

**CSAT Annual Evaluation Report  
September 30, 2020 through September 30, 2025  
TI 083412**

**Workforce Support Project**

**PRO-A**



**SUBMITTED BY:**

**Sara-Ann Steber, Ph. D. & Stacey Conway, Ph.D.**

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## I. EXECUTIVE SUMMARY

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The Workforce Support Project was much more than a comprehensive, one-stop delivery system. With a focus on home, health, community and purpose, our Peer Specialists have personal knowledge and experience that allowed them to share their resources, and most importantly, their hope, to assist individuals in reaching their full potential. Being a recipient of this Workforce Support Grant has allowed PRO-A to assist over 752 individuals in recovery with not only employment, but in all areas of their recovery, with 80% of individuals completing their goals. Additional areas of support included recovery coaching, housing assistance, family support, recovery planning and relapse prevention work. In addition to the services listed here, PRO-A's organizing principles include using our authentic voices as individuals with personal recovery experience, seeking statewide acceptance of recovering individuals, families and other community supporters to carry out our vision, building a network of communication and supports to strengthen capacity of new RCO's, and recognize the inherent dignity of all individuals.

Three areas that the WSP Grant had the most impact on individuals' lives were:

1. **Employment: 80% of participants acquired employment**, allowing individuals to not only become productive and engaged members of communities, but increase their health, familial supports, and self-efficacy.
2. Individuals who reside in a safe environment have decreased mental health symptoms, increased social functioning, and financial security. There was a 64% increase in stability in housing: those who owned or rented their own residence (a permanent place to live in the community).
3. The participants' mental health symptoms were decreased, giving participants' ability to embrace their recovery journey, Depression was decreased (-21.1%), Anxiety decreased (-28.0%), and trouble concentrating, understanding, and remembering improved (by-37.5%) from intake to 6-month follow-up: see NOM table on page 3).

### INTAKE SUMMARY

As of September 30, 2025, 752 participants completed intake interviews for an intake coverage rate of 100.3%; 537 completed 6-month follow-up interviews (72.6% coverage rate); and there were 752 discharges.

At intake, more than three quarters (279; 80.4%) that responded to this question (341) earned less than \$10,000 in the previous year and more than half (63.1%) stated not having enough money to pay for food. At follow-up, this completely reversed with more participants earning \$10,000 or more (80.1%) and almost all that stated having enough money for food (93.5%). See Table 8b on page 15. Seventy percent of participants (528) at intake reported that they are Caucasian, and the remainder represent racial and ethnic minority populations: 17.3% (130) are African American, 0.4% (3) American Indian, 4.4% (33) multi-racial, and 1.6% (12) other races.

One person refused, one has missing information, and 42 didn't select any race. Also, one-hundred and thirteen participants (15.0%) reported themselves to be Hispanic/Latino at intake. **N.B.** A new GPRA instrument was fully implemented in January 2023. This report will present all available data, but some data is not consistent across time. New variables were added to the GPRA in some instances, so the number of respondents is considerably less than responses to variables that remained the same in the new GPRA. Matched sampling is inconsistent as the intakes of participants when the new instrument was used do not match the number of Follow ups. We have provided a Legend on various tables to provide an explanation.

**National Outcome Measures:** These findings describe program outcomes at 6-months post intake into the program. The analyses utilize a matched set of individuals (depending on the measure) who completed both an intake and a 6-month follow-up interview. Participants had a positive rate of change in no past 30-day arrests, employment/education, and stability in housing. The highest improvement was seen in employment/education (396.7%). Abstinence and health/behavioral/social consequences experienced slight declines from intake to follow-up. Social connectedness remained the same pre-post.

National Outcome Measures	# Valid Cases	Intake	6-Month Follow-up	Rate of Change
Abstinence: No past 30-day alcohol or illegal drug use	536	93.8	92.4%	-1.6%
Crime and Criminal Justice: No past 30-day arrests	536	98.7	99.6%	0.9%
Employment/Education: Currently employed or attending school	536	17.0	84.3%	396.7%
Health/Behavioral/Social Consequences: experiences no alcohol or illegal drug related health, behavioral, social consequences	175	97.1	95.4%	-1.8%
Social Connectedness: Socially connected	535	98.1	98.1%	0.0%
Stability in Housing: Owned or rented their own residence-a permanent place to live in the community	537	19.9	33.0%	65.4%

Other individual outcomes:

- The employment/education category reported the strongest and most positive rate of change at 396.7% from intake to follow up. Individually:
  - There was an 84.6% increase in participants that were enrolled part-time in school or job training program.
  - Employment status in the previous 30 days showed a 451% increase in employment – from 15.1% (83) of participants employed at intake to 83.2% (457) participants employed at follow-up - including a 692.3% increase in full time employment—9.1% at intake (50) to 72.1% at follow-up (396); and 85.0% increase in part-time employment—6.0% (33) at intake to 11.1% (61) at follow-up.
- Less participants at intake (516) reported being housed compared to follow-up (538) for a 4.3% increase. At intake, 26.7% (109) of those that responded (408) owned or rented their own place compared to 45.7% (185) at follow-up (405 responded)).
- Most participants at intake and follow-up reported having positive interactions with family and/or friends who were supportive of their recovery—94.3% (517 participants) at intake and 95.3% (523) at follow-up reported having family and friends to turn to when they were having trouble. Also, 86.7% (475) of participants are satisfied with their personal relationships at intake versus 88.7% at follow-up.
- Of the 200 participants that responded in the matched sample at intake, 11.5% (23 participants) stated having at least one sexual contact in the 30 days prior to being interviewed. At follow-up, 42 participants (10.6%) were active. Seventeen participants at intake (77.3%) and ten (2.6%) at follow-up reported engaging in unprotected sexual contact.
- Eighteen participants at intake and twenty-one at follow-up reported using alcohol in the past 30 days. Also, 11 participants reported marijuana use at intake and 21 participants reported marijuana use at follow-up for a 65.0% increase. Although the numbers are very small, heroin use increased by 75.0% from two participants at intake to four at 6-months follow-up.
- At intake, 211 participants were diagnosed with alcohol use disorder in the past 30 days but did not receive any FDA approved medication. At follow-up this decreased to 196 participants. All participants were given resources for available options relative to FDA approved medications specific to their substance of choice. Referrals were made as needed.
- There was an increase in methadone prescription for opioid use disorder from intake to follow-up. Eighteen participants at intake (3.3%) and nineteen (3.5%) at follow-up were prescribed Methadone. Fifty-one (9.3%) were prescribed Buprenorphine at intake and 62 (11.3%) at follow-up.
- Participants were prescribed medications for psychological or emotional problems 80.4% more at 6-month follow-up than intake. Symptoms of depression, anxiety, and trouble understanding/concentrating/remembering decreased from intake to follow-up. Hallucinations and trouble controlling violent behavior increased. Attempted suicide stayed the same.

## II. GOALS AND OBJECTIVES

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The **PRO-A Workforce Support Project (WSP)** will engage and support a minimum of **750** unduplicated persons with a substance use disorder (SUD) or co-occurring SUD and mental health disorder (COD) in workforce participation over five years (**150 per year**). The **WSP** will provide a one-stop service where every door provides access to treatment, recovery and workforce participation support. WSP staff will provide services coordinated with the state and local SUD prevention/treatment programs and Career Link (PA's One-Stop workforce development system overseen by local workforce development and investment entities), other community partners and recovery supportive employers.

**Goal:** The overall goal for participants is to increase their independent living, by reducing overdose risk and by increasing employment and workforce participation. Over 5 years, **the key measurable objectives are to:**

1. Engage a minimum of 750 high risk POF (150 per year) in supportive services.

**Response:** As of September 30, 2025, 752 participants completed intake interviews for a coverage rate of 100.3%.

2. Increase abstinence for at least 80% of the participants and decrease overdose risk.

**Response:** Utilizing a matched sample of 536 participants who completed an intake interview and a 6-month follow-up interview, 93.8% were completely abstinent (no alcohol or drugs) at intake compared to 92.4% at follow-up (-1.6%).

3. Coordinate full/part-time employment within 4 months for at least 70% of participants.

**Response:** Employment status in the previous 30 days showed a 451% increase in employment – from 15.1% (83) of participants employed at intake to 83.2% (457) participants employed at follow-up - including a 692.3% increase in full time employment—9.1% at intake (50) to 72.1% at follow-up (396); and 85.0% increase in part-time employment—6.0% (33) at intake to 11.1% (61) at follow-up.

4. Retain at least 80% of the participants in SUD/COD treatment and/or recovery supports, employment and/or training activities for at least 6-months.

**Response:** The 563 participants who have completed all aspects of the program represent a 75.9% success rate among the participants.

5. Improve outcomes for at least 65% of participants in criminal justice involvement, mental health, housing, education, medical/health, social connectedness, and health, behavioral/social consequences.

**Response:**

**Criminal Justice Involvement:** In the 30 days prior to being interviewed, seven participants at intake and two at follow-up reported being arrested in the last 30 days (-69.2%). There was a decrease of 70.8% of those awaiting trial, charges, or sentencing.

**Mental health:** Participants symptoms in the past 30-days decreased from intake to 6-month follow-up except for controlling violent behavior and hallucinations. Symptoms decreased in the

following areas – *Depression* (-21.1%), *anxiety* (-28.0%), and *trouble concentrating, understanding, and remembering* (-37.5%). Participants had been prescribed medication more at 6-month follow-up (+80.4%).

*Housing:* Less participants at intake (516) reported being housed compared to follow-up (538) for a 4.3% increase. At intake, 26.7% (109) of those that responded (408) owned or rented their own place compared to 45.7% (185) at follow-up (405 responded). National outcome measures also showed a 65.4% increase in stability in housing.

*Education:* Regarding education at intake, 12 participants were enrolled in school or training full-time (5) and part-time (7). At follow-up, four were enrolled full-time (-22%) and thirteen were enrolled part-time (+84.6%).

*Medical/health:* Most participants at intake (85.5%) and follow-up (87.8%) reported that their quality of life was good or very good. When participants sought medical care they did so through a primary care provider (17.9% of intakes; 26.2% of follow-up).

*Social Connectedness:* Most participants at intake and follow-up reported having positive interactions with family and/or friends who were supportive of their recovery—94.3% (517 participants) at intake and 95.3% (523) at follow-up reported having family and friends to turn to when they were having trouble; 86.7% (475) participants are satisfied or very satisfied with their personal relationships at intake versus 87.9% (483) at follow-up; self-help recovery group attendance decreased 12.4% from intake 82.5% (452) to follow up 72.3% (397).

*Health/Behavioral/Social Consequences:* Nine participants had been arrested in the past 30 days from intake and twenty were incarcerated at that time. One hundred and thirty-six participants were on probation, forty-one were on parole, one was on intensive pretrial supervision, and 91 were awaiting charges, trial, or sentencing at intake. The criminal history of participants was highly correlated with their substance use, however, consequences of pretrial, sentencing, etc. were often months into the individual's recovery process. Percentage of individuals arrested 30 days prior to intake was 1.3%, and 0.4% at discharge. This was a decrease of -69.2%.

6. Increase recovery supports by engaging 500 family/significant others (SOs) in education, information and referral services.

*Response:* Most participants at intake and follow-up reported having positive interactions with family and/or friends who were supportive of their recovery—94.3% (517 participants) at intake and 95.3% (523) at follow-up reported having family and friends to turn to when they were having trouble. Also, 86.7% (475) of participants are satisfied with their personal relationships at intake versus 88.7% at follow-up. Family members and significant others were able to participate in virtual educational programs as well as participating in person with their family members in group activities.

### III. INTAKE-EVALUATION OVERVIEW

As of September 30, 2025, 752 participants completed intake interviews for a coverage rate of 100.3%. Of the 645 participants in the intake data set, 64.1% are Male (482) and 35.8% are female (269). Participants are mostly 25-44 years of age (59.2%). Table 1.

Seventy percent of participants (528) at intake reported that they are Caucasian, and the remainder represent racial and ethnic minority populations: 17.3% (130) are African American, 0.4% (3) American Indian, 4.4% (33) multi-racial, and 1.6% (12) other races. One person refused, one has missing information, and 42 didn't select any race. Also, one-hundred and thirteen participants (15.0%) reported themselves to be Hispanic/Latino at intake. Twenty-seven participants served in the Armed Forces and two in the National Guard. Table 1.

**Table 1. Intake—Characteristics of Study Population**

Demographic Factors	Intake (n=752)
<i>Age (in years)</i>	
18-24 years of age	6.6%
25-34 years of age	31.3%
35-44 years of age	27.9%
45-54 years of age	20.5%
55-64 years of age	12.2%
65+ years of age	1.5%
<i>Ethnicity</i>	
Hispanic	15.0%
<i>Race</i>	
Black or African American	17.3%
Asian	0.3%
White	70.2%
American Indian	0.4%
Multi-Racial	4.4%
Other	1.6%
Refused	0.1%
Missing	0.1%
None of the Above	5.6%

**Education:** Regarding education, 15.2% (65) of participants have less than a high school diploma (Table 2). Most are not enrolled in school or training (97.5%). Seven participants are enrolled in school or training full-time (0.9%), eleven are enrolled part-time at intake (1.5%), and one is enrolled but didn't specify.

**Housing:** Most participants at intake (92.8%) reported being housed and 26.5% (149) of those who are housed own/rent their own place (Table 2). Fourteen lived in a house with a person who has regularly used alcohol or other substances in the last 30 days.

**Table 2: Intake—Education and Housing among Participants in the past 30 days**

<b>Demographic Factors</b>	<b>Intake</b>
<b><i>Enrolled in school or job training program</i></b>	<b>(n=752)</b>
Not enrolled	97.5%
Enrolled, full time	0.9%
Enrolled, part time	1.5%
Other	0.1%
<b><i>Education ***</i></b>	<b>(n=429)</b>
Less than 12 <sup>th</sup> grade	15.2%
12 <sup>th</sup> grade/high school diploma/equivalent	59.4%
Vocational/technical diploma	0.7%
Some college or university	16.3%
Bachelor's degree	4.7%
Graduate work/graduate degree	0.7%
Other	3.0%
<b><i>Housing</i></b>	<b>(n=752)</b>
Shelter	4.5%
Street/Outdoors	0.4%
Institution	2.3%
Housed	92.8%
<b><i>If Housed</i></b>	<b>(n=563)</b>
Own/rent own place	26.5%
Someone else's apartment, room or house	14.7%
Halfway house	33.6%
Residential Treatment	7.3%
Other	17.9%
<b>Legend: ***</b> The GPRA question is new, or the response pattern is changed so that intake to follow up numbers are either not consistent or not available.	

**Employment and Income:** One hundred and ten participants reported that they are employed at intake (14.7%). Sixty-three (8.4%) are employed full-time, and forty-seven (6.3%) are employed part-time. See Table 2b on the next page. More than half of participants that responded to the question didn't have enough money to pay for food (65.4%) and more than that (83.2%) earned \$9,999 or less the previous year.

**Pregnancy/Children:** Regarding pregnancy, eighteen of the female participants were pregnant at intake. See Table 2b on the next page.

- 57.6% (430) reported having children at intake.
- 12.1% (46) reported that their children are living with someone else due to a child protection court order.

**Table 2b: Intake—Employment, Income, and Children among Participants in the past 30 days**

<b>Demographic Factors (Continued)</b>	<b>Intake</b>
<b><i>Employment</i></b>	<b>(n=752)</b>
Full-time	8.4%
Part-time	6.3%
Unemployed, looking for work	79.1%
Unemployed, not looking for work	3.7%
Unemployed, disabled	1.6%
Unemployed, retired	0.3%
Other	0.7%
Refused	0.1%
<b><i>Annual Income (pre-taxed) ***</i></b>	<b>(n=428)</b>
0-9,999	82.1%
10,000-14,999	4.5%
15,000-19,999	4.5%
20,000 or more	15.4%
Refused	1.2%
<b><i>Children</i></b>	<b>(n=746)</b>
Yes	57.6%
Living with someone else due to a court’s intervention (n=381)	12.1%
<b><i>Pregnant</i></b>	<b>(n=547)</b>
Yes	3.3%
<b>Legend: *** The GPRA question is new, or the response pattern is changed so that intake to follow up numbers are either not consistent or not available.</b>	

**Substance Use:** Since many participants are being referred to WSP by treatment providers as part of an aftercare plan, the project shows very little alcohol and other substance use at intake. Twenty participants reported using alcohol in the past 30 days and sixteen participants reported using marijuana. Four participants reported having used Fentanyl an average of 13 days in the last 30 days and four participants reported having used Heroin an average of 16 days in the last 30 days. The highest percentage of use by participants was with tobacco and nicotine products. See Table 3.

**Criminal Behaviors:** Nine participants had been arrested in the past 30 days from intake and twenty were incarcerated at that time. One hundred and thirty-six participants were on probation, forty-one were on parole, one was on intensive pretrial supervision, and 91 were awaiting charges, trial, or sentencing at intake. See Table 3.

**Table 3. Intake—Substance Use and Criminal Behaviors in the past 30 days**

<b>Variable</b>	<b>Intake</b>
<b><i>Substance Use</i></b>	<b>(n=751)</b>
Any Alcohol	2.7%
Marijuana	2.3%
Sedatives	0.1%
Methamphetamine	0.8%
Heroin	0.7%
	<b>(n=428)***</b>
Tobacco	52.6%
Nicotine (Including Vape Products)	27.6%
Synthetic Cannabinoids	0.2%
Fentanyl	0.9%
Cocaine	0.5%
Stimulant medications	0.2%
<b><i>Criminal Behaviors</i></b>	<b>(n=752)</b>
Arrested	1.2%
Currently Awaiting charges, trial, or sentencing	12.1%
	<b>(n=426)***</b>
Currently Incarcerated	4.7%
Currently on parole or probation or intensive pretrial supervision (n=429)	41.5%
<b>Legend: ***</b> The GPRA question is new, or the response pattern is changed so that intake to follow up numbers are either not consistent or not available.	

**Substance Use Disorder Diagnosis and Medications:**

Alcohol Use Disorder: At intake, 263 participants (37.1%) were diagnosed with an alcohol use disorder in the past 30 days but did not receive any FDA approved medication. Twenty-two participants at intake (2.9%) were prescribed Naltrexone and seventeen (2.3%) were prescribed extended-release naltrexone for the disorder. See Table 4.

Opioid Use Disorder: One hundred and ninety-four (29.7%) participants at intake reported having an OUD diagnosis but not having received FDA approved medication. See Table 4.

- Twenty-two participants at intake (2.9%) were prescribed Methadone.
- Sixty-nine (9.2%) were prescribed Buprenorphine at intake.
- Three were given Naltrexone, and another three received extended-release Naltrexone.
- 459 (70.5%) had not been diagnosed with the disorder at intake.

Stimulant Use Disorder: Four hundred and twenty-seven participants responded to questions relating to stimulant use disorders. Twenty-seven received cognitive behavioral therapy, and seventeen received other non-specified evidence-based interventions. Three participants at intake

reported having received community reinforcement and one reported receiving contingency management. Two hundred and fourteen participants responding to this question stated they were not receiving any intervention for a diagnosed stimulant use disorder in the 30-days prior to their Intake in the project. See Table 4.

Tobacco Use Disorder: Four hundred and twenty-seven participants responded to questions relating to tobacco use disorders; of these, 422 reported a tobacco use disorder. Four received nicotine replacement and one received bupropion, but 295 respondents did not receive any medication for the disorder in the 30 days prior to intake. See Table 4.

**Table 4: Intake—Substance Use Disorder Diagnosis and Medications**

<b>Variable</b>	<b>Intake</b>
<b><i>Alcohol Use Disorder</i></b>	<b>(n=749)</b>
Naltrexone	2.9%
Extended-release Naltrexone	2.3%
Disulfiram	0.0%
Acamprosate	0.0%
No FDA-approved meds for AUD (n=709)	37.1%
Client does not report such a diagnosis (n=699)	63.8%
<b><i>Opioid Use Disorder</i></b>	<b>(n=749)</b>
Methadone	2.9%
Buprenorphine	9.2%
Naltrexone	0.4%
Extended-release naltrexone	0.4%
No FDA-approved med for OUD (n=653)	29.7%
Client does not report such a diagnosis (n=651)	70.5%
<b><i>Stimulant Use Disorder***</i></b>	<b>(n=427)</b>
Contingency Management	0.2%
Community Reinforcement	0.7%
Cognitive Behavioral Therapy	6.3%
Other evidence-based intervention ***	5.3%
Did not receive any intervention *** (n=386)	55.4%
Client does not report such a diagnosis (n=386)	44.6%
<b><i>Tobacco Use Disorder***</i></b>	<b>(n=427)</b>
Nicotine Replacement	0.9%
Bupropion	0.2%
Varenicline	0.0%
No FDA-approved med for tobacco use disorder (n=422)	69.9%
Client does not report such a diagnosis (n=422)	30.1%
<b>Legend: ***</b> The GPRA question is new, or the response pattern is changed so that intake to follow up numbers are either not consistent or not available.	

**Overdoses:**

Four hundred and twenty-eight participants were asked if they had overdosed in the past 30 days at intake. Three participants overdosed and one reported having received Naloxone. The other two did not report treatment.

**Lifetime SUD Treatment:**

Three hundred and ten participants responded when asked (not including this time) the number of times in their lives they have been treated at an inpatient or outpatient facility for a substance use disorder. Close to a fifth at intake (19.0%) had never received prior treatment. See Table 5.

**Table 5: Intake—Lifetime SUD Treatment**

Lifetime Inpatient/Outpatient Treatment	Intake (n=416)
Never	19.0%
One time	18.0%
Two times	16.8%
Three times	11.1%
Four times	9.1%
Five times	6.3%
Six or more times	19.7%
<b>Legend: ***</b> The GPRA question is new, or the response pattern is changed so that intake to follow up numbers are either not consistent or not available.	

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#### IV. INTAKE TO SIX MONTHS FOLLOW-UP COMPARISON

As of September 30, 2025, 549 participants form the matched sample - participants who completed both intake and follow-up interviews. The Rate of Change (ROC) presented is a cohort ROC, not an individual ROC.

There are 363 Males (66.2%) and 185 Females (33.8%) in the matched sample. More than half (59.6%) of matched participants are 25-44 years old. Three hundred and eighty (69.2%) of the matched sample is Caucasian and 26.6% are minorities - including 18.4% African Americans (101), 0.5% (3) American Indian, 0.2% (1) Other Asian, 5.1% multiracial (28), 2.2% (12) Other, and 5.1% of the participants identified as didn't select any. Also, 14.6% (80) identify as Hispanic. Twenty participants (3.7%) in the matched sample reported having served in the Armed Forces/National Guard. See Table 6.

**Table 6. Intake to 6 Month Follow-Up—Characteristics of Study Population in the past 30 days.**

<b>Demographic Factors</b>	<b>Matched Sample (Intake to 6 Months)</b>
<b><i>Gender Identification</i></b>	<b>(n=548)</b>
Male	66.2%
Female	33.8%
<b><i>Age (in years)</i></b>	<b>(n=549)</b>
18-24 years of age	5.1%
25-34 years of age	31.0%
35-44 years of age	28.6%
45-54 years of age	20.2%
55-64 years of age	13.5%
65+ years of age	1.6%
<b><i>Ethnicity</i></b>	<b>(n=548)</b>
Hispanic	14.6%
<b><i>Race</i></b>	<b>(n=549)</b>
Black or African American	18.4%
White	69.3%
American Indian	0.5%
Other	2.2%
Other Asian	0.4%
Multi-Racial	5.1%
Missing	0.2%
None of the Above	4.0%
<b><i>Military Service</i></b>	<b>(n=549)</b>
Served in the Military	3.7%

## OUTCOME MEASURES-SIX MONTH FOLLOW-UP

Table 7 contains the rate of change for the National Outcome Measures of some key items for participants in the matched sample. Participants had a positive rate of change in no past 30-day arrests, employment/education, and stability in housing. The highest improvement was seen in Employment/Education (396.7%). Abstinence\* and health/behavioral/social consequences experienced declines from intake to follow-up. Social connectedness saw no change.

- \*Most participants are referred into the program as residential aftercare and therefore have high abstinence rates at intake. It is more important to note that the 6-month rates are maintained during the difficult 6-month follow-up.

**Table 7: Intake to Six Month Follow-up—Change Report**

National Outcome Measures	# Valid Cases	Intake	6-Month Follow-up	Rate of Change
Abstinence: No past 30-day alcohol or illegal drug use	536	93.8%	92.4%	-1.6%
Crime and Criminal Justice: No past 30-day arrests	536	98.7%	99.6%	0.9%
Employment/Education: Currently employed or attending school	536	17.0%	84.3%	396.7%
Health/Behavioral/Social Consequences: experienced no alcohol or illegal drug related health, behavioral, social consequences	175	97.1%	95.4%	-1.8%
Social Connectedness: Socially connected	535	98.1%	98.1%	0.0%
Stability in Housing: Owned or rented their own residence-a permanent place to live in the community	537	19.9%	33.0%	65.4%

## DETAILED RESPONSES ON SELECTED VARIABLES

**Education:** Regarding education at intake, 12 participants were enrolled in school or training full-time (5) and part-time (7). At follow-up, four were enrolled full-time (-22%) and thirteen were enrolled part-time (+84.6%). At intake 53 participants had less than a high school diploma compared to 55 at follow-up and follow-up, the same number of participants (55) have less than a high school diploma. See Table 8 on the next page.

**Housing:** Less participants at intake (516) reported being housed compared to follow-up (538) for a 4.3% increase. At intake, 26.7% (109) of those that responded (408) owned or rented their own place compared to 45.7% (185) at follow-up (405 responded). Nine participants at intake were living with a person who over the past 30 days has regularly used alcohol or substances compared to fourteen at follow-up. See Table 8 on the next page.

**Table 8: Intake to 6 Months Follow-up—Education Level and Housing in the past 30 days.**

Variable	Intake	6 Mo Follow-Up	Rate of Change (ROC)
<b>Education***</b>	<b>n=347</b>	<b>n=368</b>	
Less than 12 <sup>th</sup> grade	15.3%	14.9%	N/A
12th Grade Completed/High School Diploma/GED	61.1%	62.8%	
Vocational/Technical (voc/tech) diploma	0.9%	2.2%	
Some college or university	14.7%	11.4%	
Bachelor's Degree or Higher	4.3%	4.3%	
Graduate work/graduate degree	0.6%	0.5%	
Other	3.2%	3.8%	
<b>School or Job Training Programs</b>	<b>n=549</b>		
Not enrolled	97.8%	96.5%	-1.3%
Enrolled, full-time	0.9%	0.7%	-22.2%
Enrolled, part-time	1.3%	2.4%	84.6%
Refused/Missing	0.0%	0.4%	N/A
<b>Housing</b>	<b>n=549</b>		
Shelter	4.0%	1.5%	-62.5%
Street/Outdoors	0.2%	0.2%	0.0%
Institution	1.8%	0.4%	-77.8%
Housed	94.0%	98.0%	4.3%
<b>If Housed</b>	<b>n=408</b>	<b>n=405</b>	
Own/rent own place	26.7%	45.7%	N/A
Live at someone else's place	13.7%	28.4%	
Halfway house	37.5%	9.6%	
Residential treatment	7.8%	1.2%	
Other	14.2%	15.1%	
<b>Legend: ***</b> The GPRA question is new, or the response pattern is changed so that intake to follow up numbers are either not consistent or not available.			

**Employment and Income:** Employment status in the previous 30 days showed a 451% increase in employment – from 15.1% (83) of participants employed at intake to 83.2% (457) participants employed at follow-up - including a

- 692.3% increase in full time employment—9.1% at intake (50) to 72.1% at follow-up (396); and
- 85.0% increase in part-time employment—6.0% (33) at intake to 11.1% (61) at follow-up.

**Pregnancy/Children:** With regards to pregnancy, thirteen participants were pregnant at intake and one at follow-up. See Table 8b.

- 55.7% (306) reported having children at intake and 24.9% (99) at follow-up.
- Twenty-eight participants at intake and five at follow-up reported that their children are living with someone else due to a child protection court order.

**Table 8b: Intake to 6 Months Follow-up—Employment, Income, and Status of Children among Participants in the past 30 days.**

Variable	Intake	6 Mo Follow-Up	Rate of Change (ROC)
<b>Employment</b>	<b>n=549</b>		
Employed full-time	9.1%	72.1%	692.3%
Employed part-time	6.0%	11.1%	85.0%
Unemployed, looking for work	78.3%	8.6%	-89.0%
Unemployed, disabled	1.8%	4.2%	133.3%
Unemployed, retired	0.4%	0.2%	-50.0%
Unemployed, not looking for work	3.6%	1.6%	-55.6%
Refused/Other/Missing	0.7%	2.2%	214.3%
<b>Annual Income (pre-taxed) ***</b>	<b>n=347</b>	<b>n=368</b>	
0-9,999	80.4%	18.8%	N/A
10,000-14,999	5.2%	8.2%	
15,000- or more	12.7%	72.0%	
Refused/Missing	1.7%	1.1%	
<b>Children</b>	<b>n=549</b>	<b>n=397</b>	
Yes	55.7%	24.9%	N/A
Living with someone else due to a court's intervention (n=264; n=98)	10.6%	1.3%	
<b>Pregnant</b>	<b>n=413</b>	<b>n=64</b>	
Yes	3.1%	1.6%	N/A
<b>Legend: ***</b> The GPRA question is new, or the response pattern is changed so that intake to follow up numbers are either not consistent or not available.			

**Supports for Recovery:** Most participants at intake and follow-up reported having positive interactions with family and/or friends who were supportive of their recovery.

- 94.3% (517 participants) at intake and 95.3% (523) at follow-up reported having family and friends to turn to when they were having trouble.
- 86.7% (475) participants are satisfied or very satisfied with their personal relationships at intake versus 87.9% (483) at follow-up.
- It is concerning that self-help recovery group attendance decreased 12.4% from intake 82.5% (452) to follow up 72.3% (397).

**Life Satisfaction Measures:** A person's view of their quality of life greatly affects all areas of their lives. It is encouraging that most of the 466 participants that responded to this question (85.5%) at intake and follow-up (87.8%) at follow-up reported that their quality of life was good or very good.

**Criminal Justice:** At intake and 6 months follow-up participants were asked about past 30-day criminal justice encounters. See Table 9.

- Seven participants at intake and two at follow-up reported being arrested in the past 30 days (-69.2%).
- Regarding current incarcerations, thirteen participants at intake and three at follow-up reported being incarcerated in the last 30 days.
- At intake, 137 out of 347 participants that responded (39.5%) were on probation or parole and 166 out of 368 (45.1%) reported this at follow-up.
- Twenty-seven were participating in a drug court program or deferred prosecution agreement at intake and thirty-four at follow-up.

**Sexual Activity:** People that abuse substances are at high risk for HIV/AIDS as the result of impaired judgment while intoxicated or under the influence of drugs. Of the 200 participants that responded in the matched sample at intake, 11.5% (23 participants) stated having at least one sexual contact in the 30 days prior to being interviewed. At follow-up, 42 participants (26.9%) were active. See Table 9.

- Of the participants who reported sexual contact in the previous 30 days,
  - 23 participants at intake (77.3%) and ten (41.7%) at follow-up reported engaging in unprotected sexual contact.

**Table 9. Intake to 6 Months Follow-Up—Criminal Behaviors and Sexual Activity from in the past 30 days.**

Variable	Intake	6 Mo Follow-Up	Rate of Change (ROC)
<b><i>Criminal Justice Issues</i></b>	<b>(n=549)</b>		
Arrested 30 days prior	1.3%	0.4%	-69.2%
Currently awaiting trial, charges, sentencing	12.0%	3.5%	-70.8%
	<b>(n=347)***</b>	<b>(n=368)***</b>	
Currently Incarcerated	3.8%	0.8%	N/A
Drug court program/deferred prosecution agreement	8.4%	9.2%	
Currently on probation	29.4%	35.3%	
Currently on parole	10.1%	9.8%	
<b><i>Sexual Activity</i></b>	<b>(n=200)</b>	<b>(n=156)</b>	
Sexually Active	11.5%	26.9%	N/A
	<b>(n=23)</b>	<b>(n=24)</b>	
Unprotected condomless sex in the past 30 days	77.3%	41.7%	N/A
<b>Legend: ***</b> The GPRA question is new, or the response pattern is changed so that intake to follow up numbers are either not consistent or not available.			

**Substance Use:** The project shows very little alcohol and substance use at intake and at follow-up—Only 18 participants at intake and 21 at follow-up reported using alcohol in the past 30 days. Also, 11 participants reported marijuana use at intake and 18 participants reported marijuana use at follow-up for a 65.0% increase. Although the numbers are very low, heroin use increased by 75.0%, two participants at intake to four at 6-months follow-up. See Table 10.

**Table 10. Intake to 6 Months Follow-Up—Substance Use in the past 30 days.**

Variable	Intake	6 Mo Follow-up	Rate of Change (ROC)
<b><i>Drug &amp; Alcohol Use</i></b>	<b>(n=548)</b>		
Any Alcohol	3.4%	3.8%	11.8%
Marijuana	2.0%	3.3%	65.0%
Heroin	0.4%	0.7%	75.0%
Oxycontin/Oxycodone	0.0%	0.2%	N/A
Sedatives	0.2%	0.2%	0.0%
Methamphetamine	0.7%	0.4%	-42.9%
	<b>(n=346)*</b>	<b>(n=368)*</b>	
Tobacco***	52.9%	49.5%	N/A
Nicotine (Including Vape Products)***	28.4%	26.4%	
Fentanyl ***	0.9%	0.8%	
Synthetic Cannabinoids	0.3%	0.0%	
Cocaine	0.6%	0.0%	
<b>Legend: ***</b> The GPRA question is new, or the response pattern is changed so that intake to follow up numbers are either not consistent or not available.			

**Substance Use Disorder Diagnosis and Medications:**

Alcohol Use Disorder: At intake, 211 participants were diagnosed with alcohol use disorder in the past 30 days but did not receive any FDA approved medication. At follow-up this decreased to 196 participants. Twenty-one participants at intake (3.8%) and twelve at follow-up (2.2%) were prescribed Naltrexone for the disorder. The extended-release form of this medication had been prescribed to fourteen at intake and 30 at follow-up. See Table 11.

Opioid Use Disorder: One hundred and sixty-two participants at intake reported having an OUD diagnosis but did not receive any FDA approved medication compared to 142 at follow-up. See Table 11.

- Eighteen participants at intake (3.3%) and nineteen (3.5%) at follow-up were prescribed Methadone.
- Fifty-one (9.3%) were prescribed Buprenorphine at intake and 62 (11.3%) at follow-up.
- One was given naltrexone and two received extended-release naltrexone at intake. At follow-up one participant received Naltrexone and eleven received extended-release naltrexone.

Stimulant Use Disorder: One hundred and seventy-nine participants responding to the question (56.8%) were diagnosed with a stimulant disorder at intake but did not report participating in any of the listed interventions in the past 30 days. At follow-up, this decreased to 112 participants. At intake one received contingency management, two participants received community reinforcement, nineteen received cognitive behavioral therapy, and fourteen received other

evidence-based interventions. At follow-up one participant received contingency management, five received community reinforcement, 44 cognitive behavioral therapy, and twenty-three another type of evidence-based intervention. See Table 11.

**Tobacco Use Disorder:** Ninety-eight participants stated not having a tobacco use disorder diagnosis at intake; 123 at follow-up. Two hundred and forty-six participants (diagnosed with the disorder) at intake and 236 at follow-up did not receive an FDA-Approved medication for a diagnosed tobacco use disorder. See Table 11.

**Table 11: Intake to 6 Months Follow-Up—Substance Use Disorder Diagnosis and Medications.**

Variable	Intake	6 Mo Follow-up	Rate of Change (ROC)
<b><i>Alcohol Use Disorder</i></b>	<b>(n=546)</b>	<b>(n=545)</b>	
Naltrexone	3.8%	2.2%	N/A
Extended-release Naltrexone	2.6%	5.5%	
Disulfiram	0.0%	0.0%	
Acamprosate	0.0%	0.5%	
	<b>(n=510)</b>	<b>(n=503)</b>	
No FDA-approved med for AUD ***	41.4%**	39.0%**	
	<b>(n=501)</b>	<b>(n=500)</b>	
Client does not report such a diagnosis***	59.7%**	61.3%**	
<b><i>Opioid Use Disorder</i></b>	<b>(n=546)</b>	<b>(n=547)</b>	
Methadone	3.3%	3.5%	N/A
Buprenorphine	9.3%	11.3%	
Naltrexone	0.2%	0.2%	
Extended-release naltrexone	0.4%	2.0%	
	<b>(n=476)</b>	<b>(n=454)</b>	
No FDA-approved med for OUD	34.0%**	31.3%**	
	<b>(n=475)</b>	<b>(n=452)</b>	
Client does not report such a diagnosis	66.1%**	69.0%**	

Variable (Cont.)	Intake	6 Mo Follow-up	Rate of Change (ROC)
<b><i>Stimulant Use Disorder***</i></b>	<b>(n=345)</b>	<b>(n=364)</b>	
Contingency Management	0.3%	0.3%	N/A
Community Reinforcement	0.6%	1.4%	
Cognitive Behavioral Therapy	5.5%	12.1%	

Other evidence-based intervention	4.1%	6.9%	
	<b>(n=315)</b>	<b>(n=294)</b>	
Did not receive any intervention	56.8%	38.1%**	
Client does not report such a diagnosis	43.2%	61.9%**	
<b><i>Tobacco Use Disorder***</i></b>	<b>(n=345)</b>	<b>(n=365)</b>	N/A
Nicotine Replacement	0.0%	1.6%	
Bupropion	0.3%	0.0%	
Varenicline	0.0%	0.0%	
	<b>(n=344)</b>	<b>(n=359)</b>	
No FDA-approved med for tobacco use disorder	71.5%	65.7%	
Client does not report such a diagnosis	28.5%	34.3%	
<b>Legend: ***</b> The GPRA question is new, or the response pattern is changed so that intake to follow up numbers are either not consistent or not available.			

### Overdoses:

Two participants out of three hundred and forty-seven (0.6%) had an overdose in the past 30 days at intake. One of them received Naloxone, neither attended the emergency room nor any other treatment or supervision. The number of overdoses reported doubled at follow-up (4). One received Naloxone, one received care from a primary care provider, one received another treatment, and the other didn't indicate the type of treatment received. Decreasing overdose events was a priority for our staff. Naloxone, overdose awareness, and training were given to all participants with a history of opioid use. PRO-A strives to ensure those who are struggling with Opioid Use Disorder receive adequate care and the resources needed to maintain their health and recovery.

### Lifetime SUD Treatment:

Three hundred and thirty-four participants reported the number of times in their lives that they have been treated previously at an inpatient/residential or outpatient facility for a substance use disorder (SUD), not including this intake. Of these 334 respondents, almost a fifth of the respondents (19.8%) had not previously received treatment. From those that had, most (200) received treatment less than 6 months prior. At follow-up, 365 respondents had been treated at an inpatient/residential or outpatient facility at least one time in their lives. From those that had, most received treatment between 6 months to a year prior. See Table 12.

**Table 12: Intake to 6 Months Follow-Up—Lifetime SUD Treatment**

Lifetime Inpatient/Outpatient Treatment*	Intake (n=334)*	Follow-up (n=365*)	Rate of Change (ROC)
Never	19.8%	7.7%	N/A
One time	19.3%	20.5%	
Two times	15.0%	18.1%	
Three times	10.4%	14.2%	
Four times	8.9%	9.0%	
Five times	5.5%	5.8%	
Six or more times	18.2%	24.7%	
<b>Legend: ***</b> The GPRA question is new, or the response pattern is changed so that intake to follow up numbers are either not consistent or not available.			

**Mental Health Outcomes:**

For Mental Health Outcome Measures, there were 537 participants included in the 6-month follow-up matched sample (Table 13). Participants’ symptoms in the past 30-days decreased from intake to 6-month follow-up except for controlling violent behavior and hallucinations. Participants had been prescribed more at 6-month follow-up (+80.4%).

**Table 13: Intake to Six Month Follow-up—Mental Health Outcomes**

Mental Health Outcomes	# Valid Cases	Intake	6-Month Follow-up	Rate of Change
Depression	537	21.3%	16.8%	-21.1%
Anxiety	537	26.7%	19.3%	-28.0%
Hallucination	537	0.2%	0.9%	400.0%
Trouble understanding, concentrating, or remembering	537	6.0%	3.7%	-37.5%
Trouble controlling violent behavior	537	0.7%	1.3%	75.0%
Attempted suicide	537	0.2%	0.2%	0.0%
Been prescribed medication for psychological or emotional problems	537	19.1%	34.5%	80.4%

**Mental Health Diagnoses:**

At intake, 79.1% (434) of participants reported being screened for co-occurring (COD) mental health and substance use disorders and 355 (81.8%) of those screened positive for some level of COD.

Participants were asked if they had been diagnosed with a mental health illness by a health care professional. Most respondents at intake (213/346) and follow-up (251/368) had been previously diagnosed. The most common diagnoses at 6-months follow-up were a major depressive disorder

(134), general anxiety disorder (191), post-traumatic stress disorder (93), and bipolar disorder (81). Most participants at follow-up were not bothered at all by these. See Table 14.

**Table 14: Intake to 6 Months Follow-Up—Mental Health**

Variable	Intake	Follow-up	Rate of Change (ROC)
<b><i>Diagnosed with mental health</i>***</b>	<b>n=346*</b>	<b>n=368*</b>	
Yes	61.6%	68.2%	N/A
<b><i>Principal Diagnoses:</i></b>	<b>n=213</b>	<b>n=251</b>	
Acute stress disorder	4.7%	4.0%	N/A
Bipolar disorder	27.7%	32.3%	
Brief psychotic disorder	1.4%	3.6%	
Generalized anxiety disorder	74.2%	76.1%	
Major depressive disorder, recurrent	55.9%	53.4%	
Major depressive disorder, single episode	17.8%	14.7%	
Manic episode	4.7%	4.4%	
Obsessive-compulsive disorders	2.8%	4.0%	
Panic disorder	8.0%	6.0%	
Phobic anxiety disorders	3.8%	2.0%	
Post traumatic stress disorder	34.3%	37.1%	
Schizoaffective disorders	0.9%	3.6%	
Schizophrenia	0.5%	0.8%	
Unspecified mood disorder	3.8%	5.6%	
How much have you been bothered by these psychological or emotional problems in the past 30 days?	<b>n=430**</b>	<b>n=471**</b>	
Not at all	52.8%	65.6%	N/A
Slightly	14.4%	14.2%	
Moderately	13.7%	8.1%	
Considerably	9.8%	2.5%	
Extremely	3.3%	0.4%	
Not reported MH complaints in the past 30 days	6.0%	9.1%	
<b>Legend: ***</b> The GPRA question is new, or the response pattern is changed so that intake to follow up numbers are either not consistent or not available.			

**Medical Care:** Participants were asked at intake and 6-month follow-up where they had gone to receive medical care in the last 30 days. Most participants didn't seek care at either time. Also at both times, participants sought medical care through a primary care provider. See Table 15.

**Table 15: Intake to 6 Months Follow-Up—Medical Care past 30 days**

Medical Care***	Intake (n=347)*	Follow-up (n=367)*	Rate of Change (ROC)
<i>Where have you gone to receive medical care?</i>			
Primary Care Provider	17.9%	26.2%	N/A
Urgent Care	1.4%	3.3%	
Emergency Department	3.2%	2.5%	
Specialist	6.6%	9.8%	
No care was sought	53.0%	55.0%	
Other	4.3%	1.1%	
<b>Legend:</b> *** The GPRA question is new, or the response pattern is changed so that intake to follow up numbers are either not consistent or not available.			

**V. DISCHARGE**

As of September 30, 2025, there were 742 discharges.

**PROGRAM COMPLETION**

**Successes:** The 563 participants who have completed all aspects of the program represent a 75.9% success rate among the participants.

**Terminations:** One hundred and seventy-nine (24.1%) were terminated from the program due to various reasons (Table 17), but most were involuntarily discharged due to nonparticipation (25.1%) or left on their own with (24.6%) or without (24.6%) satisfactory progress.

**Table 17: Reason for Termination**

Reason for Termination	% (n=179)
Left on own against staff advice with satisfactory progress	24.6%
Left on own against staff advice without satisfactory progress	24.6%
Involuntarily discharged due to nonparticipation	25.1%
Involuntarily discharged due to violation of rules	1.1%
Referred to another program or other services with satisfactory progress	2.8%
Incarcerated due to offense committed while in treatment with satisfactory progress	1.7%
Incarcerated due to offense committed while in treatment with unsatisfactory progress	5.6%
Incarcerated due to old warrant or charged from before entering treatment with satisfactory progress	1.1%
Incarcerated due to old warrant or charged from before entering treatment with unsatisfactory progress	2.8%
Transferred to another facility for health reasons	0.6%

Reason for Termination	% (n=179)
Death	1.1%
Other	8.9%

## VI. SUPPLEMENTAL DATA

Supplemental Information was collected for 749 participants. Demographic data was collected along with three instruments: STaT Domestic Violence Screen, Trauma Assessment for Adults (TAA), and DSM-5 Self-Rated Cross-Cutting Symptom Measure.

### STAT DOMESTIC VIOLENCE SCREEN

The STaT Domestic Violence Screen consists of three ‘yes’ or ‘no’ questions (Table 18). Seven hundred forty-one participants (477 males and 272 females) completed the STaT at intake. One hundred and forty-two males (29.8%) and 150 females (55.1%) reported that they have been in a relationship where their partner pushed or slapped them. One hundred and forty-eight males (31.0%) and 151 females (55.5%) were ever in a relationship where their partner threatened them with violence; and 155 males (32.5%) and 152 females (55.9%) reported that they have been in a relationship where their partner has thrown, broken, or punched things. As of September 30, 2025, 41.0% (307/749) of participants reported being a victim of at least one of these forms of domestic violence.

**Table 18: STaT Domestic Violence Screen**

STaT (responded “yes”)	% at Intake	
	Male (n=477)	Female (n=272)
Have you been in a relationship where you partner has pushed or slapped you?	29.8%	55.1%
Have you been in a relationship where your partner threatened you with violence?	31.0%	55.5%
Have you ever been in a relationship where your partner has thrown, broken, or punched things?	32.5%	55.9%

### TRAUMA ASSESSMENT FOR ADULTS (TAA)

All participants are also screened for experiences of trauma upon admission to the program. It is critically important to assess for trauma upon entry into the program to provide services and refer the participants who have been exposed to traumatic events to appropriate services and resources during their treatment and for follow-up treatment after their discharge.

Upon admission, 749 participants completed the Trauma Assessment for Adults (TAA) – Brief Revised Version.

The first section of the TAA examines different types of stressful life events such as participating in combat, being in an accident or natural disaster, and suffering a serious illness (Table 19). In all categories except one (Having a serious illness), male participants report higher levels of trauma.

- 4.4% of male participants and 1.1% of female participants reported being in a war zone or having had military combat experience,
- 19.9% of male participants versus 17.3% of female participants reported having been in a really bad accident and thought they may be injured or killed.
- 6.1% of male participants and 4.0% of female participants were in a natural disaster and thought they were going to be killed or injured, and
- 4.4% of males and 5.1% of females stated that they had suffered a serious illness.

The second section asks about unwanted sexual experiences the participants have endured throughout their lives (Table 19). In contrast to the previous section, in all categories, male participants report lower levels of this type of trauma.

- 8.0% of males and 23.2% of females reported having sexual contact with someone who was at least 5 years older than they were before they reached the age of 13,
- 7.3% of males and 26.5% of females stated that before they were 18 years of age, someone used pressure or threats to have sexual contact with them,
- 8.4% of male participants and 30.1% of female participants reported that someone has used physical force or threat of physical force to make some type of unwanted sexual contact,

The third section asks about other traumatic experiences, all of which were more reported by female participants.

- 26.2% of males and 30.5% of females stated that they have been attacked with a gun, knife, or some other weapon,
- 24.6% of males and 36.0% of females reported being attacked by someone without a weapon and the person's intent was to kill or seriously injure them,
- 19.7% of male participants and 21.0% of female participants stated that they have witnessed someone be seriously injured or killed, and
- 23.5% of male participants and 31.3% of female participants stated they have experienced a situation extremely stressful to them that was not listed, and
- 9.6% of the male participants and 13.6% of female participants reported having a close friend or family member who was intentionally killed or murdered by another person or killed by a drunk driver.

**Table 19. Trauma Assessment for Adults (TAA)**

TAA	% at Intake	
	Male (n=477)	Female (n=272)
<b><i>Stressful or Difficult Events</i></b>		
1. Have been in a war zone or had military combat experience	4.4%	1.1%
2. Been in a really bad accident and thought they may be killed or injured	19.9%	17.3%
3. Been in a natural disaster and thought they were going to be injured or killed	6.1%	4.0%
4. They had a serious illness	4.4%	5.1%
<b><i>Unwanted Sexual Experiences</i></b>		
5. Before they reached the age of 13, had sexual contact with someone who was at least 5 years older than they were	8.0%	23.2%
6. Before they reached the age of 18, someone used pressure or threats to have sexual contact with them	7.3%	26.5%
7. Someone used physical force or threat of force to have some type of unwanted sexual contact	8.4%	30.1%
<b><i>Traumatic Personal Experience</i></b>		
8. They have been attacked with a gun, knife, or some other weapon	26.2%	30.5%
9. They have been attacked by someone without a weapon and the person's intent was to kill or seriously injure them	24.6%	36.0%
10. They have witnessed someone be seriously injured or killed	19.7%	21.0%
11. They have witnessed other situations that were stressful for them	23.5%	31.3%
12. They had a close friend or family member who was intentionally killed or murdered by another person	9.6%	13.6%

**DSM-5 SELF-RATED CROSS-CUTTING SYMPTOM MEASURE—ADULT**

All participants complete this questionnaire at intake which asks if they were bothered by a certain problem in the past two weeks. Use of this assessment tool may aid in a comprehensive mental health assessment by making one aware of symptoms that are present across diagnoses. This tool may be used to assist in the identification of additional areas of inquiry that may guide treatment. Seven hundred forty eight participants completed this tool (Table 20). The most common symptoms were anxiety (67.4%), depression (65.5%), substance use (64.2%), and sleep problems (50.1%).

**Table 20. DSM-V Self-Rated Level 1 Cross-Cutting Symptom Measure—Adult**

DSM-V Self-Rated Level 1 Cross-Cutting Symptom Measure--Adult (n=748)	% at intake
Depression	65.5%
Anger	40.1%
Mania	24.4%
Anxiety	67.4%
Somatic Symptoms	17.6%
Self-Injurious Behaviors	6.1%
Psychosis	7.6%
Problems with Sleep	50.1%
Problems with Memory	20.6%
Obsessions and Compulsions	19.8%
Dissociations	17.6%
Problems with Personality	41.2%
Substance Use	64.2%

## VII. PARTICIPANT SATISFACTION AND IMPACT SURVEY

Participants are asked to complete a survey regarding their satisfaction of the services they received and what they have achieved due to participating in the program. This survey is administered to all participants at either discharge or 6-months follow up whichever comes first. Four hundred and seventy-seven participants completed the survey.

Overall, participants are satisfied with the program and believe that it improved their life. Table 21 shows all results. The three highest scored items (bold) related to getting the services they needed and staff contributions. Five items (shaded and bolded) out of thirty-four were below 80% agreement: #20-*I was able to enroll in school* (55.0%); #21-*I was able to enroll in vocational training* (51.0%); #26-*I am getting along better with my family* (78.7%); #29-*My housing situation has improved* (73.1%); and #30-*My mental health symptoms are not bothering me as much* (78.8%).

**Table 21: Participant Satisfaction and Impact Survey**

Level of Agreement	n	Strongly Agree/Agree
<b>1. I like the services that I received here.</b>	476	95.0%
<b>2. If I had other choices, I would still get services from this program.</b>	476	84.0%
<b>3. I would recommend this program to a friend or family member.</b>	475	94.5%
<b>4. Service location was convenient (parking, public transportation, distance,</b>	440	94.5%
<b>5. I was able to afford transportation to services.</b>	260	85.4%
<b>6. Staff returned my call by the next business day.</b>	472	94.9%
<b>7. Services were available at times that were good for me.</b>	476	93.9%

Level of Agreement	n	Strongly Agree/Agree
8. I was able to get all the services I thought I needed.	473	<b>90.1%</b>
9. Staff explained the rules of the program.	475	<b>97.3%</b>
10. Staff respected the clients.	475	97.9%
11. I felt comfortable asking questions about my service plan.	477	92.7%
12. I felt free to complain.	476	90.8%
13. Staff encouraged me to take responsibility for how I live my life.	477	95.6%
14. Staff asked for my opinion about my problems and how to solve them	475	93.9%
15. I, not staff, decided on my service goals.	477	91.4%
16. Staff helped me do something about my substance use.	466	82.0%
17. Staff helped me do something about my other problems.	469	87.6%
18. Staff were sensitive to my cultural background (race, religion, language, etc.)	443	93.2%
19. Staff are competent and knowledgeable.	467	97.0%
<b>As a direct result of services, I received:</b>		
20. I was able to enroll in school.* Respondents reported Neutral.	109	<b>55.0%</b>
21. I was able to enroll in vocational training. *Respondents reported Neutral.	102	<b>51.0%</b>
22. I was encouraged to use recovery support programs (AA, NA etc.)	463	<b>97.2%</b>
23. I deal more effectively with daily problems.	475	85.1%
24. I am better able to control my life.	473	83.7%
25. I make better decisions when I have a problem.	472	86.4%
26. I am getting along better with my family.	460	<b>78.7%</b>
27. I am currently employed.	452	91.4%
28. I do better in school and/or work.	433	85.9%
29. My housing situation has improved.	424	<b>73.1%</b>
30. My mental health symptoms are not bothering me as much.	392	<b>78.8%</b>
31. I am better able to avoid alcohol use.	362	87.3%
32. I am better able to avoid drug use.	423	92.0%
33. I have an opportunity for better employment.	452	88.1%
34. I do not engage in criminal activities.	460	95.9%