

12-2020

## Downeast Maine MAT Expansion Project: Year 2 Data Summary

Mary Lindsey Smith PhD

Evelyn Ali BS

Tyler Egeland BA

Follow this and additional works at: <https://digitalcommons.usm.maine.edu/substance-use-research-and-evaluation>



Part of the [Health Policy Commons](#), [Policy Design, Analysis, and Evaluation Commons](#), and the [Substance Abuse and Addiction Commons](#)

---

This Report is brought to you for free and open access by the Cutler Institute at USM Digital Commons. It has been accepted for inclusion in Substance Use Research & Evaluation by an authorized administrator of USM Digital Commons. For more information, please contact [jessica.c.hovey@maine.edu](mailto:jessica.c.hovey@maine.edu).

# Downeast Maine MAT Expansion Project

---

YEAR 2 DATA SUMMARY

# The Project

---

Through a collaborative effort of Healthy Acadia, its providers, the Downeast Substance Treatment Network and Downeast Substance Use Response Coalition, the project is utilizing multiple evidence-based strategies to combat opioid use disorder (OUD) in Downeast Maine.

## Project Goals:

- Reduce the barriers to Medication-Assisted Treatment (MAT)
- Enhance MAT services by improving provider capacity through training and implementation of best practice treatment

## Project Components:

- Hub and Spoke model of care with Downeast Treatment Center as the hub
- Project ECHO and the Readiness Academy
- Community Re-entry Program for Justice-Involved Individuals
- Emergency Department Program
- Recovery Coaching

# Data Overview

---

## I. Project Partnership



*Change Team  
Focus Group*



*Partnership Self-  
Assessment Survey*

## II. Education/Training



*Project ECHO Post-  
Session Feedback*

## III. Client Data



*GPRA Interview*

# I. Project Partnerships

---

CHANGE TEAM FOCUS GROUP RESULTS

# Change Team Focus Group Overview

---

- The Downeast MAT expansion project change team is charged with overseeing the implementation of the initiative
- Focus group, conducted by Cutler staff over Zoom, engaged key stakeholders (change team members) involved with MAT Expansion implementation (March 2020)
- The focus group was conducted using a semi-structured interview guide and the session was audio recorded and transcribed verbatim for analysis
- Software-assisted coding of interview transcripts was conducted using the qualitative analysis software program NVivo®.
- Qualitative data from the focus group were analyzed using established qualitative analytic techniques.
- The evaluation team used standard techniques to identify emergent themes, independently code transcripts, and resolve coding discrepancies or questions.

## Change Team Focus Group: Collaboration

---

- Hub-and-spoke team encompasses broad and diverse provider types with shared goals.
- Change team participants felt that the diverse insights of the collaborative partners creates a better awareness of challenges in the recovery community.
- Strong communication and relationships between partner organizations has led to improved quality of care for clients.
- Collaboration efforts are designed to address the challenges associated with payment, expanding peer supports, addressing transportation issues, working to expand programming, and finding mechanisms to address gaps in available resources

*“There have been examples of clients seeking recovery arriving at one of the spokes and running into challenges with payment or needing peer support or transportation or meeting other barriers. Then the power of the collaborative gets turned on and that person is walked around those barriers or over those barriers and enters treatment.”*

## Change Team Focus Group: Patient-Centered Care

Change Team members reported several ways in which partner organizations are adapting to become more patient-centered including:

- **Shifting Policies**
  - Changing hours in response to patient need
  - Tailored treatment plans with varying levels of in-person support
- **Assessing and responding to the geographic infrastructure needs of clients**
  - Implementing a satellite telehealth Hub in Stonington
- **Implementing recovery coaches**
  - Peer mentors and advocates integrated into partner organizations and hub sites
  - Collaboration between recovery coaches and providers contributes to better understanding of patient needs

*“[Our policies are] continually evolving in terms of understanding what can we do with urine test screens? When they come back how do we respond to those issues that come up? How do we best make it a treatment issue as opposed to penalizing? How do we best move people through the process?”*

*“Many of our recovery coaches are in recovery. They're recovery allies, meaning someone in their life is someone in recovery or with a substance use disorder. And they represent all the people that they work with. So those voices are always in the room.”*

## Change Team Focus Group: Expanding MAT

---

The collaborative partnerships spearheaded by Healthy Acadia continue to be a catalyst for bring together organizations in the region to address OUD through the implementation and expansion of the **Downeast Treatment Center** which:

- Acts as a hub to partner organizations
- Successful expansion attributed to strong partnership and efficient resource-sharing

*“We launched the entire Downeast Treatment Center, so we launched a whole new treatment program as a result of this collaborative, a whole new treatment center. Then [...] moving through these three years, this change team as well as the hub-and-spoke clinical advisory committee and others have continually responded to the needs that arise, the questions that come up, the learning, shared learning.”*

## Change Team Focus Group: Adapting to COVID-19

- COVID-19 has disrupted scheduled appointments and services among provider organizations
- Healthy Acadia leadership is emphasizing increased patient engagement during this time by collaboratively leveraging and expanding the use of both peer recovery coaches and telehealth services
- Healthy Acadia partners attribute much of their success to leveraging resources across multiple organizations. Collaborative investment of time, in-kind resources, and financial resources improves ability to implement shared goals especially when organizational resources are stressed due to COVID-19

*"[...]this is a time when we should be having more increased contact with these folks. They're isolated, they're anxious, they're worried, they're concerned. It's not the time to be pulling back."*

*"Financial resources are shared. A cost basis budget is put together and is very transparent to all the organizations. Financial staffing, across-the-board resources are shared to really have a partnership collaborative program that comes together"*

# I. Project Partnerships

---

PARTNERSHIP SELF-ASSESSMENT TOOL RESULTS

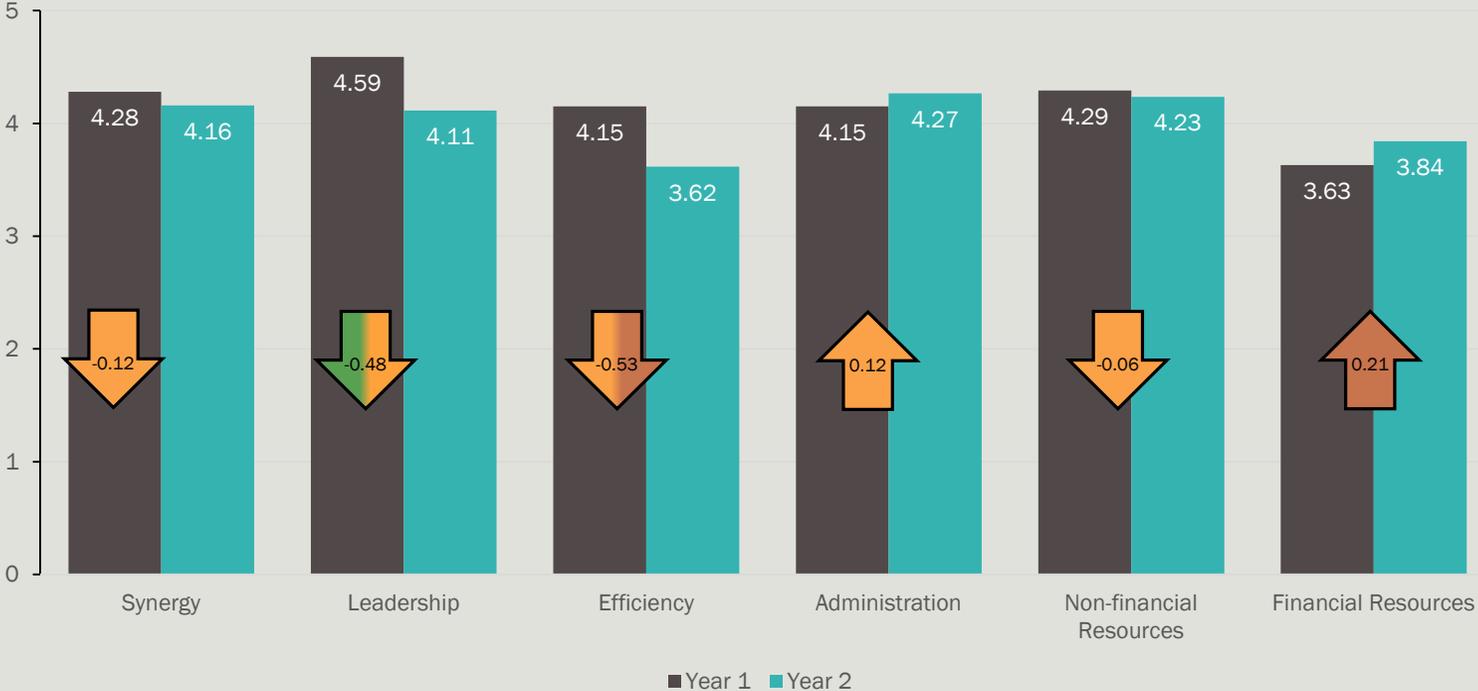
# Partnership Self-Assessment Overview

---

- Wave Two of the Partnership Self-Assessment Tool was administered to Downeast Maine MAT Expansion Project Change team Member using the electronic survey software SNAP
- The Partnership Self-Assessment Tool is a standardized questionnaire designed to examine the strengths and weaknesses of collaborative partnerships across **6 domains** of interest including: synergy, leadership, efficiency, administration, non-financial and financial resource
- Deployed annually to Downeast Maine MAT Expansion Project partners to understand partnership strengths over time
- Some comparisons drawn to 2019 survey results to show progress where appropriate
- Survey response rate was 63% (n=9)

# Partnership Self-Assessment Overview

- While there were slight decreases in overall composite scores on the Partnership Assessment between 2019 and 2020 the Downeast Maine MAT Expansion Project change team remains in the same zone on all domains; individual items show partners continued positive views on overall functioning and purpose of the partnership.
- Financial resources remain in the work zone and continue to present the greatest challenge for the collaborative.
- While it appears that COVID-19 has had an impact on the functioning of the collaborative, it appears to be minimal, which points to the strength of the partnership relationships established through the collaborative.



**Target Zone:** Partnership currently excels in this area and needs to focus attention on maintaining a high score (4.6-5)  
**Headway Zone:** Partnership is doing pretty well in this area but has potential to progress even further (4-4.6)  
**Work Zone:** More effort is needed in this area to maximize partnership’s collaborative potential (3-4)  
**Danger Zone:** Area needs a lot of improvement (0-3)

# Partnership Self-Assessment: Decision-Making and Satisfaction

- Partners indicated satisfaction ratings nearing the standardized target zone
- **8 of 9** respondents reported that they are **very or extremely comfortable** with the way decisions are made in the partnership and they support the decisions made **most or all of the time**
- **8 of 9** respondents reported that they feel left out of the decision making process **almost none or none of the time**



# Partnership Self-Assessment: Benefits, Drawbacks, and Resources

---

- **Seventy-eight percent** of respondents indicated that the benefits **greatly** exceed the drawbacks of participation, and **8 out of 9** respondents reported receiving the following benefits from participation:
  - Enhanced ability to address an important issue
  - Development of valuable relationships
  - Ability to have a greater impact than they could have on their own & the ability to make a contribution to the community
  - Acquisition of useful knowledge about services, programs, or people in the community
- **Thirty-eight percent** of respondents reported **conflict between their job and the partnership's work** as a drawback to participation and **33%** indicated a **diversion of time and resources away from other priorities or obligations** as a challenge to participation in the Downeast MAT Expansion Project.
- **The majority** of respondents (**77%**) of respondents reported that the partnership has most or all of the **connections to target populations** that it needs to work effectively.

# II. Education and Training

---

PROJECT ECHO EVALUATION FEEDBACK

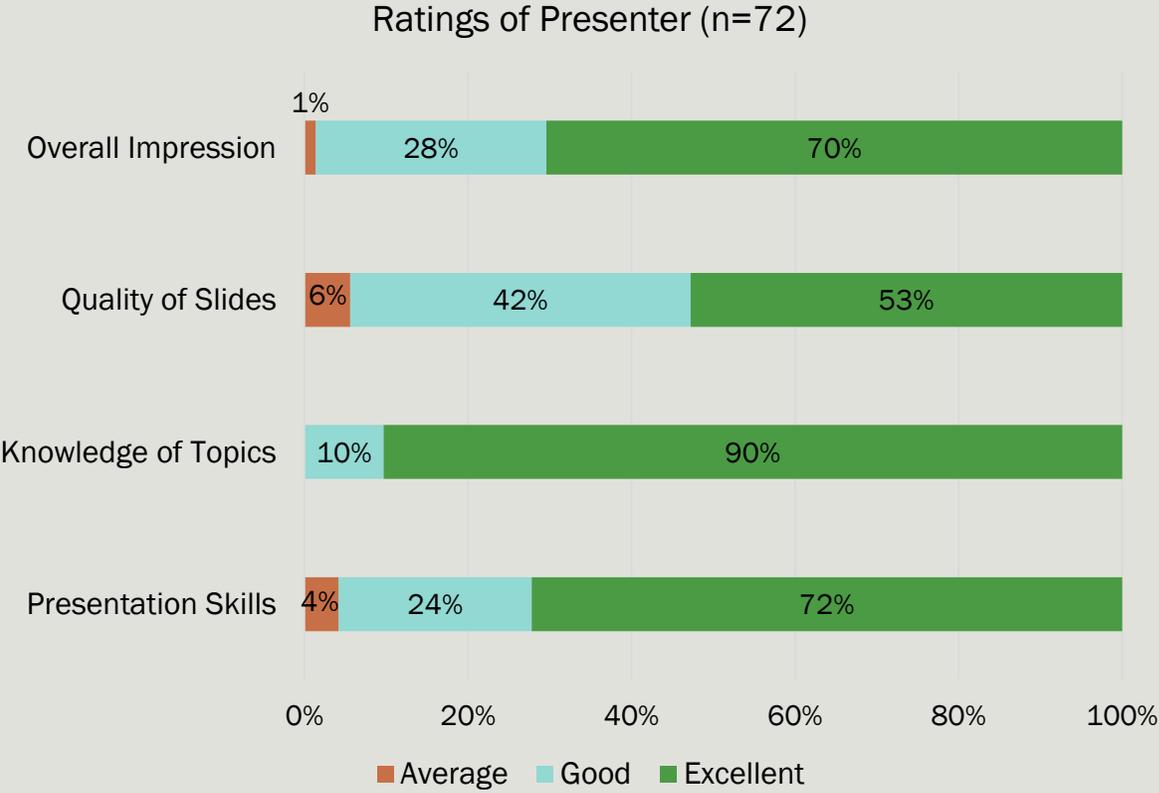
# Project Echo Post-session Evaluation

---

- Various stakeholders came together to create a Downeast Maine MAT Project ECHO curriculum for Downeast partners with the goal of increasing provider capacity and enhancing the quality of MAT services through education and training. This curriculum became known as the **Readiness Academy**.
- Qualidigm administered session evaluation surveys to participants after each ECHO session
- In year 2, the evaluation team aggregated survey data from 7 Readiness Academy sessions in 2020.
  - A total of 75 survey responses in 2020 represented ***6 health care organizations***.

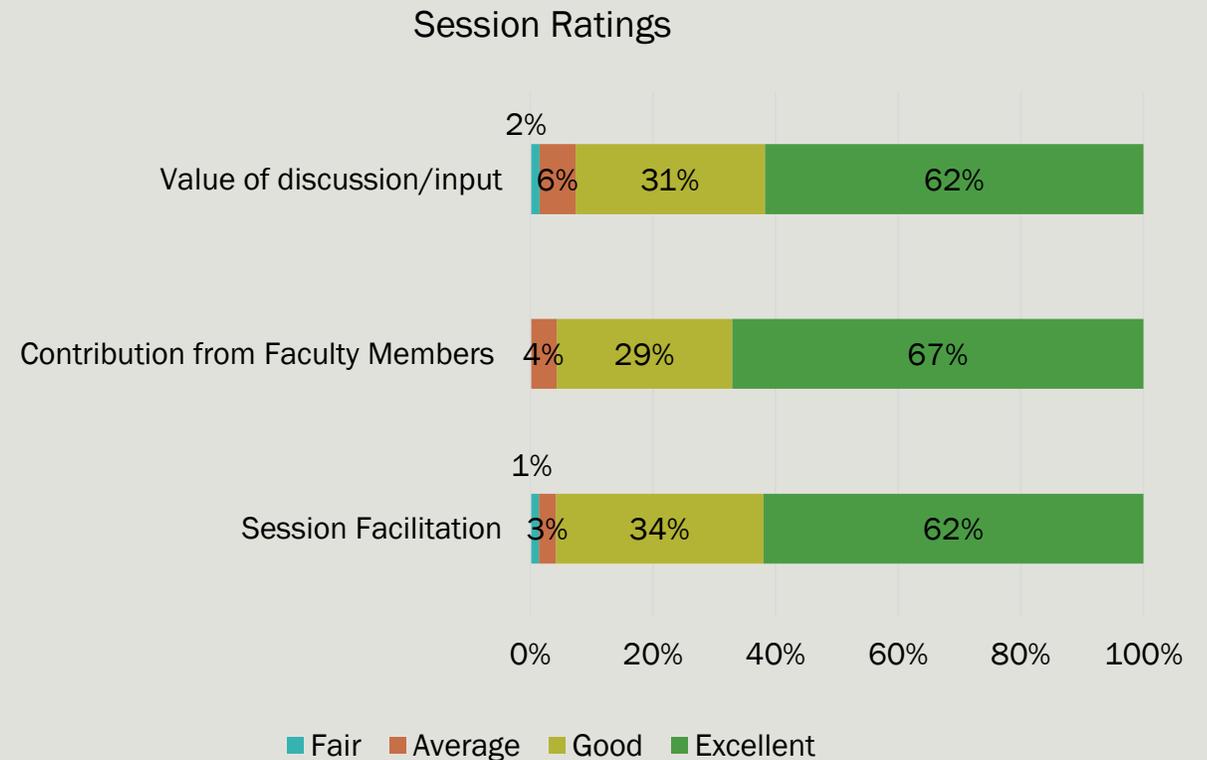
# Project Echo Post-session Evaluation: Presenter

- **100%** of participants in the 2020 Readiness Academy, across all sessions, felt that the presenters' **knowledge of topics** were either **good or excellent**.
- All ratings of presenter were consistent with ratings across sessions in 2019.



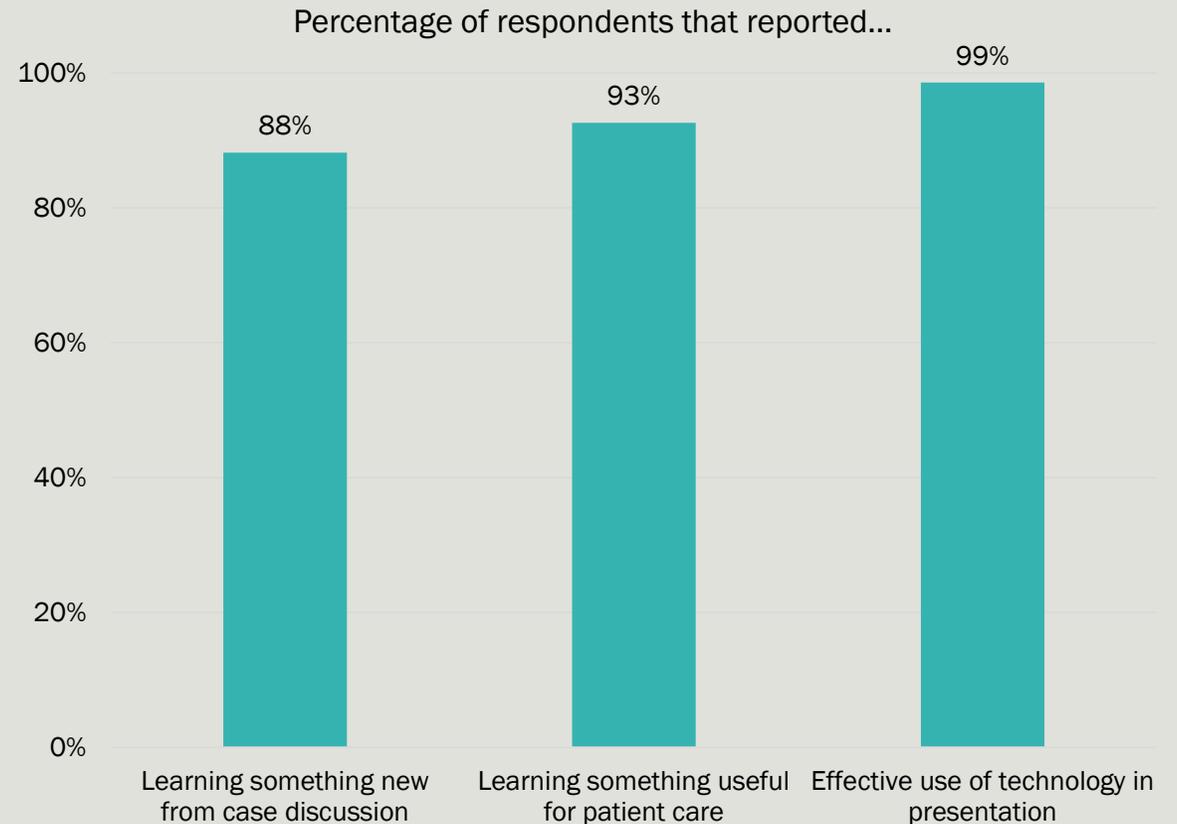
# Project Echo Post-session Evaluation: Session Value

- The majority of Readiness Academy participants rated **contribution from faculty members** and **facilitation** most highly, with **96%** reporting that both were either **good or excellent**.
- These ratings were also consistent with ratings of sessions conducted in 2019.



# Project Echo Post-session Evaluation: Impact

- The majority of Readiness Academy participants (**93%**) **reported learning something useful** in caring for clients with OUD during Echo sessions.
- In addition, **89%** of respondents felt that the session **enhanced their competence**.
- Nearly all participants (**99%**), reported that the Echo sessions effectively used technology to support clinical education and training.



# Project Echo Post-session Evaluation: Open- Response Feedback

---

- Participants reported willingness to change behaviors within their practice including:
  - Pursuing continued stigma education and increasing use of compassionate language for clients with SUD;
  - Increasing patient involvement in care;
  - Appropriate prescribing practices and introduction of new therapies in their practice; and
  - Sharing stigma reduction education and prescribing practices with their colleagues.
- Despite overall satisfaction with session content, participants felt as though the teleECHO sessions could be improved or expanded by:
  - Expanding the engagement of smaller partner practices in Readiness Academy;
  - Providing post-session summaries to reinforce provider knowledge; and
  - Directly addressing compassion fatigue as part of the curriculum.

# II. Client Data

---

## GPRA RESULTS

# GPRA Data Collection Methodology

---

- **Data Collection:** clients receiving care through SAMHSA grant funding are contacted by recovery coaches and program staff to complete interview using GPRA protocol at intake.
  - clients are contacted to complete follow-up GPRA interviews at intake, 3 month, 6 month, and 12 month milestones in the program
  - clients are also contacted to complete the GPRA interview upon discharge from the program
- **Data Synthesis:** Data is entered into SPARS after interview completion by Healthy Acadia staff.
- **Limitations:** The challenges to working with and tracking individuals with OUD coupled with the large geographic area served by the Downeast Maine MAT Expansion Project, conducting the GPRA has presented a substantial challenge for program staff, even after implementing client incentives for completion. Therefore, the client data presented is only reflective of a subset of individuals who are receiving services through the program.

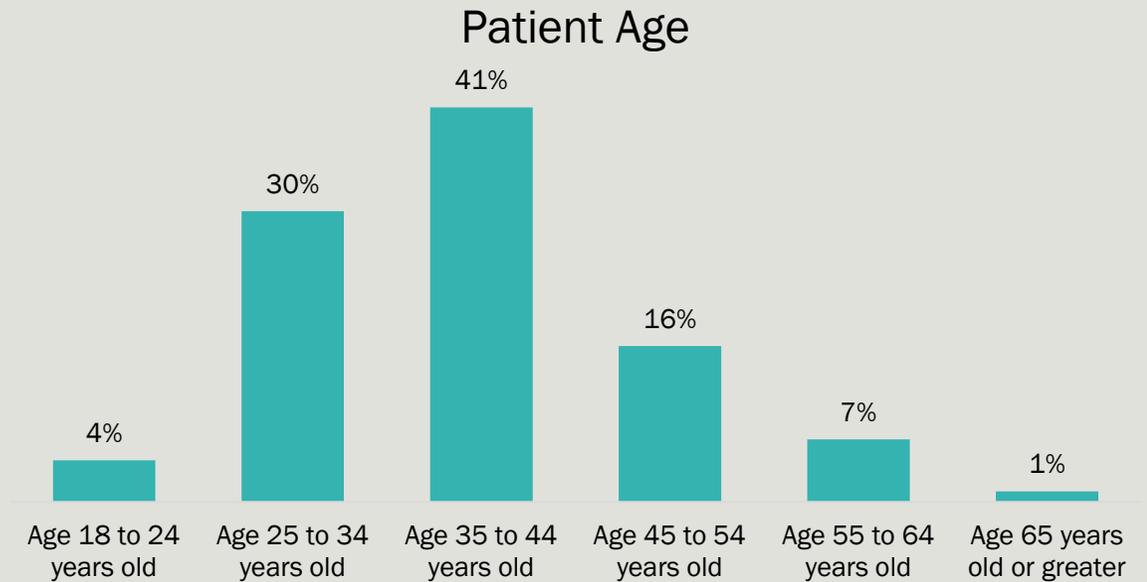
# Data Analysis

---

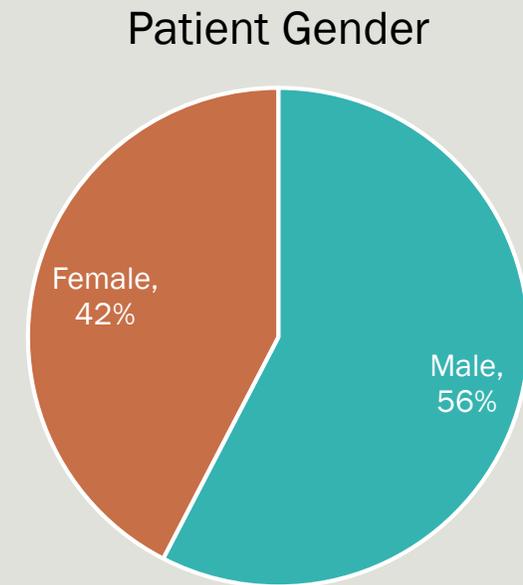
- Interviews from March 20, 2019 to October 1, 2020 were analyzed by Cutler Staff using SPSS
- Data (excluding demographics) was analyzed and visualized in the following ways:
  - Comparing responses at intake, 3 month, and 6 month follow up among all interviews.
  - Comparing responses at intake between clients who had an intake in 2019 and clients who had an intake in 2020, using independent t-test, chi-square (or Fisher's Exact test) to test for significance.
  - Comparing responses of clients who had a 3 month follow-up (n=28) at intake and 3 month, using McNemar's Exact test or paired t-test to test for significance.
- Missing data, including refused answers, are not shown in percentage totals.
- Limitation: Given the small follow-up sample sizes, only 15 individuals completed intake, 3 and 6 months interviews, analysis and statistical testing is limited to descriptive statistics and presents high-level trends by interview type versus cohorts of individuals. In addition, data is only reflective of clients who completed the GPRA and does not reflect information on the broader population of individuals served by the project.

# Demographics

- 94 clients completed an intake interview in 2019 and 2020
- Mean client age at intake was 39 years
- 97.8% clients were white; 97.8% of clients were non-Hispanic

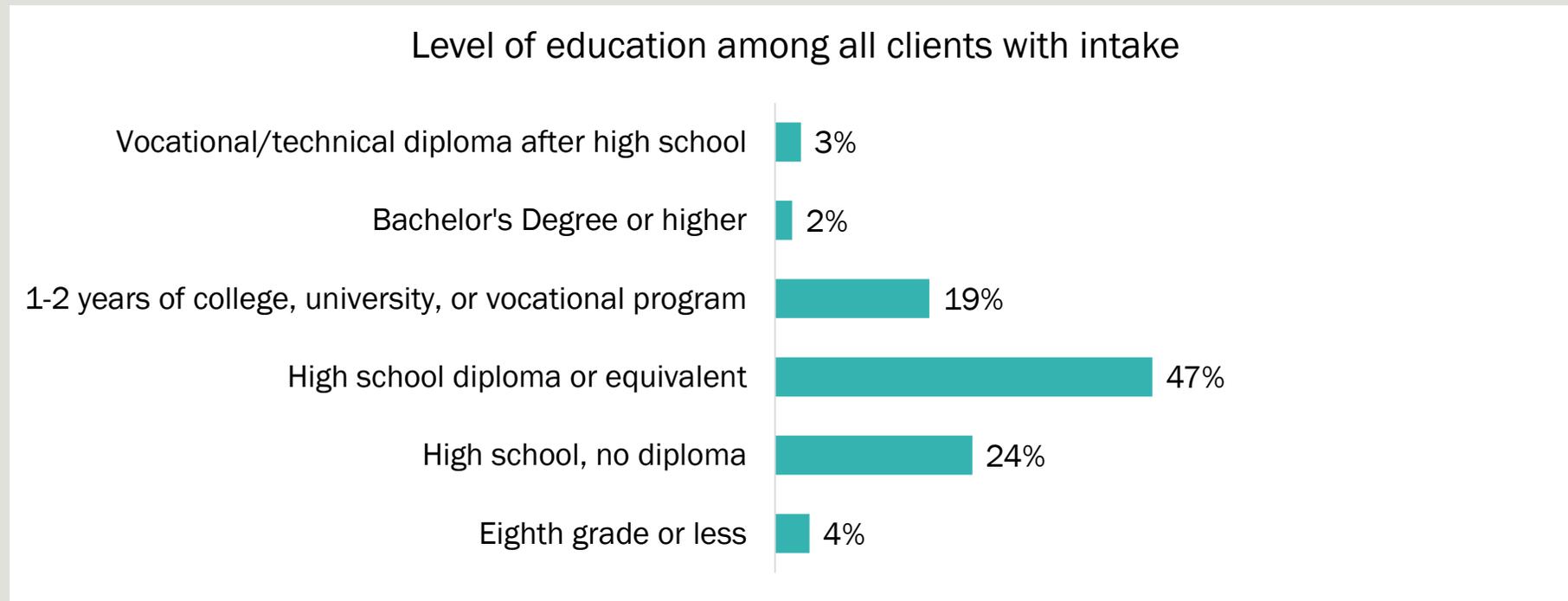


NOTE: 2 clients missing age data



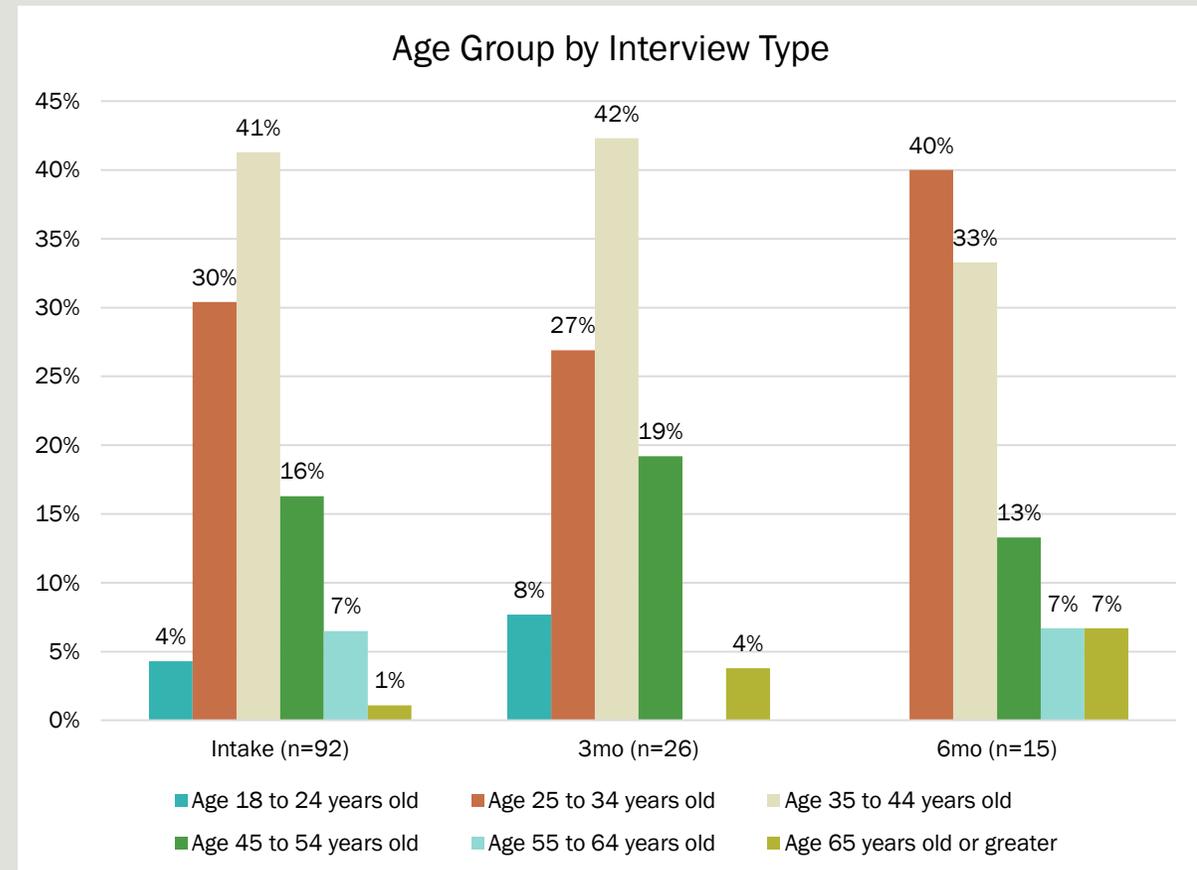
# Demographics

In both 2019 and 2020, the majority of clients had a high school degree or higher at the time of intake.



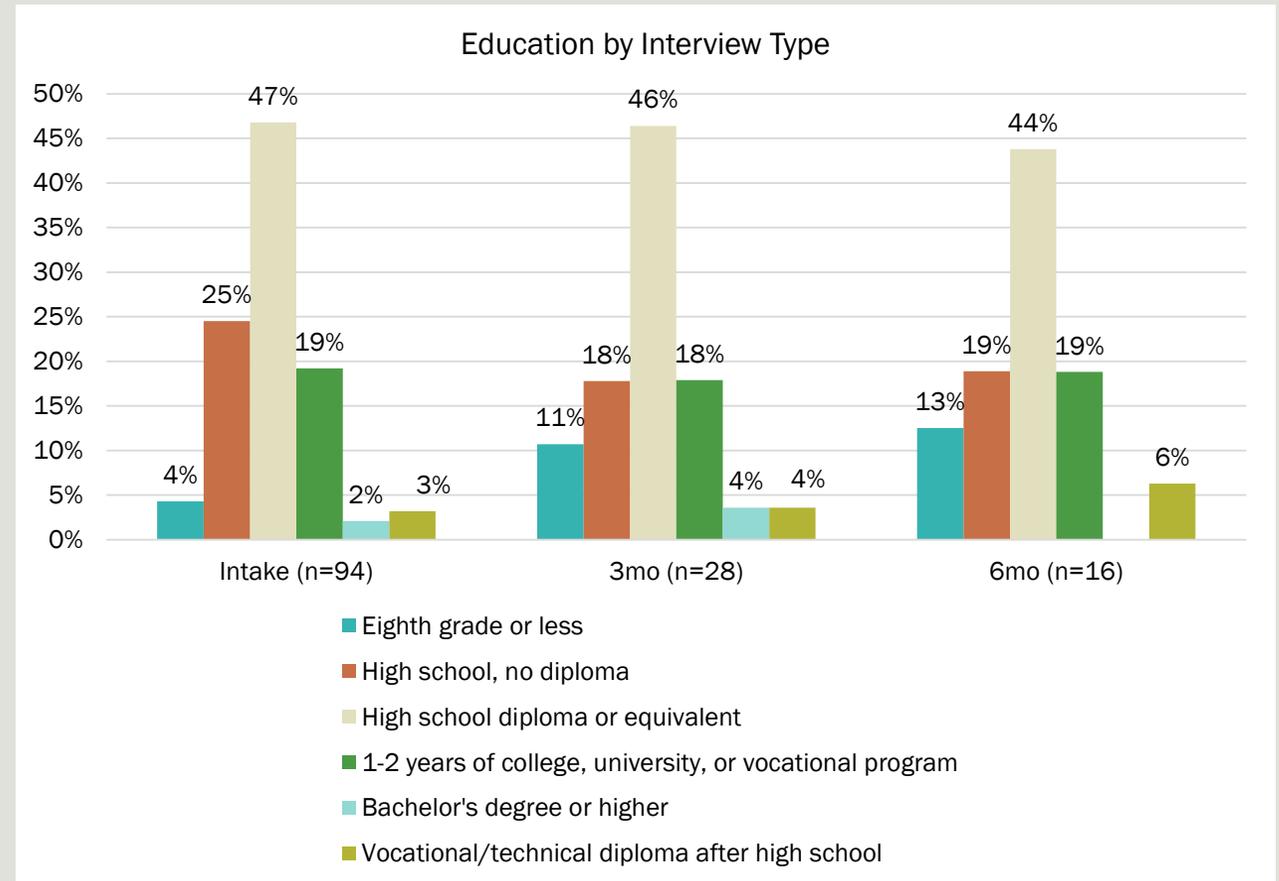
# Demographics by Client Interview

- 25 to 34 year olds constitute a larger percentage of clients interviewed at 6 months than at intake and 3 month follow-up.
- Female clients represent 42% of all intake interviews but 60% of all completed 6 month follow-up interviews.
- White clients comprise 96.8% of intake interviews but only 92.9% of 3-month follow-up interviews.



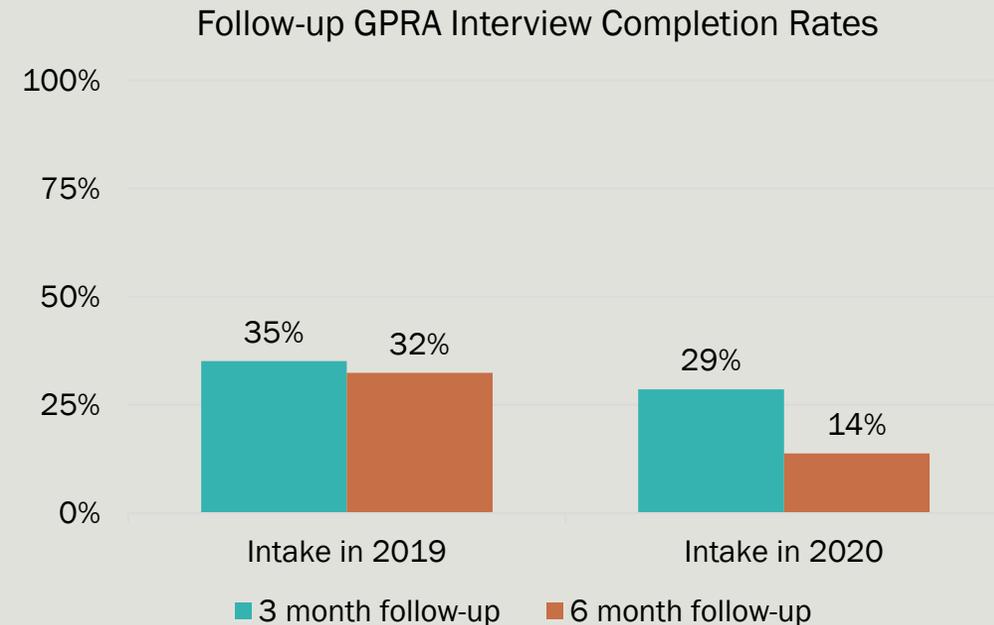
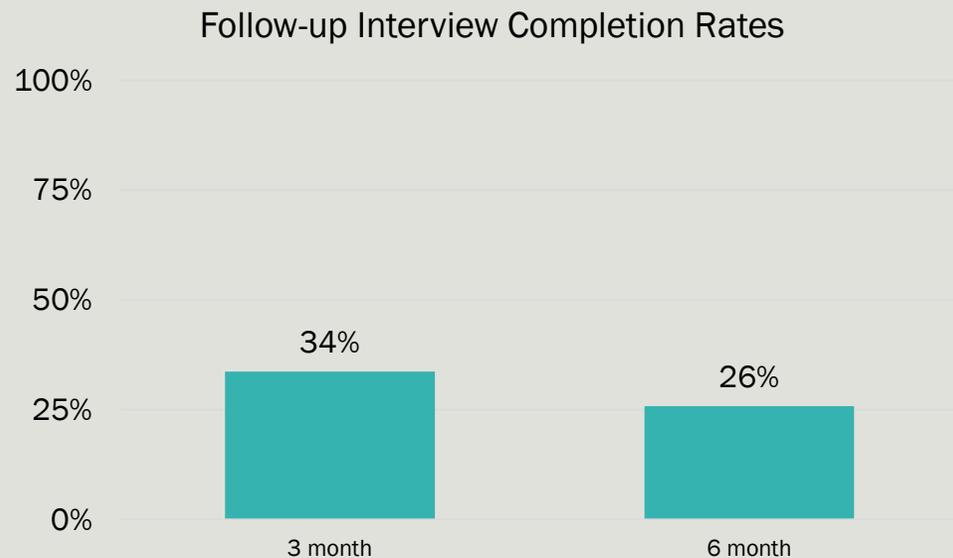
# Demographics by Client Interview

- Although education level of clients remains consistently distributed across type of interview, representation of clients with an education level of eighth grade or less increases in 3 month and 6 month follow-up interviews potentially indicating that individuals with lower levels of education are more motivated by the interview incentives than other program participants.



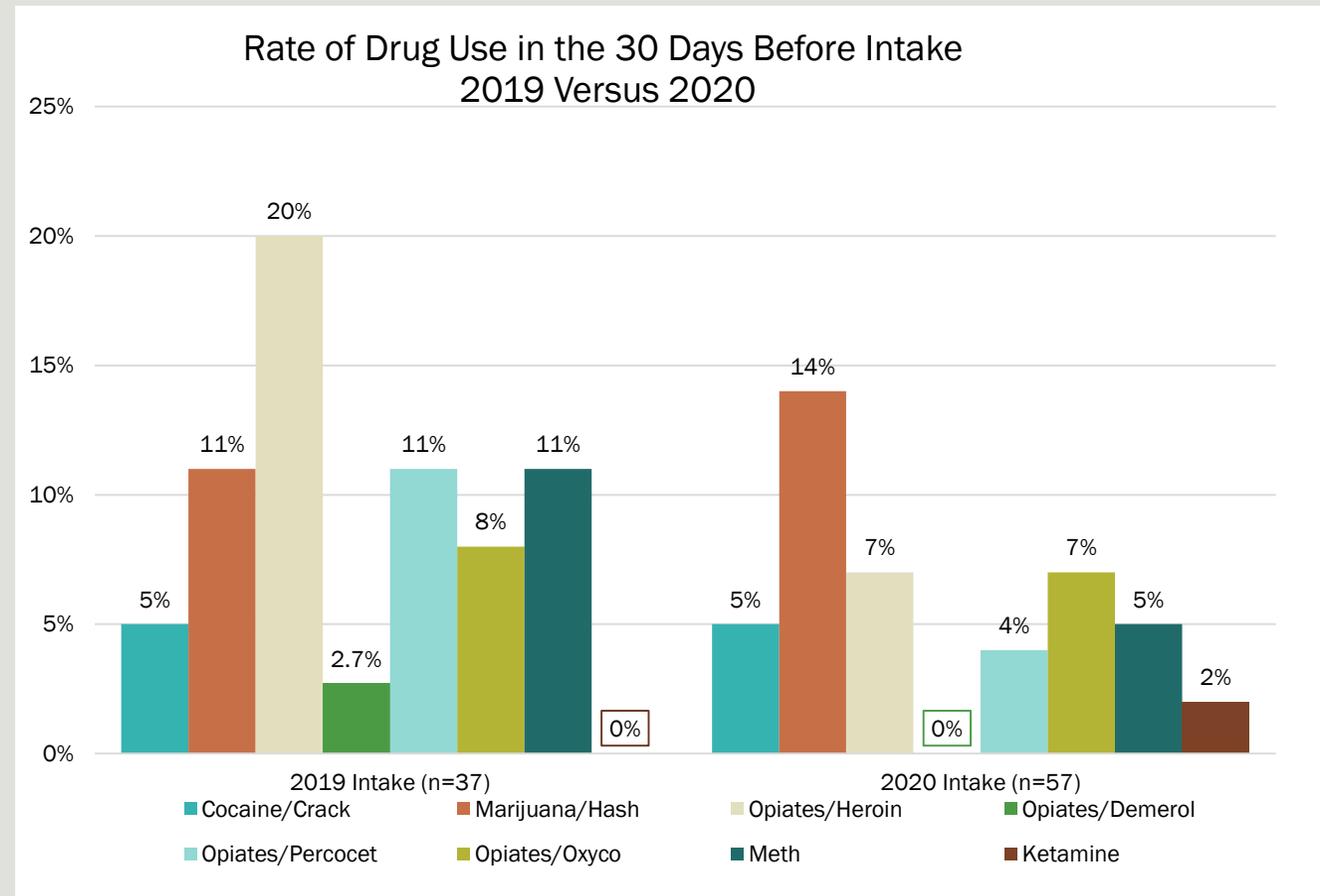
# Follow-up Rates

- As of October 2020, 37% of all clients with an intake had received either a 3 month or 6 month follow-up.
- Rates of follow-up GPRA interviews in 2020 was lower than for individuals with intake in 2019, most likely due to COVID-19.



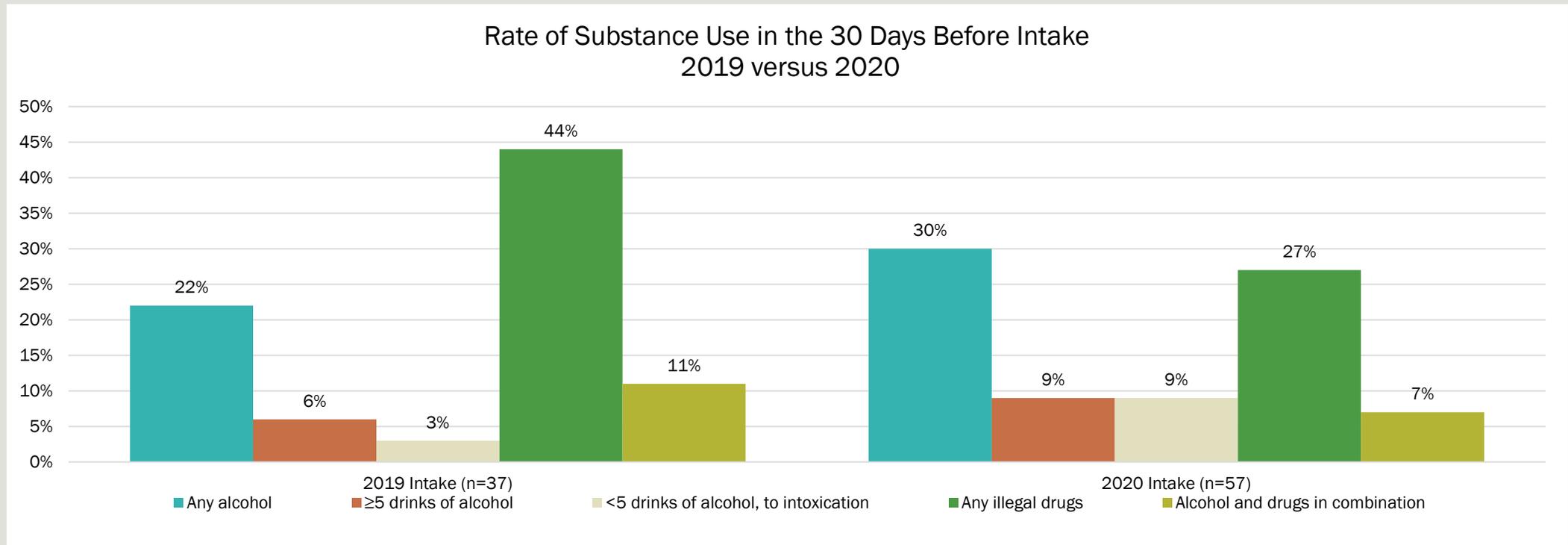
# Drug Use: 30 days prior to intake

- Clients with intake in 2020 were significantly less likely than clients with intake in 2019 to have used any heroin in the 30 days prior to intake ( $p=.038$ )
- Use of marijuana and ketamine prior to intake increased slightly in 2020, while use of Percocet and methamphetamines decreased.



# Substance Use at Intake

There were significantly **fewer** clients at intake in 2020 having used any drugs in the 30 days prior to intake ( $p=.027$ ).

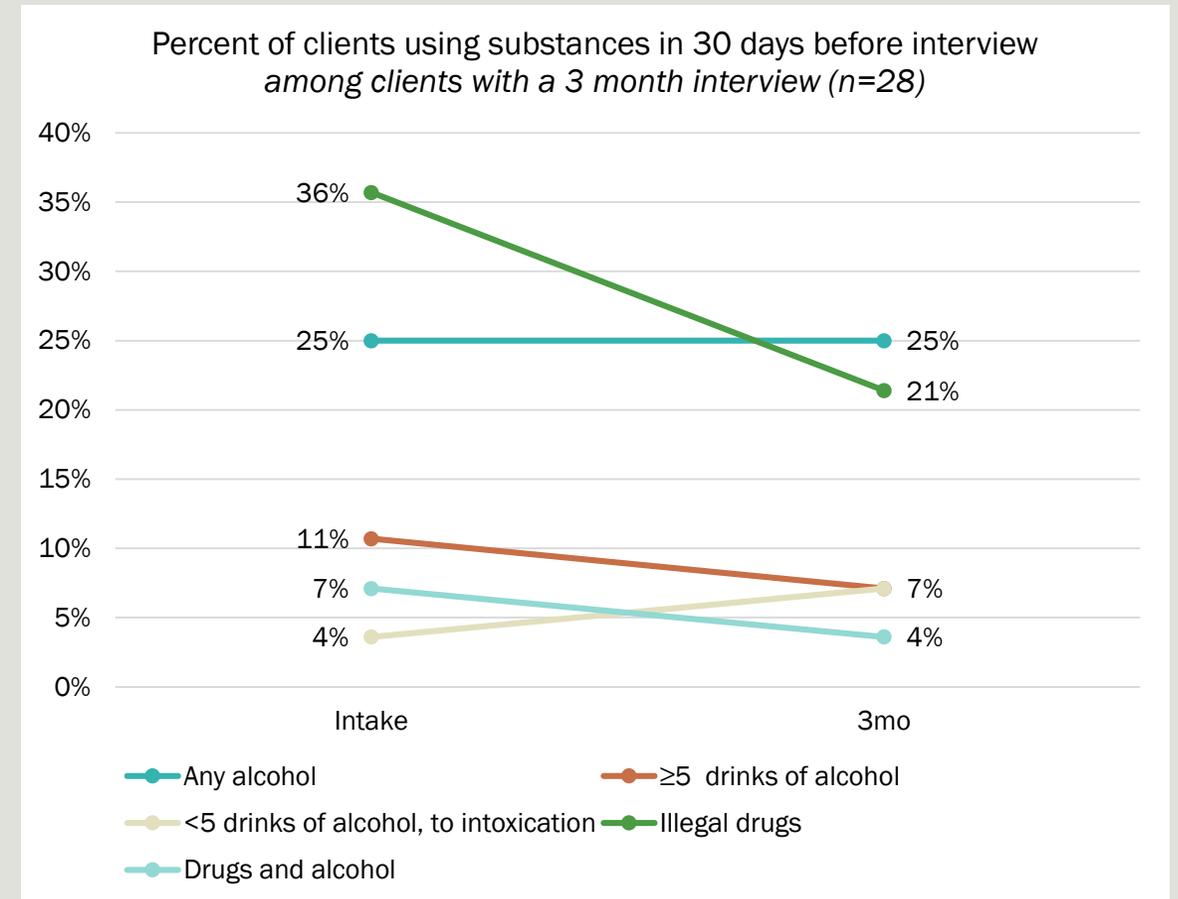


# Substance Use: 3 Months Post-Intake

Between intake and 3 month interviews, among only individuals with 3 month follow-up interview:

- There was a decrease in individuals consuming any illegal drugs, 5 or more drinks of alcohol, and drugs and alcohol in combination.
- The rate of clients using any alcohol remained consistent
- The rate of clients drinking fewer than 5 drinks of alcohol to intoxication increased slightly

NOTE: No changes reached significance at .05 level

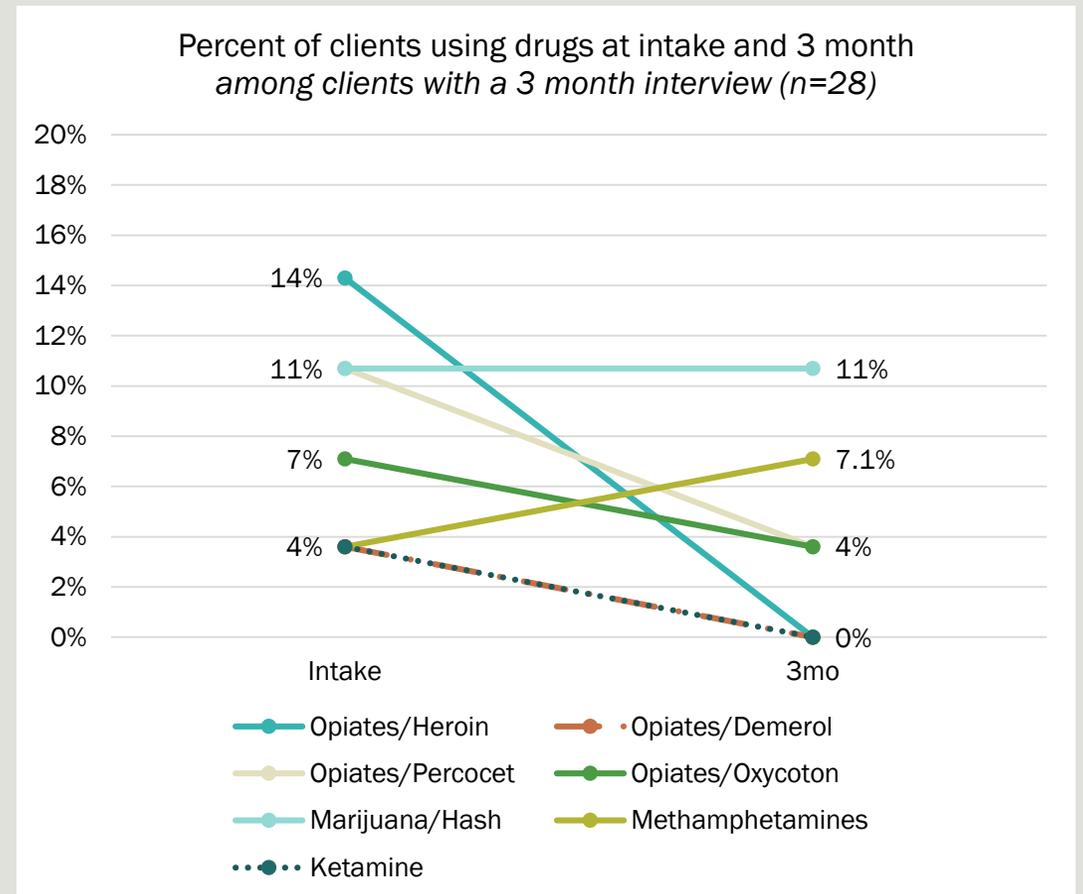


# Drug Use: 3 Months Post-Intake

Between intake and 3 month interviews, among only individuals with 3 month follow-up interview,

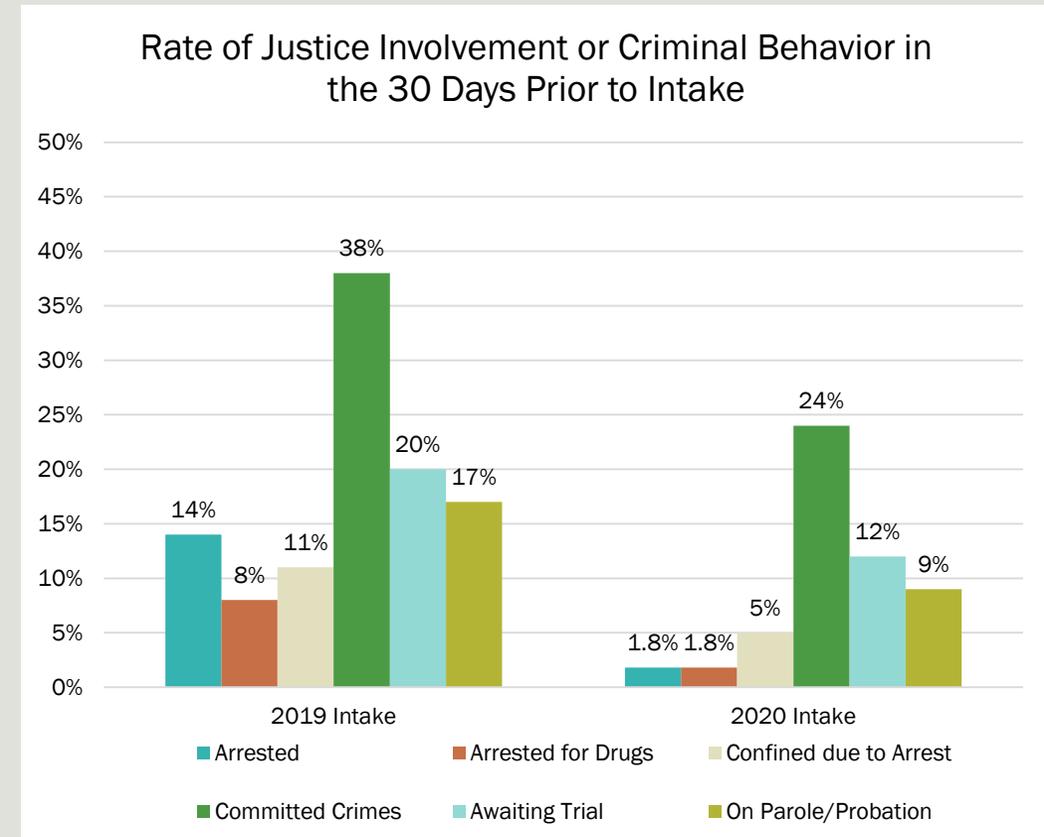
- Use of all drugs with the exception of methamphetamine and marijuana decreased
- Methamphetamine use increased slightly
- Marijuana use remained consistent

NOTE: No changes reached significance at .05 level



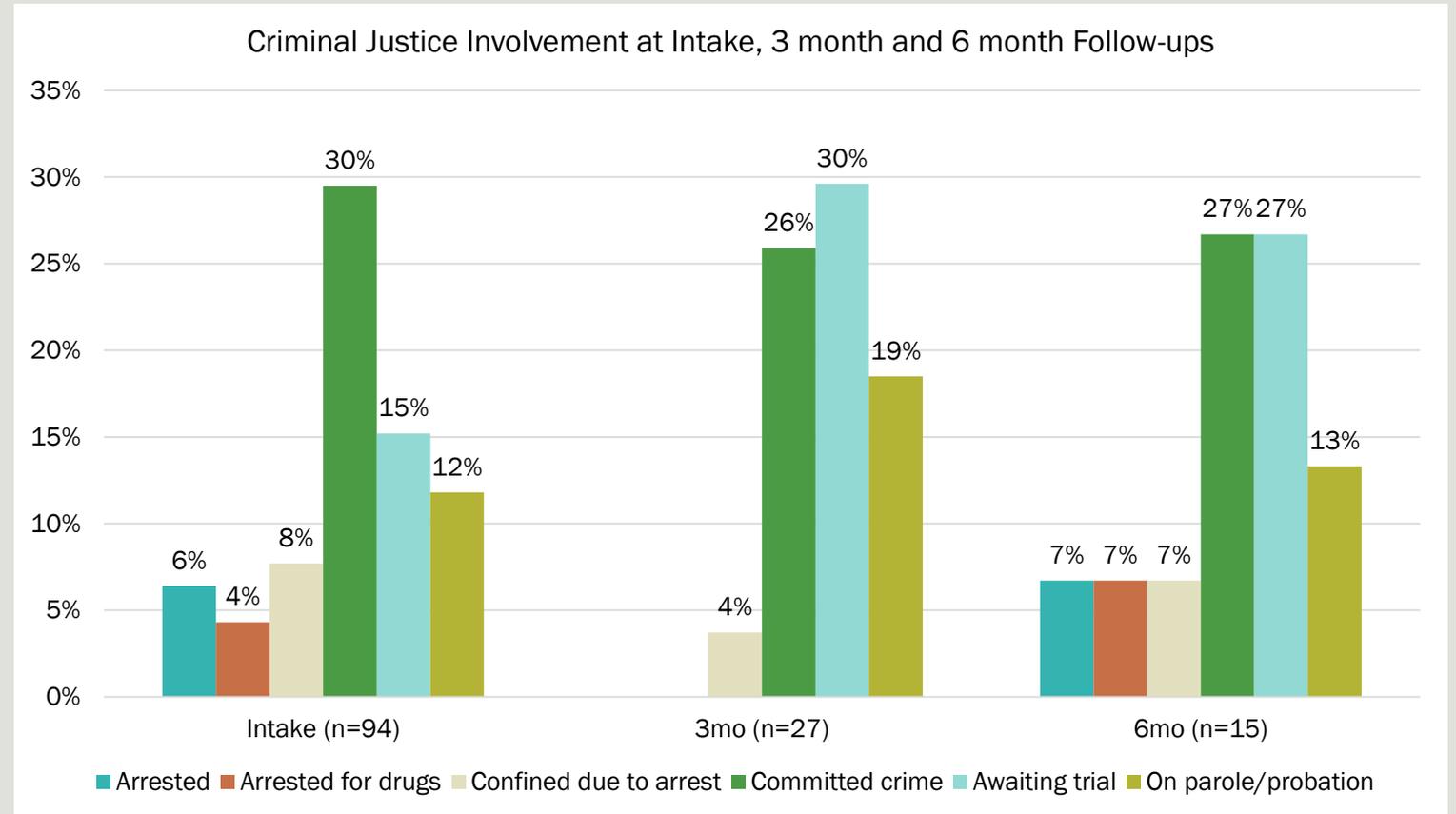
# Crime and Justice-Involved Behavior at Intake

- There were significantly fewer clients reporting arrests in the 30 days before intake in 2020 than 2019, ( $p=0.038$ ).
- While not significant, individuals in 2020 were less likely than those in 2019 to have criminal justice involvement in the 30 days prior to intake including lower rates of:
  - Arrests due to drugs;
  - Confinement due to arrest;
  - Committed a crime;
  - Awaiting a trial; and
  - Being on probation / parole.



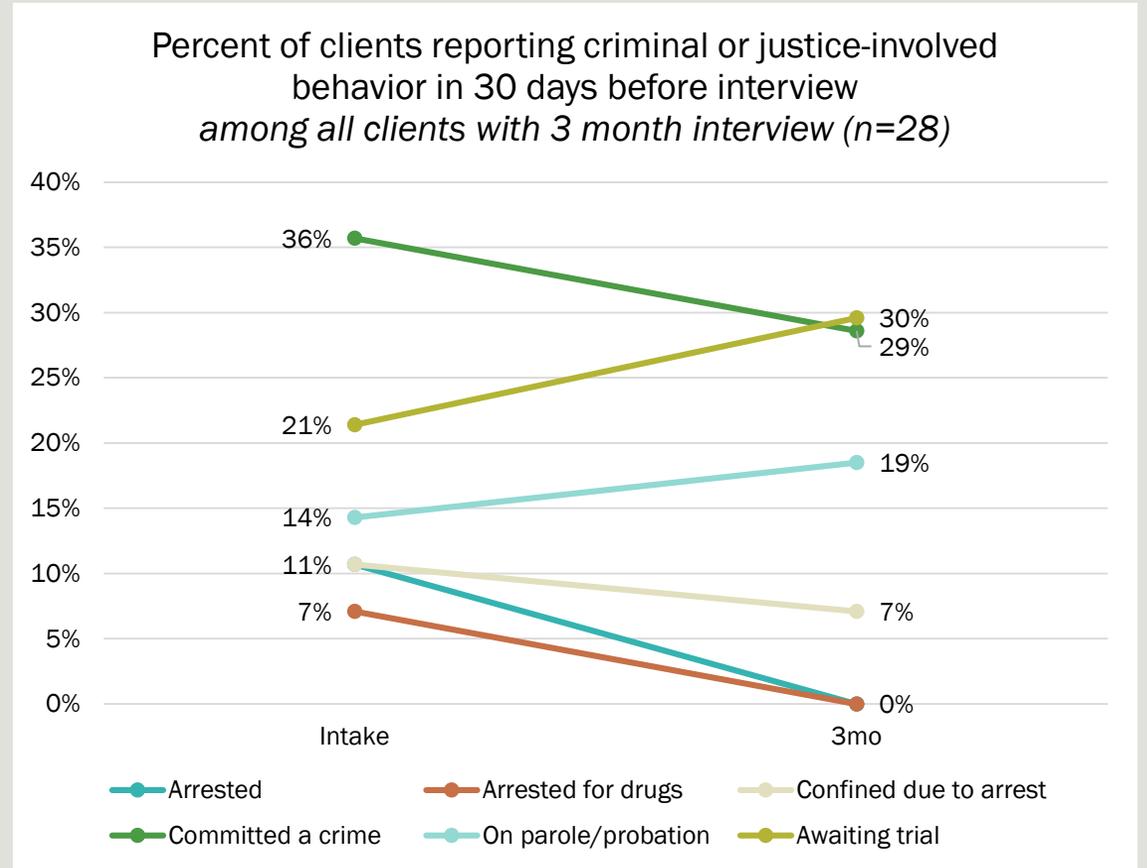
# Crime and Justice-Involved Behavior

- Although rates of committing a crime decrease slightly between intake and follow-up assessments, other criminal justice related outcomes (i.e. arrests, confinement) remain fairly similar over time.
- Rates of clients awaiting trial or the percentage of those on parole/probation are higher after intake into the program.



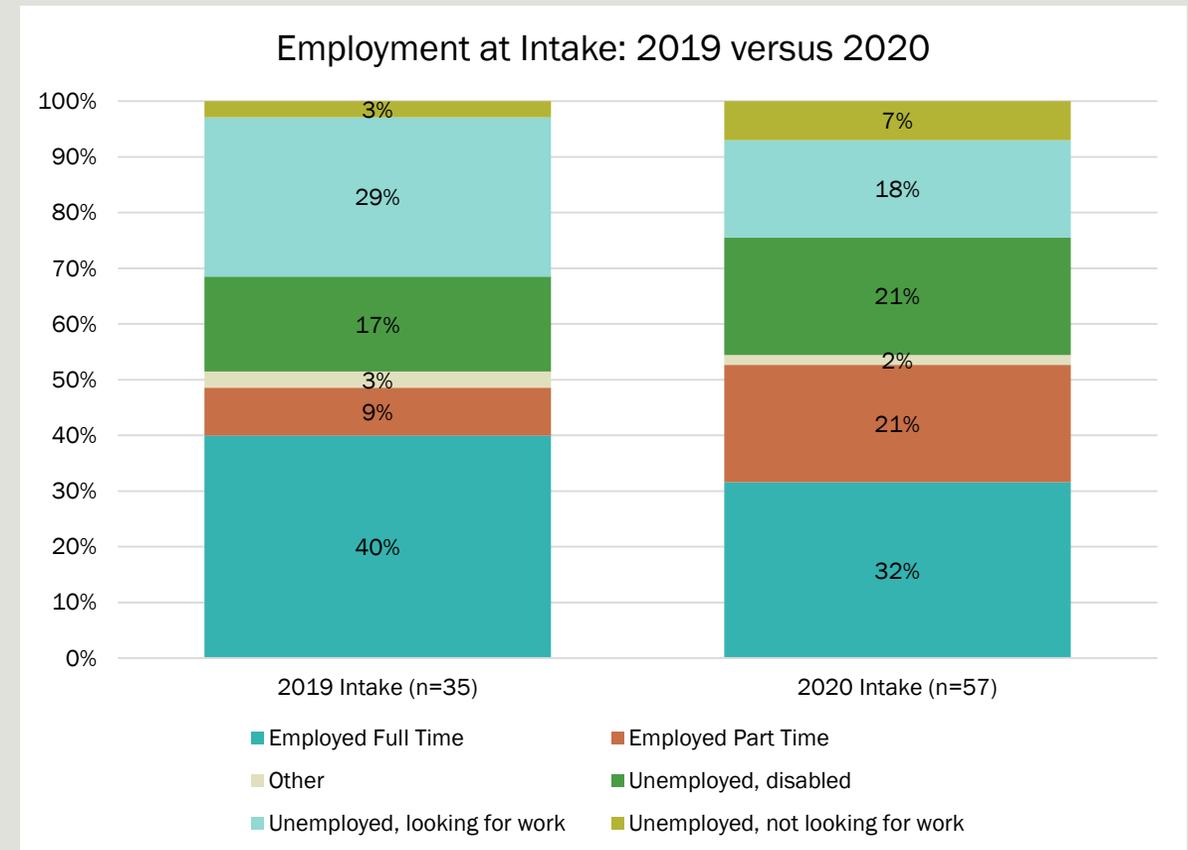
# Crime and Justice-Involved Behavior

- Among clients with a 3 month follow-up, the percent of individuals committing a crime in the 30 days preceding the interview decreased 7% from intake to 3 month follow-up, clients' **mean days of reported criminal behavior fell from 4 to 1.**
- Among the individuals who had both an intake and 3 month follow-up assessment, there were no arrest during the three months following intake.
- NOTE: No changes reached significance at .05 level**



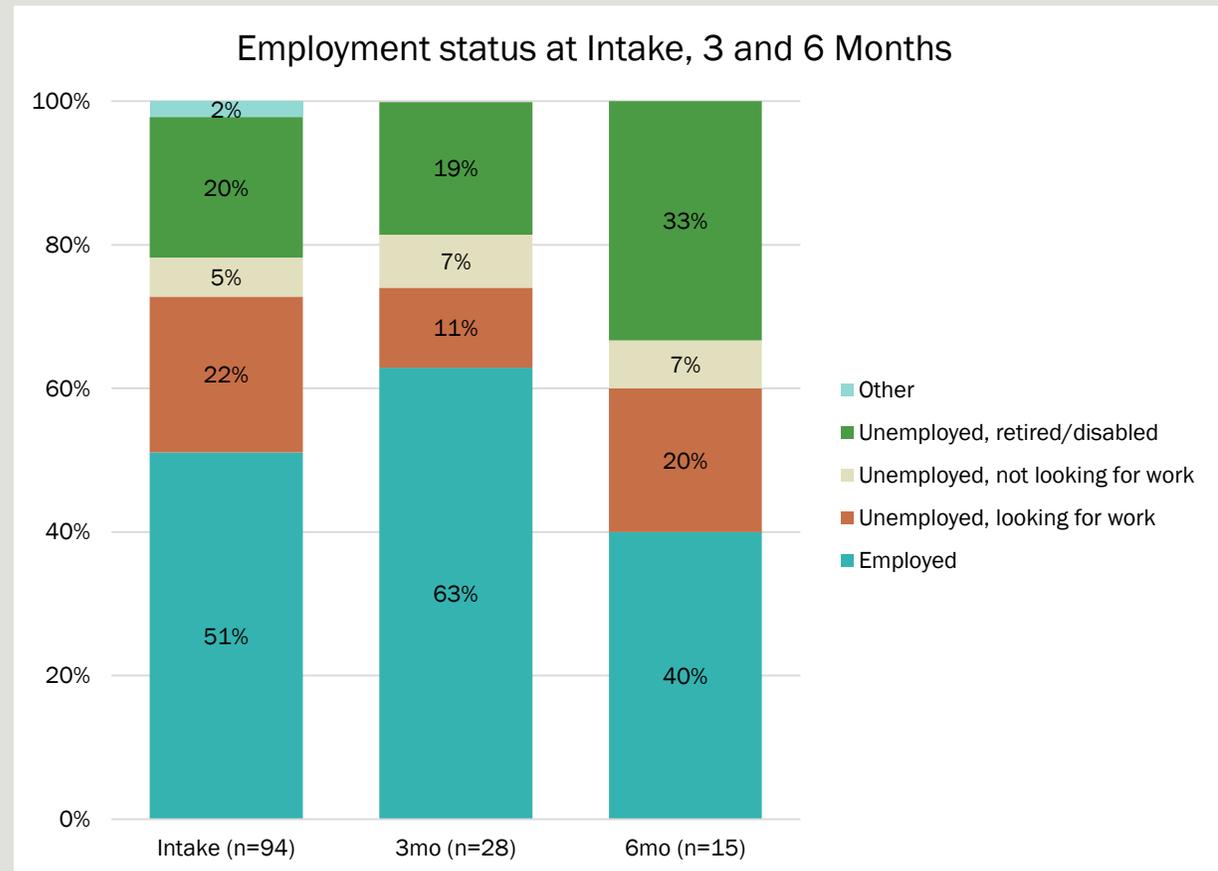
# Employment at Intake

- In 2020, there was a slight decrease in individuals unemployed and looking for work and a corresponding increase in individuals unemployed and not looking for work (not due to retirement or disability) at the time of intake.
- There was also a moderate but insignificant increase in individuals working part-time.



# Employment

- Initial data between intake and 3 month assessments indicates increased employment among clients however, employment decrease by the six month follow-up.
- The increase in unemployment between 3 and 6 month follow-ups which may be driven by the fact that there was an increase in individuals who reported being retired or disabled at six months. In addition, rates of unemployment may have increased due to COVID-19.

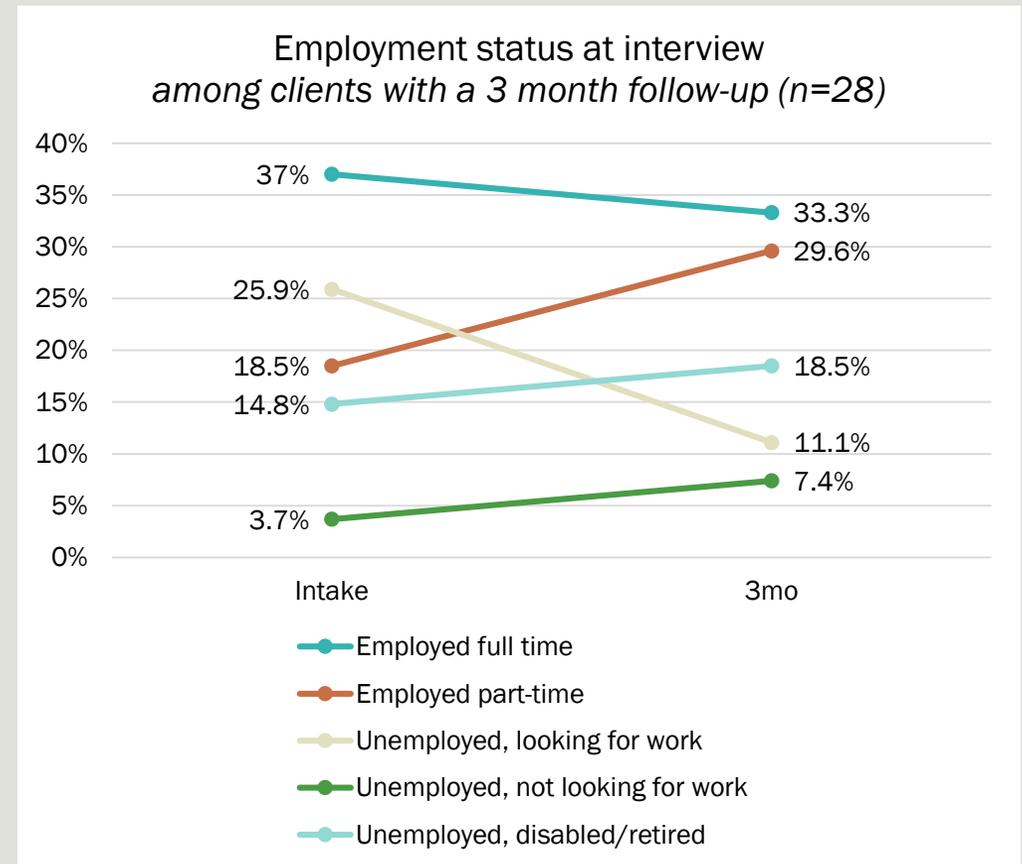


# Employment

Among clients with a 3 month follow-up:

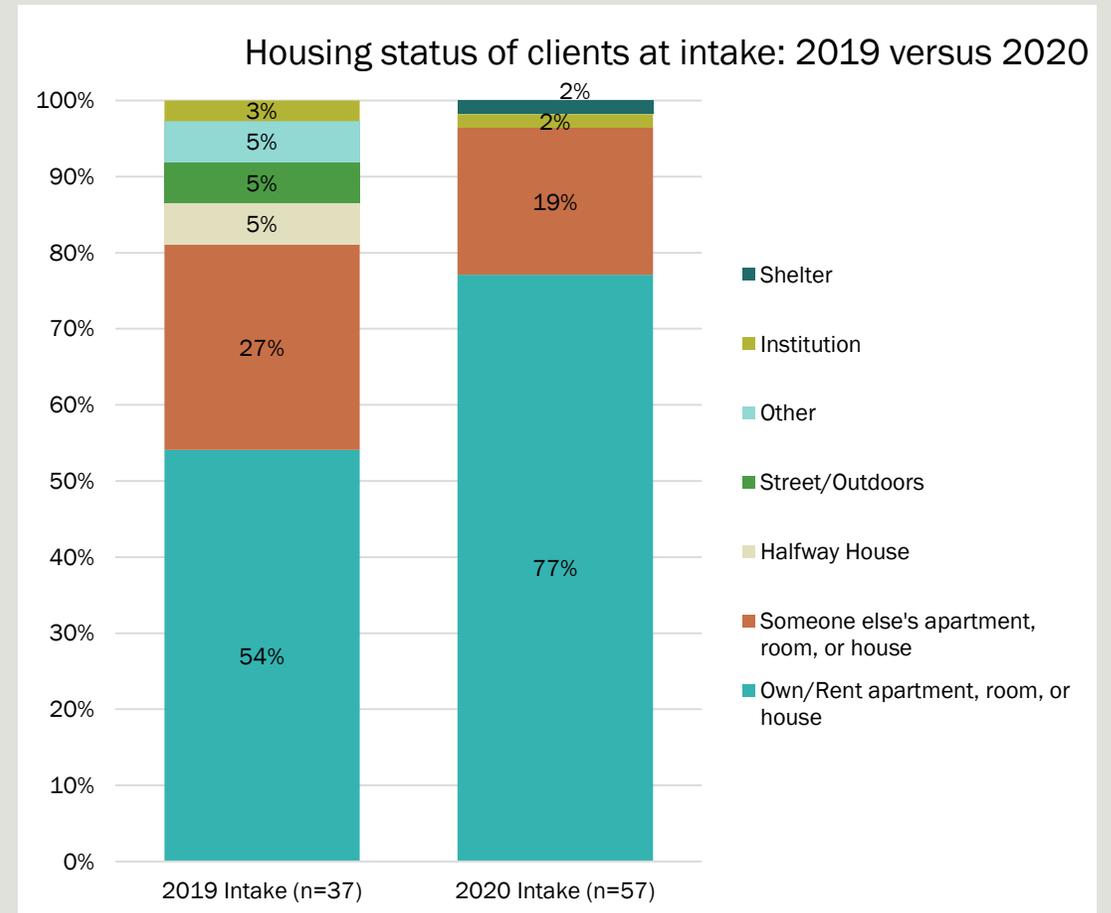
- Percentage of employed individuals remained relatively stable however, there was a moderate increase in clients employed part-time.
- There was also a decrease in the number of unemployed individuals looking for work at three month follow-up which may partially be driven by seasonal employment or COVID-19 related trends in unemployment

NOTE: No changes reached significance at .05 level



# Housing Status at Intake

- Clients with an intake interview in 2020 were significantly more likely to live in apartment, room, or house that they rented or owned, ( $p=.03$ ).
- Only 4% of clients in 2020 did not live in a space that they or someone else rented or owned at intake compared to 18% in 2019; this may be due to COVID-19 related shut downs of shelters and other group housing institutions.

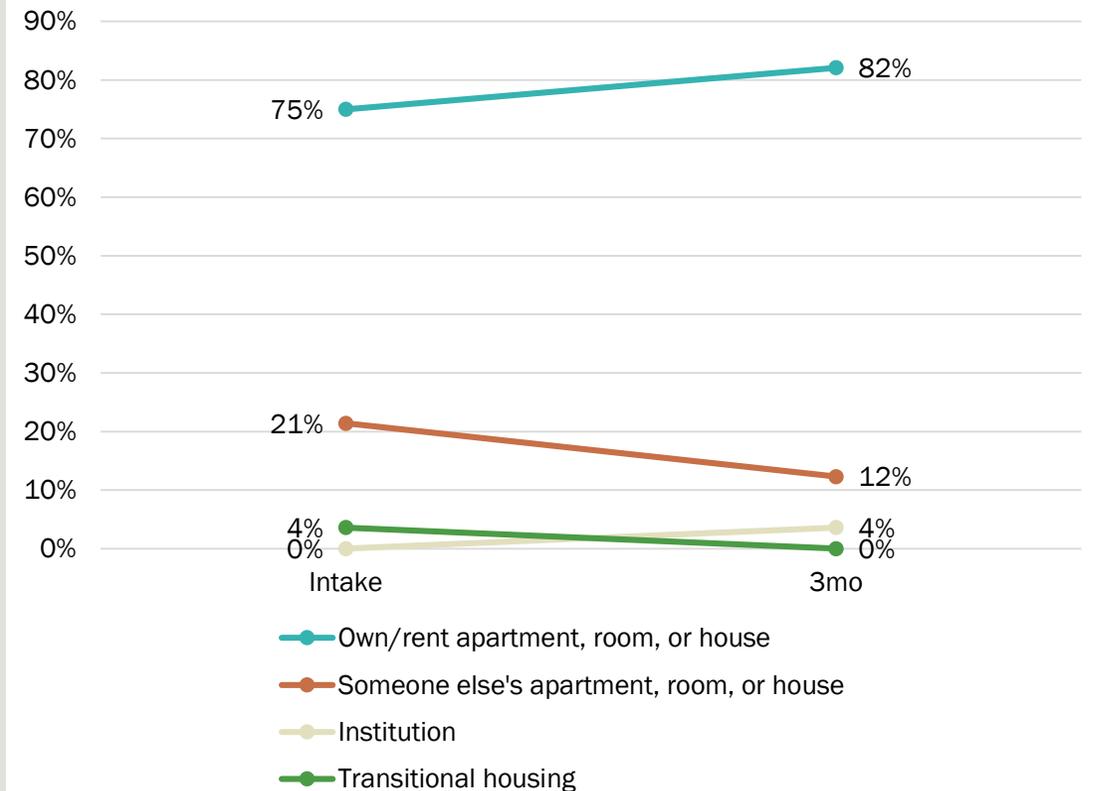


# Housing Status

- Among clients with a 3 month follow-up, percentage of clients who owned or rented their own living space increased and there was a corresponding decrease in clients living in someone else's apartment, room, or house

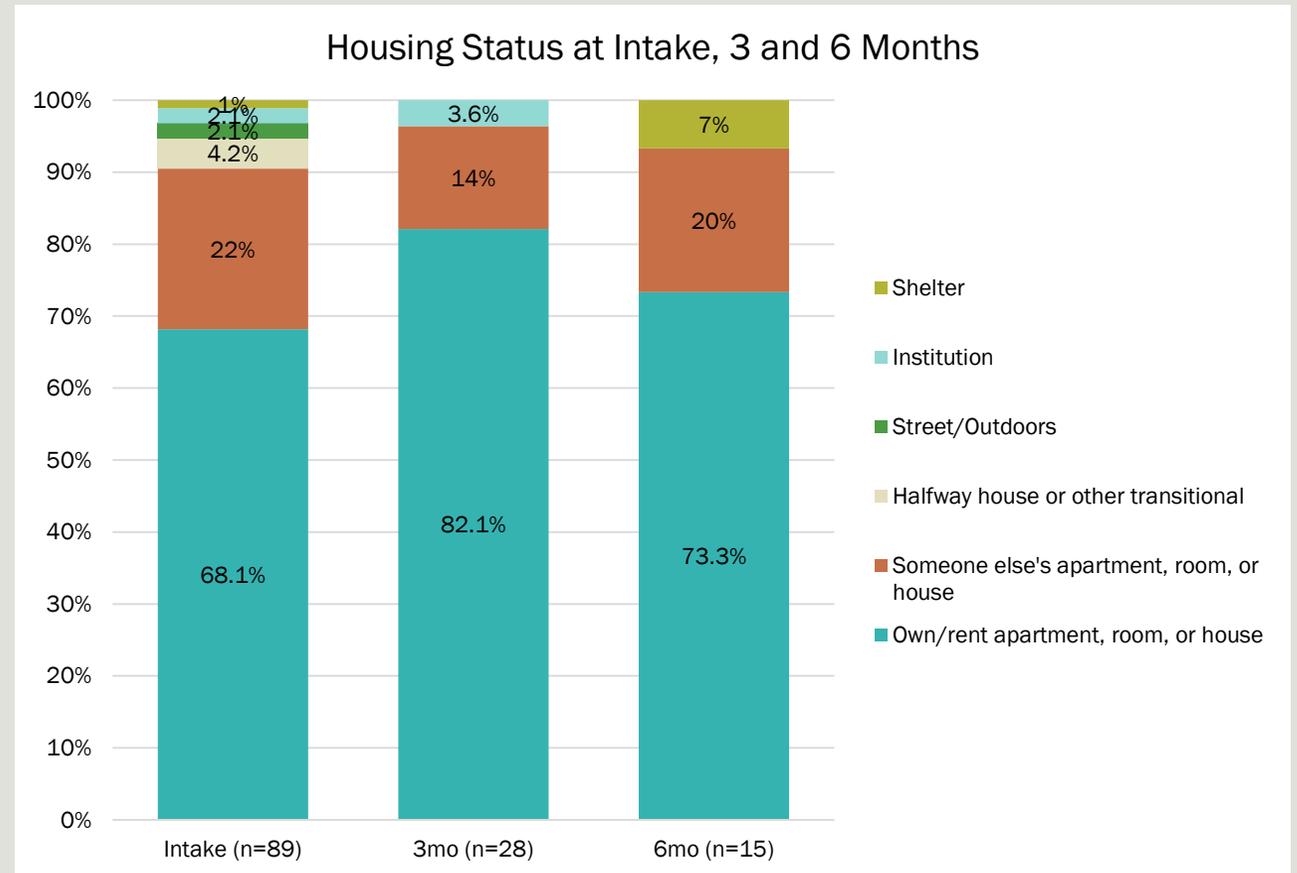
NOTE: No changes reached significance at .05 level

Housing Status  
among clients with 3 month interview (n=28)



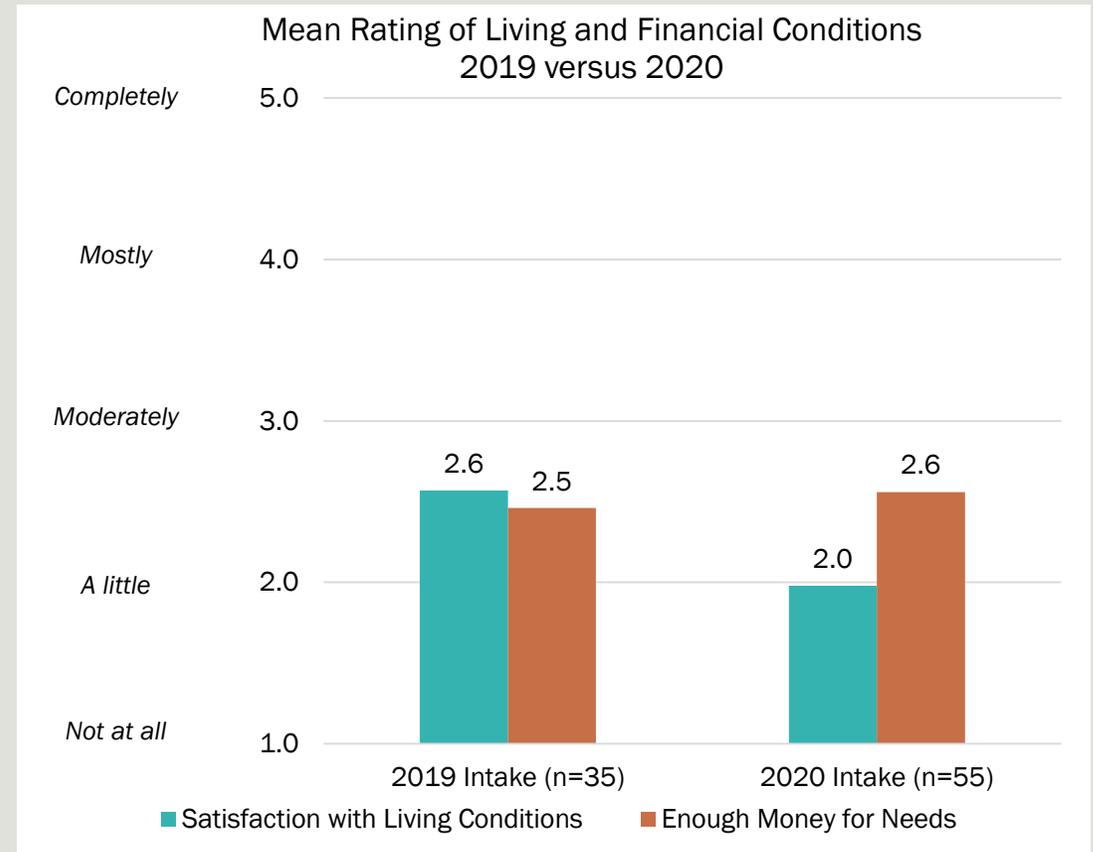
# Housing Status

- Rates of owning or renting a living space increased between intake and month 3 and, although they decrease slightly at 6 months, remain high among clients.



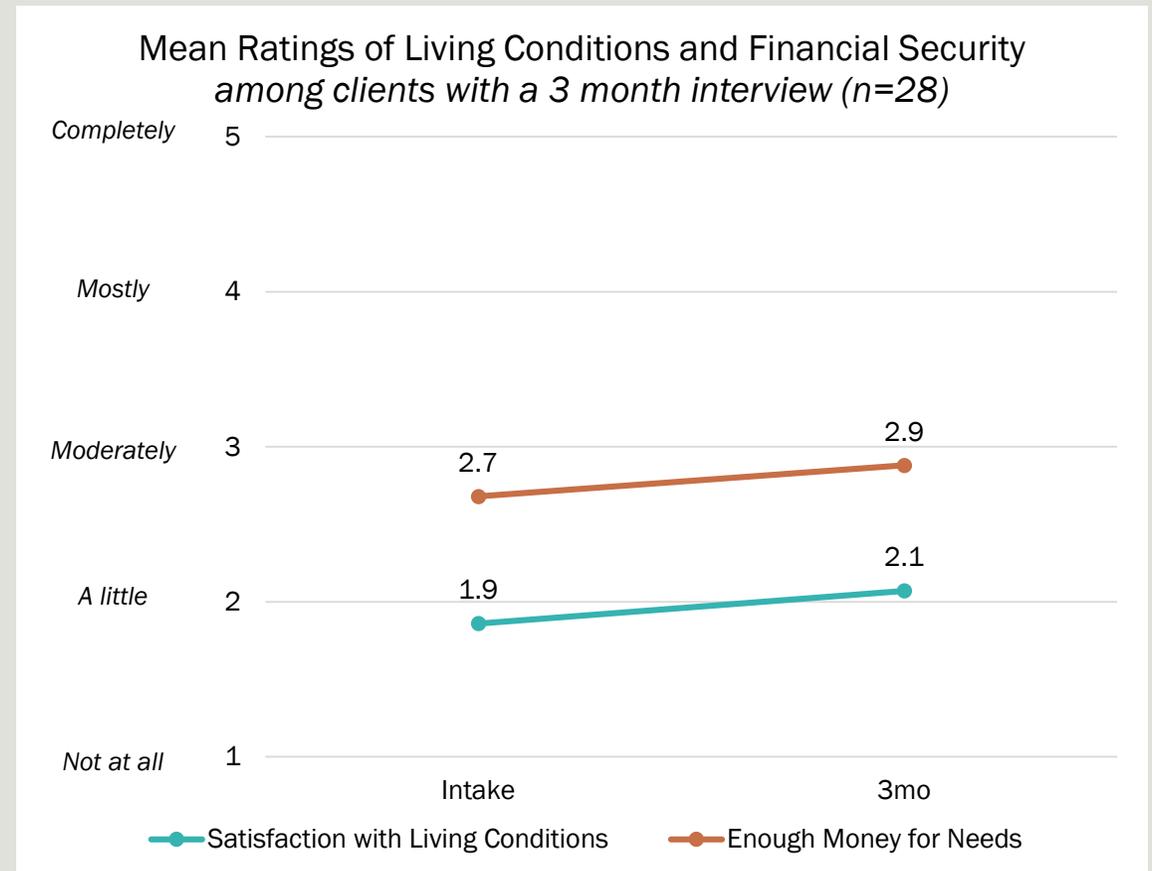
# Ratings of Living Conditions and Finances at Intake

- Mean rating of satisfaction with living conditions was significantly lower among clients with intake in 2020 ( $p=.012$ ) compared to those in 2019, most likely due to the economic impacts of COVID-19.
- In both years, **under a third** of individuals reported that they had “**mostly**” or “**completely**” enough money to meet their needs.



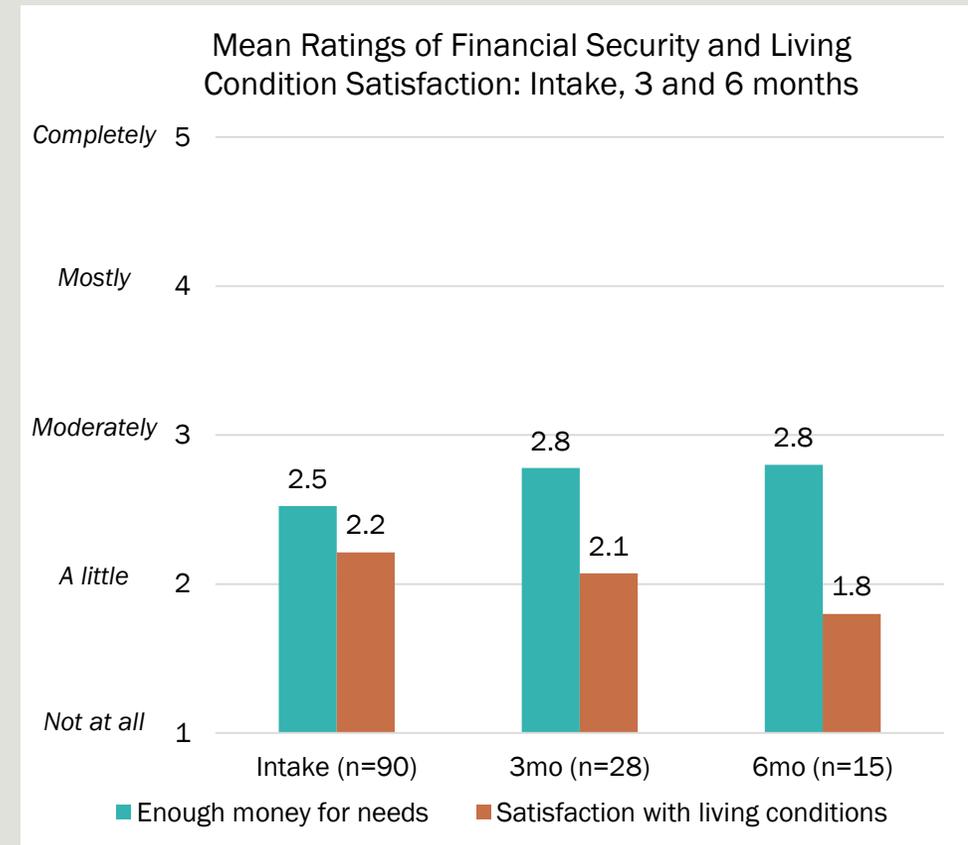
# Ratings of Living Conditions and Finances

- There was a slight increase in both mean ratings of satisfaction with living conditions and having enough money to meet needs between intake and 3 month follow-up.
- Percentage of clients reporting that they were “very dissatisfied” or “dissatisfied” with living conditions **decreased by 11%** at 3 month follow-up.



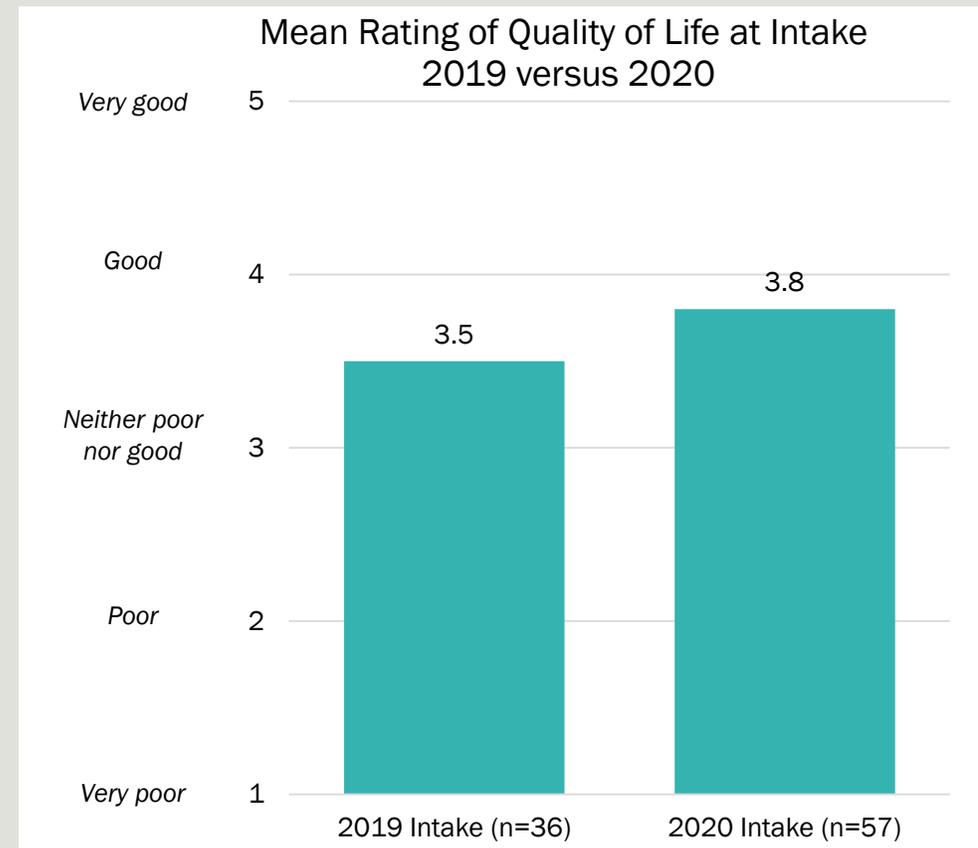
# Ratings of Living Conditions and Finances

- Mean scores on financial stability increased slightly among clients between intake and six months while satisfaction with living conditions decreased overtime.
- Satisfaction with living conditions may be influenced by the lack of safe and affordable housing in the Doweast region which is frequently cited as an issue for clients participating in the program.



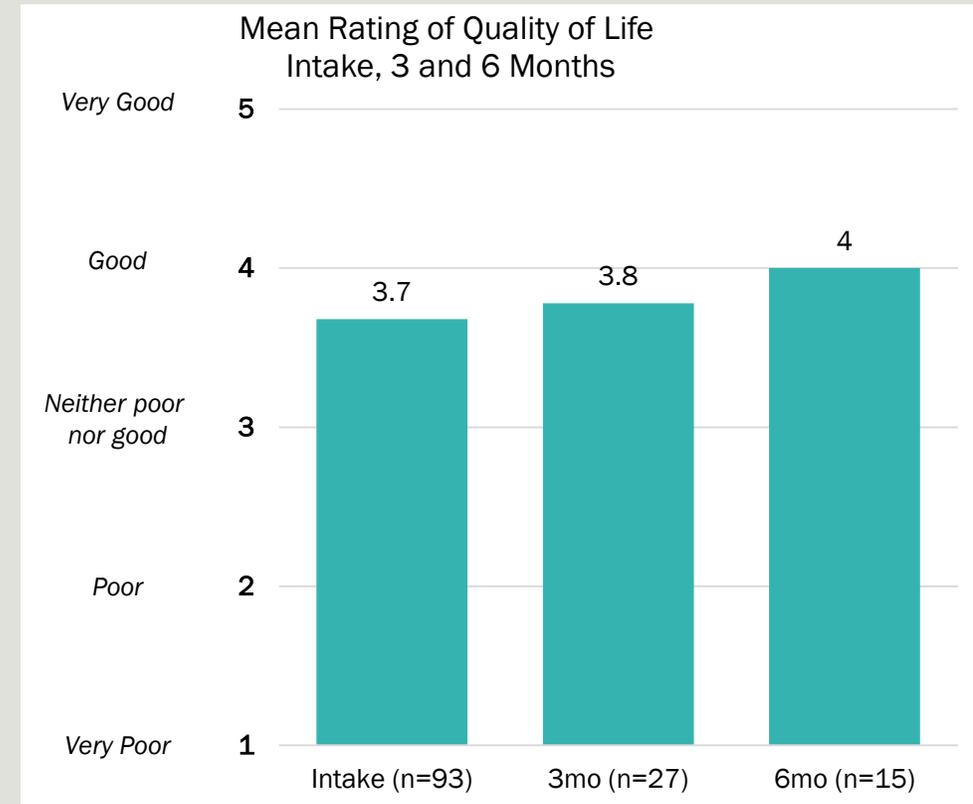
# Ratings of Quality of Life at Intake

- Mean rating of quality of life were slightly higher among clients with intake in 2020.
- Percentage of clients rating their quality of life as “good” or “very good” at intake was **above 65%** in both years.



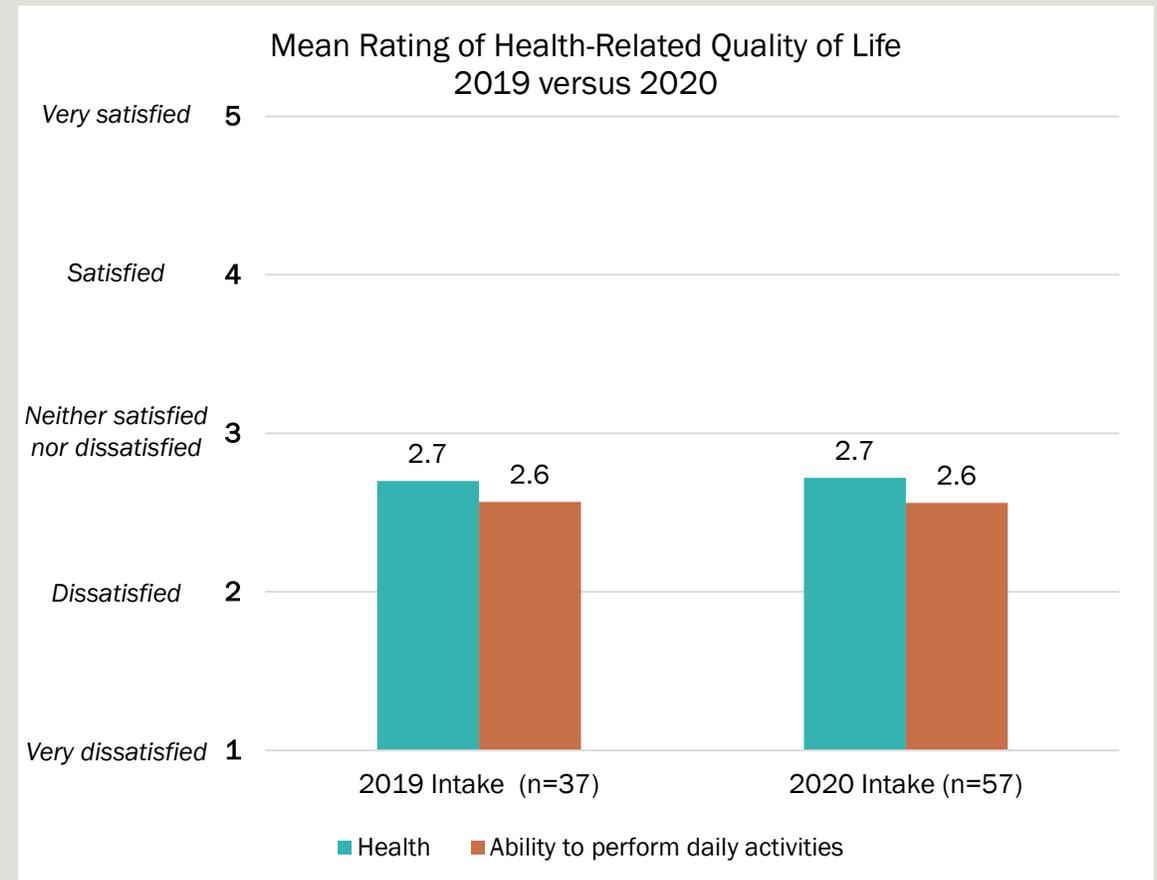
# Ratings of Quality of Life

- Mean ratings of quality of life increased slightly between intake and six month assessments.
- In addition, **77%** of clients reported that their quality of life was “**good**” or “**very good**” during there 3 month assessment.



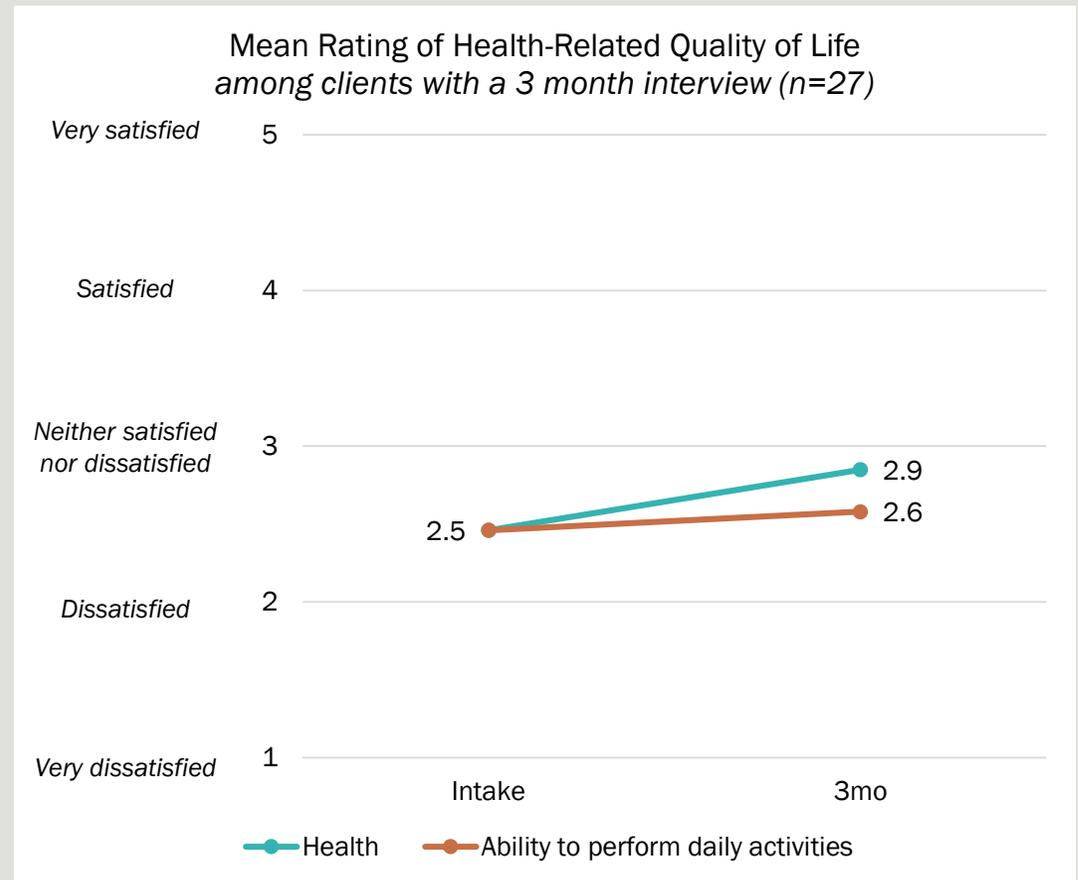
# Health-Related Quality of Life

- Mean ratings of satisfaction in the domains of health and the ability to perform daily activities are consistent between clients with intake in 2019 and clients with intake in 2020.
- In both years, clients most commonly reported being “**dissatisfied**” with their health; 2019 intake (51.4%) versus 2020 intake 2020 (42.1%).



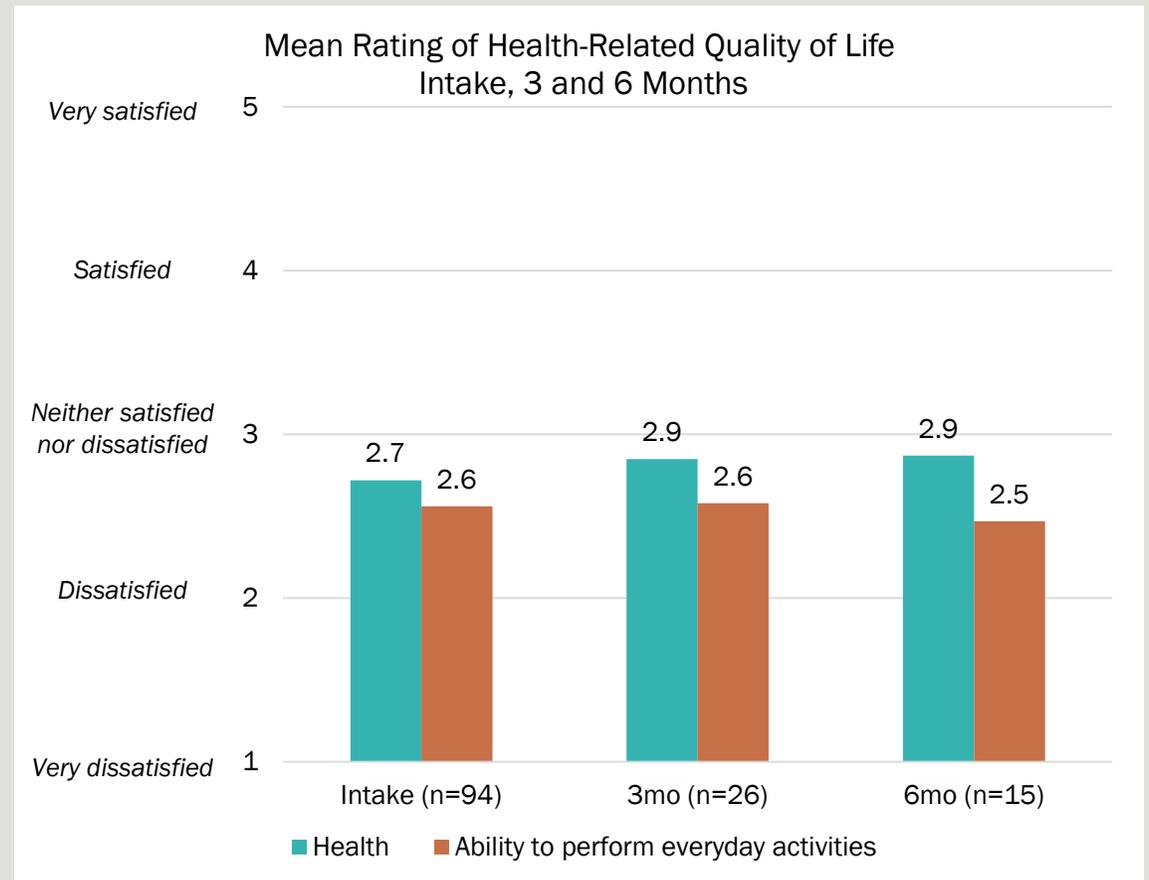
# Health-Related Quality of Life

- Among clients with a three month follow-up, ratings of satisfaction with health and ability to perform daily activities increased in the months after initial engagement in the program.
- At 3 month follow-up, **31%** of clients were at least “**satisfied**” with their health.



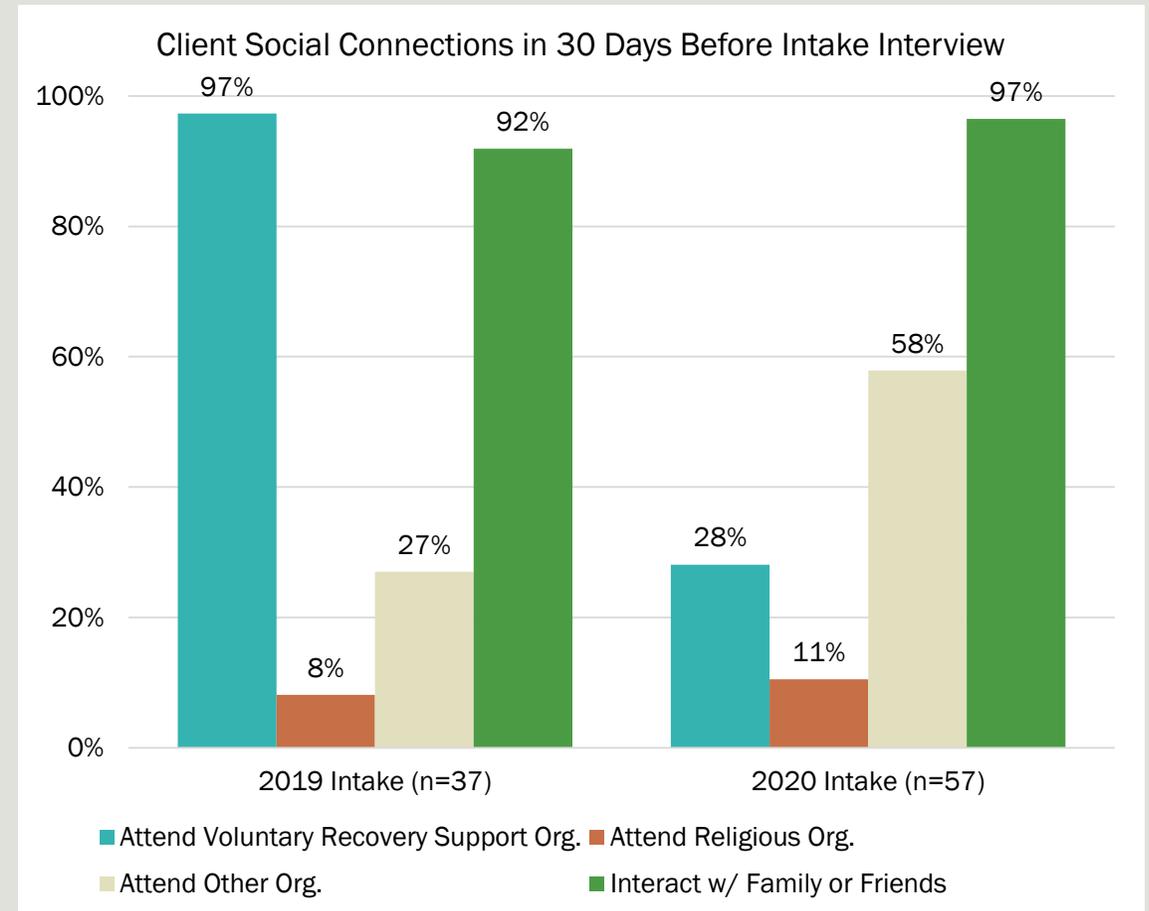
# Health-Related Quality of Life

- Health related quality of life among program participants increased slightly over the course of the program while ability to perform everyday tasks remains consistent overtime.



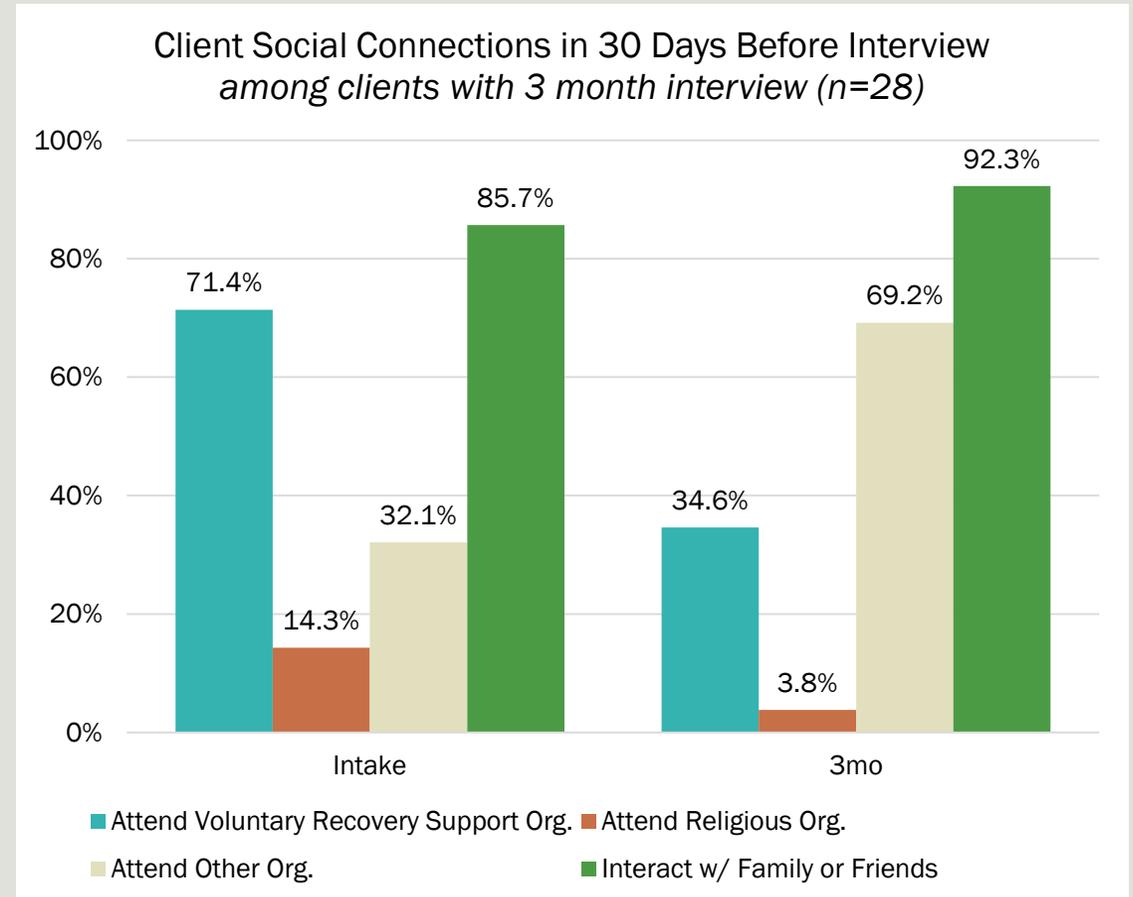
# Social Connectedness

- In 2020, significantly fewer clients had attended voluntary recovery support groups in the 30 days before intake than those in 2019 ( $p \leq .001$ ).
- Significantly more clients in 2020 had attended groups held by other organizations that were not specific to recovery in the 30 days before intake, ( $p = .003$ ).
- The number of **individuals interacting with family or friends** in the 30 days before intake were similarly high, **above 90%**, in 2019 and 2020.
- These trends are most likely driven by shifts in the delivery of recovery supports due to COVID-19.



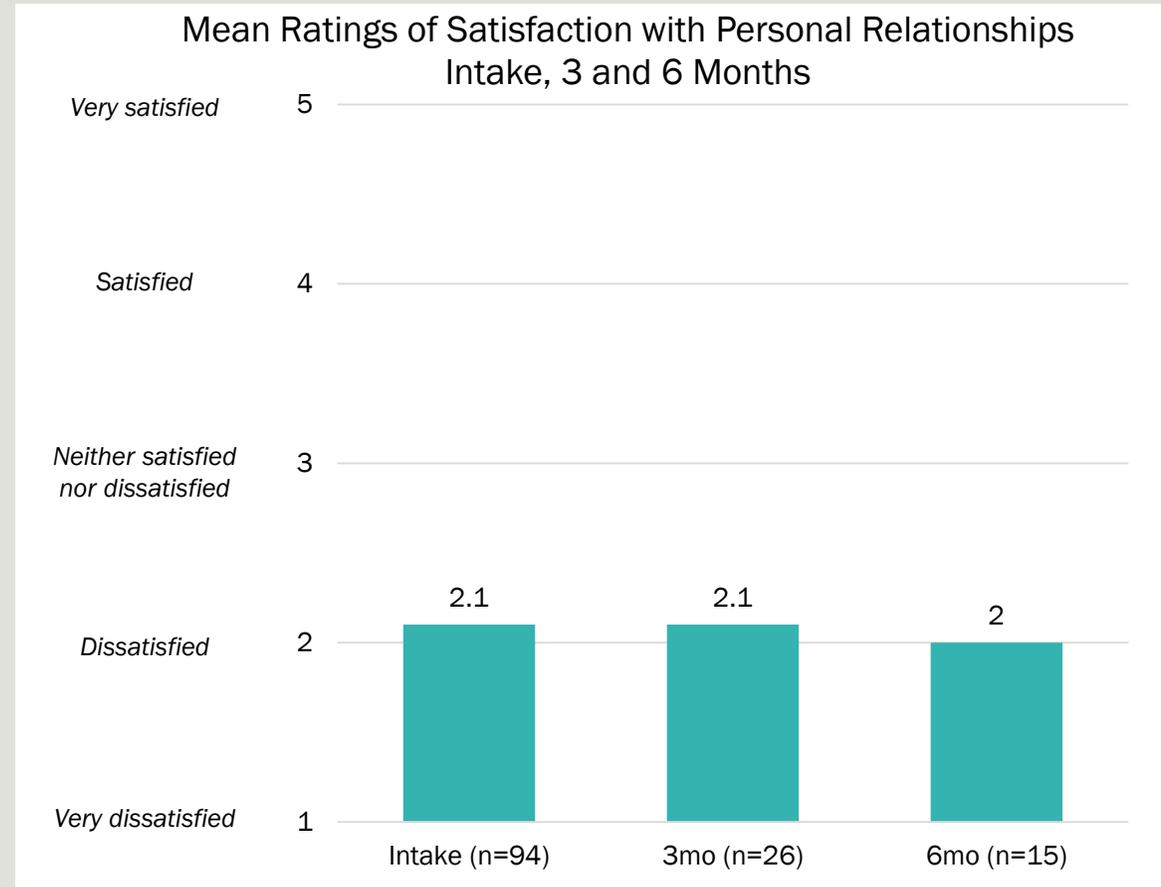
# Social Connectedness

- Findings indicate a significant decrease in clients attended recovery support organizations ( $p=.012$ ), and an increase in individuals attending groups held by other organizations ( $p=.049$ ).
- There was also a slight **increase** in the percentage of clients interacting with family or friends.



# Social Connectedness

- Mean ratings of relationship satisfaction are consistently lower than ratings of quality of life and health-related quality of life, and remain consistent across types of follow-up interview.
- Mean ratings of satisfaction with personal relationships at intake is consistent between clients with intake assessments in 2019 and 2020 with the majority of individuals reporting being dissatisfied with their personal relationships.



# Social Connectedness

- Individuals with both an intake and 3 month follow-up interview reported an **increase** in mean ratings of satisfaction with personal relationships over the course of the program.



# III. Key Findings

---

# Summary of Key Findings

---

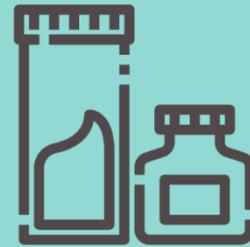
- Ratings of satisfaction with partnership remain largely consistent between 2019 and 2020, and represent partnership strength, resilience, adaptability, and trust in vision, goals and leadership.
- Readiness Academy continues to be a useful initiative for increasing provider competence and expanding capacity to treat SUD among partner providers in 2020. Providers continue to be open to teleECHO-style training to increase their knowledge and confidence in treating clients with SUD in spite of burdensome obstacles presented by the COVID-19 pandemic.
- The partnership should continue outreach to partners to participate in capacity-building initiatives such as Readiness Academy to provide benefit of embedded provider support network and to increase competence in light of new challenges due to COVID-19 pandemic.
- While trending client outcomes overtime remains a challenge due to low follow-up interview rates, findings indicate that program participants substance use, involvement with the criminal justice system decrease over the course of the program. In addition, clients have improved health related quality of life and social connectedness.

# Summary of Key Findings



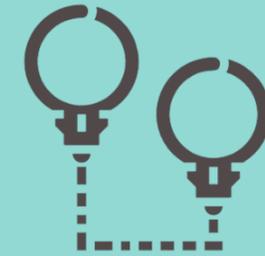
## Substance Use

- 27% of clients at intake in 2020 reported use of any illegal drugs in the 30 days prior to intake, significantly fewer than 44% in 2019.
- Among individuals with 3 month follow-up, there was a decrease in individuals reporting consuming any illegal drugs, 5 or more drinks of alcohol, and drugs and alcohol in combination.



## Drug Use

- Rates of marijuana use are consistent across intake and follow-ups interviews.
- Among individuals with 3 month follow-up interview, use of all drugs with the exception of methamphetamines and marijuana decreased



## Crime and Justice System

- In 2020, clients at intake were slightly less likely to report committing a crime, but significantly less likely to report arrest (14%) in the 30 days before intake than in 2019 (2%).
- Among clients with 3 month follow-up interview, there was an increase in clients awaiting trial and on parole/probation at follow-up, but fewer clients reported committing a crime in the 30 days prior.

# Summary of Key Findings



## Employment

- There were more clients at intake in 2020 working part time (21%), and fewer who were unemployed but looking for work (17.5%) than in 2019.
- Among clients with a 3 month follow-up, 63% of clients were employed at follow-up compared to 56% at intake.



## Housing

- 77% Clients at intake in 2020 lived in apartment, room, or house that they rented or owned, a significant increase from 54% in 2019.
- Among clients with a 3 month follow-up, percentage of clients who owned or rented their own living space (82%) increased from intake (75%).



## Living Conditions and Finances

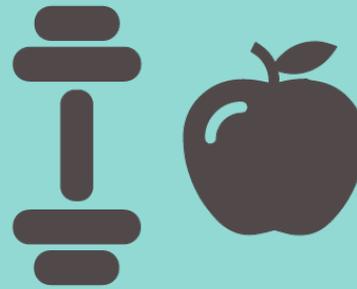
- Mean rating of satisfaction with living conditions was significantly lower among clients with intake in 2020 than in 2019.
- Under a third of clients at intake in both years reported they had mostly or completely enough money to meet their needs

# Summary of Key Findings



## Overall Quality of Life

- Percentage of clients rating their quality of life as “good” or “very good” at intake was above 65% in both years although mean ratings of quality of life are slightly higher at follow-up interviews.
- There was a slight decrease in mean rating of quality of life among individuals with a 3 month follow-up interview.



## Health-Related Quality of Life

- While rates of health related quality of life remain low among clients; rates of satisfaction among individuals with a 3 month follow-up, increased from 2.5 at intake to 2.9 at follow-up on a 1-5 scale.



## Social Connectedness

- In 2020, 28% of clients had attended recovery support organizations in 30 days prior to intake, a significant decrease from 97% in 2019.
- Mean ratings of satisfaction with personal relationships are consistently low across interview types, but individuals with a 3 month follow-up interview saw an increase from 1.8 at intake to 2.1 at follow-up.