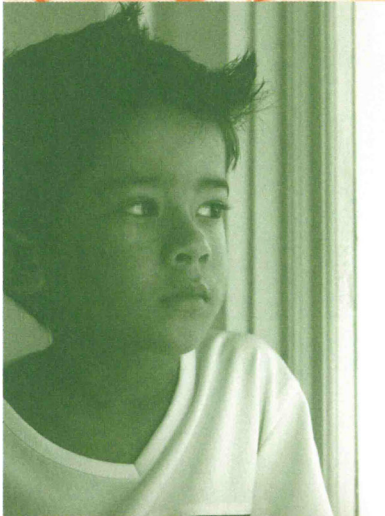


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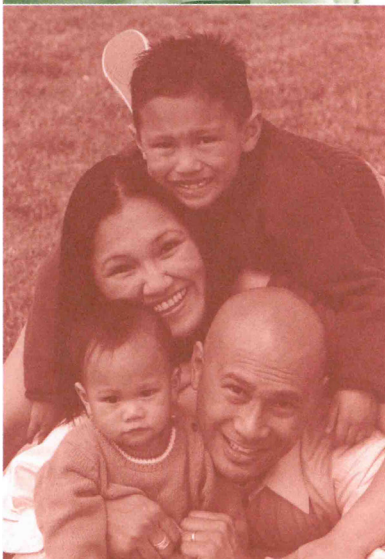


Anoka County Enhanced Treatment Program

*Evaluation report:
January 2008-June 2012*



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Evaluation report: January 2008 – June 2011

July 2012

Prepared by:
Laura Schauben

Wilder Research
451 Lexington Parkway North
Saint Paul, Minnesota 55104
651-280-2700
www.wilder.org

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Summary

Background

The Enhanced Treatment Program (ETP) was designed to address the increasing involvement of women with minor children in Anoka County's Child Protection and Corrections departments that was due to methamphetamine abuse. The program is based on the Matrix Model for methamphetamine treatment and recovery, in which counselors guide participants through the program and provide coaching and support in dealing with chemical dependency, mental health, family disputes, domestic violence, and other vulnerabilities. The target population for the program is women involved in Anoka County's Child Protection and Corrections departments, with preference given to women with minor children. ETP began services in May 2006, funded by a grant from the Minnesota Department of Public Safety. Current funding is provided by Minnesota Department of Human Services and Anoka County.

Project description

This project is a component of ETP's outcome evaluation. In January 2008, ETP began using a revised version of the Addiction Severity Index (ASI) developed by McLellan and colleagues in 1981 as a combination treatment planning and data collection tool. Of the 136 women who started ETP between January 2008 and May 2012, 64 participated in the revised ASI interview at both intake and exit. Data from these participants are the focus of this report.

Key findings

Client characteristics at intake

At intake, of the 64 women who had both intake and exit ASI data:

- The majority of clients are White, in their 20's or 30's, and unmarried.
- Almost three-quarters of respondents did not have a permanent place to live that they considered a positive influence on their recovery.
- 89 percent of respondents had at least one child under the age of 18.

- Of respondents with a child under age 18, 53 percent did not have legal custody of all of their children, including 35 percent who did not have legal custody of any of their children.
- 60 percent of respondents were involved with Child Protection and 12 percent with the family court system.
- 73 percent of respondents were unemployed.
- 83 percent of respondents said their income was not sufficient to meet their family's basic living expenses.
- 39 percent of respondents reported having a chronic medical problem that interfered with their life.
- 41 percent of respondents were awaiting criminal charges, trial, or sentencing; 65 percent were on probation or parole.
- 86 percent of respondents reported having a major problem with more than one substance.
- 84 percent had been in treatment for alcohol or drug abuse at least once.
- 92 percent of respondents reported experiencing at least one significant psychiatric symptom in their lifetime.

Program outcomes

Within the data of 64 participants who had the ASI completed at intake and exit, the following statically significant differences were found:

- At exit, successful graduates were significantly more likely than respondents who did not complete the program to have stable housing (92% vs. 49%) and to consider their housing a permanent place to live that is a positive influence on their recovery (75% vs. 32%).
- At exit, successful graduates were also significantly more likely to have paid employment (83% vs. 36% for clients who did not complete the program)

- None of the successful graduates had used alcohol or drugs during the 30 days prior to exit (or longer), compared to 39 percent of those who were unsuccessful.¹
- On average, the successful graduates had 49 weeks of sobriety at program graduation, and those who were terminated had 26 weeks of sobriety.
- Successful graduates had more supportive relationships and less conflictive relationships, than those who did not complete the program.
- Compared to clients who did not complete the program, successful graduates reported experiencing fewer days of psychological and emotional problems (9 days vs. 2 days) and reported being less troubled by these problems (84% vs. 51% reporting they were “not at all” or “slightly” troubled).

¹ The question in the survey specifically asked about the 30 days prior to survey administration. Thus, this is the minimum length of sobriety achieved.

Background

Program description

In 2004, Anoka County was experiencing significant impacts from methamphetamine use, particularly in the areas of increased child protection cases, probation cases, and clogged court calendars. Almost half of that year's new child protection cases (88 cases, 151 children) involved methamphetamine, and 42 percent of inmates in Anoka County's Medium Security facility had charges related to methamphetamine, including 13 of the 25 female inmates.

To respond, the Anoka County Methamphetamine Task Force Treatment Subcommittee was convened, and members worked together to design the 12-month Enhanced Treatment Program. Members of the Subcommittee include representatives from Anoka County Community Corrections, Anoka County Jail, Community Health, Job Training Center, Community Social Services and Mental Health, Income Maintenance, Anoka County Community Action Agency, Department of Human Services, a chemical dependency treatment provider, an insurer, and the Anoka County Board of Commissioners. The first two years of the program were funded through a Minnesota Department of Public Safety grant administered by the Minnesota Office of Justice Programs. Current funding is provided by Minnesota Department of Human Services and Anoka County.

The program's target population includes:

- Women charged with methamphetamine possession or related crimes who are in the criminal justice system, either pre-sentence or in a sentenced status
- Women who have children that have been referred to the Child Protection system because of their mother's involvement with methamphetamine
- Women with no prior criminal history who could be charged with a misdemeanor or a felony level crime because of methamphetamine use, and who are diverted from the criminal justice system
- Women who are concerned about their methamphetamine use and volunteer to participate after eligibility is established

While the program focuses on women who use methamphetamines, most of these women use other substances as well.

Women are referred to ETP by Anoka County Child Protection staff, Community Corrections personnel, and the Criminal Court system. Anoka County Child Protection gives priority for ETP referrals to mothers whose children are in out-of-home placement. Anoka County Corrections staff gives priority for referrals to mothers with children, who can be in either pre-sentence status or already sentenced. Anoka County Criminal Court also orders women under their jurisdiction to the program. Occasionally, women hear of the program and volunteer to participate, and those that are found eligible may be included in the program.

The majority of participants enrolled in ETP during the evaluation period were court-ordered (84%), through Corrections (41%), Child Protection (31%), or the Court itself (11%; see Figure 1).

1. Referral source and type (N=64)

Source and type	%
Child Protection	41%
Court-ordered	31%
Voluntary	9%
Corrections	45%
Court-ordered	41%
Voluntary	5%
Court	13%
Court-ordered	11%
Voluntary	2%
Missing	2%

Note: Sum of percentages in sub-categories may not equal the category total due to rounding. Similarly, the sum of the categories does not equal 100 percent due to rounding.

Overall preference is given to clients who are willing to comply with program requirements, want assistance, and agree to and follow a housing plan. The Enhanced Treatment Program does not accept women who are felony-level sex offenders or who have been previously convicted of felony assault.

The program is housed at the Rum River Human Service Center in a “storefront” environment where the program counselors have their offices; meet individually with program participants; and facilitate a cognitive-behavioral therapy group, a mental health support group, and a chemical dependency group.

Each client works individually with an ETP counselor to define her unique needs and address those needs through tailored treatment plans. Portions of the Enhanced Treatment Program are based on the Matrix Model for methamphetamine addiction, in which counselors guide the participant through the program and provide coaching in dealing with issues related to:

- Chemical dependency
- Mental health
- Family conflicts
- Domestic violence
- Employment
- Education
- Housing
- Legal difficulties

To address the myriad of issues related to chemical dependency, ETP offers clients individual and group counseling, connects clients with community resources, assists clients in developing life skills, provides emotional support, coordinates a variety of services, helps clients build problem solving skills, monitors clients' chemical use, and develops transitional planning. Participants in ETP:

- Meet with their ETP counselor two to four times a month
- Participate in the Cognitive Behavioral Therapy group weekly
- Participate in the Mental Health Support Group weekly
- Participate in the Chemical Dependency/Educational Support Group weekly
- Participate in at least two or three random urine analysis (UA) screenings per week for one full year

The program has two full-time ETP counselors on staff whose roles in working with the participants include advocate, mentor, and confidant. Counselors' responsibilities include:

- Assessing individuals' appropriateness for the program
- Developing individual treatment plans for each client
- Monitoring participation and compliance with program requirements
- Providing counseling and support
- Arranging for and coordinating additional services as needed with contracted providers, county offices, and local social service agencies

- Authorizing the use of flexible funds for individualized treatment plans
- Ensuring data collection
- Facilitating a cognitive-behavioral therapy group, a mental health support group, and a chemical dependency group weekly
- Attending court hearings
- Providing transportation for clients as needed

Evaluation methods

The ETP outcome evaluation utilizes several forms of data collection, including interviews with clients, urine analyses of clients, a database where achievement of outcomes is tracked by staff, and secondary data obtained from county databases.

Outcome evaluation measures include:

- Reduced drug and alcohol use
- Successful reunification with children in out-of-home placement
- Absence of new child protection allegations
- Absence of new criminal charges
- Safe and stable housing secured
- Healthier relationships
- High school equivalent completed and/or improved engagement in employment
- Increased engagement in the workforce and reduced dependency on social assistance
- Emotional and mental health needs met

This report focuses on client data collected at both intake and exit using a revised version of the Addiction Severity Index (ASI) developed by McLellan and coworkers in 1981. The ASI is a semi-structured interview that assesses history and frequency of alcohol and drug use, as well as status in five areas commonly associated with drug use: medical, legal, employment, social/family, and psychological functioning. Scores on the ASI can be used to assess the need for treatment, to target treatment planning, and to assess the efficacy of the assistance provided. Staff of ETP began administering the ASI in January

2008. At intake, staff complete the ASI while interviewing the client. At exit, an interview is also conducted if the client is available. If not, the counselor completes the information they can based on discussions they have had with the client and other members of the care team, as well as client records.

The ASI was designed to be administered by a technician or counselor. Consistent guidelines for each question on the ASI have been compiled in training materials. The ASI has been translated into seventeen languages.

In total, 136 women started ETP between January 2008 and May 2012. This evaluation focuses on the 64 women who participated in the ASI at intake and exit.

Client characteristics

From the time the new evaluation design was implemented in January 2008 through June 2012, 64 women participated in intake and exit interviews using the revised ASI instrument. This section provides demographic information on these participants at intake.

Demographics

All of the participants referred to ETP during the evaluation period are women, as the program design intends. The majority of the women identify themselves as White, not of Hispanic origin (91%), while 6 percent identified themselves as American Indian, 2 percent as Asian or Pacific Islander, and 2 percent as “multi-racial” (see Figure 2).

At intake, participants ranged in age from 20 to 50, with an average and median age of 31 (see Figure 2). The majority of respondents had never been married (67%); 17 percent are currently divorced, 11 percent married, and 3 percent separated (Information was unavailable for the remaining 2%).

2. Demographics (N=64)

Race/ethnicity*	
White (not of Hispanic origin)	91%
American Indian	6%
Asian or Pacific Islander	2%
Multi-racial	2%
Age	
Under 21	2%
21- 29	41%
30-39	42%
40-49	14%
50-59	2%
Mean	31
Median	31
Range	20-50

* Only races with which at least one person identified are listed.

Note: The sum of the categories does not equal 100 percent due to rounding.

2. Demographics (N=64) (continued)

Marital status	
Never married	67%
Divorced	17%
Married	11%
Separated	3%
Missing	2%

Living situation

At intake, 27 percent of respondents had a permanent place to live that they considered a positive influence on their recovery (see Figure 3). For the remaining respondents, 48 percent had temporary or transitional housing, 13 percent were homeless/had no fixed place to live, 8 percent were recently released from a correctional facility, and 5 percent had a permanent place to live that they considered a negative influence on their recovery. Relatedly, 16 percent of respondents said they currently live with someone who uses non-prescribed drugs and 16 percent report living with someone who has an alcohol problem.

Respondents were also asked about their living situation over the 30 days previous to intake. Sixty-six percent of participants had lived in a controlled environment, most commonly alcohol or drug treatment (41%) or jail (22%; see Figure 3). For these clients, the average time spent in the controlled environment out of the past 30 days was 22 days, with a median of 30 days and a range of 1 to 30 days. Additionally, 13 percent of participants had been homeless in the previous 30 days.

Respondents also provided information regarding their usual living situation for the three years previous to intake. The vast majority of respondents typically lived with other people, with only 3 percent reporting that they lived alone (see Figure 3). Most commonly, respondents said they lived with a sexual partner and their children (38%, down from 45% in 2011). Other responses endorsed by 10 percent or more of respondents included: living with parents (14%), living with other family members besides their parents or friends (14%), and living with their children only (i.e., not other adults; 13%).

3. Living situation (N=64, unless otherwise noted)

Current living situation	
Temporary or transitional place to live	48%
Permanent place to live that is positive influence on recovery	27%
No fixed place to live/homeless/in shelter	13%
Jail or prison	8%
Permanent place to live that is negative influence on recovery	5%
Currently lives with someone who uses non-prescribed drugs	16%
Currently lives with someone who has an alcohol problem	16%
In the 30 days previous to intake, was client in a controlled environment?	
Yes	66%*
Alcohol or drug treatment	41%
Jail	22%
Medical treatment	2%
Other	2%
No	34%
If yes, how many of the last 30 days was client in controlled environment? (N=42)	
Mean	22 days
Median	30 days
Range	1-30 days
In the 30 days previous to intake, client was homeless	13%
Usual living arrangement last 3 years	
With sexual partner and children	38%
With parents	14%
With other family members (i.e., not parents) or friends	14%
With children alone	13%
With sexual partner alone (i.e., no children)	9%
Alone	3%
In controlled environment	3%
No stable arrangement	6%

* For whether client was in a controlled environment, subcategories under "yes," do not total the percentage who said "yes" due to rounding. Other percentages may also not total 100% due to rounding.

Parental status

At intake, 89 percent of respondents had at least one child under the age of 18 (see Figure 4). Specifically, 30 percent had one child under the age of 18, 48 percent two or three children, and 11 percent four or five children. The average and median number of children is two, and the range zero to five.

Of the participants with children under 18, 53 percent did not have legal custody over all of their children; including 35 percent who did not have legal custody of any of their children (see Figure 4).

Of participants with children under age 18, 60 percent were involved with Child Protection and 12 percent with the family court system at intake (see Figure 4). During their lifetime, 86 percent had a child removed from their physical custody at some time, six percent of whom had the child returned to their custody.

4. Parental status

Number of children under 18 years old (N=64)	
No children under 18 years old	11%
1 child	30%
2-3 children	48%
4-5 children	11%
Missing	0%
Mean	2
Median	2
Range	0-5
Number of children under 18 client has legal custody over (N=57)	
None	35%
Some	18%
All	47%
Missing	0%
Current involvement with Child Protection (N=57)	60%
Current involvement with the family court system (N=57)	12%
Has ever had child(ren) removed from physical custody (N=57)	86%
If yes, child has been returned to custody (N=50)	6%

Note: Percentages may not equal 100% due to rounding.

Education, employment, and finances

Education and employment

In regard to education, at intake, 75 percent of respondents had completed high school; including 20 percent who continued on for additional formal education (up from 14% in 2011, see Figure 5).

At intake, the majority of respondents were unemployed (73%, see Figure 5). In addition, 22 percent were employed (up from 16% in 2011), the majority in jobs that did not provide health insurance (19%). The remainder of respondents were either in job training, on disability, or did not have their employment status recorded (2% each).

Respondents were also asked about their typical employment status over the three years prior to intake. Thirty-six percent spent most of that time unemployed, and an additional 27 percent were employed part-time but with irregular hours (see Figure 5). Twenty-eight percent typically held regular full-time (11%) or part-time (17%) jobs. The remainder of participants had spent most or all of that time as a student (3%), in a controlled environment (3%), unable to work because of a disability (2%) or did not have this information recorded (2%).

In regard to respondents' employability, 34 percent reported having a profession, trade, or skill (see Figure 5). During their lifetime, 85 percent of respondents had held at least one full-time job. On average, the length of their longest full-time job was four years, with a median of two years and a range from zero to nineteen years. Also important to holding a job, 53 percent of respondents had a drivers' license. Of those with a license, 88 percent had access to an automobile.

5. Education and employment (N=64)

Education completed (in years)	
Less than 12 years	23%
12 years	55%
More than 12 years	20%
Missing	2%
Mean	12 years
Median	12 years
Range	8- 16 years

5. Education and employment (N=64) (continued)

Current employment status	
Unemployed	73%
Employed	22%
With health insurance	3%
Without health insurance	19%
In job training	2%
Retired/disabled	2%
Missing	2%
Typical employment pattern past 3 years	
Unemployed	36%
Employed part time – irregular hours	27%
Employed part time – regular hours	17%
Employed full-time	11%
Student	3%
In controlled environment	3%
Retired or disabled	2%
Missing	2%
Longest full-time job (in years)	
Hasn't had a full-time job	16%
Less than 1 year	8%
1-2 years	30%
3-5 years	28%
More than 5 years	19%
Mean	4 years
Median	2 years
Range	0 – 19 years
Has a profession, trade, or skill	34%
Has driver's license	53%
If has license, has automobile available for use (N=34)	88%

Note: Percentages may not equal 100% due to rounding.

Finances

The majority of respondents (72%) had at least one person, other than themselves, relying on them for the majority of their financial support (i.e., food, shelter, etc.; see Figure 6). The average and median number of people depending on respondents was one, with a range from zero to five. Seventeen percent of respondents said their income was sufficient to meet their family's basic living expenses. Sixty percent of respondents had someone else contributing to their support, including 38 percent for whom the majority of their financial needs were met by someone else.

6. Finances (N=64)

How many people depend on you for the majority of their food, shelter, etc.	
0	25%
1-2	67%
3-5	5%
Missing	3%
Mean	1
Median	1
Range	0-5
Income is sufficient to meet family's basic living expenses	17%
Does someone contribute to their support?	
Yes, someone else provides the majority of their support	38%
Yes, but not the majority of their support	22%
No	39%
Missing	2%

Note: Percentages may not equal 100% due to rounding.

Medical status

At intake, 39 percent of respondents reported having a chronic medical problem that interferes with their life (up from 33% in 2011, see Figure 7). In addition, 27 percent were taking prescribed medication for a physical problem (up from 18% in 2011). Two percent were receiving a pension related to a physical disability.

Respondents were asked the number of times they had been hospitalized in their lifetime. Thirty-four percent said they had never been hospitalized for a medical problem (see Figure 7). Forty-four percent had been hospitalized one to three times and 20 percent four times or more. (Information was unavailable for 2% of respondents). The average and median number of reported hospitalizations was three, the median one, and the range 0 to 20.

7. Medical status (N=64)

Chronic medical problem that interferes with life	39%
Taking prescribed medication for a physical problem regularly	27%
Receiving pension for a physical disability	2%
Number of times hospitalized, lifetime	
Never	34%
1-3 times	44%
4-9 times	14%
10 or more times	6%
Missing	2%
Mean	3
Median	1
Range	0 – 20

Legal status

For 81 percent of respondents, their admission to ETP was prompted or suggested by staff of the criminal justice system. At intake, 72 percent of respondents were on probation or parole (up from 65% in 2011); and 41 percent were awaiting charges, trial or sentencing; (see Figure 8).

Ninety-five percent of respondents said that over their lifetime, they have been arrested and charged with at least one crime (see Figure 8). Eighty-four percent said that they have been arrested and charged with an alcohol- or drug-related crime. The average and

median number of times charged with an alcohol- or drug-related crime was two, with a range of zero to nine times.

A greater proportion of respondents (89%) had been charged with other types of crimes (i.e., not alcohol or drug crimes; see Figure 8). The average number of times respondents were charged was six, with a median of four. The range was 0 to 22 times.

Of the respondents who had been charged with a crime, 90 percent reported having at least one conviction (see Figure 8). On average, 75 percent of the charges resulted in conviction. For more than half of respondents, all of the charges resulted in conviction.

Of the 55 respondents who said they have spent some time incarcerated, 18 percent spent less than a month incarcerated during their lifetime, 44 percent spent between 1 and 6 months incarcerated, 22 percent spent between 7 and 12 months incarcerated, and 16 percent spent over 12 months incarcerated (see Figure 8). On average, these respondents had spent eight months in prison during their lifetime, with a median four months and a maximum of 49 months.

8. Legal status (N=64, unless otherwise noted)

Admission to ETP was prompted or suggested by staff of the criminal justice system	81%
Presently on probation or parole	72%
Presently awaiting charges, trial, or sentence	41%
Reported being arrested and charged with a drug-related offense	84%
Number of times arrested and charged with an alcohol/drug offense, lifetime	
None	16%
1 time	31%
2 -4 times	36%
5 or more times	17%
Missing	0%
Mean	2
Median	2
Range	0-9

8. Legal status (N=64, unless otherwise noted) (continued)

Reported being arrested and charged with a non-drug related offense	89%
Number of times arrested and charged with a non-drug offense, lifetime	
None	11%
1 time	11%
2 -4 times	31%
5 or more times	47%
Missing	0%
Mean	6
Median	4
Range	0-22
Reported being arrested and charged with any crime over their lifetime	95%
Percentage with at least one conviction ^a (n =58)	90%
Percent of charges leading to conviction ^a (n =58)	
None	10%
1%-50%	19%
51% - 99%	12%
100%	59%
Mean percentage of charges leading to conviction	75%
Median percentage of charges leading to conviction	100%
Percent who have spent any time incarcerated	86%
Amount of time incarcerated, lifetime (N=55)	
Less than 1 month	18%
1 month to 6 months	44%
7 months to 12 months	22%
More than one year	16%
Mean for those who have been incarcerated	8 months
Median for those who have been incarcerated	4 months
Maximum number of months spent in prison	49 months

Note: ^a Analyses regarding convictions excludes results of traffic violations and parole/probation violations.
Percentages may not equal 100% due to rounding.

Drug and alcohol use

In describing their substance use issues at intake, 86 percent of respondents said that more than one substance was a major problem for them (see Figure 9). Forty-five percent identified two or more drugs, 41 percent one drug and alcohol, and 11 percent alcohol only. Three percent did not have this information recorded (although given their admittance to the program, they had to be addicted to at least one substance). In terms of recent use, 17 percent said they had used in the previous 30 days.

In line with this, the vast majority of respondents reported a history of using more than one drug (see Figure 9). The most common substances used included cannabis (94%), alcohol (91%), amphetamines (84%), and cocaine (69%). In addition, almost half of respondents had used hallucinogens and almost half had, at least once, used more than one substance in a day (48% each).

Thirty percent of respondents had overdosed on drugs at least once; including 14 percent who had overdosed more than once. Alcohol DTs (delirium tremens) had been experienced by 6 percent of respondents.

At intake, 76 percent of respondents said they had been treated for drug abuse at least once (see Figure 9). The average and median number of times was two, with a range from 0 to 10 times. Fourteen percent had been treated for alcohol abuse. Given the relatively low number of people who received treatment for alcohol abuse alone; the mean and median number of times treated was zero. The range was zero to seven. In total, 84 percent of respondents had been in treatment addressing some form of substance abuse.

Finally, respondents were asked about the length of their longest period of voluntary abstinence from their major substance(s). Eleven percent of respondents said they have not been abstinent since the start of their substance abuse (see Figure 9). Fourteen percent said they had experienced a period of abstinence between one week and one month, 8 percent between two and five months, and 33 percent between 6 and 11 months. Thirty-two percent had experienced over one year of abstinence from their main substance at some time. The average length of the longest abstinence was 12 months, with a median of six months and a range between 0 and 96 months.

9. Drug and alcohol use (N= 64)

Number/type of substances identified as major problem at intake	
Poly-drug	45%
Alcohol and drug	41%
Alcohol	11%
Missing	3%
Used drugs and/or alcohol within 30 days of intake	
	17%
In lifetime, report having used:	
Cannabis	94%
Alcohol	91%
Amphetamines	84%
Cocaine	69%
Hallucinogens	48%
Inhalants	16%
Opiates/analgesics	16%
Heroin	11%
Sedative/tranquilizers	8%
Methadone	5%
More than one substance per day	48%
Has overdosed on drugs in lifetime	
Yes, once	16%
Yes, more than once	14%
No	69%
Missing	2%
Has had alcohol delirium tremens in lifetime?	
	6%
Number of times treated for alcohol abuse	
Never	84%
Once	3%
2-5 times	8%
6 or more times	3%
Missing	2%
Mean	0
Median	0
Range	0-7

9. Drug and alcohol use (N= 64) (continued)

Number of times treated for drug abuse	
Never	22%
Once	23%
2-5 times	44%
6 or more times	9%
Missing	2%
Mean	2
Median	2
Range	0-10
Have been treated for alcohol and/or drug abuse in lifetime	84%
Longest voluntary abstinence from major substance(s) (in months)	
No period of abstinence	11%
From 1 week to 1 month	14%
2 – 5 months	8%
6 – 11 months	33%
12 – 24 months (1-2 years)	23%
Over 24 months (over 2 years)	9%
Missing	2%
Mean	12 months
Median	6 months
Range	0-96 months

Psychiatric status

At intake, 25 percent of respondents had been hospitalized for a psychiatric problem at least once in their lifetime (an increase from 18% in 2011; see Figure 10). Outpatient services had been received by 56 percent of respondents. Two percent were receiving a pension for a psychiatric disability.

At intake, 92 percent of respondents reported experiencing, not as a direct result of their substance use, at least one of the psychiatric symptoms listed in the interview (e.g., depression, anxiety, attempted suicide; see Figure 10 for complete list). The most common symptoms reported were serious anxiety or tension (80%) serious depression (69%) and having been prescribed medication for a psychological problem (69%; up

from 63% in 2011). In addition, over half (56%) had experienced difficulty understanding, concentrating, and/or remembering (not directly as a result of alcohol/drug use). In terms of suicidal ideation, 33 percent of respondents had experienced thoughts of suicide and 19 percent had made at least one suicide attempt. Twenty-seven percent had experienced at least one period of time in which they had trouble controlling violent behavior. Eleven percent of respondents had experienced hallucinations not induced by substance use.

Staff noted seeing symptoms of anxiety, a thought disorder, and/or greater than expected difficulty with concentrating, remembering, or comprehending in 23 percent of respondents at intake.

10. Psychiatric status (N=64)

Has been hospitalized for psychological problem	25%
Has received outpatient care for a psychological problem	56%
Receiving pension for psychiatric disability	2%
In lifetime, client reports experiencing: *	
Serious anxiety or tension	80%
Serious depression	69%
Been prescribed medication for psychological problem	69%
Trouble understanding, concentrating, or remembering	56%
Serious thoughts of suicide	33%
Trouble controlling violent behavior	27%
Attempted suicide	19%
Hallucinations	11%
Experienced at least one psychiatric symptom described above	92%
At time of interview, staff perceive client to be anxious, have a thought disorder, or have greater than expected trouble comprehending, concentrating, or remembering	23%

* Participants were asked if they had a significant period of time in which they experienced each issue not as a result of alcohol or drug use.

Family history of substance abuse and/or mental illness

In regard to their families, at least 94 percent of respondents had someone in their family who has a substance abuse problem and/or mental illness (not all respondents had information about all of their family members), including 80 percent whose mother and/or father had these issues (up from 74 percent in 2011; see Figure 11).

11. Family history* of substance abuse and/or mental illness (N=64)

Anyone in family** has a history of substance abuse and/or mental health problems	94%
Mother and/or father have a history of substance abuse and/or mental health problems	80%

* Family history includes only people for whom the respondent provided information. For example, if the respondent didn't know or wouldn't discuss her father, then the father is not included.

** Family includes parents, grandparents, aunts, and uncles on the mother's and father's sides of the family.

History of abuse

At intake, respondents were asked if they had ever been abused by someone they know. Eighty-one percent of respondents said they have been emotionally abused, 64 percent physically abused, and 41 percent sexually abused (see Figure 12).

12. History of abuse (N=64)

Has been emotionally abused by someone they know, lifetime	81%
Has been physically abused by someone they know, lifetime	64%
Has been sexually abused by someone they know, lifetime	41%

Program outcomes at exit

Of the 64 participants with both an intake and exit ASI, 39 percent completed the program successfully, having met all goals and transitioned to the community (33%) or having achieved most goals before moving into transitional programming outside Anoka County or another facility for specialized services (6%, see Figure 13). Sixty-one percent were terminated from the program for substance use (19%) or another rules violation (42%). Because participants complete the exit interview more quickly, and thus become part of the evaluation sample more quickly, if they do not successfully complete the program, the graduation rate for this sample is lower than for the program as a whole (48%).

13. Status at program exit (N=64)

	Number	Percent
Completed program successfully (successful graduates)	25	39%
Successful graduates that met all goals	21	33%
Provisional graduates, most goals met, moved to transitional housing outside Anoka County or transferred to another program	4	6%
Discharged from program due to rules violations (unsuccessful terminations)	39	61%
Substance use	12	19%
Rules violation other than substance use	21	42%

Using the information from the 64 interviews of respondents that had intake and exit ASIs, this section examines outcomes by discharge status (successful vs. unsuccessful). In this section, “successful graduates” refers to respondents who successfully graduated the program. “Terminated clients” and “clients who did not complete the program” refer to respondents who were removed from the program for substance use or other rules violation.

As would be expected, successful graduates were in the program longer on average and in the median (about 12 months each) than clients who didn’t complete the program (4 months and 2 months, respectively; see Figure 14). Still, almost 30 percent of terminated clients had been in the program more than 6 months.

14. Length of stay in program by exit status

Clients who completed both an intake and exit interview	Successful (N=25)	Unsuccessful (N=39)
26 weeks or less (six months or less)	8%	72%
27 weeks to 51 weeks (over six months and less than a year)	8%	21%
52 weeks or more (one year or more)	84%	8%
Mean	12.5 months	4 months
Median	12 months	2 months
Range	3 months – 26 months	<1 month – 16 months

Note: Percentages may not equal 100% due to rounding.

Living situation

At exit, according to staff records, 92 percent of successful graduates compared to 49 percent of terminated clients had stable housing, a statistically significant difference (see Figure 15). In line with this, clients who successfully graduated were significantly more likely than those who left the program early both to define their living situation as permanent and a positive influence on their recovery (75% vs. 32%) and to say they are satisfied with whom they are living (76% vs. 28%). In addition, successful graduates were less likely to have been in a controlled environment in the 30 days prior to their exit from the program (4% vs. 40% of terminated clients).

15. Living situation – At exit

	Successful (N=25)	Unsuccessful (N=39)
Had stable housing***	92%	49%
Permanent place to live that is positive influence on recovery**	75%	32%
Satisfied with whom they are living***	76%	28%
In a controlled environment in past 30 days**	4%	40%

Asterisks (*) indicate a significant statistical difference. Specifically, * indicates a $p \leq .01$; ** indicates $p \leq .05$, and *** indicates $p \leq .001$.

Education, employment, and finances

At exit, 24 percent of successful graduates reported completing additional months of formal schooling since intake, compared to 3 percent of clients who did not complete the program, a statistically significant difference (see Figure 16).

At exit, successful graduates were significantly more likely to be employed than clients who did not complete the program (83% vs. 36%; see Figure 16). Looking at only respondents who worked, the average number of days worked and amount earned in the previous 30 days were similar between successful graduates and respondents who did not complete the program.

Respondents were asked how troubled they were by employment problems (either related to employment or unemployment) in the past 30 days. Successful graduates were significantly more likely than clients who terminated early to say they had not or had slightly been troubled (71% vs. 35%; see Figure 16). Respondents were also asked the number of days in the previous 30 that they had experienced employment problems. For successful graduates the average was seven days, compared to an average of 22 days for clients who did not complete the program.

Related to both finding and keeping a job, at exit, successful graduates were significantly more likely than clients who terminated early to have a driver's license (92% vs. 53%).

16. Education, employment, and finances– At exit

	Successful (N=25)	Unsuccessful (N=39)
Completed additional months of education**	24%	3%
Currently employed***	83%	36%
Of employed respondents, mean number of days working for pay in the previous 30 days (Ns = 18 and 13, respectively)	20 days	16 days
Of employed respondents, mean income from work in previous 30 days (Ns = 19 and 12, respectively)	\$950	\$1050
Not at all/slightly troubled by employment problems in the past 30 days**	71%	35%
Mean number of days experiencing employment problems in the past 30 days***	7 days	22 days
Current income sufficient to meet family's basic needs***	75%	21%
Someone else contributes to their financial support	46%	53%
Has valid driver's license**	92%	53%

Asterisks (*) indicate a significant statistical difference. Specifically, ** indicates $p \leq .05$ and *** indicates $p \leq .001$.

Medical status

No significant differences were found in relation to medical status between successful graduates and clients who did not complete the program (see Figure 17).

17. Medical status – At exit

	Successful (N=25)	Unsuccessful (N=39)
Mean number of days experienced medical problems in the past 30 days	4 days	3 days
Not at all/slightly troubled by medical problems in the past 30 days	84%	81%

Legal status

In terms of their behavior/situation in the 30 days prior to exiting the program, no significant differences existed between successful graduates and clients who did not complete the program in self-reported criminal behavior or in whether the participant had been incarcerated.

Regardless of when the problems began, successful graduates were significantly more likely than clients who did not complete the program to feel their present legal problems were either not at all or slightly serious (76% vs. 24%; see Figure 18).

18. Legal status – At exit

	Successful (N=25)	Unsuccessful (N=39)
Incarcerated in previous 30 days	0%	11%
Engaged in illegal activity in previous 30 days	0%	3%
Feel their present legal problems are not at all/slightly serious***	76%	24%

***Indicates a statistically significant difference ($p \leq .001$).

Parenting status

At exit, of parents who did have physical custody of their children at intake, 69 percent of those who successfully graduated had been reunified with their children, compared to 42 percent of terminated clients; however, this difference is not statistically significant (see Figure 19). Successful graduates were significantly more likely to have legal custody of their children under 18 (84%) than clients who did not complete the program (61%).

Concomitantly, successful graduates were significantly less likely than clients who did not complete the program to be involved with child protection (9% vs. 50%) and slightly less likely to be involved in the family court system (4% vs. 21%) at exit.

19. Parenting status – At exit

	Successful		Unsuccessful	
	N	%	N	%
Reunified with children	16	69%	26	42%
Percent of children under the age of 18 for whom parent has legal custody*	23	84%	34	61%
Currently involved with Child Protection**	23	9%	34	50%
Currently involved in family court	23	4%	34	21%

Asterisks (*) indicate a significant statistical difference. Specifically, * indicates a $p \leq .01$ and ** indicates $p \leq .05$.

Family and social relationships

At exit, successful graduates reported having significantly more close friends (average = 5 friends) than clients who were terminated from the program (average = 2 friends; see Figure 20). They were also significantly more likely to report being satisfied with how they spent their free time (92% vs. 61% of terminated clients). In contrast, no significant difference existed in satisfaction with their marital status between successful graduates and respondents who were terminated from the program.

Respondents were asked if, in the 30 days prior to exit, they had serious problems with people in any of nine categories: sexual partner, children, mother, father, siblings, other significant family, close friends, neighbors, and co-workers. Based on their responses, a count was created of the number of types of relationships in which clients had serious conflicts. On average, successful graduates said they had not had serious conflicts with anyone in any of these categories; whereas clients who did not complete programming had conflicts, on average, in their relationships with people from two categories (see Figure 20).

In addition, clients who graduated successfully were significantly more likely to say that in the past 30 days they were not troubled at all or were troubled slightly by family problems (84%) and by social problems (92%) than terminated clients (50% and 61%, respectively; see Figure 20). In a similar vein, successful graduates, compared to terminated clients, reported significantly fewer days in the previous 30 that they had serious conflicts

with family (1 day vs. 5 days). In contrast, no significant difference existed in regard to days of conflict with non-family members.

20. Family and social relationships – At exit

	Successful (N=25)	Unsuccessful (N=39)
Mean number of close friends***	5 friends	2 friends
Satisfied with how they are spending free time*	92%	61%
Satisfied with marital status	76%	61%
Mean number of types of relationships ^a in which respondent reports serious problems**	0	2
Not at all/slightly troubled by family problems in the past 30 days**	84%	50%
Not at all/slightly troubled by social problems in the past 30 days**	92%	61%
Mean number of days in last 30 had serious conflicts with family*	1 days	5 days
Mean number of days in last 30 had serious conflicts with someone other than family	2 days	3 days

Asterisks (*) indicate a significant statistical difference. Specifically, * indicates a $p \leq .01$; ** indicates $p \leq .05$, and *** indicates $p \leq .001$.

^a Types of relationships include sexual partner, children, mother, father, siblings, other significant family, close friends, neighbors, and co-workers.

Drug and alcohol use

None of the successful graduates used illegal drugs or alcohol in the 30 days (or more)² previous to exiting the program (see Figure 21). In comparison, 39 percent of those who were terminated from the program had used alcohol and/or drugs. For the terminated clients who had used, the most common substances used were alcohol (47%), amphetamines (40%), and/or cannabis (13%).

On average, successful graduates had been sober for 49 weeks at their discharge date, with a median of 52 weeks and a range of 6 to 119 weeks (see Figure 21). Respondents who did not complete the program had, on average and in median, been sober for 26 weeks, with a range of zero to 68 weeks.

At exit, all or almost all participants who graduated successfully said that in the past 30 days they were either not at all or slightly troubled by drug-related or alcohol-related

² The question in the survey specifically asked about the 30 days prior to survey administration. Thus, this is the minimum length of sobriety achieved.

problems, compared to between half and two-thirds of clients who were terminated from the program (see Figure 21). Similarly, successful graduates report that in the 30 days prior to exit, they spent, on average, no days troubled by drug or alcohol-related problems, compared to terminated clients who reported, on average, two days troubled by alcohol-related problems and five days by drug-related problems. All differences, except average number of days troubled by alcohol-related problems, were statistically significant.

During programming, clients participate in multiple urinalyses (UAs). Successful graduates participated in about 2,500 UAs total, or, on average, 105 per person (see Figure 21). Terminated clients had a total of about 1,500 UAs, or, on average, 40 per person. No significant differences existed between the two groups in the percentage of participants who had at least one “dirty” UA (i.e., indication of drug use was found; successful graduates 38%, unsuccessful discharges 41%). For both groups, the average number of dirty UAs was one, and the median zero. Successful graduates most commonly had alcohol use indicated by the UA (42%), whereas terminated clients most commonly had methamphetamine use indicated (52%).

21. Drug and alcohol use – At exit and during programming

	Successful (N=25)	Unsuccessful (N=39)
In previous 30 days, client has used alcohol (self-report) ^{***}	0%	39%
Of those who used, what they used (self-report, multiple responses possible)	(N=0)	(N=15)
Alcohol	N/A	47%
Amphetamines	N/A	40%
Cannabis	N/A	13%
Hallucinogens	N/A	7%
Inhalants	N/A	7%
Opiates	N/A	7%
Weeks of sobriety at discharge		
Mean	49 weeks	26 weeks
Median	52 weeks	26 weeks
Range	6-119 weeks	0-68 weeks

Asterisks (*) indicate a significant statistical difference. Specifically, * indicates a $p \leq .01$; ** indicates $p \leq .05$, and *** indicates $p \leq .001$.

21. Drug and alcohol use – At exit and during programming (continued)

	Successful (N=25)	Unsuccessful (N=39)
Not at all/slightly troubled by alcohol-related problems in the past 30 days**	96%	66%
Not at all/slightly troubled by drug-related problems in the past 30 days***	100%	55%
Mean number of days in the past 30 experienced alcohol-related problems	0 days	2 days
Mean number of days in the past 30 experienced drug-related problems*	0 days	5 days
Total urine analyses (UAs) during programming	2,492	1,543
Mean UAs	105	40
Median UAs	114	30
Range	25-143	2-113
Percent of respondents with at least one dirty “UAs” anytime during programming	38%	41%
Mean number of “dirty” UAs	1	1
Median number of “dirty” UAs	0	0
Range	0-2	0-3
Substance found in dirty UAs (multiple responses possible)	(N=12)	(N=25)
Alcohol	42%	28%
Amphetamines	33%	52%
Cannabis	0%	16%
Opiates	17%	4%
Other drugs	8%	4%
Missing	0%	0%

Asterisks (*) indicate a significant statistical difference. Specifically, * indicates a $p \leq .01$; ** indicates $p \leq .05$, and *** indicates $p \leq .001$.

Psychiatric status

Compared to respondents who didn’t complete the program, a smaller proportion of successful graduates reported experiencing in the 30 days prior to exit each of the following: mental health issues overall (61% vs. 40%), serious depression (21% vs. 12%), and serious anxiety or tension (53% vs. 28%; see Figure 22). However, none of the differences were statistically significant.

In terms of statistically significant differences, compared to respondents who didn't complete the program, successful graduates reported fewer days in the past 30, on average, with psychological or emotional problems (2 days) and being less troubled by psychological problems during that time (84% were either "not at all" or "slightly" troubled) than clients who didn't complete the program (average=9 days; 51% were either "not at all" or "slightly" troubled).

22. Psychiatric status – At exit

	Successful (N=25)	Unsuccessful (N=39)
Has had any mental health issues in the past 30 days	40%	61%
Has had significant period of serious depression in past 30 days	12%	21%
Has had significant period of serious anxiety or tension in past 30 days	28%	53%
Not at all/slightly troubled by psychological problems in the past 30 days**	84%	51%
Mean number of days in past 30 experienced psychological or emotional problems**	2 days	9 days

** indicates a statistically significant difference ($p \leq .05$)