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Greater Portland Health Medication Assisted Treatment: Prescription Drug and Opioid Addiction Expansion Project: Biannual Summary

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GREATER PORTLAND HEALTH
CARING FOR THE WHOLE COMMUNITY

CUTLER INSTITUTE
MUSKIE SCHOOL OF PUBLIC SERVICE

Greater Portland Health

SAMHSA MAT EXPANSION GRANT

YEAR ONE: SIX MONTH SUMMARY OF PROGRAM PARTICIPANTS

I. Overview

SUMMARY OF METHODOLOGY

GPRA Data Collection Methodology

- **Data Collection:** Clients receiving care through SAMHSA grant funding are contacted by program staff to complete a series of interviews using GPRA protocol.

- **Data Synthesis:** Data is entered into the SPARS online system after interview completion by Greater Portland Health (GPH) staff.

- **Limitations: C**hallenges for program staff conducting the GPRA stem from innately working with and tracking individuals with SUD (time constraints, lack of contact/missing appointments, refusal to answer questions) served by the Greater Portland Health. Therefore, data may not capture all individuals served by the program to date.

Data Analysis

- Interviews from March 2022 were analyzed by Cutler Staff using SAS statistical software.
- Data was analyzed and visualized.
- Missing data, including refused answers, are not shown in percentage totals.
- Limitation: Given the small sample sizes, analysis and statistical testing is confined to descriptive statistics. 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.

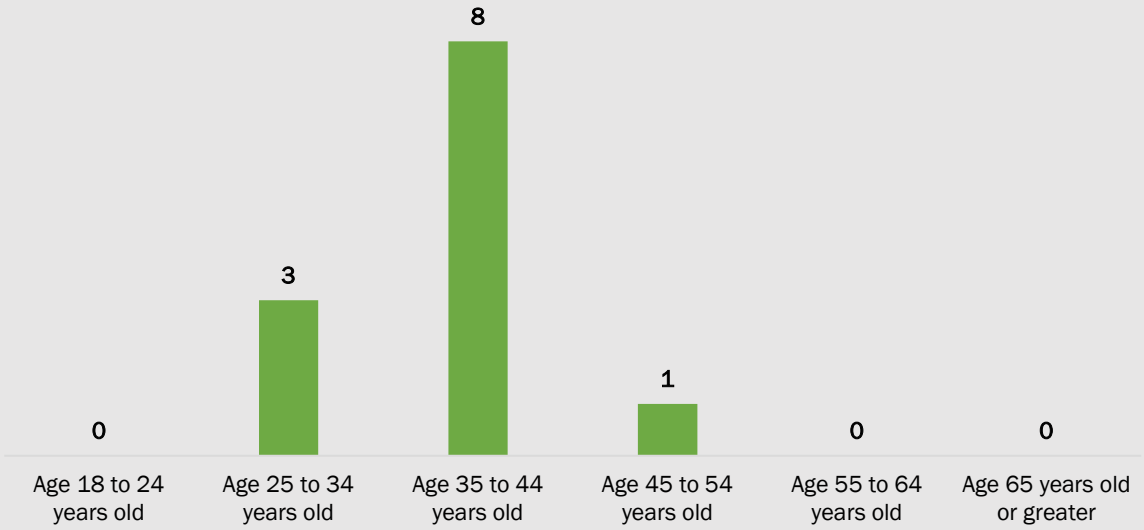
II. Findings

SUMMARY OF PROGRAM PARTICIPANT GPRA INTAKE DATA

Demographics

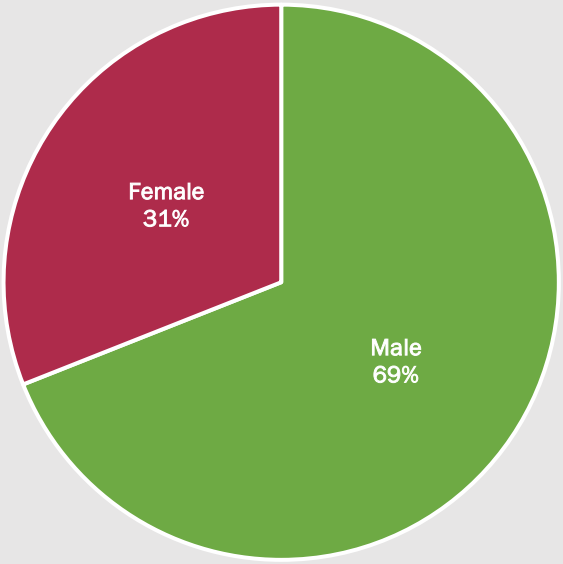
- **13 clients** completed an intake interview in 2022
- Mean client age at intake was **35 years**
- **The majority (92%) of clients were white; all clients were non-Hispanic**

Client Age



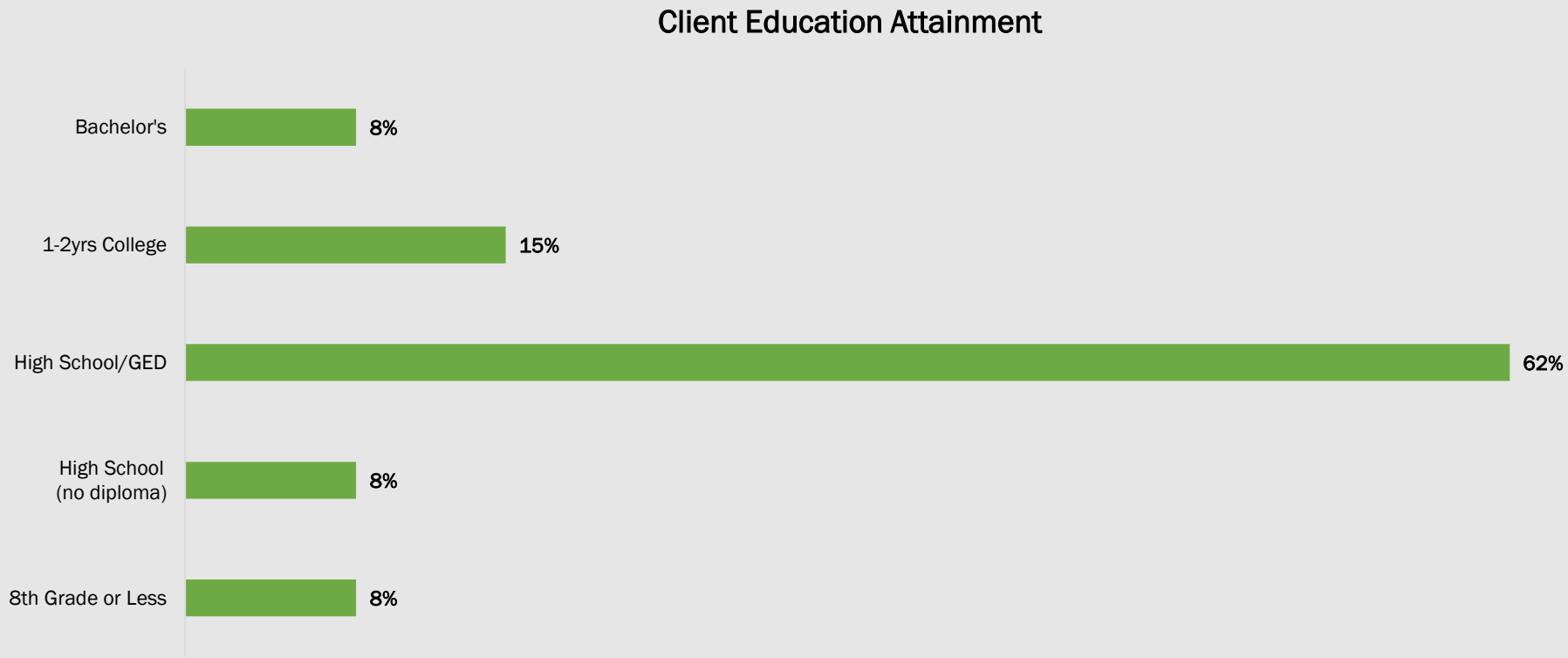
1 clients missing age data

Client Gender



Demographics

Most of the clients had a high school diploma or GED at the time of intake

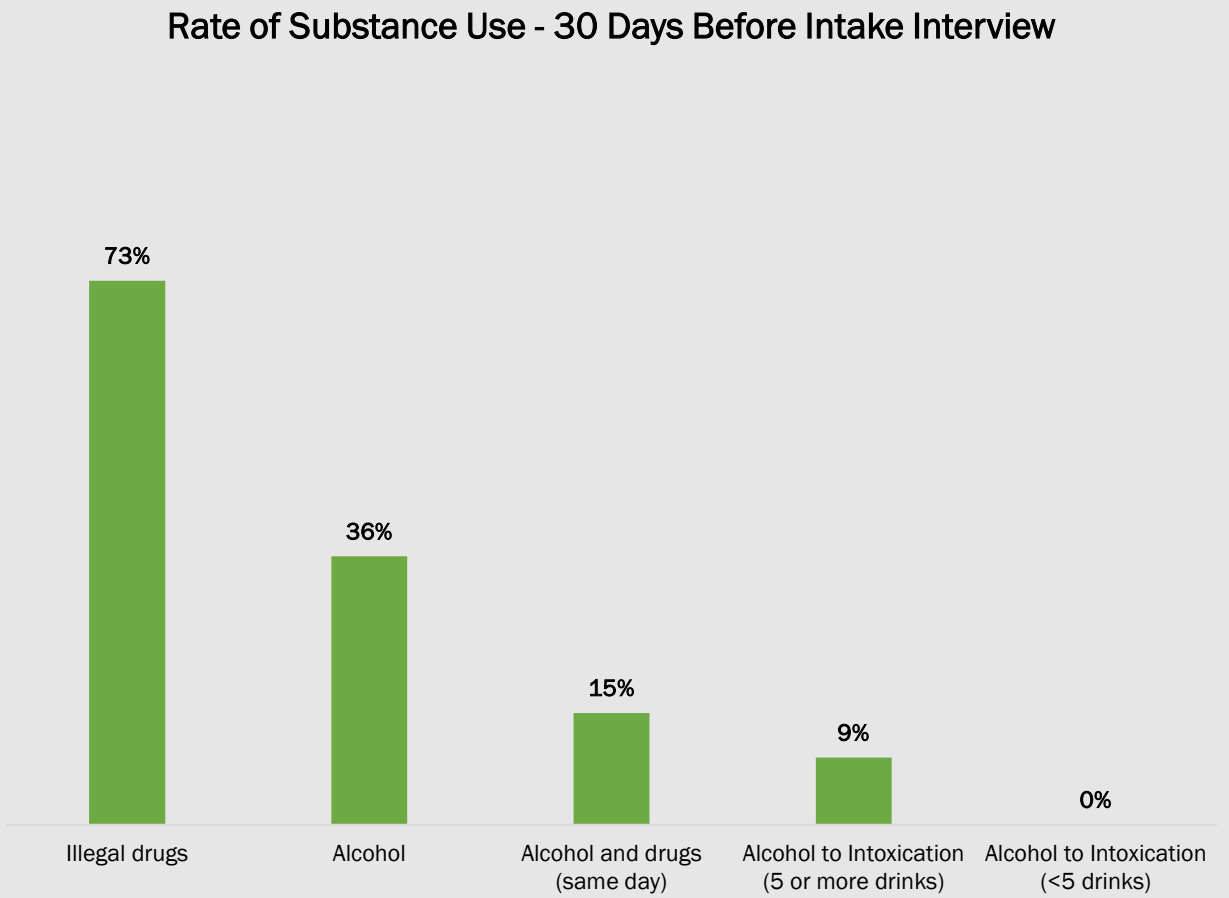


*Percent values are rounded therefore the total may be less or exceed 100%

Substance Use

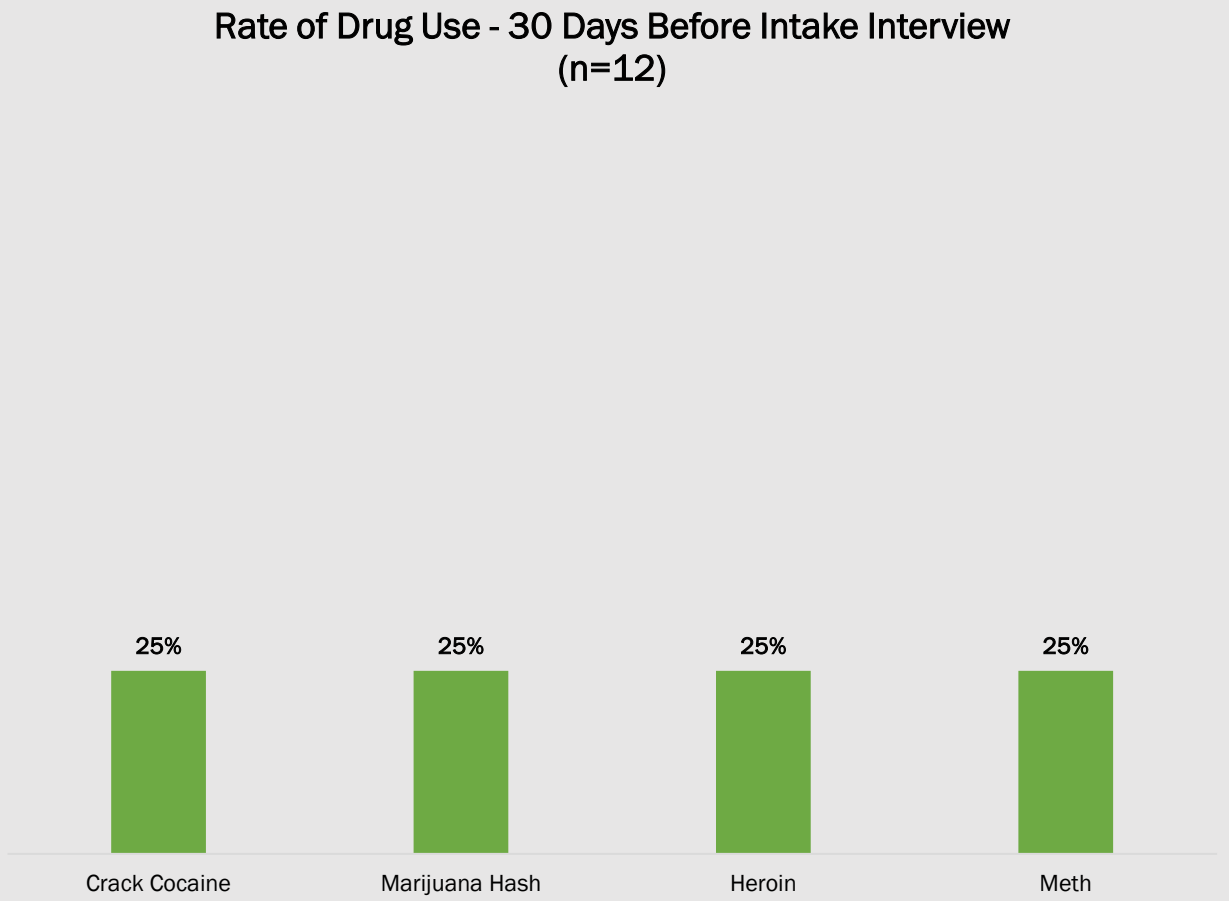
In the 30 days prior to intake:

- 73% of clients reported using illegal drugs; and
- 36% reported alcohol use.



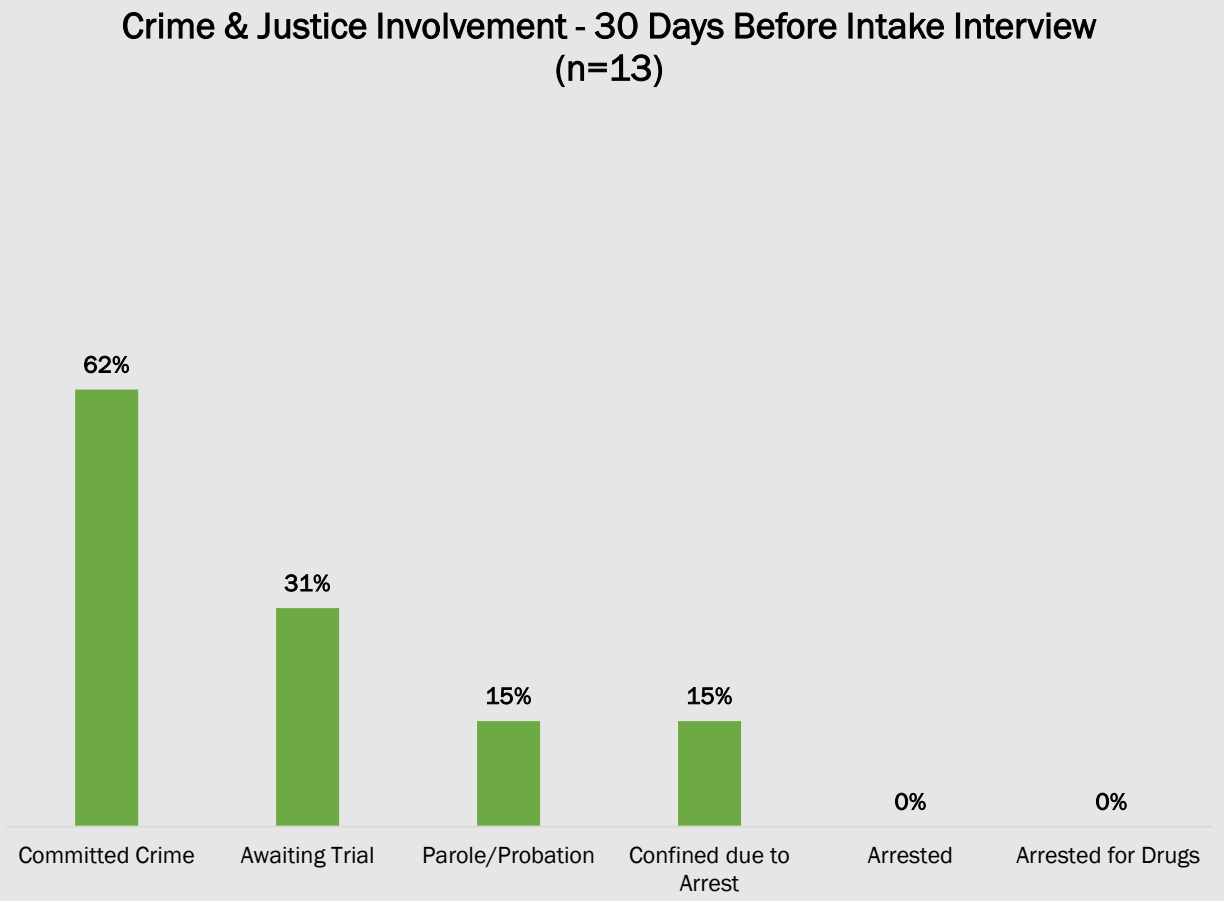
Drug Use

- In the 30 days prior to intak, 25% of clients reported using heroin.
- However, there were no reports of use of other opiates (i.e. morphine, codeine, oxycodine, diluadid, demerol, percocet, davon, tylenol), non-prescribed methadone, hallucinogenic psychedelics, meth, benzodiazepines, barbituates, non-prescribed Ketamine, other tranquilizers, inhalants, and other illegal drugs.



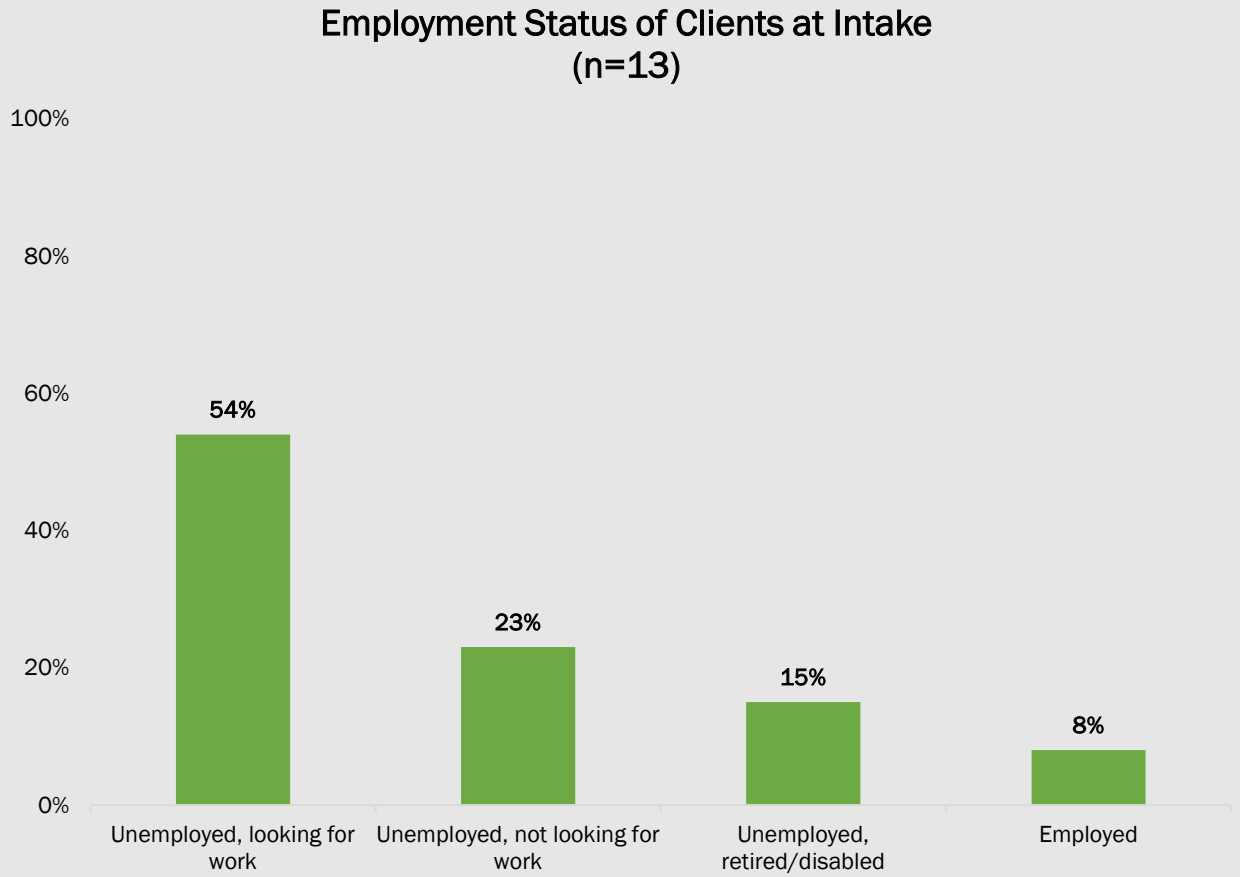
Crime and Justice-Involved Behavior

Thirty days prior to intake, 62% of clients reported that they had committed a crime.



Employment

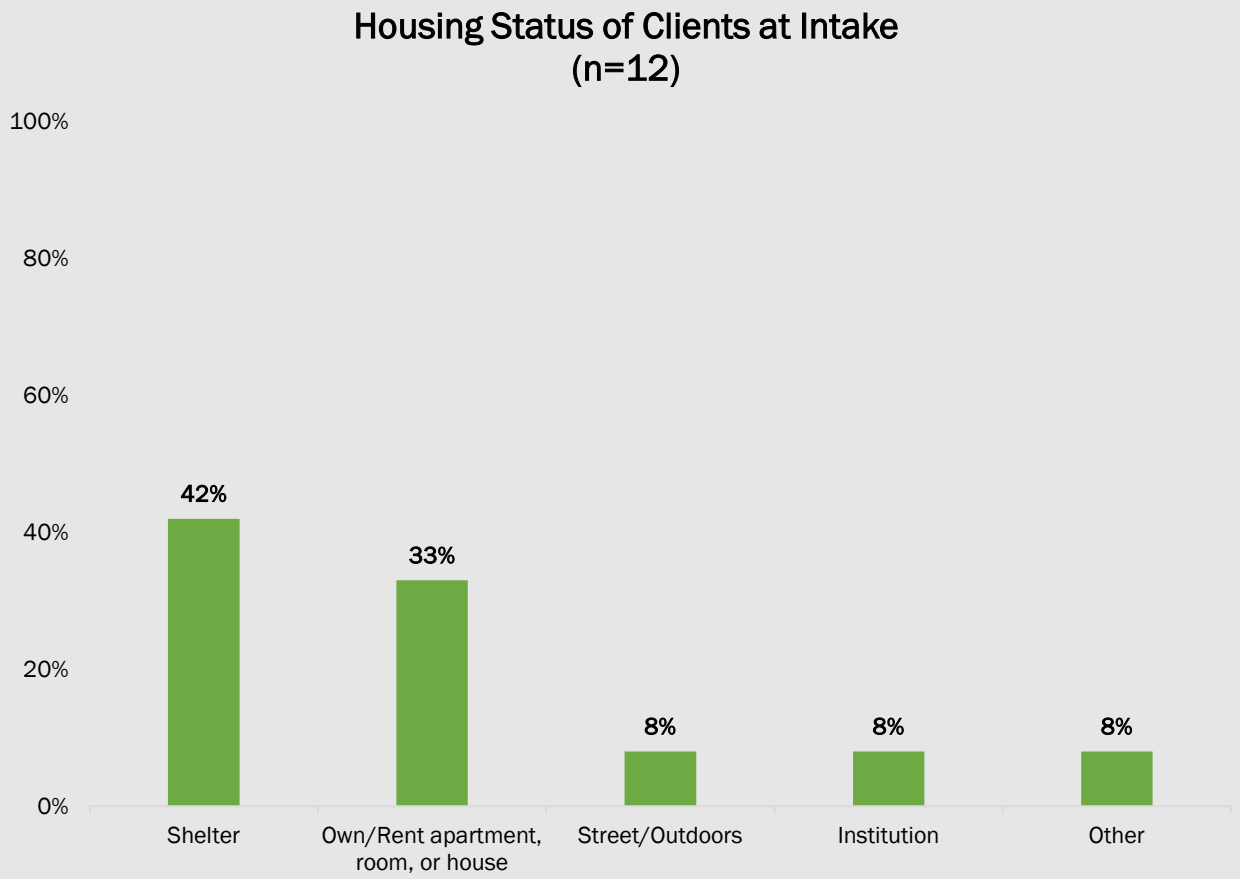
- Clients were most likely to be unemployed but looking for work (54%).
- Twenty-three percent of clients are either employed or unemployed due to retirement or disability.
- Fifteen percent of clients were unemployed due to retirement or disability and 8% of clients were employed.



*Percent values are rounded therefore the total may be less or exceed 100%

Housing

Many clients resided at a shelter (42%), but 33% of clients owned/rented an apartment, room, or house.



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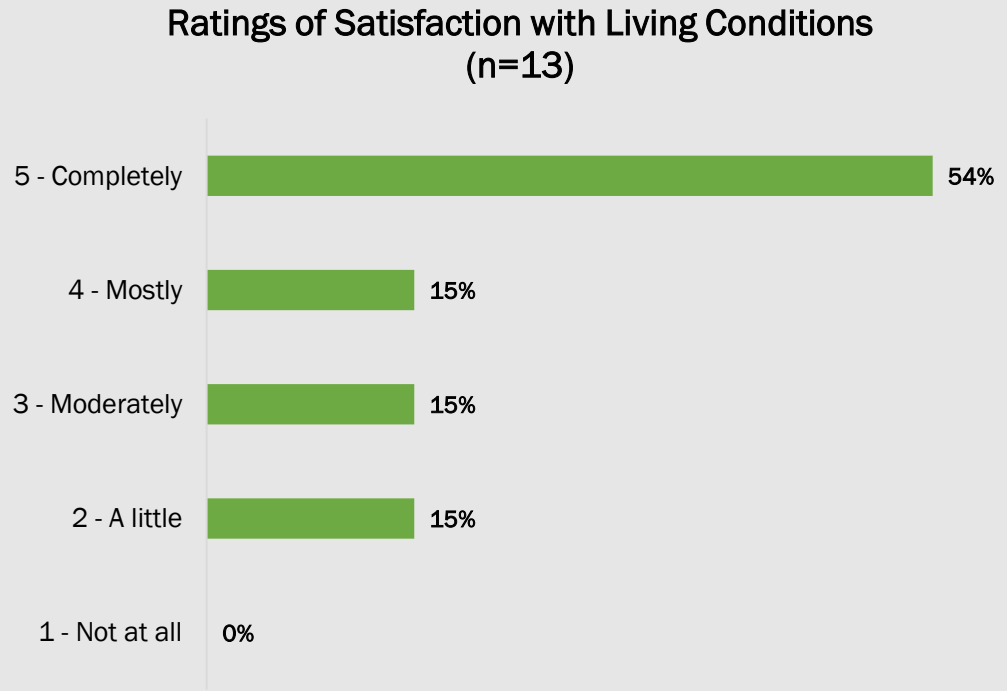
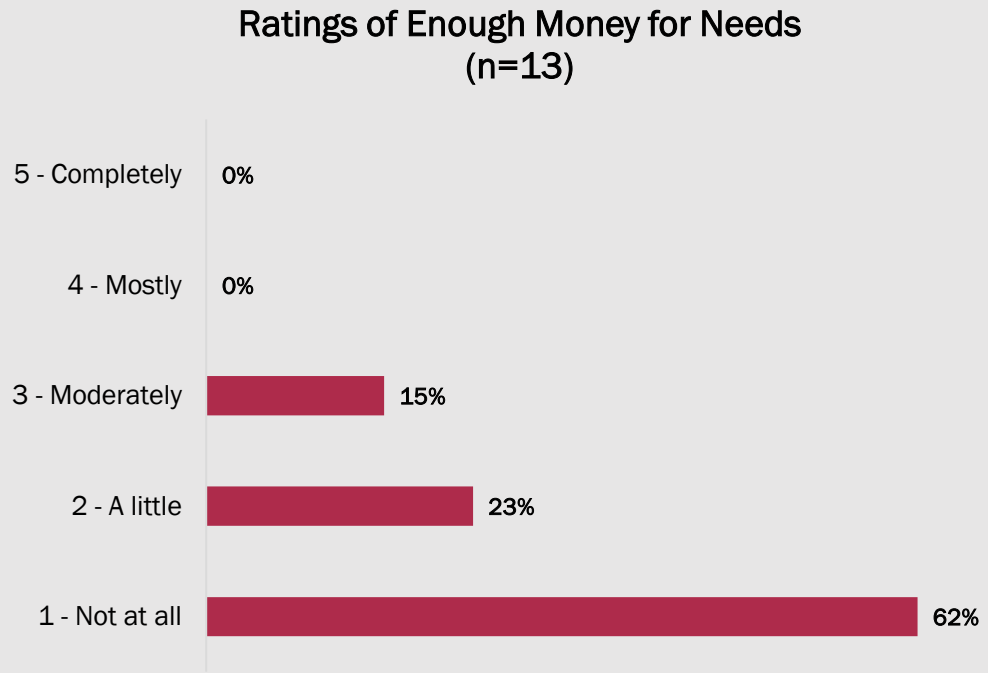
Ratings of Living Conditions and Finances

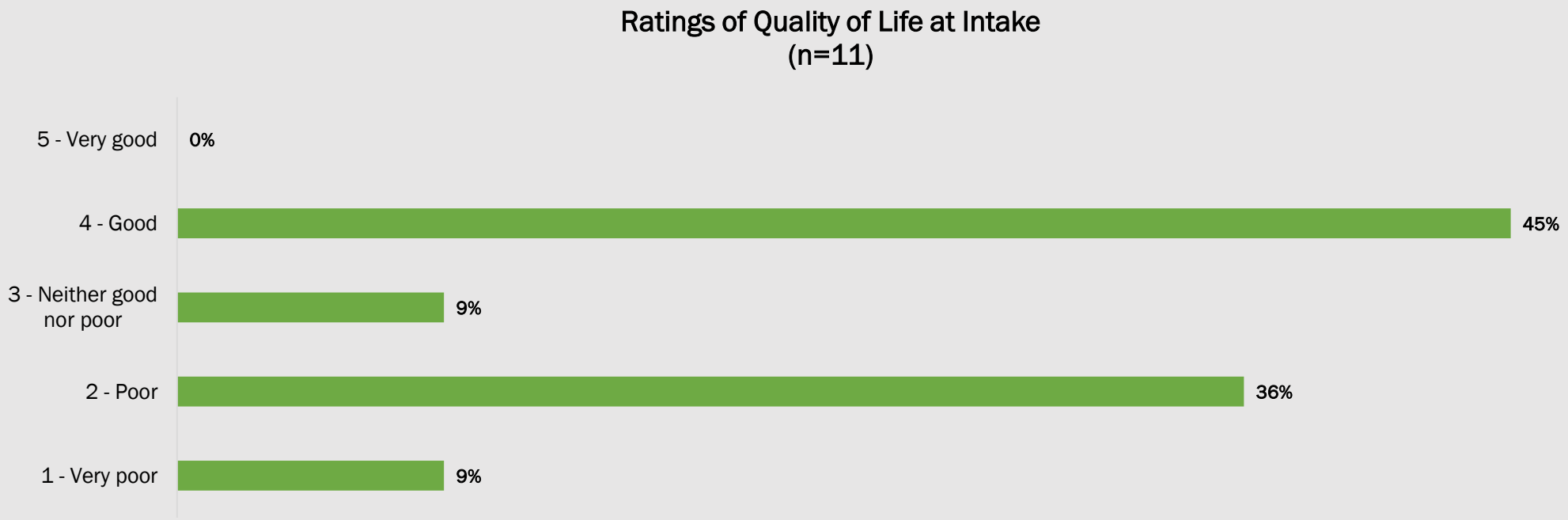
Clients indicated that they were mostly satisfied with their living conditions (average rating 4.1) but did not have or had minimal money to meet basic needs (average rating 1.5)





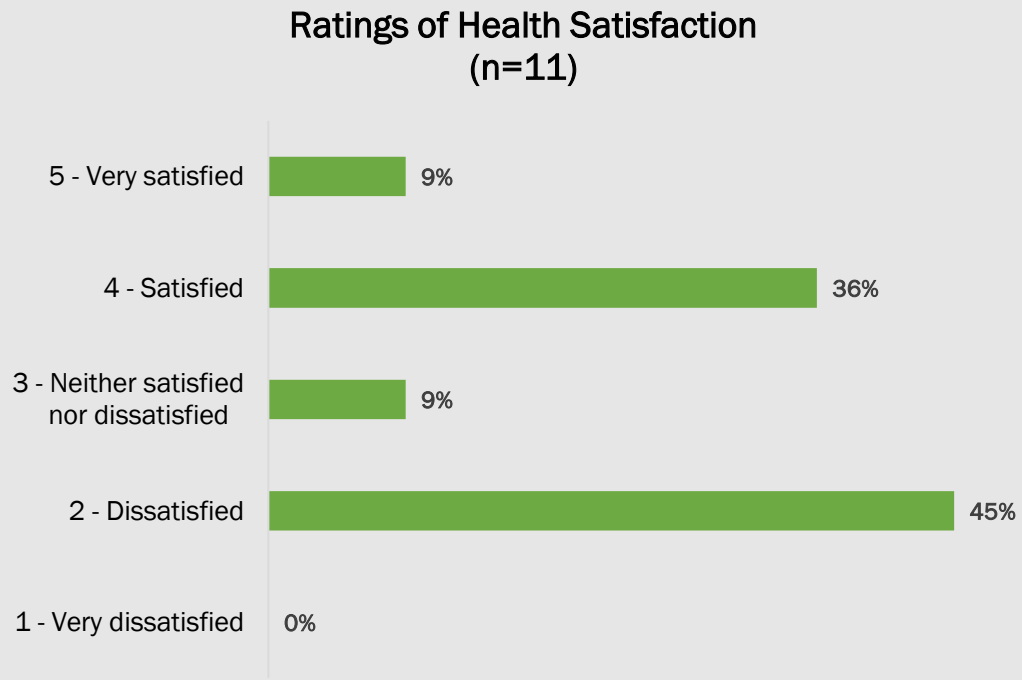
Ratings of Quality of Life

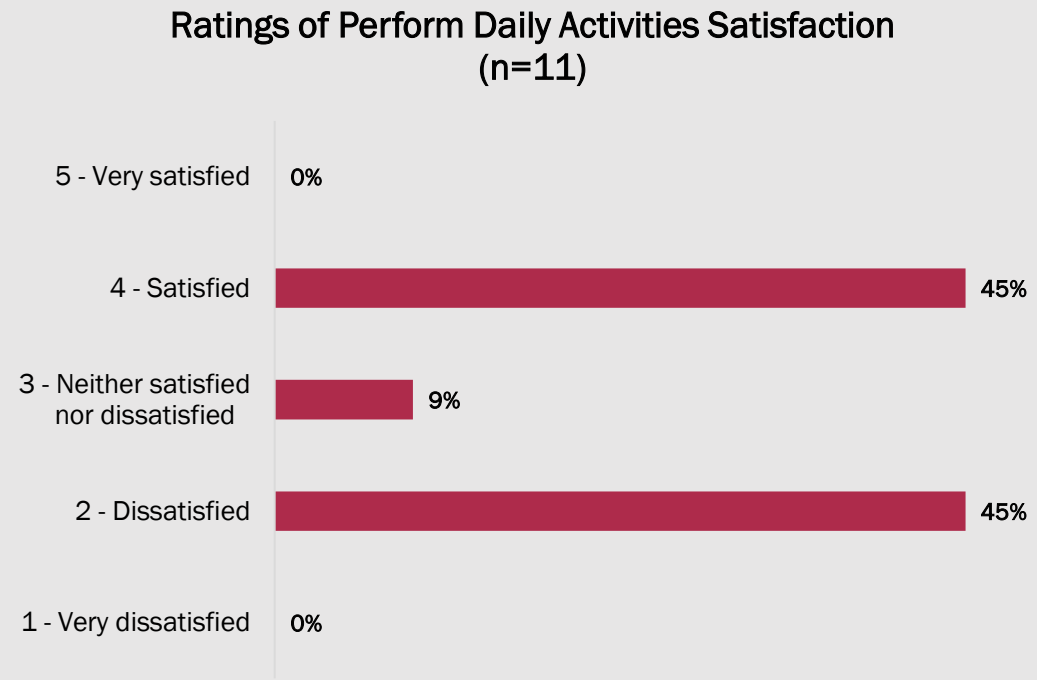
Clients indicated that they were neither satisfied nor dissatisfied with their quality of life with an average rating of 2.9 out of 5.



Ratings of Health-Related Quality of Life

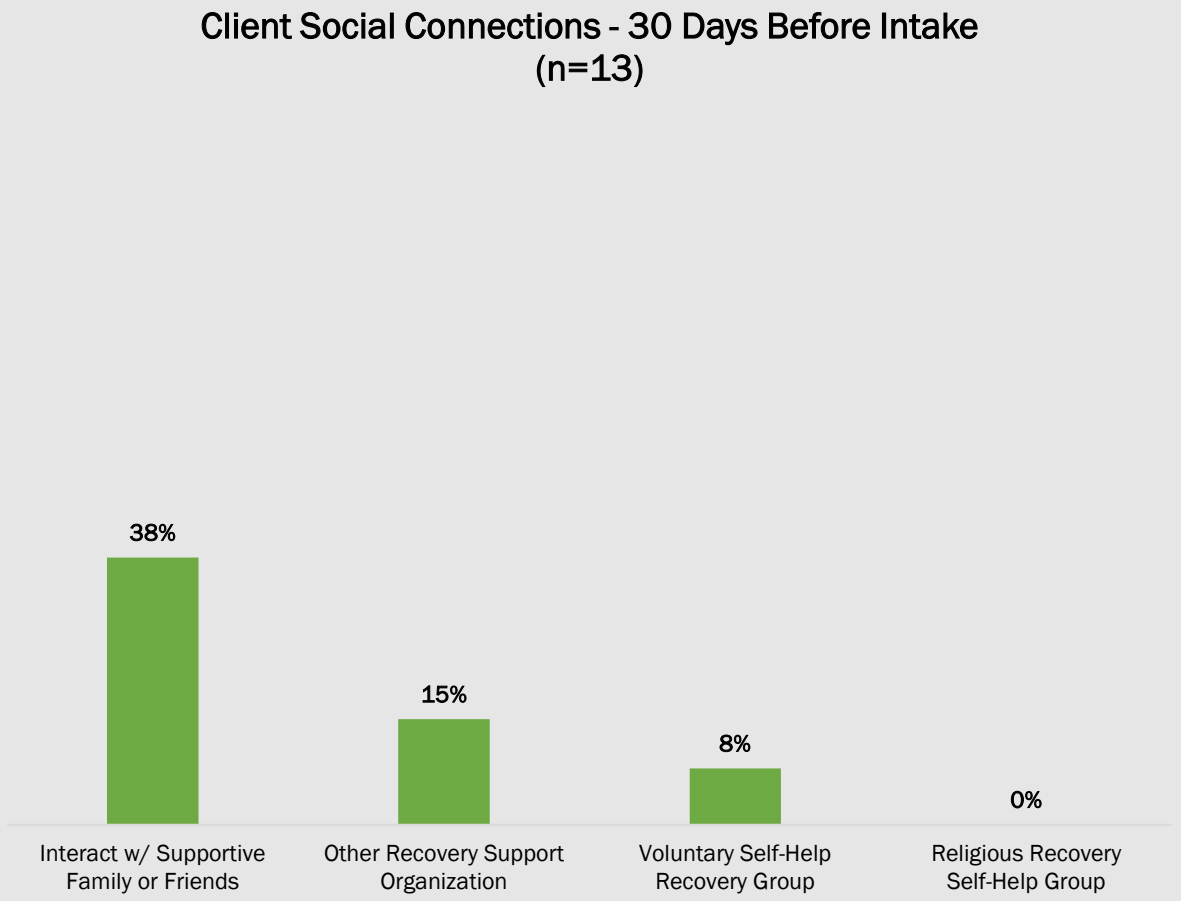
Clients indicated that they were neither satisfied nor dissatisfied with their health (average rating 3.1) and performance of daily activities (average rating 3.0) with many rating dissatisfaction on these domains (45%).





Social Connectedness

Only 38% of clients reported social connectedness through interaction with family & friends supporting the client's recovery.



III. Key Takeaways

SUMMARY OF KEY FINDINGS

Key Findings: Program Participants

Substance Use

Many clients engaged in illicit drugs (73%) and/or alcohol (36%) in the 30 days prior to intake

Drug Use

Rates of drug use were observed for crack cocaine (25%), marijuana hash (25%), heroin (25%), and methamphetamines (25%) in 30 days prior intake

Crime and Justice System

Many clients reported that they had committed a crime (62%) in the 30 days prior to intake

Key Findings: Program Participants

Employment

Clients were most likely to be unemployed but looking for work (54%) at intake with only 8% of clients reporting employment at intake

Housing

Many of the clients reside at a shelter (42%) or owned/rented apartment, room, or house (33%) at intake

Living Conditions and Finances

Clients indicated that they were mostly satisfied with their living conditions (4.1) but did not have or had minimal money to meet basic needs (1.5) upon entry into the program

Key Findings: Program Participants

Overall Quality of Life

Clients indicated that they were neither satisfied nor dissatisfied with their quality of life (2.9) at intake.

Health-Related Quality of Life

Clients indicated that they were neither satisfied nor dissatisfied with their health (3.1) and performance of daily activities (3.0) at intake with many (45%) indicating dissatisfaction with HRQL.

Social Connectedness

At intake, clients reported the highest social connectedness was through interaction with family & friends supporting the client's recovery (38%).

IV. Next Steps

OVERVIEW OF YEAR ONE EVALUATION ACTIVITIES

Next Steps: Evaluation Activities

In addition to the GPRA data, in the first year of the GPH SAMHSA MAT Expansion Program, the evaluation team will also be conducting additional primary and secondary data collection activities to evaluate program implementation and outcomes including: key informant interviews and surveys with program staff; extracting relevant administrative and clinical data; and conducting focus groups with program participants.

I. Project Partnership

Key Informant Interviews

Partnership Self-Assessment Survey

III. Client Data

Administrative and Clinical Data

Focus Groups with Clients