



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

STATE OF IOWA OUTCOMES MONITORING SYSTEM

YEAR 11 REPORT

SEPTEMBER 2009

IOWA CONSORTIUM FOR SUBSTANCE ABUSE RESEARCH AND EVALUATION
UNIVERSITY OF IOWA, IOWA CITY, IOWA 52242-5000

WITH FUNDS PROVIDED BY:
IOWA DEPARTMENT OF PUBLIC HEALTH, DIVISION OF BEHAVIORAL HEALTH

CITATION OF REFERENCES RELATED TO THIS REPORT IS APPRECIATED. SUGGESTED CITATION:

KOCH, N., CLAYTON, R., & ARNDT, S. (2009). IOWA OUTCOMES MONITORING SYSTEM: YEAR 11 REPORT. (IOWA DEPARTMENT OF PUBLIC HEALTH CONTRACT #5889NA01). IOWA CITY, IA: IOWA CONSORTIUM FOR SUBSTANCE ABUSE RESEARCH AND EVALUATION.
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NICOLE KOCH, BA, PROJECT COORDINATOR

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Executive Summary

The Outcomes Monitoring System (OMS) was established to systematically gather data on substance abuse treatment outcomes in Iowa. Randomly selected clients from 24 Iowa Department of Public Health funded treatment agencies were contacted for follow-up interviews that occurred approximately six months after discharge from treatment. Nine hundred and fifty-two clients admitted in calendar year 2008 were selected to participate in the OMS project. This report presents outcomes for 437 of these clients who completed the follow-up interview.

Overview of Findings

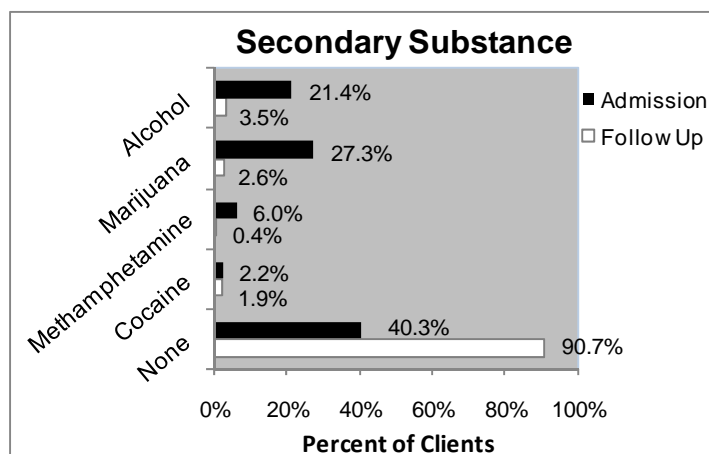
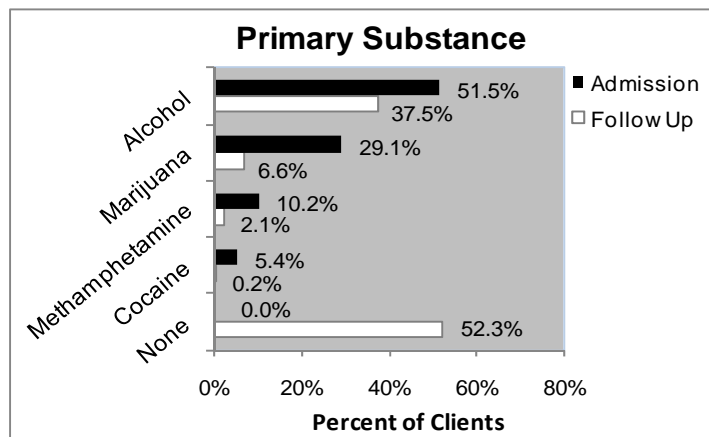
The following data describe outcomes for 437 clients for whom both admission and follow-up data were obtained. Abstinence increased by 52.3 percentage points; no arrests increased by 50.1 percentage points; and full time employment increased by 12.3 percentage points; from admission to follow up.

Outcomes at Follow Up N=437			
	Abstinence Percent (N)	No Arrests Percent (N)	Employed Full Time Percent (N)
Admission	0.0 (0)	34.2 (149)	35.3 (154)
Follow Up	52.3 (229)	84.3 (368)	47.6 (208)

Note: The number of clients is rounded to the nearest integer due to weighting of the data; therefore, the numbers of clients are approximate but the percentages are accurate.

Primary and Secondary Substance

- At both admission and follow up, alcohol was the most commonly indicated primary substance with 51.5% and 37.5% of clients reporting it, respectively.
- Alcohol and marijuana were the two most often reported primary and secondary substances at admission and follow up.
- Marijuana was the most common secondary substance, reported at admission by 27.3% of clients. At follow up, there was a decrease of nearly 25 percentage points for clients reporting marijuana as a secondary substance than at admission.



Primary Substance and Outcome Variables

The following table shows the four most often reported primary substances at admission by three outcome variables of abstinence, no arrests, and employment at follow up.

Primary Substance at Admission	OMS Sample at Follow Up N=437		
	Abstinence Percent (N)	No Arrests Percent (N)	Employed Full Time Percent (N)
Alcohol	48.2 (109/225)	79.3 (178/225)	46.7 (105/225)
Marijuana	49.9 (64/127)	87.2 (111/127)	50.9 (65/127)
Methamphetamine	69.9 (31/44)	92.0 (41/44)	68.8 (31/44)
Cocaine/Crack	76.8 (18/24)	93.9 (22/24)	14.9 (4/24)

Note: The number of clients is rounded to the nearest integer due to weighting of the data; therefore, the numbers of clients are approximate but the percentages are accurate.

Abstinence

- Of the 437 clients interviewed, 52.3% (229) indicated abstinence six months post discharge. Clients who indicated alcohol as their primary substance reported 48.2% abstinence during the follow-up period. Additionally, 49.9% of clients who indicated marijuana were abstinent; 69.9% of clients who indicated methamphetamine were abstinent; and 76.8% of clients who indicated cocaine as their primary substance were abstinent. The number of clients reporting methamphetamine or cocaine use is much smaller than those reporting use of alcohol or marijuana, so comparisons are limited.
- Overall, approximately 73% of clients reported frequency of use to be either “no use in the past six months” or “no past month use” at follow up.

Arrests

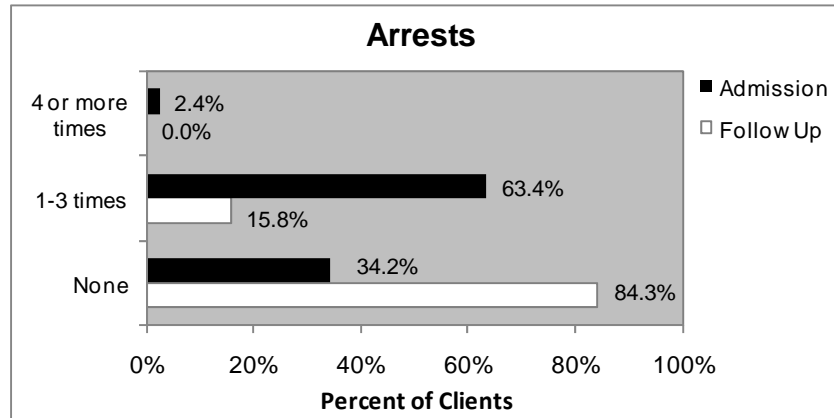
- Clients who indicated alcohol as their primary substance at admission had been arrested more often at follow up (79.3% no arrests) than clients reporting marijuana, methamphetamine, or cocaine. Of those clients, approximately 90% were arrest free at follow up.

Employment

- Of the clients who reported alcohol as their primary substance at admission, 46.7% were working full time at follow up. Of those reporting methamphetamine, 68.8% were employed full time; 50.9% who indicated marijuana were employed full time at follow up; and 14.9% who indicated cocaine were working full time at follow up.

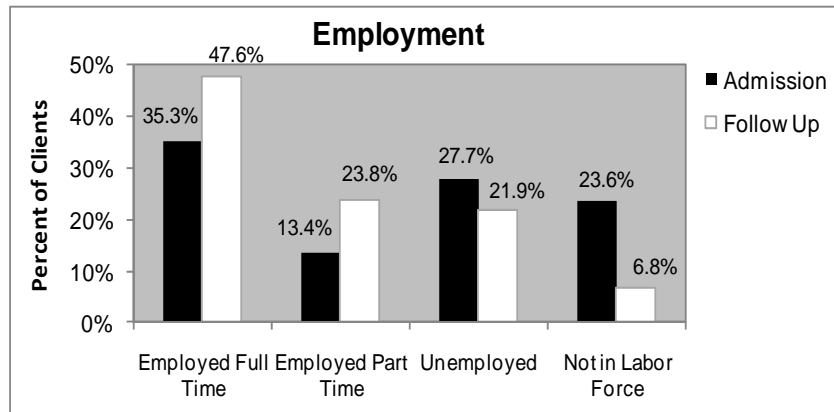
Arrests

- From admission to follow up, 2.5 times as many clients reported having no arrests.



Employment Status

- Clients employed full time increased from 35.3% at admission to 47.6% at follow up.
- Clients who indicated that they were not in the labor force dropped 16.8 percentage points from admission to follow up.



Length of Stay

Of the 952 clients selected to participate in the OMS project, 870 were issued a discharge date during the reporting period. The following chart presents length of stay in treatment for those 870 clients.

- The highest percentage of clients had a length of stay of 31 to 60 days; the lowest percentage of clients had a length of stay less than seven days. The mean length of stay was 70 days in treatment (median = 49), with a range of 0 days to 433 days.

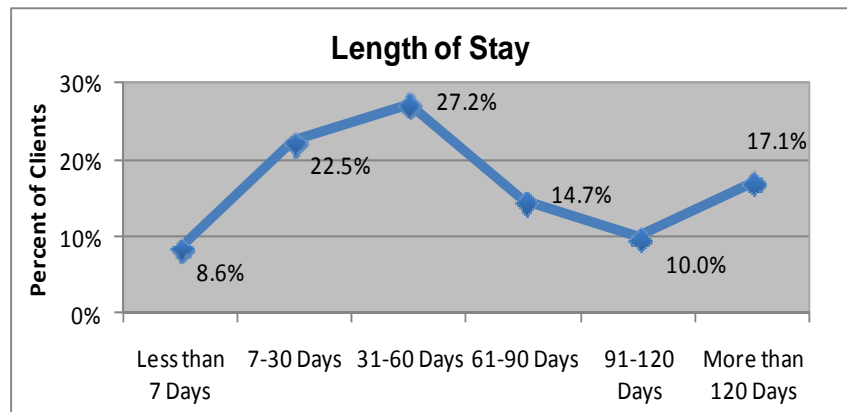


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Section A. Background

In July 1998, at the request of the Iowa Department of Public Health (IDPH), the Iowa Consortium for Substance Abuse Research and Evaluation (Consortium) designed and tested an Outcomes Monitoring System (OMS) to report substance abuse treatment outcomes in Iowa. Prior to this, treatment agency staff conducted their own follow-up interviews with clients. Implementation of the OMS project provided an independent evaluation regarding client outcomes and relieved treatment agencies from the responsibility of tracking and interviewing clients following discharge. The Consortium has provided ongoing client sampling, recruitment, tracking, data collection, data analysis, and reporting since January 1999.

Section B. Evaluation Process and Methods

B.1. Data Collection

The Consortium utilizes two IDPH standardized client data collection instruments to collect admission data for OMS: the Substance Abuse Reporting System (SARS) and the Iowa Service Management and Reporting Tool (I-SMART). Data transmitted to the Consortium includes crisis intervention, placement screening, admission, discharge, and other services received. OMS follow-up data collection is designed to complement client data recorded in SARS and I-SMART. While the primary focus of OMS is the acquisition of follow-up data, the success of the project's design is dependent upon complete and accurate treatment admission and discharge data entered by agency staff. SARS/I-SMART admission data as well as follow-up data collected by Consortium staff are client self-report data.

B.2. Sampling Procedures

OMS data are obtained through stratified random sampling procedures from the population of publicly funded clients participating in substance abuse treatment. This population includes clients who receive IDPH-funded drug or alcohol treatment in one of the following environments: medically managed inpatient, medically monitored residential, clinically managed residential, intensive outpatient, extended outpatient, halfway house, or continuing care. The monthly data set from which the sample is drawn is composed of the previous month's SARS/I-SMART admission data. Given that the number of admissions varies from month to month, the sample size also varies. The average monthly sample size during calendar year 2008 was 78 with a range of 37 to 107 clients. The monthly random sample size was approximately 8% of the adult and adolescent client population admitted to treatment in that month.

B.3. Recruitment

Agencies participating in OMS play an important role in informing clients about the project. At admission, clients are provided with materials that include a letter from IDPH describing in detail the project and the possibility of being selected for a follow-up interview. Immediately after the monthly OMS sample is selected, Consortium staff members contact clients in an effort to secure a verbal agreement to participate in a 10 to 15 minute follow-up telephone interview that takes place approximately six months after discharge from treatment. When staff reach a potential participant via telephone, they explain that they are calling on behalf of the Health Research Network (HRN) to talk about participation in a public health study. HRN is a pseudonym for the Consortium utilized to assist in protecting client confidentiality. Additional procedures are followed so that phone calls and mail from the Health Research Network may in no way be connected to substance use. Staff members confirm the identity of the client before describing the project in detail and attempting to recruit the client. The confirmation process

includes matching the client's date of birth and last four digits of their social security number. If the information matches, the staff member will read the "Information Summary and Consent Document" that describes the OMS project and invite the client to participate in the follow-up interview.

If a client agrees to participate, their individual contact information is recorded and consent to participate in the follow-up interview is documented. Participants are informed that they will receive periodic contact information update calls or letters, approximately every six to eight weeks until the follow-up interview. Staff also collect collateral contact information, such as a relative's phone number, during the initial and update calls.

The Consortium provides a toll-free number to clients along with information regarding the confidential voice mail system. Clients without phone contact information and/or who do not have telephone service are sent letters asking them to call the Health Research Network's toll-free number regarding a public health study. If clients do not respond to the phone calls or letters, treatment agency staff are contacted for assistance in updating contact information.

Clients may decline or withdraw participation in OMS at any time during recruitment, update, and interview phases. There are no penalties for withdrawing participation in the study. Once a client declines participation, the case is officially closed and tracking of that individual ceases unless the client later contacts the HRN and indicates a desire to participate. Clients receive a twenty-dollar gift card upon completion of the follow-up interview.

B.4. Tracking

A web-based password protected tracking system was developed by the Consortium to manage client data. Client tracking information is recorded and entered into a database that contains detailed case status information for each client. Client tracking information is maintained for each client until his or her case is closed. This tracking information consists of the successful and attempted contacts made during efforts to communicate with the client. Detailed tracking information regarding the status of the entire OMS sample is displayed in the Appendix on pages 34 through 38.

B.5. Follow-Up Interview

In order to participate in the follow-up interview, clients must have a discharge date from treatment confirmed by IDPH records and six months have passed since the client's discharge date. The discharge date is critical as it sets the time period for when the follow-up interview is scheduled to take place. Follow-up interviews are conducted six months after the client has been discharged from treatment. Without an official discharge date, it is impossible for staff to determine when an interview should take place. Once staff receives a SARS or I-SMART discharge date, and six months has passed since discharge, the client is contacted for their follow-up interview. It is not always possible to obtain the follow-up interview exactly six months post discharge, therefore, the project design allows staff to interview recruited participants anywhere from two weeks prior to eight weeks following the six-month post discharge date. On average, the follow-up interviews occurred six months following discharge.

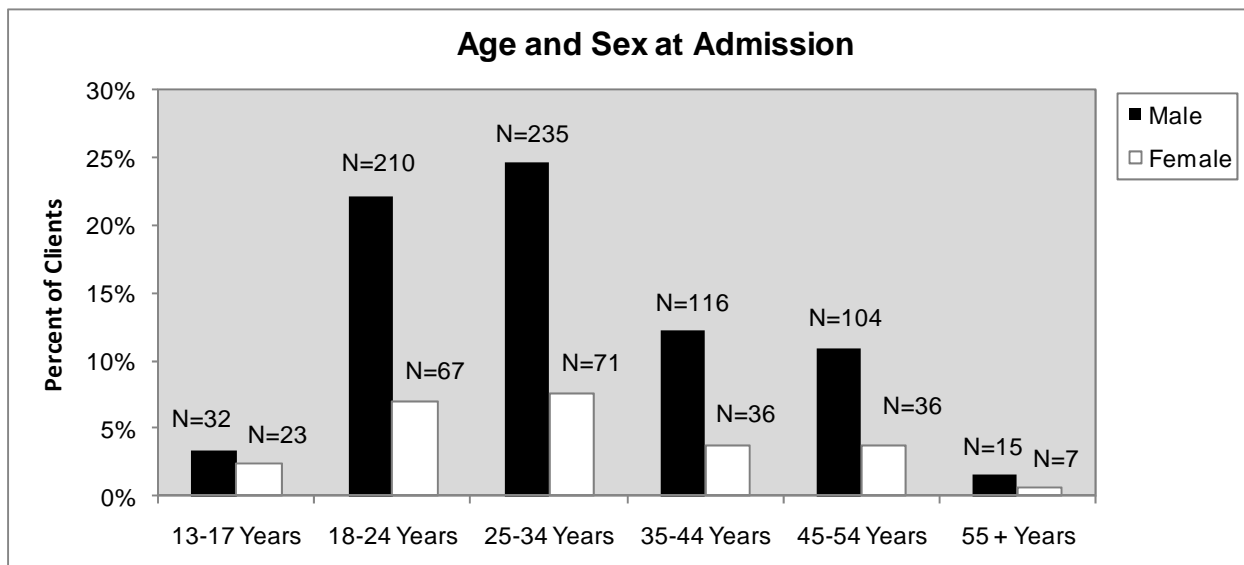
Section C. Clients

C.1. Description of Clients at Admission

This report describes the group of randomly selected clients with treatment admission dates from January 1, 2008 through December 31, 2008. The number of clients is rounded to the nearest integer due to the weighting of the data; therefore, the numbers of clients are approximate, but the percentages are accurate. During this twelve-month period, 952 clients were selected to participate in the OMS project. Of those 952 clients, 55 (5.7%) were adolescents (age 17 and younger) and 897 (94.3%) were adults. Seven hundred and twelve (74.8%) were male and 240 (25.2%) were female. Clients ranged from 13 to 75 years of age with a median age of 28 years.

Figure 1 presents the number of males and females in six age categories. The highest numbers of males and females at admission were between 25 and 34 years of age. For all age categories except 13 to 17 years and 55+ years, there were approximately three times more males than females. There were nearly one and a half times more males than females who are 13 to 17 years of age; and just over two times more males than females aged 55+ years of age.

Figure 1. Age and Sex at Admission



Note: The number of clients is rounded to the nearest integer due to the weighting of the data.

Figure 2 presents race reported at admission for 945 clients in the OMS sample. The 'Other Race' category includes clients who reported Alaskan Native, Alaskan Native/American Indian, African American/White, Asian, or Hawaiian or Pacific Islander, as their primary race. There were two clients who reported Alaskan Native, three clients who reported Alaskan Native/American Indian, six clients who reported African American/White, five clients who reported Asian, and two clients who reported Hawaiian or Pacific Islander as their primary race at admission. Additionally, there were 7 clients who reported American Indian; 80 clients who reported African American/Black; and 841 clients who reported Caucasian/White as their primary race at admission. Data was missing for four of the clients, and three clients responded "unknown" when asked about their race.

Figure 2. Race at Admission

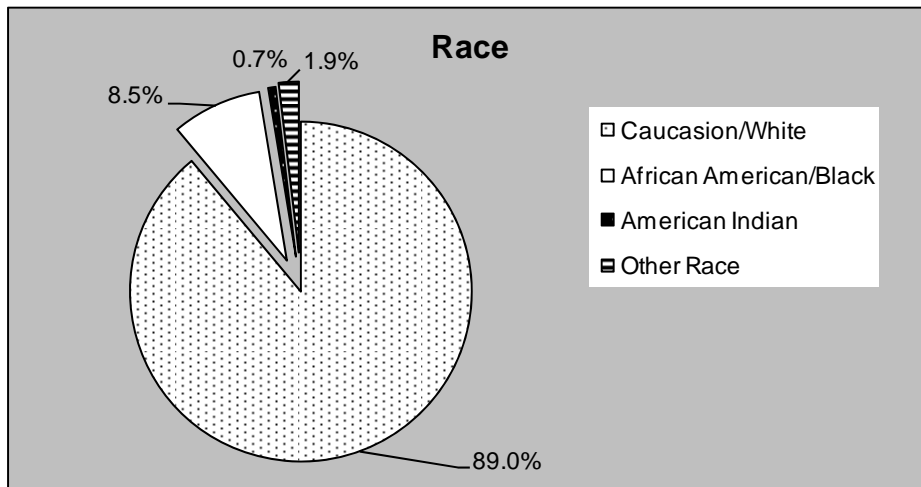
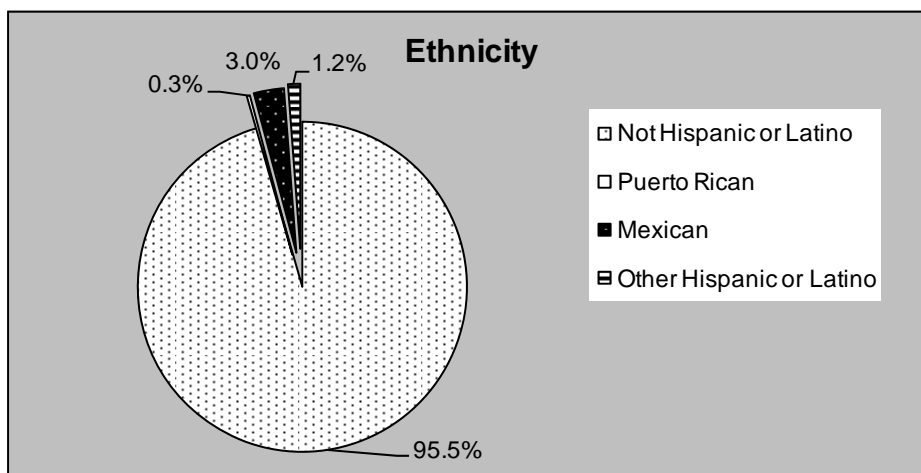


Figure 3 shows ethnicity reported at admission for the 948 clients. Forty-two individuals (4.5%) reported being of Spanish, Hispanic, Latino, or Mexican ethnicity at admission. Data was missing for four of the clients.

Figure 3. Ethnicity at Admission



C.2. Recruitment, Tracking, and Follow-Up Efforts

Of the 952 clients who were selected to participate in the OMS project, 644 individuals consented to participate in the follow-up interview, and 86 declined to participate in the project. Fifty-seven clients are still currently open and staff are attempting to locate, recruit and/or interview. One hundred and sixty-five clients were not able to be recruited for various reasons including: they could not be located (89 clients), they were incarcerated (42 clients), their interview date had already passed when the Consortium received notification of their discharge dates (16 clients), or they died (one client). Additionally, 17 of these 165 clients were not provided information on the project nor given a consent form and therefore could not be contacted by the Consortium. Table A1. of the Appendix presents information on client classifications.

Of the 644 clients who were successfully recruited, 437 follow-up interviews have been completed to date. There were 35 recruited individuals who could not be located, even after numerous phone calls, letters, and internet searches. Twenty-one clients were incarcerated at the time of their interview, and Consortium staff does not interview individuals who are incarcerated. Interview due dates had already passed for 16 recruited clients when the Consortium received notification of their discharge dates, 3 clients died, and 14 clients chose to withdraw from the project after previously agreeing to participate. Staff are providing regular update calls to an additional 118 clients until their interview dates arrive.

The recruitment rate consists of clients who were successfully recruited (644), those who declined to participate (86), and non-recruited clients whom staff has been unable to locate (89). This calculation results in a recruitment of 78.6%. Of the clients eligible for a follow-up interview (successfully recruited who are not incarcerated, and with an interview due date that has arrived), 89.9% received an interview. This calculation includes all clients who completed the follow-up interview (437), recruited clients who could not be located when their interview was due (35), and those who decided not to take part in the interview after initially agreeing to do so (14). Detailed tracking information regarding the entire OMS sample is provided in the Appendix on pages 34 through 38.

Section D. Changes from Admission to Follow Up

Tables 1 through 14 present admission responses from sampled clients admitted in 2008 (952 clients). The tables also provide admission and follow-up responses from clients who completed follow-up interviews (437 clients). The first column describes the responses, or categories of responses, for the SARS or I-SMART question. The second column describes the responses for clients in the sample who answered that item at admission. The third and fourth columns describe the responses for clients who answered the particular item both at admission and at follow up (437). Table 15 displays education status at follow up for adults and adolescents who completed the follow-up interview. There can be no comparison between admission and follow-up data for this question because education level can be updated periodically by each agency in I-SMART, replacing the initial education level recorded at admission.

The number of clients may be less than 437 for any given item as clients may decline to answer any question at follow up. Variables at admission and follow up are compared only for those clients who had a response at *both* admission and follow up. Many factors affect client outcomes, and conclusions regarding reasons for changes should be approached with caution. Fourteen variables were identified for comparison from the SARS/I-SMART admission and follow-up data; these are presented in Tables 1 through 14 on pages 7 through 15. Some of the more interesting findings are reported below.

- **Abstinence:** Clients reporting “no primary substance” increased from 0% at admission to 52.3% at follow up. Thus, at follow up, over half of the clients were abstinent during the six months after treatment.
- **Primary Substance:** For clients who indicated a primary substance, alcohol was the most common with 51.5% reporting use at admission and 37.5% of clients reporting use at follow up.
- **Secondary Substance:** Clients reporting “no secondary substance” increased from 40.3% to 90.7%, therefore, less than 10% of clients reported using more than one substance at follow up. For clients who reported a secondary substance at follow up, alcohol was the most common, followed by marijuana. The frequency of use of both substances, however, decreased between admission and follow up.
- **Arrests:** For the question regarding arrests, the admission response refers to the 12 months prior to admission and the follow-up response refers to the six months following discharge. Less than 16% of the clients had been arrested one to three times during the six months following treatment.
- **Months Employed:** Clients responding “none” when asked about months employed decreased by 10.3 percentage points while clients responding “4 or more months” increased by 11 percentage points.
- **Income:** Of the clients who reported no income at admission, over half (51.3%) reported income primarily from “wages/salary” at follow up. An additional 33.3% of the clients with no income at admission reported receiving income primarily from “family/friends” at follow up.

Table 1. Primary Substance

At follow up, over half of the clients indicated no primary substance. The most commonly indicated primary substance was alcohol, with 51.5% and 37.5% reporting it at admission and follow up, respectively. Marijuana was the second most commonly reported substance. There was over a 22 percentage point decrease between admission and follow up for clients reporting marijuana use. Methamphetamine use decreased from 10.2% of clients at admission to just over 2% of clients reporting use at follow up.

Primary Substance	OMS Sample at Admission N=952 (weighted percent)	OMS Sample at Follow Up N=437 (weighted percent)	
		Admission	Follow Up
None	0.0	0.0	52.3
Alcohol	51.8	51.5	37.5
Cocaine/Crack	5.7	5.4	0.2
Marijuana/Hashish	25.5	29.1	6.6
Methamphetamine	13.5	10.2	2.1
Heroin	0.2	0.1	0.0
Non-Prescription Methadone	0.0	0.0	0.0
Other Opiates and Synthetics	2.2	2.9	0.6
PCP	0.0	0.0	0.0
Other Hallucinogens	0.1	0.0	0.0
Other Amphetamine	0.1	0.1	0.3
Other Stimulants	0.2	0.5	0.0
Benzodiazepines	0.2	0.3	0.5
Other Tranquilizers	0.0	0.0	0.0
Barbiturates	0.1	0.0	0.0
Other Sedatives and Hypnotics	0.2	0.0	0.0
Inhalants	0.0	0.0	0.0
Over the Counter	0.0	0.0	0.0
Steroids	0.0	0.0	0.0
Ecstasy	0.0	0.0	0.0
Oxycontin	0.1	0.0	0.0
Other Prescribed Analgesics	0.0	0.0	0.0
Other	0.0	0.0	0.0

Note: Due to rounding, percentages may not add up to exactly 100%. Client's substance may change from admission to follow up.

Table 2. Secondary Substance

At follow up, 90.7% of clients responded “none” when asked if they used a secondary substance in the past six months. The most common secondary substance reported at follow up was alcohol (3.5%), followed by marijuana (2.6%). There were large decreases between admission and follow up for clients reporting alcohol or marijuana as their secondary substance, 17.9 and 24.7 percentage points respectively. Additionally, there was a moderate decrease between admission and follow up for clients reporting methamphetamine as their secondary substance: 5.6 percentage points.

Secondary Substance	OMS Sample at Admission N=952 (weighted percent)	OMS Sample at Follow Up N=437 (weighted percent)	
		Admission	Follow Up
None	39.6	40.3	90.7
Alcohol	20.8	21.4	3.5
Cocaine/Crack	5.1	2.2	1.9
Marijuana/Hashish	25.5	27.3	2.6
Methamphetamine	6.7	6.0	0.4
Heroin	0.0	0.0	0.0
Non-Prescription Methadone	0.0	0.0	0.0
Other Opiates and Synthetics	0.8	0.5	0.8
PCP	0.0	0.0	0.0
Other Hallucinogens	0.1	0.2	0.0
Other Amphetamine	0.2	0.1	0.0
Other Stimulants	0.1	0.2	0.0
Benzodiazepines	0.3	0.3	0.0
Other Tranquilizers	0.3	0.6	0.0
Barbiturates	0.0	0.0	0.0
Other Sedatives and Hypnotics	0.2	0.5	0.0
Inhalants	0.0	0.0	0.0
Over the Counter	0.0	0.0	0.0
Steroids	0.0	0.0	0.0
Ecstasy	0.1	0.0	0.0
Oxycontin	0.2	0.3	0.2
Other Prescribed Analgesics	0.0	0.0	0.0
Other	0.0	0.0	0.0

Note: Due to rounding, percentages may not add up to exactly 100%. Client's substance may change from admission to follow up.

Changes in frequency of use provide additional information regarding client outcomes following treatment. Tables 3 and 4 present frequency of use for individuals who report using the same primary substance at *both* admission and follow up. For example, a client may report using alcohol daily at admission and later at follow up report that they have used alcohol 1 to 3 times in the past month, representing a decrease in use (assuming similar volume). Comparison of frequency among substances provides marginal information regarding use as methods and volume may not be comparable (e.g. having one drink 3-6 times per week versus smoking methamphetamine 3-6 times per week).

Table 3. Primary Substance: Change in Frequency of Use

Table 3 is a subset (352) of the total group who completed the follow-up interview (437), and presents the change in frequency of use for those who reported the same primary substance at *both* admission and follow up. Nearly 75% of clients reported either “no use in past six months” or “no past month use”, indicating an overall decrease in the use of primary substances. At follow up, the majority (65.1%) of these clients reported abstinence (no use in the past six months). For clients who reported use of the same primary substance during the six months following discharge (35.2%), “1-3 times in past month” was the most common frequency (10.2%). The percentage of clients reporting “no past month use” decreased by a large margin (almost 20 percentage points), likely due to these clients entering the category of “no use in past six months” at follow up.

Primary Substance Frequency	OMS Sample at Admission N=952 (weighted percent)	OMS Sample at Follow Up N=352 (weighted percent)		
		Admission	Follow Up	Change
No use in past six months	10.9	9.5	65.1	+55.6
No past month use	31.0	28.0	8.3	-19.7
1 to 3 times in past month	26.5	28.9	10.2	-18.7
1 to 2 times per week	9.7	13.2	8.1	-5.1
3 to 6 times per week	6.8	6.8	3.1	-3.7
Once daily	3.9	2.1	4.6	+2.5
2 to 3 times daily	4.7	5.3	0.7	-4.6
4 or more times daily	6.2	5.9	0.0	-5.9

Note: Due to rounding, percentages may not add up to exactly 100%.

Eighty-six clients (19.6%) reported a primary substance at follow up that was different from the primary substance they reported at admission. Fifty-four of these clients identified that their primary substance at follow up was the one they originally reported as their secondary substance at admission. For example, a client reported a primary substance of alcohol and a secondary substance of marijuana at admission but when asked at follow up, the client reported use of marijuana only. Thus, marijuana became their primary substance at follow up. The majority of clients in these cases identified marijuana or methamphetamine as their primary substance at admission but stated alcohol use was now primary (rather than secondary) at follow up. The remaining 32 clients reported using a primary substance at follow up that was neither the primary *nor* the secondary substance that they reported at admission. The majority of these clients changed from marijuana or methamphetamine at admission, to alcohol at follow up.

Table 4. Secondary Substance: Change in Frequency of Use

Table 4 represents only those clients who had no change in their secondary substance from admission to follow up, including those who remained abstinent (no use in the past six months), a group of 406 clients. Clients responding “no use in past six months” for use of a secondary substance increased by 43 percentage points from 54.9% at admission to 97.9% at follow up.

Secondary Substance Frequency	OMS Sample at Admission N=952 (weighted percent)	OMS Sample at Follow Up N=406 (weighted percent)		
		Admission	Follow Up	Change
No use in past six months	53.9	54.9	97.9	+43.0
No past month use	19.6	17.2	1.1	-16.1
1 to 3 times in past month	14.5	18.1	1.0	-17.1
1 to 2 times per week	4.7	3.7	0.1	-3.6
3 to 6 times per week	2.7	2.9	0.0	-2.9
Once daily	1.9	1.0	0.0	-1.0
2 to 3 times daily	2.0	2.0	0.0	-2.0
4 or more times daily	0.4	0.1	0.0	-0.1

Note: Due to rounding, percentages may not add up to exactly 100%.

Table 5. Days per Month Attended AA, NA, or Similar Meetings

At follow up, participants reported attending more AA, NA, or similar meetings than at admission. Clients indicating “none” to the number of days they attended meetings decreased by 33.7 percentage points from admission to follow up. Over 35% of clients reported attending one to ten meetings per month at follow up, compared to 12.2% at admission. Additionally, there was a 10.1 percentage point increase in the number of clients who reported attending 11 or more meetings per month between admission and follow up.

Meetings Attended Per Month	OMS Sample at Admission N=952 (weighted percent)	OMS Sample at Follow Up N=437 (weighted percent)		
		Admission	Follow Up	Change
None	79.2	84.5	50.8	-33.7
1 to 10 meetings	16.0	12.2	35.9	+23.7
11 or more meetings	4.8	3.3	13.4	+10.1

Note: Due to rounding, percentages may not add up to exactly 100%.

Table 6. Arrests

For the question regarding arrests, the admission response refers to the 12 months prior to admission and the follow-up response refers to the six months following discharge. Over 84% of clients reported no arrests at follow up, compared to 34.2% of clients reporting no arrests at admission. Over 60% of clients reported being arrested 1 to 3 times at admission, whereas only 15.8% reported 1 to 3 arrests at follow up.

Arrests	OMS Sample at Admission N=952 (weighted percent)	OMS Sample at Follow Up N=437 (weighted percent)		
		Admission	Follow Up	Change
None	33.3	34.2	84.3	+50.1
1 to 3 times	63.7	63.4	15.8	-47.6
4 or more times	3.0	2.4	0.0	-2.4

Note: Due to rounding, percentages may not add up to exactly 100%.

Table 7. Hospitalizations Due to Substance Use

At follow up, over 94% of clients reported no hospitalizations due to substance use.

Hospitalizations	OMS Sample at Admission N=952 (weighted percent)	OMS Sample at Follow Up N=437 (weighted percent)		
		Admission	Follow Up	Change
None	89.2	88.5	94.3	+5.8
1 to 3 times	10.8	11.5	5.7	-5.8
4 or more times	0.0	0.0	0.0	0.0

Note: Due to rounding, percentages may not add up to exactly 100%.

Table 8. Employment Status

At follow up, over 70% of clients responded that they were employed full or part time. Clients reporting they were unemployed decreased by 5.8 percentage points from admission to follow up. At follow up, only 6.8% of clients reported not being in the labor force; a 16.8 percentage point decrease from admission. Clients who indicated not being in the labor force were in one of the following categories: a homemaker, student, retired, disabled, incarcerated, or not seeking work.

Employment Status	OMS Sample at Admission N=952 (weighted percent)	OMS Sample at Follow Up N=437 (weighted percent)		
		Admission	Follow Up	Change
Employed Full Time (≥ 35 hrs/wk)	33.7	35.3	47.6	+12.3
Employed Part Time (<35 hrs/wk)	14.2	13.4	23.8	+10.4
Unemployed (looking for work in the past 30 days)	32.0	27.7	21.9	-5.8
Not in Labor Force	20.1	23.6	6.8	-16.8

Note: Due to rounding, percentages may not add up to exactly 100%.

Table 9. Months Employed

At follow up, 68% of clients in the labor force were employed four months or more. Nearly 90% of clients indicated they were employed at least one month at follow up.

Months Employed	OMS Sample at Admission N=952 (weighted percent)	OMS Sample at Follow Up N=414 (weighted percent)		
		Admission	Follow Up	Change
None	25.2	22.0	11.7	-10.3
1 to 3 months	21.8	21.0	20.3	-0.7
4 or more months	53.0	57.0	68.0	+11.0

Note: Due to rounding, percentages may not add up to exactly 100%.

Table 10. Monthly Income

The question regarding monthly income is asked of all clients whether they are in the labor force or not. There was a large decrease in clients who indicated they had no monthly income from admission to follow up, 18.5 percentage points. Over 55% of clients indicated their taxable monthly income at follow up was \$501 to \$2000. There were increases in the two highest income categories (\$1001 to \$2000 and over \$2000) at follow up, perhaps corresponding to the previous finding (Table 9) that more clients were employed at follow up.

Monthly Income	OMS Sample at Admission N = 952 (weighted percent)	OMS Sample at Follow Up N=404 (weighted percent)		
		Admission	Follow Up	Change
None	44.7	41.3	22.8	-18.5
\$500 or less	10.7	10.9	6.6	-4.3
\$501 to \$1000	16.5	18.6	22.9	+4.3
\$1001 to \$2000	23.2	24.5	32.9	+8.4
Over \$2000	4.8	4.8	14.9	+10.1

Note: Due to rounding, percentages may not add up to exactly 100%.

Table 11. Primary Income Source

At follow up, just over 1% of clients indicated they had no income source, whereas over 58% of clients responded that wages/salary were their primary income source. Over one quarter of clients at both admission and follow up stated that family/friends were their primary income source.

Primary Income Source	OMS Sample at Admission N=952 (weighted percent)	OMS Sample at Follow Up N=437 (weighted percent)		
		Admission	Follow Up	Change
None	20.7	16.8	1.3	-15.5
Wages/Salary	50.2	51.9	58.8	+6.9
Family/ Friends	22.7	25.5	29.8	+4.3
Public Assistance	1.1	0.7	4.8	+4.1
Retirement/ Pension	0.4	0.0	0.0	0.0
Disability	1.1	0.9	2.0	+1.1
SSI and SSDI	0.8	0.7	0.0	-0.7
Other	3.2	3.6	3.1	-0.5

Note: Due to rounding, percentages may not add up to exactly 100%.

Table 12. Days Missed, Work or School Due to Substance Use

There were moderate changes between admission and follow up in client responses to how many days of work or school were missed due to substance related problems. Clients who reported missing zero days of work or school increased by 13.4 percentage points, from 83.6% to 97%, while clients who reported missing six or more days of work or school decreased by 11.3 percentage points between admission and follow up.

Days Missed	OMS Sample at Admission N=952 (weighted percent)	OMS Sample at Follow Up N=420 (weighted percent)		
		Admission	Follow Up	Change
Zero days	82.3	83.6	97.0	+13.4
1 to 5 days	5.7	4.5	2.5	-2.0
6 or more days	12.0	11.9	0.6	-11.3

Note: Due to rounding, percentages may not add up to exactly 100%.

Table 13. Relationship Status

Over 56% of clients reported being single at both admission and at follow up. Divorced was the second most common response with 13.6% of clients reporting this relationship status at admission and 23.4% at follow up. At both admission and follow up, 100% of adolescents reported being single.

Relationship Status	OMS Sample at Admission N = 952 (weighted percent)	OMS Sample at Follow Up N=437 (weighted percent)		
		Admission	Follow Up	Change
Single	57.2	59.1	56.3	-2.8
Married	11.8	10.9	8.7	-2.2
Cohabiting	9.4	9.3	7.5	-1.8
Separated	5.8	6.6	3.6	-3.0
Divorced	15.0	13.6	23.4	+9.8
Widowed	0.7	0.4	0.5	+0.1

Note: Due to rounding, percentages may not add up to exactly 100%.

Table 14. Living Arrangements

Some of the living arrangement categories are reported together (e.g., substance abuse halfway house, correctional halfway house, group home, and transitional housing). Differences in how SARS and I-SMART record this information does not allow for comparison of each living arrangement separately. Over a quarter of clients reported living with their parents at both admission and follow up, the most common response at both interviews. At follow up, living alone was the second most common living arrangement (20.2%), followed by living with other adults (16.6%). Over 97% of adolescents, at both admission and follow up reported living with their parents.

Living Arrangements	OMS Sample at Admission N = 952 (weighted percent)	OMS Sample at Follow Up N=437 (weighted percent)		
		Admission	Follow Up	Change
Alone	15.5	13.3	20.2	+6.9
Parents	27.0	29.9	26.3	-3.6
Significant Other Only	10.8	9.3	11.2	+1.9
Significant Other and Child(ren)	13.4	14.4	13.8	-0.6
Child(ren) Only	2.3	3.1	5.3	+2.2
Other Adults	18.6	21.0	16.6	-4.4
Other Adults and Child(ren)	4.2	4.3	2.0	-2.3
Jail/Correctional Facility	1.7	0.9	0.0	-0.9
Halfway House, Group Home, Transitional Housing	4.4	2.2	4.7	+2.5
Shelter, Homeless	2.1	1.6	0.0	-1.6
Hospital	0.0	0.0	0.0	0.0

Note: Due to rounding, percentages may not add up to exactly 100%.

Table 15. Education at Follow Up

Table 15 examines education status at follow up by age at admission. Age is separated into two groups: adults (18 and older) and adolescents (17 and younger). Nearly 50% of adults have an education level of high school only at follow up; an additional 34.9% reported an education level of some college. Only 15.3% of adults reported that they did not graduate high school. Over 95% of adolescents and 20.5% of adults reported that they were enrolled in an education program during the six months between discharge and follow up.

Level of Education	OMS Sample at Follow Up N=437 (weighted percent)	
	Adults N=405 (weighted percent)	Adolescents N=32 (weighted percent)
Did Not Graduate High School	15.3	80.9
High School Only ^	49.8	19.1
Some College	28.7	0.0
4 or More Years of College	6.2	0.0

Note: Due to rounding, percentages may not add up to exactly 100%.

^ Clients who receive a General Education Degree (GED) are grouped with clients in the “High School Only” category.

Section F. Outcomes: Abstinence

Tables 16 through 21 examine abstinence at follow up in relation to other variables at admission and follow up. Abstinence is defined as responding “none” when asked during the follow up interview to identify a substance used since discharge from treatment. The follow-up interviews occur approximately six months after the client was discharged from treatment. The follow-up period refers to the six months between the client’s discharge from treatment and the follow-up interview.

Although 437 follow-up interviews were completed, individual tables may contain data from fewer clients as they may have declined to answer that particular question. The N for each response represents the number of abstinent clients out of the number of total clients who indicated that response. For Tables 16 through 21, the number of clients is rounded to the nearest integer due to weighting of the data; therefore, the numbers of clients are approximate but the percentages are accurate.

Table 16. Abstinence by Primary Substance

One hundred and nine of the 225 clients (48.2%) who reported alcohol as their primary substance at admission were abstinent at follow up. Additionally, 49.9% of clients who indicated marijuana as their primary substance at admission abstained during the follow-up period; 69.9% of clients who indicated methamphetamine as their primary substance at admission were abstinent during the follow-up period; and 76.8% of clients indicating cocaine as their primary substance at admission abstained during the follow-up period. It is important to note that the variability in the percentages of clients abstaining from methamphetamine or cocaine is likely due to low numbers of clients participating in the follow-up interview who reported these substances. For example, only 24 people who completed the follow-up interview reported cocaine as a primary substance, compared to 225 people who reported alcohol.

Primary Substance at Admission	OMS Sample (N=437) Abstinent at Follow Up weighted percent (N)
Alcohol	48.2 (109/225)
Cocaine/Crack	76.8 (18/24)
Marijuana/Hashish	49.9 (64/127)
Methamphetamine	69.9 (31/44)
Heroin	0.0 (0/0)
Non-Prescription Methadone	0.0 (0/0)
Other Opiates and Synthetics	45.8 (6/13)
PCP	0.0 (0/0)
Other Hallucinogens	0.0 (0/0)
Other Amphetamine	100.0 (0/0)
Other Stimulants	45.4 (1/2)
Benzodiazepines	0.0 (0/0)
Other Tranquilizers	0.0 (0/0)
Barbiturates	0.0 (0/0)
Other Sedatives and Hypnotics	0.0 (0/0)
Inhalants	0.0 (0/0)
Over the Counter	0.0 (0/0)
Steroids	0.0 (0/0)
Ecstasy	0.0 (0/0)
Oxycontin	0.0 (0/0)
Other Prescribed Analgesics	0.0 (0/0)
Other	100.0 (1/1)

Note: The number of clients is rounded to the nearest integer due to weighting of the data; therefore, the numbers of clients are approximate but the percentages are accurate.

Table 17. Abstinence by Employment

There were no significant associations between abstinence and employment at follow up (Cochran-Mantel-Haenszel Test, $p > 0.05$). Clients who indicated not being in the labor force were in one of the following categories: a homemaker, student, retired, disabled, incarcerated, or not seeking work.

Employment Status	OMS Sample at Follow Up N=437	
	Abstinent weighted percent (N)	Non-Abstinent weighted percent (N)
Employed Full Time (≥ 35 hrs/wk)	52.7 (110/208)	47.3 (98/208)
Employed Part Time (<35 hrs/wk)	54.3 (56/104)	45.7 (47/104)
Unemployed (looking for work in the past 30 days)	46.8 (45/96)	53.2 (51/96)
Not in Labor Force	58.0 (17/30)	42.0 (12/30)

Note: The number of clients is rounded to the nearest integer due to weighting of the data; therefore, the numbers of clients are approximate but the percentages are accurate.

Table 17a. Change in Employment and Abstinence at Follow Up

Table 17a presents a comparison of clients at follow up who were abstinent versus clients who were not abstinent by the variable of employment. Increased employment includes clients who have changed from not being in the labor force or unemployed to having any employment, or those who changed from being employed part time to full time. Decreased employment includes clients who changed from having any employment to being unemployed or not in the labor force, or those who changed from being employed full time to part time.

Employment Status	OMS Sample at Follow Up N=437	
	Abstinent N=228 (weighted percent)	Non-Abstinent N=209 (weighted percent)
Increased Employment	46.4	38.5
Maintained Full-Time Employment	22.8	27.1
Maintained Part-Time Employment	6.5	4.8
Maintained Unemployment	9.1	11.3
Maintained Not in Labor Force	5.1	4.4
Decreased Employment	10.2	14.0

Note: The number of clients is rounded to the nearest integer due to weighting of the data; therefore, the numbers of clients are approximate but the percentages are accurate. Due to rounding, percentages may not add up to exactly 100%.

Table 18. Abstinence by Living Arrangements

Some of the living arrangement categories are reported together (e.g., substance abuse halfway house, correctional halfway house, group home, and transitional housing). This is because there is a difference in how SARS and I-SMART record this information, so comparison of each living arrangement separately is not possible. The percentage of clients reporting abstinence differed based on living arrangements at follow up. These differences were statistically significant (Likelihood Ratio Chi-Square Test, $p < 0.001$). Some of the highest abstinence rates were found with clients who lived with their child(ren) only (i.e. single parents), alone, and with their significant other and child(ren). The groups who had the lowest abstinence rates were found among those who reported living with their significant other only or other adults at follow up. Over 97% of adolescents, both at admission and at follow up reported living with their parents.

Living Arrangements	OMS Sample at Follow Up N=437	
	Abstinent weighted percent (N) *	Non-Abstinent weighted percent (N) *
Alone	62.5 (55/88)	37.5 (33/88)
Parents	55.8 (64/115)	44.2 (51/115)
Significant Other Only	32.9 (16/49)	67.1 (33/49)
Significant Other and Child(ren)	58.0 (35/60)	42.0 (25/60)
Child(ren) Only	62.6 (14/23)	37.4 (8/23)
Other Adults	33.7 (24/72)	66.3 (48/72)
Other Adults and Child(ren)	49.9 (4/9)	50.1 (4/9)
Jail/Correctional Facility	0.0 (0/0)	0.0 (0/0)
Homeless, Shelter	0.0 (0/0)	0.0 (0/0)
Halfway House, Group Home, Transitional Housing	70.9 (15/21)	29.1 (6/21)
Hospital	0.0 (0/0)	0.0 (0/0)

*Statistically significant (Likelihood Ratio Chi-Square Test, $p < 0.001$).

Note: The number of clients is rounded to the nearest integer due to weighting of the data; therefore, the numbers of clients are approximate but the percentages are accurate.

Table 19. Abstinence by Monthly Income

There were no significant associations between amount of income and abstinence (Jonckheere-Terpstra Test, $p > 0.05$). Clients earning over \$500 in income reported the highest percentages in abstinence.

Monthly Income	OMS Sample at Follow Up N=404	
	Abstinent weighted percent (N)	Non-Abstinent weighted percent (N)
None	45.4 (42/92)	54.6 (50/92)
\$500 or less	42.6 (11/26)	57.4 (15/26)
\$501 to \$1000	57.6 (53/92)	42.4 (39/92)
\$1001 to \$2000	54.7 (73/133)	45.3 (60/133)
Over \$2000	53.7 (32/60)	46.3 (28/60)

Note: The number of clients is rounded to the nearest integer due to weighting of the data; therefore, the numbers of clients are approximate but the percentages are accurate.

Table 19a. Change in Income and Abstinence at Follow Up

Table 19a presents a comparison of clients at follow up who were abstinent versus clients who were not abstinent by the income variable at follow up. Increased income indicates clients have moved from a smaller income category to a larger income category. Decreased income indicates clients have moved from a larger income category to a smaller income category. Of the clients who reported an income, and were abstinent at follow up, 76.2% maintained or increased their monthly income.

Change in Income	Income Status at Follow Up N=404	
	Abstinent N=211 (weighted percent)	Non-Abstinent N=193 (weighted percent)
Increased Monthly Income	51.7	43.5
Maintained Over \$2000	0.9	2.8
Maintained \$1001 to \$2000	15.1	10.7
Maintained \$501 to \$1000	7.1	5.3
Maintained \$500 or Less	1.4	2.4
Maintained None	13.2	18.2
Decreased Monthly Income	10.7	17.2

Note: The number of clients is rounded to the nearest integer due to weighting of the data; therefore, the numbers of clients are approximate but the percentages are accurate. Due to rounding, percentages may not add up to exactly 100%.

Table 20. Abstinence by Primary Income Source

Table 20 presents responses at both admission and follow up for clients who completed the follow-up interview. The second column lists the percentage of abstinent clients at follow up who reported an income source at admission. The third column lists the percentage of abstinent clients who reported an income source at follow up.

There were no significant associations between income source at admission or follow up with abstinence at follow up (Likelihood Ratio Chi-Squared Test, $p > 0.05$).

Primary Income Source	OMS Sample at Follow Up N=437	
	Income Source at Admission by Abstinence at Follow Up weighted percent (N)	Income Source at Follow Up by Abstinence at Follow Up weighted percent (N)
None	57.6 (42/73)	60.0 (3/6)
Wages/ Salary	49.8 (113/227)	55.5 (143/257)
Family/ Friends	55.6 (62/111)	44.1 (57/130)
Public Assistance	75.7 (2/3)	65.2 (14/21)
Retirement/ Pension	0.0 (0/0)	0.0 (0/0)
Disability	72.0 (3/4)	43.4 (4/9)
SSI and SSDI	100.0 (0/0)	0.0 (0/0)
Other	35.5 (6/16)	49.0 (7/14)

Note: The number of clients is rounded to the nearest integer due to weighting of the data; therefore, the numbers of clients are approximate but the percentages are accurate.

Table 21. Abstinence by Arrests

There was a statistically significant difference between arrest categories at follow up and abstinence at follow up in Table 21 (Cochran-Mantel-Haenszel Test, $p < 0.0001$). The percentage of abstinent clients who reported no arrests during the follow-up period (57.8%) was over 2.5 times higher than of the percentage of abstinent clients who reported being arrested 1 to 3 times (21.7%). The percentage of non-abstinent clients who reported being arrested 1 to 3 times was over three and a half times higher than that of the abstinent clients reporting the same arrest frequency.

Arrests	OMS Sample at Follow Up N=437	
	Abstinent weighted percent (N) *	Non-Abstinent weighted percent (N) *
None	57.8 (213/368)	42.2 (155/368)
1 to 3 times	21.7 (15/69)	78.3 (54/69)
4 or more times	0.0 (0/0)	100.0 (0/0)

*Statistically significant (Cochran-Mantel-Haenszel Test, $p < 0.0001$).

Note: The number of clients is rounded to the nearest integer due to weighting of the data; therefore, the numbers of clients are approximate but the percentages are accurate.

Table 22. AA/NA or Similar Meetings Attended

Out of 437 clients at follow up, 228 were abstinent and 209 were not abstinent. Over half of the abstinent clients attended one or more AA/NA meetings during the follow-up period, compared to less than half of non-abstinent clients.

AA/NA Meetings Attended	Abstinent weighted percent (N)	Non-Abstinent weighted percent (N)
No Meetings	46.9 (107)	55.0 (115)
1 or more Meetings	53.1 (121)	45.0 (94)

Note: The number of clients is rounded to the nearest integer due to weighting of the data; therefore, the numbers of clients are approximate but the percentages are accurate.

Section G. Outcomes: Arrests and Employment

Table 23 examines arrests at follow up in relation to primary substance at admission. For purposes of this report, clients were categorized as having no arrests since discharge or having at least one arrest since discharge from treatment. The N for each response represents the number of clients with no arrests at follow up out of the number of total clients who indicated that substance at admission. Although 437 follow-up interviews were completed, individual tables may contain data from fewer clients as they may have declined to answer that particular question. For Tables 23 and 24, the number of clients is rounded to the nearest integer due to weighting of the data; therefore, the numbers of clients are approximate but the percentages are accurate.

Table 23. No Arrests by Primary Substance at Admission

There were no significant differences between arrests at follow up and primary substance reported at admission (Cochran-Mantel-Haenszel Test, $p > 0.05$).

Primary Substance at Admission	OMS Sample (N=437) No Arrests at Follow Up weighted percent (N)
Alcohol	79.3 (178/225)
Cocaine/Crack	93.9 (22/24)
Marijuana/Hashish	87.2 (111/127)
Methamphetamine	92.0 (41/44)
Heroin	0.0 (0/0)
Non-Prescription Methadone	0.0 (0/0)
Other Opiates and Synthetics	94.1 (12/13)
PCP	0.0 (0/0)
Other Hallucinogens	0.0 (0/0)
Other Amphetamine	100.0 (0/0)
Other Stimulants	100.0 (2/2)
Benzodiazepines	100.0 (1/1)
Other Tranquilizers	0.0 (0/0)
Barbiturates	0.0 (0/0)
Other Sedatives and Hypnotics	0.0 (0/0)
Inhalants	0.0 (0/0)
Over the Counter	0.0 (0/0)
Steroids	0.0 (0/0)
Ecstasy	0.0 (0/0)
Oxycontin	0.0 (0/0)
Other Prescribed Analgesics	0.0 (0/0)
Other	100.0 (0/0)

Note: The number of clients is rounded to the nearest integer due to weighting of the data; therefore, the numbers of clients are approximate but the percentages are accurate.

Table 24 examines employment in relation to primary substance use. For purposes of this table, clients were categorized as being employed full time (35 or more hours per week) at follow up, or not being employed full time at follow up. The N for each response represents the number of clients who were employed full time at follow up out of the number of total clients who indicated that substance at admission.

Table 24. Full-Time Employment by Primary Substance at Admission

There was a statistically significant difference between type of primary substance reported at admission and full-time employment at follow up (Cochran-Mantel-Haenszel Test, $p < 0.01$). Nearly half of the clients whose primary substance at admission was alcohol were employed full time at follow up. Over two-thirds of the clients who reported methamphetamine as their primary substance at admission were employed full time at follow up. Over half of those who reported marijuana as their primary substance at admission indicated full-time employment at follow up. Nearly 15% of the clients who reported cocaine as their primary substance at admission were employed full time at follow up.

Primary Substance at Admission	OMS Sample (N=437) Employed Full Time at Follow Up weighted percent (N) *
Alcohol	46.7 (105/225)
Cocaine/Crack	14.9 (4/24)
Marijuana/Hashish	50.9 (65/127)
Methamphetamine	68.8 (31/44)
Heroin	100.0 (0/0)
Non-Prescription Methadone	0.0 (0/0)
Other Opiates and Synthetics	14.9 (2/13)
PCP	0.0 (0/0)
Other Hallucinogens	0.0 (0/0)
Other Amphetamine	100.0 (0/0)
Other Stimulants	0.0 (0/2)
Benzodiazepines	100.0 (1/1)
Other Tranquilizers	0.0 (0/1)
Barbiturates	0.0 (0/0)
Other Sedatives and Hypnotics	0.0 (0/0)
Inhalants	0.0 (0/0)
Over the Counter	0.0 (0/0)
Steroids	0.0 (0/0)
Ecstasy	0.0 (0/0)
Oxycontin	0.0 (0/0)
Other Prescribed Analgesics	0.0 (0/0)
Other	0.0 (0/0)

*Statistically significant (Cochran-Mantel-Haenszel Test, $p < 0.01$).

Note: The number of clients is rounded to the nearest integer due to weighting of the data; therefore, the numbers of clients are approximate but the percentages are accurate.

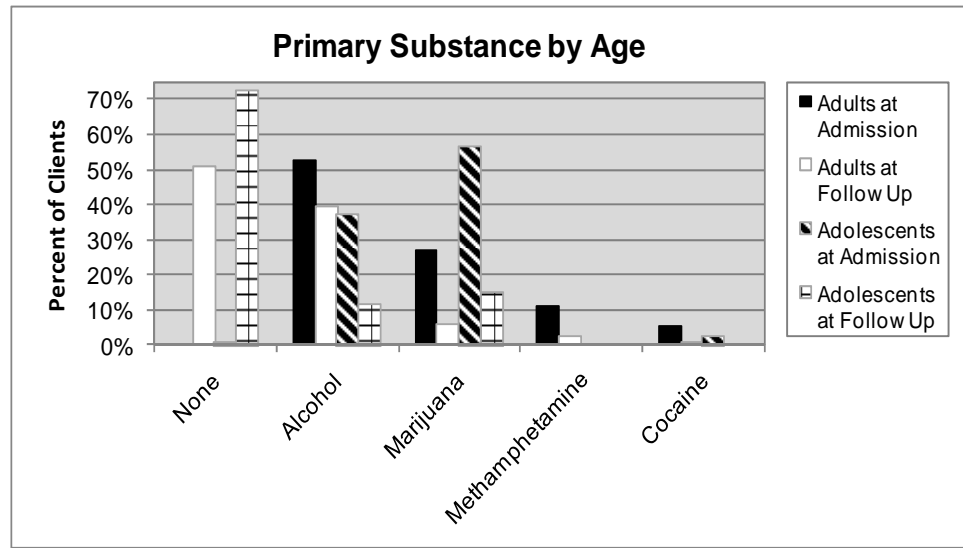
Section H. Outcomes by Age and Sex

Figures 4 through 5a represent selected variables presented by gender and age. Of the 437 clients who completed the follow-up interview, 405 were adults (93%) and 32 were adolescents (7%). There were 317 males (73%) and 120 females (27%). The variables include primary substance and frequency of use. In Figures 4 through 5a, the number of clients is rounded to the nearest integer due to weighting of the data, therefore the numbers of clients are approximate but the percentages are accurate.

The primary substances that clients reported most often were alcohol, marijuana, methamphetamine, and cocaine (see Table 1 on page 7). Figures 4 and 4a show the percentage of males, females, adults, and adolescents in association with these four substances at admission and follow up.

Figure 4. Primary Substance by Age

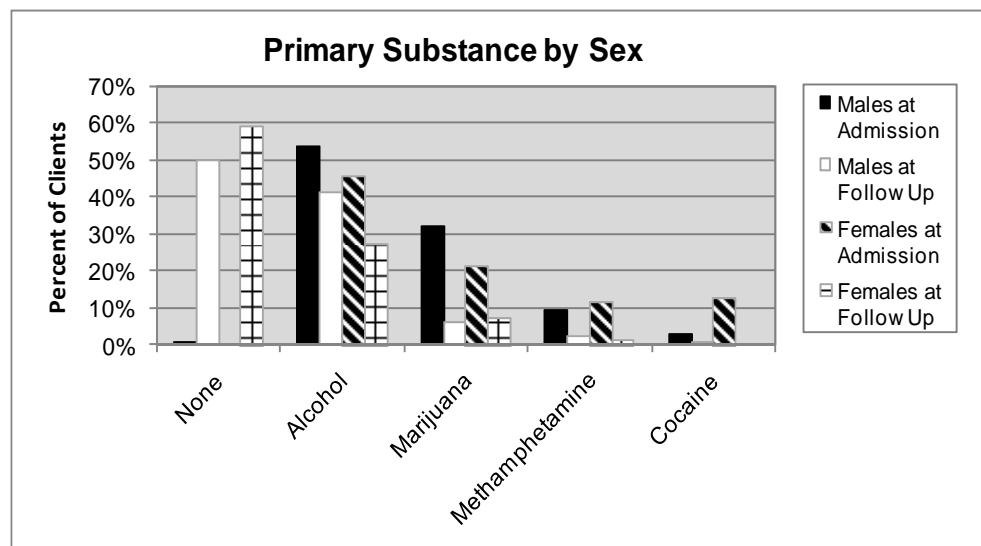
Alcohol was the most commonly reported primary substance among adults (over 50%) at admission, while marijuana was the most common among adolescents. Over half of the adolescents (56.5%) reported marijuana as their primary substance, compared to only a little more than a quarter (27%) of adults.



Between both groups, adolescents had the largest increase in abstinence between admission and follow up, 72 percentage points. Adolescents had a 25.2 percentage point decrease in the number of clients reporting alcohol as their primary substance and a 41.1 percentage point decrease in the number of clients reporting marijuana use from admission to follow up.

Figure 4a. Primary Substance by Sex

Nearly 10% more males reported alcohol as their primary substance at admission than females. However a higher percentage of females reported cocaine or methamphetamine as their primary substance at admission. There was a higher percentage of males (32.2%) than females (21%) who reported marijuana as a primary substance at admission; however, at follow up there was a higher percentage of females (7.3%) than males (6.3%) who reported marijuana as their primary substance.



Figures 5 and 5a are subsets of the total group who completed the follow up interview (437), and present the change in frequency of use for those who reported the same primary substance at *both* admission and follow up. Figures 5 and 5a show the percentage of adults, adolescents, males, and females in association with the frequency of use of primary substance at admission and follow up, a group of 352 clients. Of this group, 322 were adults (91%) and 30 were adolescents (9%); 255 were males (72%) and 97 were females (28%).

Figure 5. Frequency of Use of Primary Substance by Age

Nearly 65% of adults at follow up reported no use in the past six months, compared to just over 75% of adolescents. An increase in use occurred for 3.9% of adults and 4.7% of adolescents who reported once daily use at follow up. There was a large decrease (19.5 percentage points) in adolescents who were using a substance 1 to 3 times in the past month at admission compared to follow up; perhaps due to these clients entering the “no use in past six month” category.

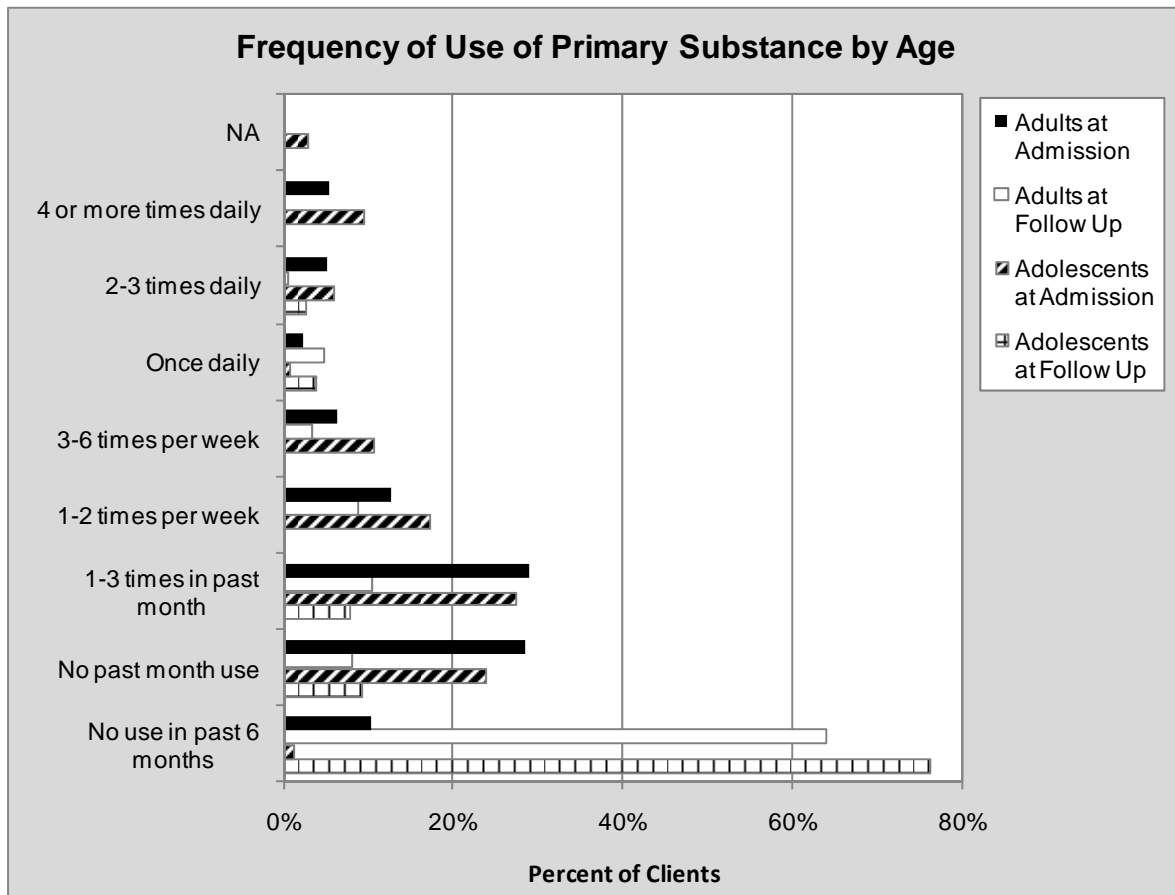
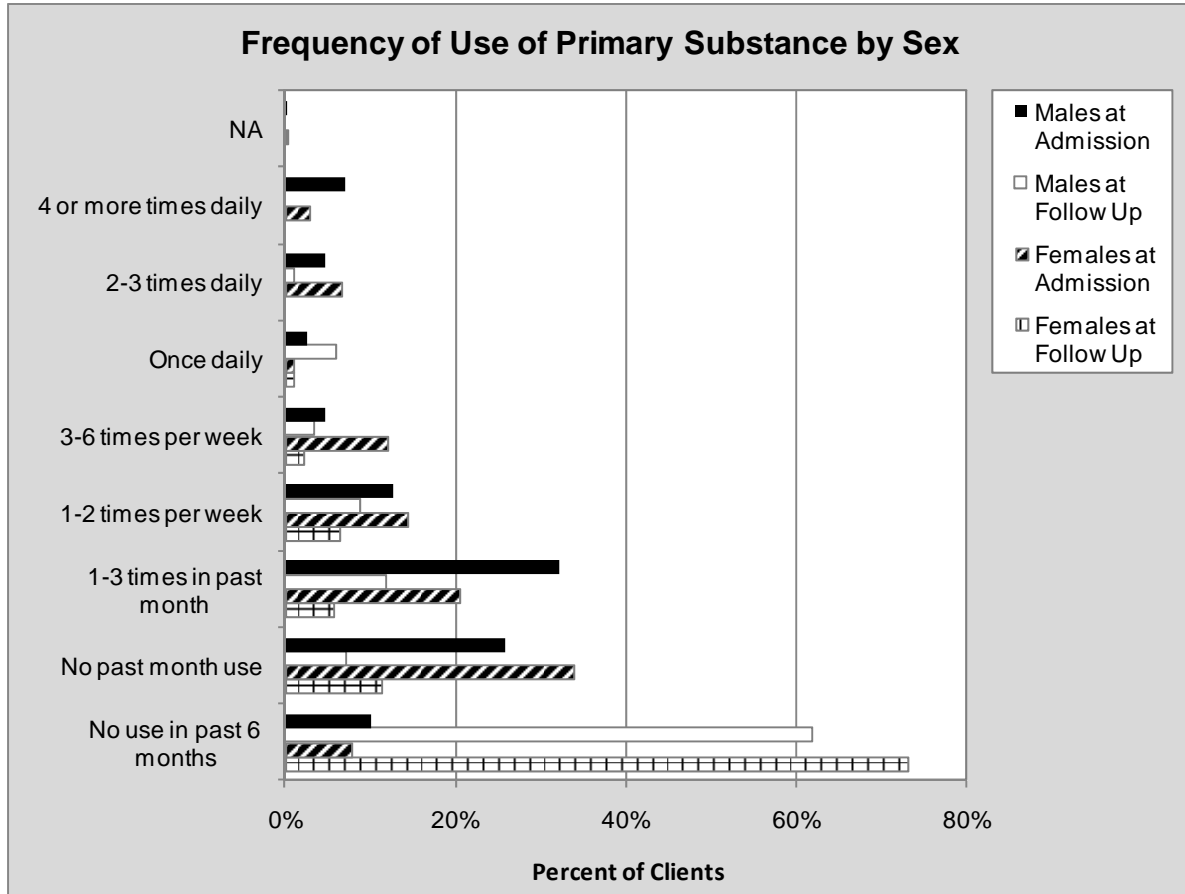


Figure 5a. Frequency of Use of Primary Substance by Sex

Over 84% of females at follow up reported no use in the past month or longer. For males, nearly 70% at follow up reported no use in the past month or longer. Unlike any other frequency category, the percentage of males who used a substance once daily increased from admission (2.5%) to follow up (6%). At follow up, only 1.1% of females reported using a substance once daily or more, compared to 7% of males.



Section I. Length of Stay and Discharge Status

Length of stay is defined as the number of days from admission through discharge. In Table 25, “abstinent” refers to the percentage of clients who had no use during the follow-up period for each length of stay range. The numbers in parentheses represent the approximate number of clients who were abstinent and the approximate total number of clients who were in that length of stay range. For example, 20 of the 36 (20/36) clients who were in treatment less than seven days were abstinent at follow up. Numbers in the “no arrests” and “employed full time” columns are presented in the same manner as abstinence. In Tables 25 through 27, the number of clients is rounded to the nearest integer due to weighting of the data; therefore, the numbers of clients are approximate but the percentages are accurate.

Table 25. Length of Stay by Outcome Variables

There were statistically significant associations between length of stay and abstinence, length of stay and arrests, as well as length of stay and full-time employment at follow up (Jonckheere-Terpstra Test, $p < 0.001$, $p < 0.05$, and $p < 0.05$, respectively).

The most common length of stay was 31-60 days, with 125 clients in this group. Increases in length of stay had a positive association with higher rates of abstinence. Overall, longer lengths of stays are associated with fewer arrests at follow up. Individuals with lengths of stay of less than 7 days were least likely to report full-time employment at follow up.

Length of Stay	OMS Sample at Follow Up N=437		
	Abstinence weighted percent (N) *	No Arrests weighted percent (N) **	Employed Full Time weighted percent (N) **
Less than 7 days	54.2 (20/36)	84.7 (31/36)	28.7 (10/36)
7 - 30 days	38.3 (41/107)	75.1 (81/107)	45.2 (49/107)
31 - 60 days	50.9 (64/125)	86.4 (108/125)	49.3 (62/125)
61 - 90 days	50.9 (32/63)	90.9 (57/63)	49.9 (31/63)
91 - 120 days	66.8 (31/46)	86.3 (40/46)	54.4 (25/46)
More than 120 days	69.2 (42/61)	87.3 (52/60)	51.7 (31/60)

*Statistically significant (Jonckheere-Terpstra Test, $p < 0.001$).

**Statistically significant (Jonckheere-Terpstra Test, $p < 0.05$).

Note: The number of clients is rounded to the nearest integer due to weighting of the data; therefore, the numbers of clients are approximate but the percentages are accurate.

The most often reported primary substances are: alcohol, marijuana, methamphetamine, and cocaine (see Table 1, page 7). Table 26 presents the percentage of clients in each length of stay category for these substances. The table also presents the median length of stay for each primary substance reported at admission.

Table 26. Length of Stay by Primary Substance at Admission

Unlike previous tables in this section that include data only from clients who completed follow-up interviews, data in Table 26 are drawn from the entire group of 952 clients sampled in 2008.

For clients whose primary substance at admission was methamphetamine or cocaine, approximately a quarter were in treatment less than 7 days. The length of stay category with the largest percentage of clients reporting use of alcohol or marijuana at admission was 31 to 60 days. The four substance groups did not significantly differ in length of stay (Jonckheere-Terpstra Test, $p > 0.05$). Clients whose primary substance at admission was marijuana had the longest median length of stay of 49 days, and clients whose primary substance at admission was methamphetamine had the shortest median length of stay of 34 days.

Primary Substance at Admission	Length of Stay						Median Length of Stay Days
	Less than 7 Days weighted percent	7-30 Days weighted percent	31-60 Days weighted percent	61-90 Days weighted percent	91-120 Days weighted percent	More than 120 Days weighted percent	
Alcohol N=491	14.7	23.1	26.1	12.2	8.1	15.8	42
Marijuana/Hashish N=242	13.9	16.7	27.9	18.3	11.5	11.6	49
Methamphetamine N=128	24.6	22.4	12.0	6.1	11.6	23.4	34
Cocaine/Crack N=54	25.4	5.9	36.1	23.2	3.9	5.5	42

Note: The number of clients is rounded to the nearest integer due to weighting of the data; therefore, the numbers of clients are approximate but the percentages are accurate. Due to rounding, percentages may not add up to exactly 100%.

Table 27. Discharge Status by Outcome Variables

Table 27 presents the discharge status by the outcome variables of abstinence, arrests, and employment. There are three discharge categories: successful completion; terminated (clients discharged from the program due to noncompliance); and neutral (this category includes, but is not limited to, those who are discharged due to legal issues related to a sentence, medical reasons, receipt of maximum benefits, referred to another program, or death).

There were no significant associations between discharge status and outcome variables at follow up (Cochran-Mantel-Haenszel Test, $p > 0.05$). The highest abstinence, no arrest, and full-time employment rates at follow up were found with clients who had been discharged for neutral reasons, however this group had the smallest number of clients, only 21. Clients who were successfully discharged from treatment reported higher abstinence, fewer arrests, and higher full-time employment at follow up than those who were terminated. Over 60% of clients who completed the follow-up interview were successfully discharged from treatment.

OMS Sample at Follow Up				
Discharge Status	N	Abstinent weighted percent (N)	No Arrests weighted percent (N)	Employed Full Time weighted percent (N)
Successful Completion	278	55.0 (153)	85.5 (237)	50.1 (139)
Terminated	138	45.1 (62)	81.2 (112)	42.0 (58)
Neutral Discharge	21	62.6 (13)	87.1 (18)	51.0 (11)
Total	437	52.3 (229)	84.3 (368)	47.6 (208)

Note: The number of clients is rounded to the nearest integer due to weighting of the data; therefore, the numbers of clients are approximate but the percentages are accurate.

Section J. Clients Perceived Benefits

Table 28. Clients Perceived Benefits

Table 28 indicates client responses at the follow-up interview when asked their opinion of the various types of treatment received in the substance abuse treatment programs. “Beneficial” was the response indicated most often for individual and group counseling. Results from 437 completed interviews at six months post discharge indicate that 382 of the clients (87.4%) feel that the substance abuse treatment they received was either “very beneficial” or “beneficial”. Clients who responded “did not receive” for a certain type of counseling could have done so for various reasons including: type of counseling was not recommended, type of counseling was not offered, or type of counseling was offered but client chose not to participate.

Perceived Benefit of Counseling	Individual Counseling weighted percent (N)	Family Counseling weighted percent (N)	Group Counseling weighted percent (N)	Educational Counseling weighted percent (N)	Overall Rating of Treatment Program weighted percent (N)
Very Beneficial	31.6 (138)	2.5 (11)	25.1 (110)	22.2 (97)	36.3 (159)
Beneficial	45.1 (197)	2.9 (13)	43.3 (189)	61.0 (267)	51.1 (223)
Not Beneficial	12.6 (55)	0.0 (0)	13.5 (59)	13.9 (61)	12.7 (55)
Don't Know	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Did Not Receive	10.7 (47)	94.6 (414)	18.1 (79)	2.9 (13)	Not Applicable

Note: The number of clients is rounded to the nearest integer due to weighting of the data; therefore, the numbers of clients are approximate but the percentages are accurate. Due to rounding, percentages may not add up to exactly 100%.

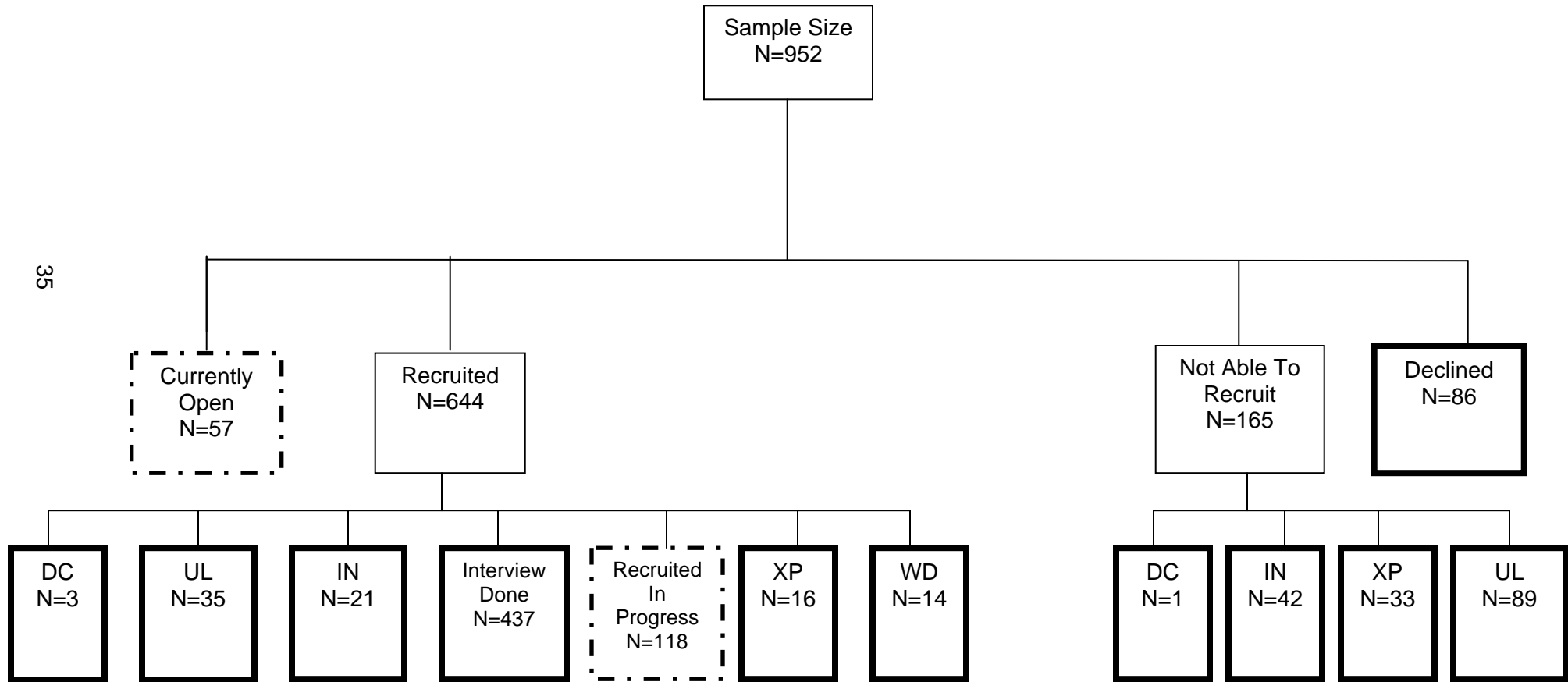
APPENDIX: Presentation of Tracking Data

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Table A1. Client Classifications

Sample Size	The total number of clients who have been randomly selected for inclusion in the OMS project.
Currently Open	This includes clients that staff is actively trying to locate and recruit. Included are clients who are new to the sample, have been sent a letter, or have no working phone and have not yet responded to multiple letters.
Recruited	This includes clients, who at some point, agreed to participate in the follow-up interview. Included are clients who were recruited but incarcerated at the time of their interview, were recruited but could not be located at the time of their interview, were recruited and interviewed, were recruited but waiting for their interview date, were recruited but their interview date had expired at the time the Consortium received notice of their discharge date, were recruited but withdrew from the project, or were recruited but died before their interview date.
Not Able to Recruit	This includes clients that staff has never been able to successfully contact. Included are clients who had not been successfully contacted and were incarcerated at the time of their interview date, clients who staff were unable to locate despite months of effort, clients who had not been contacted but had a potential interview date that had already passed when the Consortium received notice of the client's discharge date, and clients who died before staff could contact them,.
Interview Completed	Interview has been successfully completed. Case is closed.
Declined	Client declined participation in the follow-up interview. Case is closed.
Deceased	Client died before recruitment or client was recruited but died before the interview could take place. Case is closed.
Withdrew	Client initially agreed to participate in the study but then decided not to participate in the project. Case is closed.
Expired	When staff received discharge date, the subsequent interview date had already past (expired). Client may or may not have been successfully recruited. Case is closed.
Recruited- In Progress	Client agreed to take part in the follow-up interview. Client will receive update calls and/or letters until the interview date nears. Case will close when interview takes place.
Unable to Locate	Staff was not able to make contact with the client either via the telephone or mail at time interview was due to take place. Client may have initially been contacted and successfully recruited. Case is closed.
Incarcerated	Client incarcerated at the time interview was due to take place. The client may or may not have been successfully recruited. Case is closed.

Figure A1: Classification of All Clients Admitted in 2008



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Key: DC= Deceased, UL=Unable to Locate, IN=Incarcerated, XP=Expired, WD= Withdrew

*Bolded boxes represent clients with a closed status. Dashed boxes represent clients with an open status (staff are attempting to locate, recruit, and/or interview the client.)

Outcomes Monitoring System Tracking Report Clients Admitted in 2008

Table A2. Case Status – All Clients (952)

Status	Number of Clients
Open Cases	175
Closed Cases	777
Total	952

Table A3. Closed by Category

Category Name	Number of Clients	Percentage of Clients
Follow-Up Interview Complete	437	56.3
Unable to Locate	124	15.9
Declined Participation	86	11.1
Incarcerated	63	8.1
Expired	49	6.3
Withdrew	14	1.8
Deceased	4	0.1
Total	777	100.0

Due to rounding, percentages may not add up to exactly 100%.

Table A4. Recruitment and Follow Up

Category	Percentage
Recruitment	78.6 (644/819)
Declined Participation	12.9 (100/777)
Follow Up	89.9 (437/486)

Type and Number of Client Contacts Clients Admitted January 1 – December 31, 2008

Table A5. Type and Number of Client Contacts

Type of Contact	Adolescent N=55	Adult N=897	Total N=952
An outgoing phone call attempting to recruit client.	618	7,225	7,843
An outgoing phone call in which recruitment has actually taken place and the client has either agreed to participate or refused.	47	462	509
An incoming phone call in which recruitment has actually taken place and the client has either agreed to participate or refused.	11	126	137
An outgoing phone call attempting to update/check-in with client.	358	4,435	4,793
An incoming or outgoing phone call in which a successful update occurs with client.	77	930	1,007
An incoming phone call from client or collateral contact (not from treatment agency).	23	296	319
An outgoing phone call attempting to reach client for the 6-month follow-up interview.	348	3,581	3,929
An outgoing phone call completing the 6-month follow-up interview.	49	336	385
An incoming phone call in with the 6-month follow-up interview is completed.	0	52	52
An outgoing phone call attempting to track client through collateral contacts.	3	46	49
Any incoming and outgoing attempts (phone call/letter/fax) to track client through original treatment agency.	21	206	227
Other - usually directory assistance, Internet search, or any call/contact that doesn't fall under any other category.	164	3,710	3,874
A letter sent to contact client; includes letters that have been returned and notification of address changes from post office; outgoing or incoming.	377	5,789	6,166
All Client Contacts	2,073	26,898	28,971

**OMS Client Contact Data
January 1 – December 31, 2008
All Clients with Closed Cases ***

Table A6. Mean Number of Contacts per Client

Status	Clients	All Contacts	Contacts (Mean)	Letters
Interviews Completed	437	12,711	29.1	2,518
Unable to Locate	124	6,171	49.8	1,426
Declined	86	1,026	11.9	225
Incarcerated	63	2,181	34.6	501
Expired	49	843	17.2	188
Withdrew	14	393	28.1	54
Deceased	4	96	24.0	27
Grand Total	777	23,421	30.1	4,939

* Information in Table A6 represents only closed cases. Cases are closed for 82% of the 952 clients in this report.