

**EVALUATION OF THE INDIANA
MEDICATION ASSISTED TREATMENT PROGRAM (IMAP):
2ND FORMATIVE REPORT**

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EXECUTIVE SUMMARY

This is the second biannual evaluation report for the Indiana Medication Assisted Treatment Project (IMAP), which began in February 2016. IMAP aims to decrease barriers between providers and individuals with opioid use disorder living in Porter, Starke, and Scott counties through a partnership between the Indiana Division of Mental Health and Addiction and Porter Starke Services (PSS) and Life Spring Health Services (LSHS). In this formative report, we discuss quantitative results and qualitative findings related to client and staff data collected between February 2016 and January 2017.

Quantitative results demonstrate the client population served at both sites is highly similar in terms of sociodemographic characteristics. However, clients at LSHS were statistically more likely to indicate they were on parole and have higher levels of self-reported psychological or emotional problems at program intake, while PSS clients were more likely to have indicated they had used illegal drugs (including opioids) or injected drugs within the past 30 days. Regarding outcomes at their 6-month follow-up interviews, clients overall were significantly more likely to report employment and higher incomes, had improved self-reported physical and mental health, and reported significantly less drug use. We also found those with lower levels of social support at program intake were more likely to be discharged from programming at 6-month follow-up.

Qualitative-interviews clients demonstrate they have highly positive opinions of the program. Discussions also suggest the program is helping to improve clients' social support and internal motivation, which is likely leading to improvements in the outcomes discussed above. Clients also discussed employment and childcare as barriers to full service engagement and shared their anxiety over what they will do when they are no longer receiving IMAP services. LSHS clients discussed long wait times for starting MAT, while interviews with LSHS staff indicated they had and were continuing to make improvements to shorten this process.

The sustainability assessment demonstrated funding stability and partnerships with stakeholders to be primary barriers for both PSS and LSHS. Additionally, lack of internal and external support for the IMAP program was a recognized barrier at PSS, while strategic communications with the public and stakeholders was demonstrated to be a top concern of LSHS.

Overall, formative evaluation results indicate the IMAP program has been largely successful in its first year. However, barriers to sustainability will need to be addressed in order to ensure the program's existence beyond the initial funding mechanism's support. We provide the following list of recommendations for both programs based on our results:

- (1) Assess social support at program entry and consider social isolation in treatment planning.
- (2) Investigate ways to better accommodate client work and child care needs.
- (3) Select one or two of the top sustainability barriers identified in this report to tackle.
- (4) Work with the evaluation team to disseminate evaluation findings in an effort to improve external relationships.

We also provide some program specific findings for PSS and LSHS at the end of the report, as well as representing our findings from our previous formative report.