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Downeast Maine MAT Expansion Project: Year 3 Final Data Summary

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Downeast Maine MAT Expansion Project

SUMMARY

The Project

Through a collaborative effort of Healthy Acadia, its providers, the Downeast Substance Treatment Network, and Downeast Substance Use Response Coalition, the project utilized multiple evidence-based strategies to combat opioid use disorder (OUD) in Downeast Maine.

Project Goals:

- Reduce the barriers to Medication-Assisted Treatment (MAT)
- Enhance MAT services by improving provider capacity through training and implementation of best practice treatment

Project Components:

- Hub and Spoke model of care with Downeast Treatment Center as the hub
- Project ECHO and the Readiness Academy
- Community Re-entry Program for Justice-Involved Individuals
- Emergency Department Program
- Recovery Coaching

Data Overview

I. Project Partnership



*Change Team
Focus Group*

Years 1, 2, and 3



*Partnership Self-
Assessment Survey*

II. Education/Training



*Project ECHO Post-
Session Feedback*

Years 2 and 3

III. Client Data



GPRA Interview

Years 1, 2, and 3

I. Project Partnerships

CHANGE TEAM FOCUS GROUP RESULTS

Change Team Focus Group Overview

- The Downeast MAT expansion project change team was charged with overseeing the implementation of the initiative.
- Yearly focus group, conducted by Cutler staff over Zoom, engaged key stakeholders (change team members) involved with MAT Expansion implementation. The final focus group was conducted in September 2021.
- The focus group was conducted using a semi-structured interview guide and the session was audio recorded and transcribed verbatim for analysis.
- Qualitative data from the focus group were analyzed using established qualitative analytic techniques. The evaluation team used standard techniques to identify emergent themes, independently code transcripts, and resolve coding discrepancies or questions.

Change Team Focus Group: Collaboration

- Hub-and-spoke team encompasses broad and diverse provider types with shared goals.
- Change team participants have felt that the diverse insights of the collaborative partners creates a better awareness of challenges in the recovery community.
- Collaboration efforts have focused on addressing the challenges associated with payment, expanding peer supports, addressing transportation issues, working to expand programming, and finding mechanisms to address gaps in available resources.

“There have been examples of clients seeking recovery arriving at one of the spokes and running into challenges with payment or needing peer support or transportation or meeting other barriers. Then the power of the collaborative gets turned on and that person is walked around those barriers or over those barriers and enters treatment.” (Year 2)

Change Team Focus Group: External Collaboration

- Bringing stakeholders from healthcare organizations outside of the hub-and-spoke model provided an understanding of the regional treatment landscape and the hub-and-spoke team's unique role in providing care.
- Engaging in discussion with state government gave team members an opportunity and platform to advocate for healthcare providers serving patients with SUD and evidence-based harm reduction policies.

"In conversations [with outside organizations] ... what we have found over time that there is a component for each of us ... we have picked up and some of the very difficult clients that, need a lot more intense work, they are referring to us." (Year 3)

"[our] clinical advisory team was meeting and having a lot of discussion about practice guidelines and that prompted somebody to reach out to the state... instead of just complaining about the state regs why don't [we] participate in the discussion. And so I was invited to and again they just felt that they are inching their way toward harm reduction techniques." (Year 3)

Change Team Focus Group: Successes Related to Patient-Centered Care

Change Team members reported several ways in which partner organizations are adapting to become more patient-centered including:

- **Shifting Policies**
 - Changing hours in response to patient need
 - Tailoring treatment plans with varying levels of in-person support
- **Implementing recovery coaches**
 - Integrating peer mentors and advocates into partner organizations and hub sites
 - Engaging by providers to interpret policies and navigate healthcare system
 - Leveraging embedded recovery coaches to perform GPRA interviews

"[Our policies are] continually evolving in terms of understanding what can we do with urine test screens? When they come back how do we respond to those issues that come up? How do we best make it a treatment issue as opposed to penalizing? How do we best move people through the process?" (Year 2)

"With this population, you have to constantly remind yourself that the good thing about this patient is they want to be involved in a treatment program and so we need to meet them as faithfully as we can." (Year 3)

"if it was a coach, they could take information [about prescribing policies] back to the person that they're working with and it just facilitated, not just better understanding, but that understanding then translates into a more smooth experience in treatment" (Year 3)

Change Team Focus Group: Successes Related to Patient-Centered Care

The collaborative partnerships spearheaded by Healthy Acadia continue to be a catalyst for bringing together organizations in the region to address OUD through the implementation and expansion of the **Downeast Treatment Center** which:

- Acts as a hub to partner organizations
- Successful expansion attributed to strong partnership and efficient resource-sharing
- Is sustained by multiple funding streams

“We launched the entire Downeast Treatment Center, so we launched a whole new treatment program as a result of this collaborative, a whole new treatment center. Then [...] moving through these three years, this change team as well as the hub-and-spoke clinical advisory committee and others have continually responded to the needs that arise, the questions that come up, the learning, shared learning.” (Year 2)

Change Team Focus Group: Adapting to COVID-19

- COVID-19 has disrupted scheduled appointments and services among provider organizations.
- Healthy Acadia leadership was emphasizing increased patient engagement during this time by collaboratively leveraging and expanding the use of both peer recovery coaches and telehealth services.
 - In Year 3, leadership described the use of SAMHSA funds to provide patients with necessary tools for telehealth and outdoor covid-safe care facilities.

"[...]this is a time when we should be having more increased contact with these folks. They're isolated, they're anxious, they're worried, they're concerned. It's not the time to be pulling back." (Year 2)

"SAMSHA supported renting an event tent so that services could be offered and in a Covid safe space, right, so that people can be basically outside but also be protected and kept confidential." (Year 3)

"we braided some SAMSHA funding with other funding, we were able to support patients with technology like cell phones and tablets and data plans and Wifi, so that they could attend virtual sessions, and we actually overcame the never ending, or we partly overcame, the never-ending challenge of transportation." (Year 3)

Change Team Focus Group: Challenges and Lessons Learned

- The change team learned throughout the grant that the highly supportive environment they fostered at the DTC disincentivized transitioning patient care to primary care providers.
- The change team adapted their hub-and-spoke model of care to prioritize giving high-quality, patient-centered care to patients where they wanted to receive it.

“Our success is actually a challenge because we set up a really very supportive environment for much of high-risk patients, and why would they ever want to leave that to go to see a primary care doc who is somewhere on a continuum ... Here you have a group of disaffected individuals who finally have a supportive environment. You’d think twice about leaving it.” (Year 3)

Change Team Focus Group: Challenges and Lessons Learned

“ I hope that someone in the government is reading [our progress] reports and doing something with them because otherwise, all we’re utilizing is data from the GIPRA which is not a reflection of the work we’ve done.” (Year 3)

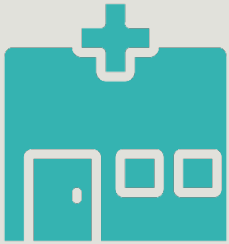
Factors that acted as barriers to completing GPRA follow-ups included:

- Large, rural service area
- Technical assistance and evaluation metric tailored to direct service provider grantee organizations
- Population with less stable means of communication

“So, part of the issues is that most of these grant recipients were one entity so they could administer the GPRA in-house. Healthy Acadia is a convening of multiple entities and we were trying to GIPRA across the land.” (Year 3)

“The problems were phone numbers would constantly change for clients because often clients have a cell phone number through a paid phone that they’ll buy and then they might have a different phone number in a month. It was easier to get them at intake then it was at follow-ups ” (Year 3)

Change Team Focus Group: Future Goals



Expanding recovery supports in emergency rooms

“If we extend the use of recovery coaches availability into ERs, it's very possible we can have a virtual type of a hub that actually sees people... hopefully over time you begin to funnel people off into primary care. Those who use and abuse, or use the emergency inappropriately as their primary care, we should be looking at.” (Year 3)



Engaging people in active use

“With the needle exchange you are at least talking with the folks who feel like they understand that they are their own pharmacologist. They know what's best and what we're trying to do is keep their heart valves functioning, keep their endocarditis under control and their Hepatitis C from doing them in. We need their input and we have to figure out how to get that.” (Year 3)



Implementing harm reduction strategies

“The bottom line that we're still having opioid deaths. We have to keep trying new things and I hope that there will be legislative support for the additional steps of harm reduction that we could move toward.: (Year 3)

Change Team Focus Group: Future Goals

“I think we have the opportunity to really get creative and continue to read the research and what type of therapeutic modalities might not be that common but might be very effective and is sublocade the way to go versus weekly buprenorphine? So there are things that I think we really need to start looking at and again thinking outside the box is key.” (Year 3)

I. Project Partnerships

PARTNERSHIP SELF-ASSESSMENT TOOL RESULTS

Partnership Self-Assessment Overview

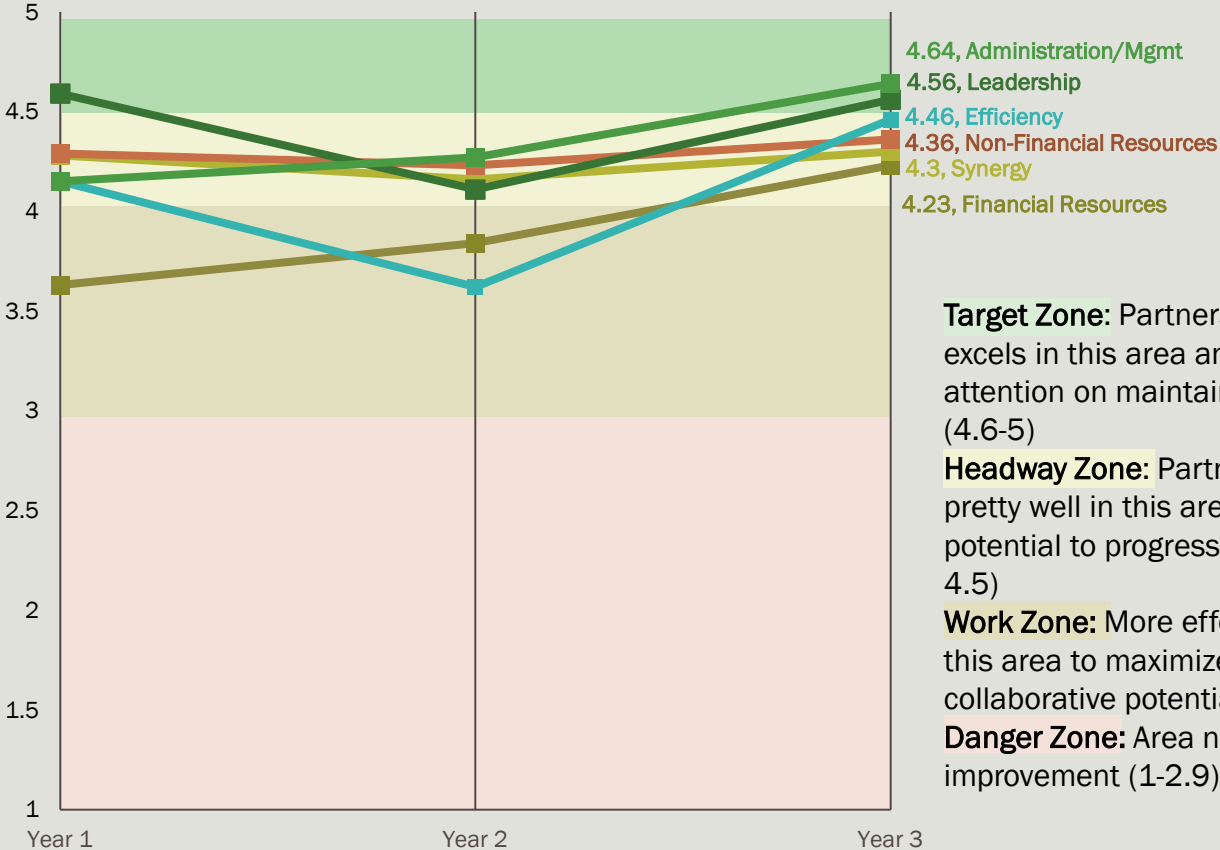
- The Partnership Self-Assessment Tool is a standardized questionnaire designed to examine the strengths and weaknesses of collaborative partnerships across **6 domains** of interest including: synergy, leadership, efficiency, administration, non-financial and financial resource.
- Deployed annually to Downeast Maine MAT Expansion Project partners to understand development of partnership strengths over time.
- Year 3 survey was deployed in November 2021; survey response rate was 33% (n=5).

Comparisons drawn to Year 1 and 2 survey results to show progress where appropriate

Partnership Self-Assessment Overview

In the final year of the partnership self-assessment

- All mean composite scores were higher than in the first and second year, except for Leadership, which remained in the target zone.
- Mean ratings of administration and management and leadership were in the target zone.
- Mean ratings of efficiency, maintaining non-financial and financial resources, and synergy were in the headway zone.



Target Zone: Partnership currently excels in this area and needs to focus attention on maintaining a high score (4.6-5)
Headway Zone: Partnership is doing pretty well in this area but has potential to progress even further (4-4.5)
Work Zone: More effort is needed in this area to maximize partnership’s collaborative potential (3-3.9)
Danger Zone: Area needs a lot of improvement (1-2.9)

Partnership Self-Assessment: Decision-Making and Satisfaction

All 5 respondents believed



The partnership was excellent at inspiring and motivating involvement in the partnership



The partnership was very good or excellent at combining the perspectives, resources, and skills of partners



The partnership coordinated complex, multi-program activities very or extremely well

Partnership Self-Assessment: Benefits, Drawbacks, and Resources

- **100%** of respondents indicated that **the benefits exceed the drawbacks of participation**, and **all** respondents reported receiving the following benefits from participation:
 - Enhanced ability to address an important issue
 - Increased utilization of their expertise and services
 - Enhanced ability to affect public policy and meet the needs of clients
 - Development of valuable relationships

II. Education and Training

PROJECT ECHO EVALUATION FEEDBACK

Project Echo Post-session Evaluation

- Various stakeholders came together to create a Downeast Maine MAT Project ECHO curriculum for Downeast partners with the goal of increasing provider capacity and enhancing the quality of MAT services through education and training. This curriculum became known as the [Readiness Academy](#).
- Session evaluation surveys were administered to participants after each ECHO session in years 2 and 3.

Project Echo Post-session Evaluation

A total of 21 ECHO sessions were held over the grant period. There were 127 total post-session evaluation surveys completed.

In the final year,

- **24 unique faculty or spoke participants** representing **12 practice sites** were represented at the sessions among 45 evaluation survey responses.
- There were 10 sessions; each session had an average of 9 spoke attendees.

Project Echo Post-session Evaluation

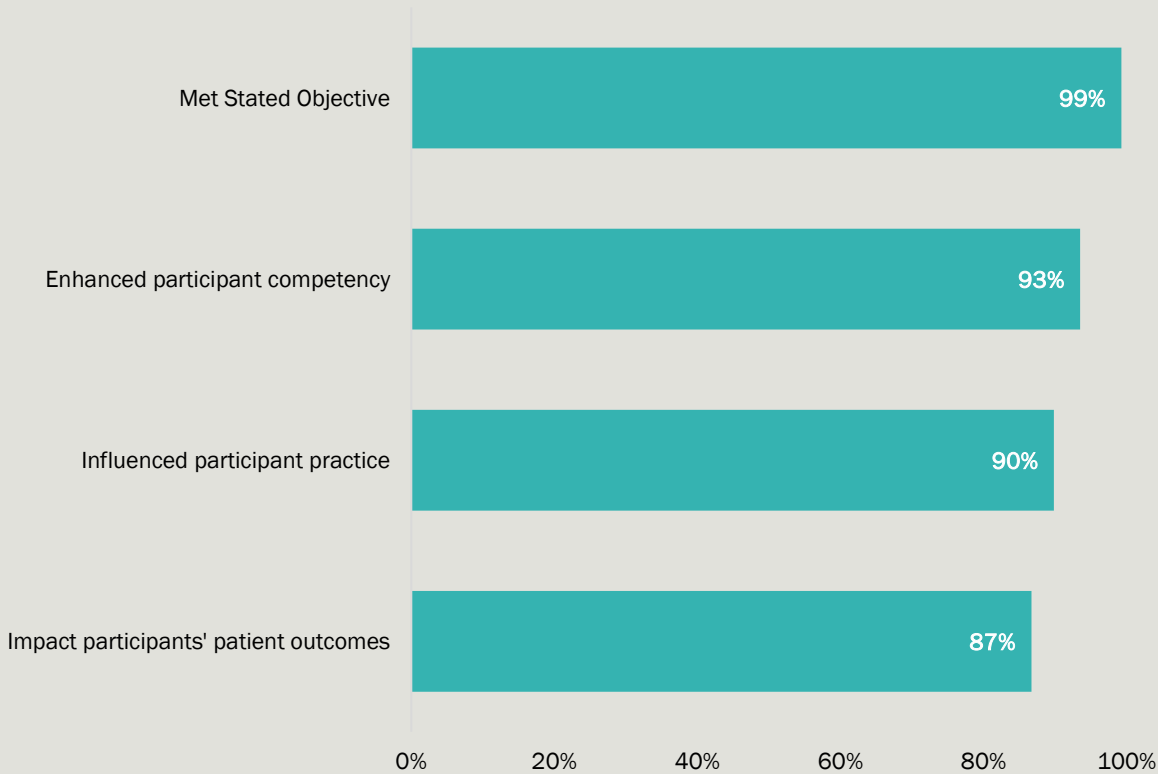
Sessions covered a wide range of topics, including:

- Compassion Fatigue
- Trauma Informed Practice
- Identification and Management of Co-Occurring Disorders
- Working with Challenging Patients
- MAT in Jails
- Suicide Prevention
- Overdose Prevention

Project Echo Post-session Evaluation: Session Value

- Survey respondents indicated that the sessions were effective and useful and the facilitators and presenters were knowledgeable across both years.
- Over 95% of respondents believed the session didactics had good or excellent value.

Respondents reported that the session(s):



Project Echo Post-session Evaluation: Impact and Behavior Change

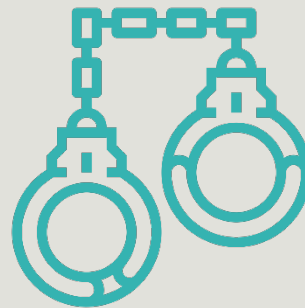
- Most Readiness Academy participants (89%) reported learning something useful in caring for clients with OUD during Echo sessions.
- Participants reported that participation in the session changed their practice in the following ways:



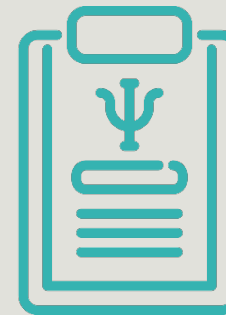
Increased comfort
providing telehealth
for MAT



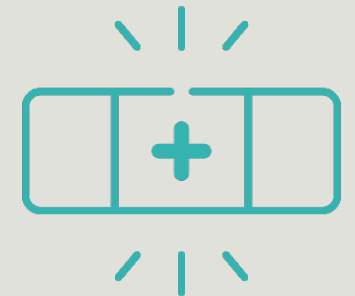
Considering
therapies for co-
occurring stimulant
use



Advocating for
medication
continuity for
patients in jail



Actively screening
for suicide risk



Increasing
discussion about
harm reduction

II. Client Data

GPRA RESULTS

GPRA Data Collection Methodology

- **Data Collection:** clients receiving care through SAMHSA grant funding are contacted by recovery coaches and/or program staff to complete a series of interviews using GPRA protocol.
 - clients are contacted to complete follow-up GPRA interviews at intake, 3-month, 6-month, and 12-month milestones in the program.
 - clients are also contacted to complete the GPRA interview upon discharge from the program.
- **Data Synthesis:** Data is entered into SPARS after interview completion by Healthy Acadia staff.
- **Limitations:** Substantial challenges for program staff conducting the GPRA stem from innately working with and tracking individuals with OUD and the large geographic area served by the Downeast Maine MAT Expansion Project, despite implementing client incentives. **Therefore, the client data presented is only reflective of a subset of individuals who are receiving services through the program.**

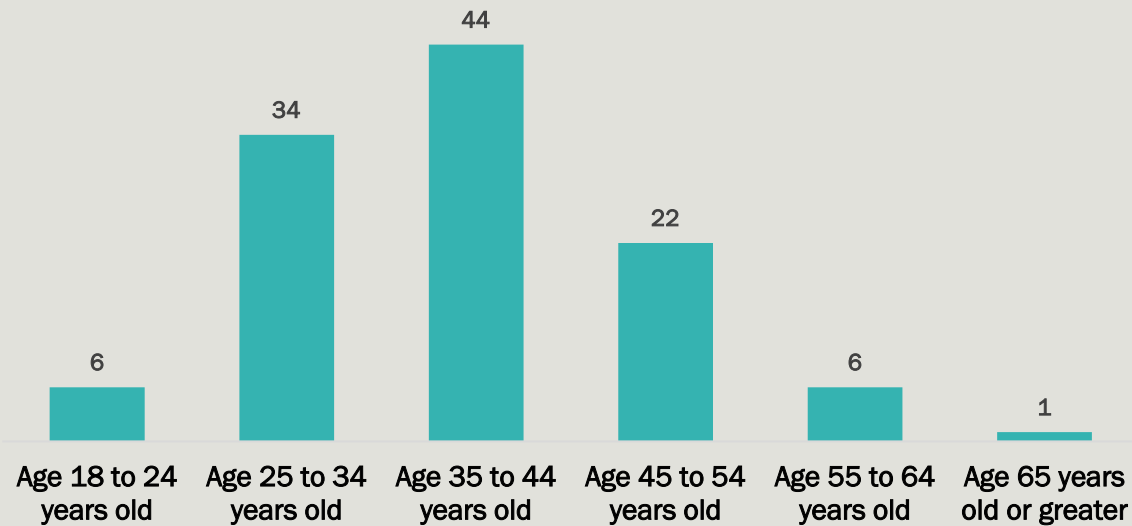
Data Analysis

- Interviews from March 20, 2019, to October 1, 2022, were analyzed by Cutler Staff using SPSS and SAS.
- Data (excluding demographics) was analyzed and visualized in the following ways:
 - Compared responses at intake, 3mo, and 6mo follow up among all interviews.
 - Compared responses at intake between clients across years, using independent t-test, chi-square (or Fisher's Exact test) to test for significance where appropriate.
 - Compared responses of clients who completed both an intake and a 3mo follow-up interviews (n=47), using McNemar's Exact test or paired t-test to test for significance where appropriate.
- Missing data, including refused answers, are not shown in percentage totals.
- Limitation: Given the small follow-up sample sizes, analysis and statistical testing is confined to descriptive statistics. In addition, data is only reflective of clients who completed the GPRA and does not reflect information on the broader population of individuals served by the project.

Demographics

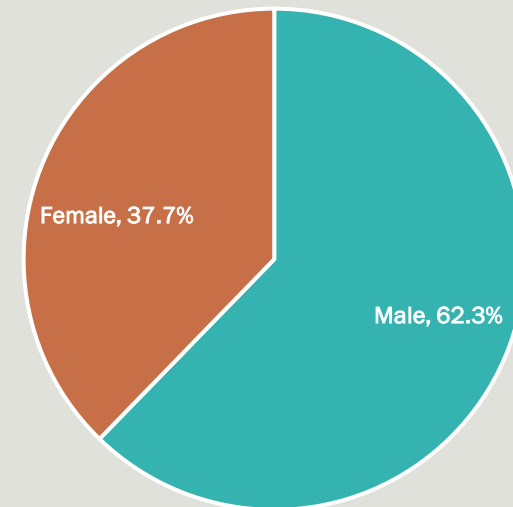
- **116 clients** completed an intake interview in 2019, 2020, and 2021
- Mean client age at intake was **37 years**
- **98.2% clients were white; 98.2% of clients were non-Hispanic**

Patient Age



3 clients missing age data

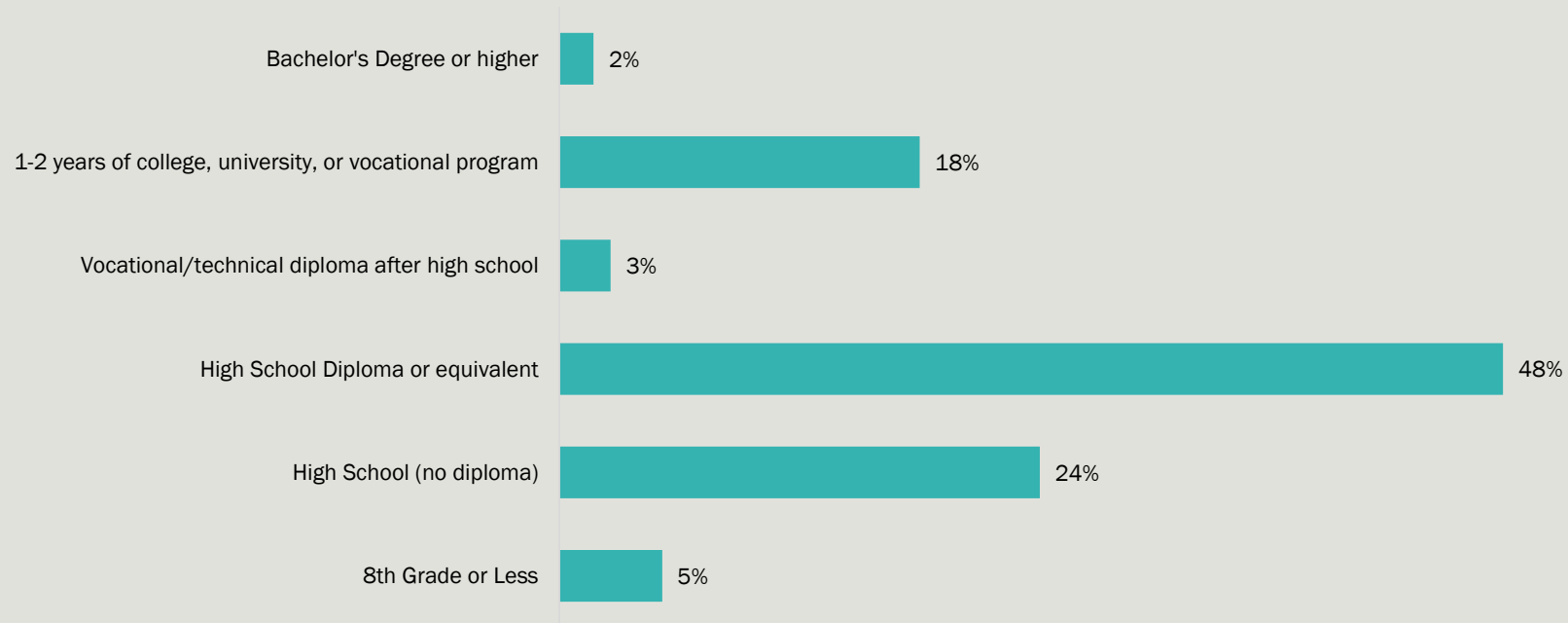
Patient Gender



Demographics

Across years, most of the clients had a high school degree or higher at the time of intake.

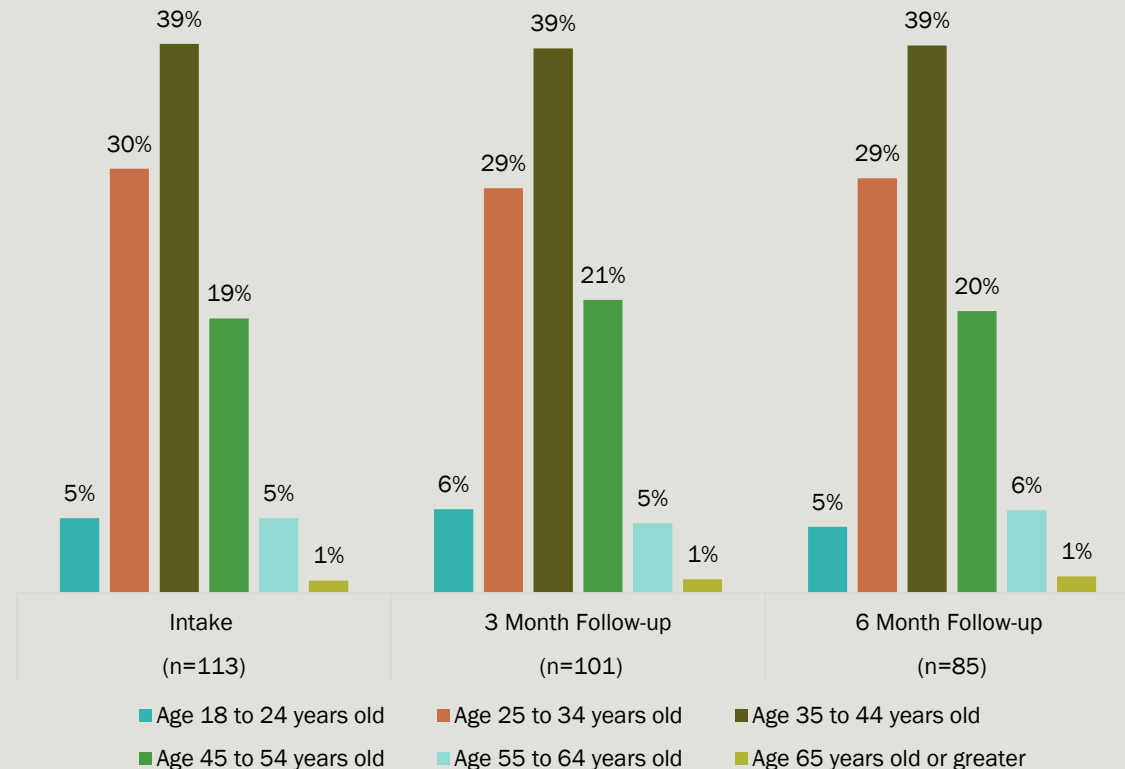
Level of Education Among all Clients with Intake



Demographics by Client Interview

- Distribution of age groups was consistent between interview types.
- Female clients represent 38-40% of interview participants across intake, 3-month follow-up and 6-month follow-up.
- Additionally, white clients comprise 98% of intake interviews and 99% of 6-month follow-up interviews.

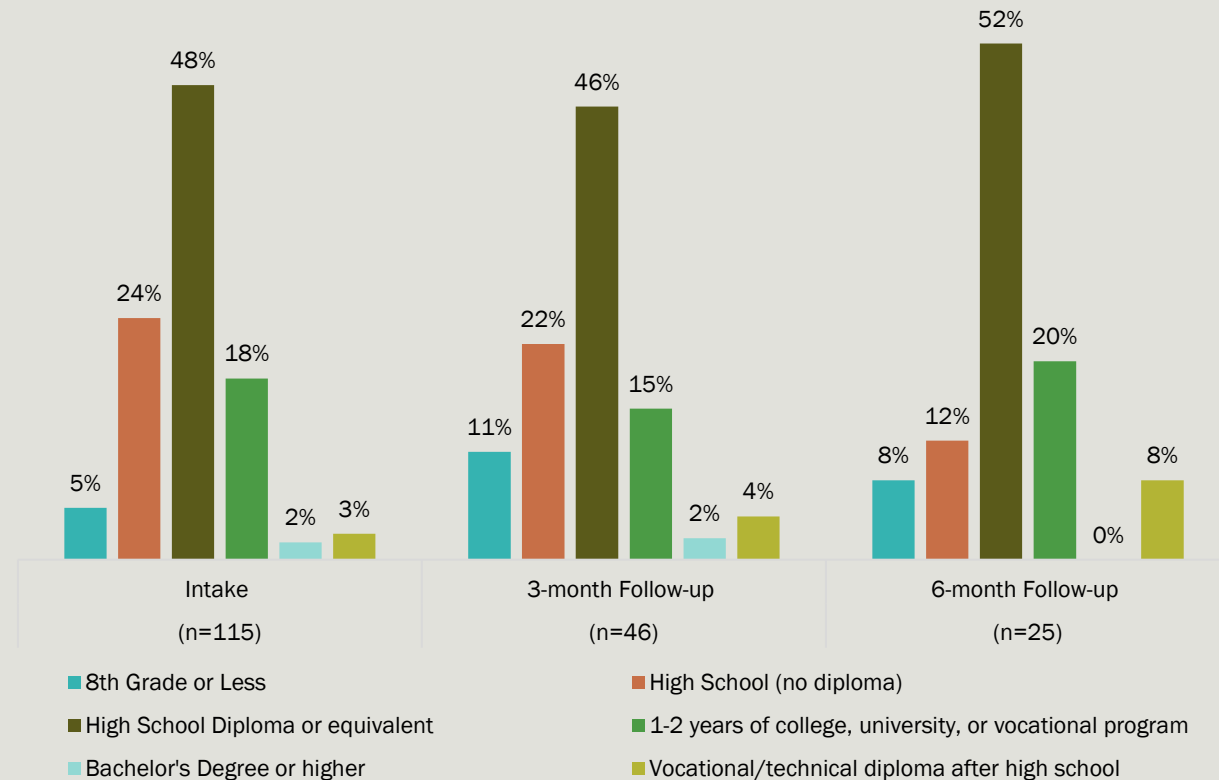
Age Group by Interview Type



Demographics by Client Interview

- Education attainment levels did not greatly vary across the types of interviews.
- Clients without a high school diploma were less likely to complete the 3-month/6-month follow-up interviews.

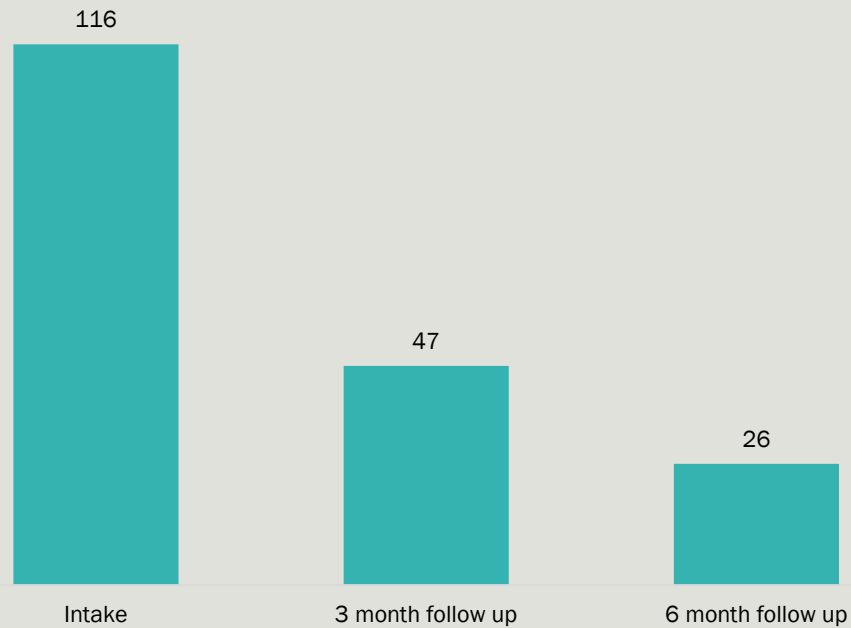
Education Attainment by Interview Type



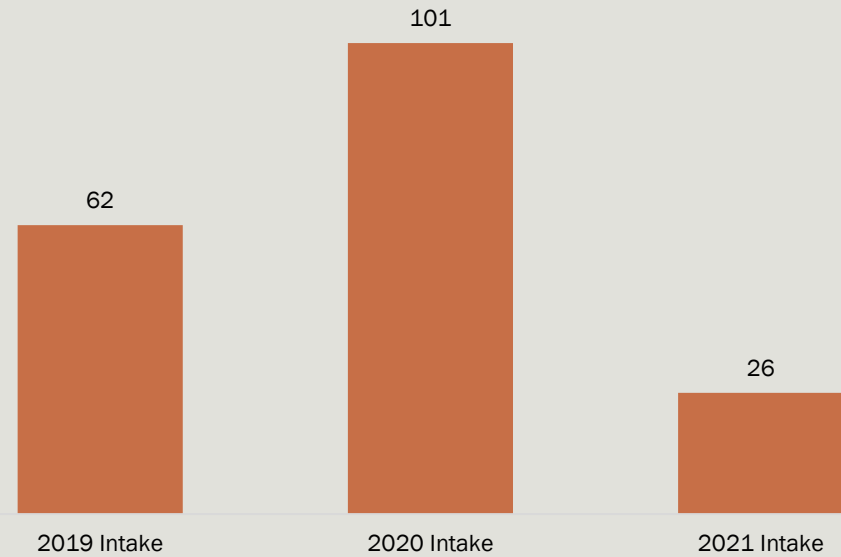
Total Interviews

There were 191 total interviews completed across three years

Number of Interviews by Type



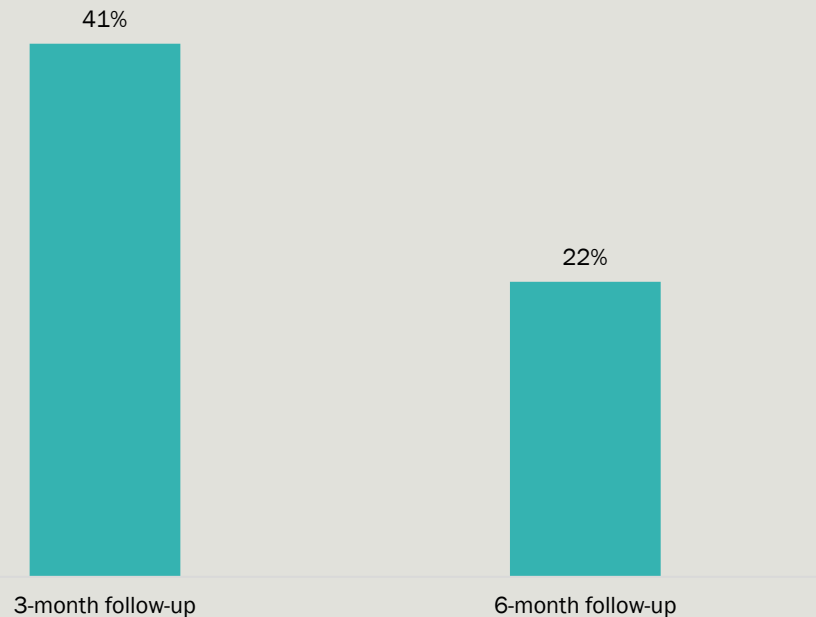
Number of Interviews by Year



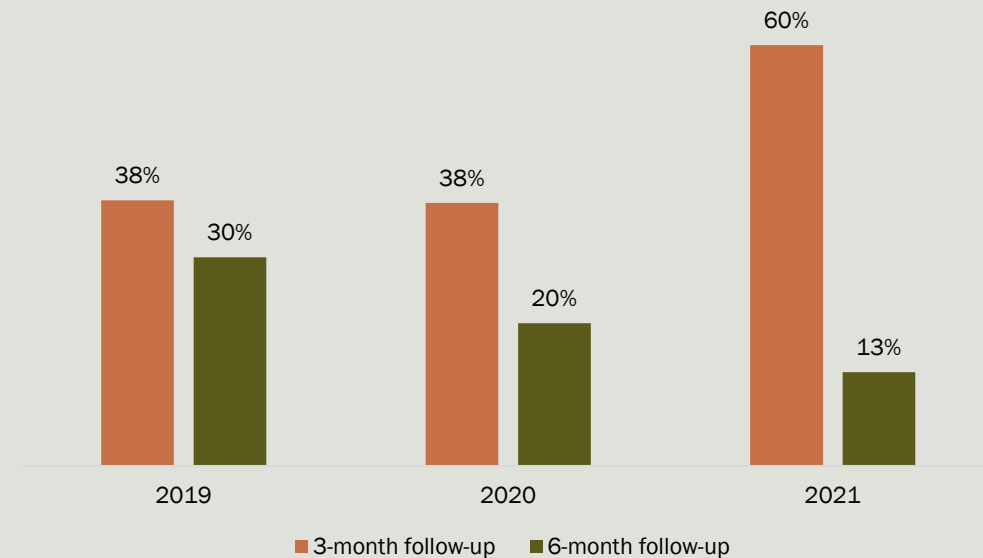
Follow-up Rates

- Rates of follow-up for 6-month interviews were lower than rates of follow-up for 3-month interviews.
- Rate of completion for 3-month follow-up were greatest for individuals with intake in 2021.

Follow-up Interview Completion Rates



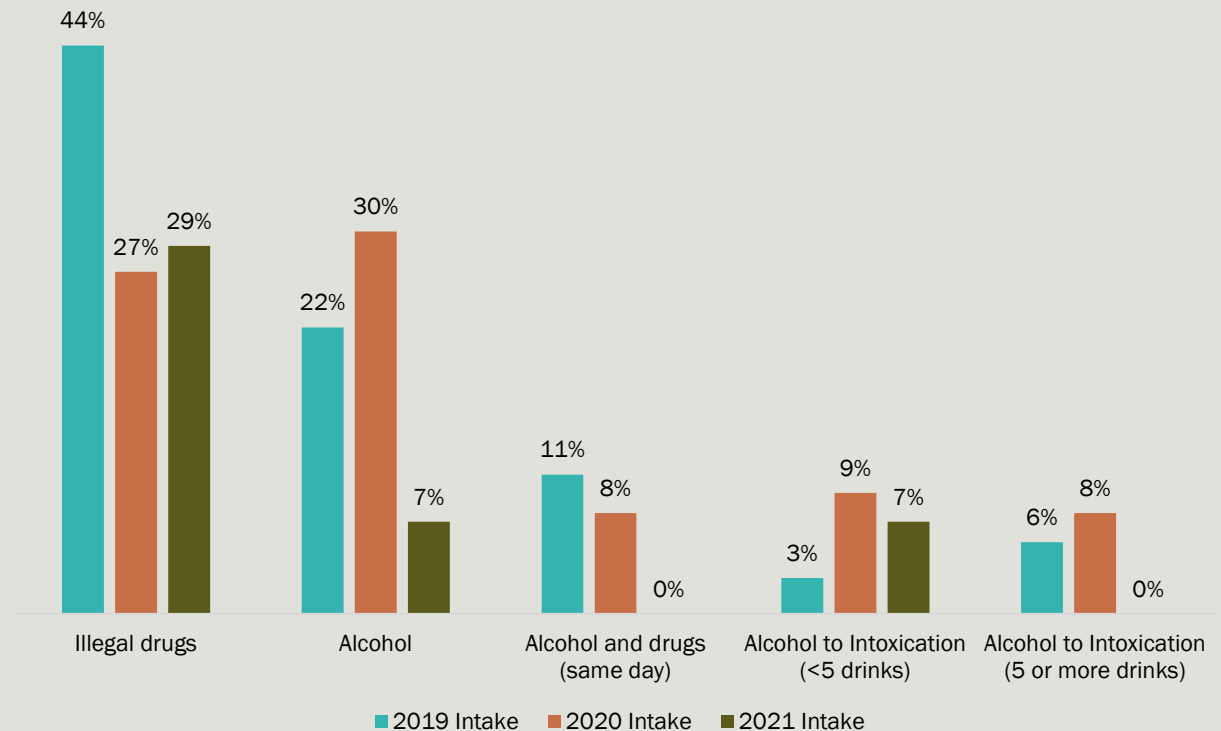
Follow-up Interview Completion Rates by Intake Year



Substance Use at Intake

Rate of Substance Use in the 30 Days Before Intake by Intake Year

- There were fewer clients at intake in 2021 having used any alcohol or combination of alcohol & drugs on the same day in the month before intake.
- Use of illegal drugs in the 30 days before intake in 2021 was consistent with rates in 2020.

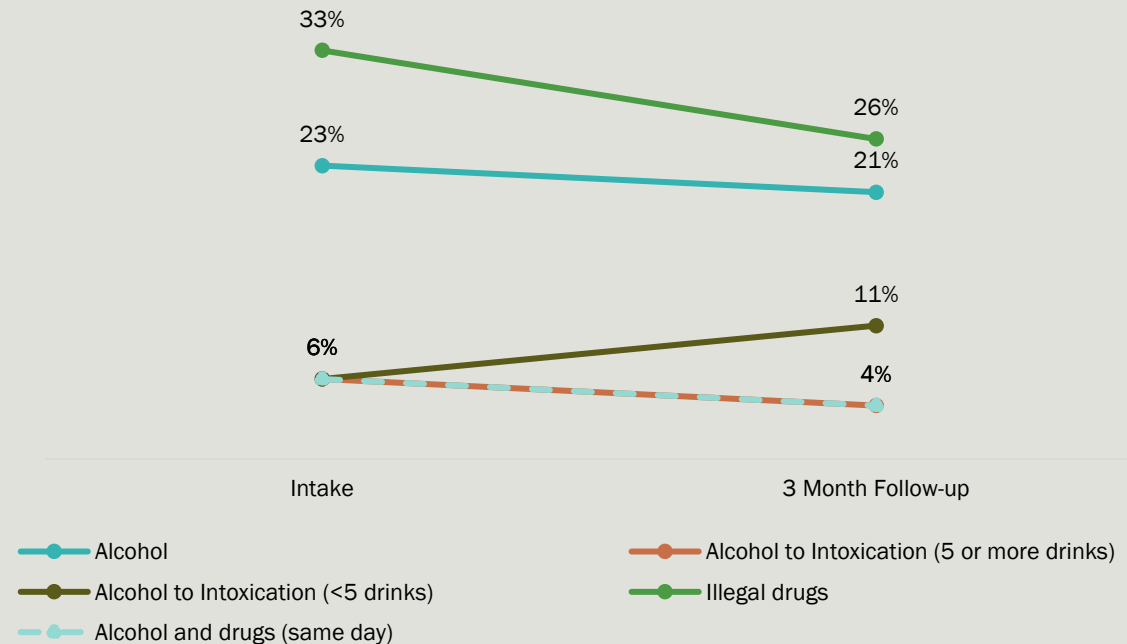


Substance Use: 3 Months Post-Intake

Among clients who completed both an intake and 3-month follow-up interviews:

- Clients were significantly less likely to consume any illegal drugs, alcohol, alcohol to intoxication (5+ drinks), and drugs & alcohol on the same day.
- Clients were significantly more likely to consume less than 5 drinks of alcohol to intoxication

Rate of Substance Use in 30 Days Before Interview Among Clients with a 3-month Interview (n=47)

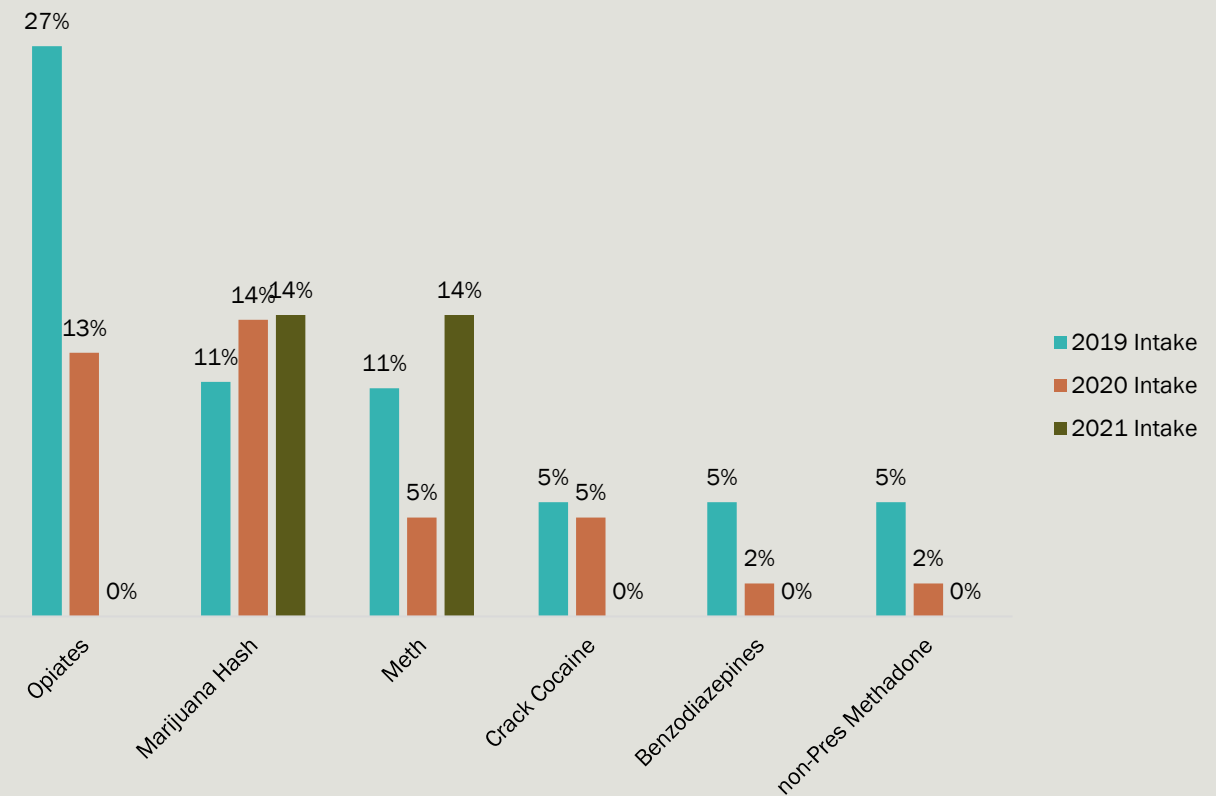


Drug Use at Intake

- Rates of drug use of marijuana and methamphetamines in the 30 days prior to intake increased in 2021 from 2019, while use of crack cocaine, benzodiazepines, and methadone decreased among interviewed clients.

Note: Individuals with intake interview in 2021 did not use any opiates in the 30 days prior to interview

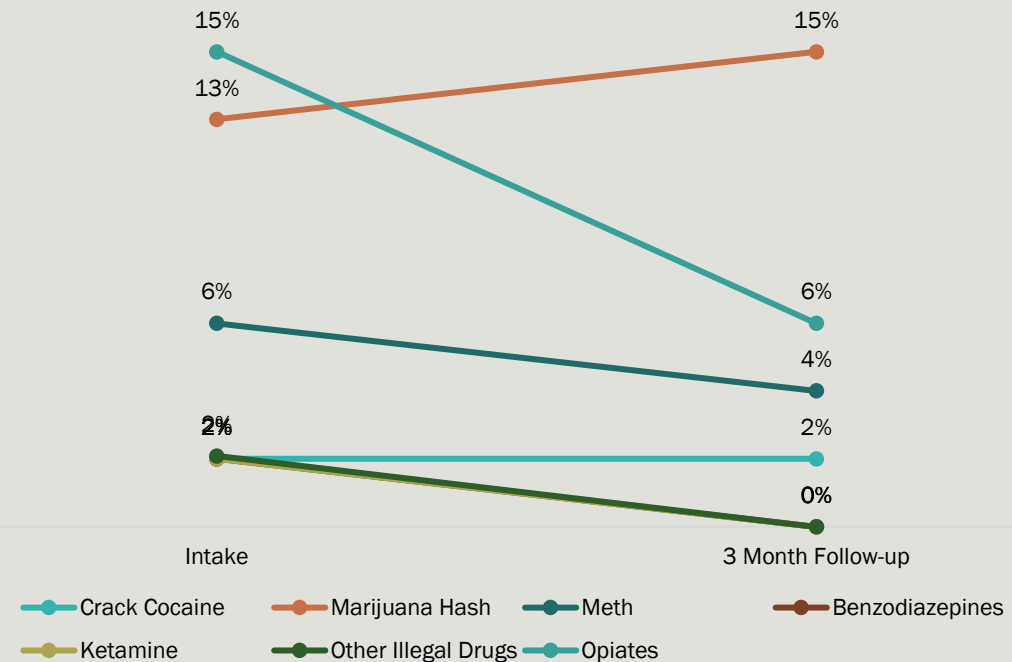
Rate of Drug Use in the 30 Days Before Intake by Intake Year



Drug Use: 3 Months Post-Intake

Among clients who completed both intake and 3-month follow-up interviews, use of all drugs significantly decreased (except for marijuana)

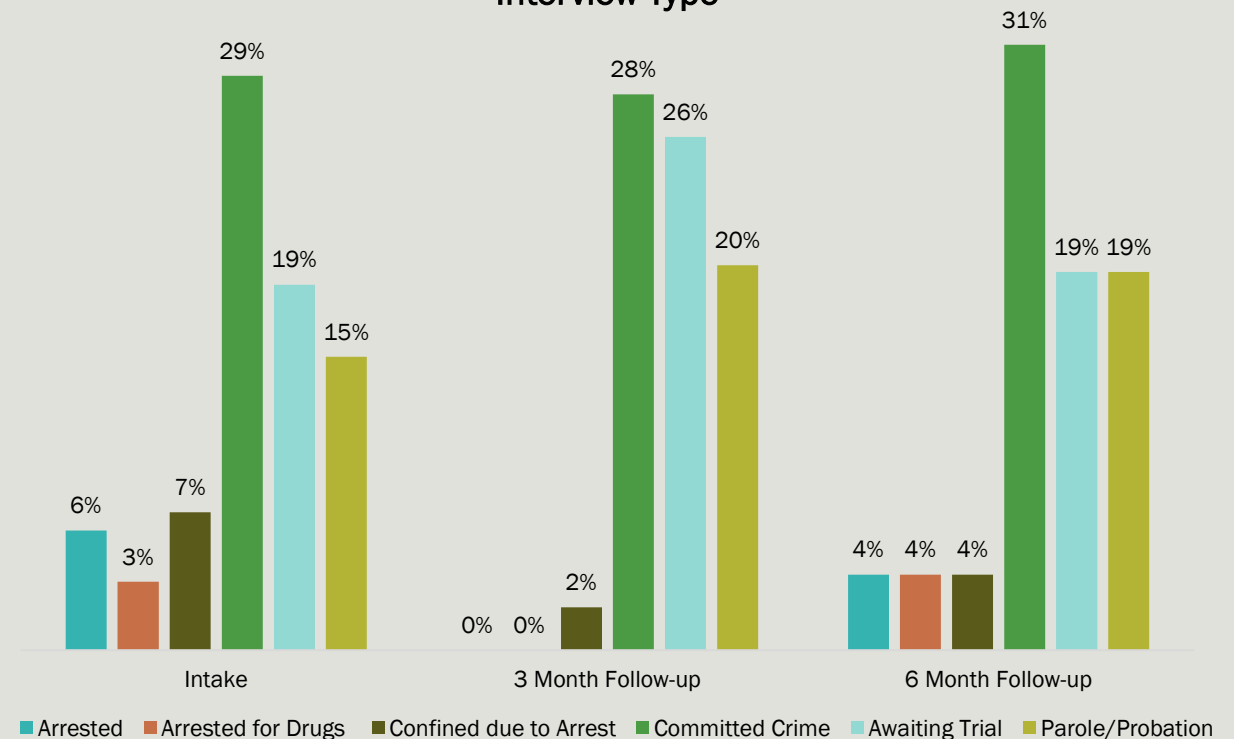
Rate of Drug Use in 30 Days Before Interview Among Clients with a 3-month Interview (n=47)



Crime and Justice-Involved Behavior

- At 3-month interview, clients were less likely to be arrested, arrested for drugs, or confined due to arrest in the 30 days prior to interview than at intake
- The proportion of clients with interview who committed crime and were on parole or probation increased from intake to 6-month follow-up.

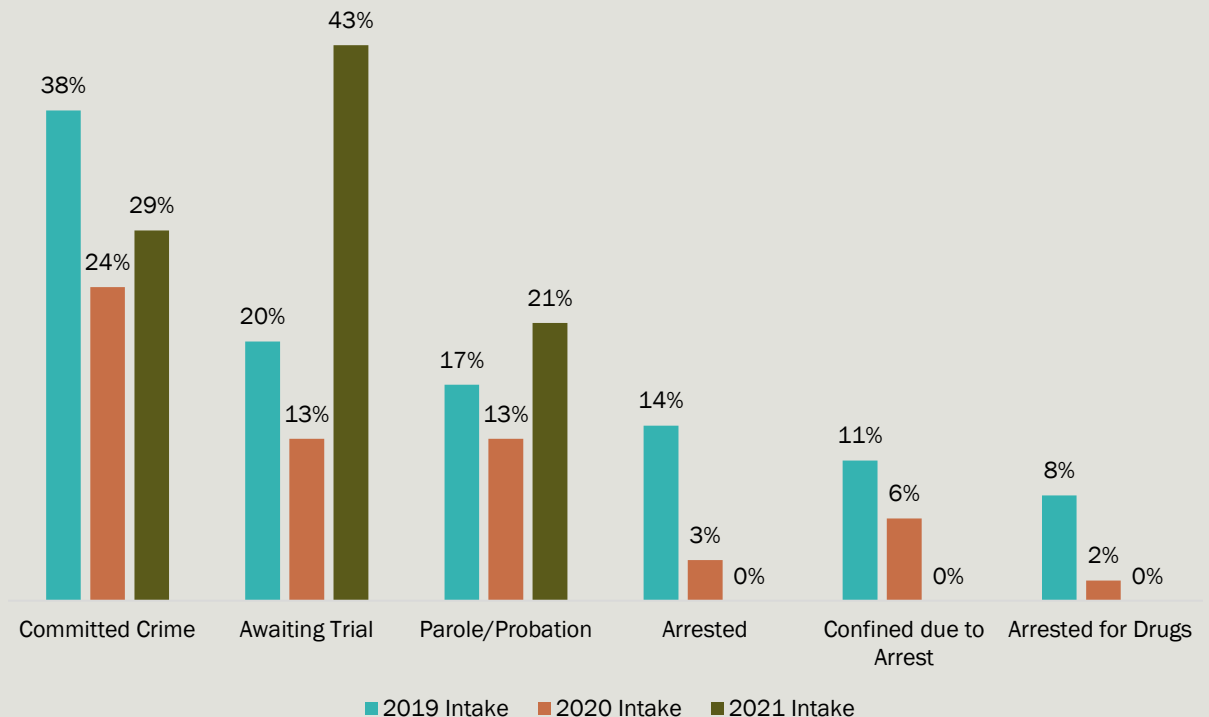
Crime and Justice Involvement in 30 days Before Interview by Interview Type



Crime and Justice-Involved Behavior at Intake

- There were significantly more clients awaiting trial in the 30 days before intake in 2021 than other years, $\chi^2(2, N=113)=7.0638, p=0.0292$
- However, clients reporting having committed a crime or paroled were more likely in 2021 than 2019 at intake. Further, arrests, arrests for drugs, and being confined due to arrest were less likely in 2021 at intake than 2019.

Crime & Justice Involvement in the 30 Days Before Intake by Intake Year

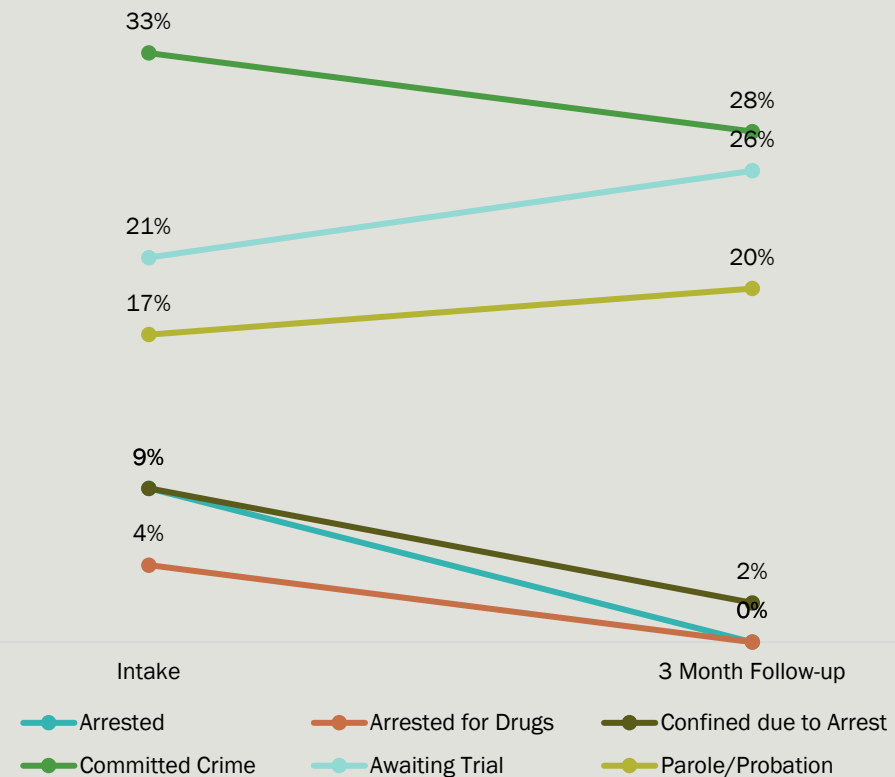


Crime and Justice-Involved Behavior

Among clients who completed both intake and 3-month follow-up interviews:

- Fewer clients committed a crime in the 30 days preceding the interview from intake to 3-month follow-up.
- Significantly fewer clients were arrested, arrested for drugs, confined due to arrest, and committed crime in the 30 days before their 3-month follow-up.
- Clients were significantly more likely to be awaiting trial and on parole or probation.

Criminal or Justice-Involved Behavior in 30 days Before Interview Among Clients with 3-month Interview (n=47)



Employment

- Clients with 3-month and 6-month follow-up interviews were more likely to be unemployed due to disability or retirement and unemployed and not looking for work than at intake.
- Clients with follow-up interviews were less likely to be employed, or unemployed and looking for work.

Employment Status of Clients by Interview Type



Employment at Intake

- Across all years, clients were unlikely to be unemployed and not looking for work.
- The proportion of interviewed clients unemployed and looking for work at intake decreased throughout the grant years.
- But from 2020 to 2021, clients with an intake interview were more likely to be employed at the time of intake.

Employment Status of Clients by Intake Year



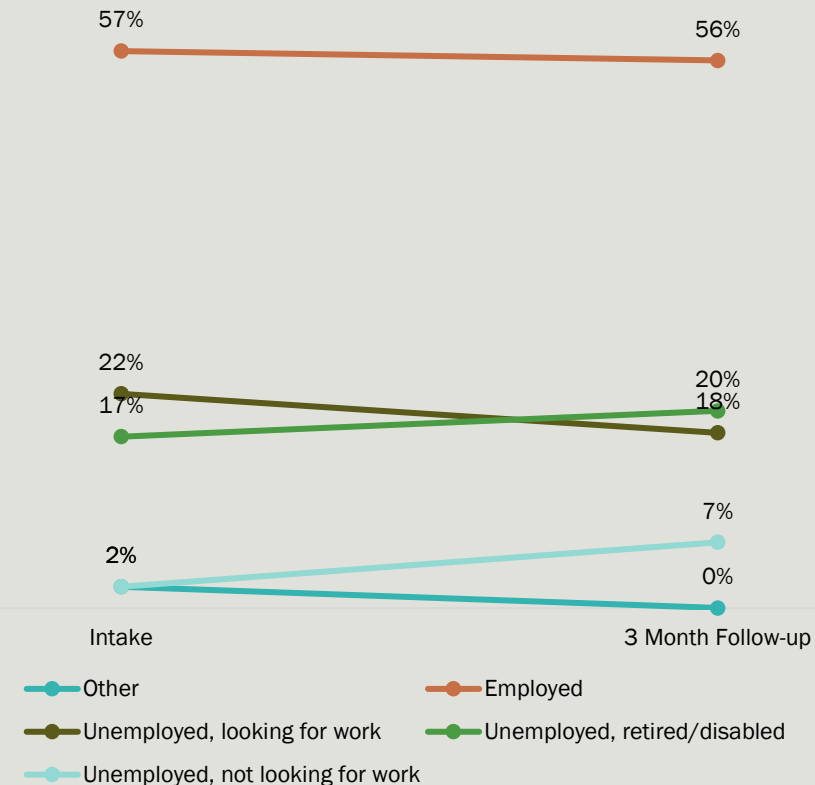
Employment

Among clients who completed both intake and 3-month follow-up interviews:

- Percentage of employed clients remained relatively consistent.
- There were significantly more clients who were unemployed and not looking for work and a corresponding significant decrease of clients and looking for work at 3-month follow-up.
- Clients were significantly more likely to be unemployed and retired or disabled.

These outcomes may partially be driven by seasonal employment or COVID-19 related trends in unemployment

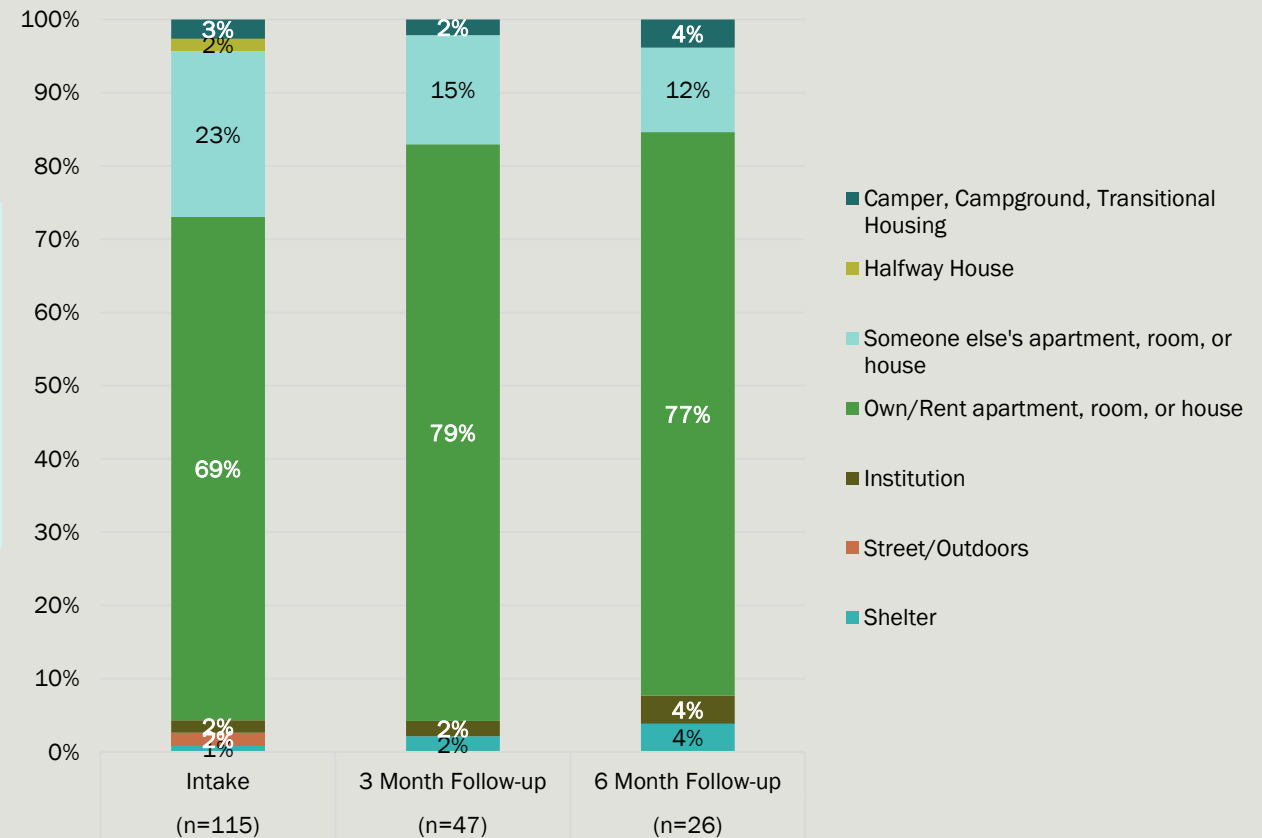
Employment Status at Interview
Among Clients with a 3-month Interview (n=47)



Housing Status

- Overall, clients with a 3-month or 6-month follow-up were more likely to own/rent an apartment, room, or house and less likely to live in someone else's apartment, room, or house than at intake.

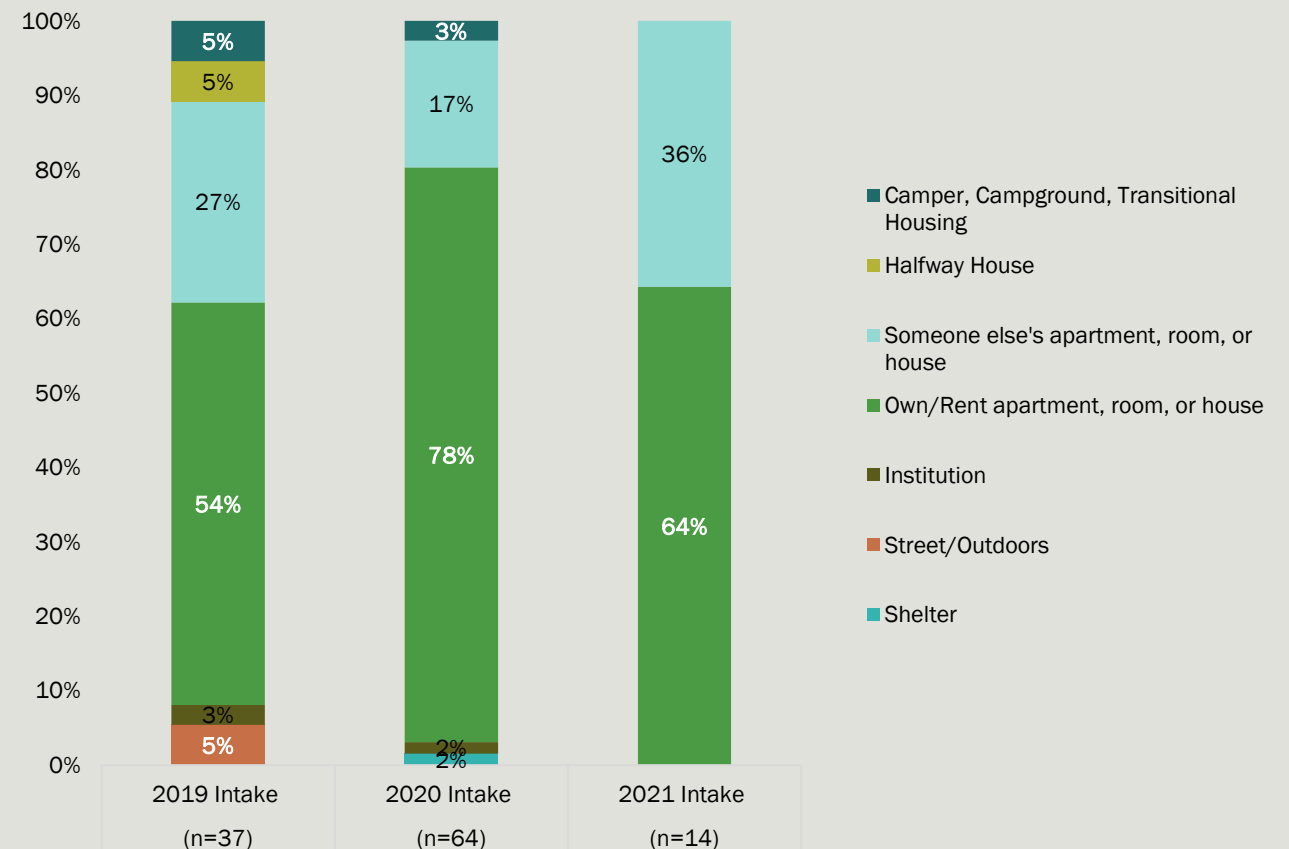
Housing Status of Clients by Interview Type



Housing Status at Intake

- Clients with an intake interview in 2021 were more likely to live in apartment, room, or house that they rented or owned than clients at 2019 intake, but less likely than clients with an intake in 2020.
- Clients with an intake interview in 2021 only lived in a space that they or someone else rented or owned.
- During the 2021 Intake, clients were more likely to live in someone else's apartment, room, or house compared to 2019 and 2020 Intake.

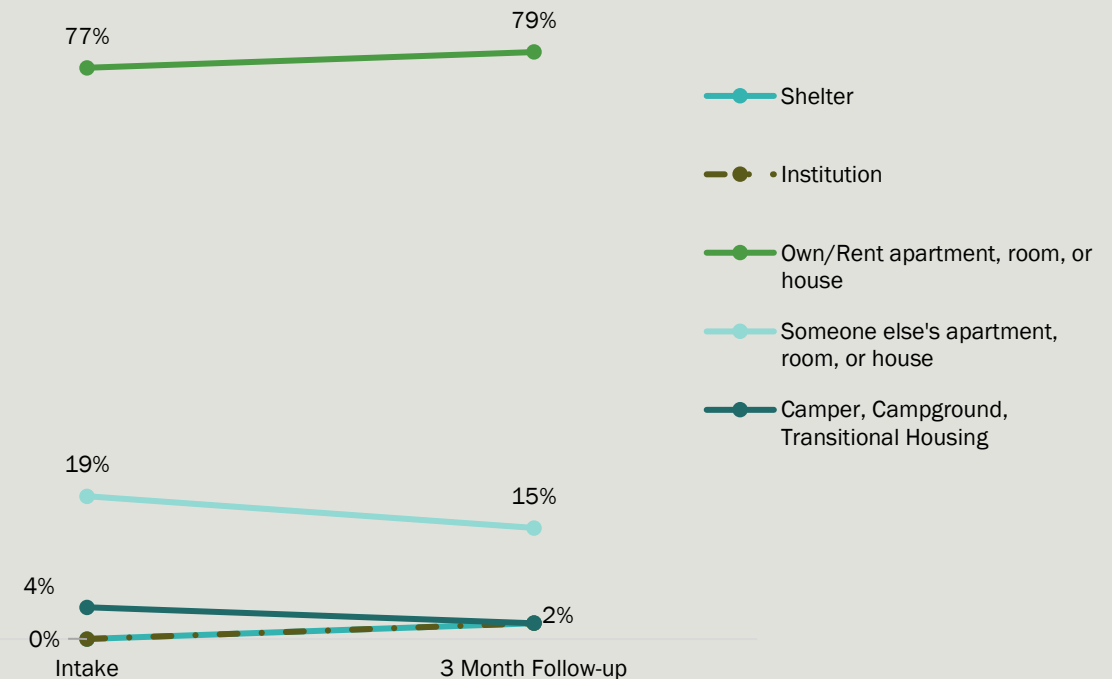
Housing Status of Clients by Intake Year



Housing Status

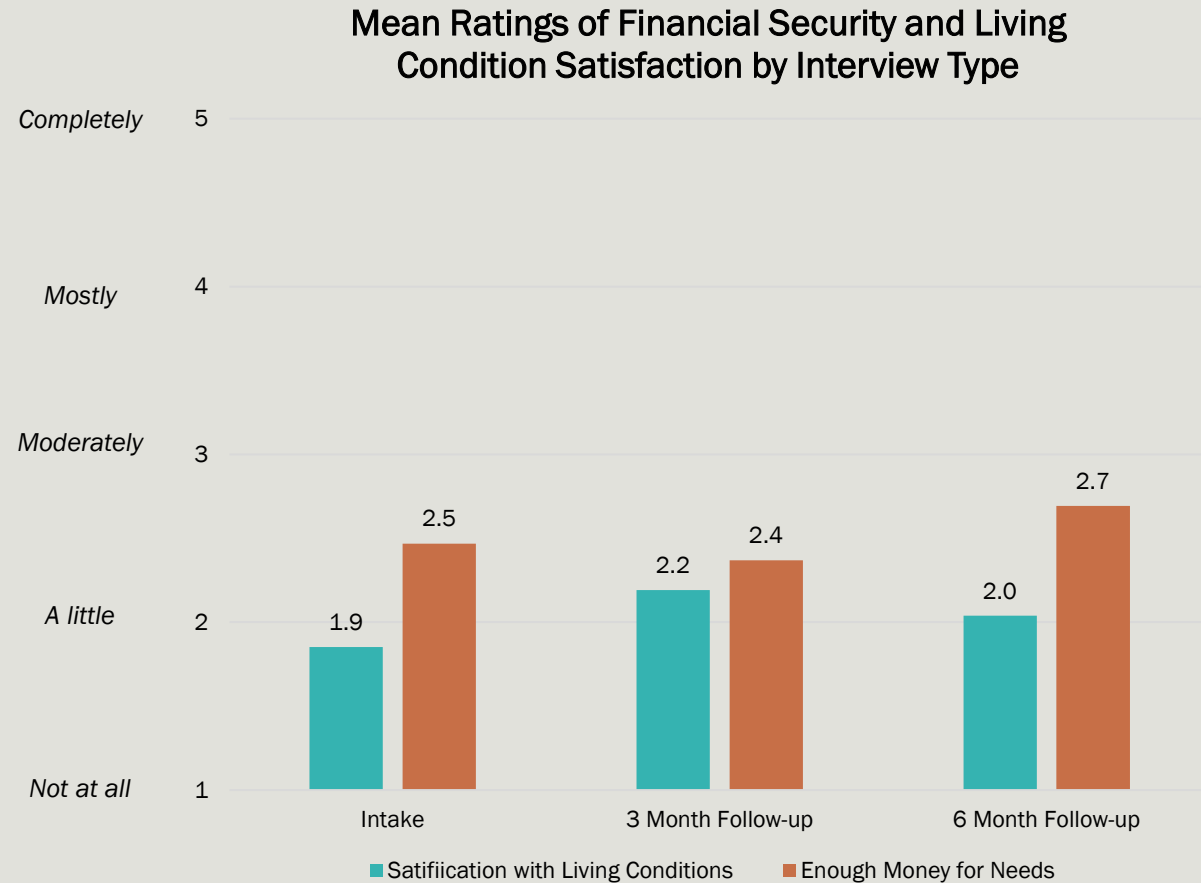
Among clients who completed both intake and 3-month follow-up interviews, the number of clients who owned or rented their own living space increased slightly.

Housing Status
Among Clients with 3-month Interview (n=47)



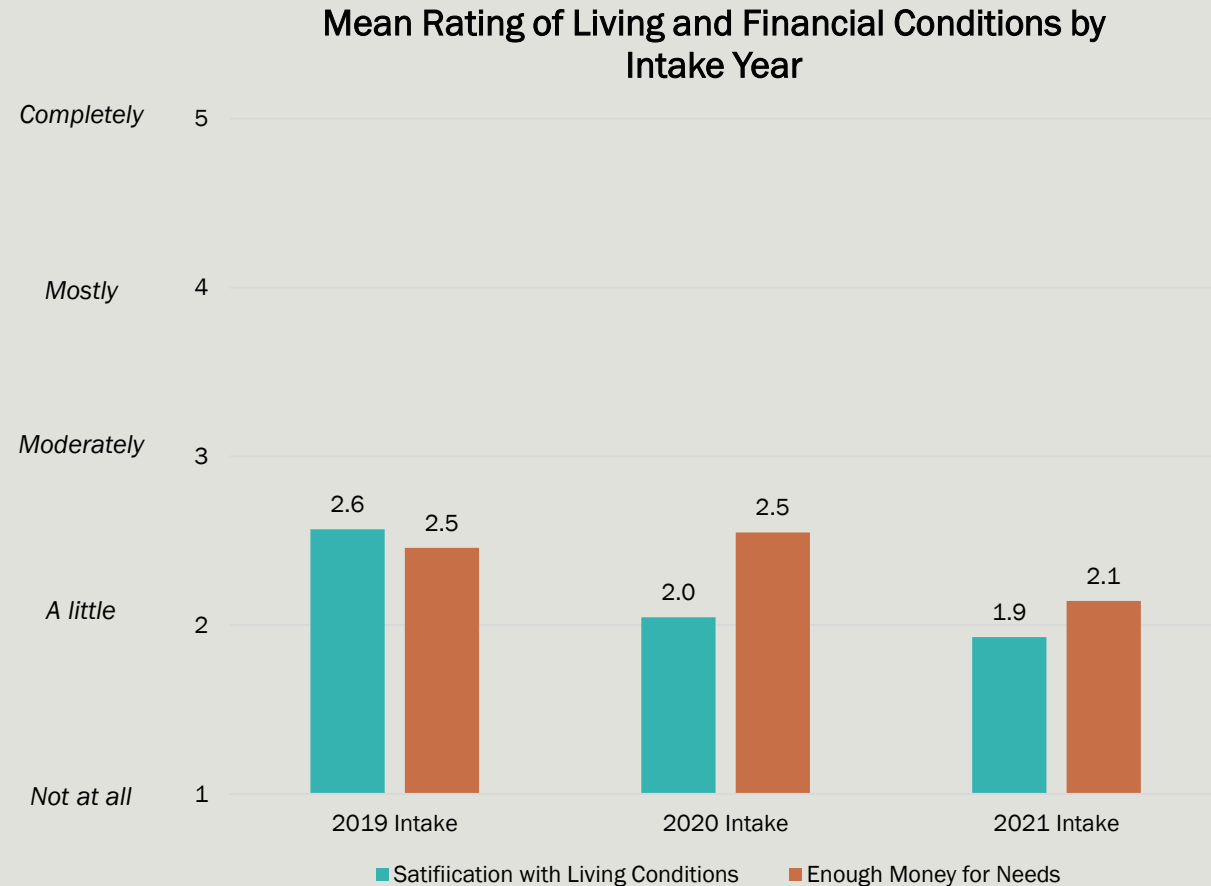
Ratings of Living Conditions and Finances

- Mean ratings of satisfaction with living conditions was greater among clients at 3-month follow-up than at intake and 6-month follow-up.
- Clients with a 6-month follow-up had the greatest ratings of financial security.



Ratings of Living Conditions and Finances at Intake

In 2021, clients' mean rating of satisfaction with living conditions and financial security at intake is less than clients who had an intake in 2019 and 2020. The decrease in mean rating may be due to the COVID-19 pandemic.



Ratings of Living Conditions and Finances

Among clients who completed both an intake and 3-month follow-up interviews:

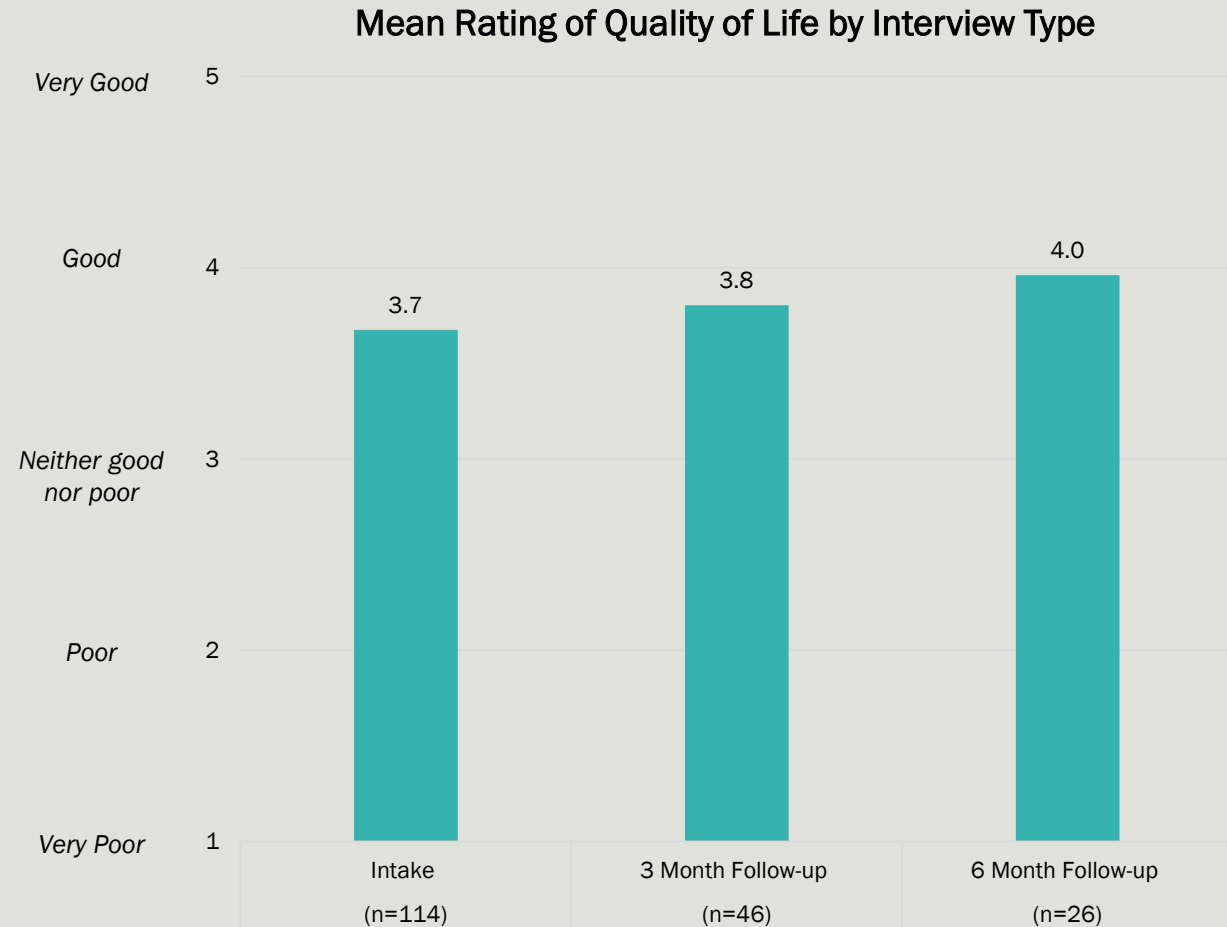
- There was a slight increase in clients' mean rating of satisfaction with living conditions between intake and 3-month follow-up.
- There was a slight decrease in the clients' mean rating of financial security.

Mean Ratings of Living Conditions and Financial Security Among Clients with a 3-month Interview (n=47)



Ratings of Quality of Life

Mean ratings of quality of life increase across clients with interviews from intake to 3-month to 6-month follow-ups.



Ratings of Quality of Life at Intake

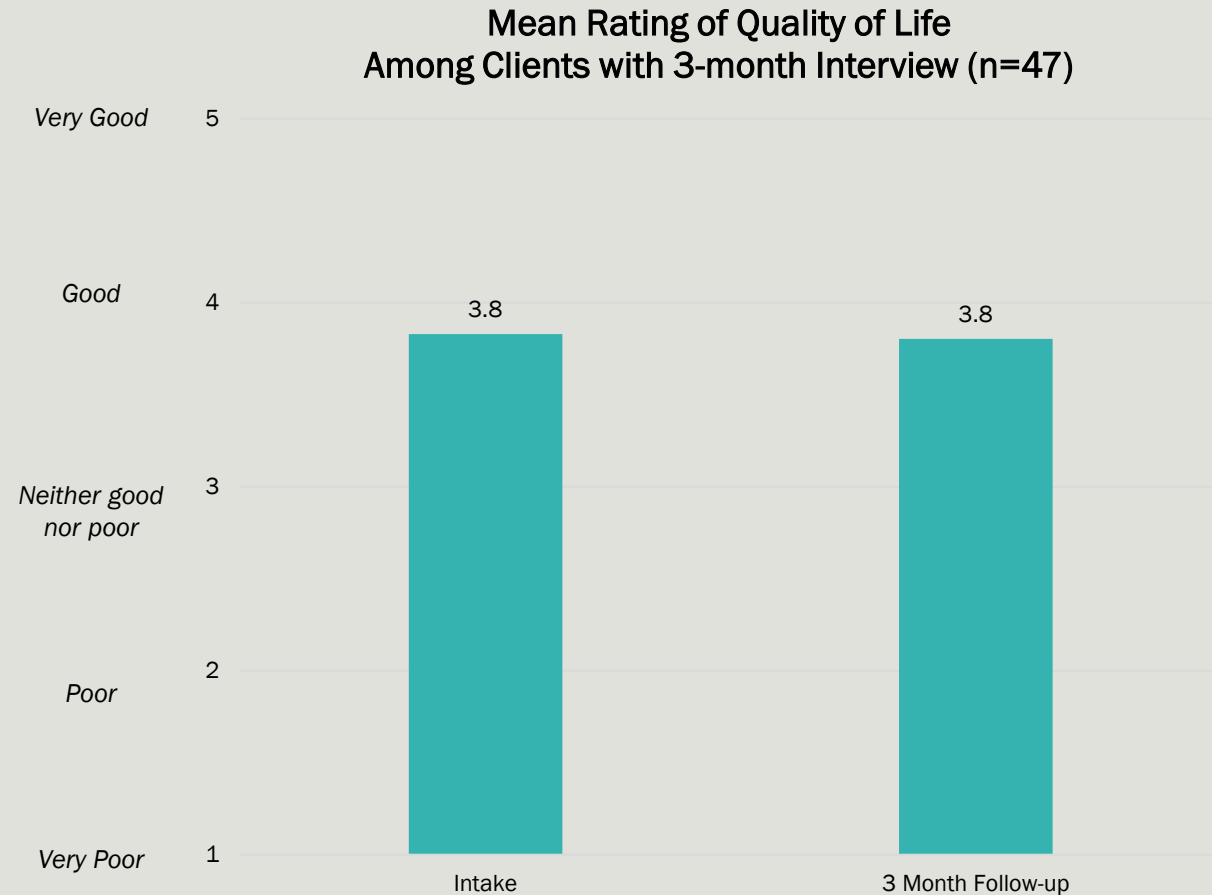
Mean Rating of Quality of Life by Intake Year



Mean ratings of quality of life at intake also rose across the three years of the grant.

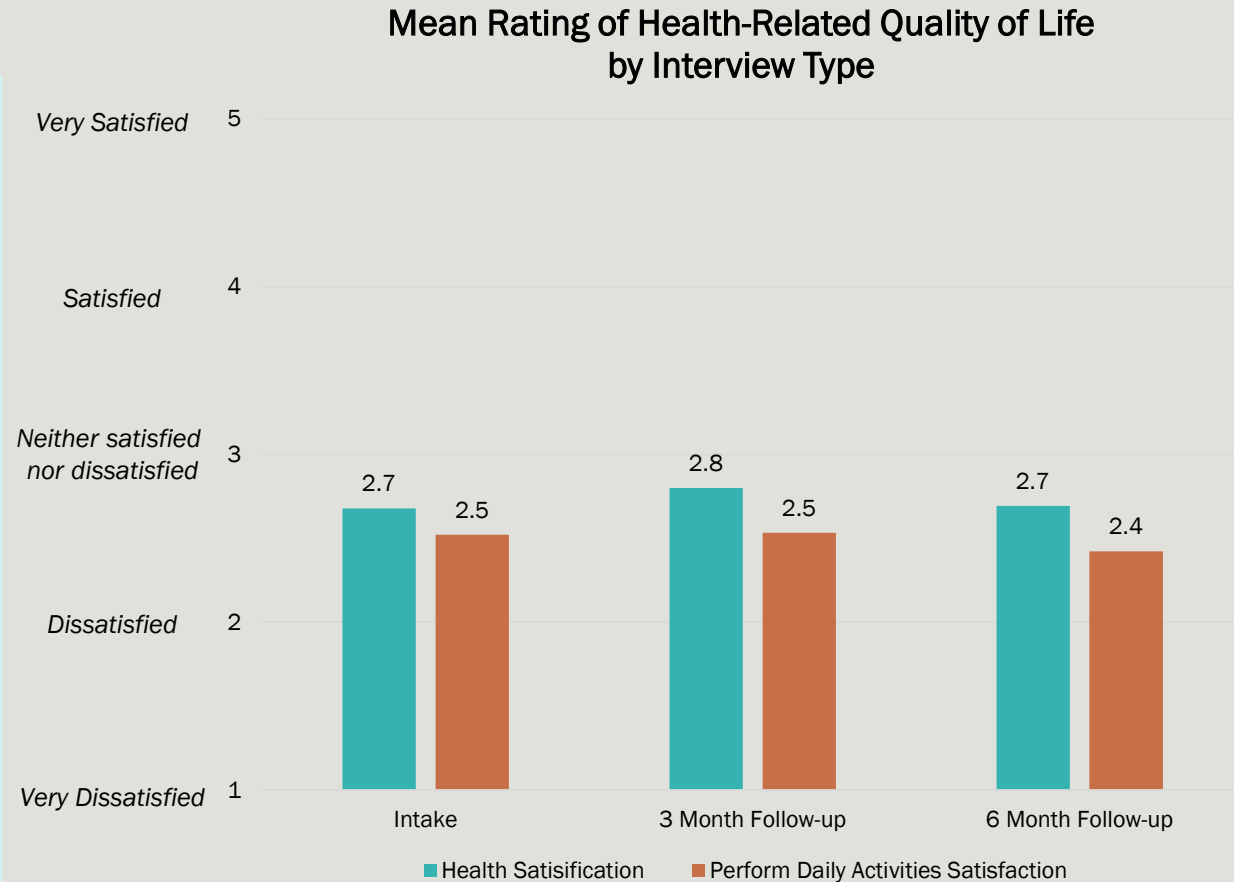
Ratings of Quality of Life

Among clients who completed both an intake and 3-month follow-up interviews, the mean rating of quality of life was maintained from intake to 3-month follow-up.



Health-Related Quality of Life

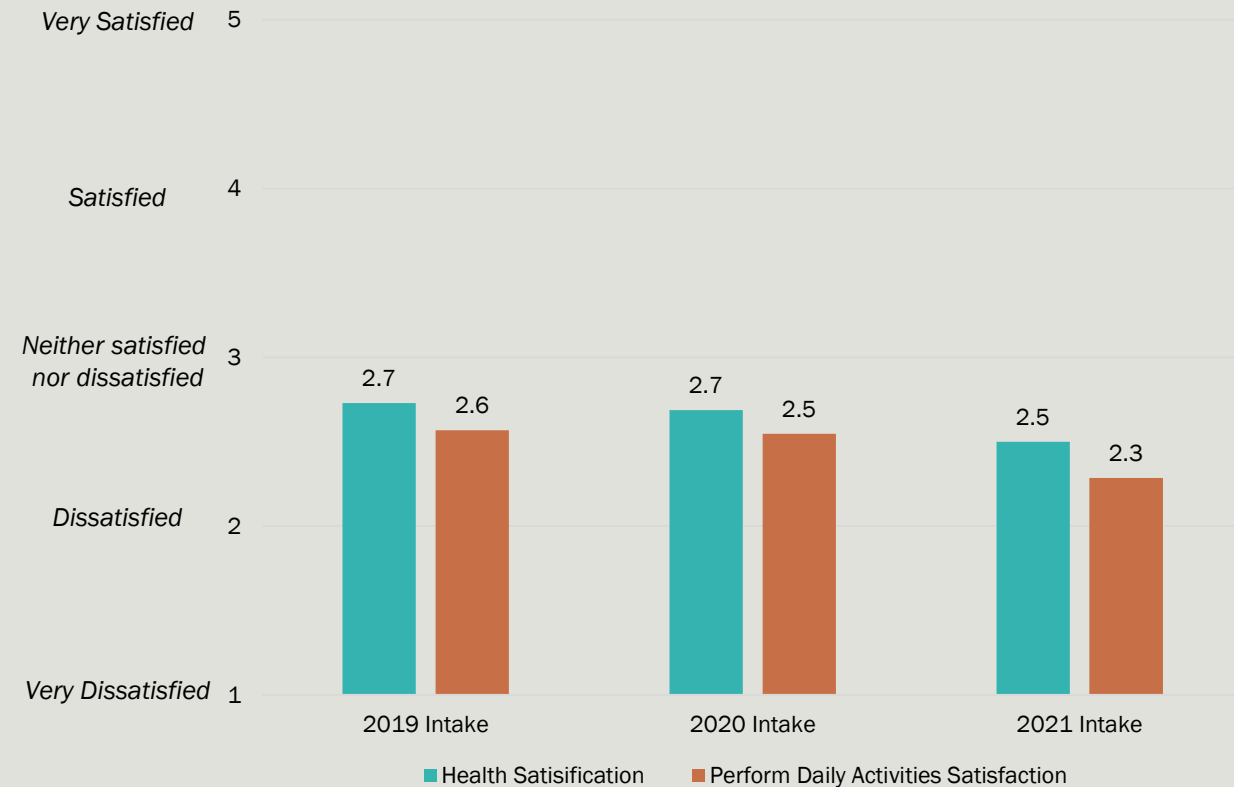
- Mean rating scores stayed relatively consistent across interview type.
- There was a slight decrease in the mean rating of clients' satisfaction with their health from the 3-month follow-up to the 6-month follow-up.
- Clients' mean rating of satisfaction with their ability to perform daily activities also decreased in the 6-month follow-up when compared to intake and 3-month follow-up and intake responses.



Health-Related Quality of Life

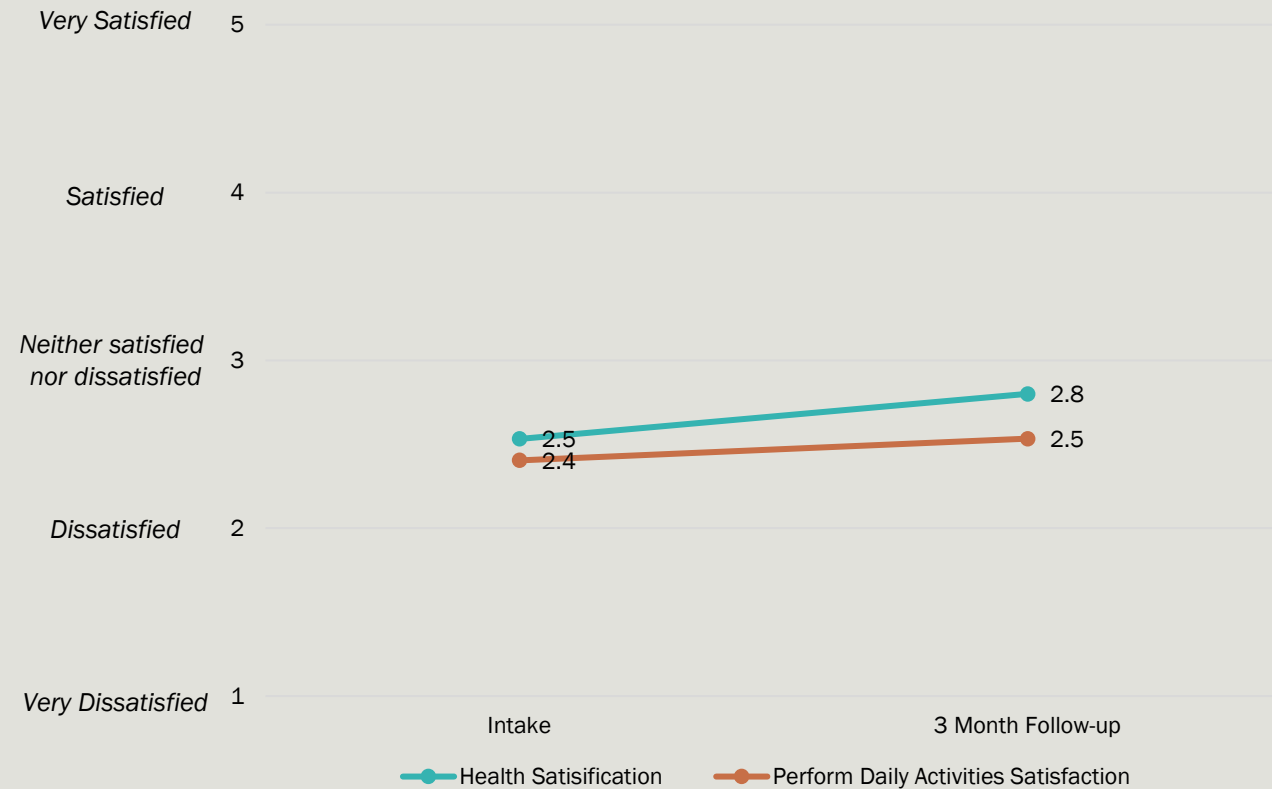
Mean ratings of satisfaction in the domains of health and the ability to perform daily activities insignificantly decrease between clients with intake in 2019 & 2020 and clients with intake in 2021.

Mean Rating of Health-Related Quality of Life
by Intake Year



Health-Related Quality of Life

Mean Rating of Health-Related Quality of Life
Among Clients with a 3-month Interview (n=47)

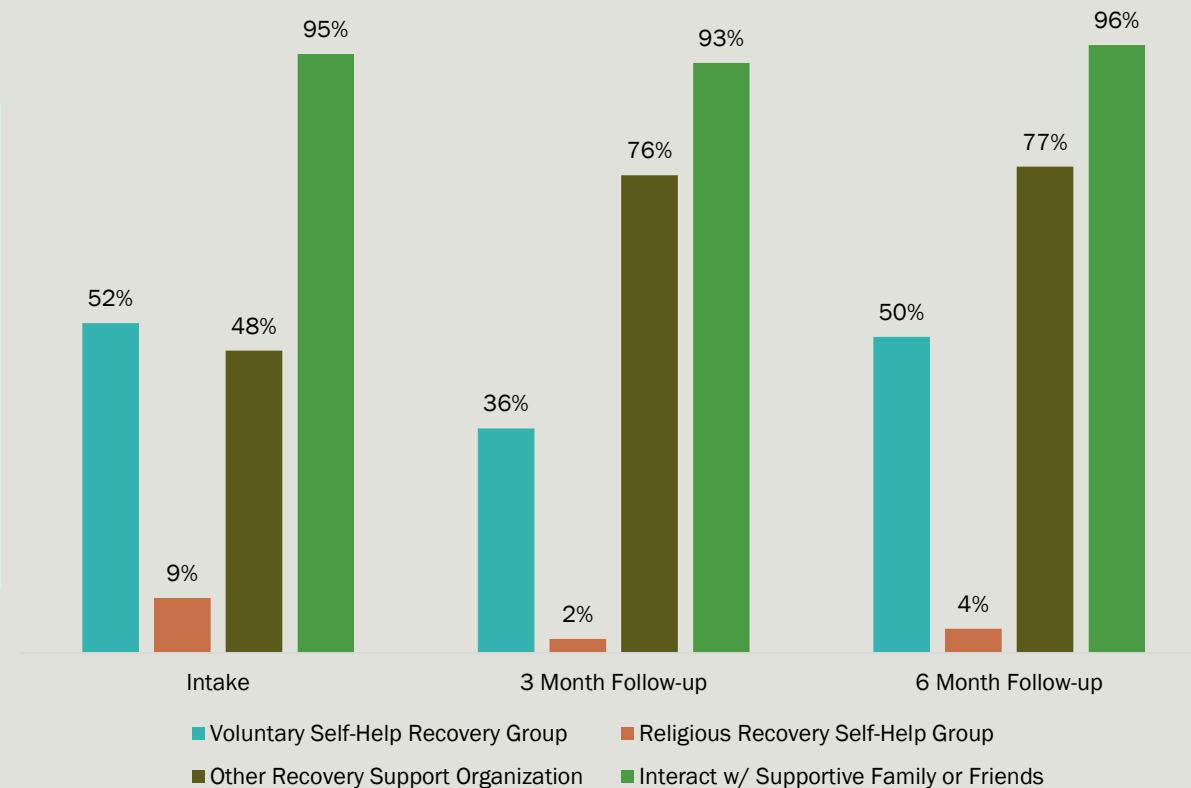


Among clients who completed both an intake and 3-month follow-up interviews, mean ratings of satisfaction with health and ability to perform daily activities increased insignificantly.

Social Connectedness

- Clients reported consistently high levels interaction with family & friends across interview types.
- Clients at 3-month and 6-month interviews were more likely to engage with other supportive recovery organizations than at intake.

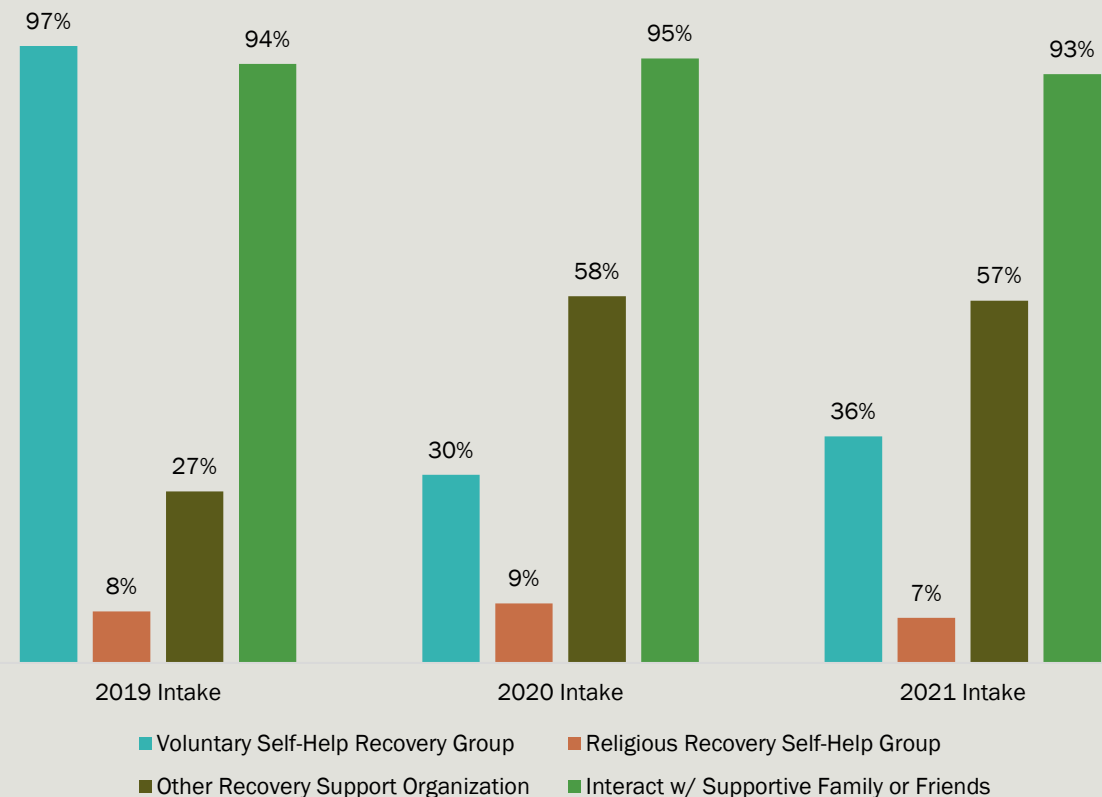
Client Social Connections in 30 Days Before Interview by Interview Type



Social Connectedness

- In 2020 & 2021, significantly fewer clients had attended voluntary recovery support groups in the 30 days before intake, $X^2(2, N=115) = 44.6805, p < .001$.
- However, significantly more clients in 2020 & 2021 had attended groups held by other organizations that were not specific to recovery in the 30 days before intake, $X^2(2, N=115) = 9.4595, p = .009$.

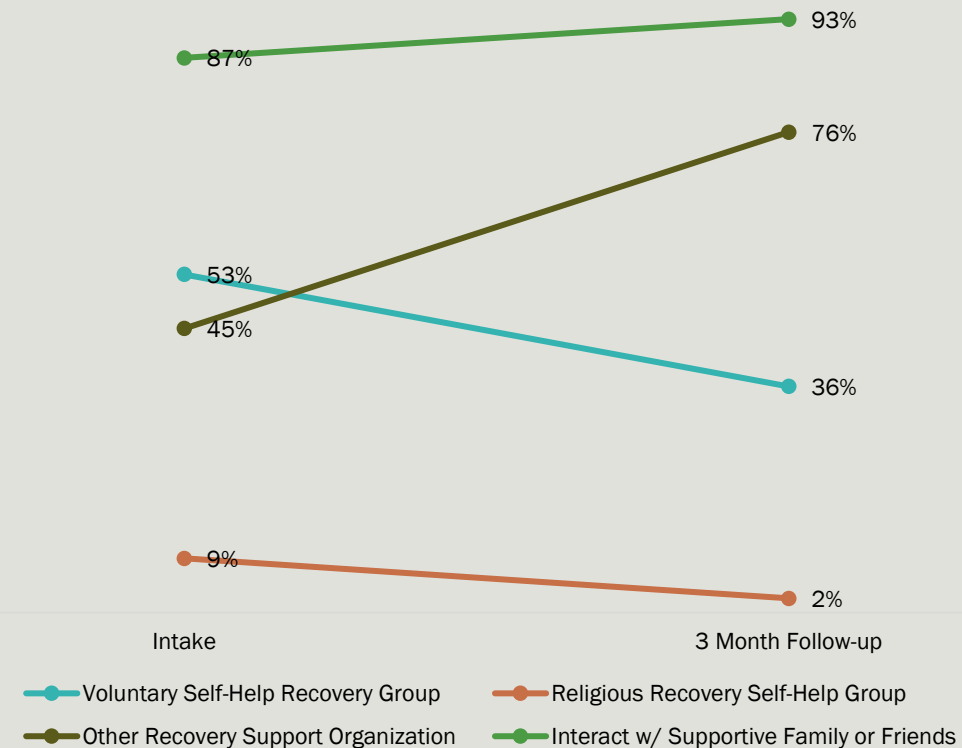
Client Social Connections in 30 Days Before Interview
by Intake Year



Social Connectedness

Among clients with a 3-month follow-up interview, there was a significant increase in the percent of clients interacting with family or friends and clients were more likely to participate in other recovery support organizations between intake and 3-month.

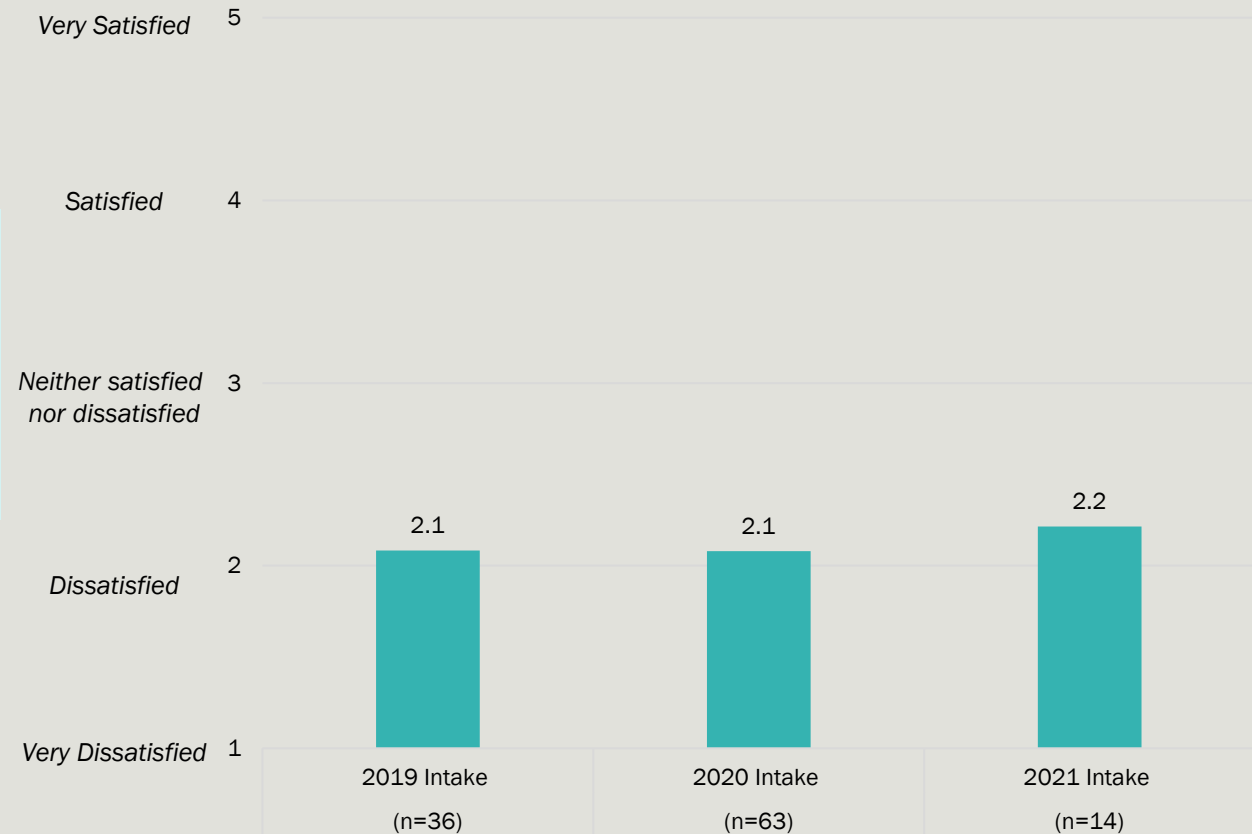
Client Social Connections in 30 Days Before Interview
Among Clients with 3-month Interview (n=47)



Social Connectedness

Most clients report dissatisfaction with personal relationships at intake, and mean ratings of satisfaction in personal relationships remains significantly low at intake across all years.

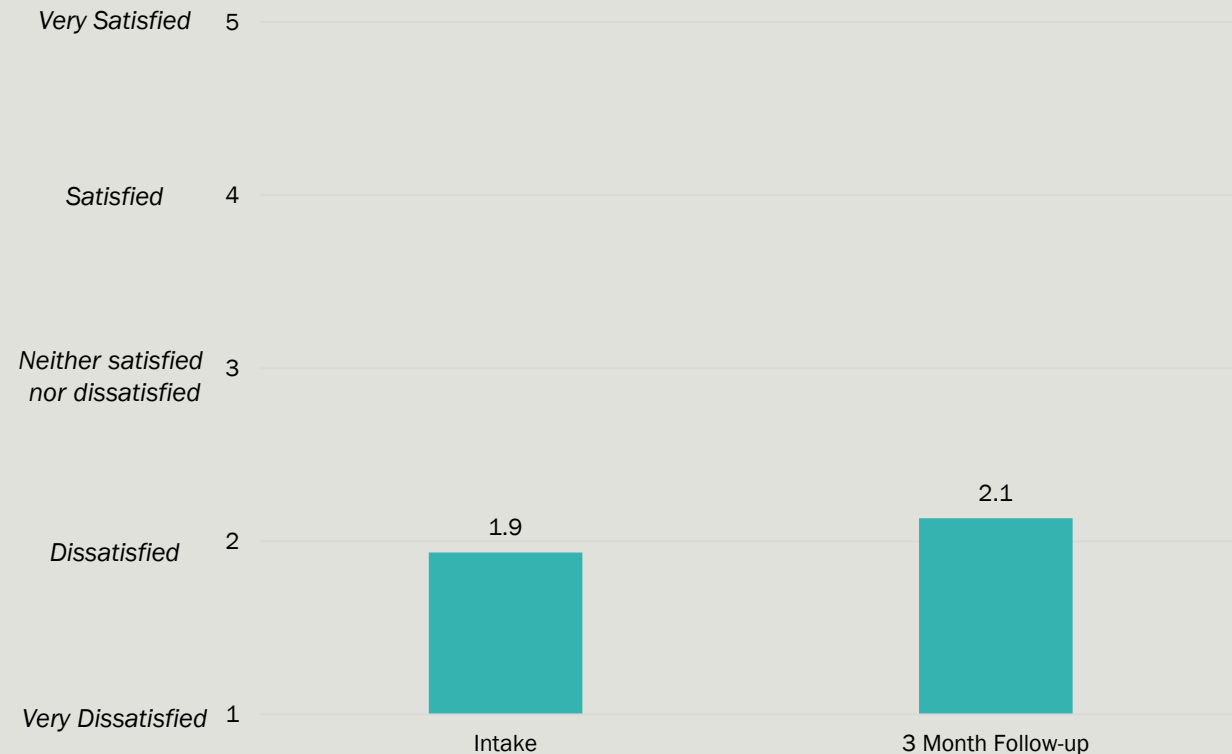
Mean Ratings of Satisfaction in Personal Relationships by Intake Year



Social Connectedness

Clients who completed both an intake and 3-month follow-up interviews reported an increase in mean ratings of satisfaction with personal relationships at 3-month follow-up.

Mean Rating of Satisfaction with Personal Relationships Among Clients with 3-month Interview (n=47)



III. Key Findings

Summary of Key Findings

- Focus group and partnership self-assessment results indicate that the partnership's ability to collaborate with internal and external partners and leverage partners' expertise and resources has strengthened the partnership's role in the community throughout the grant period.
- Readiness Academy was a useful initiative for increasing provider competence and expanding capacity to treat SUD among partner providers in 2021. Providers acknowledged the following behavior and knowledge changes: increased comfort addressing SUD via telehealth, greater inclusion of harm reduction strategies in their clinical work and increased comfort screening and addressing co-occurring disorders.
- While trending client outcomes overtime remains a challenge due to low follow-up interview rates, findings indicate that program participants substance use and involvement with the criminal justice system decrease over the course of the program.

Key Findings: Patient Data



Substance Use

- There were fewer clients at intake in 2021 having used any alcohol and alcohol & drugs on the same day in the month before intake.



Drug Use

- Rates of drug use of marijuana and meth prior to intake increased in 2021 from 2019, while use of crack cocaine and benzodiazepines decreased among interviewed clients.
- Among clients who completed both intake and 3-month follow-up interviews, use of all drugs (except for marijuana) significantly decreased.



Crime and Justice System

- There were significantly more clients awaiting trial in the 30 days before intake in 2021 than other years.
- Significantly fewer clients were arrested, arrested for drugs, confined due to arrest, and committed crime in the 30 days before their 3-month follow-up.

Key Findings: Patient Data



Employment

- Clients with 3-month and 6-month follow-up interviews were more likely to be unemployed due to disability or retirement and unemployed and not looking for work than at intake
- But from 2020 to 2021, clients were more likely to be employed at the time of intake.



Housing

- Clients with an intake interview in 2021 were more likely to live in apartment, room, or house that they rented or owned than clients at 2019 intake, but less likely than clients with an intake in 2020.
- Among clients who completed both intake and 3-month follow-up interviews, the number of clients who owned or rented their own living space increased slightly.



Living Conditions and Finances

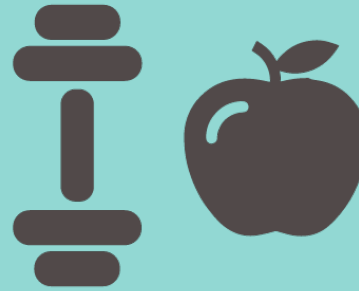
- Clients with a 6-month follow-up had the greatest ratings of financial security.
- In 2021, clients' mean rating of satisfaction with living conditions and financial security at intake is less than clients' at 2019 and 2020. The decrease in mean rating may be due to the COVID-19 pandemic.

Key Findings: Patient Data



Overall Quality of Life

- Quality of Life mean ratings increase across clients with interviews from intake to 3-month to 6-month follow-ups.
- Mean ratings of quality of life at intake also rose across the three years of the grant.



Health-Related Quality of Life

- Mean ratings stayed relatively consistent across interview type.
- Mean ratings of satisfaction in the domains of health and the ability to perform daily activities insignificantly decrease between clients with intake in 2019 & 2020 and clients with intake in 2021.



Social Connectedness

- Clients at 3-month and 6-month interviews were more like to engage with other supportive recovery organizations than at intake.
- Clients who completed 3-month follow-up interviews reported increased interaction with family or friends and had increased mean ratings of satisfaction with personal relationships at follow-up.