

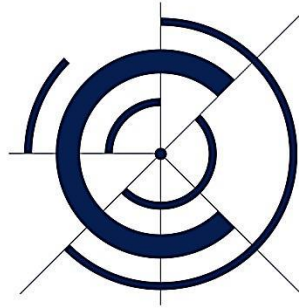


State of Iowa Outcomes Monitoring System

THE IOWA CONSORTIUM FOR SUBSTANCE ABUSE RESEARCH AND EVALUATION

**Year 16
Annual Outcome Evaluation Report
September 2014**

With Funds Provided By:
Iowa Department of Public Health,
Division of Behavioral Health,
Bureau of Substance Abuse



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

**State of Iowa
Outcomes Monitoring System
Year 16 Annual Evaluation Report
September 2014**

**Suzy Hedden, BS
Evaluation Coordinator**

**Julie Palmer, BA
Associate Director**

**Stephan Arndt, PhD
Director**

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

EXECUTIVE SUMMARY

The Outcomes Monitoring System (OMS) was established to systematically gather data on substance abuse treatment outcomes in Iowa. Randomly selected clients from 22 Iowa Department of Public Health-funded treatment agencies were contacted for follow-up interviews that occurred approximately six months after discharge from treatment. This report examines outcomes for clients admitted in calendar year 2013. Outcomes are presented for 334 of the clients who completed the follow-up interview.

Client Characteristics of 2013 OMS Sample

Age and Sex: Clients ranged from 13 to 71 years of age with a median age of 33 years. Nearly 70% clients of the clients were male and approximately 30% were female.

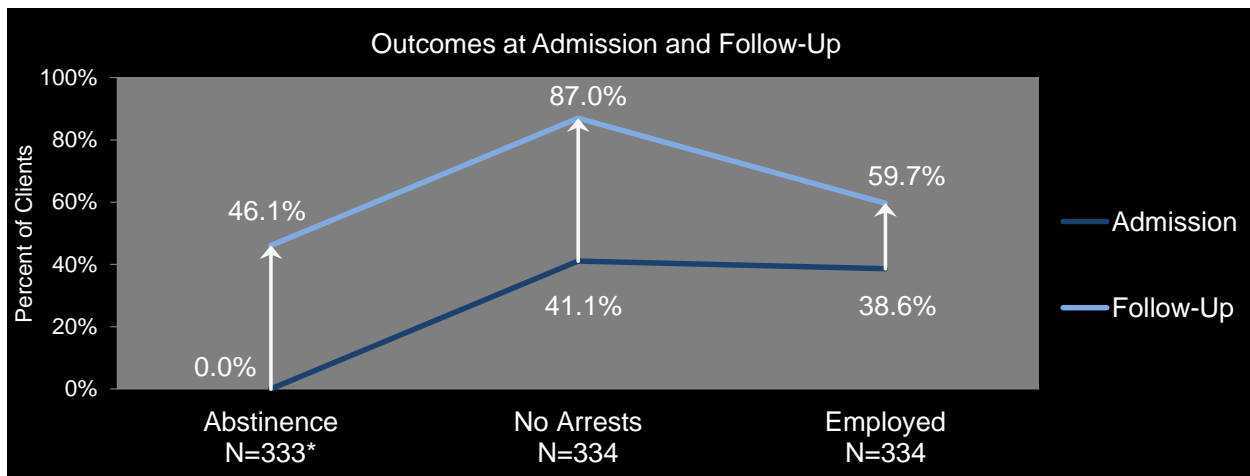
Race and Ethnicity: Nearly 89% of the clients reported Caucasian/White as their primary race at admission, 7.7% reported African American/Black, 1.2% reported American Indian, and 0.6% reported another race. Approximately 2.1% responded “unknown” when asked about their race or the data are missing or reported as not collected. Nearly 6% of the clients reported Hispanic or Latino ethnicity at admission.

Substance Use at Admission: Of clients reporting a primary substance, all (100%) indicated a primary substance of use. Alcohol was the most common primary substance reported by 45.8% of the clients, followed by methamphetamine (24.2%), and marijuana (21.9%).

Outcomes for 334 Clients with Completed Follow-Up Interviews

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

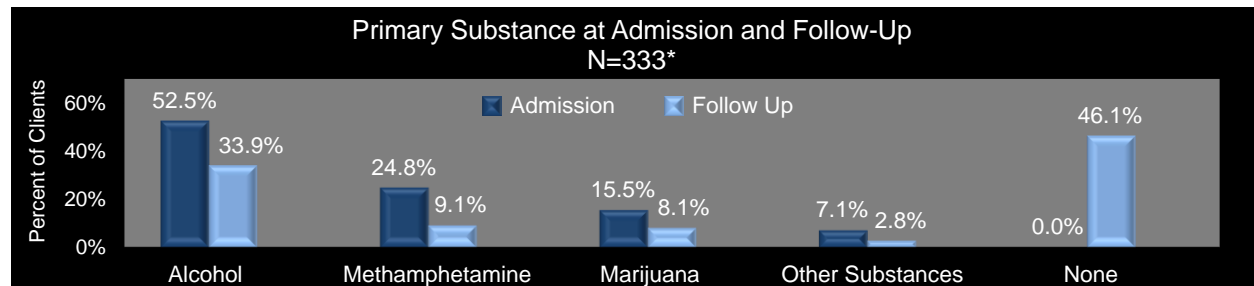
Abstinence, Arrests, and Employment at Admission and Follow-Up: Abstinence (based on the primary substance reported) increased by 46.1 percentage points from admission to follow-up. Nearly 60% of the clients reported arrests at admission, whereas 13% reported arrests at follow-up. The majority of clients were not employed at admission; however nearly 60% of clients indicated employment at follow-up.



*Data for primary substance at admission are missing for one client who completed the follow-up interview, therefore admission and follow-up data for that client are excluded.



Primary Substance at Admission and Follow-Up: At both admission and follow-up, alcohol was the most commonly reported primary substance. Methamphetamine was the second most commonly reported primary substance at admission and follow-up, followed by marijuana.



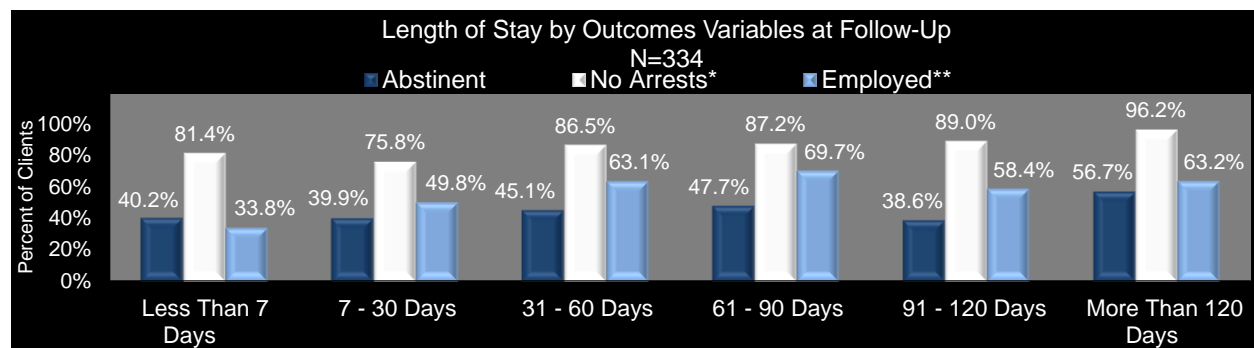
Note: Due to rounding, percentages may not add up to exactly 100%. A client's primary substance may change from admission to follow-up. *Data for primary substance at admission are missing for one client who completed the follow-up interview, therefore admission and follow-up data for that client are excluded.

Discharge Status by Outcomes Variables at Follow-Up: There are statistically significant associations between discharge status and abstinence at follow-up (Cochran-Mantel-Haenszel Test, $p < 0.01$), between discharge status and no arrests at follow-up (Cochran-Mantel-Haenszel Test, $p < 0.0001$) and between discharge status and employment at follow-up (Cochran-Mantel-Haenszel Test, $p < 0.01$). Of the 191 clients who completed follow-up interviews and were successfully discharged: 53.2% were abstinent, 93.9% had not been arrested; and 69.2% were working full or part-time.

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
Successful Completion	191	53.2	93.9	69.2
Terminated	113	34.8	78.1	46.3
Neutral Discharge	29	45.5	77.0	49.8

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. *Statistically significant (Cochran-Mantel-Haenszel Test, $p < 0.01$). **Statistically Significant (Cochran-Mantel-Haenszel Test, $p < 0.0001$).

Length of Stay by Outcomes Variables at Follow-Up: There are statistically significant associations between length of stay and arrests (Jonckheere-Terpstra Test, $p < 0.01$) and length of stay and employment at follow-up (Jonckheere-Terpstra Test, $p < 0.05$). Nearly all clients (96.2%) who completed the follow-up interview and received treatment for more than 120 days had not been arrested since discharge. Fewer than half of clients who completed the follow-up interview and received treatment for 30 days or less were employed full or part-time at follow-up. There was no statistically significant association between length of stay and abstinence at follow-up (Jonckheere-Terpstra Test, $p > 0.05$).



Note: Due to rounding, percentages may not add up to exactly 100%. *Statistically significant (Jonckheere-Terpstra Test, $p < 0.01$). **Statistically significant (Jonckheere-Terpstra Test, $p < 0.05$).



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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 analyses, and reporting since January 1999.

The Consortium conducts follow-up interviews with randomly selected clients from 22 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 2013. Outcomes are presented for 334 clients who completed the follow-up interview through September 3, 2014.

EVALUATION PROCESS AND METHODS

Data Collection

IDPH-funded substance abuse treatment agencies in Iowa use several standardized client data collection systems. 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 at admission. Admission data, as well as follow-up data collected by Consortium staff, are client self-reported. Additional questions were added to the follow-up interview in 2013, including questions regarding mental health assessments, referrals, and medications prescribed during substance abuse treatment for psychological/emotional reasons. Clients are also asked about substance use causing stress and reduction in important activities and asked for a self-rating of overall health six months following treatment discharge.

Sampling Procedure and Data Weighting

Samples are drawn from the population of publicly funded clients admitted to 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 admission dataset obtained by the Consortium from IDPH. Given that the number of admissions varies from month to month and due to random fluctuations, the sample size also varies. In January 2013, the sample size was increased from approximately 8% to 10% of the available admission records for the adult and adolescent client population admitted to treatment in a month. OMS data for clients with early 2013 admission were obtained through stratified random sampling procedures. In September 2013, the sample size was increased from 10% to 15% and the sampling process changed to a completely random sample (not stratified). The stratified portion of the sample are weighted in order to reflect the total population. Records pulled through completely random sampling scheme are assigned a weight of one. Therefore, data in this report are weighted. Unless noted, throughout this report,



the 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 information that includes 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 a verbal agreement to participate in the follow-up interview. Participants are informed that they will receive periodic update calls or letters, approximately every six 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 agencies 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 36 through 41.



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 six months post-discharge date. Clients receive a twenty-dollar gift card upon completion of the follow-up interview.

CLIENTS

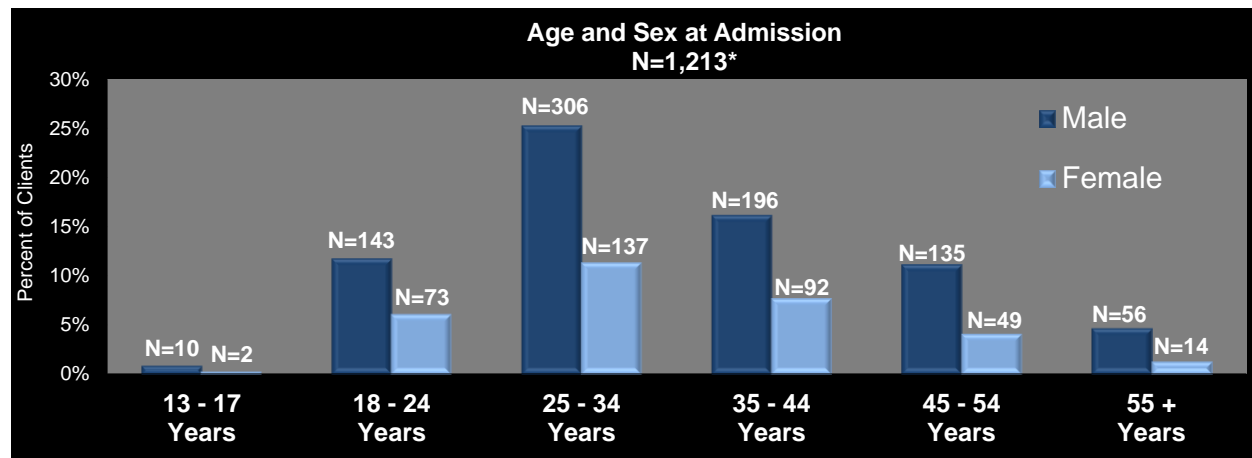
Description of Clients at Admission

One thousand two hundred sixteen clients with 2013 admission dates were selected to participate in the OMS project. This group of randomly selected clients had substance abuse treatment admission dates from January 2, 2013 through December 31, 2013.

Clients ranged from 13 to 71 years of age with a median age of 33 years. Of the 1,216 clients, 1,204 (99%) were adults and 12 (1%) were adolescents (age 17 and younger). Eight hundred forty-six clients (69.5%) were male and 367 (30.2%) were female; data for sex was missing for three clients (0.3%) at admission.

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



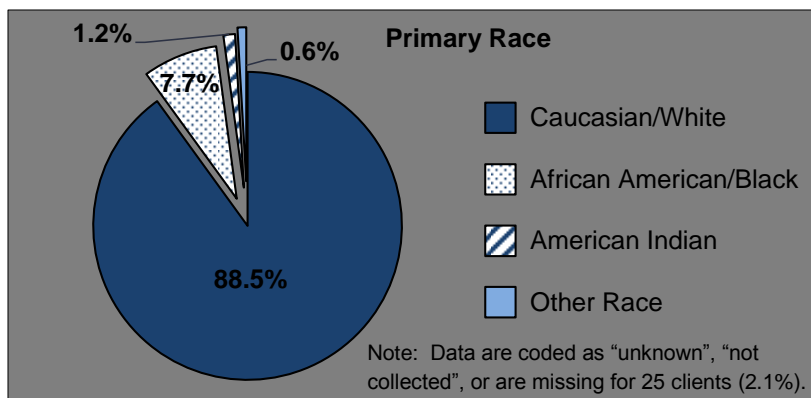
Note: The number of clients is rounded to the nearest integer due to the weighting of the data.

*Data are missing for three clients due to missing data for sex at admission.

Figure 2. Race

Figure 2 presents race reported at admission for clients in the OMS sample. Caucasian/White was the primary race reported by 88.5% of clients; 7.7% indicated African American/Black, 1.2% reported American Indian, and 0.6% reported “other race”. The “other race” category

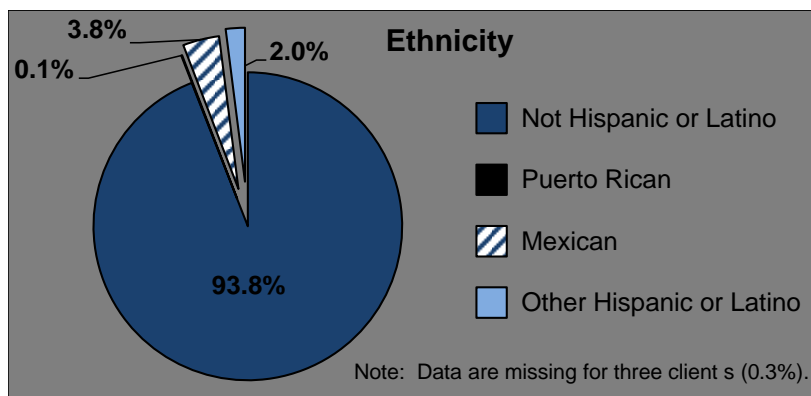
includes clients who reported Asian or Hawaiian or Pacific Islander as their primary race. Additionally, 2.1% clients responded “unknown” when asked about their race or the data are missing or reported as “not collected”.



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

Figure 3. Ethnicity

Figure 3 shows ethnicity reported at admission for the clients in the OMS sample. Hispanic or Latino ethnicity was reported by 5.9% of the clients at admission.



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

Recruitment, Tracking, and Follow-Up Efforts

As of September 4, 2014, of the 1,216 clients who were selected to participate in the OMS project, 632 individuals had been contacted by Consortium staff and consented to participate in the follow-up interview; 172 clients declined to participate in the project.

Eight hundred twenty-four of the clients had reached six months post discharge and were eligible to complete the follow-up interview. Of these, 334 clients completed a follow-up interview. There were 114 recruited individuals who could not be located for the interview after numerous phone calls, letters, and internet searches. Twenty-seven recruited clients were incarcerated at the time of their interview; Consortium staff do not interview incarcerated individuals. Twenty-seven clients chose to withdraw from the project after previously agreeing to participate, interview due dates had already passed for eight recruited clients when the Consortium received notification of their discharge dates, and one recruited client was deceased when the interview was due. An additional 313 clients were not able to be recruited for various reasons including: 240 clients could not be located; 51 clients were incarcerated (Consortium staff do not recruit incarcerated individuals); treatment agency staff submitted discharge dates late for 17 non-recruited clients, resulting in the follow-up interview date having already passed



when the Consortium received notification; three clients were deceased, two clients were closed for other reasons: one client left the country and one had a medical condition that prevented interview completion.

Efforts are underway to locate and attempt to recruit the 99 clients who are still not eligible for an interview. The remaining 121 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 (632), those who declined to participate (172), and non-recruited clients whom staff were not able to locate (240). This calculation results in a recruitment rate of 60.5%. Of recruited clients due for a follow-up interview, 70.3% received an interview (334 of 475 clients). This excludes recruited clients who were incarcerated, deceased, and clients whose interview date had already passed when the Consortium received notification. This calculation includes all clients who completed the follow-up interview (334), recruited clients who could not be located when their interview was due (114), and those who decided not to take part in the interview after initially agreeing to do so (27). Detailed tracking information regarding the OMS sample is provided in the Appendix on pages 36 through 41.

CHANGES FROM ADMISSION TO FOLLOW-UP

Tables 1, 2, and 4 through 13 present admission responses from the 1,216 clients admitted in 2013 in the OMS sample and admission and follow-up responses from clients who have completed follow-up interviews (334 clients). The first column presents all possible responses for the question. The second column presents the admission responses for the 1,216 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 (334 clients). It is important to note that data are missing for primary and secondary substance at admission for one client; therefore Tables 1 and 2 exclude data for that client. Table 3 presents 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:** Of clients with a primary substance indicated in admission data, all clients (100%) indicated a primary substance of use at admission. Alcohol was the most common primary substance reported by 45.8% of 1,215 clients in the OMS sample. At follow-up, alcohol was also the most often indicated primary substance with 33.9% of clients reporting use at follow-up. Methamphetamine was the second most commonly reported primary substance at admission and follow-up, followed by marijuana.
- **Secondary Substance:** A secondary substance was reported by 63.9% of clients in the OMS sample at admission. Marijuana was the most commonly used secondary substance at admission, followed by alcohol. Over one quarter of clients in the OMS sample indicated marijuana as their secondary substance at admission. At follow-up, alcohol was the most frequently reported secondary substance, followed by marijuana. Among 333 clients who completed a follow-up interview, clients reporting “no secondary substance” increased from 43% at admission to 86.2% at follow-up, nearly 14% of clients reported using more than one substance at follow-up.



- **Arrests:** At admission, nearly 60% of the clients in the OMS sample reported one or more arrests in the previous twelve months, while 13% of the clients reported arrests in the six months following treatment discharge.
- **Employment:** At admission, 39.1% of clients in the OMS sample indicated full or part-time employment. At follow-up, nearly 60% reported they were employed full or part-time. Among the 334 clients completing the follow-up interview, clients indicating full-time employment increased by nearly 17 percentage points from admission to follow-up.
- **Taxable Income:** Of clients who reported an income category at both admission and follow-up, there were increases in the number of clients reporting the two highest monthly income categories (\$1001 to \$2000, and over \$2000) at follow-up. There was a slight decrease (8.5 percentage points) in clients who indicated they had no monthly income: nearly half (49.3%) reported this at admission and 40.9% reported this at follow-up.
- **Hospitalizations:** The number of clients who were hospitalized at follow-up compared to admission was reduced by approximately half. At admission, 10.7% of clients who completed a follow-up interview reported substance abuse-related hospitalizations in the six months prior to treatment admission. At follow-up reported 5.3% indicated one or more hospitalizations due to a substance abuse-related problem during the six months post-discharge time period.
- **Voluntary Self-Help Groups for Recovery:** Clients reporting attending meetings such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), or similar meetings more than doubled from admission to follow-up. Over 40% of clients reported attending meetings during the six months following discharge from treatment.



Table 1. Primary Substance

Of clients with a primary substance reported in admission data, all clients (100%) indicated a primary substance of use at admission. At follow-up, 46.1% of clients 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 18.6 percentage points between admission (52.5%) and follow-up (33.9%) for clients reporting alcohol as the primary substance. Methamphetamine was the second most commonly reported primary substance at admission and follow-up, followed by marijuana. The percentage of clients reporting methamphetamine as their primary substance decreased 15.7 percentage points from 24.8% at admission to 9.1% at follow-up. Clients reporting marijuana as their primary substance decreased by 7.4 percentage points (from 15.5% to 8.1%).

Primary Substance	OMS Sample at Admission N=1,215* (weighted percent)	OMS Sample with Completed Follow-Up Interviews N=333* (weighted percent)	
		Admission	Follow-Up
None	0.0	0.0	46.1
Alcohol	45.8	52.5	33.9
Cocaine/Crack	1.6	2.0	0.5
Marijuana/Hashish	21.9	15.5	8.1
Methamphetamine	24.2	24.8	9.1
Heroin	1.2	1.2	1.1
Non-Prescription Methadone	0.0	0.0	0.0
Other Opiates and Synthetics	3.4	2.6	0.5
PCP	0.0	0.0	0.0
Other Hallucinogens	0.7	0.5	0.0
Other Amphetamine	0.2	0.1	0.0
Other Stimulants	0.0	0.0	0.0
Benzodiazepines	0.4	0.6	0.3
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	0.0	0.0	0.0
Over the Counter	0.0	0.0	0.3
Steroids	0.1	0.0	0.0
Ecstasy	0.0	0.0	0.0
Oxycontin	0.1	0.0	0.0
Other Prescribed Analgesics	0.1	0.0	0.0
Other	0.4	0.1	0.1

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

A client's primary substance may change from admission to follow-up.

*Data for primary substance at admission are missing for one client who completed the follow-up interview, therefore admission and follow-up data for that client are excluded from Table 1.



Table 2. Secondary Substance

Of clients indicating a secondary substance at admission, clients reporting no secondary substance increased by 43.2 percentage points from 43% at admission to 86.2% at follow-up; 13.8% of the clients reported using more than one substance six months post discharge. Marijuana was the most commonly reported secondary substance at admission, followed by alcohol. However, alcohol was the most commonly reported secondary substance at follow-up, followed by marijuana. The percentage of clients reporting marijuana as their secondary substance decreased 24.4 percentage points from 28.1% at admission to 3.7% at follow-up. The percentage of clients reporting alcohol as their secondary substance decreased 5.6 percentage points from 13% to 7.4%. Additionally, there was a 6.5 percentage point decrease between admission and follow-up for clients reporting methamphetamine as their secondary substance.

Secondary Substance	OMS Sample at Admission N=1,215* (weighted percent)	OMS Sample with Completed Follow-Up Interviews N=333* (weighted percent)	
		Admission	Follow-Up
None	36.1	43.0	86.2
Alcohol	16.4	13.0	7.4
Cocaine/Crack	3.4	2.7	0.3
Marijuana/Hashish	28.3	28.1	3.7
Methamphetamine	9.9	7.9	1.4
Heroin	0.3	0.3	0.0
Non-Prescription Methadone	0.1	0.2	0.0
Other Opiates and Synthetics	2.2	2.9	0.3
PCP	0.0	0.0	0.2
Other Hallucinogens	0.3	0.4	0.4
Other Amphetamine	0.9	0.5	0.0
Other Stimulants	0.2	0.5	0.1
Benzodiazepines	1.0	0.0	0.0
Other Tranquilizers	0.1	0.0	0.0
Barbiturates	0.0	0.0	0.0
Other Sedatives and Hypnotics	0.2	0.0	0.0
Inhalants	0.0	0.0	0.0
Over the Counter	0.1	0.0	0.0
Steroids	0.0	0.0	0.0
Ecstasy	0.0	0.0	0.0
Oxycontin	0.5	0.4	0.0
Other Prescribed Analgesics	0.0	0.2	0.0
Other	0.2	0.2	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.

*Data for secondary substance at admission are missing for one client who completed the follow-up interview, therefore admission and follow-up data for that client are excluded from Table 2.



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 provide a good representation (e.g. having one drink three to six times per week versus smoking methamphetamine three to six times per week). Therefore, Table 3 presents data for a subset of the total group of clients who completed the follow-up interview 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 at follow-up report that they have used alcohol one to three times in the past month, representing a decrease in their frequency of use. Of clients reporting substance use during the six month post-discharge time period, 71.2% reported the same primary substance at both admission and follow-up and 28.8% reported a different primary substance at follow-up than the primary substance reported at admission.

Table 3. Frequency of Use of Primary Substance: Clients Indicating Use of Same Primary Substance at Both Admission and Follow-Up

Table 3 presents the change in frequency of use from admission to follow-up for individuals who reported the same primary substance at both admission and follow-up, and includes *only* clients who reported use at follow-up (therefore excludes clients who reported abstinence at follow-up). Data for one client who reported the same primary substance at both admission and follow-up are excluded due to data missing for frequency of use at admission. The “Increased Use” category presents the percentage of clients who indicated using their primary substance with more frequency at follow-up than reported at admission. “Maintained Same Use” represents clients reporting the same frequency of use of their primary substance at admission and follow-up. “Decreased Use” presents the percentage of clients who reported using their primary substance with less frequency at follow-up than indicated at admission.

This subgroup of 127 clients most commonly reported using their primary substance more frequently at follow-up compared to admission (41.1%); 37.5% reported a decrease in use of their primary substance at follow-up; and 21.3% of clients in this group indicated the same use pattern of their primary substance at both admission and follow-up.

Change in Frequency of Use	OMS Sample with Completed Follow-up Interviews Clients Reporting Same Primary Substance at Admission and Follow-Up N=127 (weighted percent)
Increased Use	41.1
Maintained Same Use	21.3
Decreased Use	37.5

Note: Due to rounding, percentages may not add up to exactly 100%.
Data for frequency of primary substance use at admission are missing for one client who completed the follow-up interview, therefore data for that client are excluded from Table 3.

In addition to the 127 clients represented in Table 3 above, 52 of the interviewed clients reported using a different primary substance at follow-up than the primary substance they reported at admission (therefore they are not included in Table 3 above). Nearly half (45.4%) identified that their primary substance at follow-up was the substance they originally reported as their secondary substance at admission. Slightly over one quarter (26.6%) of the individuals in this group switched from methamphetamine to alcohol; 23.2% changed from marijuana to alcohol; and 14.1% switched from alcohol to marijuana.



Table 4. AA, NA, or Similar Meetings Attended

More clients reported attendance at Alcoholics Anonymous (AA), Narcotics Anonymous (NA), or similar voluntary meetings for recovery at follow-up than at admission. The number of clients reporting attending meetings increased over two and half times from admission to follow-up with over 40% of clients reported attending meetings during the six months following discharge from treatment.

Average Number of Meetings Attended Per Month	OMS Sample at Admission N=1,216 (weighted percent)	OMS Sample with Completed Follow-Up Interviews N=334 (weighted percent)		
		Admission	Follow-Up	Change
None	84.1	83.4	56.8	-26.6
1 to 10 Meetings	12.4	11.7	34.2	+22.5
11 or More Meetings	3.5	4.9	9.0	+4.1

Note: Due to rounding, percentages may not add up to exactly 100%; change values may differ from subtracting rounded values and provide a more accurate representation percentage point change.

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, nearly 60% of clients reported arrests at admission, whereas 13% reported arrests at follow-up.

Number of Arrests	OMS Sample at Admission N=1,216 (weighted percent)	OMS Sample with Completed Follow-Up Interviews N=334 (weighted percent)		
		Admission	Follow-Up	Change
None	41.2	41.1	87.0	+45.9
1 to 3 Times	55.0	56.7	13.0	-43.7
4 or More Times	3.8	2.2	0.0	-2.2

Note: Due to rounding, percentages may not add up to exactly 100%; change values may differ from subtracting rounded values and provide a more accurate representation percentage point change.

Table 6. Hospitalizations Due to a Substance Abuse Related Problem

Overall, fewer clients reported substance abuse related hospitalizations at follow-up compared to admission. At follow-up, 5.3% of clients reported hospitalizations for substance abuse related problems since discharge, whereas nearly 11% of interviewed clients indicated substance abuse related hospitalizations in the six months prior to treatment admission.

Number of Hospitalizations	OMS Sample at Admission N=1,216 (weighted percent)	OMS Sample with Completed Follow-Up Interviews N=334 (weighted percent)		
		Admission	Follow-Up	Change
None	87.6	89.3	94.6	+5.4
1 to 3 Times	11.7	10.4	4.2	-6.2
4 or More Times	0.8	0.3	1.1	+0.8

Note: Due to rounding, percentages may not add up to exactly 100%; change values may differ from subtracting rounded values and provide a more accurate representation percentage point change.



Table 7. Employment Status

At follow-up, nearly 60% of clients reported that they were employed full or part-time. Among clients with completed follow-up interviews, full-time employment increased by nearly 17 percentage points from admission to follow-up. Clients reporting they were unemployed (looking for work in the past 30 days) decreased by 22 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.

Employment Status	OMS Sample at Admission N=1,216 (weighted percent)	OMS Sample with Completed Follow-Up Interviews N=334 (weighted percent)		
		Admission	Follow-Up	Change
Employed Full-Time (≥35 hrs/wk)	25.9	25.9	42.7	+16.8
Employed Part-Time (<35 hrs/wk)	13.2	12.7	17.0	+4.3
Unemployed (Looking For Work in the Past 30 Days)	45.2	45.6	23.5	-22.0
Not in Labor Force	15.7	15.9	16.7	+0.8

Note: Due to rounding, percentages may not add up to exactly 100%; change values may differ from subtracting rounded values and provide a more accurate representation percentage point change.

Table 8. Months Employed

At follow-up, over 50% of the clients reported employment of four months or more in the past six months. Clients reporting no employment in the previous six months decreased by 13 percentage points from admission to follow-up.

Months Employed	OMS Sample at Admission N=1,216 (weighted percent)	OMS Sample with Completed Follow-Up Interviews N=334 (weighted percent)		
		Admission	Follow-Up	Change
None	42.0	39.7	26.8	-13.0
Three Months or Less	19.6	18.4	19.9	+1.6
Four or More Months	38.4	41.9	53.3	+11.4

Note: Due to rounding, percentages may not add up to exactly 100%; change values may differ from subtracting rounded values and provide a more accurate representation percentage point change.

Table 9. Taxable Monthly Income

There were increases in the number of clients reporting monthly income in the two highest income categories (\$1001 to \$2000 and over \$2000) at follow-up. Nearly 40% of clients indicated their taxable monthly income at follow-up was over \$1000. There was a decrease (8.5 percentage points) in clients who indicated they had no monthly income from admission to follow-up, likely corresponding to the previous findings (Table 7 on previous page) that more clients were employed at follow-up.

Taxable Monthly Income	OMS Sample at Admission N=1,194* (weighted percent)	OMS Sample with Completed Follow-Up Interviews N=301* (weighted percent)		
		Admission	Follow-Up	Change
None	51.7	49.3	40.9	-8.5
\$500 or Less	6.5	6.9	4.9	-2.0
\$501 to \$1000	17.0	15.7	14.5	-1.2
\$1001 to \$2000	20.2	23.0	27.3	+4.3
Over \$2000	4.6	5.0	12.4	+7.4

Note: Due to rounding, percentages may not add up to exactly 100%; change values may differ from subtracting rounded values and provide a more accurate representation percentage point change.

*Data for 22 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 33 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 "wages/salary" as their primary means of support increased by over 13 percentage points. Clients responding to the "none" category decreased by nearly 20 percentage points from admission to follow-up; very few clients (2.6%) reported "none" as their primary source of support at follow-up compared to over one fifth (22.3%) reporting this at admission.

Primary Source of Support	OMS Sample at Admission N=1,216 (weighted percent)	OMS Sample with Completed Follow-Up Interviews N=334 (weighted percent)		
		Admission	Follow-Up	Change
None	24.9	22.3	2.6	-19.7
Wages/Salary	41.3	42.3	55.4	+13.1
Family/ Friends	22.3	22.0	24.5	+2.5
Public Assistance	3.3	4.4	5.5	+1.0
Retirement/ Pension	0.7	0.9	1.2	+0.3
Disability	2.2	1.7	2.9	+1.2
SSI or SSDI	1.4	1.5	1.4	-0.1
Other	4.0	4.9	6.6	+1.7

Note: Due to rounding, percentages may not add up to exactly 100%; change values may differ from subtracting rounded values and provide a more accurate representation percentage point change.



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

The admission dataset does not provide a response category for “not applicable” for the question regarding days missed of school or work due to substance abuse for clients who indicate they are not in the labor force or enrolled in school in the six months preceding admission. At follow-up, records for clients reporting no employment or school in enrollment in the six month post-discharge period are coded as “not applicable”. Therefore, both admission and follow-up data for clients completing follow-up interviews are excluded in the third and fourth columns of Table 11 for clients who indicated they were not in the labor force or enrolled in school in the last six months at the follow-up interview.

Days Missed	OMS Sample at Admission N=1,216 (weighted percent)	OMS Sample with Completed Follow-Up Interviews N=250* (weighted percent)		
		Admission	Follow-Up	Change
Zero Days	89.5	90.5	90.2	-0.3
1 to 5 Days	4.8	2.8	4.8	+2.0
6 or More Days	5.8	6.7	4.9	-1.8

Note: Due to rounding, percentages may not add up to exactly 100%; change values may differ from subtracting rounded values and provide a more accurate representation percentage point change.

*Data from 84 clients in the “OMS Sample with Completed Follow-Up Interviews” column are excluded for clients who indicated no employment or school enrollment at follow-up. The admission dataset does not provide a response category for “not applicable” for clients who indicate they are not in the labor force or enrolled in school in the six months preceding admission.

Table 12. Relationship Status

The most common response for relationship status was “single” with nearly half the clients reporting this at admission and follow-up. “Divorced” was the second most common response at both admission and follow-up. Of those who completed follow-up interviews, clients reporting “cohabitating” nearly doubled from admission to follow-up.

Relationship Status	OMS Sample at Admission N=1,216 (weighted percent)	OMS Sample with Completed Follow-Up Interviews N=334 (weighted percent)		
		Admission	Follow-Up	Change
Single	49.5	45.2	42.3	-2.9
Married	13.9	17.0	13.5	-3.4
Cohabitating	8.1	8.0	14.7	+6.7
Separated	8.0	7.0	6.2	-0.8
Divorced	19.6	22.1	22.0	-0.1
Widowed	0.8	0.8	1.2	+0.5

Note: Due to rounding, percentages may not add up to exactly 100%; change values may differ from subtracting rounded values and provide a more accurate representation percentage point change.

Table 13. Living Arrangements

The most common living arrangement reported by clients all clients in the OMS sample at admission was living with their parents, with approximately one fifth of clients (20.9%) reporting this. Among clients with completed follow-up interviews, living alone was the most common living arrangement at admission (21.2%), followed by living with parents (19.7%). At follow-up, living with parents was the most common living arrangement (17.2%); living with their significant other and children was the second most common living arrangement (16.9%), followed by living alone (16.6%) and living with other adults (16.4%).

Living Arrangements	OMS Sample at Admission N=1,216 (weighted percent)	OMS Sample with Completed Follow-Up Interviews N=334 (weighted percent)		
		Admission	Follow-Up	Change
Alone	19.0	21.2	16.6	-4.5
Parents	20.9	19.7	17.2	-2.5
Significant Other Only	11.1	12.2	14.0	+1.8
Significant Other and Child(ren)	12.6	14.1	16.9	+2.9
Child(ren) Only	2.7	4.0	5.8	+1.8
Other Adults	15.3	15.4	16.4	+1.0
Other Adults and Child(ren)	4.4	4.8	6.3	+1.4
Jail, Correctional Facility, Juvenile Detention	3.2	2.3	0.0	-2.3
Child/Adolescent Foster Care	0.0	0.0	0.0	0.0
Halfway House, Group Home, Transitional Housing*	6.1	3.4	5.9	+2.5
Shelter, Homeless	4.7	2.6	0.8	-1.8
Hospital	0.1	0.3	0.0	-0.3

Note: Due to rounding, percentages may not add up to exactly 100%; change values may differ from subtracting rounded values and provide a more accurate representation percentage point change.

*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 admission dataset 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; over one third of adults (35.4%) reported an education level beyond high school. Fewer than one fifth (17.3%) of the adults reported that they did not graduate high school.

Level of Education	OMS Sample with Completed Follow-Up Interviews N=333* (weighted percent)	
	Adults N=331* (weighted percent)	Adolescents N=2 (weighted percent)
Did Not Graduate High School	17.3	51.4
High School Only **	47.3	48.6
1 to 3 Years Post-Secondary Education	28.7	0.0
4 or More Years Post-Secondary Education	6.7	0.0

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

*Data are missing for one adult client who declined to report level of education at follow-up.

**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. The percentages of clients who had no substance use during the follow-up period for each primary substance reported at admission are accurate. The numbers in parentheses represent the approximate (weighted) number of clients who were abstinent. For example, 78 of the 175 clients (weighted percent = 44.6 %) who reported alcohol as the primary substance at admission were abstinent at follow-up. Data in Tables 16 through 23 in the “abstinent” and “non-abstinent” columns are presented in the same manner. In Table 15, it is important to note that the variability in the percentages of clients abstaining from certain substances can be due to varying numbers of clients participating in the follow-up interview who reported these substances at admission. For example, only two people who completed the follow-up interview reported benzodiazepines as a primary substance, compared to 175 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, 49.7% were abstinent at follow-up. Additionally, 48.5% of the clients who indicated methamphetamine as their primary substance at admission abstained during the follow-up period and 44.6% of clients who indicated alcohol as their primary substance at admission were abstinent during the follow-up period. There are no statistically significant associations between primary substance at admission and abstinence at follow-up (Cochran-Mantel-Haenszel Test, $p > 0.05$).

Primary Substance at Admission	OMS Sample Abstinence at Follow-Up weighted percent (N=333)*
Alcohol	44.6 (78/175)
Cocaine/Crack	18.2 (1/7)
Marijuana/Hashish	49.7 (26/52)
Methamphetamine	48.5 (40/83)
Heroin	0.0 (0/4)
Non-Prescription Methadone	0.0 (0/0)
Other Opiates and Synthetics	73.5 (6/9)
PCP	0.0 (0/0)
Other Hallucinogens	38.2 (1/2)
Other Amphetamine	0.0 (0/0)**
Other Stimulants	0.0 (0/0)
Benzodiazepines	48.5 (1/2)
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.

*Data for primary substance at admission are missing for one client who completed the follow-up interview, therefore data for that client are excluded from Table 15.

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

In Tables 16 through 23 on the following pages, 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 of non-abstinent clients. Of the 334 clients who completed a follow-up interview, 155 were abstinent and 179 were not abstinent (numbers are approximate due to weighting of data).



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

Table 16 presents a comparison of clients who were abstinent versus clients who were not abstinent at follow-up by employment status reported at follow-up. There are no statistically significant associations between abstinence and employment at follow-up (Cochran-Mantel-Haenszel Correlation Test, $p > 0.05$).

Employment Status	OMS Sample at Follow-Up N=334	
	Abstinent weighted percent (N=155)	Non-Abstinent weighted percent (N=179)
Employed Full-Time (≥ 35 hrs/wk)	42.0 (65)	43.3 (78)
Employed Part-Time (< 35 hrs/wk)	19.5 (30)	14.9 (27)
Unemployed (looking for work in the past 30 days)	23.3 (36)	23.7 (43)
Not in Labor Force	15.2 (23)	18.0 (32)

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 17. Change in Employment Status from Admission to Follow-Up by Abstinence 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. There are no statistically significant associations between abstinence and change in employment status at follow-up (Chi Square Test, $p > 0.05$).

Change in Employment Status	OMS Sample at Follow-Up N=334	
	Abstinent weighted percent (N=155)	Non-Abstinent weighted percent (N=179)
Increased Employment	38.9 (60)	35.5 (64)
Maintained Full-Time Employment	17.4 (27)	18.5 (33)
Maintained Part-Time Employment	6.7 (10)	3.1 (6)
Remained Unemployed	14.7 (23)	17.1 (31)
Remained Not in the Labor Force	8.0 (12)	5.1 (9)
Decreased Employment	14.3 (22)	20.8 (37)

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

Table 18 presents a comparison of clients who were abstinent versus clients who were not abstinent at follow-up by living arrangements reported at follow-up. There are significant associations between abstinence and living arrangements at follow-up (Likelihood Ratio Chi-Square Test, $p < 0.01$). The most common living arrangement for non-abstinent clients was living with parents with nearly one quarter (22.9%) of the non-abstinent clients reporting this at follow-up; this was followed by living alone reported by 19.5% of non-abstinent clients. The most common living arrangement for abstinent clients was living with a significant other and children indicated by 20.4% of abstinent clients, followed by living with a significant other only reported by 19.4%.

Living Arrangements*	OMS Sample at Follow-Up N=334	
	Abstinent weighted percent (N=155)	Non-Abstinent weighted percent (N=179)
Alone	13.3 (21)	19.5 (35)
Parents	10.7 (17)	22.9 (41)
Significant Other Only	19.4 (30)	9.3 (17)
Significant Other and Child(ren)	20.4 (32)	14.0 (25)
Child(ren) Only	8.7 (13)	3.4 (6)
Other Adults	14.3 (22)	18.1 (33)
Other Adults and Child(ren)	5.8 (9)	6.7 (12)
Jail/Correctional Facility	0.0 (0)	0.0 (0)
Halfway House, Group Home, Transitional Housing**	6.5 (10)	5.4 (10)
Homeless, Shelter	0.9 (1)	0.8 (1)
Hospital	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%.

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

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

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

Table 19 presents a comparison of clients who were abstinent versus clients who were not abstinent at follow-up by monthly income reported at follow-up. There are no statistically significant associations between abstinence and monthly income at follow-up (Jonckheere-Terpstra Test, $p > 0.05$).

Monthly Income	OMS Sample at Follow-Up N=306*	
	Abstinent weighted percent (N=138)	Non-Abstinent weighted percent (N=168)
None	41.9 (58)	40.3 (68)
\$500 or less	3.5 (5)	6.0 (10)
\$501 to \$1000	14.7 (20)	14.3 (24)
\$1001 to \$2000	25.3 (35)	28.7 (48)
Over \$2000	14.6 (20)	10.7 (18)

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 28 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 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. There are no statistically significant associations between abstinence and change in income level at follow-up (Chi Square Test, $p > 0.05$).

Change in Monthly Income	OMS Sample at Follow-Up N=301*	
	Abstinent weighted percent (N=138)	Non-Abstinent weighted percent (N=163)
Increased Monthly Income	38.6 (53)	35.9 (59)
Maintained Over \$2000	3.2 (4)	4.1 (7)
Maintained \$1001 to \$2000	5.6 (8)	12.6 (21)
Maintained \$501 to \$1000	3.6 (5)	3.3 (5)
Maintained \$500 or Less	0.5 (1)	1.0 (2)
Maintained No Income	26.4 (37)	28.1 (46)
Decreased Monthly Income	22.1 (31)	14.9 (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. Due to rounding, percentages may not add up to exactly 100%.
* Data from 33 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 and non-abstinent clients was “wages/salary”. There is a statistically significant association between abstinence at follow-up and primary income source at admission (Likelihood Ratio Chi-Square Test, $p < 0.05$). However, there is no statistically significant association between abstinence at follow-up and primary income source at follow-up (Likelihood Ratio Chi-Square Test, $p > 0.05$).

Primary Income Source	OMS Sample at Follow-Up N=334			
	Primary Income Source at Admission*		Primary Income Source at Follow-Up	
	Abstinent weighted percent (N=155)	Non-Abstinent weighted percent (N=179)	Abstinent weighted percent (N=155)	Non-Abstinent weighted percent (N=179)
None	22.1 (34)	22.5 (40)	2.8 (4)	2.4 (4)
Wages/Salary	44.2 (68)	40.6 (73)	55.6 (86)	55.2 (99)
Family/Friends	20.4 (32)	23.3 (42)	24.8 (38)	24.2 (43)
Public Assistance	6.1 (9)	3.0 (5)	3.8 (6)	6.9 (12)
Retirement/Pension	1.9 (3)	0.0 (0)	1.8 (3)	0.6 (1)
Disability	2.5 (4)	1.0 (2)	2.3 (4)	3.4 (6)
SSI and SSDI	0.0 (0)	2.8 (5)	1.0 (2)	1.8 (3)
Other	2.8 (4)	6.8 (12)	7.8 (12)	5.5 (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%.

*Statistically significant (Likelihood Ratio Chi-Square Test, $p < 0.05$).

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

There are statistically significant differences between abstinence and arrest categories at follow-up (Cochran-Mantel-Haenszel Test, $p < 0.01$). The percentage of abstinent clients who reported no arrests during the follow-up period (93%) was higher than the percentage of non-abstinent clients who reported no arrests (81.9%). The percentage of non-abstinent clients who reported one or more arrests at follow-up (18.1%) was over two and a half times higher than that of the abstinent clients (7%) reporting the same arrest frequency.

Arrests*	OMS Sample at Follow-Up N=334	
	Abstinent weighted percent (N=155)	Non-Abstinent weighted percent (N=179)
None	93.0 (144)	81.9 (147)
1 to 3 Times	7.0 (11)	18.1 (32)
4 or More Times	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%.

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

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

Of the 334 clients who completed a follow-up interview, 43.2% reported attendance at Alcoholics Anonymous (AA), Narcotics Anonymous (NA), or similar voluntary meetings for recovery in the six months following discharge. There are statistically significant associations between meeting attendance and abstinence at follow-up (Chi Square Test, $p < 0.05$). Compared to non-abstinent clients, a higher percentage of abstinent clients attended meetings in the six month post-discharge time period.

Average Number of Meetings Attended Per Month*	OMS Sample at Follow-Up N=334	
	Abstinent weighted percent (N=155)	Non-Abstinent weighted percent (N=179)
None	50.5 (78)	62.2 (112)
1 or More Meetings	49.5 (76)	37.8 (68)

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 (Chi Square Test, $p < 0.05$).

OUTCOMES: ARRESTS AND EMPLOYMENT

Table 24 on the following page 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. The percentages of clients who reported no arrest during the follow-up period for each primary substance reported at admission are accurate; numbers in parentheses represent the approximate (weighted) number of clients who indicated they were not arrested. As



previously stated, it is important to note in Tables 24 and 25 that the variability in the percentages of clients abstaining from certain substances can be due to varying numbers of clients participating in the follow-up interview who reported these substances at admission, only two people who completed the follow-up interview reported benzodiazepines as a primary substance, compared to 175 people who reported alcohol.

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

Of the clients who reported marijuana as the primary substance at admission, 89.6% were arrest-free at follow-up. Additionally, 89% of clients indicating alcohol as the primary substance at admission and 87.1% of clients reporting methamphetamine as the primary substance at admission were arrest-free. There is a statistically significant association between primary substance at admission and no arrests at follow-up (Cochran-Mantel-Haenszel Test, $p < 0.0001$).

Primary Substance at Admission*	OMS Sample No Arrests at Follow-Up weighted percent (N=333)**
Alcohol	89.0 (156/175)
Cocaine/Crack	48.4 (3/7)
Marijuana/Hashish	89.6 (46/52)
Methamphetamine	87.1 (72/83)
Heroin	25.8 (1/4)
Non-Prescription Methadone	0.0 (0/0)
Other Opiates and Synthetics	100.0 (9/9)
PCP	0.0 (0/0)
Other Hallucinogens	0.0 (0/2)
Other Amphetamine	100.0 (0/0)***
Other Stimulants	0.0 (0/0)
Benzodiazepines	100.0 (2/2)
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	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.

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

**Data for primary substance at admission are missing for one client who completed the follow-up interview, therefore data for that client are excluded from Table 25.

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



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 or part-time) at follow-up, or not being employed at follow-up. The percentages of clients who reported they were employed at follow-up for each primary substance at admission are accurate. The N for each response represents the approximate (weighted) number of clients who were employed at follow-up out of the number of total clients who indicated that substance at admission.

Table 25. Employment at Follow-Up by Primary Substance at Admission

Six months following discharge, 63.8% of clients reporting marijuana as the primary substance at admission were employed. In addition, 60.2% of clients indicating alcohol and 53.4% of clients reporting methamphetamine were employed at follow-up. There are no significant differences between employment at follow-up and primary substance reported at admission (Cochran-Mantel-Haenszel Test, $p > 0.05$).

Primary Substance at Admission	OMS Sample Employed at Follow-Up weighted percent (N=333)*
Alcohol	60.2 (105/175)
Cocaine/Crack	49.7 (3/7)
Marijuana/Hashish	63.8 (33/52)
Methamphetamine	53.4 (44/83)
Heroin	54.5 (2/4)
Non-Prescription Methadone	0.0 (0/0)
Other Opiates and Synthetics	91.1 (8/9)
PCP	0.0 (0/0)
Other Hallucinogens	38.2 (1/2)
Other Amphetamine	0.0 (0/0)**
Other Stimulants	0.0 (0/0)
Benzodiazepines	100.0 (2/2)
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	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.

*Data for primary substance at admission are missing for one client who completed the follow-up interview, therefore data for that client are excluded from Table 25.

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



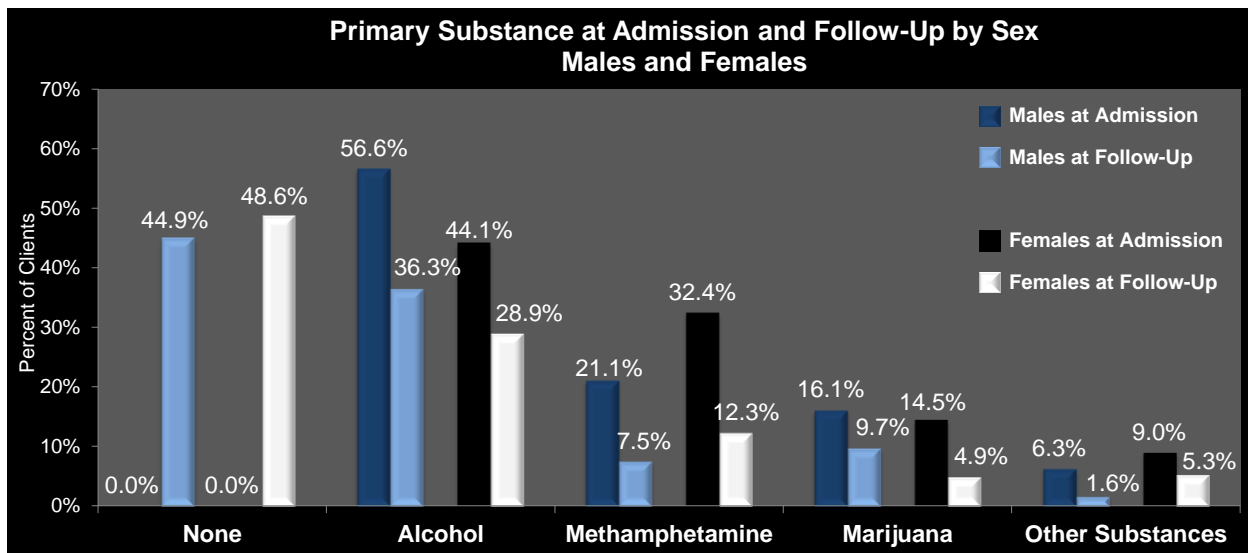
OUTCOMES: SEX

Figures 4 and 5 present selected variables at admission and follow-up presented by sex. Of the 334 clients who completed the follow-up interview, 224 were males (67.1%) and 110 were females (32.9%). The variables presented include primary substance at admission and follow-up and frequency of use of primary substance for individuals who reported using the same primary substance at both admission and follow-up. Data are missing for primary substance at admission for one female, therefore 109 females are represented in Figure 4. Data comparing primary substance by age for adults (18 and older) and adolescents (17 and younger) are not included in this report due to the low number of adolescents completing the follow-up interview (two clients).

The three primary substances clients reported most often at admission and follow-up were alcohol, methamphetamine, and marijuana (see Table 1 on page 7). Figure 4 shows the percentage of males and females related to these three substances. The following primary substances are grouped together in the “other substances” category: cocaine/crack, heroin, other opiates and synthetics, other hallucinogens, other amphetamines, benzodiazepines, and substances categorized in the other category.

Figure 4. Primary Substance at Admission and Follow-up by Sex

At follow-up, 44.9% of males and 48.6% of females reported abstinence during the six months following discharge from treatment. At admission and follow-up, there were higher percentages of males than females indicating alcohol and marijuana as their primary substance, while a higher percentage of females than males reported methamphetamine as their primary substance at both admission and follow-up.

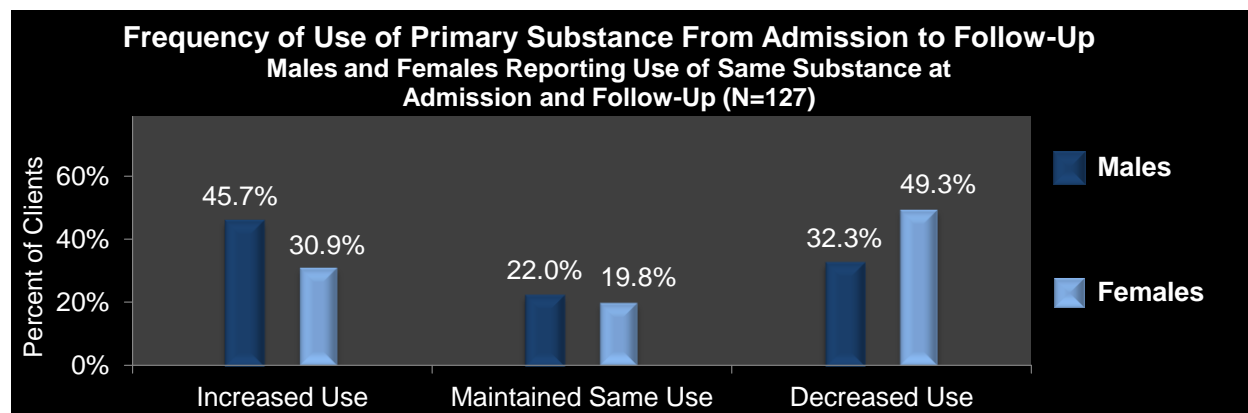


Note: Due to rounding, percentages may not add up to exactly 100%.

Figure 5 is a subset of the total group of clients who completed the follow-up interview and presents frequency of use data for individuals who reported using the same primary substance at both admission and follow-up by sex; the figure includes *only* clients who reported use at follow-up. Data are missing for frequency of use of primary substance at admission for one male who reported use at follow-up, therefore this client is excluded. Figure 5 presents the change in frequency of use from admission to follow-up for this subgroup of 127 clients. It is important to note that of the 127 individuals, 88 clients (69.3%) were male and 39 clients (30.7%) were female.

Figure 5. Frequency of Use of Primary Substance by Sex: Clients Indicating Use of Same Primary Substance at Both Admission and Follow-Up

For individuals who indicated using the same primary substance at both admission and follow-up, six months following treatment discharge, more males than females reported an increase in use of their primary substance from admission to follow-up (45.7% and 30.9% respectively). Similar percentages of males and females indicated the same frequency of use at both admission and follow-up (22% and 19.8% respectively). More females (49.3%) reported a decrease in use of their primary substance from admission to follow-up compared to males (32.3%).



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 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 on the following page, 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, 9 of the 22 clients (weighted percent = 40.2%) who were in treatment less than seven

days were abstinent at follow-up. Data in the “no arrests” and “employed” 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 over one quarter of the clients (25.1%) in this category. The next most common was more than 120 days (22.4%). There are statistically significant associations between length of stay and arrests (Jonckheere-Terpstra Test, $p < 0.01$), as well as length of stay and employment at follow up (Jonckheere-Terpstra Test, $p < 0.05$). Nearly all clients (96.2%) who completed the follow-up interview and received treatment for more than 120 days had not been arrested since discharge. Fewer than half of clients who completed the follow-up interview and received treatment for 30 days or less were employed full or part-time at follow-up. There was no statistically significant association between length of stay and abstinence at follow-up (Jonckheere-Terpstra Test, $p > 0.05$).

OMS Sample at Follow-Up N=334				
Length Of Stay	N	Abstinent weighted percent (N)	No Arrests* weighted percent (N)	Employed** weighted percent (N)
Less Than 7 Days	22	40.2 (9)	81.4 (18)	33.8 (8)
7 - 30 Days	53	39.9 (21)	75.8 (40)	49.8 (26)
31 - 60 Days	84	45.1 (38)	86.5 (73)	63.1 (53)
61 - 90 Days	62	47.7 (29)	87.2 (54)	69.7 (43)
91 - 120 Days	39	38.6 (15)	89.0 (35)	58.4 (23)
More Than 120 Days	75	56.7 (42)	96.2 (72)	63.2 (47)

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, $p < 0.01$).
 **Statistically significant (Jonckheere-Terpstra Test, $p < 0.05$).

Table 27 on the following page shows the three outcome variables for the follow-up interview (abstinence, no arrests, 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, managed care decision, 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, 102 of the 191 clients (weighted percent = 53.2%) who were successfully discharged were abstinent at follow-up. Data in the “no arrests” and “employed” 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: 57.2% of the clients in Table 27.



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

Of the 334 clients who completed a follow-up interview represented in Table 27, approximately 57% were discharged as successful cases and 43% did not successfully complete the treatment program. Of the clients who did not complete treatment, 113 were terminated and 29 were neutral discharges. There are statistically significant associations between discharge status and abstinence at follow-up (Cochran-Mantel-Haenszel Test, $p < 0.01$), between discharge status and no arrests at follow-up (Cochran-Mantel-Haenszel Test, $p < 0.0001$), and between discharge status and employment at follow-up (Cochran-Mantel-Haenszel Test, $p < 0.01$). Of the 191 clients who completed follow-up interviews and were successfully discharged: 53.2% were abstinent, 93.9% had not been arrested; and 69.2% were working full or part-time.

OMS Sample at Follow-Up N=334				
Discharge Status	N	Abstinent* weighted percent	No Arrests** weighted percent (N)	Employed* weighted percent (N)
Successful Completion	191	53.2 (102)	93.9 (180)	69.2 (132)
Terminated	113	34.8 (39)	78.1 (89)	46.3 (53)
Neutral Discharge	29	45.5 (13)	77.0 (23)	49.8 (15)
All Clients at Follow-Up		46.3 (155)	87.0 (291)	59.8 (200)

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, $p < 0.01$).

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

Unlike previous tables in this section that include data only from clients who completed follow-up interviews, data in Figure 6 and Table 28 on the following page are drawn from all discharged clients who were in the 2013 OMS sample. As of September 4, 2014, of the 1,216 clients in the OMS sample, discharge information had been received for 1,128 clients and 88 were still receiving treatment services. The most often reported primary substances at admission are: alcohol, methamphetamine, and marijuana (see Table 1, page 7). Figure 6 presents the median length of stay for discharged clients for each of the three primary substances reported at admission. Table 28 presents the percentage of clients in each length of stay category for the three substances.

Figure 6. Median Length of Stay by Primary Substance at Admission

Clients whose primary substance at admission was alcohol had the longest median length of stay of 68 days. Clients who indicated marijuana as the primary substance at admission had a median length of stays of 63 days. Clients whose primary substance at admission was methamphetamine had the shortest median length of stay of 56 days.

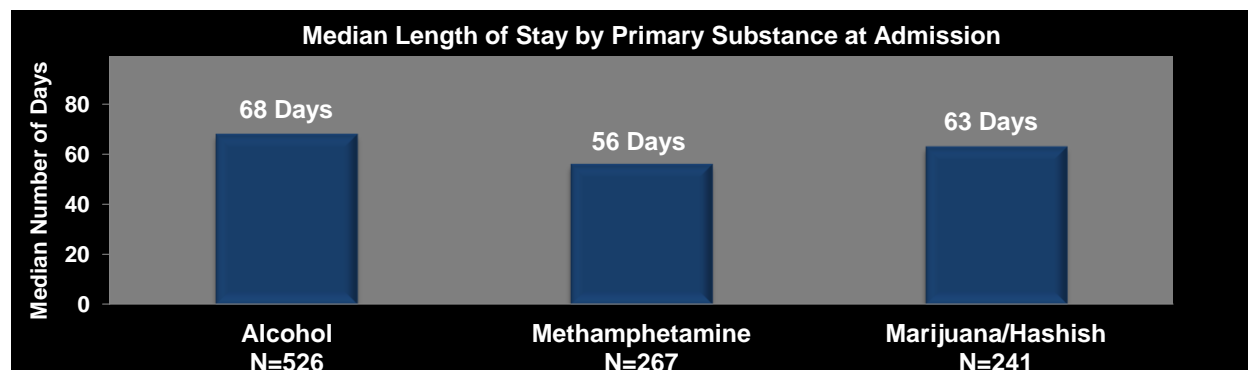


Table 28. Length of Stay by Primary Substance at Admission

There are no statistically significant trends between length of stay and primary substance reported at admission (Jonckheere-Terpstra Test, $p > 0.05$). The length of stay category with the largest percentage of clients reporting alcohol and methamphetamine as the primary substances at admission was more than 120 days and the categories with the largest percentage of clients indicating marijuana were the 31 to 60 days and more than 120 days categories.

Primary Substance at Admission	N	Length of Stay					
		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	526	7.2	18.7	18.7	18.6	11.9	24.9
Methamphetamine	267	11.4	22.9	17.3	10.5	13.2	24.8
Marijuana/Hashish	241	8.4	13.9	24.4	16.9	12.0	24.4

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

CLIENTS' PERCEIVED BENEFITS OF TREATMENT

Table 29. Clients' Perceived Benefits

Table 29 presents client responses at the follow-up interview when asked their opinions of the various types of treatment received in the substance abuse treatment programs. Results from follow-up interviews completed with clients at six months post discharge indicate that 86.1% of the clients feel that the substance abuse treatment they received was either very beneficial or beneficial overall. "Very beneficial" was the response indicated most often for individual counseling. Clients who responded "did not receive" for a certain type of counseling could have done so for various reasons including that 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=334					
Perceived Benefit of Counseling	Individual Counseling % (N=332)*	Family Counseling % (N=333)*	Group Counseling % (N=334)	Educational Counseling % (N=333)*	Overall Rating of Treatment Program % (N=331)*
Very Beneficial	41.0 (136)	8.4 (28)	30.2 (101)	16.2 (54)	42.9 (142)
Beneficial	37.3 (124)	9.3 (31)	35.9 (120)	28.2 (94)	43.2 (143)
Not Beneficial	12.3 (41)	2.1 (7)	13.8 (46)	8.1 (27)	13.9 (46)
Did Not Receive	9.3 (31)	80.2 (267)	20.1 (67)	47.4 (158)	Not Applicable

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

*Data are excluded for two clients' opinions of individual counseling and one client's opinion of family counseling, educational counseling, and overall rating of treatment program due to client responses of "don't know".

ADDITIONAL FOLLOW-UP DATA

Clients are asked additional questions during the follow-up interview to collect information regarding mental health assessments conducted by treatment agencies, referrals for mental health services while receiving substance abuse treatment, and medications prescribed for psychological/emotional issues. Clients are also asked questions about their substance use causing stress and reduction in important activities, as well as asked to rate both their overall health and overall emotional health six months following treatment discharge. Tables 30 through 35 and Figures 7 through 10 on the following pages present responses from the 334 clients in the 2013 OMS sample who completed follow-up interviews; data collected by Consortium staff are client self-reported.



Table 30. Mental Health Assessments, Referrals, and Services

At follow-up, clients are asked if they were offered a mental health assessment by treatment agency staff while receiving substance abuse treatment; if they were referred for any mental health services, and if they received any mental health services while in substance abuse treatment. As shown in Table 30, the majority of clients (60.8%) who completed a follow-up interview indicated they had not been offered a mental health assessment by the treatment agency while receiving substance abuse services. Fifty-three clients (15.9%) reported they were referred for mental health services by the substance abuse treatment agency. Nearly one quarter of clients who completed a follow-up interview (83 clients, 24.9%) indicated they received mental health services while they were in substance abuse treatment; of those over half (45 clients, 54.2%) reported they were already receiving mental health services when they began substance abuse treatment.

OMS Sample at Follow-Up N=334			
	Treatment Agency Offered Client Mental Health Assessment percent (N=334)	Treatment Agency Referred Client For Mental Health Services percent (N=334)	Client Received Mental Health Services While in Substance Abuse Treatment percent (N=334)
Yes	36.8 (123)	15.9 (53)	11.4 (38)
No	60.8 (203)	71.0 (237)	75.1 (251)
Already Receiving MH Services	Not a Response Option	11.7 (39)	13.5 (45)
Does Not Know or Remember	2.4 (8)	1.5 (5)	Not a Response Option

At substance abuse treatment admission, treatment agency staff indicate if clients have a psychiatric problem in addition to an alcohol or drug problem. Table 31 on the following page utilizes this variable and provides additional information regarding clients offered mental health assessment and referrals for mental health services during substance abuse treatment.

Table 31. Psychiatric Problem Reported at Admission by Mental Health Assessments and Referrals During Substance Abuse Treatment

Fewer than half the clients (41.4%) who had a psychiatric problem identified at treatment admission were offered a mental health assessment during substance abuse treatment; however it is important to note that 27 of the 162 clients (16.7%) who were not offered an assessment indicated they were already receiving mental health services prior to substance abuse treatment admission.

OMS Sample at Follow-Up N=334				
Psychiatric Problem at Admission	Treatment Agency Offered Client Mental Health Assessment		Treatment Agency Referred Client for Mental Health Services	
% (N=334)	% (N=162)		% (N=67)	
Yes 48.5 (162)	Yes	41.4 (67)	Yes	37.3 (25)
			No	47.8 (32)
			Already Receiving MH Services	13.4 (9)
			Does Not Know or Remember	1.5 (1)
	No	56.8 (92)	% (N=92)	
			Yes	4.3 (4)
			No	66.3 (61)
			Already Receiving MH Services	29.3 (27)
	Does Not Know or Remember	1.9 (3)	% (N=3)	
			Yes	33.3 (1)
			No	0.0 (0)
			Already Receiving MH Services	0.0 (0)
			Does Not Know or Remember	66.7 (2)
No 51.5 (172)	% (N=172)		% (N=56)	
	Yes	32.6 (56)	Yes	41.1 (23)
			No	57.1 (32)
			Already Receiving MH Services	1.8 (1)
			Does Not Know or Remember	0.0 (0)
	No	64.5 (111)	% (N=111)	
			Yes	0.0 (0)
			No	98.2 (109)
			Already Receiving MH Services	1.8 (2)
	Does Not Know or Remember	2.9 (5)	% (N=5)	
			Yes	0.0 (0)
			No	60.0 (3)
			Already Receiving MH Services	0.0 (0)
			Does Not Know or Remember	40.0 (2)

Table 32. Mental Health Referrals and Mental Health Services During Substance Abuse Treatment

Table 32 is a subset of clients who completed the follow-up interview and includes the 290 clients who responded yes or no when asked if they received a referral for mental health services while in substance abuse treatment. Of the 53 clients who reported they had been referred for mental health services, over half (30 clients, 56.6%) indicated they received mental health services. An additional five clients who indicated the treatment agency had not referred them for mental health services during treatment indicated they did receive mental health services while in substance abuse treatment.

Mental Health Referral and Services N=290		
Treatment Agency Referred Client for Mental Health Services	Client Received Mental Health Services While in Substance Abuse Treatment	
% (N=290)	% (N=53)	
Yes 18.3 (53)	Yes	56.6 (30)
	No	41.5 (22)
	Already Receiving MH Services	1.9 (1)
No 81.7 (237)	% (N=237)	
	Yes	2.1 (5)
	No	94.5 (224)
	Already Receiving MH Services	3.4 (8)

Clients who indicate they received mental health services while receiving substance abuse treatment (either as a result of being referred during substance abuse treatment or already receiving mental health services) are asked two questions about their opinion of mental health services:

- How beneficial do you feel the mental health services were?
- Do you feel the mental health services helped you with your substance abuse treatment?

Table 33. Perceived Benefit of Mental Health Services Received During Substance Abuse Treatment

Results from follow-up interviews completed with clients at six months post discharge indicate 87.3% of the clients feel that the mental health services they received while in substance abuse treatment were either very beneficial or beneficial. All clients (100%) reported receiving mental health services while in substance abuse treatment was either very beneficial or beneficial.

Clients Receiving Mental Health Services While in Substance Abuse Treatment		
	Perceived Benefit of Mental Health Services % (N=79)	Perceived Benefit of Mental Health Services Helping with Substance Abuse Treatment % (N=77)
Very Beneficial	50.6 (40)	76.6 (59)
Beneficial	36.7 (29)	23.4 (18)
Not Beneficial	12.7 (10)	0.0 (0)

Note: Data are excluded for four clients' opinions of mental health services and six clients' opinions of the benefit of mental health services with substance abuse treatment due to client responses of "don't know".

Table 34. Medications for Psychological or Emotional Problems While in Treatment

At follow-up, clients are asked if they were prescribed any medications for psychological or emotional problems while in substance abuse treatment. Nearly one third of the clients (102 clients, 30.5%) reported taking medication for psychological or emotional problems while in treatment: 54 (16.2%) indicated they were prescribed the medication while in treatment and 48 (14.4%) reported they were already taking medication when they began substance abuse treatment.

OMS Sample at Follow-Up N=334	
	Clients Prescribed Medications for Psychological or Emotional Problems While in Substance Abuse Treatment percent (N=334)
Yes	16.2 (54)
No	69.5 (232)
Already Taking Medication	14.4 (48)

Table 35. Perceived Benefit of Mental Health Services Received During Substance Abuse Treatment

Clients who reported taking medications for psychological or emotional problems while in substance abuse treatment are asked if they are still taking the medications six months post treatment discharge. Of the 102 clients indicating they took medications for psychological or emotional problems while in substance abuse treatment, over two-thirds (68.6%) reported still taking the medication at the follow-up interview.

Clients Prescribed Medications for Psychological or Emotional Problems While in Substance Abuse Treatment	
	Clients Still Taking Medication at Follow-Up percent (N=102)
Yes	68.6 (70)
No	31.4 (32)

Figures 7 through 10 present client responses at the follow-up interview when asked questions regarding stress and reduction of important activities as a result of previous or current use of alcohol or other drugs, as well as questions regarding the client’s overall health and emotional health.

Figure 7. Stress

Results from follow-up interviews completed with clients approximately six months post discharge indicate over half the clients (52.1%) indicate feeling some amount of stress due to previous or current use of alcohol or other drugs.

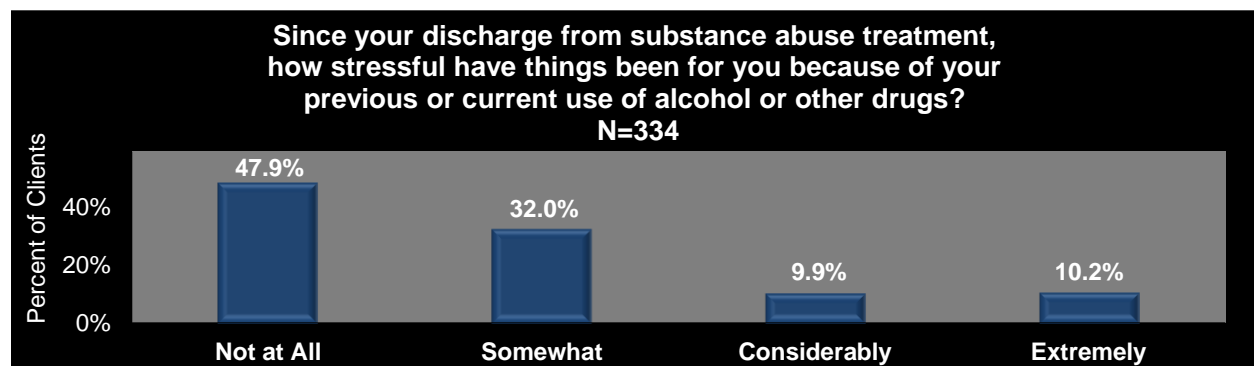


Figure 8. Reduction in Activities

Over half the clients (54.9%) reported previous or current use of alcohol or other drugs has caused them to give up activities that are important to them.

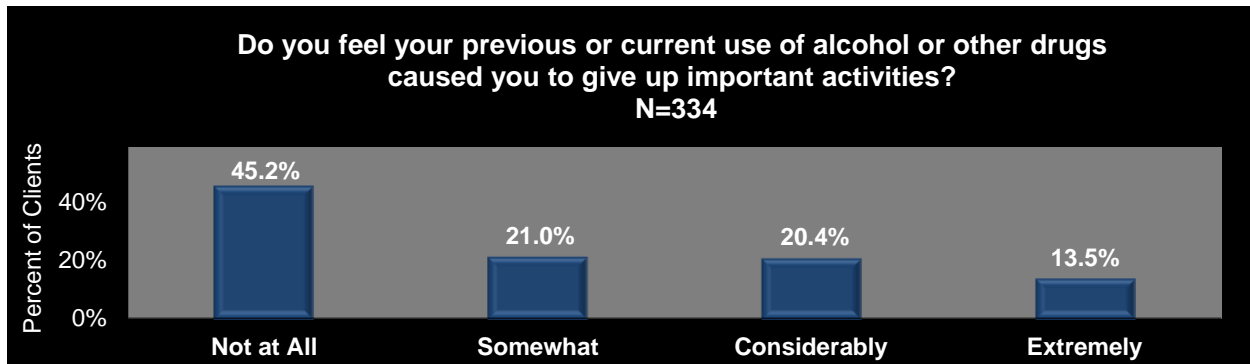


Figure 9. Overall Health

Clients most often reported “very good” overall health six months post substance abuse treatment discharge.

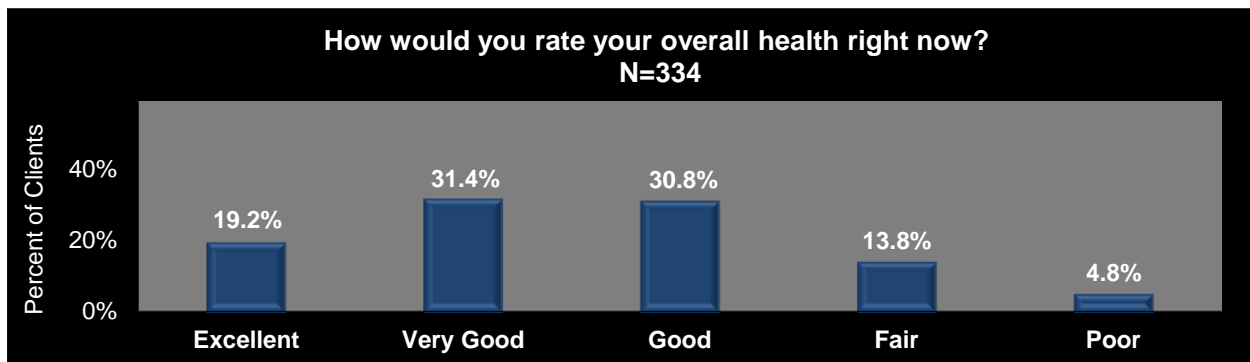
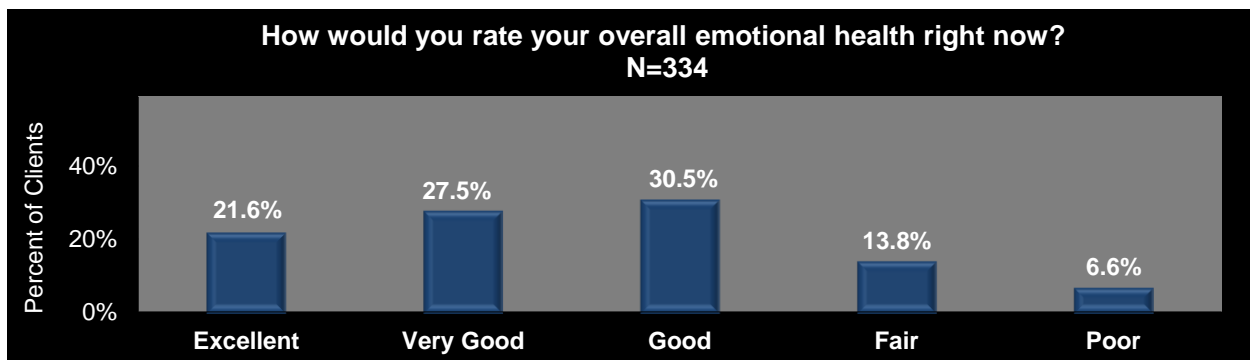


Figure 10. Emotional Health

At the follow-up interview, “good” was the response clients most commonly indicated when asked about their overall emotional health.



APPENDIX: PRESENTATION OF TRACKING DATA

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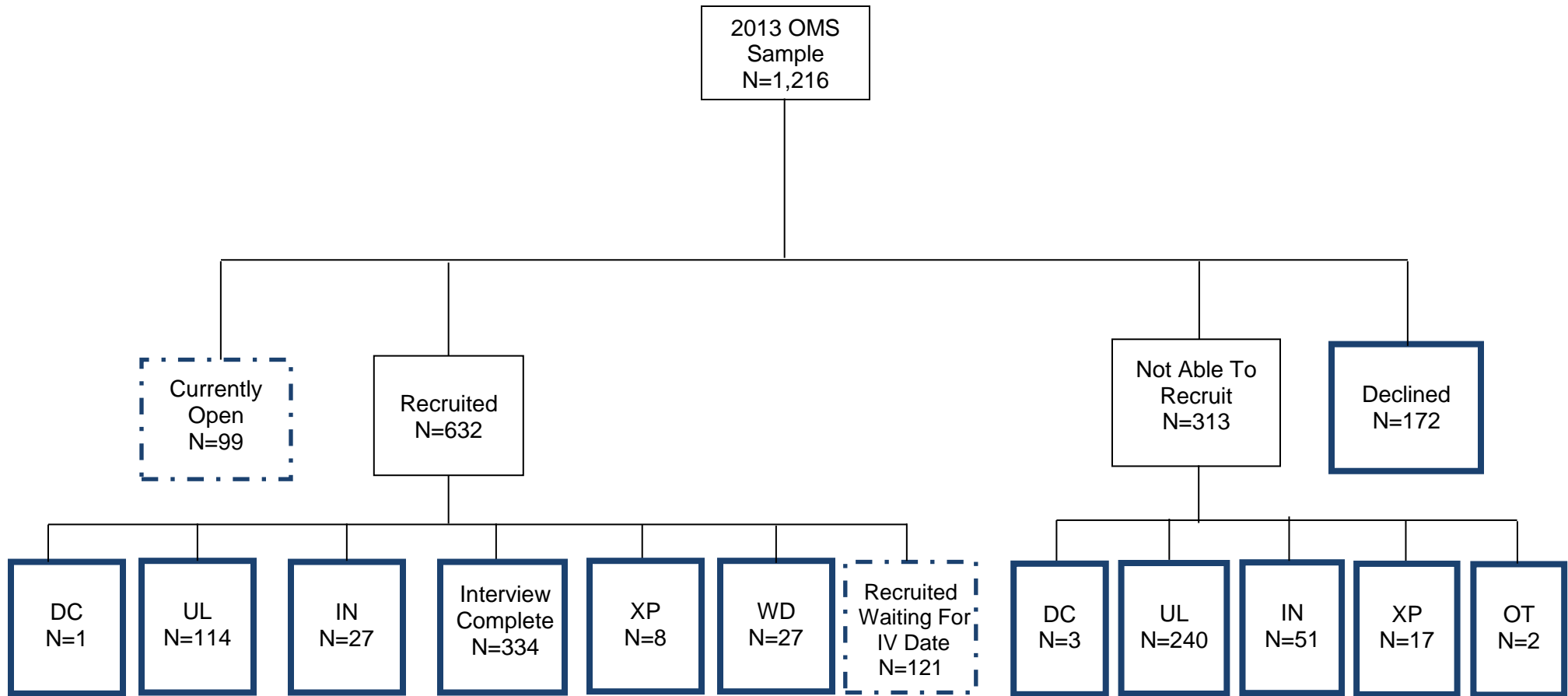


Table A1. Client Classifications

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 are 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 have 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 clients' discharge dates, 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.
Other Reason	One client was an international student who left the country before the interview date; one client had a medical condition preventing recruitment and interview.
Recruited Waiting for IV Date	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 were 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 2013 OMS Sample



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

Note: 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: 2013 OMS Sample

Table A2. Case Status – All Clients

Status	Number of Clients
Open Cases	220
Closed Cases	996
Total	1,216

Table A3. Closed Clients by Category

Category	Number of Clients	Percentage of Clients
Follow-Up Interview Complete	334	33.5
Unable to Locate	354	35.5
Declined or Withdrew Participation	199	20.0
Incarcerated	78	7.8
Expired*	25	2.5
Deceased	4	0.4
Other Reason	2	0.2
Total	996	99.9

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

*When Consortium received discharge date, interview date had already past.

Table A4. Recruitment and Follow-Up Rates*

Category	Percentage
Recruitment	60.5 (632/1,044)
Follow-Up	70.3 (334/475)

*Refer to page 5 for additional information on rate calculations.



Client Contacts: 2013 OMS Sample

Table A5. Type and Number of Client Contacts through September 3, 2014.

Type of Contact	Adolescents N=12	Adults N=1,204	Total N=1,216
An outgoing phone call attempting to recruit client.	112	12,814	12,926
An outgoing phone call in which recruitment has actually taken place and the client has agreed to participate.	6	497	503
An incoming phone call in which recruitment has actually taken place and the client agreed to participate.	3	126	129
An outgoing phone call attempting to update/check-in with client.	55	5,386	5,441
An incoming or outgoing phone call in which a successful update occurs with client.	12	1,011	1,023
An incoming phone call from client or collateral contact (not from treatment agency).	4	455	459
An outgoing phone call attempting to reach client for the six month follow-up interview.	46	4,376	4,422
An outgoing phone call completing the six month follow-up interview.	4	290	294
An incoming phone call in which the six month follow-up interview is completed.	0	40	40
An outgoing phone call attempting to track client through collateral contacts.	0	141	141
Any incoming and outgoing attempts (phone call/letter/fax/email) to track client through their substance abuse treatment agency.	5	186	191
Other - usually an internet search, but includes any call/contact that doesn't fall under any other category.	57	6,717	6,774
A letter sent to contact client; includes letters that have been returned and notification of address changes from post office; outgoing or incoming.	57	8,372	8,429
All Client Contacts	361	40,411	40,772



Table A6. Contacts for Clients with Closed Cases*

Status	Clients	All Contacts	Contacts (Mean)	Number of Letters Mailed
Interviews Completed	334	9,771	29.3	1,968
Unable to Locate	354	17,767	50.2	3,624
Declined	172	1,813	10.5	388
Incarcerated	78	2,563	32.9	498
Expired	25	710	28.4	206
Withdrew	27	527	19.5	89
Deceased	4	136	34.0	18
Other Reason	2	16	8.0	6
Grand Total	996	33,303	33.4	6,797

* Information in Table A6 represents only closed cases. Cases are closed for 996 of the 1,216 clients (81.9%) in the 2013 OMS sample.