

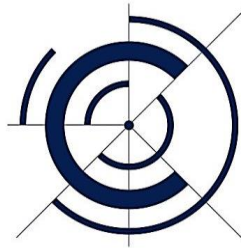
MEDICATION ASSISTED TREATMENT

PRESCRIPTION DRUG AND OPIOID ADDICTION

THE IOWA CONSORTIUM FOR SUBSTANCE ABUSE RESEARCH AND EVALUATION

**Year Three
Biannual Evaluation Report
March 2018**

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



**THE IOWA
CONSORTIUM**
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MAT IOWA

Year Three Biannual Evaluation Report March 2018

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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 through January 31, 2018.

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 Fiscal Year One and 120 clients each in Fiscal Years Two and Three. As of January 31, 2018, 315 clients have been admitted to the grant: 85 clients were admitted in Year One, 172 clients admitted in Year Two, and 58 clients admitted in Year Three.

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 315 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 315 clients:

- One hundred seventy-nine clients (56.8%) are male and 136 clients (43.2%) are female.
- Clients ranged from 19 to 69 years of age at grant admission, with a median age of 32 years.
- The majority of clients are White, just under 5% are African American, just over 3% reported other races including American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, and multi-racial. Hispanic or Latino ethnicity was reported by under 3% of clients.
- Nearly three-quarters of clients reported use of alcohol or illegal drugs in the 30 days prior to grant admission. Heroin was the most common substance used by over one-third of clients. Just over one-quarter of clients reported illegal use of other opioids (not heroin). Marijuana was the next most common substance reported by just over one-quarter of clients.
- Over one-third of clients indicated they injected drugs in the 30 days prior to grant admission. Of those reporting injection drug use, three-quarters indicated they injected

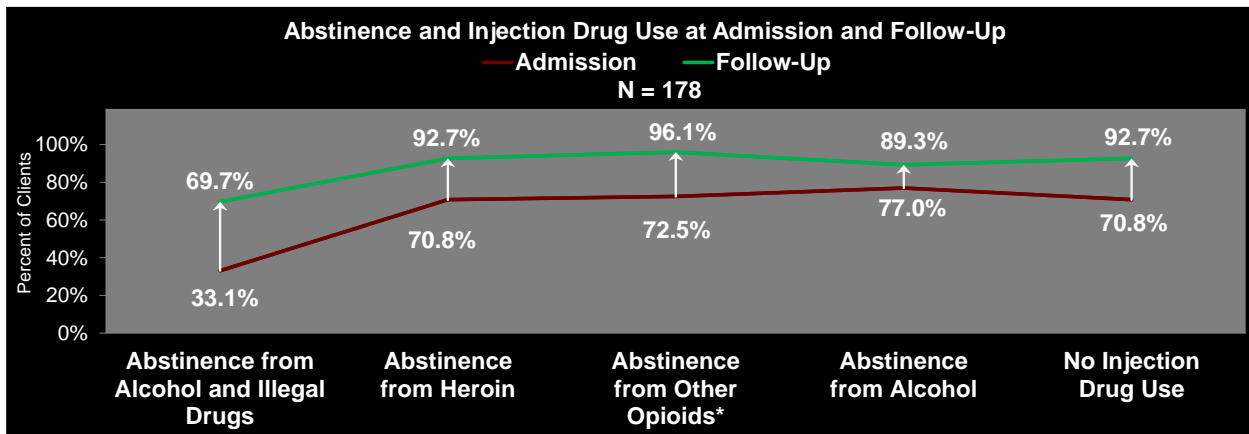


heroin. Over 40% of clients reporting they injected drugs indicated they had shared needles or paraphernalia with someone else in the past 30 days.

- Of the 315 clients admitted to the MAT Iowa grant:
 - Just over 70% were prescribed buprenorphine.
 - Over one-quarter were prescribed naltrexone.
 - Under 2% were prescribed either acamprosate or disulfiram.
- The MAT Iowa grant has provided many services to clients including:
 - Over 2,000 appointments with physicians.
 - Over 800 appointments with nurses.
 - Over 2,500 treatment and case management services (including assessments and care coordination).
 - Nearly 1,500 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 315 clients receiving grant services, 222 clients are or have been eligible to complete the follow-up interview. As of January 31, 2018, follow-up interviews were completed with 178 clients. There are significant decreases from admission to follow-up for clients reporting use of all substances (alcohol and illegal drugs), heroin, opioids other than heroin, alcohol, and a decrease in injection drug use.



*Includes opioids other than heroin.

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.

Client Comments

This service has been very helpful with my recovery.
 This program saved me. Thank you.
 Safe place, feel the love, very comfortable here. Professional and caring.
 You guys are saving lives.
 Thank you to everyone who makes this possible. I have my life back.
 It's been great and a lifesaver.
 This is helping me so much. Thank you.
 I love it, this saved me. I surely would have died.

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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 through January 31, 2018. Due to rounding, percentages in this report may not add up to exactly 100%.

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 and 120 clients each in Years Two and Three. Clients were admitted to the grant beginning December 2, 2015. As of January 31, 2018, 315 clients have been admitted to the grant as shown in Table 2.

Table 2. Admissions by Grant Year

Admissions by Grant Year		N=315
Year One: Aug 2015 – July 2016	Year One Goal: 100	85
Year Two: Aug 2016 – July 2017	Year Two Goal: 120	172
Year Three: Aug 2017 – July 2018	Year Three Goal: 120	58



Description of Clients at Admission

One hundred seventy-nine clients (56.8%) are male and 136 clients (43.2%) are female. Gender identity and sexual orientation reported by clients at grant admission are shown in Table 3.

Table 3. Sex, Gender Identity, and Sexual Orientation

Sex, Gender Identity, and Sexual Orientation		All Clients percent (N=315)
Sex	Female	43.2 (136)
	Male	56.8 (179)
Gender Identity	Female Project Goal: 148	43.2 (136)
	Male Project Goal: 190	56.8 (179)
	Transgender Project Goal: 2	0.0 (0)
Sexual Orientation	Heterosexual Project Goal: 318	96.5 (304)
	Lesbian Project Goal: 6	0.6 (2)
	Gay Project Goal: 14	0.6 (2)
	Bisexual Project Goal: 2	2.2 (7)

The 315 clients ranged from 19 to 69 years of age at grant admission, with a median age of 32 years. Figure 1 presents the number of males and females in five age categories. Clients are most frequently between the ages of 25 and 34 at grant admission. For all age categories, there were more males than females.

Figure 1. Age and Sex

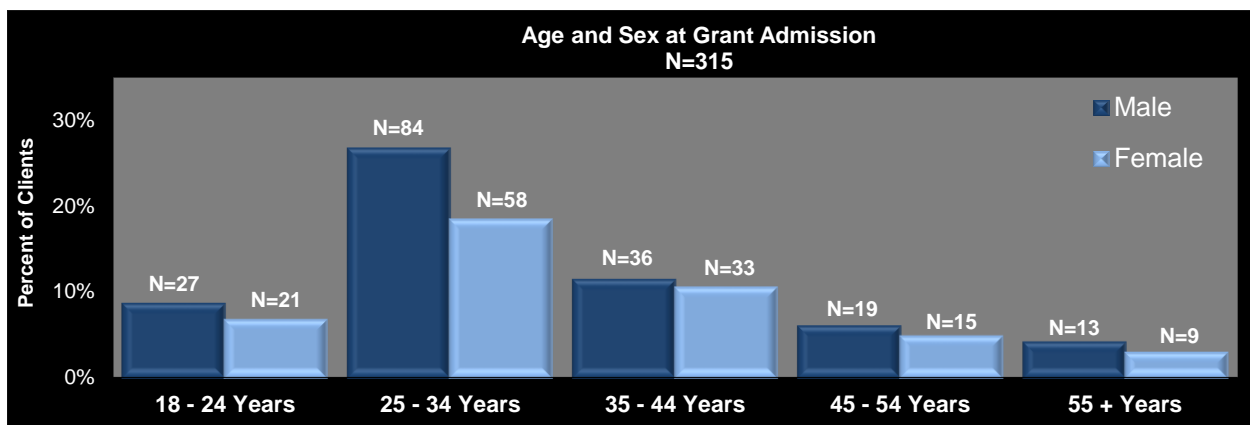


Table 4 presents race and ethnicity reported by clients.

Table 4. Race and Ethnicity

Race and Ethnicity		All Clients percent (N=315)
Race	White Project Goal: 300	91.4 (288)
	African American Project Goal: 20	4.1 (13)
	American Indian/Alaska Native Project Goal: 3	1.9 (6)
	Asian Project Goal: 3	0.6 (2)
	Native Hawaiian/Other Pacific Islander Project Goal: 3	0.3 (1)
	Multi-Racial Project Goal: 3	0.3 (1)
	Missing Data	1.3 (4)
Ethnicity	Hispanic/Latino Project Goal: 8	2.5 (8)
	Not Hispanic/Latino	97.5 (307)

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 counties.¹ As shown in Table 5, when admitted to the grant, the majority of clients resided in urban counties.

Table 5. County of Residence

Rural or Urban County of Residence	All Clients percent (N=315)
Rural	5.1 (16)
Urban	94.9 (299)

¹ As defined by the 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).

Table 6 shows the MAT medications prescribed by substance of use for the 315 clients in the grant. Nearly half the clients in the grant identified heroin as their substance of use and over one-third reported opioids other than heroin.

Table 6. Substances Used and MAT Prescribed

Substance of Use	percent (N=315)	MAT Medication Prescribed	
		Medication	N=315
Heroin	47.9 (151)	Buprenorphine	124
		Naltrexone	27
Heroin and Opioids	1.6 (5)	Buprenorphine	4
		Naltrexone	1
Opioids	35.2 (111)	Buprenorphine	92
		Naltrexone	19
Alcohol	14.9 (47)	Acamprosate	4
		Buprenorphine	1
		Disulfiram	2
		Naltrexone	40
Alcohol and Opioids	0.3 (1)	Buprenorphine	1

Table 7 shows the planned initial route of administration for each type of MAT medication prescribed. Of the 315 clients admitted to the MAT Iowa grant, over two-thirds were prescribed buprenorphine, just over one-quarter were prescribed naltrexone, and few clients were prescribed acamprosate and disulfiram.

Table 7. MAT Prescribed and Planned Initial Route of Administration

MAT Medication Prescribed at Grant Admission	percent (N=315)	Planned Initial Route of Administration	N=315
Acamprosate	1.3 (4)	Tablet	4
Buprenorphine	70.5 (222)	Injection	0
		Sublingual	222
Disulfiram	0.6 (2)	Tablet	2
Naltrexone	27.6 (87)	Injection	23
		Tablet	64

OUTCOMES

The treatment providers administer the Government Performance and Results Act Client Outcome Measures Instrument (GPRA) to all clients at grant admission and attempt to again administer 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.

As of January 31, 2018, 268 of the 315 clients receiving grant services are or have been eligible to complete the follow-up interview (within the five to eight month post-admission period). Providers entered GPRA follow-up data for 178 completed follow-up interviews. Of the 268 clients eligible for interview, 255 clients had reached the six month post-admission time frame used to calculate the follow-up rate, resulting in a follow-up rate of 69.8%² shown in Table 8 on the following page. The follow-up rate calculation excludes two clients who were deceased at the time the interview was due.

² Follow-up rate = (number of follow-up interviews completed/number of clients six months post-admission minus one deceased client) * 100. (178/255) * 100 = 69.8%.

Table 8. Follow-Up Interview Rate

Follow-Up Interviews	
Due for Interview	255*
Completed Follow-Up Interview	178
Follow-Up Rate	69.8%**

*The number of grant admissions for which six months has passed; clients eligible for interview who are in the five to six month post-admission period are excluded.

**The follow-up rate calculation excludes two deceased clients from the denominator. One client died while active in the grant and one client died after an unsuccessful discharge from the grant.

Description of Clients with Completed Follow-Up Interviews

Table 9 shows sex, gender, sexual orientation, race, and ethnicity reported at grant admission for the 178 clients who completed the follow-up interview.

Table 9. Clients with Completed Follow-Up Interviews

Demographics of Clients with Completed Follow-Up Interviews		percent (N=178)
Sex	Female	46.6 (83)
	Male	53.4 (95)
Gender	Female	46.6 (83)
	Male	53.4 (95)
	Transgender	0.0 (0)
Sexual Orientation	Heterosexual	96.6 (172)
	Lesbian	0.6 (1)
	Gay	0.6 (1)
	Bisexual	2.2 (4)
Race	White	89.9 (160)
	African American	5.1 (9)
	American Indian/Alaska Native	2.2 (4)
	Asian	0.6 (1)
	Native Hawaiian/Other Pacific Islander	0.6 (1)
	Multi-Racial	0.6 (1)
	Missing Data	1.1 (2)
Ethnicity	Hispanic/Latino	1.7 (3)
	Not Hispanic/Latino	98.3 (175)

Table 10 shows substance of use reported at grant admission and the MAT medication prescribed for the 178 clients with completed interviews. Nearly half of the clients completing follow-up interviews reported heroin was their substance of use when admitted to the grant and over one-third indicated opioids other than heroin. Of the 178 clients who completed follow-up interviews, over two-thirds (68%) were prescribed buprenorphine and just over one-quarter (29.8%) were prescribed naltrexone.

Table 10. Clients with Completed Follow-Up Interviews: Substances Used and MAT Medication Prescribed

Clients with Completed Follow-Up Interviews			
Substance of Use	percent (N=178)	MAT Medication	
		Medication	N=178
Heroin	44.4 (79)	Buprenorphine	62
		Naltrexone	17
Heroin and Opioids	1.1 (2)	Buprenorphine	1
		Naltrexone	1
Opioids	38.8 (69)	Buprenorphine	56
		Naltrexone	13
Alcohol	15.2 (27)	Acamprosate	2
		Buprenorphine	1
		Disulfiram	2
		Naltrexone	22
Alcohol and Opioids	0.6 (1)	Buprenorphine	1

Tables 11 through 34 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 315 clients admitted to the grant and follow-up responses are from 178 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 in the tables describes the responses or categories of responses for the GPRA question. The second column presents the responses of 315 clients at grant admission. The third and fourth columns provide comparisons on individual variables by presenting the responses for 178 clients at admission and at follow-up. Admission and follow-up GPRA data are self-reported by clients.

Drug and Alcohol Use

When the GPRA is administered, clients are asked to report all substances used in the past 30 days. Table 11 on the following page shows substances of use reported by clients. Of the 315 clients receiving MAT Iowa grant services:

- Nearly three-quarters (229 clients, 72.7%) reported use of alcohol or at least one illegal substance in the 30 days prior to grant admission.
- Eighty-six clients (27.3%) reported abstinence from alcohol or illegal substances in the 30 days preceding grant admission.
- Illegal drug use was reported by nearly two-thirds of the clients (198 clients, 62.9%).
- Heroin was the most common substance used in the 30 days prior to grant admission reported by over one-third of the clients in the grant.
- Over one-quarter reported use of marijuana and nearly one-quarter reported use of alcohol in the past 30 days.
- Over one-quarter of clients (84 clients, 26.7%) reported illegal use of opioids other than heroin.

Of the 178 who completed follow-up interviews:

- Two-thirds (119 clients, 66.9%) reported use of alcohol or illegal drugs in the 30 days prior to grant admission. This decreased to just over one-quarter clients (54 clients, 30.3%) reporting use at follow-up.³
- Heroin use in the past 30 days reduced from 52 clients (29.2%) at admission to 13 clients (7.3%) at follow-up interview.⁴
- There was a significant reduction in use of opioids other than heroin, from 27.5% at admission to 3.9% at follow-up.⁵
- Past 30 day alcohol use decreased from 23% at admission to 10.7% at follow-up.⁶

³ McNemar's Test, $p < 0.0001$.

⁴ McNemar's Test, $p < 0.0001$.

⁵ McNemar's Test, $p < 0.0001$.

⁶ McNemar's Test, $p < 0.01$.



Table 11. Substance Use

Substance Use in Past 30 Days	All Clients percent (N=315)	Clients with Completed Follow-Up Interviews	
		Admission percent (N=178)	Follow-Up percent (N=178)
Opioids:			
Heroin	35.2 (111)	29.2 (52)	7.3 (13)
OxyContin/Oxycodone	14.6 (46)	14.6 (26)	2.8 (5)
Dilaudid	7.0 (22)	7.3 (13)	0.0 (0)
Morphine	5.7 (18)	2.8 (5)	0.6 (1)
Percocet	5.1 (16)	4.5 (8)	1.1 (2)
Codeine	3.2 (10)	2.2 (4)	0.0 (0)
Tylenol 2,3,4 (with codeine)	1.6 (5)	1.7 (3)	0.6 (1)
Non-prescription Methadone	1.0 (3)	1.1 (2)	0.0 (0)
Demerol	0.3 (1)	0.0 (0)	0.0 (0)
Alcohol	24.8 (78)	23.0 (41)	10.7 (19)
Marijuana/Hashish	26.0 (82)	24.7 (44)	14.0 (25)
Cocaine/Crack	5.7 (18)	5.6 (10)	2.2 (4)
Benzodiazepines	9.5 (30)	8.4 (15)	1.7 (3)
Methamphetamine	13.3 (42)	10.1 (18)	7.3 (13)
Hallucinogens/Psychedelics	0.6 (2)	0.0 (0)	0.0 (0)
Ketamine	0.6 (2)	0.0 (0)	0.0 (0)
Barbiturates	0.3 (1)	0.6 (1)	0.0 (0)
Other Illegal Drugs	1.9 (6)	1.7 (3)	0.0 (0)
No Substance Use in Past 30 Days	27.3 (86)	33.1 (59)	69.7 (124)

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



Table 12 displays clients who reported binge drinking in the 30 days prior to grant admission and clients who reported use of alcohol and illegal drugs on the same day. Among those completing follow-up interviews, there is a statistically significant decrease in binge drinking from 24 clients (13.5%) reporting this at admission to six clients (3.4%) indicating binge drinking at follow-up.⁷

Table 12. Binge Drinking and Same Day Alcohol and Drug Use

Binge Drinking and Same Day Alcohol and Drug Use	All Clients percent (N=315)	Clients with Completed Follow-Up Interviews	
		Admission percent (N=178)	Follow-Up percent (N=178)
Binge Drinking (Five or More Drinks in One Sitting)	17.1 (54)	13.5 (24)	3.4 (6)
Used Alcohol and Illegal Drugs on the Same Day	10.5 (33)	10.1 (18)	3.9 (7)

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

Table 13 shows over one-third of clients in the grant indicated they injected drugs in the 30 days prior to grant admission. Among those completing follow-up interviews, past 30-day injection drug use significantly decreased from 52 clients (29.2%) at admission to 13 clients (7.3%) at follow-up.⁸

Table 13. Injection Drug Use

Injection Drug Use	All Clients percent (N=315)	Clients with Completed Follow-Up Interviews	
		Admission percent (N=178)	Follow-Up percent (N=178)
Injected Drugs in Past 30 Days	37.1 (117)	29.2 (52)	7.3 (13)

⁷ McNemar's Test, $p < 0.001$.

⁸ McNemar's Test, $p < 0.0001$.

Table 14 shows the substances clients reported injecting in the past 30 days. Among the overall group of 315 clients, over one-quarter reported injecting heroin. For the subset of 117 clients who reported injection drug use in the 30 days prior to grant admission (excluding clients indicating no injection drug use), three-quarters (88 clients, 75.2%) indicated they injected heroin. Fifty of the 117 clients (42.7%) who injected drugs indicated they had shared needles or paraphernalia with someone else in the 30 days prior to grant admission. Thirteen clients (7.3%) reported injection drug use at follow-up; four of the 13 clients indicated needle or paraphernalia sharing with someone in the 30 days preceding the follow-up interview.

Table 14. Injection Drug Use Details

Substances Injected	All Clients percent (N=315)	Clients with Completed Follow-Up Interviews	
		Admission percent (N=178)	Follow-Up percent (N=178)
Opioids:			
Heroin	27.9 (88)	23.0 (41)	4.5 (8)
OxyContin/Oxycodone	3.8 (12)	4.5 (8)	1.1 (2)
Dilaudid	3.5 (11)	2.8 (5)	0.0 (0)
Percocet	1.6 (5)	1.1 (2)	0.0 (0)
Morphine	2.5 (8)	1.1 (2)	0.6 (1)
Codeine	0.3 (1)	0.0 (0)	0.0 (0)
Non-prescription Methadone	0.3 (1)	0.6 (1)	0.0 (0)
Cocaine/Crack	1.9 (6)	2.2 (4)	0.0 (0)
Methamphetamine	6.3 (20)	3.4 (6)	2.8 (5)
Hallucinogens/Psychedelics	0.3 (1)	0.0 (0)	0.0 (0)
Ketamine	0.3 (1)	0.0 (0)	0.0 (0)
Not Applicable (No IV Drug Use)	62.9 (198)	70.8 (126)	92.7 (165)
Needle or Paraphernalia Sharing	All Clients percent (N=315)	Clients with Completed Follow-Up Interviews	
		Admission percent (N=178)	Follow-Up percent (N=178)
Always	5.1 (16)	2.2 (4)	0.6 (1)
More Than Half the Time	1.9 (6)	1.1 (2)	0.0 (0)
Half the Time	3.5 (11)	2.2 (4)	0.6 (1)
Less Than Half the Time	5.4 (17)	3.9 (7)	1.1 (2)
Never	21.3 (67)	19.7 (35)	5.1 (9)
Not Applicable (No IV Drug Use)	62.9 (198)	70.8 (126)	92.7 (165)

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. At grant admission, over one-third of clients reported they were living in their own apartment or house and over one-third indicated they were living with someone else. The most common living arrangement reported by the 178 clients at follow-up was living in their own apartment or house, reported by over half of the clients.

Table 15. Housing

Housing Situation	All Clients percent (N=315)	Clients with Completed Follow-Up Interviews	
		Admission percent (N=178)	Follow-Up percent (N=178)
Own/Rent Apartment, Room, House	38.1 (120)	40.4 (72)	55.6 (99)
Someone Else's Apartment, Room, House	41.3 (130)	37.6 (67)	31.5 (56)
Institution (Hospital, Jail/Prison)	6.7 (21)	6.2 (11)	7.3 (13)
Halfway House	2.9 (9)	2.8 (5)	2.8 (5)
Shelter	2.2 (7)	2.2 (4)	1.1 (2)
Street/Outdoors	2.9 (9)	1.1 (2)	1.1 (2)
Residential Treatment	4.8 (15)	7.3 (13)	0.0 (0)
Other: Motel, College Residence, Dormitory	1.3 (4)	1.1 (2)	0.6 (1)

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 questions since previous use of alcohol or drugs could result in an affirmative response to the questions. Table 16 on the following page presents the number of clients who responded “somewhat”, “considerably”, or “extremely” to the three questions.

As presented in Table 16, of the 178 clients with completed follow-up interviews, nearly two-thirds at grant admission indicated experiencing stress in the past 30 days due to current or previous use of alcohol or drugs; this decreased nearly threefold to just over one-fifth of clients at follow-up.⁹ At admission, over 60% of clients 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 over threefold at follow-up.¹⁰ At admission, over half of the clients reported they had experienced emotional problems in the past 30 days due to current or previous use of alcohol or drugs, fewer than one-fifth of clients reported this at follow-up.¹¹

Table 16. 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=315)	Clients with Completed Follow-Up Interviews	
		Admission percent (N=178)	Follow-Up percent (N=178)
Experienced Stress Due to Use of Alcohol or Other Drugs in Past 30 Days	69.5 (219)	64.0 (114)	21.9 (39)
Use of Alcohol or Other Drugs Caused Reduction or Giving Up Important Activities in Past 30 Days	66.7 (210)	60.7 (108)	18.5 (33)
Use of Alcohol or Other Drugs Caused Emotional Problems in Past 30 Days	66.0 (208)	59.6 (106)	19.1 (34)

Column totals are not equal to the number of individuals; data are presented for clients who answered affirmatively to each question. Clients may answer affirmatively to more than one of the questions.

Nearly half of the clients (49.8%) indicated they had children at grant admission. Of the 157 clients who reported they had children, 19 clients (12.1%) indicated they have children living with someone else due to a child protection court order and eight clients (5.1%) reported they had lost parental rights.

⁹ McNemar's Test, $p < 0.0001$.

¹⁰ McNemar's Test, $p < 0.0001$.

¹¹ McNemar's Test, $p < 0.0001$.

Education, Employment, and Income

As shown in Table 17, approximately 10% of clients reported they had not completed high school at grant admission; their highest education level ranged from 6th to 11th grade. Just over half of the clients indicated they had a high school diploma or equivalent. Over one-third of the clients had continued their education or training after high school.

Table 17. Education Level

Highest Level of Education	All Clients percent (N=315)	Clients with Completed Follow-Up Interviews	
		Admission percent (N=178)	Follow-Up percent (N=178)
Did not Graduate High School	10.5 (33)	11.8 (21)	7.9 (14)
High School Diploma/Equivalent	52.4 (165)	49.4 (88)	48.9 (87)
Some College/University or Associate's Degree	26.7 (84)	28.1 (50)	33.1 (59)
Bachelor's Degree or Higher	7.6 (24)	8.4 (15)	5.6 (10)
Vocational/Technical Program After High School	2.9 (9)	2.2 (4)	4.5 (8)

Clients are asked if they are currently involved in any educational or job training program. As shown in Table 18, few clients in the grant indicated they were enrolled in educational or job training programs.

Table 18. Enrolled in School or Job Training Program

Currently Enrolled in School or Job Training Program	All Clients percent (N=315)	Clients with Completed Follow-Up Interviews	
		Admission percent (N=178)	Follow-Up percent (N=178)
Enrolled Full-Time	1.3 (4)	2.2 (4)	1.7 (3)
Enrolled Part-Time	1.3 (4)	1.1 (2)	2.2 (4)
Other: Working on GED	0.3 (1)	0.0 (0)	0.6 (1)
Not Enrolled	97.1 (306)	96.6 (172)	95.5 (170)

Table 19 shows when admitted to the MAT Iowa grant, over one-third of clients (118 clients, 37.5%) reported full or part-time employment. There is a statistically significant change in employment from admission to follow-up.¹² Of the 178 clients with completed follow-up interviews, 68 clients (38.2%) reported employment at admission. This increased to over half the clients (98 clients, 55.1%) reporting employment at follow-up.

Table 19. Employment Status

Employment Status	All Clients percent (N=315)	Clients with Completed Follow-Up Interviews	
		Admission percent (N=178)	Follow-Up percent (N=178)
Employed Full-Time (≥ 35 hrs/wk)	26.3 (83)	28.7 (51)	37.6 (67)
Employed Part-Time (<35 hrs/wk)	11.1 (35)	9.6 (17)	17.4 (31)
Unemployed, Looking for Work	42.5 (134)	44.9 (80)	29.2 (52)
Unemployed, Not Looking for Work	9.2 (29)	9.0 (16)	6.7 (12)
Unemployed, Disabled	6.7 (21)	6.7 (12)	5.6 (10)
Unemployed, Retired	0.6 (2)	0.6 (1)	0.6 (1)
Other*	0.6 (2)	0.6 (1)	2.8 (5)

*Included in the "other" category are individuals not working due to incarceration, injury, lay-offs, students, or clients reporting working side jobs.

¹² McNemar's Test, $p < 0.001$.

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 20 outnumber clients. Wages are the income source most frequently reported by clients in the past 30 days at admission and follow-up.

Table 20. Sources of Income

Sources of Income Received in the Past 30 Days	All Clients percent (N=315)*	Clients with Completed Follow-Up Interviews	
		Admission percent (N=178)*	Follow-Up percent (N=178)*
Wages	33.7 (106)	36.0 (64)	53.4 (95)
Public Assistance	5.4 (17)	6.2 (11)	3.9 (7)
Retirement	0.6 (2)	1.1 (2)	1.1 (2)
Disability	5.1 (16)	5.1 (9)	5.6 (10)
Non-Legal Income	0.6 (2)	0.6 (1)	0.0 (0)
Family/Friends	13.7 (43)	13.5 (24)	6.2 (11)
Other	1.6 (5)	1.7 (3)	0.6 (1)
No Reported Sources of Income	44.1 (139)	41.6 (74)	32.6 (58)

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 where individuals declined to answer or responded “don’t know” to each 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 (wages, public assistance, retirement, disability, non-legal income, family and friends, and other sources). Table 21 shows the total amount of money received by clients from various sources in the past 30 days; data are excluded for clients declining to disclose income or who responded “don’t know” for any income category.

The median income at grant admission for 167 clients completing a follow-up interview was \$350 and the median income for this group of clients at follow-up was \$733. There is a statistically significant change in income categories from admission to follow-up.¹³ Of the 167 clients with completed follow-up interviews in Table 21, approximately half of the clients (85 clients, 50.9%) moved from a smaller income category at admission to a larger income category at follow-up. Just under one-quarter (40 clients, 24%) reported the same income category at admission and follow-up and 42 clients (25.2%) moved from a larger income category at admission to a smaller income category at follow-up. One-fifth (34 clients, 20.4%) reported monthly income in the “\$1001 to \$2000” and “over \$2000” income categories at admission; at follow-up over one-third (58 clients, 34.7%) reported making over \$1000 in the past 30 days.

Table 21. Total Income Received

Total Income Received in Past 30 Days	All Clients percent (N=298)*	Clients with Completed Follow-Up Interviews	
		Admission percent (N=167)*	Follow-Up percent (N=167)*
None	42.0 (125)	38.9 (65)	31.1 (52)
\$500 or Less	18.1 (54)	18.6 (31)	11.4 (19)
\$501 to \$1000	20.1 (60)	22.2 (37)	22.8 (38)
\$1001 to \$2000	16.4 (49)	16.8 (28)	25.7 (43)
Over \$2000	3.4 (10)	3.6 (6)	9.0 (15)

*Data in the table above reflect records of individuals who answered the questions in Table 21. Data for 17 clients in the “All Clients” column are excluded from this table due to clients declining to disclose income or clients responded “don’t know” for any income category. Data from 11 clients in the “Clients with Completed Follow-Up Interviews” columns are excluded due to the admission or follow-up records coded as client declines to disclose income or individuals responded “don’t know” for any income category.

¹³ Wilcoxon Test, p < 0.001.

There is a statistically significant change in income categories for wages received in the past 30 days from admission to follow-up.¹⁴ Of those completing follow-up interviews, clients reporting no income from wages in the past 30 days reduced from 108 clients (60.7%) at admission to 79 clients (44.4%) at follow-up. There were increases in the number of clients reporting income received from wages in all income categories.

Table 22. Income Received from Wages in Past 30 Days

Total Income Received from Wages in Past 30 Days	All Clients percent (N=315)	Clients with Completed Follow-Up Interviews	
		Admission percent (N=178)	Follow-Up percent (N=178)
None	62.5 (197)	60.7 (108)	44.4 (79)
\$500 or Less	6.0 (19)	5.6 (10)	6.2 (11)
\$501 to \$1000	11.4 (36)	13.5 (24)	16.9 (30)
\$1001 to \$2000	13.3 (42)	13.5 (24)	21.3 (38)
Over \$2000	2.9 (9)	3.4 (6)	9.6 (17)
Declined to Answer Question	3.8 (12)	3.4 (6)	1.7 (3)

Crime and Criminal Justice Status

Nine clients (2.9%) reported being arrested in the 30 days prior to grant admission. Three clients (1.7%) reported an arrest in the past 30 days at follow-up.

Thirteen clients (4.1%) reported spending time in jail or prison in the 30 days prior to grant admission as shown in Table 23. Of clients completing follow-up interviews, six clients (3.4%) reported spending nights in jail or prison in the 30 days prior to admission and ten clients (5.6%) reported this at follow-up.

Table 23. Incarceration

Nights in Jail or Prison in Past 30 Days	All Clients percent (N=315)	Clients with Completed Follow-Up Interviews	
		Admission percent (N=178)	Follow-Up percent (N=178)
None	95.9 (302)	96.6 (172)	94.4 (168)
One or More Nights	4.1 (13)	3.4 (6)	5.6 (10)

¹⁴ Wilcoxon Test, $p < 0.001$.

Similar percentages of clients (approximately 20%) at grant admission and follow-up indicated they were on parole or probation.

Table 24. Currently on Parole or Probation

Currently on Parole or Probation	All Clients percent (N=315)	Clients with Completed Follow-Up Interviews	
		Admission percent (N=178)	Follow-Up percent (N=178)
Yes	23.8 (75)	20.8 (37)	19.7 (35)
No	75.9 (239)	78.7 (140)	80.3 (143)
Client Does Not Know	0.3 (1)	0.6 (1)	0.0 (0)

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. There is a statistically significant change in health status from admission to follow-up.¹⁵ The number of clients reporting excellent or very good health nearly doubled (from 21 clients to 40 clients) as shown in Table 25.

Table 25. Overall Health

Self Rating of Overall Health	All Clients percent (N=315)	Clients with Completed Follow-Up Interviews	
		Admission percent (N=178)	Follow-Up percent (N=178)
Excellent	2.5 (8)	2.2 (4)	5.1 (9)
Very Good	7.9 (25)	9.6 (17)	17.4 (31)
Good	37.1 (117)	39.9 (71)	51.1 (91)
Fair	40.0 (126)	39.3 (70)	23.0 (41)
Poor	12.4 (39)	9.0 (16)	3.4 (6)

¹⁵ Wilcoxon Test, $p < 0.0001$.

To identify their use of the medical and treatment community, Tables 26 and 27 provide information regarding clients receiving inpatient, outpatient, and emergency room treatment in the 30 days prior to grant admission.

Table 26. Inpatient and Outpatient Treatment

Receiving Inpatient Treatment In Past 30 Days	All Clients percent (N=315)	Clients with Completed Follow-Up Interviews	
		Admission percent (N=178)	Follow-Up percent (N=178)
Physical Complaint	4.4 (14)	4.5 (8)	0.6 (1)
Mental or Emotional Difficulties	6.3 (20)	5.6 (10)	0.6 (1)
Alcohol or Substance Abuse	22.5 (71)	23.0 (41)	5.1 (9)
Receiving Outpatient Treatment In Past 30 Days	All Clients percent (N=315)	Clients with Completed Follow-Up Interviews	
		Admission percent (N=178)	Follow-Up percent (N=178)
Physical Complaint	9.5 (30)	9.0 (16)	11.2 (20)
Mental or Emotional Difficulties	33.0 (104)	32.6 (58)	24.7 (44)
Alcohol or Substance Abuse	88.6 (279)	87.6 (156)	73.6 (131)

Column totals are not equal to the number of individuals; data are presented for clients who answered affirmatively to each question. Clients may answer affirmatively to more than one of the questions.

Table 27. Emergency Room Visits

Receiving Emergency Room Treatment In Past 30 Days	All Clients percent (N=315)	Clients with Completed Follow-Up Interviews	
		Admission percent (N=178)	Follow-Up percent (N=178)
Physical Complaint	9.2 (29)	11.2 (20)	6.7 (12)
Mental or Emotional Difficulties	6.0 (19)	7.3 (13)	0.6 (1)
Alcohol or Substance Abuse	11.1 (35)	11.8 (21)	0.6 (1)

Column totals are not equal to the number of individuals; data are presented for clients who answered affirmatively to each question. 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 the interview. 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. Clients who report unprotected sexual contacts are then asked three additional questions regarding if the sexual contacts were with individual(s) who are HIV positive or have acquired immunodeficiency syndrome (AIDS); if the contacts were with individual(s) who are injection drug users, and if the individual(s) were high on any substances. Approximately one-fifth of clients (65 clients, 20.6%) reported unprotected sexual contacts in the 30 days before grant admission.

Table 28. Unprotected Sexual Contacts

Unprotected Sexual Contacts	All Clients percent (N=315)	Clients with Completed Follow-Up Interviews	
		Admission percent (N=178)	Follow-Up percent (N=178)
Individual Who is HIV Positive or Has AIDS	0.3 (1)	0.0 (0)	0.0 (0)
Individual Who is an Injection Drug User	5.7 (18)	4.5 (8)	0.6 (1)
Individual Who is High on Some Substance	7.3 (23)	11.8 (21)	1.1 (2)

Column totals are not equal to the number of individuals; data are presented for clients who answered affirmatively to each question. 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, just over two-thirds of the clients (68.3%) reported they had been tested for HIV. Of the 178 clients completing follow-up interviews, nearly all (164 clients, 92.1%) indicated they had been tested for HIV at the follow-up interview.

Table 29. Ever Tested for HIV

Tested for HIV	All Clients percent (N=315)	Clients with Completed Follow-Up Interviews	
		Admission percent (N=178)	Follow-Up percent (N=178)
Yes	68.3 (215)	76.4 (136)	92.1 (164)
No	28.3 (89)	20.2 (36)	6.7 (12)
Client Does Not Know	1.9 (6)	2.2 (4)	1.1 (2)
Declined to Answer Question	1.6 (5)	1.1 (2)	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. Over two-thirds (215 clients, 68.3%) responded they had experienced one or more of the psychological or emotional problems listed in Table 30 on one or more days in the 30 days preceding grant admission. Over half of the clients at grant admission reported experiencing serious depression or anxiety or tension in the 30 days before grant admission; just over one-third reported serious depression or anxiety in the 30 days before the follow-up interview.

Table 30. Psychological or Emotional Problems

Psychological or Emotional Problems Experienced In Past 30 Days	All Clients percent (N=315)	Clients with Completed Follow-Up Interviews	
		Admission percent (N=178)	Follow-Up percent (N=178)
Serious Depression	55.9 (176)	51.1 (91)	38.8 (69)
Anxiety or Tension	53.7 (169)	55.1 (98)	46.1 (82)
Hallucinations	2.9 (9)	2.8 (5)	1.1 (2)
Trouble Understanding, Concentrating, or Remembering	24.8 (78)	29.2 (52)	14.6 (26)
Trouble Controlling Violent Behavior	1.6 (5)	1.1 (2)	1.1 (2)
Attempted Suicide	2.2 (7)	1.1 (2)	0.0 (0)
Taking Prescribed Medication for Psychological/Emotional Problems	42.5 (134)	43.8 (78)	34.8 (62)

Column totals are not equal to the number of individuals; data are presented for clients who answered affirmatively to each question. Clients may answer affirmatively to more than one of the question.

Table 31 presents data for a subset of clients and includes clients who reported experiencing any of the six serious psychiatric symptoms or taking prescribed medication for psychological or emotional problems in Table 30. Clients who indicated experiencing one or more of the six psychiatric symptoms or who report taking prescribed medication for psychological or emotional problems are asked how bothersome the symptoms are. At admission and follow-up, nearly all clients who reported symptoms in the previous 30 days were bothered by their symptoms.

Table 31. How Bothersome Psychological or Emotional Problems Are

Feelings of How Bothersome Psychological or Emotional Problems Are	All Clients percent (N=224)*	Clients with Completed Follow-Up Interviews	
		Admission percent (N=124)*	Follow-Up percent (N=105)*
Not at All	6.3 (14)	7.3 (9)	12.4 (13)
Slightly	24.6 (55)	28.2 (35)	41.0 (43)
Moderately	33.5 (75)	30.6 (38)	30.5 (32)
Considerably	17.9 (40)	16.1 (20)	12.4 (13)
Extremely	17.4 (39)	16.9 (21)	3.8 (4)
Missing Data	0.4 (1)	0.8 (1)	0.0 (0)

*Questions are not asked to individuals reporting no psychological or emotional problems and are not taking medications for psychological/emotional problems.

Clients are asked if they have ever experienced or witnessed violence or trauma in any setting during their lifetime. At grant admission, just under half of the 315 clients (157 clients, 49.8%) had an affirmative response to this question. Clients responding ‘yes’ to experiencing violence or trauma during their lifetime are asked four additional questions. Therefore, Table 32 presents responses for a subset of clients and includes only those who reported violence or trauma during their lifetime. At admission and follow-up, the majority of clients reported experiencing effects as a result of violence or trauma.

Table 32. Effects of Violence or Trauma

Effects of Violence or Trauma	All Clients Reporting Violence or Trauma percent (N=157)*	Clients with Completed Follow-Up Interviews	
		Admission percent (N=96)*	Follow-Up percent (N=91)*
Have Had Nightmares or Think About It When Trying Not To	70.7 (111)	69.8 (67)	60.4 (55)
Tried Hard Not to Think About It or Go Out of Way to Avoid Situations That Remind of It	73.2 (115)	68.8 (66)	80.2 (73)
Have Been Constantly on Guard, Watchful, or Easily Startled	59.9 (94)	61.5 (59)	58.2 (53)
Have Felt Numb and Detached from Others, Activities, or Surroundings	60.5 (95)	61.5 (59)	60.4 (55)

Column totals are not equal to the number of individuals; data are presented for clients who answered affirmatively to each question. Clients may answer affirmatively to more than one of the questions.

*Questions are not asked to individuals reporting no violence or trauma during their lifetime.

At admission, six of the 315 clients (1.9%) indicated they had experienced physical violence in the 30 days preceding the interview as shown in Table 33.

Table 33. Recent Physical Violence

Recent Physical Violence	All Clients Reporting Violence or Trauma percent (N=315)	Clients with Completed Follow-Up Interviews	
		Admission percent (N=178)	Follow-Up percent (N=178)
Been Hit, Kicked, Slapped, or Otherwise Physically Hurt in Past 30 Days	1.9 (6)	2.2 (4)	2.2 (4)

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 or friends who are supportive of their recovery; and if they feel as if they have someone to turn to when having trouble. At admission and follow-up, nearly all clients reported they had interaction with family or friends who are supportive of their recovery and indicated they had someone to turn to when they were having trouble.

Table 34. Social Connectedness

Social Connectedness	All Clients percent (N=315)	Clients with Completed Follow-Up Interviews	
		Admission percent (N=178)	Follow-Up percent (N=178)
Attended Any Type of Self-Help Recovery Groups Including Religious/Faith-Based, Non-Religious, or Any Other in Past 30 Days	38.1 (120)	45.5 (81)	53.9 (96)
Interaction With Family/Friends Who Support Recovery	91.7 (289)	93.3 (166)	93.8 (167)
Have Someone to Turn to When Having Trouble	95.2 (300)	96.1 (171)	98.9 (176)

Column totals are not equal to the number of individuals; data are presented for clients who answered affirmatively to each question. Clients may answer affirmatively to more than one of the questions.

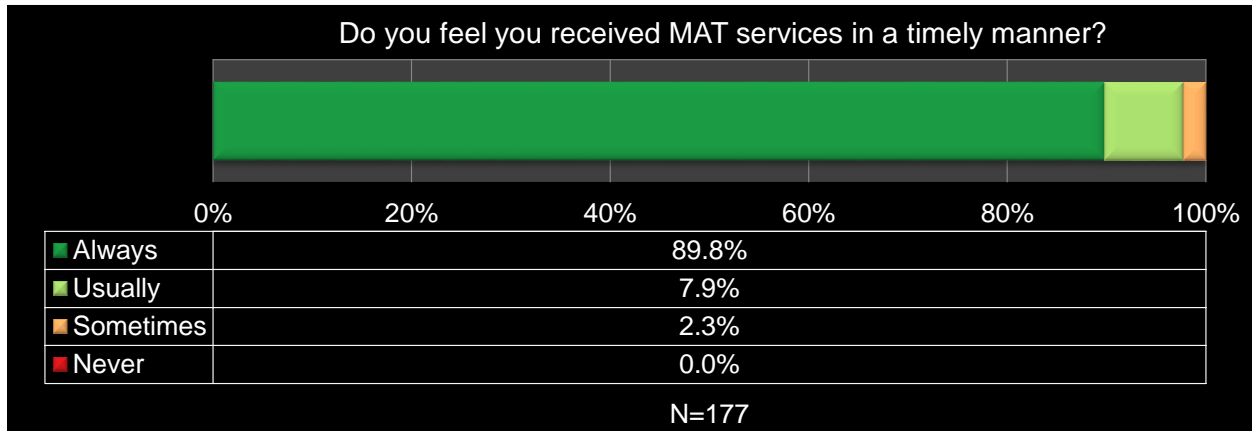
CLIENT SATISFACTION

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). As of January 31, 2018, 177 clients completed the client satisfaction survey. Figures 2 through 13 on the following pages present client satisfaction survey questions and responses. Not all clients answered all questions; therefore the N value for each question varies.



Figure 2 shows most clients indicated they always felt they received MAT services in a timely manner from providers.

Figure 2. Received MAT Iowa Services in a Timely Manner



Most of the clients 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

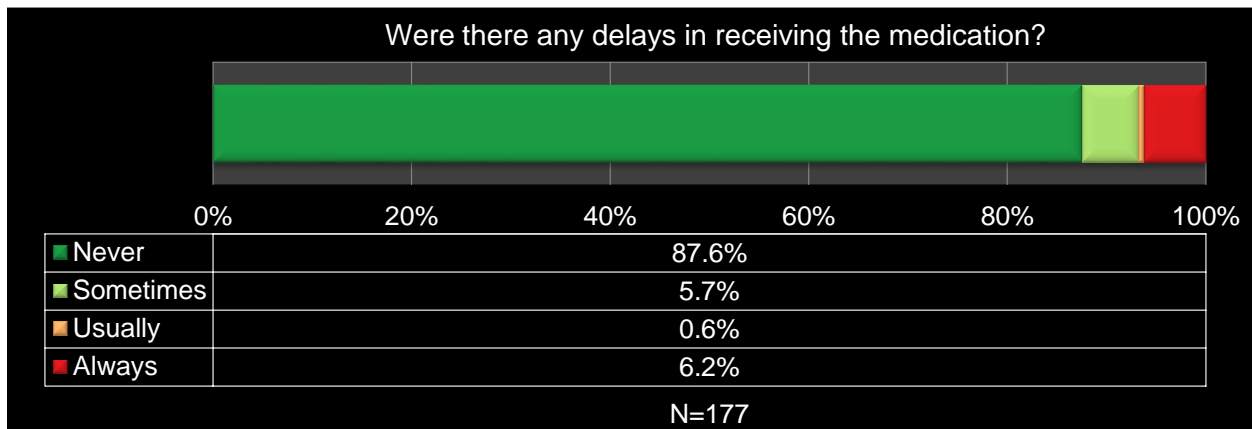
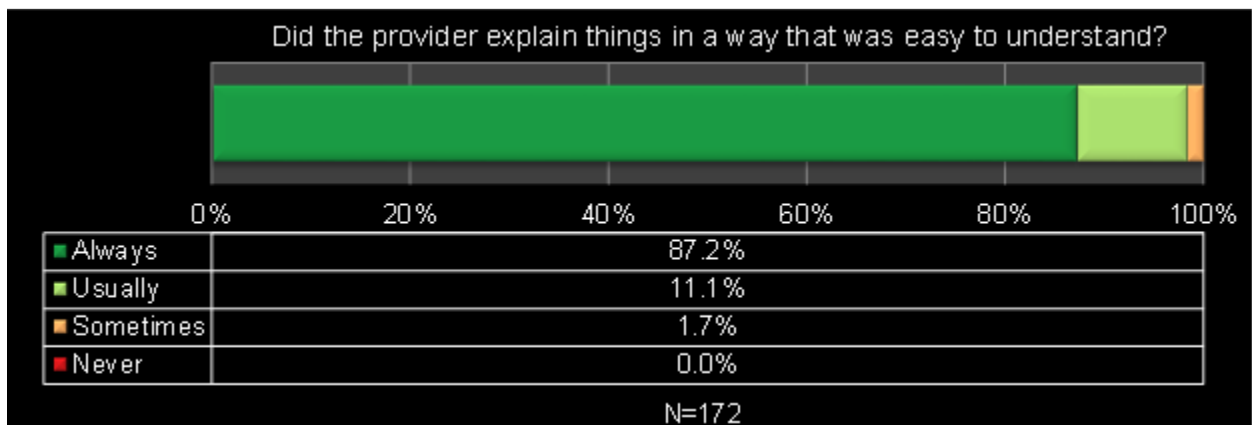


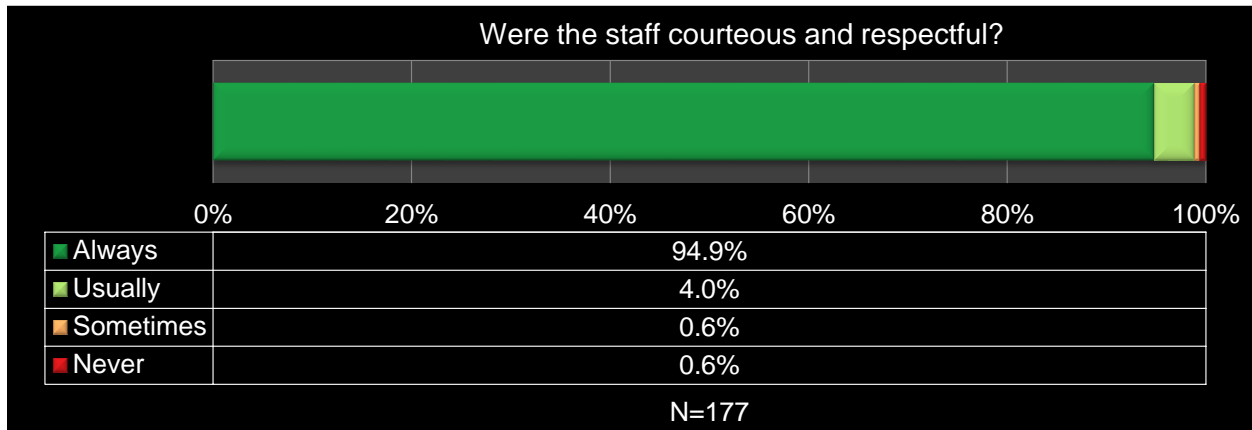
Figure 4 shows nearly all clients felt providers always or usually explained things in an understandable way.

Figure 4. Provider Explanations Easy to Understand



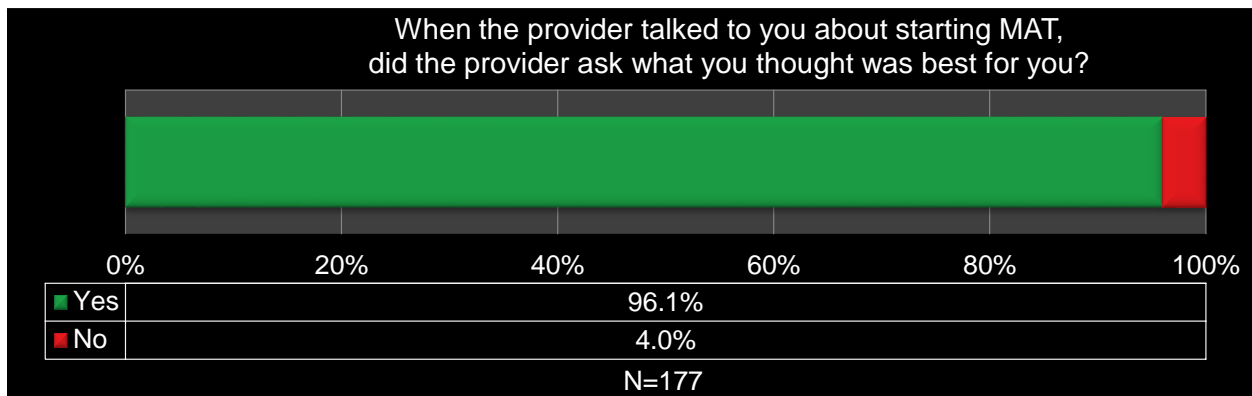
The majority of clients felt staff were always courteous and respectful as displayed in Figure 5.

Figure 5. Staff Courteous and Respectful



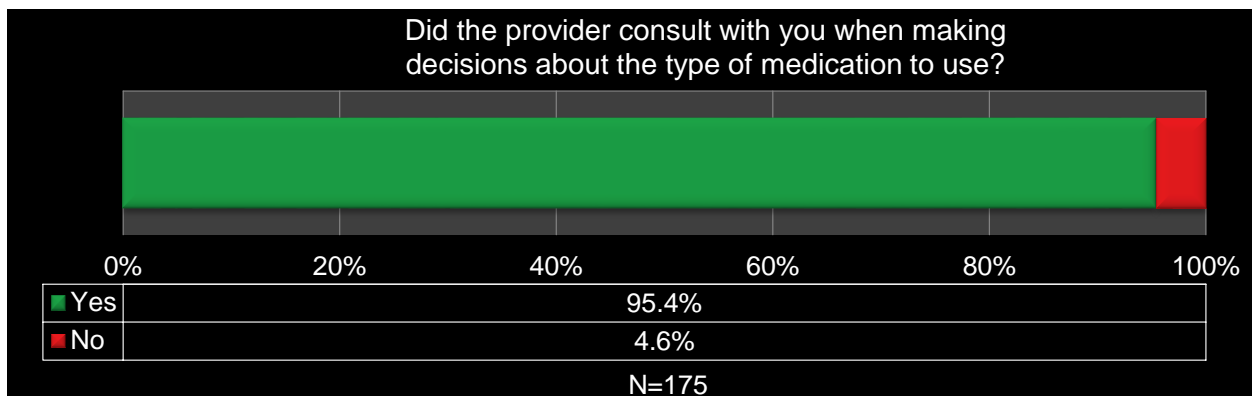
The majority of clients responded “yes” when asked if providers asked what the client thought was best for them when they began MAT services.

Figure 6. Provider Asked What Client Thought Was Best



Nearly 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 Consulted About Decisions



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

Figure 8. Provider Discussed Side Effects of MAT Medication

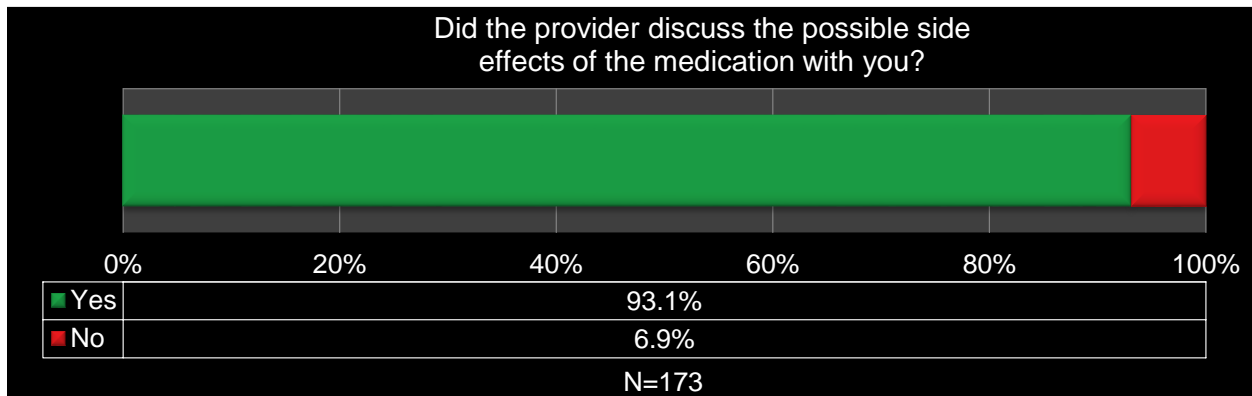
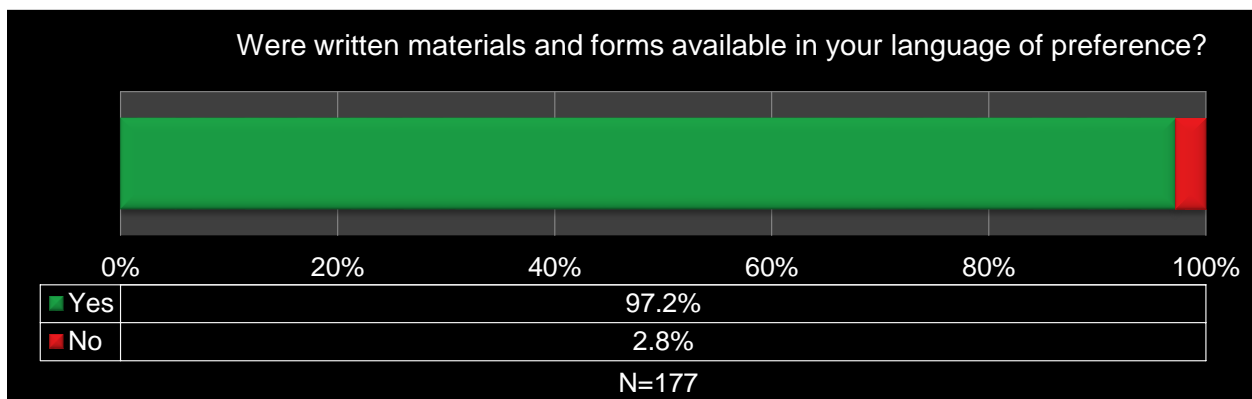


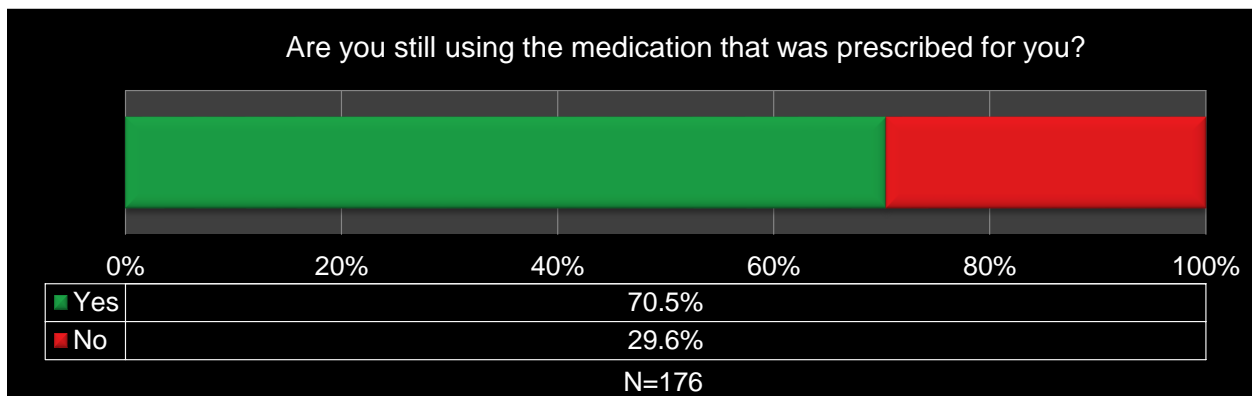
Figure 9 shows nearly all clients indicated the written materials and forms they received from providers were available in the clients’ language of preference.

Figure 9. Materials and Forms in Language of Preference



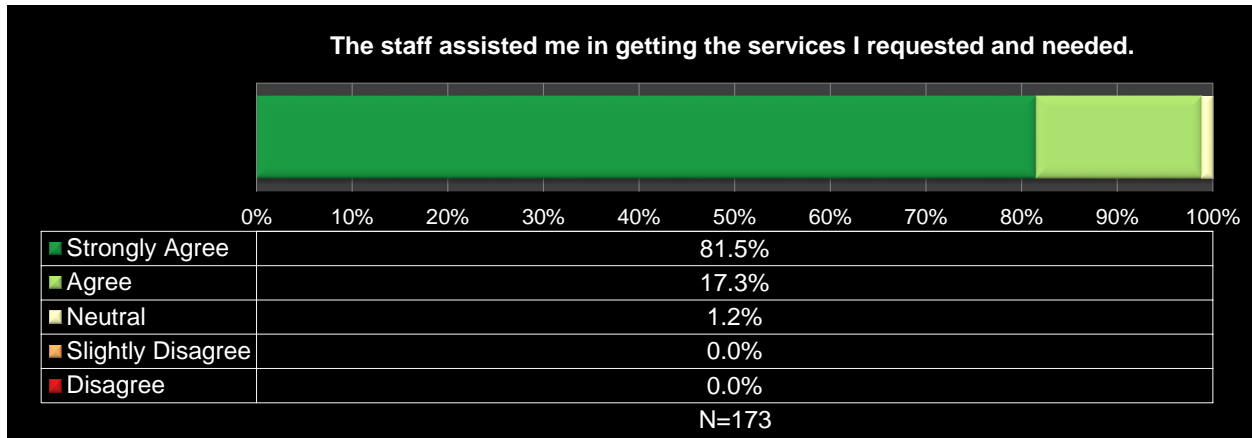
Over one-quarter of clients reported they were not still using the MAT medication prescribed for them at the time of the follow-up interview as shown in Figure 10.

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



Nearly 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 nearly all clients indicated they “strongly agree” or “agree” with the statement.

Figure 12. MAT Services Helped with Recovery

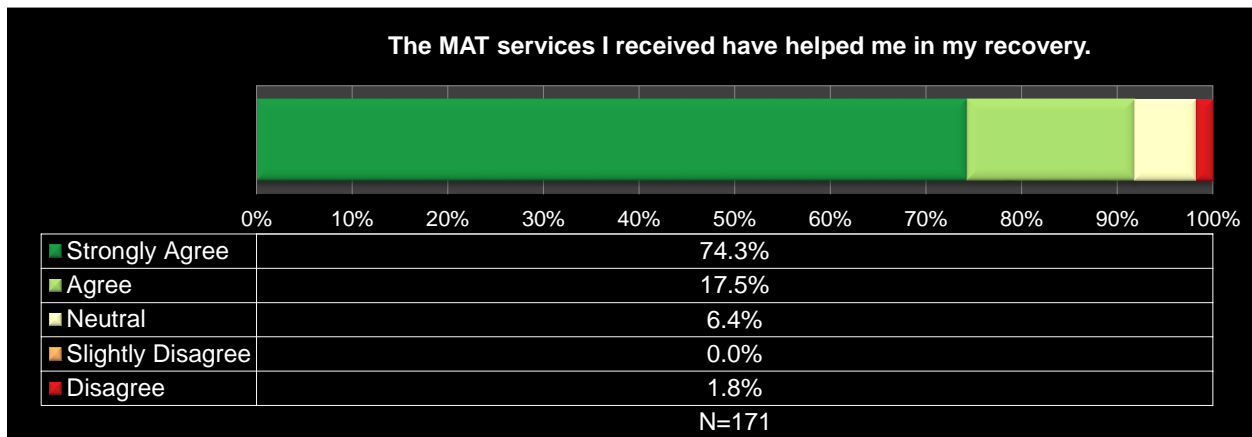
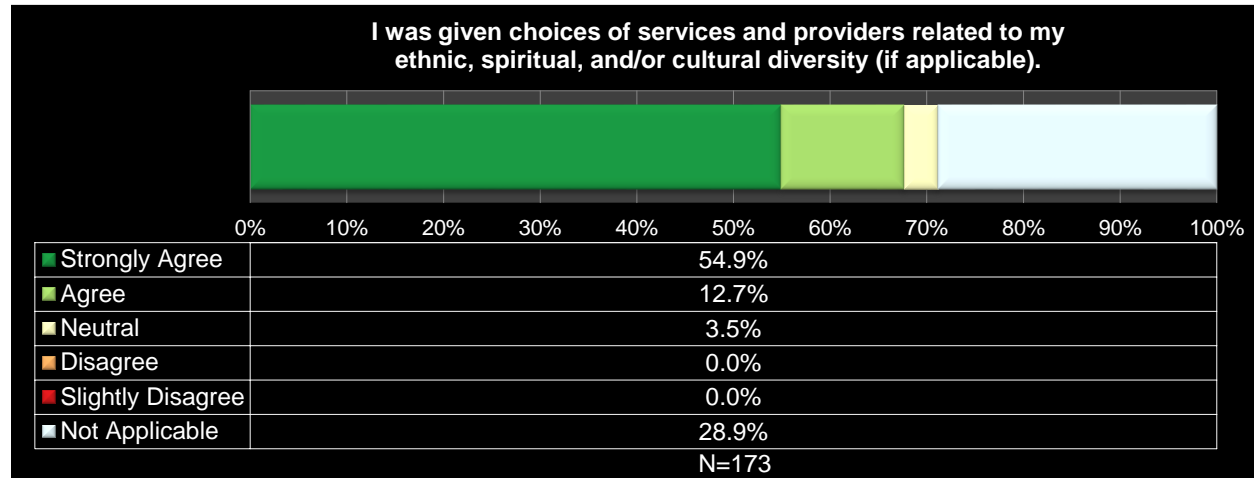


Figure 13 shows over two-thirds of clients responded they “strongly agree” or “agree” when asked to indicate if they were given choices of services and providers related to their ethnic, spiritual, and/or cultural diversity in the MAT Iowa grant. Over one-quarter of the clients responded that this question did not apply to them.

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 42. Clients had many positive comments about MAT Iowa. One hundred sixty-eight of the 177 clients (94.9%) completing the client satisfaction survey had a response when asked what services were most helpful for them or provided a positive response when asked if they had any other comments to make about the MAT Iowa grant.

MAT IOWA SERVICES

Services Provided to Clients

Table 35 shows the services funded by the MAT Iowa grant that were provided to clients through January 31, 2018.

Table 35. MAT Iowa Services Provided to Clients

MAT Iowa Services Funded by Grant	All Clients N=315
Medical Services: Number of Appointments	
Physician	2,292
Nurse	857
Treatment and Case Management Services: Number of Sessions	
Assessments	156
Care Coordination	2,372
Other Case Management Services	38
Alcohol and Drug Tests: Number Conducted	1,456

Table 36 displays the number of treatment sessions clients in the MAT Iowa grant attended through January 31, 2018. 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 36. Treatment Services

Treatment Services Provided to Clients	All Clients N=315
Individual Counseling	2,201
Group Counseling	6,145

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 just under half of the clients in the grant (157 clients, 49.8%) who have been discharged from the MAT Iowa grant as shown in Table 37. 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 37. Discharge Status

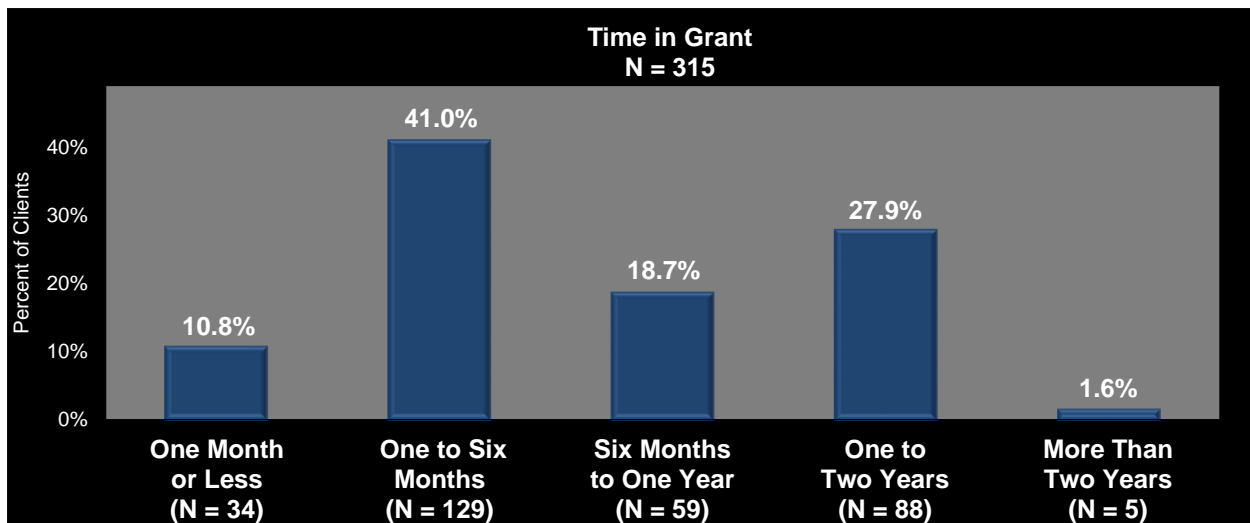
Discharge Status	percent (N=157)
Successful	15.9 (25)
Terminated	84.1 (132)
<i>Reason for Termination</i>	subgroup percent (N=132)
Client Never Returned/MAT Discontinued	75.8 (100)
Client Transferred/Moved	7.6 (10)
Client Continued Substance Use	6.1 (8)
Client Incarcerated	6.1 (8)
Health Reasons	2.3 (3)
Client Deceased	1.5 (2)
Prescription Misuse	0.8 (1)

Length of Stay in MAT Grant

Figure 14 shows the time the 315 clients have spent in the MAT Iowa grant as of January 31, 2018. The median length of time in the grant for the 315 clients is 169 days (range is 0 to 791 days); this calculation utilizes January 31, 2018 as the end date for the 158 clients still receiving grant services.

The median length of stay in the grant for the 157 discharged clients was 92 days (range was 0 to 535 days). Length of stay is adjusted to reflect only the time grant services were provided for five clients who were discharged, returned to providers for treatment, IDPH granted an exception request for the clients to receive MAT Iowa grant services again, and were later discharged for their readmission. The 25 clients who successfully completed the grant received services for a median time of 231 days (range was 61 to 456 days). The median length of stay in the grant for the 132 clients terminated from the program was 78 days (range was 0 to 535 days).

Figure 14. Length of Time Clients Received Grant Services



Clients Discharged from MAT Iowa

Clients discharged from MAT Iowa range from 20 to 63 years of age with a median age of 31 years. Table 38 shows demographic information for the 157 clients discharged from the MAT Iowa grant. There are no significant differences for sex, race (White and non-White), ethnicity, or sexual orientation between the 158 clients currently receiving services in the grant and the 157 clients discharged from the grant.¹⁶

Table 38. Description of Discharged Clients

Demographics of Discharged Clients		percent (N=157)
Sex	Female	42.7 (67)
	Male	57.3 (90)
Gender	Female	42.7 (67)
	Male	57.3 (90)
	Transgender	0.0 (0)
Sexual Orientation	Heterosexual	95.5 (150)
	Lesbian	1.3 (2)
	Gay	0.6 (1)
	Bisexual	2.5 (4)
Race	White	91.1 (143)
	African American	3.2 (5)
	American Indian/Alaska Native	1.9 (3)
	Asian	0.6 (1)
	Native Hawaiian/Other Pacific Islander	0.6 (1)
	Multi-Racial	0.6 (1)
	Missing Data	1.9 (3)
Ethnicity	Hispanic/Latino	3.2 (5)
	Not Hispanic/Latino	96.8 (152)

¹⁶ Chi Square Tests, $p > 0.05$.

Table 39 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 over half of the discharged clients. There are no statistical associations between substance of use and discharge status.¹⁷

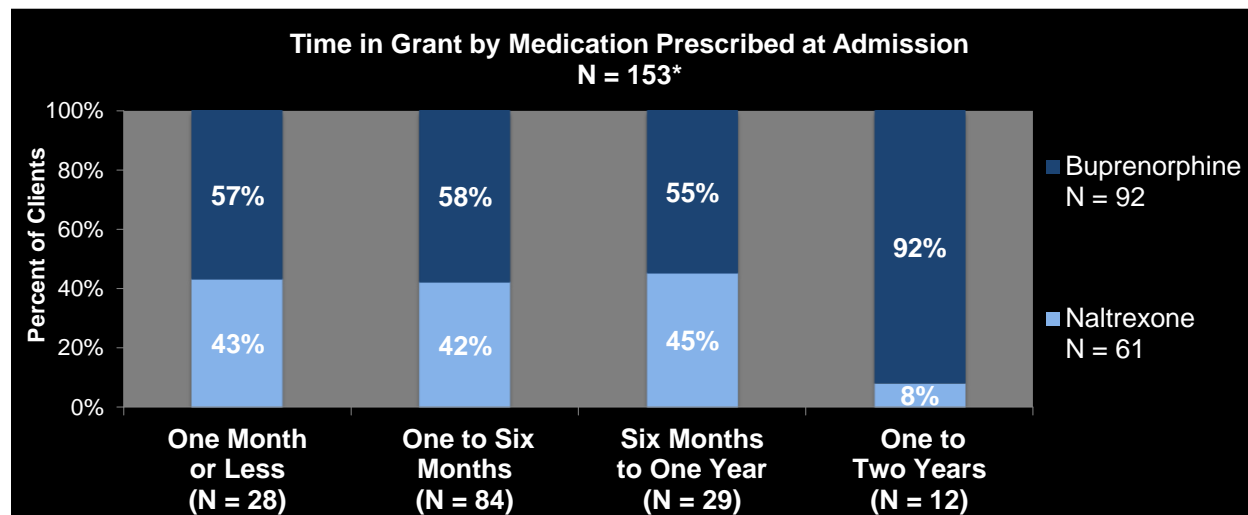
Table 39. Clients Discharged from Grant: Substance of Use and MAT Medication Prescribed

Discharged Clients			
Substance of Use	percent (N=157)	MAT Medication	
		Medication	N=157
Heroin	52.2 (82)	Buprenorphine	60
		Naltrexone	22
Heroin and Opioids	0.6 (1)	Naltrexone	1
Opioids	28.7 (45)	Buprenorphine	31
		Naltrexone	14
Alcohol	17.8 (28)	Acamprosate	3
		Disulfiram	1
		Naltrexone	24
Alcohol and Opioids	0.6 (1)	Buprenorphine	1

As displayed in Table 7 on page 5, the two most commonly prescribed medications for the 315 clients admitted to the MAT Iowa grant are buprenorphine (70.5%) and naltrexone (27.6%). Of the 157 clients discharged, 153 clients were prescribed either buprenorphine or naltrexone (58.6% and 38.9% respectively). It is worth noting, of the 87 clients in the grant prescribed naltrexone, over two-thirds (70.1%) have been discharged compared to 41.4% of clients prescribed buprenorphine. Figure 15 presents the length of time the 153 discharged clients prescribed either buprenorphine or naltrexone received grant services.

¹⁷ Chi Square Test, $p > 0.05$.

Figure 15. Length of Time Clients Received Grant Services by MAT Medication Prescribed



*Figure 15 excludes four discharged clients prescribed acamprosate and one client prescribed disulfiram.

Table 40 on the following page shows the route of administration for each type of MAT medication used by discharged clients. Five of the discharged clients (3.2%) never used the prescribed medication. Over half of the clients used buprenorphine and over one-third used naltrexone. There are no statistical associations between medication used by clients and discharge status.¹⁸ Further analyses conducted on Naltrexone indicate clients utilizing both injection and tablet naltrexone are more likely to complete the grant successfully than clients using only the oral naltrexone.¹⁹ However, the route of administration used by each provider heavily confounds these results. One provider routinely uses one route while other providers use different routes. Great caution is advised interpreting these results and they may change as more clients prescribed naltrexone are discharged.

¹⁸ Chi Square Test, $p > 0.05$.

¹⁹ Fisher's Exact Test, $p < 0.05$.

Table 40. MAT Medication Used and Route of Administration by Discharge Status

MAT Medication	% (N=157)	Route of Administration Reported at Discharge	N=157	Discharge Status	
				Successful subgroup % (N=25)	Terminated subgroup % (N=132)
Acamprosate	1.3 (2)	Tablet	2	0.0 (0)	100.0 (2)
Buprenorphine	57.3 (90)	Injection	1	0.0 (0)	100.0 (1)
		Sublingual	89	11.2 (10)	88.8 (79)
Disulfiram	0.6 (1)	Tablet	1	0.0 (0)	100.0 (1)
Naltrexone	37.6 (59)	Injection	9	22.2 (2)	77.8 (7)
		Tablet	27	11.1 (3)	88.9 (24)
		Both Injection and Tablet	23	43.5 (10)	56.5 (13)
Never Used Medication	3.2 (5)	Not Applicable	5	0.0 (0)	100.0 (5)

Retention

The retention rate for MAT Iowa is 50.2% as displayed in Table 41.

Table 41. Retention Rate

Retention Rate	
Admitted	315
Discharged	157
Currently in MAT Iowa	158
Retention Rate	50.2%

Analyses found no statistical associations between county of residence reported at admission (rural versus urban) and discharge status.²⁰ As more clients are discharged from grant-funded services and if there are increased numbers of successful completions, additional analyses of factors associated with discharges will be conducted as appropriate and included in future reports.

²⁰ Chi Square Test, p > 0.05.

STATUS OF PROJECT GOALS

The following provides a summary and examination of the status and progress being made toward achievement of the goals for 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 and are occurring on a bimonthly basis in Years Two and Three. 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 42, when the grant was awarded in August 2015, 486 clients were receiving MAT from providers. The goal of increasing the number of clients receiving MAT services by 10% was exceeded in both years.

Table 42. Number of Individuals Receiving MAT Services

Month	Number of Clients Receiving MAT Iowa Grant Services	Number of Individuals Not in the MAT Iowa Grant Receiving MAT Services from Providers
Baseline August 2015	0	486
Clients Receiving MAT After Grant was Awarded		
Year One (August 2015 – July 2016)	85	916
Year Two (August 2016 – July 2017)	172	544
Year Three (August 2017 – July 2018)	58	311
Total	315	1,771

Included in the last column in Table 42 on the previous page are 80 individuals receiving MAT services by providers who were not providing MAT services to clients before the grant began. The providers implemented MAT services as a result of the grant and are now providing MAT services not only to grant clients, but other clients at their agency as well.

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 Tables 3 and 4 on pages 2 and 3.

Providers began completing GPRA follow-up interviews with clients in May 2016. Of the 178 clients with completed follow-up interviews, 119 clients (66.9%) reported use of alcohol or illegal drugs in the 30 days prior to grant admission; at follow-up, 54 clients (30.3%) 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 by over half compared to admission, thus exceeding the goal.²¹

As shown in Table 9 on page 6, over half of clients who completed the follow-up interview are male (53.4%) and 46.6% are female. Table 43 shows abstinence at follow-up by sex. Thirty-two of the 95 males (33.7%) and 22 of the 83 females (26.5%) reported use of alcohol or at least one illegal substance in the 30 days prior to the follow-up interview. There are no statistical associations between sex and abstinence at follow-up, thus no evidence of disparity.²²

Table 43. Abstinence Rates at Follow-Up by Sex

Abstinence at Follow-Up	N	Male percent (N=95)	Female percent (N=83)
Substance Use Reported	54	33.7 (32)	26.5 (22)
Abstinent	124	66.3 (63)	73.5 (61)

²¹ McNemar's Test, p < 0.0001.

²² Chi Square Test, p > 0.05.

Table 44 shows race reported at admission by abstinence at follow-up. There are no statistical associations between race and abstinence at follow-up, thus no evidence of disparity.²³

Table 44. Abstinence Rates at Follow-Up by Race

Abstinence at Follow-Up	N	White percent (N=160)	Race Other than White percent (N=16)
Substance Use Reported	53	30.0 (48)	31.3 (5)
Abstinent	123	70.0 (112)	68.8 (11)

Note: Data are excluded for two clients whose race was missing at admission.

Analyses was also conducted for abstinence rates at follow-up by county of residence at admission (urban versus rural) and no significant associations were found.²⁴ Very few ethnic minorities (three clients) and very few clients indicating their sexual orientation as lesbian, gay, or bisexual (six clients) have completed follow-up interviews. As more follow-up interviews are conducted with clients, data from follow-up interviews will be analyzed for ethnic minorities, sexual orientation, and other outcomes 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 Coordinated 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 Manual of Mental Disorders (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.

²³ Chi Square Test, $p > 0.05$.

²⁴ Chi Square Test, $p > 0.05$.



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. UCS 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

Many techniques are used to increase awareness of **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, two physicians, MAT Services Coordinator, certified nursing assistant, four counselors.

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

Trainings and Professional Development Related to MAT

Many techniques are used to increase awareness of MAT in Iowa. The following outreach has been conducted to educate and inform individuals in Iowa about opiate dependence, withdrawal, and MAT.

- Development of a MAT Iowa website by the Iowa Department of Public Health: <https://idph.iowa.gov/mat>
- Development of printed materials for conferences and various audiences.
- Numerous media interviews including radio, newspaper, and television with staff from IDPH and the providers.
- IDPH and providers have participated on panels for communities and legislators.
- Participation in town hall meetings.



- Participation in Opioid Awareness Vigil/Outreach related to MAT; NARCAN training provided at vigil.
- Joint presentations with the Eastern Iowa Heroin Task Force.
- MAT-PDOA team on IDPH Opioid Steering Committee.
- Iowa's Governor launched Opioid Awareness Week in October 2017 to highlight efforts and initiatives underway in Iowa and introduce an action plan for the State of Iowa going forward. One provider hosted Iowa's Governor and Lt. Governor for a tour and provided information related to MAT, Opioid Response Team, and NARCAN training.
- MAT Services Coordinator at one treatment agency leading the Mercy Health Network Opioid Task Force. There are 44 hospitals in Iowa in the Mercy Health Network. This work includes building capacity for MAT at all Mercy Hospitals in Iowa. Overall, this treatment agency has provided over 600 hours of mentoring/counseling related to MAT for hospitals, agencies, communities in Iowa and throughout the nation.
- Creation of Opioid Update Newsletter distributed by IDPH biweekly.
- IDPH and the providers are supplying information and conducting presentations to a variety of audiences including:
 - Other substance use disorder treatment providers.
 - Federally qualified health centers, hospitals, emergency departments, physicians, nurses and nurse case managers, other medical practitioners, free medical clinics, and mental health facilities. This includes a training for Trinity Health (99 hospitals in 22 states).
 - Clinicians who may be aware of someone in need and social workers.
 - The Department of Corrections including probation and parole officers, police and sheriff's departments, jail staff, police departments.
 - Drug Court programs.
 - Drug Task Force.
 - Department of Human Services.
 - Mental health centers.
 - The drug endangered children statewide workgroup.
 - Community centers including a Native American center, Eastern Iowa Health Center, free medical clinics, Dubuque Area Substance Abuse Coalition.
 - Local colleges and universities.
 - Iowa Governor's Conference on Substance Abuse.
 - Iowa Pharmacy Association.
 - University of Iowa Evidenced Based Practice Conference.
 - Julien Dubuque International Film Festival.
 - Legislative Education Meeting.
 - Iowa Public Health "Bus Stop".
 - Chris Herren Event.
 - Iowa Healthcare Collaborative "Opioid Guardianship Project".
 - Opioid Summit at Drake University: Identify, Prevent, Recovery: Combating Opioids in Iowa.
 - Iowa Healthcare Collaborative Conference.
 - University of Iowa Rural Healthcare Conference.
 - Testimony for the Opioid Epidemic Evaluation Legislative Study Committee.
 - Governor's Opioid Forum.



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 helps 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.

Group therapy, ATR program, medication, peer recovery support.

Medication, therapy sessions and having the combination.

Going to group, meeting with the doctor, and receiving the medication to help with cravings.

Getting the Vivitrol injection.

Group sessions. Medication would be the biggest.

One-on-one counseling and the groups.

Group therapy.

Close proximity of Suboxone to home treatment sessions.

Treatment.

The Suboxone was very helpful and the one-on-ones with Emily.

Having someone to talk to has been very helpful. I am very thankful for the care.

Everything has been helpful, knowing I can call Turning Point anytime. I really appreciate that the counselors are more personal.

Assistance in getting the medication. The medication itself.

Meeting with the doctors and counselors.



My recovery and all the staff have been wonderful. I am happy and proud to be able to count on all the staff here.

This treatment center doesn't treat me like a drug addict and I like that.

The medication and treatment.

Got back on Suboxone when I had no insurance, gave me the option.

That the medicine was covered by the grant, otherwise it would be too expensive.

Counseling was the most helpful.

Voucher for medication and basically everything involved.

The groups.

Meeting with doctor.

Meeting with doctor and meeting with treatment team.

The structure and pattern of getting my medicine, the routine.

Attending groups.

Medication; everything helpful.

The medication, talking about problems, and a therapist to talk about everything.

Group sessions and counseling. Realizing I'm not alone and being able to open up and feel comfortable.

Meeting with doctor and having time to consult with the doctor.

Meeting with physician.

Individual sessions.

Vouchers.

Treatment and medication.

Whole program.

All of them.

Medication, treatment.

Suboxone took away withdrawal so I could focus and gain employment.

Individual sessions.

Residential was the most beneficial.

ATR, MAT program, vouchers.

The Suboxone being paid for.

Paying for the Suboxone, otherwise I wouldn't be able to afford it.

Individual sessions.

Paying for the Suboxone was a huge help.

Getting the medicine to help my cravings.

Talking with the doctor and counselors. Suboxone.

Anytime I need something I can call to get answers or get a call back.

Ability to get medication with vouchers.



Residential treatment helped get me clean and helped keep me sober.
The medication/vouchers.
Incentives, meds, vouchers, treatment.
Apartment at Heart of IA.
Treatment and medications. Medications a lot.
Medical, groups, individuals, medication.
Adult Residential treatment and their groups.
The Suboxone, it took the cravings away; helped me feel normal.
The staff always being there to answer any and all questions that I've had/have.
The staff and I have discussed future employment options and further treatment options with MAT services.
Individual sessions.
One-on-one treatment services. Groups also helped.
MAT.
Living environment, just being here getting a job, counselor, groups, and AA meetings.
Helping me get set up with a doctor to continue prescribing Suboxone after I moved here to Iowa.
The Vivitrol shot has been my main service and it has been lifesaving.
Meeting with Lisa.
Heart of Iowa was most helpful.
When having pain or high stress, the shot takes the ability to get high off the table so that in itself helps tremendously with cravings.
Enrollment of insurance/vouchers.
ATR, gas card.
Paying for the Suboxone.
Counseling going along with the MAT.
The shot has helped me so much. I have not had any cravings since getting it.
Getting me the medication.
Methadone is what works for me. I tried Suboxone, but it didn't take cravings away so now on Methadone.
Vouchers, individual sessions, ATR.
Staff and medication.
Helped me get stable so I could get a job.
Having the staff accessible, you guys call me right back which helps if I feel like I'm going to use.
One-on-one and groups with Erik.
The Suboxone medication and staff.
Group sessions, talks with medical staff.

Wow, this place is a godsend. I could not do it, I just couldn't until I took Suboxone. Thank you for everything.

Meeting with the counselors and doctors. The medicine has helped my cravings.

Medicine and staff.

Helped me take stress off due to financial assistance.

Paying for the Suboxone.

Pay for Suboxone and explaining the difference between it and Methadone.

Helped so much, paying for medication allowed me to focus on my grandkids and getting a job and a place to live.

Paying for medicine.

Financially to pay for Suboxone has helped me and my life has 'evened out'.

Getting to talk to someone who knows how hard addiction is, and getting the Suboxone paid for.

Paying for Suboxone.

Paying for the Suboxone really helped.

Getting it paid for and the ability to get sober.

The fact that the program allowed for me to be on the right dose.

Therapy, medication, medical staff. All really.

Information on safest medication, and info on going up or down on medication.

Residential treatment.

The medication, I wouldn't have been able to afford it.

The services were great.

The medication really helped with the withdrawal.

Assistance with getting off the opiates.

Pay for medication.

Paying for medicine.

Financial, paying for medication.

Not getting high.

Suboxone acts in a way that helps you get into the track of recovery.

Paying for medication.

Paying for the Suboxone.

The counseling.

Suboxone, paying for it.

Paying for medication.

Medication helped with energy.

The individual sessions, appointments and also the vouchers received for the medication.

Paying for Suboxone.



Getting the medication paid for.
Voucher to help pay for my meds. The medication itself. Having a caring and dedicated staff.
ATR.
Paying for the medication.
Availability and paying for the medication.
Group and individual therapy.
Being able to try Suboxone without financial issues.
None, I wasn't ready to stop using.
Paid for Suboxone.
The medication was effective and the counseling has been a blessing. I came in so empty that everything has been positive.
Pay for meds.
The Suboxone and the groups.
Methadone was helpful, I wish I could have made it to Suboxone.
None, I didn't follow through with MAT or treatment.
Individual counseling sessions.
Financial assistance, paying for Suboxone.
Suboxone due to financial reasons.
Being referred to inpatient at Prelude, my counselor was great.
Getting the medicine in Dubuque.
Mostly the medicine and talking to the counselors.
The Suboxone really helped me to stop craving and get a job.
The medication.
Being able to come here and get my medication.
Residential.
The shot and face-to-face meeting.
Living in halfway housing at Heart of Iowa was helpful.
Getting the monthly shot and counseling.
The medication itself. Clinic appointments and meeting with Christina.
The cravings were diminished.
The Vivitrol shot strongly reduced my urge to drink.
The medications have been helpful in keeping on a more level mindset. I enjoy the group meetings and get a lot from them.
Funding for Suboxone, I couldn't afford it. Talking to the counselor.
Family therapy.



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.

Groups.

Having a discussion about Campral, having quicker access to psychiatrist.

Housing assistance.

ATR possibly.

Attend more meetings (AA, NA).

Flexibility regarding work schedule is helpful.

Group sessions dealt with AA more than NA. Focus more on substances than alcohol.

More individual sessions.

Other groups with other people in MAT program. I would have benefited more from other groups, not just halfway house with different staff.

Probably ATR.

Transportation.

I preferred my treatment (IOP) to be longer.

If there was a Suboxone provider in Iowa City.

Individual sessions with my primary counselor.

Maybe more help with getting or finding jobs.

More one-on-one sessions, less group.

Would like to know when appointment is before Wednesday.

Transportation.

We have talked about private counseling which I am involved in now.

Financial help for housing.

Transportation since I don't drive due to physical problems.

I feel like I have had access to any services I have needed.

Transportation to treatment.

I wish I would have never done Methadone in past.

AA, Celebrate Recovery, ASAC, mental health provider and therapist and DHS services.

Clinic needs to be more flexible. Treatment should be optional.

Housing.

Stumbled on ATR, counselor could have informed me.



Maybe finding a way to get the shot that is closer to home.
Transportation, discount on other meds.
I think you covered it all.
I want to stay for longer sessions.
Help with housing.
Help with finding housing.
It's been pretty thorough and staff are good at listening to my needs.
Transitional housing.
AA would have been helpful if I had more time to get to meetings.
More education to people in DHS, POs, Judges.
Weren't willing to work with me on other medications.
Would have liked more individual counseling.
Housing.
Needed to explain side effects better.
If people can't afford to pay for counseling then I feel grant should help.
Suboxone, I think would have helped me greatly.
Maybe more individual counseling, but it was hard to get counseling with my job.
AA, church, and sponsor.
Financial help with bills.
A psychiatrist associated with and close to the Jackson Recovery place. For my bipolar and anxiety, some type of therapist to specialize in mental health.
Counseling on the weekends. Therapy times difficult with school schedule.
Detox.
I need help with my rent.

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.
Class was good, staff nice and friendly.
Everyone was so encouraging and helpful.
Grateful for chances given and treated amazing here downtown.
Having the doctors be able to prescribe other medication.

I appreciate the ASAC programs, they were beneficial to my recovery.

I am in awe how much this program has helped us. It has helped to save our lives, I really have no words. I am so thankful.

I believe this whole program/agency saved my life, but I also believe you have to want it and work it.

I have been treated very nice and the doctors have been very nice.

I like the program. The Suboxone gives me hope that I'll be able to have a long recovery.

I really appreciate that you have worked with me to better my life.

I recommend it for anyone going through opioid addiction.

I think it has gone very well.

I'd like to figure out what is going on with UA's.

I'm grateful for the opportunity to get the Vivitrol shot. I have been sober since the second shot I received.

It has been very helpful to my recovery in more ways than one.

It is a great program. I thought it helped at the time.

Sometimes it was hard for me to run into other drug addicts at Turning Point. It really wasn't a trigger, just I didn't want to be around those people anymore.

Staff were very genuine and respectful.

The medicine has helped me have a better life.

The medicine probably saved my life and I am grateful.

The Suboxone care has been a godsend. I love coming here.

Therapist was awesome.

This has been very helpful. I am looking for a job and I have my life back, thank you. All services are excellent and staff are very courteous.

I am pregnant now and will do the shot again after the baby is born.

Staff were nice.

I appreciate all the help.

Things finally worked this time.

No, you did a good job.

Thank you for having Suboxone.

This program has helped very much with my sobriety. If it wasn't for this program, I would be in horrible shape, possibly even dead. I will honestly say the staff and doctors are very helpful and friendly. They're also willing to work with and help me 24/7.

The staff has gone above and beyond the required treatment options and have assisted with my addiction issues (medication). While serving jail time, excellent service and excellent staff assistance! Above and beyond. Thank you Malissa and Alyssa. Everyone deserves a raise.

It really helped me realize it's not all about me. The program helped me to realize how selfish I was.

Very helpful in general and really does help keep me sober through tough times.

Everyone here is super nice and helpful.

I'm very happy and grateful with the program and it's going very well.

Good program, I like it.

I love the staff.

I love it, this saved me. I surely would have died.

You guys are saving lives.

I am happy where I am.

Appreciate incentives.

Thank you to everyone who makes this possible. I have my life back.

This is a good program.

Awesome program.

Thank you for giving me some stability.

Didn't work for me, Suboxone made me sick, but appreciate the program.

Program saved me.

Program was very helpful since I had no way to pay.

Just thank you.

This program saved me. Thank you.

Safe place, feel the love, very comfortable here. Professional and caring.

Have recommended to other people, start halfway at Prelude soon.

It was great.

Think people should be told about possible side effects.

Listening to NPR, opiate epidemic is worse in other states. Ethical and humane way to approach it, Suboxone is the way to go.

Thankful it's available and that it helps with the withdrawal.

It's been excellent and UCS made me feel like I belonged.

I am really grateful for the time and dedication of your staff, this includes Christina.

Thank you.

It's been great and a lifesaver.

I have felt very satisfied with the treatment I received.

Got great information from staff.

I look forward to coming back to continue my treatment.

Would like to get back on it.

I think it's a wonderful thing, even without being 100% effective it definitely helps give us coping skills, be that mental, physical. It helps us realize we do need help and normalizes asking for help.

More locations for easier access.



Very helpful. Outpatient was not enough, but getting into inpatient was absolutely the best thing ever.

Suboxone helped me get better again.

Suboxone really is an amazing medicine. Nothing else has ever helped me like that.

Keep up the good work. Thank you ASAC.

This service has been very helpful with my recovery.

Thank you.

I appreciate the opportunity to participate in this MAT program because I feel it really helps.

I like the program here at Jackson and it has most definitely helped me.

This is helping me so much. Thank you.

