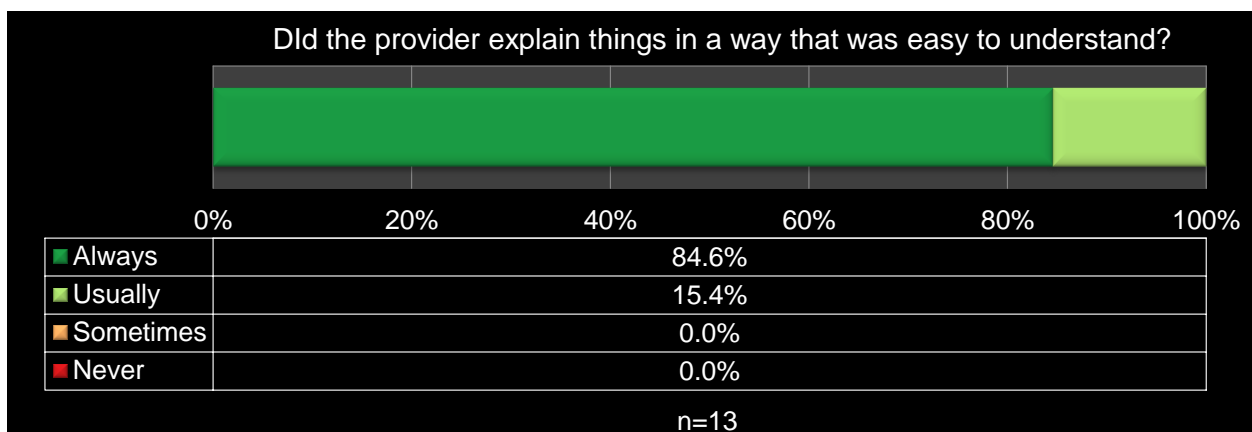


Figure 4 shows two clients (15.4%) responded providers usually explain things in a way that was easy for them to understand and 11 clients (84.6%) felt providers always explained things in an understandable way.

Figure 4. Provider Explanations Easy to Understand



Twelve of the 13 clients (92.3%) felt staff were always courteous and respectful; one client (7.7%) indicated staff were usually courteous and respectful as displayed in Figure 5.

Figure 5. Staff Courteous and Respectful

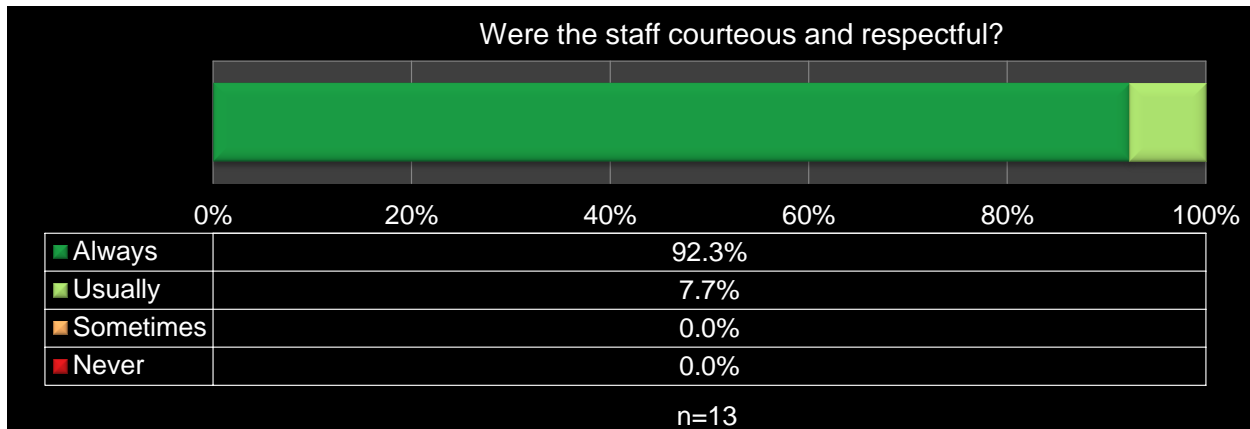
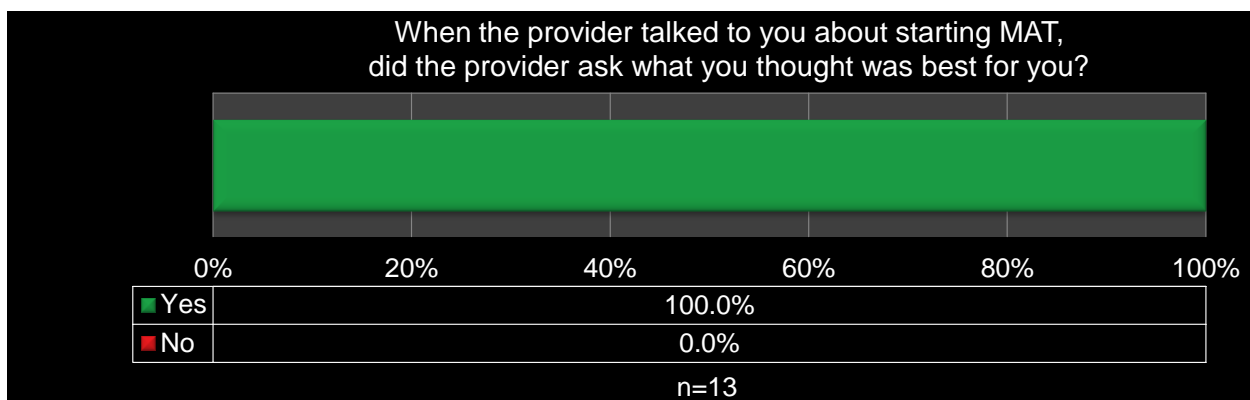


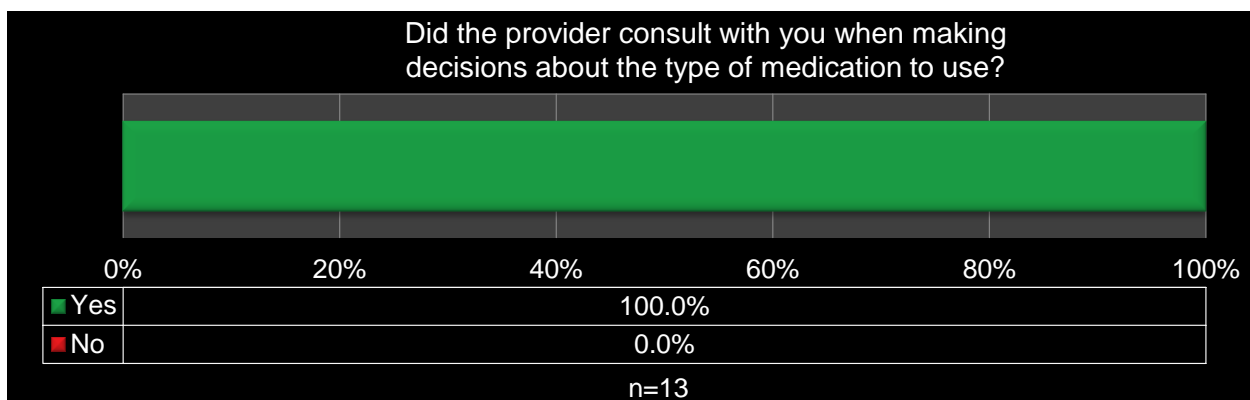
Figure 6 shows all clients (13 clients, 100%) responded “yes” when asked if providers asked what the client thought was best for themselves when they began MAT services.

Figure 6. Provider Asked What Client Thought Was Best



All clients responded “yes” when asked if the provider consulted with them when making decisions about the type of MAT medication to use as shown in Figure 7.

Figure 7. Provider Consult About Decisions



Clients are asked if the provider discussed all possible side effects of the MAT medication; all clients responded “yes” displayed in Figure 8.

Figure 8. Provider Discuss Side Effects of MAT Medication

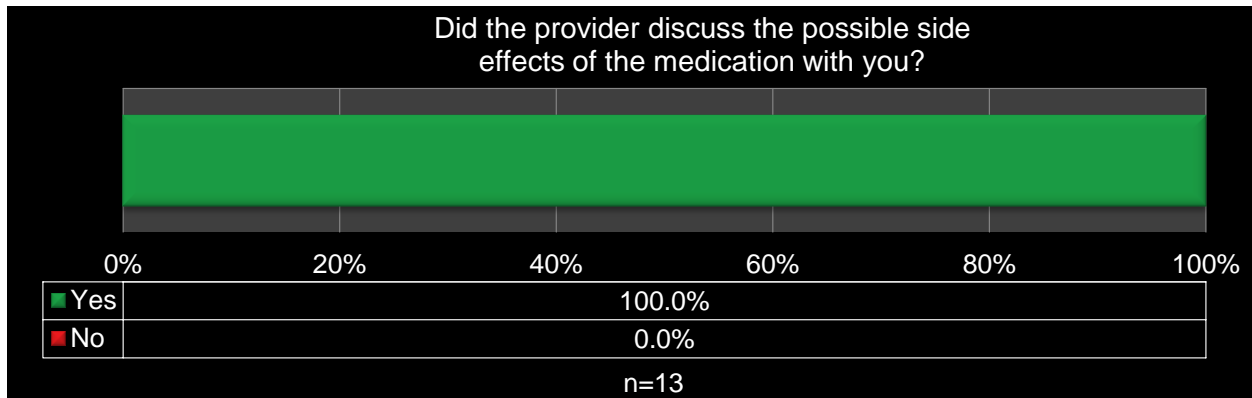
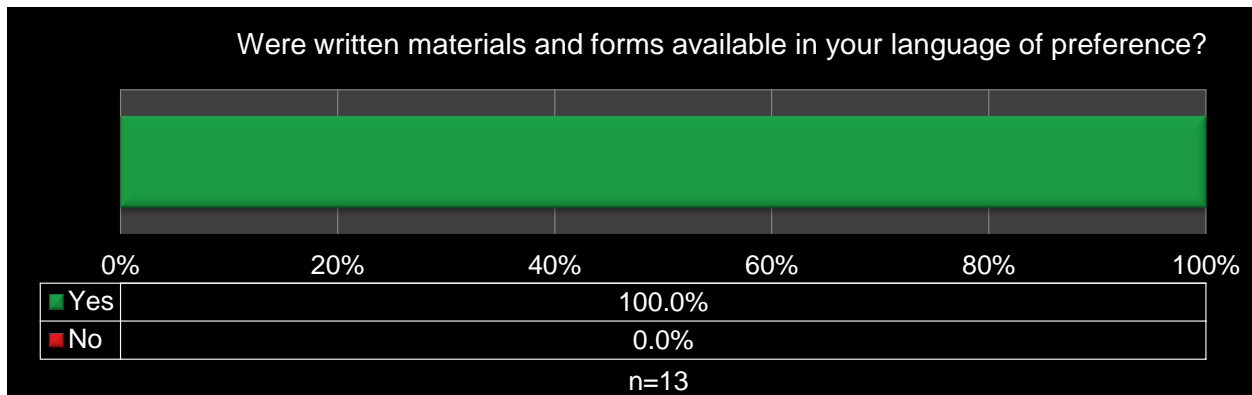


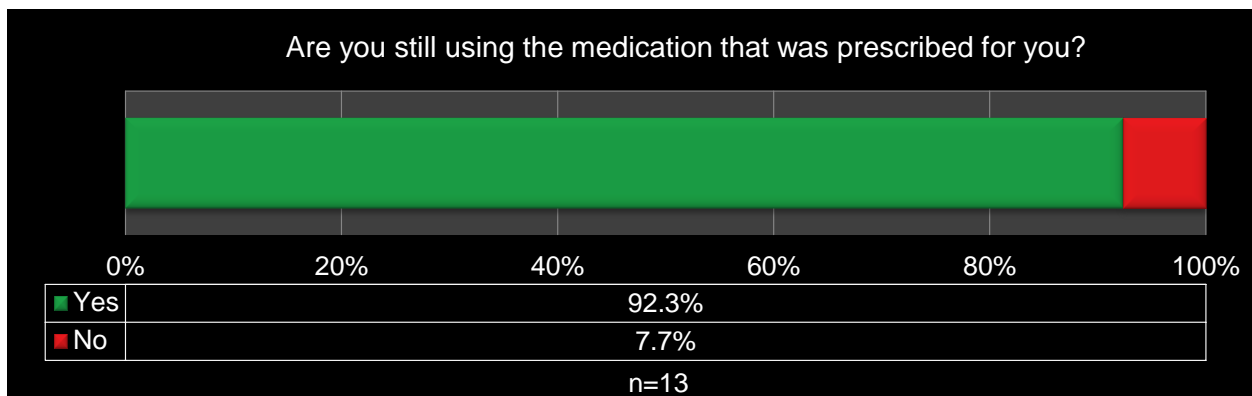
Figure 9 shows all clients indicated the written materials and forms they received from providers were available in the clients’ language of preference.

Figure 9. Materials and Forms in Language or Preference



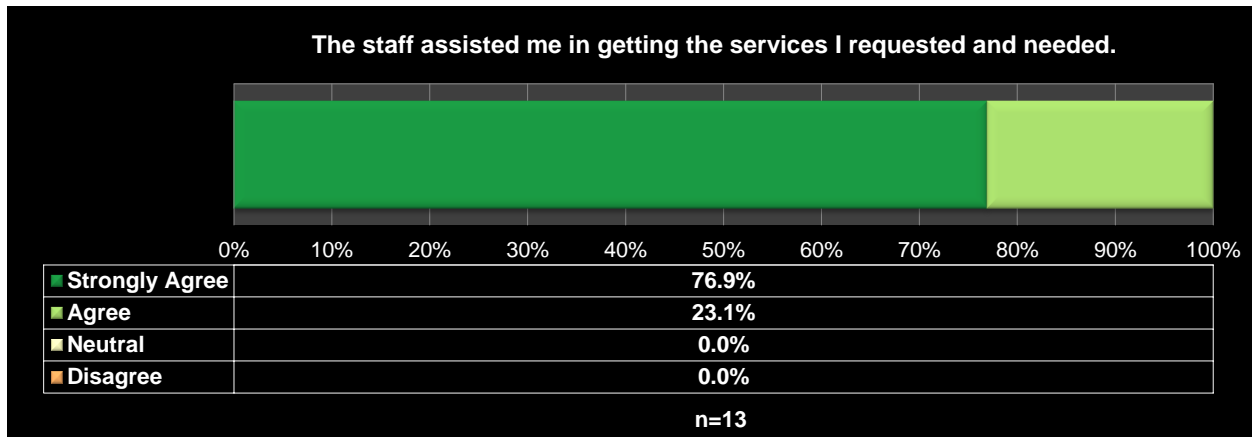
Twelve of the 13 clients (92.3%) reported they were still using the MAT medication prescribed for them at the time of the follow-up interview as shown in Figure 10.

Figure 10. Using MAT Medication at Time of Follow-Up Interview



All clients responded “strongly agree” or “agree” when asked to rate how strongly they agree or disagree with the statement that staff assisted them in getting the services they requested and needed.

Figure 11. Staff Assistance with Services



Clients are asked to indicate how strongly they agree or disagree with the statement that the MAT Iowa services they received helped them in their recovery; Figure 12 shows all clients indicated they “strongly agree” or “agree” with the statement.

Figure 12. MAT Services Helped with Recovery

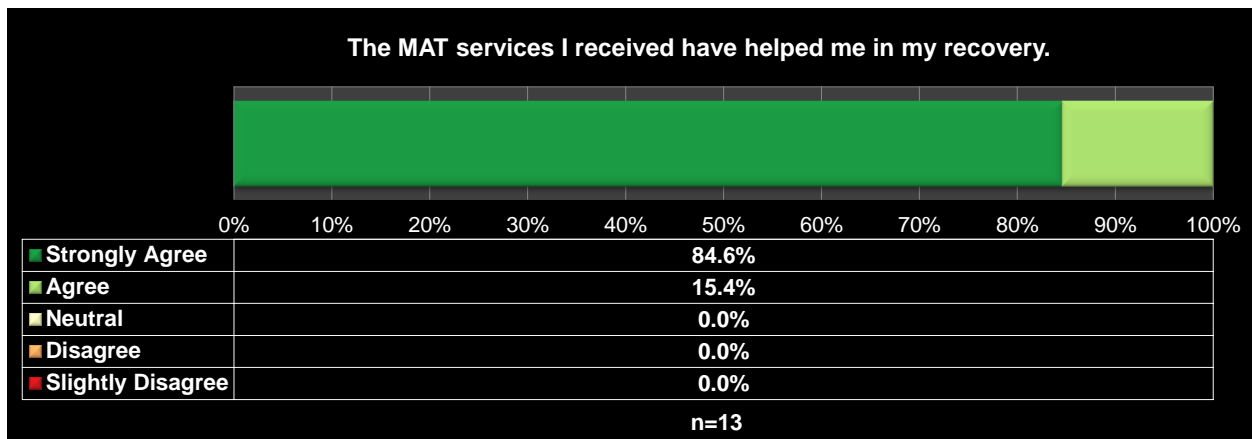
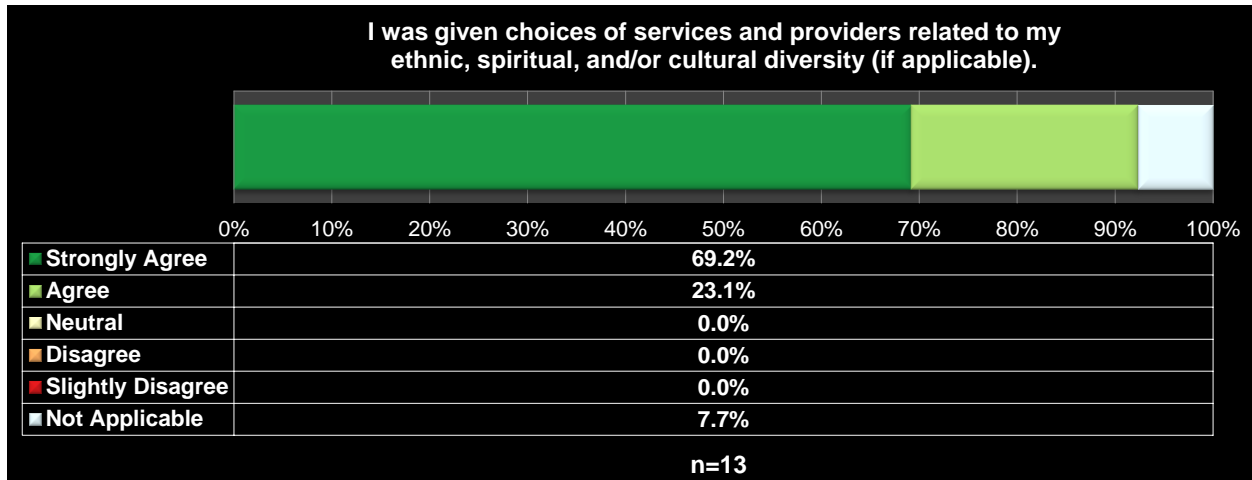


Figure 13 shows clients “strongly agree”, “agree”, or responded “not applicable” when asked to indicate how they felt about being given choices of services and providers related to their ethnic, spiritual, and/or cultural diversity in the MAT Iowa grant.

Figure 13. Cultural Competency



Clients are asked three additional questions on the client satisfaction survey.

- During your involvement with medication assisted treatment, what services have been or were most helpful for you?
- During your involvement with medication assisted treatment, what services would have been helpful for you in your recovery?
- Are there any other comments you would like to make?

Responses to these questions and all comments made by clients are presented in the Appendix on page 34. Clients had many positive comments about MAT Iowa.

MAT IOWA SERVICES

Services Provided to Clients

Table 31 shows the services funded by the MAT Iowa grant that were provided to clients in Year One.

Table 31. MAT Iowa Services Provided to Clients

MAT Iowa Services Funded by Grant	All Clients (n=85)
Medical Services: Number of Appointments	
Physician	457
Nurse	58
Treatment and Case Management Services: Number of Sessions	
Assessments	52
Care Coordination	298
Other Case Management Services	5
Alcohol and Drug Tests: Number Conducted	202

Table 32 displays the number of treatment sessions clients in the MAT Iowa grant attended during Year One. Treatment services are not funded by the MAT Iowa grant, however are being monitored to gauge use of best practices, because the combination of medication and treatment has been demonstrated to be more effective than either alone.

Table 32. Treatment Services

Treatment Services Provided to Clients	All Clients (n=85)
Individual Counseling	356
Group Counseling	1,473
Other Treatment Services*	458

*Other treatment services reported most commonly include attendance at voluntary meetings such as Alcoholics Anonymous and Narcotics Anonymous.



DISCHARGE AND LENGTH OF STAY

Discharge Status

There are two discharge categories on the Government Performance and Results Act (GPRA) discharge instrument: completion/graduate (successful discharge) and termination. The Consortium received discharge paperwork for 18 clients (21.2%) discharged from the MAT Iowa grant. Table 33 provides the reason clients were terminated from the grant. Discharge information is subject to change as providers submit exception request forms to IDPH when clients return and are approved to re-start MAT.

Table 33. Discharge Status

Discharge Status	% (n=18)
Successful	0.0 (0)
Terminated	100.0 (18)
Reason for Termination	
Client Never Returned	55.6 (10)
Client Continued Substance Use	11.1 (2)
Client Discontinued Use of MAT	16.7 (3)
Client Transferred	5.6 (1)
Client Incarcerated	11.1 (2)

Length of Stay in MAT Grant

The median length of stay in the grant for the 18 discharged clients was 64 days (range was 26 to 197 days). Length of stay is adjusted to reflect only the time grant services were provided for two clients who were discharged, returned to providers for treatment, and IDPH granted an exception request for the clients to begin receiving MAT Iowa grant services again.

Clients Discharged from MAT Iowa

Table 34 shows 15 of the 18 clients (83.3%) discharged from the MAT Iowa grant are male and three clients (16.7%) are female. One client (5.6%) is African American and one client (5.6%) is of Hispanic or Latino ethnicity. Clients discharged from MAT Iowa range from 21 to 49 years of age with a median age of 31 years.

Table 34. Description of Discharged Clients

Demographics of Discharged Clients		% (n=18)
Sex	Female	16.7 (3)
	Male	83.3 (15)
Gender	Female	16.7 (3)
	Male	83.3 (15)
	Transgender	0.0 (0)
Sexual Orientation	Heterosexual	94.4 (17)
	Lesbian	0.0 (0)
	Gay	0.0 (0)
	Bisexual	5.6 (1)
Race	White	94.4 (17)
	African American	5.6 (1)
	American Indian/Alaska Native	0.0 (0)
	Asian	0.0 (0)
	Native Hawaiian/Other Pacific Islander	0.0 (0)
	Multi-Racial	0.0 (0)
Ethnicity	Hispanic/Latino	5.6 (1)
	Not Hispanic/Latino	94.4 (17)

Table 35 shows the substances of use reported at grant admission and the MAT medications prescribed to the discharged clients when they began grant services. Heroin was the substance used by half of the discharged clients (nine clients, 50%). The majority of discharged clients (11 clients, 61.1%) had been prescribed buprenorphine.

Table 35. Clients Discharged from Grant: Substance of Use and MAT Medication Prescribed

Discharged Clients			
Substance of Use	% (n=18)	MAT Medication	
		Medication	n=18
Heroin	50.0 (9)	Buprenorphine	8
		Naltrexone	1
Opioids	16.7 (3)	Buprenorphine	3
Alcohol	33.3 (6)	Acamprosate	2
		Naltrexone	4

As more clients are discharged from grant-funded services and if there are increased numbers of successful completions, additional analyses of factors associated with outcomes will be conducted as appropriate and included in future reports.

STATUS OF PROJECT GOALS

The following provides a summary and examination of the status and progress being made toward achievement of the goals of the MAT Iowa project.

Project Goals

Goal 1. Coordinate expansion and enhancement of MAT services.

Status: Upon notification of award, IDPH distributed a Request for Proposals (RFP) to the ten highest-need counties in Iowa. The “Notice of Intent to Award” for MAT Iowa was released by IDPH on October 29, 2015. As previously stated, four substance use disorder treatment providers are providing MAT services for the grant as shown in Table 1 on page 1. IDPH hosted the first monthly provider call on November 30, 2015; provider calls took place nearly each month during Year One. The calls provide an opportunity for staff from all sites to ask questions, discuss obstacles and provide suggestions and solutions, describe marketing and outreach efforts, as well as convey client success stories. IDPH provides notifications of upcoming trainings, updates and reminders regarding billing, contracts, and processes to follow, and the Consortium provides an evaluation update.

Goal 2. Increase the number of individuals receiving MAT services.

Status: The goal is to increase the number of clients receiving MAT and integrated care by approximately 10%. When the grant was awarded to IDPH in August 2015, two providers contracted to provide MAT services for the grant were already providing MAT services. The grant assists these providers in expanding the type of MAT services they provide to clients. The grant provides resources for the other two providers to begin offering MAT services to clients.

To assist with measuring this goal, providers submit monthly tracking forms to the evaluator that include the number of new clients receiving MAT services who are not in the MAT Iowa grant. As shown in Table 36, when the grant was awarded in August 2015, 486 clients were receiving MAT from providers. Excluding clients in the grant, as of July 31, 2016, 916 clients received MAT, an increase of 88.5%³ from when the grant began in August 2015.

Table 36. Number of Individuals Receiving MAT Services

Month	Number of Clients Receiving MAT Iowa Grant Services	Number of Individuals Receiving MAT Services from Providers Not in the MAT Iowa Grant
Baseline August 2015	0	486
Additional New Clients Receiving MAT After Grant was Awarded		
September 2015	0	39
October 2015	0	36
November 2015	0	32
December 2015	9	43
January 2016	9	33
February 2016	11	30
March 2016	13	39
April 2016	13	51
May 2016	5	41
June 2016	11	57
July 2016	14	29
Total	85	916

Goal 3. Decrease illicit drug use and improve client outcomes.

Status: The intent of this goal is to decrease illicit drug use at six month follow-up by 10% and to reduce disparities for women and other minorities through ongoing analysis of treatment outcomes among sub-populations. IDPH submitted a disparity statement to SAMHSA in November 2015. The target numbers for serving subpopulations are included in Table 2 on page 2.

³ $(916 - 486) / 486 = 88.5\%$.



Providers began completing GPRA follow-up interviews with clients in May 2016. Of the 13 clients with completed follow-up interviews, seven clients (53.8%) reported use of alcohol or illegal drugs in the 30 days prior to grant admission; at follow-up, three clients (23.1%) reported alcohol or illegal drug use in the 30 days prior to the interview. The percentage of clients with past 30-day use at follow-up was reduced to less than half compared to admission.

As shown in Table 6 on page 5, five of the 13 clients (38.5%) with completed follow-up interviews are women; there are not any racial or ethnic minorities who have completed follow-up interviews. As more follow-up interviews are conducted with clients, data from follow-up interviews will be analyzed for women and other minorities to provide the status of this goal.

MAT IOWA INTEGRATION PROCESS

The following information was obtained from provider reports submitted to IDPH, as well as information from provider calls and communication with providers.

MAT Integration and How System of Care is Coordination and Integrated

ASAC

Clients eligible for MAT complete the Alcohol Use Disorders Identification Test (AUDIT), the Drug Abuse Screening Test (DAST), and the Diagnostic and Statistical (DSM-V). All clients receive the PHQ9; the Beck Depression and Burns Anxiety instruments are administered to clients in residential treatment. MAT Iowa clients are enrolled in one of the following levels of care: residential, intensive outpatient, extended outpatient, or continuing care. ASAC utilizes Hazelden's Living in Balance curriculum. Motivational Interviewing (MI) is also used to engage MAT Iowa clients. ASAC has an agreement with a local pharmacy to fill prescriptions and bills the cost to ASAC.

Jackson Recovery Centers

The Clinical Institute Withdrawal Assessment for Alcohol (CIWA) is administered to clients. Jackson Recovery is using the Matrix curriculum for the MAT program. Jackson Recovery developed an agreement with key pharmacy partners; a voucher system was developed for MAT Iowa participants to present a voucher issued by Jackson Recovery Centers for prescriptions to be filled and billed to Jackson Recovery. Weekly case review conferences between medical and therapy staff have been implemented to coordinate care.

Mercy Turning Point

Prior to the MAT Iowa grant, Mercy Turning Point had a Medical Director, however did not have physicians to actually see patients, provide medical evaluations, and prescribe medications. Therefore, few clients were receiving MAT. Three physicians were hired. Mercy Turning Point provides evidence-based and integrated care including: cognitive behavioral therapy, MI, aggressive case management, and 12-step exposure. Mercy Turning Point uses the DSM-V, American Society of Addiction Medicine criteria (ASAM), the Clinical Opiate Withdrawal Scale (COWS), and the Clinical Institute Withdrawal Assessment of Alcohol Scale (CIWA-Ar). Mercy Hospital inpatient pharmacy and Mercy outpatient pharmacy distribute medications.



UCS

UCS is Commission on Accreditation of Rehabilitation Facilities (CARF) accredited and is a state licensed opioid treatment program. UCS provides co-located substance use disorder treatment, mental health services, and primary health services on site. Prior to the grant, UCS offered Suboxone and Methadone; MAT Iowa enables them to expand their MAT program to offer naltrexone and Vivitrol. UCS uses the Treatment Assessment Protocol (TAP) which is a biopsychosocial assessment that includes diagnosis for Axis 1 in the DSM-V and ASAM for level of care. They also use the COWS scale to screen and diagnose opioid dependence and for assessment of withdrawal. They have an on-site MAT clinic. They utilize a medical-behavioral approach including cognitive behavioral therapy, MI, group therapy, wellness and recreational activities, and physical care.

Program Staffing

ASAC: Medical Director, Certified Alcohol and Drug Abuse counselors, care coordinator.

Jackson Recovery Centers: Assistant Medical Director, primary therapist who also serves as case manager.

Mercy Turning Point: Medical Director, three physicians, MAT Services Coordinator, certified nursing assistant.

UCS: Medical Director, supervising Nurse/MAT Program Coordinator, Certified Alcohol and Drug Abuse counselor (CADC), four prescribers on staff.

Trainings and Professional Development Related to MAT

ASAC

- Held initial training for clinical staff in the residential component and in their west outpatient component when grant began.
- Second training held 5/13/16, open to all agency clinical staff; training focused on grant as well as agency procedure.
- Joint presentations with the Eastern Iowa Heroin Task Force
- Participated in town hall meetings.
- Partnering with local hospitals and law enforcement.
- Anticipates generating clients and referrals by notifying other treatment providers in Linn County, physicians, Abbe Community Mental Health Center, hospitals, Eastern Iowa Health Center, Free Medical Clinics, DHS, Department of Corrections, Methadone programs. Also plans to educate the general public about the MAT Iowa program through social media, printed materials, and staff presentations.

Jackson Recovery Centers

- Therapist completed a self-study refresher on the Matrix curriculum in December 2015.
- Therapist markets the availability of MAT programming internally to outpatient therapy staff and intake staff.
- Plans to increase outreach to medical practitioners in the community.



Mercy Turning Point

- Education of psychiatrist(s) on the new standard of care for treatment addictive disease and encouragement to secure XDEA waivers to prescribe; two of three providers have “X” DEA waivers and the third is in progress.
- Training interdisciplinary treatment team in the use of COWS; incorporate COWS into the electronic medical record.
- Will meet with Mercy Hospital emergency department care team, physicians, nurses, and others to educate on opiate dependence and withdrawal.
- Planning presentation for 800 nurses and nurse case managers in Year Two.
- Provide outreach to Department of Corrections.
- Collaboration with Dubuque Area Substance Abuse Coalition, Drug Task Force, police and sheriff’s department, local colleges and universities.
- Presentation by Dr. Corey Waller in July 2016.
- Town hall meeting.

UCS

- Receives referrals from entire community. Recently entered into agreement with the local Federally Qualified Health Center (FQHC) to provide MAT services and education to their patients and staff.
- Continually reaching out to DHS and Department of Corrections to educate about MAT services and stigma.

Future reports will include the following additional information as it becomes available

- Timeline of major accomplishments and milestones, including adherence to original proposed timeline.
- Gaps that may remain in the delivery of comprehensive services.
- Changes made within agency to increase access by subpopulations.
- Other significant accomplishments.

APPENDIX

The following comments were made by clients in response to additional questions asked on the client satisfaction survey. All comments made by clients are included.

During your involvement with medication assisted treatment, what services have been or were most helpful for you?

The medication, even though I didn't want to see myself as one of these people, I realized I was a functioning addict. I have gotten more out of the groups.

Suboxone and the counseling sessions.

- 1. Medication program*
- 2. Being involved in treatment.*
- 3. Individual sessions.*

Suboxone help with cravings.

The groups and structure of all the programs.

Suboxone helped with the withdrawal, taking it away.

Doctor follow-ups and care coordinations.

Suboxone, it helped me focus on recovery.

The medication.

The Suboxone helped the most; it took away cravings and helped with curbing withdrawal.

Being able to talk to knowledgeable staff and being in treatment with others that are taking the same meds.

Going through treatment, family sessions, the medication provider, medication provided at no cost.

Turning Point outpatient. Group setting, individual settings, medication.

During your involvement with medication assisted treatment, what services would have been helpful for you in your recovery?

I think it is a pretty systemic approach to treatment. Maybe extended hours on weekends.

Family involvement, like groups, so they could better understand addiction.

Finding housing is difficult so that would be helpful.

Transportation, I have to get rides since I have no car.

Housing is difficult with a criminal history.

Possibly seeing a therapist.

Clients made the following additional comments at the completion of the client satisfaction survey.

Just been awesome. Helped me immeasurably.

I wish I could have gotten help with my health issues because I am on disability and have limited income.

Thank you to the staff as you have helped me get my life back on track.

This has been an awesome experience for me.

Overall, I am very satisfied with the MAT services.

