



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

**STATE OF IOWA
OUTCOMES MONITORING SYSTEM
YEAR 12
ANNUAL OUTCOME EVALUATION REPORT**

SEPTEMBER 2010

**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:

HEDDEN, S., GUARD, M., & ARNDT, S. (2010). STATE OF IOWA OUTCOMES MONITORING SYSTEM: YEAR 12 ANNUAL OUTCOME EVALUATION REPORT. (IOWA DEPARTMENT OF PUBLIC HEALTH CONTRACT #5881NA01). IOWA CITY, IA: IOWA CONSORTIUM FOR SUBSTANCE ABUSE RESEARCH AND EVALUATION.
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**THE IOWA
CONSORTIUM**
FOR SUBSTANCE ABUSE RESEARCH AND EVALUATION

STATE OF IOWA OUTCOMES MONITORING SYSTEM

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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 23 Iowa Department of Public Health-funded treatment agencies were contacted for follow-up interviews that occurred approximately six months after discharge from treatment. Seven hundred ninety-one clients admitted in calendar year 2009 were selected to participate in the OMS project. This report presents outcomes for 387 of these clients who completed the follow-up interview.

Client Characteristics of 2009 OMS Sample

Age and Sex: Clients ranged from 13 to 74 years of age with a median age of 29 years. Five hundred seventy-five clients (72.7%) were male and 214 (27.1%) were female; two clients did not indicate sex at admission.

Race and Ethnicity: Six hundred ninety-five clients (87.9%) reported Caucasian/White as their primary race at admission; 74 clients (9.3%) reported African American/Black, nine clients (1.2%) reported “other race”, six clients (0.8%) reported American Indian. There were seven clients (0.8%) who responded “unknown” or for whom data was missing. Thirty-six individuals (4.5%) reported Hispanic or Latino ethnicity at admission.

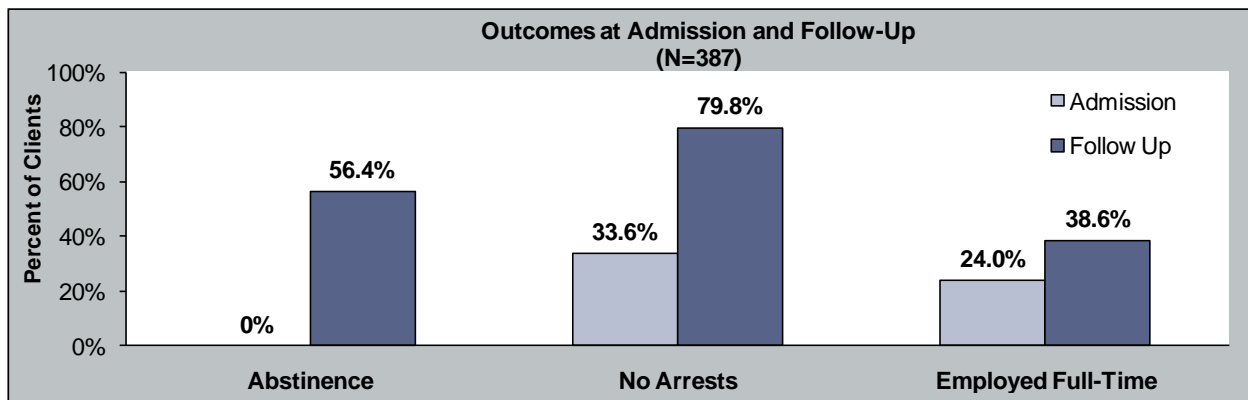
Substance Use at Admission: At admission, 100% of the clients indicated a primary substance of use. Alcohol was the most common primary substance reported by 55.5% of the clients, followed by marijuana (24.3%) and methamphetamine (12.3%).

Outcomes for 387 Clients with Completed Follow-Up Interviews

The following data describe outcomes at admission and follow-up for 387 clients who have completed the follow-up interview.

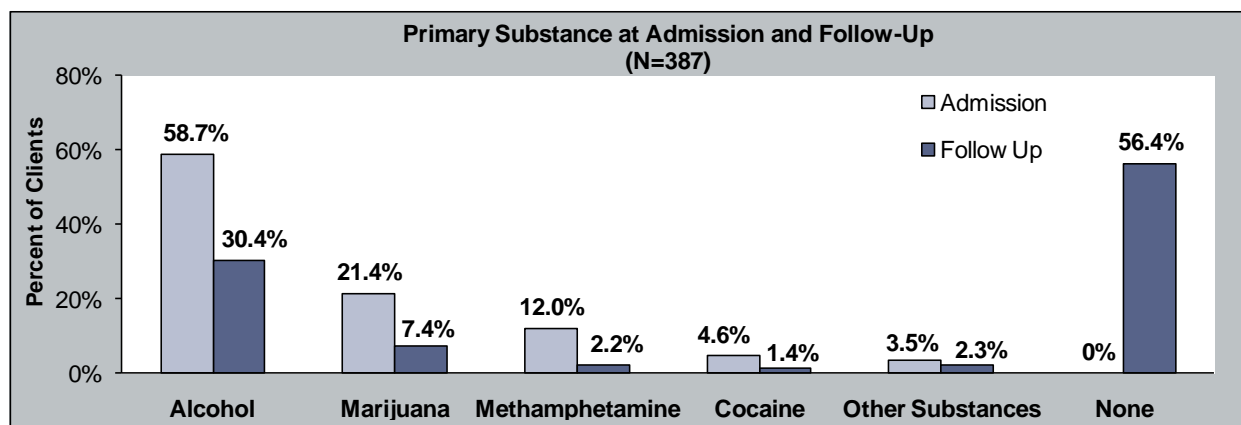
Abstinence, Arrests, and Full-Time Employment at Admission and Follow-Up

Abstinence (based on the primary substance reported) increased by 56.4 percentage points from admission to follow-up. Over 66% of clients reported arrests at admission, whereas just over 20% reported arrests at follow-up. Full-time employment increased by 14.6 percentage points; in addition to the 38.6% of clients working full-time, 15.9% of the clients reported part-time employment at follow-up.



Primary Substance at Admission and Follow-Up

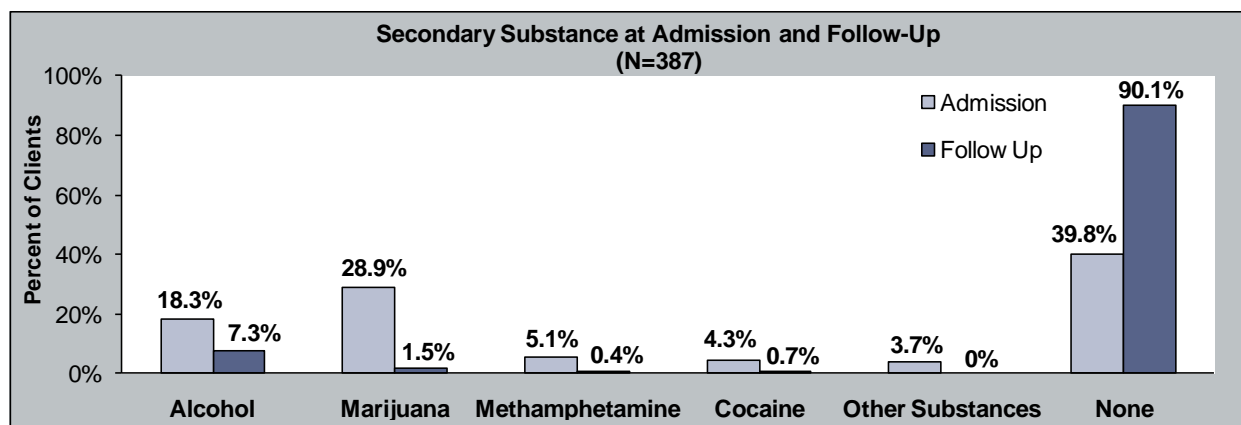
At both admission and follow-up, alcohol was the most commonly reported primary substance. Marijuana was the second most commonly reported primary substance at admission and follow-up, followed by methamphetamine. At follow-up, over half of the clients (56.4%) reported abstinence during the six months following treatment discharge, thus no primary substance was indicated.



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

Secondary Substance at Admission and Follow-Up

At admission, a secondary substance was reported by 60.2% of the clients who completed a follow-up interview; marijuana was the most commonly used secondary substance at admission. Among clients who reported a secondary substance at follow-up, alcohol was the most common, followed by marijuana. Among the 387 clients who completed a follow-up interview, clients reporting "no secondary substance" increased from 39.8% at admission to 90.1% at follow-up, therefore, less than 10% of clients reported using more than one substance at follow-up.



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

Primary Substance at Admission by Outcome Variables at Follow-Up

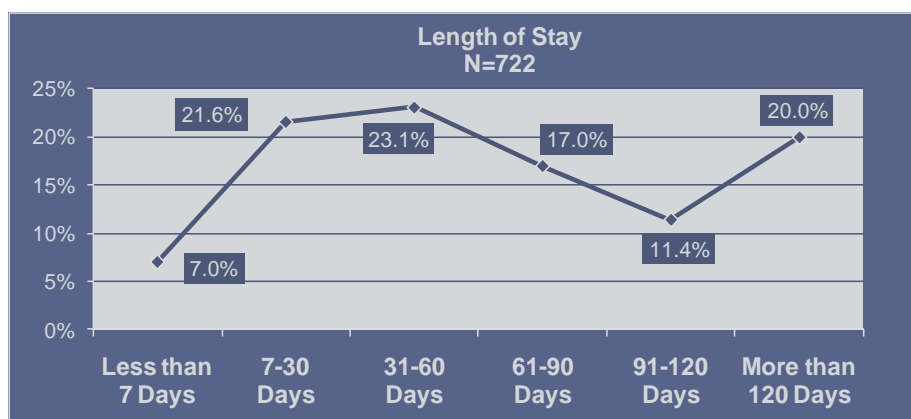
Of the 387 clients interviewed: 56.4% reported abstinence at follow-up, 79.8% had not been arrested since discharge from treatment, and 38.6% were employed full-time at follow-up. The following table shows the four most often reported primary substances at admission by the three outcome variables of abstinence, no arrests, and employment at follow-up. There are no significant associations between the primary substance reported at admission and the three outcome variables at follow-up (Cochran-Mantel-Haenszel Correlation Tests, $p > 0.05$).

Primary Substance at Admission by Outcome Variables at Follow-Up				
Primary Substance at Admission	N	Abstinence at Follow-Up weighted percent	No Arrests at Follow-Up weighted percent	Employed Full-Time at Follow-Up weighted percent
Alcohol	227	57.8	75.9	42.0
Marijuana/Hashish	83	60.2	86.7	38.4
Methamphetamine	46	49.0	89.0	26.4
Cocaine/Crack	18	55.5	70.0	34.6

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.

Length of Stay

Of the 791 clients in the OMS sample, discharge information was received for 722 clients and 69 were still receiving treatment services. The figure presents the percentage of clients in six length of stay categories. 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 median length of stay was 56 days, with a range of one to 450 days. Clients whose primary substance at admission was marijuana had the longest median length of stay of 75 days, followed by a median length of stay of 63 days for clients reporting cocaine as their primary substance at admission. Clients indicating methamphetamine as the primary substance at admission had a median length of stay of 57 days and clients whose primary substance at admission was alcohol had the shortest median length of stay of 49 days.

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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. 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.

The Consortium conducts follow-up interviews with randomly selected clients from 23 IDPH-funded substance abuse treatment agencies. The interviews occur approximately six months after discharge from the substance abuse treatment program and provide follow-up data to determine outcomes as well as analyze changes between admission and follow-up. This report examines outcomes for clients admitted to substance abuse treatment in 2009. Seven hundred ninety-one clients were selected to participate in the OMS project. This report presents outcomes for 387 of these clients who completed the follow-up interview.

EVALUATION PROCESS AND METHODS

Data Collection

IDPH-funded substance abuse treatment agencies in Iowa use two standardized client data collection systems: the Substance Abuse Reporting System (SARS) and the Iowa Service Management and Reporting Tool (I-SMART). SARS and I-SMART data are collected by treatment agency staff on each client at admission and at discharge. The Consortium's follow-up data collection instrument integrates with client data recorded in SARS and I-SMART. SARS and I-SMART admission data, as well as follow-up data collected by Consortium staff, are client self-reported data.

Sampling Procedures and Data Weighting

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, or continuing care. The monthly data set from which the sample is drawn is composed of the previous month's SARS and I-SMART admission data transmitted to the Consortium from IDPH. Given that the number of admissions varies from month to month, the sample size also varies. The average monthly sample size during calendar year 2009 was 75 with a range of 45 to 113 clients. The monthly random sample size was approximately 8% of the adult and adolescent client population admitted to treatment in that month.

It is important to note that due to funding issues, the Consortium sampled clients with admissions in 11 of the 12 months of 2009; 133 clients in the January 2010 data set with

December 2009 admission dates were not sampled. This resulted in a slight sample bias; for example, the percentage of males is slightly higher with the omission of the 133 clients.

A statistical weighting procedure allows more accurate representation of the State of Iowa's admissions as a whole; data in this report are weighted. Unless noted, throughout this report, the (weighted) number of clients is rounded to the nearest integer; therefore, the numbers of clients are approximate, but the percentages are accurate.

Recruitment

When clients are admitted to substance abuse treatment, the agency provides materials that include a letter from IDPH describing in detail the follow-up project and the possibility of being selected for a follow-up interview. Immediately after the monthly OMS sample is selected, Consortium staff members attempt to contact clients to invite them to participate in the follow-up telephone interview. The Consortium's recruitment and tracking procedures are designed to enhance the level of participation in the evaluation process. The follow-up interview takes place approximately six months after discharge from treatment. A twenty dollar gift card is provided to the client upon completion of the follow-up interview.

When Consortium 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 the Consortium utilizes to assist in protecting client confidentiality. Procedures are established so that phone calls and mail from the Health Research Network may in no way be connected to substance use issues. Staff members confirm the identity of the client before describing the project in detail. 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 reads the "Information Summary and Consent Document" that describes the OMS project and attempts to recruit the client by securing an oral agreement to participate in the follow-up interview. Participants are informed that they will receive periodic update calls or letters, approximately every six to eight weeks, in an attempt to keep contact information current.

The Consortium has a toll-free number which is given to clients along with information regarding the confidential voice mail system. Clients without phone contact information 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 or at any point during the follow-up interview process. There are no penalties for withdrawing participation in the study. Once a client declines participation, the case is officially closed unless the client later contacts the HRN and indicates a desire to participate. No future attempts are made to contact clients who choose not to participate in the follow-up interview.

Tracking

A web-based password protected tracking system was developed by the Consortium to assist research assistants in managing individual client data. Client tracking information provides a database that contains updated tracking and detailed case status information for each client. 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 33 through 38.

Follow-Up Interview

In order to participate in the follow-up interview, clients must have a treatment discharge date confirmed by IDPH records. The follow-up interview is conducted by telephone six months after the client is discharged from treatment. It is not always possible to obtain the follow-up interview exactly six months after discharge, therefore, the project design allows staff to interview participants anywhere from two weeks prior to eight weeks after the date that indicates six months post discharge. Clients receive a twenty-dollar gift card upon completion of the follow-up interview.

CLIENTS

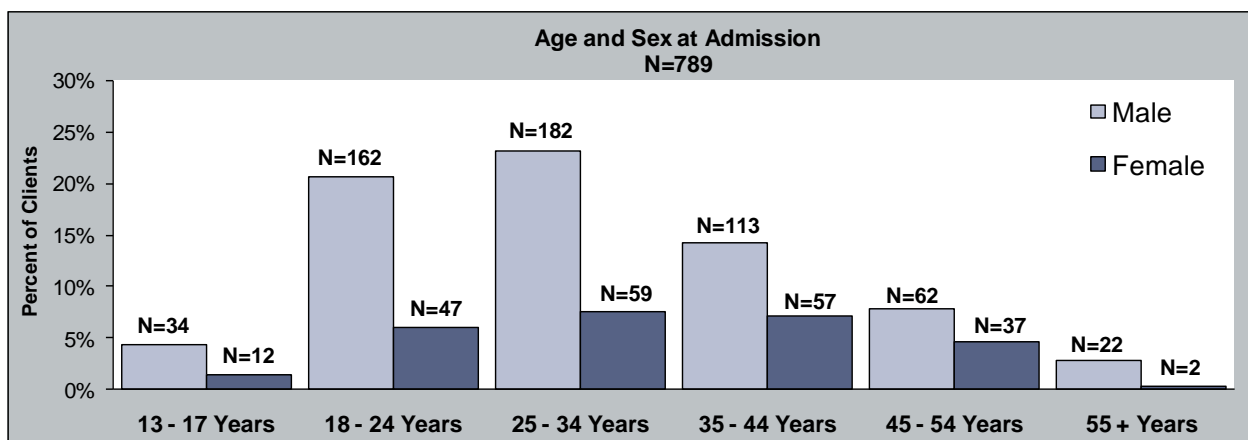
Description of Client at Admission

During the eleven-month sampling period, 791 clients were selected to participate in the OMS project. This group of randomly selected clients had substance abuse treatment admission dates from January 1, 2009 through December 7, 2009.

Clients ranged from 13 to 74 years of age with a median age of 29 years. Of the 791 clients, 46 (5.8%) were adolescents (age 17 and younger) and 745 (94.2%) were adults. Five hundred seventy-five clients (72.7%) were male and 214 (27.1%) were female; two clients did not indicate sex.

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, there were more males than females.

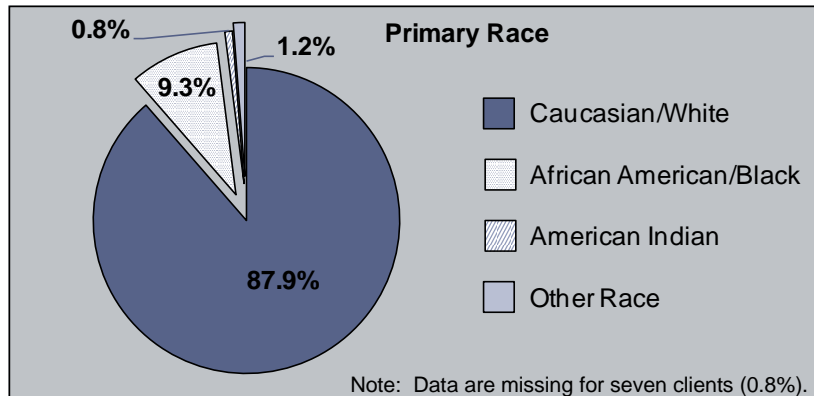
Figure 1. Age and Sex at Admission



Note: The number of clients is rounded to the nearest integer due to the weighting of the data. Data are missing for two clients who did not indicate sex.

Figure 2. Race

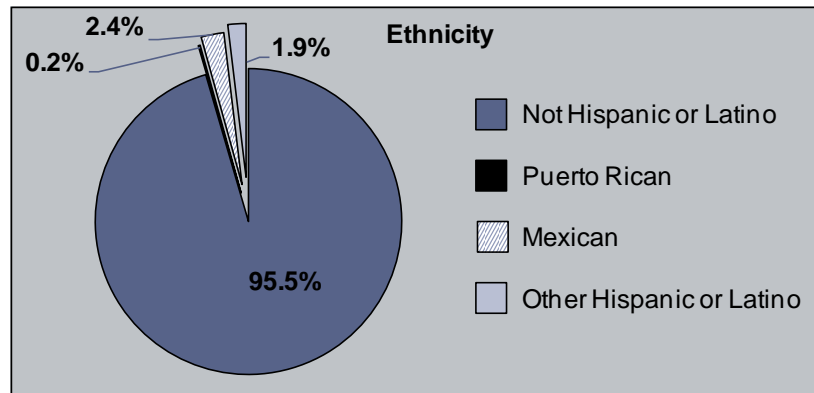
Figure 2 presents race reported at admission for clients in the OMS sample. Six hundred ninety-five clients reported Caucasian/White as their primary race at admission; 74 clients reported African American/Black, six clients reported American Indian, and nine clients reported



“other race”. 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. Additionally, there were seven clients who responded “unknown” when asked about their race or for whom data was missing.

Figure 3. Ethnicity

Figure 3 shows ethnicity reported at admission for the 791 clients in the OMS sample. Thirty-six individuals (4.5%) reported Hispanic or Latino ethnicity at admission.



Recruitment, Tracking, and Follow-Up Efforts

As of August 1, 2010, of the 791 clients who were selected to participate in the OMS project, 562 individuals had been contacted by Consortium staff and consented to participate in the follow-up interview; 40 clients declined to participate in the project.

Six hundred five of the clients had reached six months post discharge and were eligible to complete the follow-up interview. Of these, 387 clients completed a follow-up interview. There were 47 recruited individuals who could not be located for the follow-up interview after numerous phone calls, letters, and internet searches. Twelve clients were incarcerated at the time of their interview; Consortium staff does not interview incarcerated individuals. Interview due dates had already passed for seven recruited clients when the Consortium received notification of their discharge dates, 13 clients chose to withdraw from the project after previously agreeing to participate, and two recruited clients were deceased when their interview was due. An additional 137 clients were not able to be recruited for various reasons including: 100 clients could not be located; 21 clients were incarcerated (Consortium staff does not recruit incarcerated individuals); treatment agency staff submitted discharge dates late for 14

nonrecruited clients, resulting in the follow-up interview date having already passed when the Consortium received notification; and two clients were deceased.

Efforts are underway to locate and attempt to recruit the remaining 52 clients who are still not eligible for an interview. The remaining 94 individuals, who have been recruited and are not yet eligible for an interview, are receiving regular update calls from Consortium staff as their interview date nears.

The recruitment rate consists of clients who were successfully recruited (562), those who declined to participate (40), and non-recruited clients whom staff were not able to locate (100). This calculation results in a recruitment rate of 80.1%. Of the recruited clients due for a follow-up interview who were not incarcerated (447 clients), 86.6% received an interview. This calculation includes all clients who completed the follow-up interview (387), recruited clients who could not be located when their interview was due (47), and those who decided not to take part in the interview after initially agreeing to do so (13). Detailed tracking information regarding the OMS sample is provided in the Appendix on pages 33 through 38.

CHANGES FROM ADMISSION TO FOLLOW-UP

Tables 1, 2, and 4 through 13 present admission responses from the 791 clients admitted in 2009 in the OMS sample and admission and follow-up responses from clients who have completed follow-up interviews (387 clients). The first column describes the responses for the SARS or I-SMART question. The second column presents the admission responses for the 791 clients in the sample. The third and fourth columns describe the responses for clients who answered the particular item both at admission and at follow-up (387 clients). Table 3 and Figure 4 provide present data for a subset of the clients. Admission data are not included in Table 14, which displays education status at follow-up for adults and adolescents who completed the follow-up interview. Some of the more interesting findings are reported below.

- **Primary Substance:** At admission, 100% of the clients indicated a primary substance of use. Alcohol was the most common primary substance reported by 55.5% of the 791 clients in the OMS sample. At follow-up, alcohol was also the most often indicated primary substance with 30.4% of clients reporting use at follow-up. Marijuana was the second most commonly reported primary substance at admission and follow-up, followed by methamphetamine.
- **Secondary Substance:** A secondary substance was reported by 59.2% of clients in the OMS sample at admission; marijuana was the most commonly used secondary substance indicated by 28.2% of the clients. For clients who reported a secondary substance at follow-up, alcohol was the most common, followed by marijuana. Among the 387 clients who completed a follow-up interview, clients reporting “no secondary substance” increased from 39.8% at admission to 90.1% at follow-up, therefore, less than 10% of clients reported using more than one substance at follow-up.
- **Arrests:** At admission, 62.5% of the clients reported one or more arrests in the previous twelve months. Just over 20% of the clients reported arrests in the six months following treatment discharge.
- **Employment:** At admission, 40.2% of clients in the OMS sample indicated full- or part-time employment. At follow-up, 54.5% reported they were employed full- or part-time. Among



the 387 clients completing the follow-up interview, clients indicating full-time employment increased by 14.6 percentage points from admission to follow-up.

- **Income:** Of 323 clients who completed follow-up interviews, there was a large decrease (20.9% percentage points) in clients who indicated they had no monthly income: 53.2% reported this at admission and 32.3% reported this at follow-up. There were increases in the three highest income categories (\$501 to \$1000, \$1001 to \$2000, and over \$2000) at follow-up.



Table 1. Primary Substance

At admission, all clients indicated a primary substance. At follow-up, over half of the clients (56.4%) reported abstinence during the six months following treatment discharge, thus no primary substance was indicated. The most commonly indicated primary substance at admission and follow-up was alcohol. Among clients who completed the follow-up interview, there was a decrease of more than 28 percentage points between admission (58.7%) and follow-up (30.4%) for clients reporting alcohol as the primary substance. Marijuana was the second most commonly reported primary substance at admission and follow-up, followed by methamphetamine. The percentage of clients reporting marijuana as their primary substance decreased from 21.4% at admission to 7.4% at follow-up.

Primary Substance	OMS Sample at Admission N=791 (weighted percent)	OMS Sample with Completed Follow-Up Interviews N=387 (weighted percent)	
		Admission	Follow-Up
None	0.0	0.0	56.4
Alcohol	55.5	58.7	30.4
Cocaine/Crack	4.6	4.6	1.4
Marijuana/Hashish	24.3	21.4	7.4
Methamphetamine	12.3	12.0	2.2
Heroin	0.3	0.2	0.3
Non-Prescription Methadone	0.0	0.0	0.0
Other Opiates and Synthetics	1.9	1.8	0.7
PCP	0.0	0.0	0.0
Other Hallucinogens	0.2	0.1	0.0
Other Amphetamine	0.1	0.0	0.0
Other Stimulants	0.2	0.4	0.0
Benzodiazepines	0.3	0.4	0.7
Other Tranquilizers	0.0	0.0	0.0
Barbiturates	0.1	0.1	0.0
Other Sedatives and Hypnotics	0.1	0.2	0.2
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	0.1
Oxycontin	0.0	0.0	0.3
Other Prescribed Analgesics	0.2	0.3	0.0
Other	0.0	0.0	0.0

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

Table 2. Secondary Substance

Clients reporting no secondary substance increased by 50.3 percentage points from 39.8% at admission to 90.1% at follow-up; 9.9% of the clients reported using more than one substance six months post discharge. Among clients who completed a follow-up interview, the most common secondary substance reported at admission was marijuana, indicated by 28.9% of the clients. The most common secondary substance reported at follow-up was alcohol (7.3%), followed by marijuana (1.5%). There were large decreases between admission and follow-up for clients reporting alcohol or marijuana as their secondary substance, 11 and 27.4 percentage points respectively. Additionally, there was a 4.7 percentage point decrease between admission and follow-up for clients reporting methamphetamine as their secondary substance.

Secondary Substance	OMS Sample at Admission N=791 (weighted percent)	OMS Sample with Completed Follow-Up Interviews N=387 (weighted percent)	
		Admission	Follow-Up
None	40.8	39.8	90.1
Alcohol	17.7	18.3	7.3
Cocaine/Crack	4.0	4.3	0.7
Marijuana/Hashish	28.2	28.9	1.5
Methamphetamine	6.0	5.1	0.4
Heroin	0.5	0.3	0.0
Non-Prescription Methadone	0.0	0.0	0.0
Other Opiates and Synthetics	0.9	0.8	0.0
PCP	0.0	0.0	0.0
Other Hallucinogens	0.0	0.0	0.0
Other Amphetamine	0.0	0.0	0.0
Other Stimulants	0.2	0.3	0.0
Benzodiazepines	0.6	0.9	0.0
Other Tranquilizers	0.0	0.0	0.0
Barbiturates	0.0	0.0	0.0
Other Sedatives and Hypnotics	0.0	0.0	0.0
Inhalants	0.2	0.0	0.0
Over the Counter	0.6	1.1	0.0
Steroids	0.0	0.0	0.0
Ecstasy	0.2	0.0	0.0
Oxycontin	0.2	0.3	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%.
A client's secondary substance may change from admission to follow-up.

Changes in frequency of use provide additional information regarding client outcomes following treatment. Since a client’s primary substance may change from admission to follow-up, a simple comparison of frequency may not be comparable (e.g. having one drink three to six times per week versus smoking methamphetamine three to six times per week). Therefore, Table 3 and Figure 4 present data for a subset of the total group of clients who completed the follow-up interview; data are provided for individuals who report using the same primary at both admission and follow-up. For example, a client may report using alcohol daily at admission and at follow-up report that they have used alcohol one to three times in the past month, representing a decrease in use (assuming similar volume).

Table 3. Frequency of Use of Primary Substance

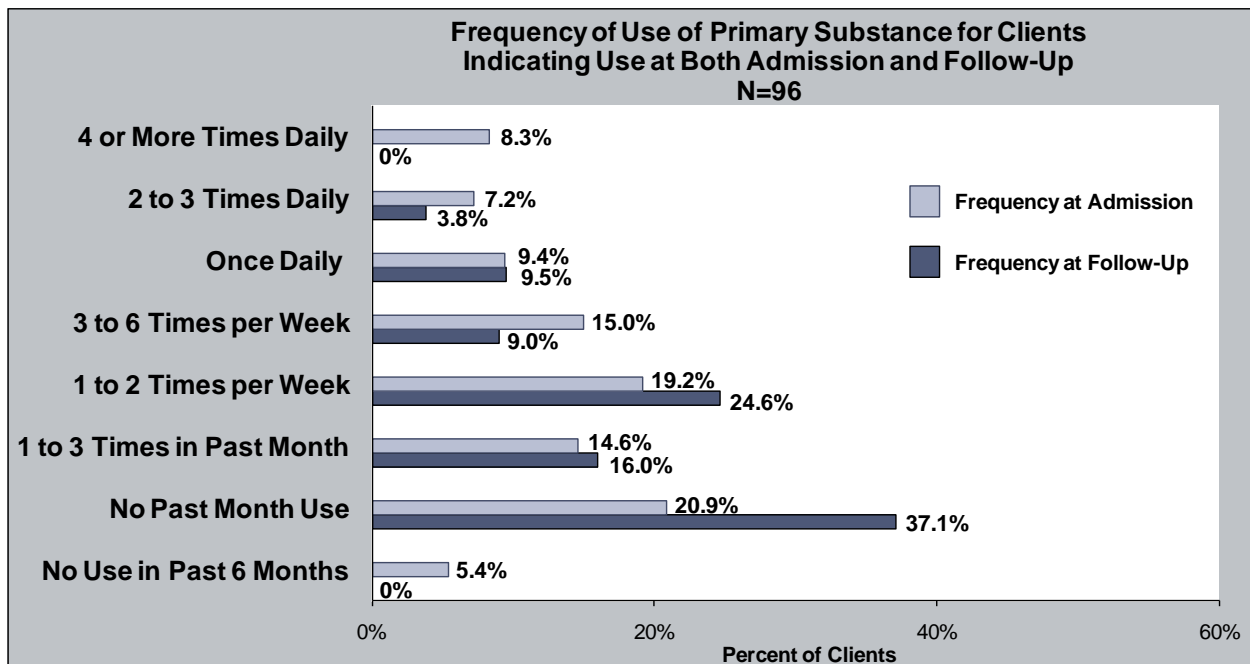
Table 3 presents frequency of use data at admission and follow-up for individuals who report the same primary substance at both admission and follow-up. The table also includes clients who indicated abstinence in the past six months (therefore reported no primary substance at follow-up). For this group of 314 clients, over 80% 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 of these clients (69.4%) 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, “1 to 2 times per week” was the most common frequency (7.5%). The percentage of clients reporting “no past month use” decreased by a large margin (nearly 20 percentage points), likely due to these clients entering the category of “no use in past six months” at follow-up.

Frequency of Use of Primary Substance	OMS Sample with Completed Follow-Up Interviews N=314 (weighted percent)		
	Admission	Follow-Up	Change
No Use in Past Six Months	10.6	69.4	+58.8
No Past Month Use	30.9	11.4	-19.5
1 to 3 Times in Past Month	17.2	4.9	-12.3
1 to 2 Times per Week	17.5	7.5	-10.0
3 to 6 Times per Week	8.8	2.7	-6.1
Once Daily	5.0	2.9	-2.1
2 to 3 Times Daily	4.7	1.2	-3.5
4 or more Times Daily	5.4	0.0	-5.4

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

Figure 4. Frequency of Use of Primary Substance: Clients Indicating Use of Same Primary Substance at Both Admission and Follow-Up

Figure 4 presents frequency of use data for individuals who reported using the same primary substance at both admission and follow-up and includes *only* clients who reported use at follow-up (therefore excludes clients who report abstinence at follow-up). For example, a client may report using alcohol daily at admission and at follow-up report that they have used alcohol one to three times in the past month, representing a decrease in use (assuming similar volume). For this group of 96 clients, “no past month use” was the most common frequency at both admission and follow-up. The percentage of clients reporting “4 or more times daily,” “2 to 3 times daily,” and “3 to 6 times per week” decreased by large margins, likely due to these clients entering the categories of “1 to 2 times per week” and “no past month use”.



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

Seventy-three of the interviewed clients changed their primary substance from admission to follow-up (they are not included in Figure 4 above). The majority switched from alcohol to marijuana or from marijuana to alcohol. Fifty of the 73 clients identified that their primary substance at follow-up was the substance 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 only use of marijuana during the six months post discharge period. Thus, marijuana became their primary substance at follow-up.

Table 4. AA, NA, or Similar Meetings Attended

The percentage of clients reporting attendance at Alcoholics Anonymous (AA), Narcotics Anonymous (NA), or similar meetings was over 2.5 times greater at the follow-up interview than at admission, with over 55% of clients reporting attendance at meetings during the six months following discharge from treatment.

Average Number of Meetings Attended Per Month	OMS Sample at Admission N=791 (weighted percent)	OMS Sample with Completed Follow-Up Interviews N=387 (weighted percent)		
		Admission	Follow-Up	Change
None	78.2	79.0	44.5	-34.5
1 to 10 Meetings	17.6	17.5	42.9	+25.4
11 or More Meetings	4.2	3.5	12.7	+9.2

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

Table 5. 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. Among clients with completed follow-up interviews, over 66% of clients reported arrests at admission, whereas just over 20% reported arrests at follow-up.

Number of Arrests	OMS Sample at Admission N=791 (weighted percent)	OMS Sample with Completed Follow-Up Interviews N=387 (weighted percent)		
		Admission	Follow-Up	Change
None	37.6	33.6	79.8	+46.2
1 to 3 Times	58.6	62.1	19.6	-42.5
4 or More Times	3.9	4.3	0.7	-3.6

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

Table 6. Hospitalizations Due to a Substance Abuse Related Problem

Fewer clients reported substance abuse related hospitalizations at follow-up compared to admission. Less than 7% of clients reported hospitalizations for substance abuse related problems at follow-up, whereas over 12% of interviewed clients indicated substance abuse related hospitalizations at admission.

Number of Hospitalizations	OMS Sample at Admission N=791 (weighted percent)	OMS Sample with Completed Follow-Up Interviews N=387 (weighted percent)		
		Admission	Follow-Up	Change
None	88.1	87.6	93.4	+5.8
1 to 3 Times	11.0	11.8	6.6	-5.2
4 or More Times	0.9	0.6	0.0	-0.6

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

Table 7. Employment Status

At follow-up, 54.5% of clients reported that they were employed full- or part-time. Among clients with completed follow-up interviews, full-time employment increased by 14.6 percentage points from admission to follow-up. Clients reporting they were unemployed (looking for work in the past 30 days) decreased by 10.9 percentage points from admission to follow-up. Clients categorized as not being in the labor force are clients who are not employed and not seeking employment; the category includes, but is not limited to homemakers, students, and retired or disabled clients. At follow-up, 14.5% of clients reported not being in the labor force; an 8.1 percentage point decrease from admission.

Employment Status	OMS Sample at Admission N=791 (weighted percent)	OMS Sample with Completed Follow-Up Interviews N=387 (weighted percent)		
		Admission	Follow-Up	Change
Employed Full-Time (≥35 hrs/wk)	26.6	24.0	38.6	+14.6
Employed Part-Time (<35 hrs/wk)	13.6	11.6	15.9	+4.3
Unemployed (Looking For Work in the Past 30 Days)	41.2	41.9	31.0	-10.9
Not in Labor Force	18.6	22.6	14.5	-8.1

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

Table 8. Months Employed

At follow-up, 61.2% of the clients indicated they had been employed at least one month since discharge. Nearly 48% of the clients reported employment of four months or more in the past six months.

Months Employed	OMS Sample at Admission N=791 (weighted percent)	OMS Sample with Completed Follow-Up Interviews N=387 (weighted percent)		
		Admission	Follow-Up	Change
None	37.3	39.2	38.8	-0.4
1 to 3 Months	19.9	19.8	14.0	-5.8
4 or More Months	42.9	40.9	47.2	+6.3

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

Table 9. Monthly Income

There was a large decrease (20.9 percentage points) in clients who indicated they had no monthly income from admission to follow-up. Over 50% of clients indicated their taxable monthly income at follow-up was \$501 to \$2000. There were increases in the three highest income categories (\$501 to \$1000, \$1001 to \$2000, and over \$2000) at follow-up, perhaps corresponding to the previous findings (Table 7 on previous page) that more clients were employed at follow-up.

Monthly Income	OMS Sample at Admission N=760* (weighted percent)	OMS Sample with Completed Follow-Up Interviews N=323* (weighted percent)		
		Admission	Follow-Up	Change
None	50.1	53.2	32.3	-20.9
\$500 or Less	9.9	8.5	6.2	-2.3
\$501 to \$1000	16.0	16.0	21.2	+5.2
\$1001 to \$2000	19.3	18.6	29.0	+10.4
Over \$2000	4.7	3.8	11.4	+7.6

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

*Data for 31 clients in the 'OMS Sample at Admission' column are excluded from this table due to records coded as not applicable, disabled, retired, or client declines to disclose income. Data from 64 clients in the 'OMS Sample with Completed Follow-Up Interviews' column are excluded due to admission records coded as not applicable, disabled, retired, or client declines to disclose income or clients at follow-up reporting variability of income (due to contractual or seasonal work or commission based pay) or declining to disclose their income.

Table 10. Primary Source of Support

At both admission and follow-up, the “wages/salary” category was the most common primary source of support. From admission to follow-up, clients reporting “family/friends” as their primary source of support increased by 10.2 percentage points and clients indicating “wages/salary” as their primary means of support increased by 6.9 percentage points. Clients responding to the “none” category decreased by 23.7 percentage points from admission to follow-up.

Primary Source of Support	OMS Sample at Admission N=791 (weighted percent)	OMS Sample with Completed Follow-Up Interviews N=387 (weighted percent)		
		Admission	Follow-Up	Change
None	24.0	25.1	1.4	-23.7
Wages/Salary	44.5	39.5	46.4	+6.9
Family/ Friends	21.0	24.0	34.2	+10.2
Public Assistance	1.9	1.3	3.0	-1.7
Retirement/ Pension	0.5	0.1	0.0	-0.1
Disability	1.5	2.0	2.3	+0.3
SSI and SSDI	0.7	0.9	1.1	+0.2
Other	5.9	7.3	11.6	+4.3

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

Table 11. Days Missed of Work or School Due to Substance Use

Clients who reported missing zero days of work or school increased by 13.1 percentage points, from 78.1% to 91.2%, while clients who reported missing six or more days of work or school decreased by 8.5 percentage points from admission to follow-up.

Days Missed	OMS Sample at Admission N=791 (weighted percent)	OMS Sample with Completed Follow-Up Interviews N=387 (weighted percent)		
		Admission	Follow-Up	Change
Zero Days	80.0	78.1	91.2	+13.1
1 to 5 Days	7.0	8.0	0.7	-7.3
6 or More Days	7.9	8.8	0.3	-8.5
Not Applicable*	5.0	5.1	7.9	+2.8

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

*Not applicable represents records coded as “not in labor force or school in last six months”.

Table 12. Relationship Status

The most common response was “single” with over 50% of clients reporting this relationship status at admission and nearly 50% reporting single at follow-up. “Divorced” was the second most common response at both admission and follow-up.

Relationship Status	OMS Sample at Admission N=791 (weighted percent)	OMS Sample with Completed Follow-Up Interviews N=387 (weighted percent)		
		Admission	Follow-Up	Change
Single	56.8	53.9	49.8	-4.1
Married	11.7	13.3	17.3	+4.0
Cohabiting	8.9	8.5	8.5	0.0
Separated	6.1	6.5	2.7	-3.8
Divorced	15.8	17.2	20.9	+3.7
Widowed	0.7	0.6	0.9	+0.3

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

Table 13. Living Arrangements

The most common living arrangement reported by clients at both admission and follow-up was living with their parents, with over a quarter of clients reporting this at both interviews. At follow-up, living with their significant other and children was the second most common living arrangement (16.2%), followed by living with other adults (15%).

Living Arrangements	OMS Sample at Admission N=791 (weighted percent)	OMS Sample with Completed Follow-Up Interviews N=387 (weighted percent)		
		Admission	Follow-Up	Change
Alone	14.7	11.4	14.7	+3.3
Parents	26.2	25.2	30.0	+4.8
Significant Other Only	10.2	10.5	11.3	+0.8
Significant Other and Child(ren)	12.6	14.8	16.2	+1.4
Child(ren) Only	2.8	3.2	4.9	+1.7
Other Adults	20.2	24.0	15.0	-9.0
Other Adults and Child(ren)	3.1	2.6	1.3	-1.3
Jail/Correctional Facility	2.7	1.4	0.0	-1.4
Halfway House, Group Home, Transitional Housing*	4.2	3.1	6.1	+3.0
Shelter, Homeless	3.2	3.8	0.6	-3.2
Hospital	0.0	0.0	0.0	0.0

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

*Included in the halfway house category are clients living in substance abuse halfway houses, correctional halfway houses, and transitional housing facilities.

Table 14. Education at Follow-Up

Admission data are not included in Table 14. The SARS admission form does not provide a response category for a General Education Degree (GED), therefore admission and follow-up comparison cannot be made because the GED question is specifically asked at follow-up. Table 14 provides education status at follow-up by age indicated 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 34.4% reported an education level beyond high school. Only 17.6% of adults reported that they did not graduate high school. Over 79% of adolescents and 22.4% 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 with Completed Follow-Up Interviews N=387 (weighted percent)	
	Adults N=365 (weighted percent)	Adolescents N=22 (weighted percent)
Did Not Graduate High School	17.6	85.2
High School Only *	48.0	14.8
1 to 3 Years Post-Secondary Education	26.8	0.0
4 or More Years Post-Secondary Education	7.6	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.

OUTCOMES: ABSTINENCE

Tables 15 through 23 examine abstinence at follow-up in relation to other variables at admission and follow-up. Abstinence refers to abstinence from all substances in the previous six months (follow-up period). The follow-up interviews occur approximately six months after the client was discharged from treatment; therefore, the follow-up period refers to the six months between the client's discharge from treatment and the follow-up interview.

In Table 15, the N for each response represents the number of abstinent clients out of the number of total clients who indicated that primary substance at admission. It is important to note that the variability in the percentages of clients abstaining from certain substances is likely due to varying numbers of clients participating in the follow-up interview who reported these substances at admission. For example, only one person who completed the follow-up interview reported heroin as a primary substance, compared to 227 people who reported alcohol.

Table 15. Primary Substance at Admission by Abstinence at Follow-Up

Of clients who reported marijuana as their primary substance at admission, 60.2% were abstinent at follow-up. Additionally, 57.8% of the clients who indicated alcohol as their primary substance at admission abstained during the follow-period; 49% of clients who indicated methamphetamine as their primary substance at admission were abstinent during the follow-up period; and 55.5% of clients indicating cocaine as their primary substance at admission abstained during the follow-up period. There are no significant differences between abstinence at follow-up and primary substance reported at admission (Cochran-Mantel-Haenszel Correlation Test, $p > 0.05$).

Primary Substance at Admission	OMS Sample Abstinence at Follow-Up weighted percent (N=387)
Alcohol	57.8 (131/227)
Cocaine/Crack	55.5 (10/18)
Marijuana/Hashish	60.2 (50/83)
Methamphetamine	49.0 (23/46)
Heroin	100.0 (1/1)
Non-Prescription Methadone	0.0 (0/0)
Other Opiates and Synthetics	18.3 (1/7)
PCP	0.0 (0/0)
Other Hallucinogens	100.0 (0/0)*
Other Amphetamine	0.0 (0/0)
Other Stimulants	100.0 (1/1)
Benzodiazepines	0.0 (0/2)
Other Tranquilizers	0.0 (0/0)
Barbiturates	100.0 (0/0)*
Other Sedatives and Hypnotics	100.0 (1/1)
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 (0/1)
Other	0.0 (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.

*In some cases, the number of clients is rounded down to zero, however the actual weighted percent is 100%.



In Tables 16 through 23, the percentages and the N for each response in the “Abstinent” column represent the number of clients responding out of the total number of abstinent clients; the percentages and N in the “Non-Abstinent” column represent the number of clients responding out of the total number on non-abstinent clients. Of the 387 clients who completed a follow-up interview, 218 were abstinent and 169 were not abstinent.

Table 16. Employment at Follow-Up by Abstinance at Follow-Up

Nearly 46% of clients who indicated abstinence at follow-up were employed full-time at follow-up compared to just over 29% of non-abstinent clients reporting full-time employment. There is a statistically significant association between abstinence and employment at follow-up (Cochran-Mantel-Haenszel Correlation Test, $p < 0.01$).

Employment Status*	OMS Sample at Follow-Up N=387	
	Abstinent weighted percent (N=218)	Non-Abstinent weighted percent (N=169)
Employed Full-Time (≥ 35 hrs/wk)	45.9 (100)	29.1 (49)
Employed Part-Time (< 35 hrs/wk)	15.1 (33)	17.0 (29)
Unemployed (looking for work in the past 30 days)	26.1 (57)	37.3 (63)
Not in Labor Force	12.9 (28)	16.6 (28)

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%.

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

Table 17. Change in Employment Status from Admission to Follow-Up by Abstinance at Follow-Up

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

Change in Employment Status	OMS Sample at Follow-Up N=387	
	Abstinent weighted percent (N=218)	Non-Abstinent weighted percent (N=169)
Increased Employment	32.0 (70)	46.7 (79)
Maintained Full-Time Employment	26.8 (58)	11.9 (20)
Maintained Part-Time Employment	3.5 (8)	6.0 (10)
Remained Unemployed	18.0 (39)	15.8 (27)
Remained Not in the Labor Force	7.8 (17)	6.4 (11)
Decreased Employment	11.9 (26)	13.1 (22)

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. Living Arrangements at Follow-Up by Abstinence at Follow-Up

There is a statistically significant association between abstinence and living arrangements at follow-up (Likelihood Ratio Chi-Square Test, $p < 0.01$). Nearly 20% of abstinent clients reported living with their significant other and children compared to 11.7% of the non-abstinent clients reporting this living arrangement. Nearly 11% of the non-abstinent clients reported living in a halfway house, group home, or transitional housing compared to 2.4% of the abstinent clients reporting this living arrangement.

Living Arrangements*	OMS Sample at Follow-Up N=387	
	Abstinent weighted percent (N=218)	Non-Abstinent weighted percent (N=169)
Alone	13.5 (30)	16.2 (27)
Parents	29.9 (65)	30.2 (51)
Significant Other Only	10.7 (23)	12.0 (20)
Significant Other and Child(ren)	19.8 (43)	11.7 (20)
Child(ren) Only	6.0 (13)	3.6 (6)
Other Adults	15.6 (34)	14.1 (24)
Other Adults and Child(ren)	1.6 (4)	0.8 (1)
Jail/Correctional Facility	0.0 (0)	0.0 (0)
Homeless, Shelter	0.5 (1)	0.7 (1)
Halfway House, Group Home, Transitional Housing^	2.4 (5)	10.8 (19)
Hospital	0.0 (0)	0.0 (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. Due to rounding, percentages may not add up to exactly 100%.
 ^Included in the halfway house category are clients living in substance abuse halfway houses, correctional halfway houses, and transitional housing facilities.

*Statistically significant (Likelihood Ratio Chi-Square Test, $p < 0.01$).

Table 19. Monthly Income at Follow-Up by Abstinence at Follow-Up

There is a statistically significant association between abstinence and monthly income at follow-up (Jonckheere-Terpstra Test, $p < 0.0001$). Over 43% of non-abstinent clients reported no monthly income at follow-up compared with just over 23% of the abstinent clients reporting no income. Over 15% of the abstinent clients indicated monthly income over \$2000 compared with just under 7% of the non-abstinent clients reporting this income category.

Monthly Income**	OMS Sample at Follow-Up N=323*	
	Abstinent weighted percent (N=179)	Non-Abstinent weighted percent (N=144)
None	23.5 (42)	43.3 (62)
\$500 or less	7.2 (13)	4.9 (7)
\$501 to \$1000	20.6 (37)	21.9 (31)
\$1001 to \$2000	33.7 (60)	23.1 (34)
Over \$2000	15.1 (27)	6.9 (10)

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%.

* Data from 64 clients who completed a follow-up interview are excluded due to admission records coded as not applicable, disabled, retired, or client declines to disclose income or clients at follow-up reporting variability of income (due to contractual/seasonal work or commission based pay) or declining to disclose their income.

** Jonckheere-Terpstra Test, $p < 0.0001$.

Table 20. Change in Income from Admission to Follow-Up by Abstinence at Follow-Up

Table 20 presents a comparison of clients who were abstinent versus clients who were not abstinent at follow-up by the change in income from admission to follow-up. “Increased Monthly Income” indicates clients have moved from a smaller income category at admission to a larger income category at follow-up. “Decreased Monthly Income” represents clients who have moved from a larger income category at admission to a smaller income category at follow-up. Of the clients who reported an income, 72.6% of the clients who reported abstinence at follow-up maintained or increased their monthly income compared with 53.8% of non-abstinent clients at follow-up.

Change in Monthly Income	OMS Sample at Follow-Up N=323*	
	Abstinent weighted percent (N=179)	Non-Abstinent weighted percent (N=144)
Increased Monthly Income	48.6 (87)	36.2 (52)
Maintained Over \$2000	3.6 (6)	0.1 (1)
Maintained \$1001 to \$2000	11.4 (21)	8.0 (11)
Maintained \$501 to \$1000	7.4 (13)	7.6 (11)
Maintained \$500 or Less	1.6 (3)	1.9 (3)
Maintained No Income	19.0 (34)	37.1 (53)
Decreased Monthly Income	8.4 (15)	9.2 (13)

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%.

* Data from 64 clients who completed a follow-up interview are excluded due to admission records coded as not applicable, disabled, retired, or client declines to disclose income or clients at follow-up reporting variability of income (due to contractual/seasonal work or commission based pay) or declining to disclose their income.

Table 21. Primary Income Source at Admission and Follow-Up by Abstinence at Follow-Up

Table 21 presents responses for primary income source at both admission and follow-up for clients who completed the follow-up interview. The second and third columns list the percentage of abstinent and non-abstinent clients at follow-up by income source at admission. The fourth and fifth columns list the percentage of abstinent and non-abstinent clients at follow-up by income source at follow-up. At both admission and follow-up, the most common income source reported by abstinent clients was “wages/salary”. At both admission and follow-up, the most common income source for non-abstinent clients was “family/friends”. There is a statistically significant association between abstinence and primary income source at both admission and follow-up (Likelihood Ratio Chi-Square Test, $p < 0.01$).

Primary Income Source*	OMS Sample at Follow-Up N=387			
	Primary Income Source at Admission		Primary Income Source at Follow-Up	
	Abstinent weighted percent (N=218)	Non-Abstinent weighted percent (N=169)	Abstinent weighted percent (N=218)	Non-Abstinent weighted percent (N=169)
None	22.6 (49)	28.3 (47)	0.5 (1)	2.6 (4)
Wages/ Salary	47.2 (103)	29.6 (50)	52.7 (115)	38.2 (65)
Family/ Friends	18.2 (40)	31.4 (53)	27.6 (60)	42.7 (72)
Public Assistance	1.6 (3)	0.9 (2)	4.0 (8)	1.8 (3)
Retirement/ Pension	0.0 (0)	0.2 (1)	0.0 (0)	0.0 (0)
Disability	1.9 (4)	2.1 (4)	2.6 (6)	1.9 (3)
SSI and SSDI	0.0 (0)	2.0 (3)	0.8 (2)	1.5 (3)
Other	8.6 (19)	5.6 (9)	11.7 (26)	11.3 (19)

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%.

*Statistically significant (Likelihood Ratio Chi-Square Test, $p < 0.01$).

Table 22. Arrests at Follow-Up by Abstinence at Follow-Up

There is a statistically significant difference between abstinence and arrest categories at follow-up (Cochran-Mantel-Haenszel Correlation Test, $p < 0.0001$). The percentage of abstinent clients who reported no arrests during the follow-up period (93.1%) was higher than the percentage of non-abstinent clients who reported no arrests (62.5%). The percentage of non-abstinent clients who reported being arrested 1 to 3 times at follow-up (36%) was over five times higher than that of the abstinent clients (6.9%) reporting the same arrest frequency.

Arrests*	OMS Sample at Follow-Up N=387	
	Abstinent weighted percent (N=218)	Non-Abstinent weighted percent (N=169)
None	93.1 (203)	62.5 (105)
1 to 3 Times	6.9 (15)	36.0 (61)
4 or More Times	0.0 (0)	1.6 (3)

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%.

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

Table 23. AA, NA, or Similar Meetings Attended at Follow-Up by Abstinence at Follow-Up

Of the 387 clients who completed a follow-up interview, 55.5% reported attendance at Alcoholics Anonymous (AA), Narcotics Anonymous (NA), or similar meetings in the six months following discharge. There is a statistically significant association between meeting attendance and abstinence at follow-up (Cochran-Mantel-Haenszel Correlation Test, $p < 0.05$). Compared to abstinent clients, a higher percentage of non-abstinent clients attended meetings. This finding could be the result of non-abstinent clients' efforts to obtain recovery support following post discharge substance use.

Average Number of Meetings Attended Per Month*	OMS Sample at Follow-Up N=387	
	Abstinent weighted percent (N=218)	Non-Abstinent weighted percent (N=169)
None	49.3 (108)	38.2 (65)
1 or More Meetings	50.7 (111)	61.8 (104)

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%.

*Statistically significant (Cochran-Mantel-Haenszel Test, $p < 0.05$).

OUTCOMES: ARRESTS AND EMPLOYMENT

Table 24 examines arrests at follow-up in relation to primary substance at admission. For this table, clients were categorized as having no arrests since discharge or having one or more arrests 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.

Table 24. No Arrests at Follow-Up by Primary Substance at Admission

Of the clients who reported methamphetamine as the primary substance at admission, 89% were arrest-free at follow-up. Additionally, 86.7% of clients indicating marijuana as the primary substance at admission, 75.9% of clients reporting alcohol, and 70% of clients indicating cocaine as the primary substance at admission were arrest-free. There are no significant differences between arrests at follow-up and primary substance reported at admission (Cochran-Mantel-Haenszel Correlation Test, $p > 0.05$).

Primary Substance at Admission	OMS Sample No Arrests at Follow-Up weighted percent (N=387)
Alcohol	75.9 (172/227)
Cocaine/Crack	70.0 (12/18)
Marijuana/Hashish	86.7 (72/83)
Methamphetamine	89.0 (41/46)
Heroin	100.0 (1/1)
Non-Prescription Methadone	0.0 (0/0)
Other Opiates and Synthetics	92.9 (6/7)
PCP	0.0 (0/0)
Other Hallucinogens	100.0 (0/0)*
Other Amphetamine	0.0 (0/0)
Other Stimulants	100.0 (1/1)
Benzodiazepines	66.5 (1/2)
Other Tranquilizers	0.0 (0/0)
Barbiturates	100.0 (0/0)*
Other Sedatives and Hypnotics	100.0 (1/1)
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 (0/1)
Other	0.0 (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.

*In some cases, the number of clients is rounded down to zero, however the actual weighted percent is 100%.



Table 25 examines employment status at follow-up in relation to primary substance reported at admission. For 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 25. Full-Time Employment at Follow-Up by Primary Substance at Admission

Six months following discharge, 42% of clients reporting alcohol as the primary substance at admission were employed full-time. In addition, 38.4% of clients indicating marijuana, 34.6% of clients reporting cocaine, and 26.4% of clients reporting methamphetamine were employed full-time at follow-up. There are no significant differences between full-time employment at follow-up and primary substance reported at admission (Cochran-Mantel-Haenszel Correlation Test, $p > 0.05$).

Primary Substance at Admission	OMS Sample Employed Full-Time at Follow-Up weighted percent (N=387)
Alcohol	42.0 (95/227)
Cocaine/Crack	34.6 (6/18)
Marijuana/Hashish	38.4 (32/83)
Methamphetamine	26.4 (12/46)
Heroin	0.0 (0/1)
Non-Prescription Methadone	0.0 (0/0)
Other Opiates and Synthetics	33.5 (2/7)
PCP	0.0 (0/0)
Other Hallucinogens	0.0 (0/0)
Other Amphetamine	0.0 (0/0)
Other Stimulants	0.0 (0/1)
Benzodiazepines	0.0 (0/2)
Other Tranquilizers	0.0 (0/0)
Barbiturates	100.0 (0/0) *
Other Sedatives and Hypnotics	0.0 (0/1)
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	100.0 (1/1)
Other	0.0 (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.

*In some cases, the number of clients is rounded down to zero, however the actual weighted percent is 100%.

OUTCOMES: AGE AND SEX

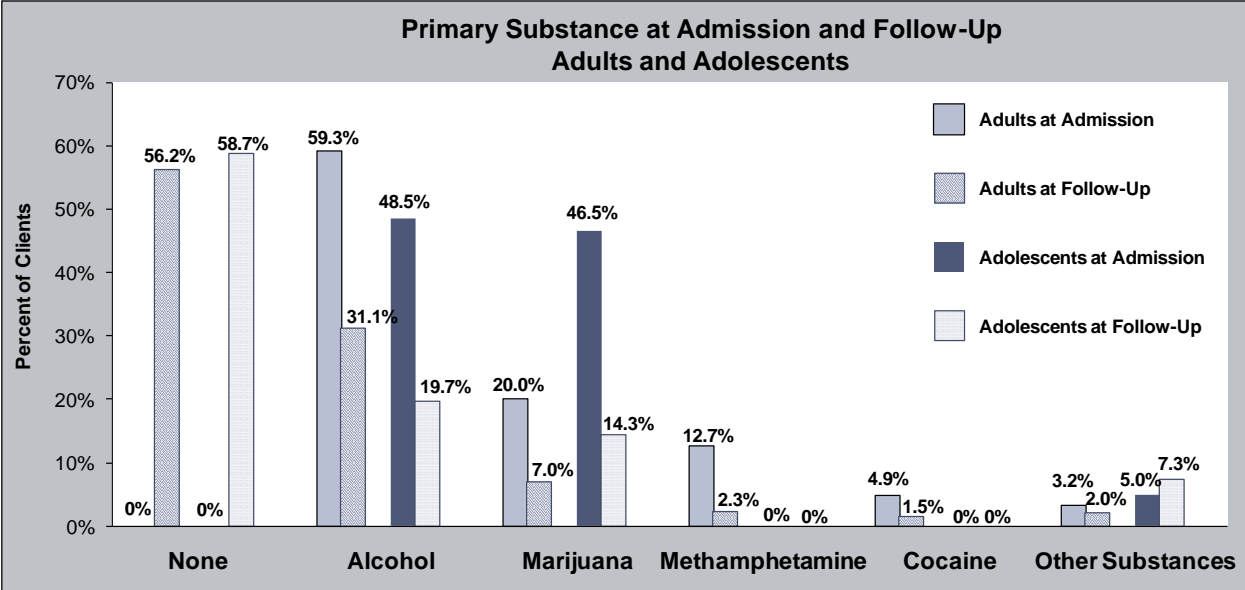
Figures 5 through 8 present selected variables at admission and follow-up presented by age and sex. Age is separated into two groups: adults (18 and older) and adolescents (17 and younger). Of the 387 clients who completed the follow-up interview, 365 were adults (94.3%) and 22 were adolescents (5.7%). There were 277 males (71.6%) and 109 females (28.2%); one client who completed the follow-up interview did not indicate sex at admission. The variables presented include primary substance and frequency of use of primary substance. In Figures 5 through 8, 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 four primary substances that clients reported most often were alcohol, marijuana, methamphetamine, and cocaine (see Table 1 on page 7). Figure 5 shows the percentages of adults and adolescents and Figure 6 shows the percentage of males and females related to these four substances at admission and follow-up.

Figure 5. Primary Substance at Admission and Follow-Up by Age

At admission, alcohol was the most frequently reported primary substance among both adults (59.3%) and adolescents (48.5%). Nearly half of the adolescents (46.5%) reported marijuana as their primary substance at admission, compared to 20% of adults.

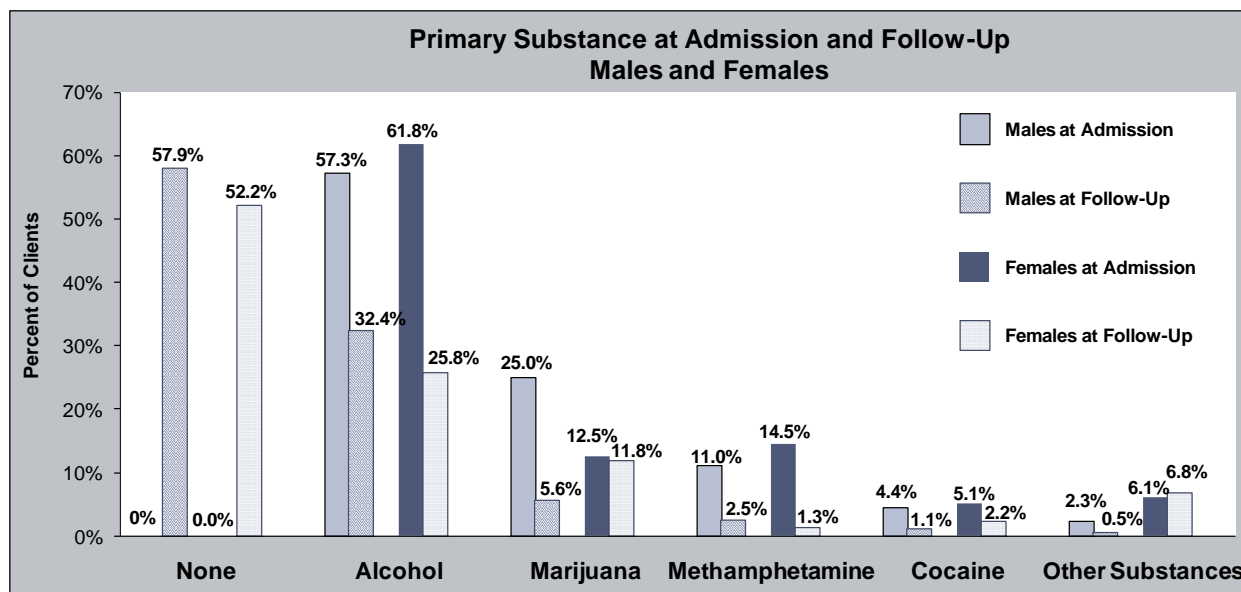
At follow-up, 58.7% of the adolescents and 56.2% of the adults reported abstinence during the six months following discharge from treatment. Alcohol was the most frequently reported primary substance at follow-up, indicated by 31.1% of adults and 19.7% of the adolescents.



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

Figure 6. Primary Substance at Admission and Follow-up by Sex

At follow-up, 57.9% of males and 52.2% of females reported abstinence during the six months following discharge from treatment. At admission, there were higher percentages of females than males who reported alcohol and methamphetamine as their primary substance; however, at follow-up there were higher percentages of males than females who reported alcohol and methamphetamine as their primary substance. At both admission and follow-up, there were higher percentages of males than females who indicated cocaine as their primary substance. Although there was a higher percentage of males (25%) than females (12.5%) who reported marijuana as the primary substance at admission; at follow-up there was a higher percentage of females (11.8%) than males (5.6%) who reported marijuana as their primary substance.

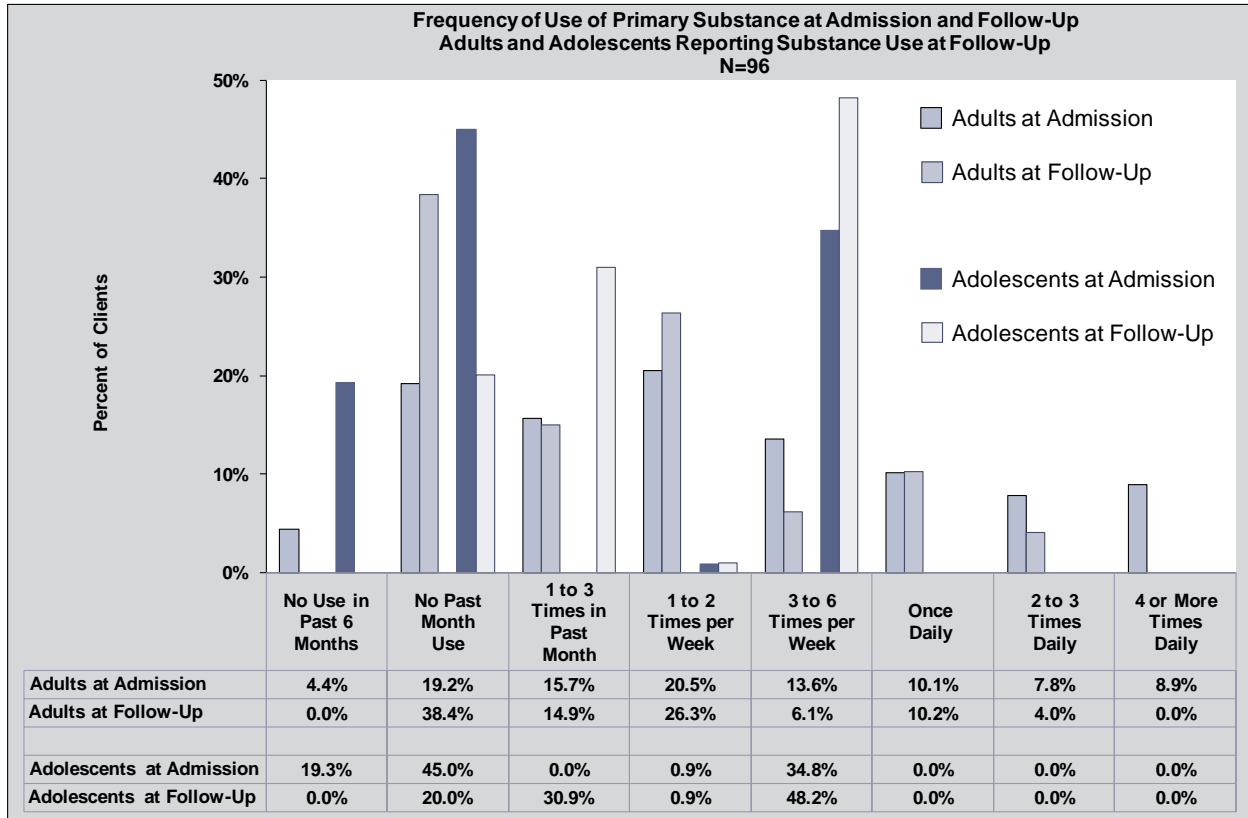


Note: Due to rounding, percentages may not add up to exactly 100%.

Figures 7 and 8 are subsets of the total group of clients who completed the follow-up interview and present frequency of use data for individuals who reported using the same primary substance at both admission and follow-up; the figures include *only* clients who reported use at follow-up (96 clients). Figure 7 shows the percentages of adults and adolescents in association with the frequency of use of their primary substance at admission and follow-up. Figure 8 shows the percentage of males and females in association with the frequency of use of their primary substance at admission and follow-up. For this subset of 96 clients: 90 clients (93.8%) were adults and six clients (6.3%) were adolescents; 62 clients (64.6%) were male and 34 clients (35.4%) were female.

Figure 7. Frequency of Use of Primary Substance by Age: Clients Indicating Use of Same Primary Substance at Both Admission and Follow-Up

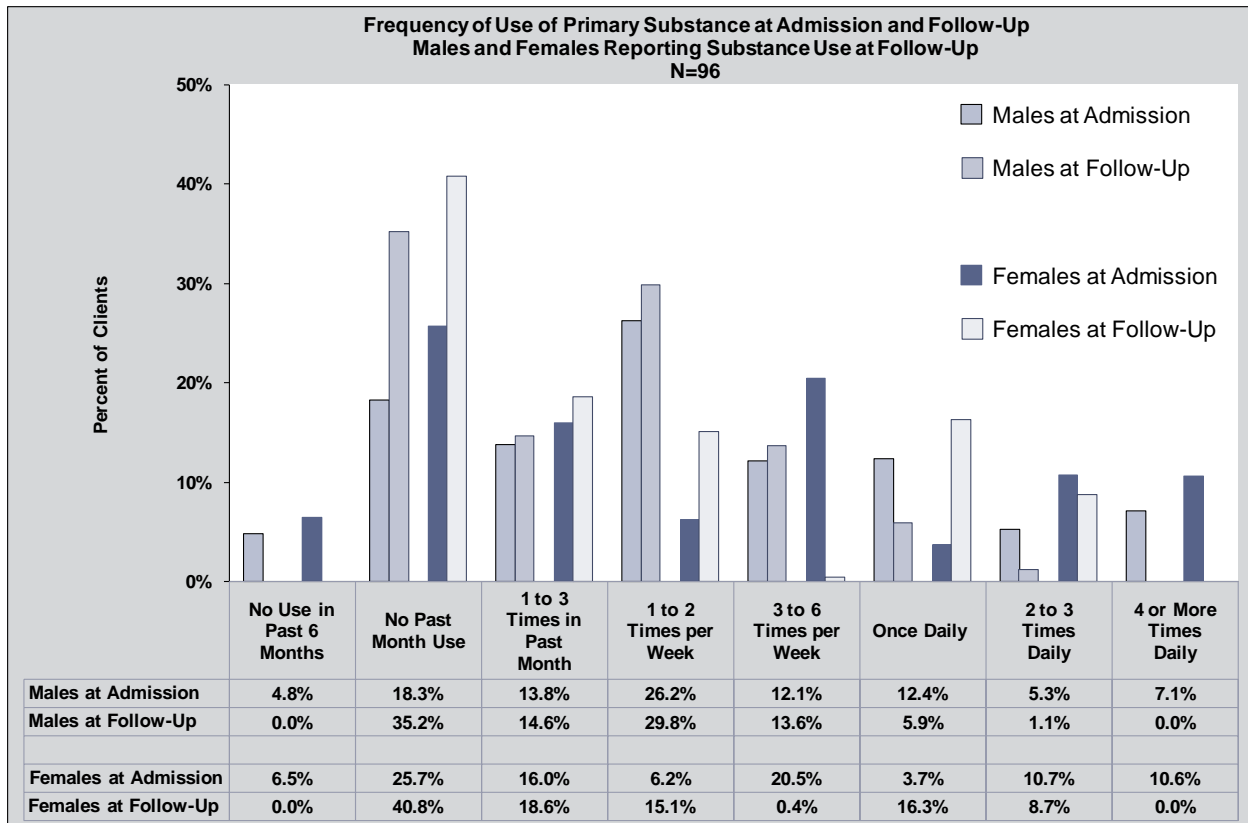
At follow-up, 38.4% of adults reported past 30-day abstinence. It is important to note that since only six adolescents are represented in Figure 7; a large percentage point change reflects a small number of clients. For example, at admission 34.8% reported using their primary substance 3 to 6 times per week at admission and at follow-up this increased to 48.2%; however this is only one additional client reporting this use pattern at follow-up.



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

Figure 8. Frequency of Use of Primary Substance by Sex: Clients Indicating Use of Same Primary Substance at Both Admission and Follow-Up

At the follow-up interview, 40.8% of females and 35.2% of males reported past 30-day abstinence. At follow-up, 5.9% of males reported use of their primary substance once daily, compared to 16.3% of females. The percentage of females who used a substance once daily increased from admission (3.7%) to follow-up (16.3%).



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

LENGTH OF STAY AND DISCHARGE STATUS

Length of stay is defined as the number of days from admission through discharge. This section examines length of stay related to three outcome variables at follow-up (abstinence, arrests, and full-time employment), discharge status by the three outcome variables, and length of stay by primary substance at admission. In Tables 26 and 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.

In Table 26, the first column presents the length of stay categories; the second column presents the approximate number of clients (due to weighting) with completed follow-up interviews in each length of stay category. The third column presents the percentage of clients who had no substance use during the follow-up period for each length of stay range; numbers in parentheses represent the approximate number of clients who were abstinent. For example, 12 of the 22 clients (weighted percent = 54.3%) who were in treatment less than seven days were abstinent at follow-up. Data in the “no arrests” and “employed full-time” columns are presented in the same manner as the “abstinent” column.

Table 26. Length of Stay by Outcome Variables at Follow-Up

The most common length of stay for clients who completed the follow-up interview was 31-60 days, with 101 of clients (26.1%) in this category. There is a statistically significant association between length of stay and abstinence at follow-up (Jonckheere-Terpstra Test, $p < 0.05$). Clients who were in treatment 91 to 120 days had the highest abstinence rate (68.8%) and clients in the 7 to 30 day category had the lowest abstinence rate (44.9%). There are no significant differences between length of stay and arrests and length of stay and full-time employment (Jonckheere-Terpstra Test, $p > 0.05$).

OMS Sample at Follow-Up N=387				
Length Of Stay	N	Abstinent* weighted percent (N)	No Arrests weighted percent (N)	Employed Full-Time weighted percent (N)
Less Than 7 Days	22	54.3 (12)	81.5 (18)	43.0 (10)
7 - 30 Days	94	44.9 (42)	80.4 (75)	29.6 (28)
31 - 60 Days	101	61.6 (62)	75.4 (76)	35.4 (36)
61 - 90 Days	70	53.3 (37)	83.5 (59)	49.5 (35)
91 - 120 Days	42	68.8 (29)	80.7 (34)	40.4 (17)
More than 120 Days	58	61.5 (36)	80.4 (47)	42.2 (25)

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%.

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

Table 27 shows the three outcome variables for the follow-up interview (abstinence, no arrests, and full-time employment) by treatment discharge status. There are three discharge categories: successful completion; terminated (clients discharged from the program due to noncompliance, lack of treatment progress, or client leaving); and neutral (this category includes, but is not limited to, referral to another program, incarceration, or death). The first column presents the discharge categories. The second column presents the approximate number of clients with completed follow-up interviews in each discharge category. The third column presents the percentage of clients who reported abstinence at follow-up (had no substance use during the follow-up period) for each discharge category; numbers in parentheses represent the approximate number of clients (due to weighting) who were abstinent. For example, 134 of the 228 clients (weighted percent = 59.1%) who were successfully discharged were abstinent at follow-up. Data in the “no arrests” and “employed full-time” columns are presented in the same manner as the “abstinent” column. It is important to note that clients who were successfully discharged comprise the majority of the clients interviewed: 58.9% of the clients in Table 27.

Table 27. Discharge Status by Outcome Variables at Follow-Up

The 387 clients who completed a follow-up interview are represented in Table 27. Of these, 228 clients (58.9%) were discharged as successful cases and 159 clients (41.1%) did not successfully complete the treatment program. Of the 159 clients who did not complete treatment, 136 were terminated and 23 were neutral discharges. Of the 228 clients who completed follow-up interviews and were successfully discharged: 59.1% were abstinent, 79.7% had not been arrested; and 41.4% were working full-time. There are no significant associations between discharge status and outcome variables at follow-up (Cochran-Mantel-Haenszel Correlation Test, $p > 0.05$).

OMS Sample at Follow-Up N=387				
Discharge Status	N	Abstinent weighted percent (N)	No Arrests weighted percent (N)	Employed Full-Time weighted percent (N)
Successful Completion	228	59.1 (134)	79.7 (181)	41.4 (94)
Terminated	136	55.8 (76)	81.5 (111)	35.5 (48)
Neutral Discharge	23	32.9 (8)	70.1 (16)	29.2 (7)
Total	387	56.4 (218)	79.8 (308)	38.6 (149)

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%.

Unlike previous tables in this section that include data only from clients who completed follow-up interviews, data in Figure 9 and Table 28 on the following pages are drawn from all discharged clients who were in the 2009 OMS sample. As of August 1, 2010, of the 791 clients in the OMS sample, discharge information had been received for 722 clients and 69 were still receiving treatment services. The most often reported primary substances at admission are: alcohol, marijuana, methamphetamine, and cocaine (see Table 1, page 7). Figure 9 presents the median length of stay for discharged clients for each of the four primary substances reported at admission. Table 28 presents the percentage of clients in each length of stay category for the four substances.

Figure 9. Median Length of Stay by Primary Substance at Admission

Clients whose primary substance at admission was marijuana had the longest median length of stay of 75 days, and clients whose primary substance at admission was alcohol had the shortest median length of stay of 49 days.

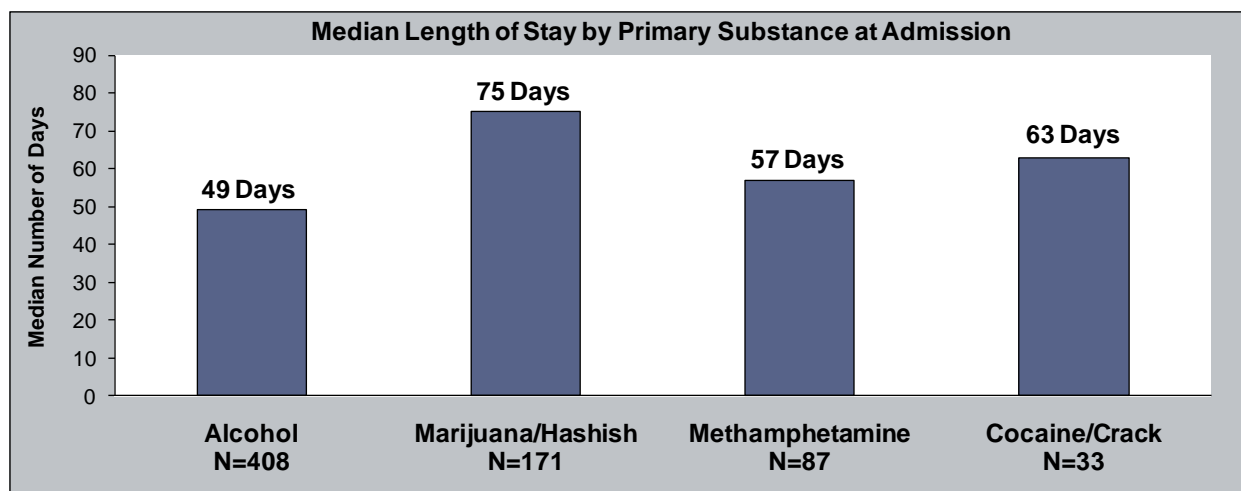


Table 28. Length of Stay by Primary Substance at Admission

There is a statistically significant association between length of stay for clients who reported alcohol as the primary substance at admission compared to clients who reported other primary substances at admission (Jonckheere-Terpstra Test, $p < 0.05$); and for clients who reported marijuana as the primary substance at admission compared to clients who reported other primary substances at admission (Jonckheere-Terpstra Test, $p < 0.05$). Approximately one quarter of the clients whose primary substance at admission was methamphetamine or cocaine were in treatment for 7 to 30 days. The length of stay category with the largest percentage of clients reporting marijuana as the primary substance at admission was more than 120 days; the category with the largest percentage of clients indicating cocaine was the 61 to 90 days category; the largest percentage of clients reporting alcohol as the primary substance at admission were in the 31 to 60 days length of stay category; and the largest percentage of clients reporting methamphetamine as the primary substance at admission was in the 7 to 30 days category.

Length of Stay							
Primary Substance at Admission	N	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 (N)
Alcohol*	408	6.1	21.4	29.4	15.6	11.7	15.8
Marijuana/Hashish*	171	8.0	16.4	16.1	20.0	15.5	24.0
Methamphetamine	87	5.4	28.4	17.4	11.9	8.9	28.0
Cocaine/Crack	33	15.8	26.0	5.7	32.2	0.5	19.9

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

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

CLIENTS' PERCEIVED BENEFITS

Table 29. Clients' Perceived Benefits

Table 29 presents client responses at the follow-up interview when asked their opinion of the various types of treatment received in the substance abuse treatment programs. Results from 387 completed interviews at six months post discharge indicate that 361 of the clients (93.3%) feel that the substance abuse treatment they received was either very beneficial or beneficial overall. "Beneficial" was the response indicated most often for individual, group, and educational counseling. Clients who responded "did not receive" for a certain type of counseling could have done so for various reasons including the type of counseling was not recommended, the type of counseling was not offered, or the type of counseling was offered but the client chose not to participate.

OMS Sample at Follow-Up N=387					
Perceived Benefit of Counseling	Individual Counseling % (N=387)	Family Counseling % (N=387)	Group Counseling % (N=387)	Educational Counseling % (N=387)	Overall Rating of Treatment Program % (N=387)
Very Beneficial	35.9 (139)	2.1 (8)	30.2 (117)	32.0 (124)	35.7 (138)
Beneficial	49.6 (192)	3.1 (12)	45.0 (174)	52.5 (203)	57.6 (223)
Not Beneficial	11.1 (43)	0.5 (2)	11.4 (44)	13.2 (51)	6.7 (26)
Did Not Receive	3.4 (13)	94.3 (365)	13.4 (52)	2.3 (9)	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

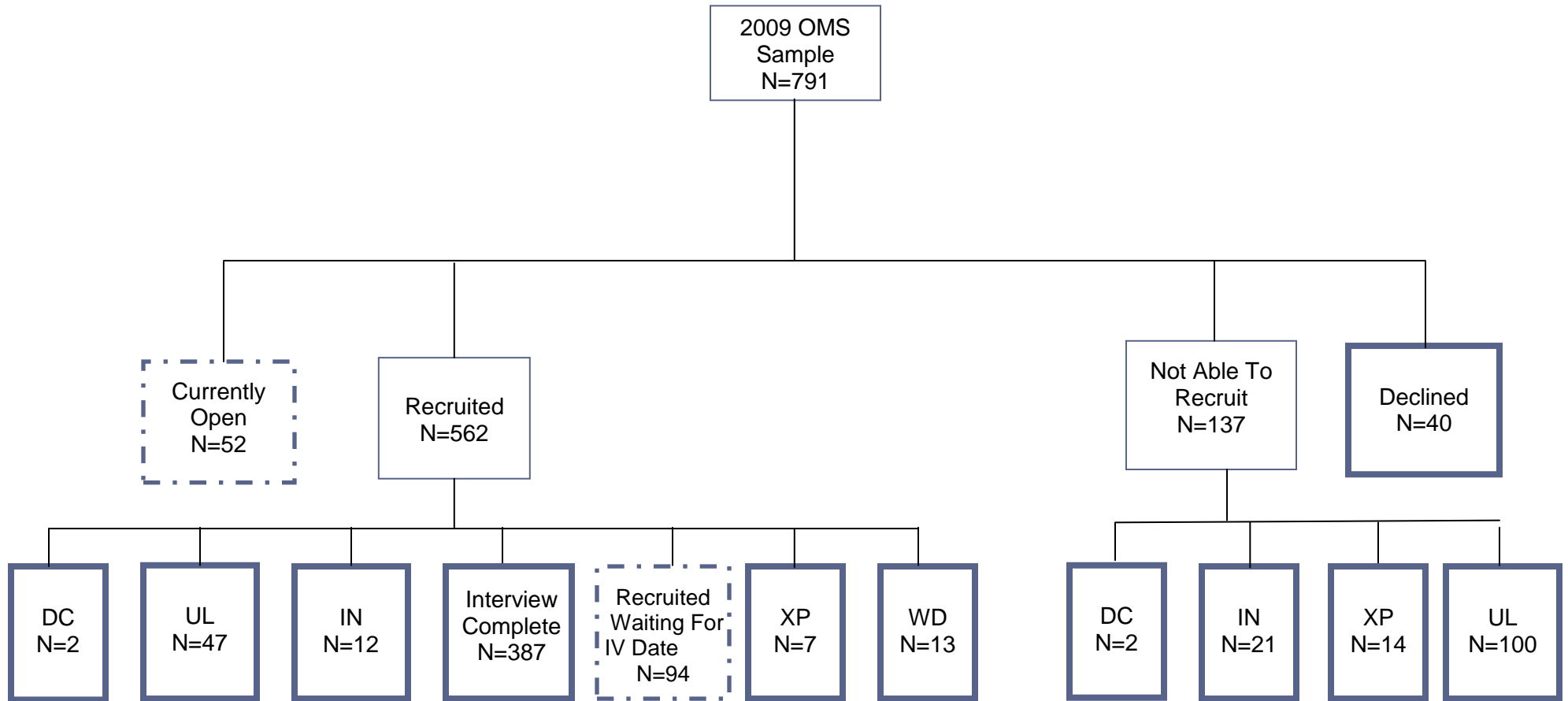
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Table A1. Client Classifications

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, however has not made contact with. Included are clients who have been left messages and/or sent letters, and have not yet responded to repeated contact attempts.
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 were deceased 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 clients' discharge date, and clients who were deceased 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 was deceased. The client may or may not have been successfully recruited. 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 Consortium 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 2009 OMS Sample



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.)

Tracking Report: 2009 OMS Sample

Table A2. Case Status – All Clients

Status	Number of Clients
Open Cases	146
Closed Cases	645
Total	791

Table A3. Closed Clients by Category

Category	Number of Clients	Percentage of Clients
Follow-Up Interview Complete	387	60.0
Unable to Locate	147	22.8
Declined or Withdrew Participation	53	8.2
Incarcerated	33	5.1
Expired	21	3.3
Deceased	4	0.6
Total	645	100.0

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

Table A4. Recruitment and Follow-Up Rates

Category	Percentage
Recruitment	80.1 (562/702)
Follow-Up	86.6 (387/447)

Client Contacts: 2009 OMS Sample

Table A5. Type and Number of Client Contacts through July 31, 2010

Type of Contact	Adolescents N=46	Adults N=745	Total N=791
An outgoing phone call attempting to recruit client.	346	5,990	6,336
An outgoing phone call in which recruitment has actually taken place and the client has agreed to participate.	31	409	440
An incoming phone call in which recruitment has actually taken place and the client agreed to participate.	9	113	122
An outgoing phone call attempting to update/check-in with client.	209	3,312	3,521
An incoming or outgoing phone call in which a successful update occurs with client.	48	696	744
An incoming phone call from client or collateral contact (not from treatment agency).	9	339	348
An outgoing phone call attempting to reach client for the six month follow-up interview.	329	4,033	4,362
An outgoing phone call completing the six month follow-up interview.	28	315	343
An incoming phone call in which the six month follow-up interview is completed.	1	43	44
An outgoing phone call attempting to track client through collateral contacts.	14	210	224
Any incoming and outgoing attempts (phone call/letter/fax) to track client through their substance abuse treatment agency.	43	359	402
Other - usually an internet search, but includes any call/contact that doesn't fall under any other category.	106	2,217	2,323
A letter sent to contact client; includes letters that have been returned and notification of address changes from post office; outgoing or incoming.	293	5,310	5,603
All Client Contacts	1,466	23,346	24,812



Table A6. Contacts for Clients with Closed Cases*

Status	Clients	All Contacts	Contacts (Mean)	Number of Letters Mailed
Interviews Completed	387	10,556	27.3	2,445
Unable to Locate	147	7,816	53.2	1,721
Declined	40	654	16.4	140
Incarcerated	33	919	27.8	208
Expired	21	532	25.3	113
Withdrew	13	355	27.3	58
Deceased	4	70	17.5	14
Grand Total	645	20,902	32.4	4,699

* Information in Table A6 represents only closed cases. Cases are closed for 645 of the 791 clients (81.5%) in this report.

