

**Evaluation of the Indiana
Medication Assisted Treatment Program (IMAP):
3rd Formative Report**

Submitted to the Indiana Family and Social Services Administration-Division of
Mental Health and Addiction (DMHA)

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Acknowledgements

This work is supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) Award# 1H79TI026149. We would like to thank staff and clients at Porter Starke Services and LifeSpring Health Systems for their participation in evaluation activities.

Executive Summary

This is the third 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 LifeSpring Health Systems (LSHS). In this formative report, we discuss quantitative results and qualitative findings related to client and staff data collected between February 2016 and July 2017.

The results of this formative assessment are largely consistent with our previous report. LSHS and PSS continue to serve very similar populations despite different eligibility requirements and community contexts. Also, the trends we observed in our previous report have continued in a positive direction, as clients largely express satisfaction with the program, and both qualitative and quantitative data show positive improvements regarding key outcomes such as substance use, employment, income, and emotional and physical health. While there have been minor bumps in implementation along the way, both organizations have been largely responsive to issues once recognized. We plan to delve deeper into issues related to sustainability in our next report in order to help the LSHS, PSS, and DMHA develop a plan for continuing these services beyond the end of SAMHSA funding.

We provide the following recommendations based on this report:

- (1) Help clients **develop new and foster existing sources of positive social support**.
- (2) **Reassess barriers to sustainability** highlighted in our previous report.
- (3) **LSHS** should consider adding services to **assist clients with histories of trauma**.
- (4) **LSHS** should **share lessons learned related to diversion control** with other Indiana buprenorphine/Suboxone providers.

Below is a list of selected recommendations from our previous reports, which we believe are useful to reiterate:

- (5) Investigate ways to better **accommodate client work and child care needs**.
- (6) Work with the evaluation team to **disseminate evaluation findings**.
- (7) DMHA should work with the organizations to find of **continuing transportation support** as grant funds become less available.

It is important to remember that the findings presented in this paper, while generally encouraging, are preliminary. Additionally, the lack of a comparison group makes it difficult to determine how much the improvement in client outcomes are related to the IMAP program itself. That said, the general agreement that exists between the multiple sources of data (qualitative and quantitative) does improve confidence that IMAP is leading to positive changes in clients' lives, and the addition of more robust discharge data and larger samples sizes in the months to come will greatly enhance our understanding of IMAP's effects.