



# Families in Focus Central Data Repository Data Report

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

**Supplemental Report:  
Central Data Repository Data**

**January 2015**

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## **Families in Focus**

### **Supplemental Report: Central Data Repository Data January 2015**

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## EXECUTIVE SUMMARY

The Iowa Department of Public Health (IDPH) received funding from the State Adolescent Treatment, Enhancement, and Dissemination (SAT-ED) program from the Substance Abuse and Mental Health Services Administration (SAMHSA) in order to establish the Families in Focus project. The goals of this grant include moving toward a more coordinated effort to serve adolescents and their families and to expand and enhance the state's adolescent treatment services. The project implemented Multi-Dimensional Family Therapy (MDFT), an evidence-based practice and the Comprehensive Adolescent Severity Inventory (CASI), an evidence-based assessment tool. Goals of the project also include development of Iowa's professional workforce by providing MDFT and CASI training to staff and conducting a process and outcome evaluation. This report examines 68 participants in the Families in Focus project and their outcomes from October 1, 2012 through January 5, 2015 including substance use disorder treatment data reported in IDPH's Central Data Repository and discharge outcomes (e.g., treatment completion status and length of stay in treatment).

The Families in Focus project began in Iowa in October 2012 with two substance abuse treatment agencies: Prairie Ridge Addiction Treatment Services (PRATS) in Mason City and Youth and Shelter Services (YSS) in Ames. In Year Two, two additional treatment providers were added to the project: MECCA Services (MECCA) in Iowa City and Heartland Family Services (HFS) in Council Bluffs. The Iowa Consortium for Substance Abuse Research and Evaluation (Consortium) conducts the evaluation for the Families in Focus Project.

Adolescent clients in this program were primarily White non-Hispanic/Latino youth, aged from 13 to 18 years; most were 16 or 17 years old. Females made up over 40% of the clients (41.2%). Most clients came from urban areas although nearly one in five (17.6%) came from rural Iowa counties. The primary sources of referral to treatment included "Other Criminal Justice/Court", "Self", and "Other Individuals" (e.g., parents). Health care providers referred eight (11.8%) of the 68 clients.

Marijuana was, overwhelmingly, the most often cited primary substance at admission (72.1%). Alcohol was the second most often cited primary substance (20.6%). Additionally, prescription drugs were mentioned by 20.6% of clients as either a primary, secondary, or tertiary substance. Most clients had problems with multiple substances.

Despite the polysubstance use and the additional burden of psychiatric issues (as reported for 73.5% of the adolescents at admission), most clients successfully completed treatment (69.8%) and few terminated treatment (11.6%). Neutral discharges (e.g., incarceration, referral to an outside agency), accounted for 18.6% of discharges. Retention in treatment was high with 154 days being the median length of stay for discharged clients. Estimated length of stay treatment based on all clients is 198 days (using a survival analysis).



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## BACKGROUND

### Project Overview

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The Iowa Department of Public Health (IDPH) was awarded a grant funded through the State Adolescent Treatment, Enhancement, and Dissemination (SAT-ED) program from the Substance Abuse and Mental Health Services Administration (SAMHSA) to establish the Families in Focus project. The State of Iowa intends to achieve four goals as a result of this grant:

- Support Iowa's behavioral health providers in moving toward a more coordinated effort to serve adolescents and their families,
- Expand and enhance family treatment,
- Develop Iowa's professional workforce, and
- Conduct a process and outcome evaluation.

The Families in Focus Project began in Iowa in October 2012 with two substance abuse treatment agencies: Prairie Ridge Addiction Treatment Services (PRATS) in Mason City and Youth and Shelter Services (YSS) in Ames; the first-year sites are referred to as the Focus Centers. In Year Two, two additional treatment providers were added to the project: MECCA Services (MECCA) in Iowa City and Heartland Family Services (HFS) in Council Bluffs; the second-year sites are referred to as treatment providers. The Iowa Consortium for Substance Abuse Research and Evaluation (Consortium) conducts the evaluation for the Families in Focus Project.

The four sites are in the process of implementing Multi-Dimensional Family Therapy (MDFT), an evidence-based practice. Three of the four sites are actively taking clients. Through January 5, 2015, 68 clients took part in the project. Two clients had two admissions, however only those admissions corresponding with active Government Performance and Results Act (GPRA) records were used. Thus, each client is counted only once in this report.

During analyses for the project's Year Two Annual report, issues with information in the Iowa Department of Public Health's Central Data Repository (CDR) became apparent, mostly due to missing records. The Evaluator worked closely with IDPH and staff from the substance abuse treatment agencies to assure complete and accurate data recording in the CDR. In large part, the initial issues have been remedied and measures put in place to monitor data weekly. Data used for the following analyses came from the Iowa Department of Public Health's CDR. This report examines substance use disorder treatment related information and discharge outcomes for the 68 participants in the Families in Focus project from October 1, 2012 through January 5, 2015.

## CLIENTS

### Participant Demographics

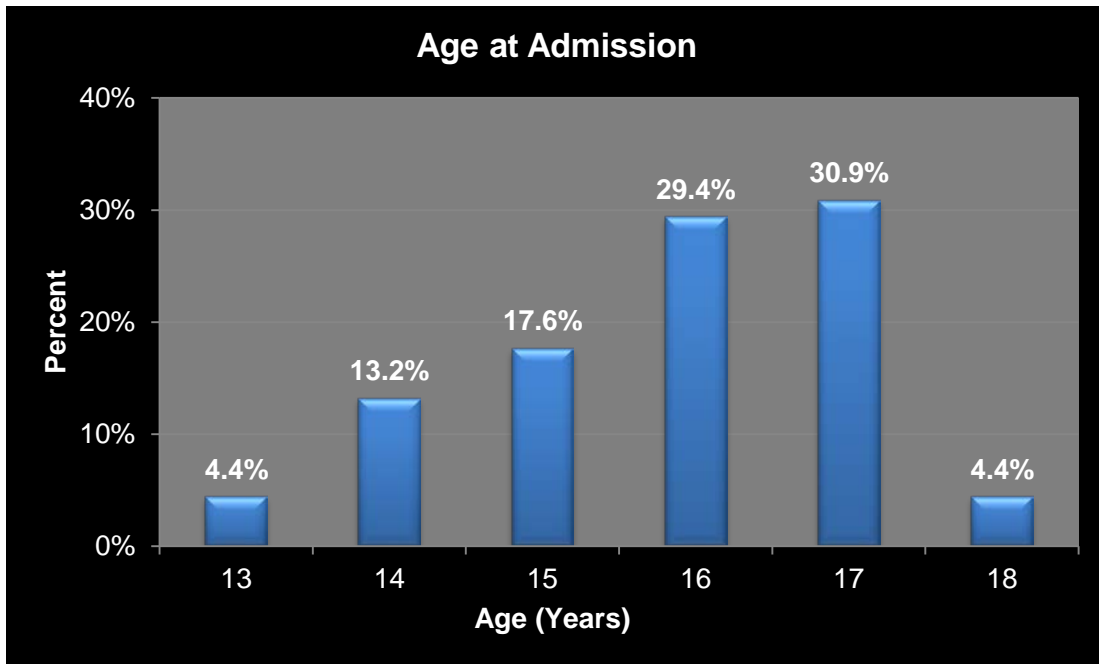
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Of the 68 participants, 58.8% (40/68) were males and 41.2% (28/68) were females. All clients were aged 18 years or younger and the youngest were 13 years old. The distribution of client



ages is shown in Figure 1. The median age was 16 (mean = 15.8). The majority of clients were 16 or 17 years of age.

**Figure 1: Client Age at Admission**



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

Similar to the distribution of ages, most of the adolescent clients were in either 10<sup>th</sup> (32.4%, 22/68) or 11<sup>th</sup> (27.9%, 19/68) grade in school.

The majority of clients were White and non-Hispanic/Latino (88.2%, 60/68). The breakdown of clients' primary race and ethnicity appears in Table 1.

**Table 1: Client's Race and Ethnicity**

Race/Ethnicity	N=68	Percent
White Not Hispanic/Latino	60	88.2%
African American/Black <sup>2</sup>	3	4.4%
American Indian	1	1.5%
Multi-Racial	1	1.5%
Hispanic/Latino (White)	3	4.4%

Note 1: Due to rounding, percentages may not add up to exactly 100%.

Note 2: The CDR values of Race differ from the GPRA values: therefore, data differ from the annual report

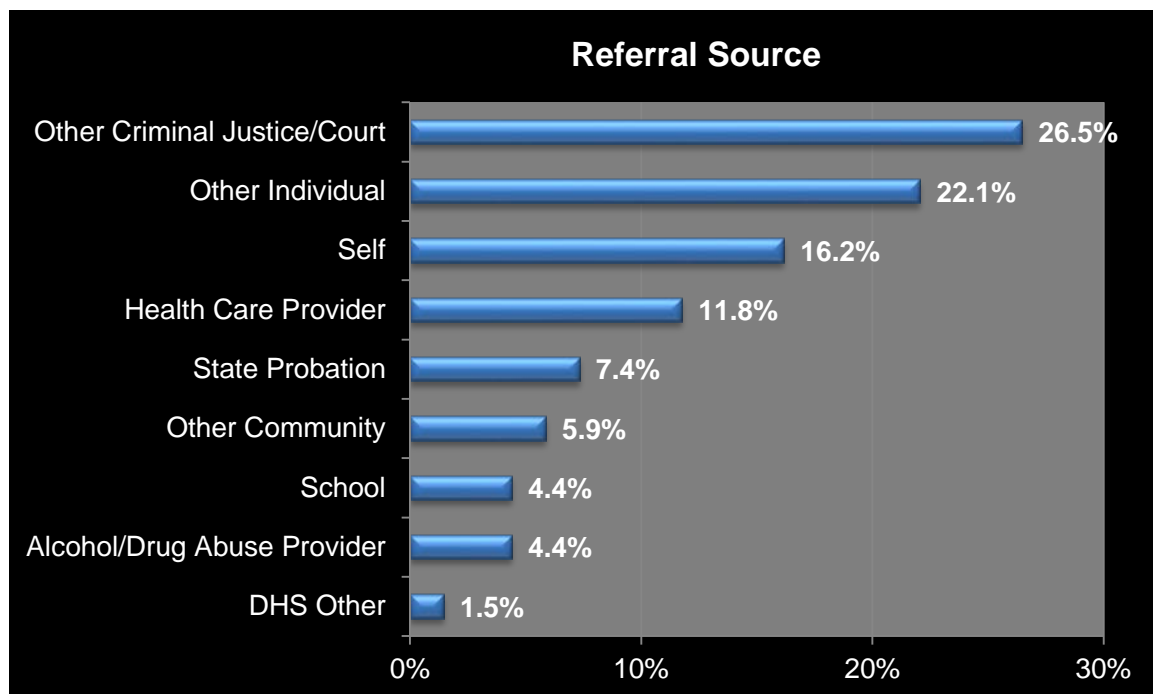


Sixty of the 68 clients (88.2%) were living with their parents. Two clients (2.9%) were living in a group home and the other six clients (8.8%) were living with other adults. Additionally, 12 of the 68 clients (17.6%) were from rural counties.<sup>1</sup> Based on the CDR admission record, 50 of the 68 clients (73.5%) had co-occurring psychiatric diagnoses.

## Treatment Variables

**Referral Source.** Treatment referral sources are shown in Figure 2. While the primary referral source was "Other Criminal Justice/Court" (26.5%), "Other Individual" (e.g., a parent) and self-referrals accounted for a combined 38.2% (26/68) of referrals. Health care providers (8/68) were the only other source accounting for over 10% of the referrals.

**Figure 2: Referral Source**



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

**Types and Frequency of Substance Use.** Marijuana was, by far, the most frequently named primary substance among the adolescent clients as shown in Table 2 on the following page. Approximately one in five clients reported alcohol as the primary substance.

<sup>1</sup> As defined by U.S. Census Bureau, Population Division; Office of Management and Budget, February 2013 delineations.



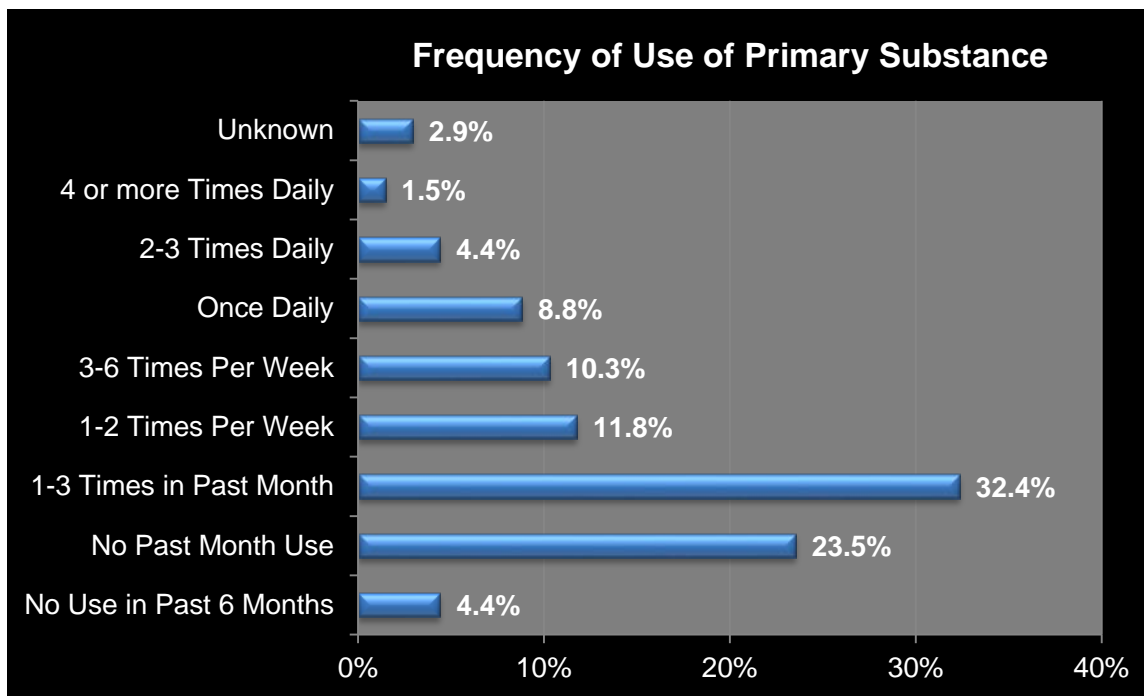
**Table 2: Primary Substance**

Primary Substance	N=68	Percent
Marijuana	49	72.1%
Alcohol	14	20.6%
Methamphetamine	2	2.9%
Benzodiazepines	2	2.9%
Other Opiates and Synthetics	1	1.5%

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

Figure 4 shows clients' frequency of use of their primary substance. Approximately one out of seven adolescents (14.7%, 10/68) used at least daily. A little more than one fourth of the clients reported no use in the last month (27.9% = 23.5% + 4.4%) and another third (32.4%) used one to three times in the past month.

**Figure 3: Frequency of Primary Substance Use**



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

Marijuana and alcohol as primary substances accounted for over nine out of ten (92.6%, 63/68) admissions. However, the majority of clients listed more than one substance; more than 3 out of 4 clients (76.5%, 52/68) listed multiple substances. Secondary and tertiary substances appear in Tables 3 and 4 on the following page.





**Table 3: Secondary Substance**

Secondary Substance	N=68	Percent
None	16	23.5%
Alcohol	33	48.5%
Marijuana	12	17.6%
Other Opiates and Synthetics	2	2.9%
Cocaine/Crack	1	1.5%
Methamphetamine	1	1.5%
Benzodiazepines	1	1.5%
Inhalants	1	1.5%
Other	1	1.5%

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

**Table 4: Tertiary Substance**

Tertiary Substance	N=68	Percent
None	42	61.8%
Other Opiates and Synthetics	5	7.4%
Alcohol	3	4.4%
Benzodiazepines	3	4.4%
Marijuana	3	4.4%
Other Amphetamine	3	4.4%
Cocaine/Crack	2	2.9%
Methamphetamine	2	2.9%
Other Hallucinogens	2	2.9%
Heroin	1	1.5%
Inhalants	1	1.5%
Other Sedatives/Hypnotics	1	1.5%

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



While prescription drug use was not listed frequently in the individual tables, reviewing any mention (primary, secondary, tertiary) of prescription drugs (other opiates and synthetics, benzodiazepine, other sedatives/hypnotics) appears at least once for 14 of the 68 clients (20.6%).

## Discharge Outcomes

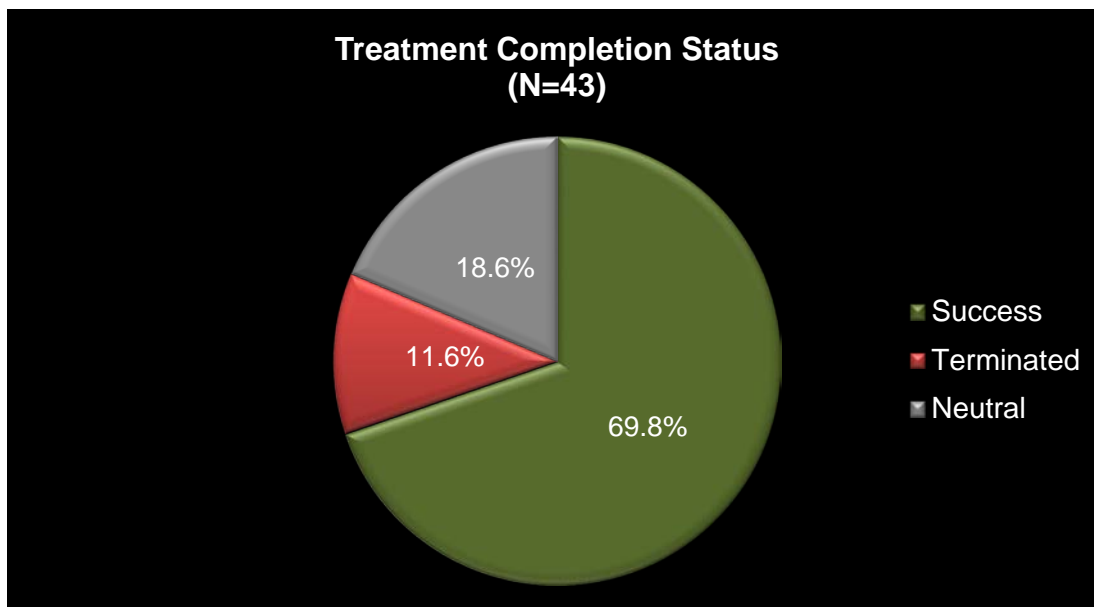
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Of the 68 clients with CDR admission records, 43 also have CDR discharge records. This is seven fewer than the number of GPRA discharge records. Missing CDR records could be due to a delay in data entry or that the clients are still receiving substance use disorder treatment after the GPRA discharge for grant-funded services. Since information in this report pertains to the substance use disorder treatment reported in the CDR system, only data from the 43 CDR discharges are used.

**Length of Stay.** The median length of stay for the 43 clients with discharge records in the CDR was 154 days (5.1 months). The shortest length of stay was 39 days and the longest was 449 days. Assuming that the clients without CDR discharge records remained in treatment through the data cutoff point (January 5, 2015), the (Kaplan-Meier) estimate of the median length of stay based on all 68 clients is 198 days (6.6 months). Thus, it appears that length of stay treatment is approximately 5 to 6 months.

**Discharge Status.** Based on the 43 discharge records, over two-thirds of clients in this program discharge successfully as shown in Figure 4. Successful completion combines "Treatment Plan Completed" and "Treatment Plan Substantially Completed" categories from the CDR discharge status. Neutral completion combines clients who are referred to outside agencies, incarceration, managed care decisions, and "Other" discharges. Terminated refers to either the client left treatment or the agency terminated the client due to lack of progress or compliance.

**Figure 4: Treatment Completion Status**



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

Table 5 shows discharge status broken down by subcategory. The majority of clients have successful discharges.

**Table 5: Discharge Status**

Discharge Status	N=43	Percent
<b>Success</b>	<b>30</b>	<b>69.8%</b>
Treatment Plan Completed	24	55.8%
Treatment Plan Substantially Completed	6	14.0%
<b>Terminated</b>	<b>5</b>	<b>11.6%</b>
Program Decision Due to Lack of Progress/Compliance	2	4.7%
Client Left	3	7.0%
<b>Neutral</b>	<b>8</b>	<b>18.6%</b>
Referred Outside	5	11.6%
Incarcerated	1	2.3%
Managed Care Decision	1	2.3%
Other	1	2.3%

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



## SUMMARY

Adolescent clients in this program were primarily White non-Hispanic/Latino youth, aged from 13 to 18 years; most were 16 or 17 years old. Females made up over 40% of the clients (41.2%). Most clients came from urban areas although nearly one in five (17.6%) came from rural Iowa counties. The primary sources of referral to treatment included "Other Criminal Justice/Court", "Self", and "Other Individuals" (e.g., parents). Health care providers referred eight (11.8%) of the 68 clients.

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Despite the polysubstance use and the additional burden of psychiatric issues, most clients successfully completed treatment (69.8%) and few were terminated from treatment (11.6%). Neutral discharges (e.g., incarceration, referred to an outside agency), accounted for 18.6% of discharges. Retention in treatment was high with 154 days being the median length of stay for discharged clients. Estimated length of stay based on all clients is 198 days (using a survival analysis).

