

News Release



ChangePoint Matrix Model Meth Treatment Results Are In

Treatment outcome and client satisfaction data show high positive response

PORTLAND, OR, October 12, 2006 – As a participating agency for The Multnomah County Methamphetamine Treatment Expansion and Enhancement Project, ChangePoint has recently completed a 16-week implementation of the Matrix Model Intensive Outpatient Program (IOP) in English- and Spanish-speaking tracks.

The Multnomah County, Countywide Methamphetamine Treatment and Enhancement Project (CMTEP) is funded by the Center for Substance Abuse Treatment and is aimed at expanding and strengthening treatment of methamphetamine dependence for adults in specialized intensive outpatient tracks for English- and Spanish-speaking participants. Another component of the project focuses on a residential treatment track for women with children

Multnomah County is the most populated county (pop. 660,486) in the State of Oregon, with Portland as the state's largest city. Hence, the significance of the CMTEP goal of building a permanent infrastructure of linkages among private treatment providers, physical health providers and jurisdictional entities in order to deal effectively with the expanding incidence of methamphetamine within Multnomah County.

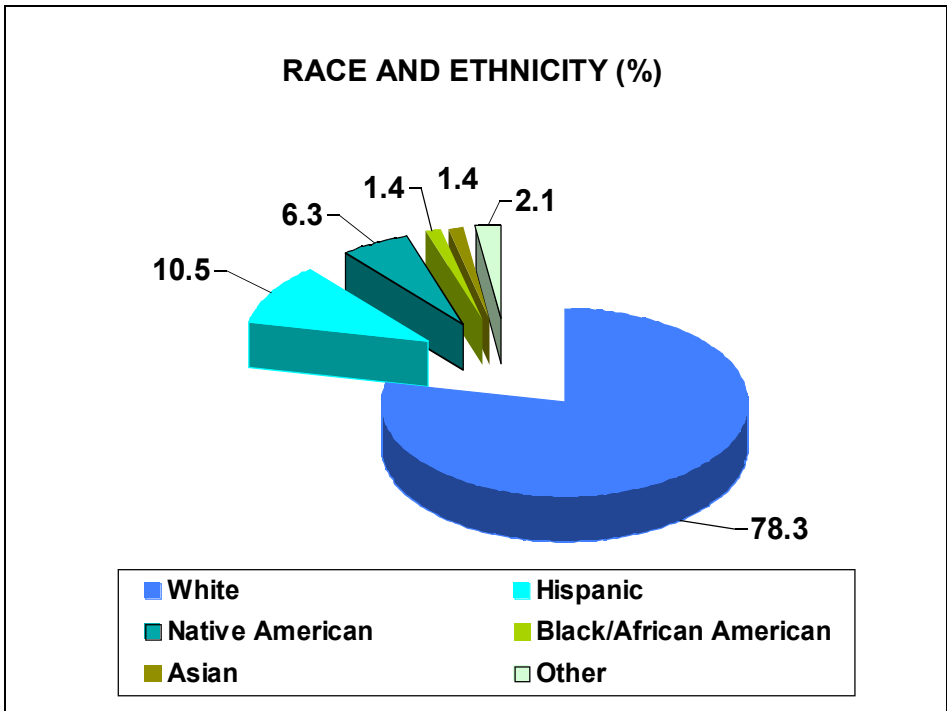
Within the scope of the overall CMTEP goals, the role of ChangePoint as a participating agency is to assist in the development of effective treatment materials and expertise as groundwork for facilitating expansion of a successful treatment model to other providers within the county and throughout the state.

In this connection, the ChangePoint Matrix Model IOP outcome data indicate that thus far this approach has been highly effective in treating methamphetamine dependence. Performance to date is as follows:

IOP Enrollments from October 2004 through September 2006 have totaled 143 (final target is 275). IOP follow-up rates for Discharge, 6-month and 12-month are 82.7%, 94.7% and 76.9%, respectively.

In terms of program demographics, the IOP enrollment is comprised of 72 females (average age of 35.5 years) and 71 males (average age of 32.5 years).

Race and Ethnicity are show in the following diagram.

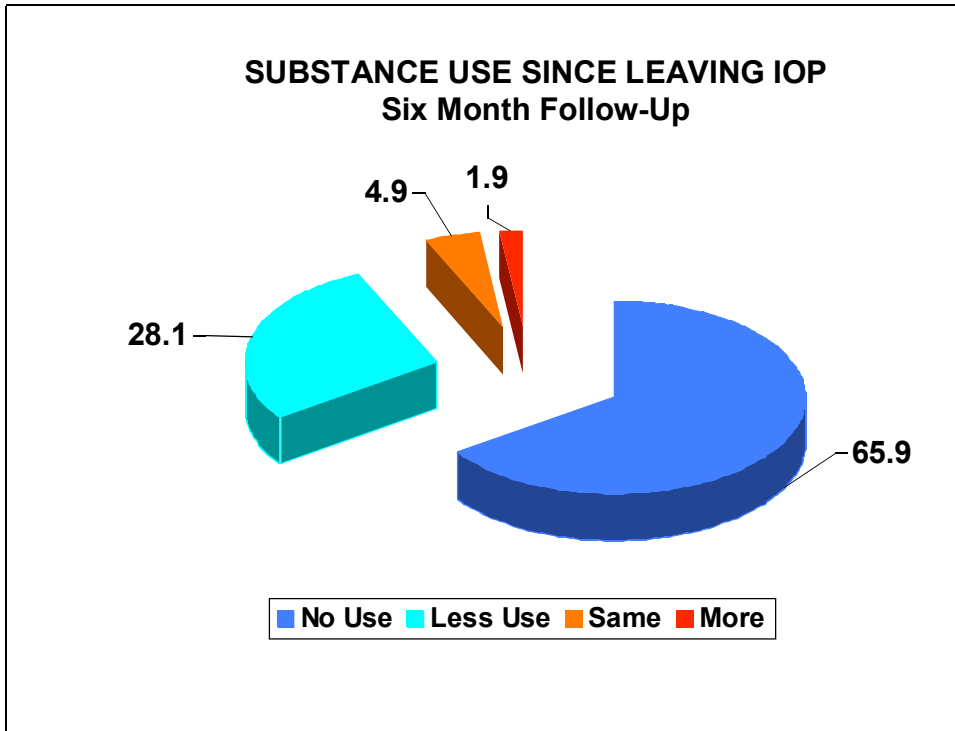


The successful completion rate for the treatment program is 51%, with “successful completers” staying for an average of 144.7 days (n = 57) and “other discharge types” staying for an average of 132.5 days (n = 54).

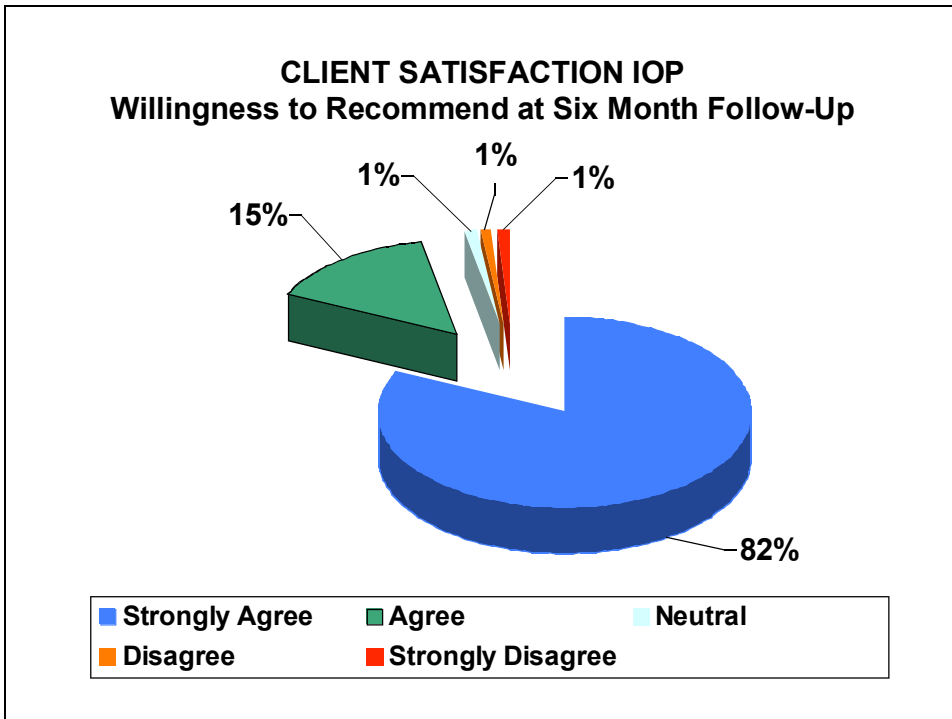
The alcohol or drug use at follow-up data are shown in the table below.

Alcohol or Drug Use at Follow-Up	6-Month Follow-Up	12-Month Follow-Up
IOP		
No Use Reported Last 30 Days	73.7%	75.0%
No Use Reported Since Leaving Treatment	65.9%	55.7%
Used Some/Less Than Before Treatment	28.1%	31.2%
Used About Same as Before Treatment	4.9%	9.8%
Used More than Before Treatment	1.2%	3.3%

Substance use since leaving the ChangePoint IOP treatment is shown in the following diagram.



ChangePoint IOP clients were asked to score the program based on their willingness to recommend treatment to others. The following diagram show the results of this survey



These outcomes are significant in that they are strengthening the field’s confidence in the use of the Matrix Model as evidence based practice. The Matrix Model creates higher than average retention rates in treatment as demonstrated in other CSAT multi-site Matrix Model studies. Our data show the same trend, with a very high number of days attended in treatment for both treatment completers and non-completers. The other noted effect is a higher than average completion rate at ChangePoint of 51% (other CSAT multi-site Matrix Model studies averaged 40.9% successful completion). In addition, the ChangePoint demonstration study suggests substantial rates of drug-free clients and reduction of use at 6- month follow-up. We are still collecting 12-month follow-up data, which will be ready for dissemination in October 2007.

Based on these promising results ChangePoint management decided to convert all of its IOP groups to the Matrix Model, following our mission of “effective treatment, responsive service.”

It should be noted that this demonstration project has some limitations. Randomization and a control group were not part of the study, and the follow-up data are based on self-report. However, the results are still very promising.

For more information contact:

Chris Farentinos
ChangePoint

Tel: 503-419-2651
E-mail: cfarentinos@changepointinc.com