



Dodge-Fillmore-Olmsted Methamphetamine Treatment Project

July 2008-June 2009 evaluation report

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Summary

The Dodge-Fillmore-Olmsted (DFO) Methamphetamine Project is a corrections-based substance abuse treatment and recovery program established in 2004 and comprised of three programs: Crossroads, Odyssey, and Journey. Crossroads is a jail-based pre-treatment component, focused on stabilizing incarcerated offenders prior to beginning outpatient treatment and introducing recovery concepts. Community-based treatment is supported by two gender-specific programs: Odyssey, for men, and Journey, for women.

The program model incorporates a number of components to support participants in their recovery process, including cognitive behavioral therapy, behavioral incentives, and frequent drug testing, over a longer period of time than generally provided through standard treatment programs. To meet the needs of all clients, the program has established partnerships with a variety of local community organizations and individual service providers.

This report utilizes data collected by DFO program staff to describe the characteristics of the participants, summarize the types of services being offered, and examine the impact of the treatment programs on the participating offenders.

Participant characteristics

Between July 1, 2008 and June 30, 2009, a total of 134 participants were enrolled in Crossroads, Odyssey, Journey, or a combination of programs.

- Most program participants were White (80%), male (69%) and single (72%). On average, participants were 31 years old.
- Half (49%) of the participants had one, and up to five, dependent children.
- Nearly two-thirds of participants (66%) had completed at least a high school education, while less than one-quarter of the participants (23%) were employed in the 30 days prior to incarceration.
- Most participants (98%) had been charged with at least one felony level offense, and on average, participants had been convicted of six crimes prior to enrolling in the program. Sixty percent of participants entered the program after being charged with crimes related to drug sale or possession.
- Nearly three-quarters of participants (72%) had attempted substance abuse treatment prior to enrolling into the DFO program.

Program outcomes

During the past year, 30 individuals were discharged from the Odyssey program and 25 were discharged from Journey, with half of those discharged successfully completing the program (50% of Odyssey participants, 52% of Journey participants).

- Most drug tests administered to program participants (95%) were negative. However, approximately half of all participants self-reported some drug use while enrolled in Odyssey or Journey.
- Three-quarters of participants (75%) were discharged without being arrested for any new charges.
- All participants felt they had relationships with professionals who supported their recovery. Women were less likely to have a spouse or partner who supported their recovery efforts (29%, compared to 94% of male participants).
- While all participants often received behavioral incentives, counseling, medication prescription and monitoring, and employment assistance, fewer women received counseling, family education, and life skills classes than men.
- All successful program graduates had secured stable housing at discharge. Overall, two-thirds (67%) of all program graduates and unsuccessful program participants combined had stable housing.
- Approximately half of the Journey (56%) and Odyssey (50%) participants were employed at discharge. Successful graduates were more likely to be employed than unsuccessful participants (80%, compared to 19% of unsuccessful participants).

Conclusions and recommendations

The data included in this report demonstrate a number of positive outcomes, but also indicate areas when program improvements could be made. Wilder Research suggests DFO staff consider the following conclusions and recommendations to further enhance the effectiveness of the program.

- Women who participate in the program may require additional services and supports to develop healthy relationships. Program staff may need to consider strategies to increase Journey participants' access to individual or couples counseling, or develop new program components that focus more directly on establishing healthy relationships.

- Based on LSI-R scores, participants with a more extensive criminal history, greater problems related to education and employment, and who have poorer attitudes towards their arrest and related consequences may benefit from additional services or efforts to engage them in the program. Program staff and probation officers may want to review how they use the LSI-R scores to inform their work, and develop guidelines to provide additional supervision or services to participants who enter the program with higher needs in these areas.
- The need to gather feedback directly from program participants has also been identified in past reports, but the collection of more comprehensive and consistent intake and discharge data was identified as a higher priority for the evaluation. Now that the new evaluation forms have been used consistently by staff, it seems appropriate to add this evaluation component.

Project background

The Dodge-Fillmore-Olmsted (DFO) Methamphetamine Program is an initiative funded in part by the Minnesota Department of Public Safety, Office of Justice Programs. The data analyzed in this report were collected by corrections staff for individuals who participated in the program between July 1, 2008 and June 30, 2009.

This report provides a description of the program and services, characteristics of participants, and changes in participant outcomes over time for the individuals discharged from Odyssey or Journey during the reporting period.

Program description

The Dodge-Fillmore-Olmsted (DFO) Methamphetamine Project is a corrections-based substance abuse treatment and recovery program comprised of three program elements: Crossroads, Odyssey, and Journey. Crossroads is a jail-based pre-treatment program, focused on stabilizing incarcerated offenders prior to beginning outpatient treatment and introducing recovery concepts. Community-based treatment is supported by two gender-specific programs: Odyssey, for men, and Journey, for women. A graduate group, not included in this evaluation, is also available to participants who successfully complete the outpatient programs. These group meetings are led primarily by group members, with probation officers co-facilitating discussions and conducting random drug testing. The group utilizes the SMART Recovery model, which is based on the same cognitive-behavioral principles emphasized during outpatient treatment.

Individuals are eligible to participate in the DFO program if they have a diagnosed substance dependency diagnosis and use methamphetamine or other stimulants. The program does not utilize any eligibility criteria based upon the type or severity of criminal offense that led to arrest.

The program model incorporates a number of components to support participants in their recovery process, including cognitive behavioral therapy, behavioral incentives, and frequent drug testing, provided over a longer period of time than generally available through standard treatment programs. To meet the needs of all clients, the program has established partnerships with a variety of community organizations and individual service providers, such as the Mayo Clinic, Zumbro Valley Psychological Services, Rochester Behavioral Health, and Wenden Recovery Services. Interagency partnerships among multiple county departments, including Corrections, Public Health, and Social Services, as well as the Adult Detention Center and Work Release Center, also ensure comprehensive services are provided to all clients. These partnerships have remained quite consistent

over time. Program volunteers provide assistance with clerical work, drug test observations, other support to probation staff, and mentoring to program participants.

As a result of these collaborative efforts, a number of services are available at the three program locations. Comprehensive medical and dental services are provided at Crossroads, while all programs can refer participants for a variety of mental health services, including medication monitoring, psychiatric/psychological assessments, and counseling services.

Evaluation plan

New data collection forms were developed in 2008 to better capture information about the characteristics of participants as they enter the program, including a more detailed summary of their criminal history and involvement with various public programs. This information will provide a more comprehensive understanding of participant needs and changes in outcomes. Because many of the participants discharged from the program in the past year were already being served by the program when the evaluation was modified, the outcome data available in this report is somewhat limited. However, future reports will contain a more comprehensive assessment of participant outcomes.

Data collection forms are used by program staff at each program to gather data for the evaluation at intake and discharge. Summary scores from the Level of Service Inventory – Revised (LSI-R) are also reported at intake and discharge. Additional program data, including drug testing results, new arrests, and program violations are elements of their program database. These data were also submitted to Wilder Research on a regular basis.

The information gathered from these data sources was used to describe characteristics of the clients, summarize the types of services being offered, and examine the impact of the treatment programs on the participating offenders. Some of the specific questions addressed through the evaluation include:

- What types of services are being provided to participants?
- How many participants reduce their use of illegal substances?
- How many participants attain/maintain stable housing during treatment?
- How many participants attain/maintain employment during treatment?
- How many participants avoid program violations/criminal activity while in treatment?
- How many participants are discharged upon successful completion of a treatment program?

Participant characteristics

Between July 1, 2008 and June 30, 2009, a total of 134 participants were enrolled in Crossroads, Odyssey, Journey, or a combination of programs. Demographic information was collected as new participants entered Crossroads, while a supplemental form was used to collect demographic information for participants who were currently enrolled in Odyssey or Journey when the data collection forms were modified.

Most treatment participants were young, White males. Over two-thirds of program participants were male (Figure 1). Eighty percent of all clients were White, with fewer clients identified as Black/African American (13%), Asian/Southeast Asian (2%), or other (5%), including Somali (N=4), Hispanic (N=1), and Caribbean (N=1). Only five clients were identified as Hispanic or Latino. On average, participants were 31 years old, but ranged in age from 18 to 64. Most participants (72%) were single, while half (49%) had one to five dependent children. The demographic characteristics of men and women were similar, though male participants were somewhat more racially diverse. According to program staff, while referrals to Crossroads have remained consistent for men, there have been very few women referred to the program during the past year.

1. Key demographic data for program participants (N=134)

	Number	Percent
Gender		
Male	93	69%
Female	41	31%
Race^a		
White	107	80%
Black	18	13%
Asian/Southeast Asian	3	2%
Other	6	5%
Ethnicity		
Hispanic	5	4%
Non-Hispanic	104	78%
Unknown/missing	25	19%
Age		
18-20 years	13	10%
21-30 years	63	47%
31-40 years	32	24%
41-50 years	17	13%
Over 50 years	7	5%
Marital status		
Single	96	72%
Living with partner, unmarried	11	8%
Married	8	6%
Divorced/separated	14	10%
Widowed	2	2%
Unknown/missing	3	2%
Dependent children		
No dependent children	67	50%
One or more dependent children ^b	65	49%
Unknown/missing	2	2%

Note: Some category percentages may not total 100% due to rounding.

^a Some participants identified themselves as more than one race.

^b Participants had up to 5 dependent children.

Approximately two-thirds of the participants had completed at least a high school education. Among those with completed intake materials, approximately two-thirds of the participants (66%) had received at least a high school diploma or GED (Figure 2). Less than one-quarter of the participants (23%) were employed in the 30 days prior to incarceration. However, the employment status of one-third of the participants was not known.

2. Education and employment status at intake (N=134)

	Number	Percent
Highest level of education completed		
Some primary school	41	31%
High school graduate/GED	60	45%
Some post-secondary classes	22	16%
Associate's degree/vocational program graduate	4	3%
Bachelor's degree	2	2%
Unknown/missing	5	4%
Employment status during last 30 days		
Employed full-time	12	9%
Employed part-time	12	9%
Employed seasonally	6	5%
Not employed, in school	1	1%
Not employed, unable to work due to disability	7	5%
Not employed	50	37%
Unknown/missing	43	33%

Nearly half of the female participants reported being victims of domestic violence. A total of 35 participants reported being a victim of domestic violence, including 53 percent of women and 14 percent of men. Women were also more likely to report being victims of sexual assault (15% of women, compared to 3% of men) and other violence, including physical and emotional abuse (32% of women, compared to 13% of men) (Figure 3).

3. Past victimization reported by program participants (N=134)

	Men (N=93)		Women (N=41)	
	Number	Percent	Number	Percent
Past victim of domestic violence				
Yes	13	14%	22	54%
No	76	82%	15	37%
Unknown/missing	4	4%	4	10%
Past victim of sexual assault				
Yes	3	3%	6	15%
No	74	80%	25	61%
Unknown/missing	16	17%	10	24%
Past victim of physical/emotional violence				
Yes	12	13%	13	32%
No	65	70%	22	54%
Unknown/missing	16	17%	6	15%

Because the data collection forms used to gather participant data at intake were modified in June 2008, some of the data now collected at intake could not be gathered retrospectively. As a result, some of the information describing the characteristics of participants in the 30 days prior to incarceration was unavailable from some participants served during the reporting year.

Over half of the participants with intake information available were living in stable housing in the 30 days prior to incarceration. Participants were most likely to be living with friends or family (28%), renting an apartment or home (23%), owning their own home (6%) (Figure 4). However, this information was not available for over one-third of participants.

4. Housing status at intake (N=134)

	Number	Percent
Stable housing		
Participant lived in stable housing	74	55%
Participant did not live in stable housing	10	8%
Unknown/missing	50	37%
Type of housing		
Living with friends/family	37	28%
Renting an apartment/home	31	23%
Home owner	8	6%
Transitional housing	2	2%
Sober housing	2	2%
Other	3	2%
Unknown/missing	51	38%

Over half of the participants were enrolled in a public health insurance program at intake. Information describing participation in various public programs was available for a limited number of participants at intake (N=58). Among those with completed paperwork, a majority of participants received Medical Assistance or MinnesotaCare. Few received housing assistance through the Section 8 program (Figure 5). Among participants who received support for other public programs, five received food stamps, three qualified for Rule 25 funding, and two participated in the Group Residential Housing Program.

5. Participation in public programs at intake (N=58)

	Number	Percent
Medical Assistance/MinnesotaCare	32	55%
MFIP	18	31%
SSI/SSDI	6	10%
Welfare	3	5%
Section 8	2	3%
Other	17	29%

Criminal history

Information about the participant's past criminal history and current offense is reported when the participant is discharged from Crossroads. This information was available for 131 participants during the past reporting year.

Nearly 60 percent of the participants entered Crossroads after being charged with a drug-related crime. A majority of the participants were charged with crimes related to drug possession or sale (59%), while other participants were commonly charged with theft or burglary (11%), financial crimes, such as forgery or fraud (7%), domestic assault or disorderly conduct (6%), or DWI/DUI (5%) (Figure 6). However, corrections staff categorized over two-thirds of the crimes (70%) as drug-related. Most crimes (98%) were felony-level offenses.

6. Types of offenses charged at intake (N=131)

	Number	Percent
Drug possession/sale	77	59%
Theft/burglary	14	11%
Financial crime (forgery, fraud)	9	7%
Domestic assault/disorderly conduct	8	6%
DWI/DUI	7	5%
Property crime	4	3%
Aggravated/other physical assault	3	2%
Sexual assault	1	1%
Other	8	6%

Note: For clients charged with more than one offense at intake, the most severe charge was reported. Most crimes (98%) were felony-level offenses, while fewer were categories as violent offenses (14%) or parole violations (6%).

On average, participants had been convicted of six crimes prior to their involvement with the program. Almost 90 percent of the participants (88%) had been convicted of one or more crimes prior to their current offense, and over half (57%) had a felony record. Somewhat fewer women had a past criminal record (78% of women, compared to 92% of men). Among the 114 participants with their criminal histories reported, approximately half had been convicted of theft/burglary (51%), drug possession/sale (47%), or DWI/DUI (46%) (Figure 7). Other charges ranged from fleeing from a police officer (N=2) to juvenile offenses, including curfew violations and minor consumption (N=12). Over 40 percent of participants (43%) were convicted of their first offense when they were under the age of 18.

7. Types of past convictions (N=114)

	Number	Percent
Theft/burglary	56	51%
Drug possession/sale	54	47%
DWI/DUI	52	46%
Property crime	29	25%
Aggravated/other physical assault	29	25%
Domestic assault/disorderly conduct	26	23%
Financial crime (forgery, fraud)	18	16%
Sexual assault	2	2%
Other	73	64%

Most participants had served time in prison or jail prior to their current arrest.

Among the first 59 participants with completed paperwork submitted at discharge from Crossroads, all but one (98%) had served prior time in jail or prison. After the discharge paperwork was modified to examine past prison and jail time separately, most of the 56 participants with the revised paperwork completed (93%) had served prior time in jail, while fewer (37%) served prison time.

Drug use, treatment history

Most participants reported multi-drug use prior to incarceration. Many participants identified methamphetamine (40%) or cocaine (27%) as their primary drug of choice. Fewer participants identified alcohol (13%) or opiates (1%) as their primary drug. This was consistent among both men and women. Most participants (57%) reported using two and up to six different drugs during that time period. When asked to self-report drug use in the 30 days prior to incarceration, approximately half of the participants said they had used cocaine (55%), alcohol, (49%), or methamphetamine (47%) (Figure 8). A larger percentage of men reported using alcohol in the 30 days prior to incarceration than women (57% of men, compared to 30% of women).

8. Self-reported drug use during past 30 days (N=116)

	Number	Percent
Cocaine	64	55%
Alcohol	57	49%
Methamphetamine	54	47%
Marijuana	41	35%
Prescription drugs	7	6%
Opiates	3	3%
Amphetamines	1	1%
Other	9	8%

Most participants had attempted substance use treatment prior to enrollment into Crossroads. Of the 123 participants with information about prior treatment attempts available, most (72%) had enrolled in inpatient or outpatient substance abuse treatment in the past. Twenty percent of the participants had attempted treatment once before, while one participant reported attempting treatment a total of 12 times.

Half of the participants had not experienced more than six months of drug abstinence prior to their incarceration. Participants were also asked to report the longest period they had avoided drug and alcohol use. Of the 94 participants who provided information, 50 percent had not avoided drug and alcohol use for more than 6 months. Responses from participants varied considerably, with one participant reporting a period of drug abstinence of 90 months (7 ½ years).

Crossroads program summary

During the last year, 88 individuals were discharged from the Crossroads program. Most participants (92%) successfully completed the jail-based program (Figure 9). A few (3%) were unable to complete the program because they were released early from jail or arrested for a different crime.

9. Reasons for discharge, Crossroads (N=88)

	Number	Percent
Successful completion	81	92%
Unsuccessful completion	7	8%
Participant drop out	0	0%
Technical violation	1	1%
Rule violation (non-drug)	0	0%
Rule violation (drug)	0	0%
Referral to mental health treatment	0	0%
Arrested for new crime	3	3%
Other	3	3%

Services received

On average, Crossroads participants were enrolled in the program for 21 days. Although participants were enrolled in Crossroads for a short period of time, they received a number of services. Crossroads participants received an average of 14 hours of group sessions emphasizing introducing cognitive behavioral treatment concepts and stimulant-specific treatment information during the program. Only three individuals participated in fewer than 10 hours of group sessions. Other individualized services provided to participants included STI/HIV screening (71%), medication prescriptions and monitoring (60%), psychological evaluation (40%), and life skills classes (23%) (Figure 10). The medical services participants received varied from emergency room visits and treatment for infections, to diabetes monitoring and eye exams. Other common services received by Crossroads participants included involvement in Narcotics or Alcoholics Anonymous (N=20), religious/spiritual programs (N=18), and GED training/classes (N=6).

10. Services received by program participants, Crossroads (N=88)

	Number	Percent
STI/HIV screening	62	71%
Medication prescription and monitoring	53	60%
Psychological evaluation	35	40%
Life skill classes	20	23%
Medical services	17	19%
Dental services	4	5%
Individual counseling	3	3%
Other services	36	41%

Note: Other services received included participation in Narcotics/Alcoholics Anonymous (N=20), religious/spiritual programs (N=18), and GED training/classes (N=6).

Mental health needs

Approximately one-quarter of the participants had an identified mental health disorder. Mental health diagnostic information was reported for participants who completed the Crossroads program. Among the 88 participants discharged, 29 had mental health diagnoses identified prior to intake, while 7 additional participants were assessed and diagnosed with a mental health disorder while enrolled in the program (Figure 11). Common mental health diagnoses included depression (N=18), bipolar disorder (N=6), anxiety (N=3), and schizophrenia (N=2). This information was not captured for over one quarter of program participants, so the mental health needs of the participant group may be higher than reported.

11. Identified mental health disorders among Crossroads participants (N=88)

	Number	Percent
Mental health status		
Diagnosed with a mental health disorder	36	41%
<i>Prior to entering Crossroads</i>	29	33%
<i>While enrolled in Crossroads</i>	7	8%
No diagnosed mental health disorder	25	28%
Unknown/missing		
Types of diagnoses		
Depression	18	50%
Bipolar disorder	6	17%
Anxiety	3	8%
Schizophrenia	2	6%
Attention-deficit hyperactivity disorder	1	3%
Conduct disorder	1	3%
Mood disorder	1	3%
Borderline personality disorder	1	3%
Traumatic brain injury	1	3%
Unknown	2	6%

Referrals made at discharge

At discharge from Crossroads, participants may be referred to a variety of services. Approximately half of the Crossroads participants (49%) were referred to Odyssey or Journey for future services (Figure 12). However, participants were referred to a variety of services, including Alcoholics Anonymous/Narcotics Anonymous (81%), mental health services (31%), other outpatient treatment (24%), halfway house (23%), and inpatient chemical dependency treatment (14%).

12. Referrals made at discharge, Crossroads (N=88)

	Number	Percent
AA/NA	77	81%
Odyssey or Journey	43	49%
Mental health services	27	31%
Other outpatient treatment	21	24%
Halfway house	20	23%
Inpatient treatment	12	14%
Social services	4	5%
Domestic violence classes	2	2%
Cognitive skills classes	1	1%
Other	6	7%
No referrals made	7	8%

Participant outcomes

Nearly three-quarters of the participants were discharged from Crossroads with a plan to live in stable housing in the community. This included plans to live with friends or family (42%), move into transitional (9%) or sober housing (9%), or attend an inpatient treatment program (3%) (Figure 13). Over one-quarter of participants (29%) had plans to return their own apartment or home after completing Crossroads.

13. Housing status at discharge from Crossroads (N=88)

	Number	Percent
Plans for stable housing	64	73%
Living with friends or family	33	38%
Renting an apartment/home	13	15%
Transitional housing	6	9%
Sober housing	6	7%
Owned home	4	5%
Inpatient treatment	2	2%
No plans for stable housing	9	10%
Housing plans unknown	15	17%

A number of participants made educational gains while enrolled in Crossroads.

Nearly one-third of participants (32%) attended high school or GED classes and three participants (3%) earned a high school diploma or GED while enrolled in Crossroads (Figure 14). Few participants (13%) were employed at discharge. While seven participants were unable to work due to disability (13%), most were not employed due to other reasons, including difficulty finding employment immediately after discharge from jail.

14. Education and employment status at discharge (N=88)

	Number	Percent
Educational gains		
Earned a GED/diploma while enrolled	3	3%
Attended high school/GED classes while enrolled	28	32%
Employment status at discharge		
Employed at discharge	11	13%
<i>Employed full-time</i>	7	8%
<i>Employed part-time</i>	2	5%
<i>Employed seasonally</i>	2	5%
Not employed at discharge	75	85%
Unable to work, due to disability	7	8%
Not working, due to other reason	68	77%
Employment status unknown	1	2%

Odyssey/Journey program summary

Among the 89 participants who entered outpatient services during the past year, 17 individuals (including 13 men and 4 women) had previously been enrolled in Odyssey or Journey. The reasons for re-entry into the program were documented for 13 participants. Over half (54%) re-entered treatment because of a relapse during their last period of enrollment in Odyssey or Journey, while treatment was suspended for others due to being convicted of a new charge (14%), seeking additional medical or chemical dependency services (14%), completing a court sentence (8%), or following other disciplinary reasons (8%).

Approximately half of the participants discharged during the past year were successful program graduates. During the last year, 30 individuals were discharged from the Odyssey program and 25 were discharged from Journey, with approximately half of those discharged successfully completed the program (Figure 15). A number of participants (30 men and 5 women) were still enrolled in programs at the end of June 2009. It is important to consider that, due to the length of the program, participants who are discharged unsuccessfully in the program are more likely to be included in the 12-month totals than those who complete the full program. As data collection continues, the program completion rates for both Odyssey and Journey can be more accurately calculated for participant cohorts.

15. Program completion during a 12-month period, Odyssey and Journey

	Odyssey (N=30)		Journey (N=25)	
	Number	Percent	Number	Percent
Successful completion	15	50%	13	52%
Unsuccessful completion	15	50%	12	48%
Participant drop out	4	13%	2	8%
New crime	2	7%	1	4%
Technical violation	2	7%	2	8%
Rule violation (non-drug)	1	3%	1	4%
Rule violation (drug use)	6	17%	5	20%
Referral to another program	1	3%	1	4%

Over half of the participants entered Odyssey or Journey within 21 days of completing Crossroads. The length of time between Crossroads discharge and intake into Odyssey or Journey was available for 35 of the participants who completed the program during the past year. Approximately one-third of participants began Odyssey or Journey within one week of leaving Crossroads (Figure 16). However, three participants did not start the program until more than three months had passed. Reasons for these delays were not tracked in the completed forms, but according to DFO staff, delays can occur if the participant remains in jail after completing the program to complete a sentence or wait for sentencing, addresses a warrant in another county, or avoids contact with the probation officer after discharge.

16. Length of time between Crossroads discharge and Odyssey/Journey intake (N=35)

	Number	Percent
Less than 7 days	11	31%
7-14 days	4	11%
15-21 days	3	9%
22-30 days	4	11%
31- 60 days	7	20%
61-90 days	3	9%
More than 90 days	3	9%

Successful program graduates were enrolled in Odyssey or Journey for nearly one year. Overall, individuals who were discharged from Odyssey or Journey participated in the program an average of 220 days (median = 205 days). However, the length of program participation varied widely, from 12 to 730 days. On average, successful graduates were enrolled in Odyssey or Journey for significantly longer periods than those discharged unsuccessfully (342 days, compared to 94 days for individuals who did not complete the program; $p < 0.001$).

Although the average length of stay was significantly longer for Odyssey participants than Journey (264 days, compared to 168 days; $p < 0.05$), this average may be somewhat skewed by two Odyssey participants who were involved in the program over 600 days (Figure 17). The median length of stay was similar across the two programs (204 days for Odyssey participants, compared to 205 days for Journey participants).

17. Average length of stay, Odyssey and Journey

	Odyssey (N=30)		Journey N=(25)	
	Days (mean)	Range	Days (mean)	Range
Average length of stay	264	21-730	168	12-363

Services received

Group sessions are an ongoing component of the treatment and aftercare services DFO program participants receive. The gender-specific groups are led by contracted chemical dependency counselors from Wenden Recovery Services (Odyssey) and Rochester Behavioral Health (Journey). Attendance in group sessions is monitored and unexcused absences can result in program violations or other consequences. Participants in the outpatient programs attended an average of 83 hours of group sessions (median = 96 hours). Men participated in more hours of group sessions than women (95, compared to 65 hours for women) (Figure 18). However, individual participation in group sessions varied considerably, with participants receiving as few as 6 and as many as 436 hours of group work while enrolled in the program. Not surprisingly, participants who successfully completed the program participated in nearly twice as many hours of group sessions than those who did not (an average of 107 hours of group sessions for successful graduates, compared to 56 hours among unsuccessful participants).

18. Group sessions attended

	Odyssey (N=30)		Journey N=(25)	
	Sessions (mean)	Range	Sessions (mean)	Range
Number of group sessions attended	95	6-436	65	6-143
	Successful program graduates (N=28)		Unsuccessful program participants (N=27)	
	Sessions (mean)	Range	Sessions (mean)	Range
Number of group sessions attended	107	8-436	56	6-138

Fewer women received individual or family counseling, family education, and life skills classes than men. Most Odyssey and Journey participants received behavioral incentives while enrolled in the program. Other common types of services provided to participants included individual counseling, family counseling, medication prescription

and monitoring, and employment assistance. There were some differences in service utilization by program. Fewer than 10 percent of Journey participants received STD/HIV screening, family education, electronic home monitoring, or life skills classes, compared to approximately one-quarter or more Odyssey participants (Figure 19). It is not known whether these differences in service utilization are a result of different needs between men and women, or the availability of services in the two programs.

19. Services received by program participants, Odyssey and Journey

	Odyssey (N=30)		Journey (N=25)	
	Number	Percent	Number	Percent
Behavioral incentives	25	83%	18	72%
Individual counseling	15	50%	8	32%
Family/couples counseling	8	27%	3	12%
Psychological evaluation	5	17%	5	20%
STI/HIV screening	9	30%	1	4%
Medication prescription and monitoring	4	13%	10	40%
Medical services	0	0%	2	8%
Dental services	1	3%	2	8%
Electronic home monitoring	7	23%	1	4%
Family education	10	33%	2	8%
Employment assistance	6	20%	5	20%
Life skills classes	7	23%	1	4%
Other	1	3%	0	0%

Referrals made at discharge

By the time discharge occurs, participants are expected to have most of the services and supports they need in place. A number of participants who successfully completed the program were referred to the Graduates group, but few other referrals were made at discharge (Figure 20). According to DFO staff, there may be some inconsistencies in how referrals are documented. For example, probation officers encourage participation in support groups, such as Alcoholics/Narcotics Anonymous, but do not necessarily make direct referrals to the programs.

20. Referrals made at discharge, Odyssey and Journey

	Odyssey (N=30)		Journey (N=25)	
	Number	Percent	Number	Percent
Support groups (i.e., AA/NA)	0	0%	15	60%
Graduates group	15	50%	8	32%
Mental health services	0	0%	3	13%
Outpatient treatment	1	3%	2	8%
Halfway house	1	3%	2	8%
Inpatient treatment	1	3%	5	20%
Social services	0	0%	0	0%
Domestic violence classes	0	0%	1	4%
Other	1	3%	3	12%
No referrals made	6	20%	0	0%

Drug use

Most drug tests administered to the program participants were negative. Frequent, random drug testing is used throughout the program to deter drug use through increased accountability. A total of 476 drug tests were administered for the 55 participants discharged from Odyssey and Journey during the past year. Most of the tests (95%) were negative (Figure 21). One or more drugs were identified in the 25 positive tests, with the most common drugs being methamphetamine (N=7), cocaine (N=5), marijuana (N=5), and alcohol (N=5). Most participants (80%) did not have any positive drug tests while enrolled in the program, while eight individuals (15%) had one positive test result and three (6%) had two positive test results (Figure 22). Positive drug tests were received for both unsuccessful participants (N=6) and program graduates (N=5).

However, drug testing does not deter all drug use. At discharge, approximately half of all participants reported they had used alcohol or drugs while enrolled in Odyssey or Journey. Among the 30 participants discharged from Odyssey, 17 (57%) reported at least one incidence of drug use while enrolled (Figure 22). Similarly, 11 of the 25 discharged Journey participants (44%) also self-reported drug use. Because self-reported substance use throughout the program was reported only at discharge, these results could not be verified through additional drug tests.

21. Drug test results, Odyssey and Journey participants (N=476)

	Number	Percent
Negative drug test results	451	95%
Positive drug test results	25	5%
<i>Methamphetamine</i>	7	1%
<i>Cocaine</i>	5	1%
<i>Marijuana</i>	5	1%
<i>Alcohol</i>	5	1%
<i>Other</i>	6	1%

Note: Some tests were positive for more than one drug.

22. Drug use among Odyssey and Journey participants

	Odyssey (N=30)		Journey (N=25)	
	Number	Percent	Number	Percent
Drug test results during program				
No positive drug tests	26	87%	18	72%
One positive drug test	3	10%	5	20%
Two positive drug tests	1	3%	2	8%
Self-reported drug use				
Did not report chemical use while enrolled	13	43%	14	56%
Did report chemical use while enrolled ^a	17	57%	11	44%
<i>Alcohol use</i>	9	40%	4	16%
<i>Meth use</i>	4	13%	4	16%
<i>Marijuana use</i>	3	10%	1	4%
<i>Cocaine use</i>	2	7%	3	12%
<i>Other drug use</i>	0	0%	2	8%

Note: Positive drug tests were submitted by both successful program graduates (N=5) and unsuccessful program participants (N=6).

^a The type of self-reported drug use was not identified by all participants. Some participants reported using more than one drug while enrolled.

Most program violations were a result of participant drug use. Probation officers document when participants violate program expectations and rules. Many participants (69%) had one, and up to three, program violations while enrolled in Odyssey or Journey. Most of these violations (66%) were due to drug use, while fewer were due to treatment failure (29%), new offenses (18%), or other reasons (32%) (Figure 22).

Six participants were arrested for drug or alcohol-related offenses. Overall, most participants (75%) were discharged without being arrested for any new charges. Among the 10 participants (7 from Odyssey and 3 from Journey) who were arrested while enrolled, six were arrested for offenses related to methamphetamine (N=1) or other drugs/alcohol (N=5) while four were arrested for non-drug offenses (N=4) (Figure 23).

23. Program violations and arrests, Odyssey and Journey

	Odyssey (N=30)		Journey (N=25)	
	Number	Percent	Number	Percent
Program violations				
No program violations while enrolled	8	27%	9	36%
One or more program violations while enrolled ^a	22	73%	16	64%
<i>Drug use during program</i>	13	43%	12	48%
<i>New offense</i>	3	10%	4	16%
<i>Treatment failure</i>	3	10%	8	32%
<i>Other type of program violation</i>	9	30%	3	12%
Arrests				
Not arrested for new charges while enrolled	23	77%	22	88%
Arrested for new charges while enrolled	7	23%	3	12%
<i>Drug-related arrest</i>	5	17%	1	4%

^a The type of program violation was not reported for all participants. Some participants had more than one program violation.

Program outcomes

While most participants had strong formal and informal support networks at discharge, few Journey participants had partners who supported their recovery. At discharge, participants were asked to assess whether key informal or formal networks were supportive of their recovery efforts. All participants (100%) felt they had relationships with professionals who supported their recovery, while somewhat fewer identified supportive family members. Journey participants were significantly less likely to have a spouse or partner who supported their recovery efforts (29%, compared to 94% of Odyssey participants) (Figure 24). All participants who participated in a support group (N=47) or had a sponsor (N=33), also felt their recovery efforts were supported. When asked to identify the total number of individuals who were strong supporters of their recovery efforts, participants identified an average of five individuals in their support network.

24. Formal and informal support at discharge, Odyssey and Journey

	Odyssey		Journey	
	Number	Percent	Number	Percent
Spouse/partner***				
Supports recovery	15	94%	4	29%
Does not support recovery	1	6%	10	72%
Other immediate family (parents, siblings, children)				
Supports recovery	24	92%	21	92%
Does not support recovery	2	8%	2	9%
Extended family				
Supports recovery	21	84%	15	83%
Does not support recovery	4	16%	3	17%
Friends/peers				
Supports recovery	21	78%	12	57%
Does not support recovery	6	22%	9	43%
Professionals				
Supports recovery	27	100%	23	100%
Does not support recovery	0	0%	0	0%

Note: ***p<0.001 **p<0.01 *p<0.05

All successful program graduates had secured stable housing at discharge.

However, among 19 unsuccessful program participants with housing information captured at intake and discharge, 9 of the 18 individuals who had stable housing as they started Odyssey or Journey had lost that housing by discharge. When housing for all program participants was examined, a majority of both Odyssey (63%) and Journey (72%) participants reported having stable housing available at discharge (Figure 25). Participants with stable housing were renting homes or apartments (N=17), living with friends or family (N=11), living in a home they own (N=4), moving into sober housing (N=2), or other stable housing (N=2).

25. Housing status at discharge, by program

	Odyssey (N=30)		Journey (N=25)	
	Number	Percent	Number	Percent
Stable housing	19	63%	18	72%
Instable or no housing	5	17%	5	20%
Unknown	6	20%	2	8%

Approximately half of participants were employed at discharge. Of the 29 participants employed at discharge, most (83%) had secured full-time employment. Over half of Journey participants were employed (56%), as were slightly fewer Odyssey participants (50%) (Figure 26). Reasons for unemployment were not documented by the program, but may include difficulty finding jobs in a difficult economy. Participants who successfully graduated from the program were significantly more likely to be employed than those who were discharged unsuccessfully ($p < 0.001$, Figure 27). Two participants were also enrolled in a vocational program at discharge. None of the participants obtained a high school diploma or GED while enrolled in Odyssey or Journey.

26. Employment and educational status at discharge, Odyssey and Journey

	Odyssey (N=30)		Journey (N=25)	
	N	%	N	%
Employed	15	50%	14	56%
<i>Full-time</i>	12	40%	12	48%
<i>Part-time</i>	2	7%	2	8%
<i>Seasonally</i>	1	3%	0	0%
Not employed	11	37%	10	40%
<i>Unable to work due to disability</i>	1	3%	1	4%
<i>Not working, other reason</i>	10	33%	9	36%
Unknown	4	13%	1	4%

27. Employment and educational status at discharge, by completion status

	Successful program graduates (N=28)		Unsuccessful program participants (N=27)	
	Number	Percent	Number	Percent
Employed	24	80%	5	19%
<i>Full-time</i>	21	75%	3	11%
<i>Part-time</i>	2	7%	2	7%
<i>Seasonally</i>	1	4%	0	0%
Not employed	3	11%	18	67%
<i>Unable to work due to disability</i>	1	4%	1	4%
<i>Not working, other reason</i>	2	7%	17	61%
Unknown	1	4%	4	14%

Additional information is needed to determine how child protection cases are resolved. A total of 10 participants, all in Journey, were involved with child protection while enrolled in the program. Six of these cases were closed during the program, but the resolution of these cases was not documented. The remaining four cases remained open at discharge.

Many Journey participants were enrolled in a public health insurance program at discharge. Public program involvement was reported for 12 of the 25 Journey participants. Of these participants, most (83%) were enrolled in Medical Assistance or MinnesotaCare at discharge, while one or two participants received support through SSI/SSDI, Welfare, General Assistance, or MFIP. Because public program involvement was documented on the discharge form of only one Odyssey participant, this information is not included in the report.

Changes in LSI-R scores over time

A number of factors, including changes in education/employment status, housing, and social support, can be used to demonstrate program effectiveness and predict reductions in recidivism rates. The intake and discharge forms completed by program staff include a number of questions that can be used to identify changes in these key outcome areas. In addition, this program uses the Level of Service Inventory-R (LSI-R) to as pre-post tool to assess initial service needs and changes over time.

Overall service needs

The LSI-R is an assessment instrument developed for use in offender population to identify areas of participant risk and need for various services. The LSI-R is scored on a scale of 0 to 54, with higher scores indicating greater service needs. The composite score was divided into categories of risk for an inmate population: Low (0-13 for men, 0-12 for women), Moderate (14-23 for men, 13-23 for women), Medium/High (24-40 for men, 24-36 for women), and High (41+ for men, 37+ for women). Individuals with scores in the Moderate range or higher are not considered to be appropriate candidates for successful living in a halfway house environment without supervision and access to treatment and recovery services, as appropriate. The instrument also examines ten areas of risk, including: criminal history, alcohol and drug use, financial problems, family/marital relationships, and employment.

The LSI-R is used regularly by Olmsted County Community Corrections staff to assess offender needs and level of risk. If an LSI-R has not been administered in the 90 days prior to program intake, DFO staff are asked to administer the instrument at intake. The LSI-R is also used at discharge from each program.

At intake, most participants had needs falling into the Medium/High range, indicating a need for supervision and treatment services. This was true for both men and women (Figure 28). Less than 10 percent of participants were assessed as having Low needs at intake.

28. Level of service needs among men and women at intake (N=34)

	Men (N=24)		Women (N=10)	
	Number	Percent	Number	Percent
Low	2	8%	1	10%
Moderate	4	17%	3	30%
Medium/High	17	71%	6	60%
High	1	4%	0	0%

Changes over time

Significant reductions in risk were observed in key domains among participants who had successfully completed treatment. Changes in service needs over time were examined using paired t-tests among 34 participants who were discharged from Odyssey or Journey and had LSI-R scores available at intake and discharge. Significant reductions, indicating fewer concerns or needs, were noticed in a number of domains for successful program graduates, including reductions in financial problems, drug/alcohol abuse,

education and employment, family/marital issues, and accommodations (Figure 29). In contrast, unsuccessful program participants' scores remained the same or increased slightly.

29. Changes in average LSI-R scores over time, by completion status

	Possible range	Successful program graduates (N=20-21)		Unsuccessful program participants (N=13)	
		Average pre-test score	Average post-test score	Average pre-test score	Average post-test score
Criminal history	0-10	3.8	4.0	5.7	6.4
Education and employment	0-10	3.4	2.2*	5.6	6.8
Financial problems	0-2	1.1	0.3***	1.2	1.7
Family/marital	0-4	1.5	0.9*	1.9	1.9
Accommodations	0-3	1.0	0.5*	0.5	1.3
Leisure/recreation	0-2	1.3	0.8	1.3	0.9
Companions	2.5	2.2	2.7	2.7	2.8
Alcohol/drug	0-9	6.1	2.4***	7.2	7.2
Emotional/personal	0-4	1.6	1.3	1.9	2.3
Attitudes/orientation	0-4	0.6	0.3	1.4	1.6*
Total score	0-54	23.2	14.4***	30.0	32.8*

Note: * = $p < 0.05$, ** = $p < 0.01$, *** = $p < 0.001$

To ensure these results reflect actual differences between groups, and were not simply a reflection of changes in scores that may occur over time among all participants, additional General Linear Model (GLM) analyses were conducted. These results also confirmed significant reductions in scores between successful graduates and unsuccessful participants in areas of financial problems ($p < 0.001$), alcohol and drug use ($p < 0.001$), total score ($p < 0.001$), and education and employment ($p < 0.01$). Unsuccessful participants were also more likely to have higher needs in the accommodations domain than successful graduates ($p < 0.01$).

Predicting higher service needs at intake

Preliminary data suggest participants with lower LSI-R scores at intake were more likely to successfully graduate from the program. Among the 11 successful graduates with scores in the Medium/High range at intake, most had scores at discharge in the Low (N=4) or Moderate (N=4) range at discharge (Figure 30). Similar improvements in scores were not observed in the group of unsuccessful program participants. Among the 12

unsuccessful program participants with scores in the Medium/High range at intake, most remained at the same level at discharge (N=10) while two had scores in the High range. These preliminary results may suggest participants with higher LSI-R scores at intake may require more intensive services to successfully complete the program. However, it is important to note a number of participants did not have an LSI-R assessment administered at intake. Stronger conclusions regarding the relationship between LSI-R scores at intake and treatment success can be made more data becomes available.

30. LSI-R total scores at intake, by completion status

	Successful program graduates (N=28)		Unsuccessful program participants (N=27)	
	Number	Percent	Number	Percent
Low	3	11%	0	0%
Moderate	7	25%	0	0%
Medium/High	11	39%	12	44%
High	0	0%	1	4%
Unknown/missing	7	25%	14	52%

Individuals with higher concerns in areas of criminal history, education and employment, and attitudes/orientation, may require a higher intensity of services to successfully complete the program. When intake LSI-R scores of successful program graduates and unsuccessful program participants were compared, significant differences between groups were identified across some key domains (Figure 31). Individuals who did not successfully complete the program had significantly higher scores than program graduates in areas of criminal history, education and employment, attitudes/orientation, and total score. There were no significant differences in outcomes based on the intensity of alcohol or drug use at intake. While these results are preliminary, they suggest some offenders may require more intensive supports in key areas to be successful in the program.

31. Comparisons of LSI-R intake scores, by completion status

	Possible range	Average intake scores	
		Successful program graduate (N=28)	Unsuccessful program participants (N=27)
Criminal history*	0-10	3.8	5.7
Education and employment*	0-10	3.4	5.7
Financial problems	0-2	1.1	1.2
Family/marital	0-4	1.5	1.9
Accommodations	0-3	1.0	0.5
Leisure/recreation	0-2	1.3	1.3
Companions	0-5	2.5	2.7
Alcohol/drug	0-9	6.1	7.2
Emotional/personal	0-4	1.6	1.9
Attitudes/orientation*	0-4	0.6	1.4
Total score**	0-54	23.2	30.0

Note: * = $p < 0.05$, ** = $p < 0.01$, *** = $p < 0.001$

Conclusions and recommendations

The DFO Methamphetamine Program model utilizes a number of elements that support participants during their treatment and recovery process, including cognitive behavioral therapy, frequent drug testing, high-frequency contacts with probation, and coordinated services through a number of community-based organizations to support participants during their recovery. These elements are identified in the national literature as key characteristics of effective substance abuse treatment and recovery services. However, the effectiveness of each individual service component is not examined as part of the program's current evaluation plan.

Based on the information collected to date, individuals who have completed the program receive a variety of individualized services and exhibit improved outcomes in areas of drug abstinence, criminal behavior, employment, housing stability, and levels of formal and informal support. Some of the key findings highlighted in this report include:

- **The program continues to serve a chronic offender population.** Most participants (98%) had been charged with at least one felony level offense, and on average, participants had been convicted of six crimes prior to enrolling in the program. Most participants had also served time in prison or jail for past offenses.
- **Program participants have a wide range of needs at intake.** Although intake information was not complete for all individuals, at least one-quarter of participants had a diagnosed mental health disorder. Approximately three-quarters of participants had attempted substance abuse treatment in the past, with one participant enrolling in treatment 12 times. Half of all women (54%) reported they had been victims of domestic violence.
- **Over 90 percent of participants successfully complete Crossroads, and many leave with a plan for stable housing.** Although participation in Crossroads often lasts less than one month, participants receive a variety of services, including HIV/STD screening, medication prescription and monitoring, psychological evaluation, and life skills classes. Nearly three-quarters of the participants leave jail with a plan to live in stable housing, and one-third attended GED or high school classes while enrolled in the program.
- **Although Odyssey and Journey participants do experience relapse, few participants are arrested for drug-related offenses while enrolled in the program.** Among participants discharged from Odyssey or Journey, most of the drug tests administered (95%) were negative. However, approximately half of participants

self-reported at least one instance of drug use, and many had program violations related to drug use. The program recognizes that drug use is often a part of the recovery process, but works with participants to help them avoid full relapse. Only 6 of the 55 participants discharged from Odyssey or Journey were arrested for new drug or alcohol-related offenses while enrolled in the program.

- **Many program participants experienced positive housing and employment outcomes.** A majority of all Odyssey (63%) and Journey (72%) participants had secured stable housing at discharge. All successful program graduates had a stable place to live at discharge, while half of the 18 unsuccessful participants who had stable housing when entering the program no longer had stable housing at discharge. Most successful graduates (80%) were employed at discharge, compared to less than 20 percent of unsuccessful participants.

The data included in this report also suggest areas where program improvements could be made. Wilder Research suggests DFO staff consider the following conclusions and recommendations to further enhance the effectiveness of the program.

- **Women who participate in the program may require additional services and supports to develop healthy relationships.** At intake, over half of women reported they had been victims of domestic violence. However, relatively few women received individual (32%) or family/couples (12%) therapy while enrolled in Journey. In addition, of the 15 women who were involved with a significant other at discharge, most (72%) did not feel that individual supported her recovery efforts. While this data reflects the experiences of only a small number of participants, the literature also suggests many women who experience substance abuse are involved in unhealthy relationships. However, Journey participants may benefit from more access to individual or couples counseling, or new program components that focus more directly on establishing healthy relationships. Increasing access to gender-specific services for women may involve changes in how service needs are identified, and efforts to increase partnerships across community-based organizations. DFO staff acknowledge Rochester Behavioral Health has been involved with the project for a shorter period of time than Wenden Recovery Services, and suggest referrals may be lower as they work to establish familiarity and referral partnerships with other community-based services.
- **Participants with a more extensive criminal history, greater problems related to education and employment, and who have poorer attitudes towards their arrest and related consequences may benefit from additional services or efforts to engage them in the program.** When intake LSI-R scores were compared between successful program graduates and unsuccessful participants, significant differences in scores were

observed in areas of criminal history, education and employment, attitudes/orientation, and total score. In contrast, there were no significant differences in alcohol and drug use across groups at intake. Again, while these results are somewhat preliminary, they do suggest program staff can use the assessment scores to identify participants who may benefit from more intensive services or who may need additional support to become engaged in the program. Program staff and probation officers may want to consider reviewing how they use the LSI-R scores to inform their work, and consider developing guidelines to provide additional supervision or services to participants who enter the program with higher needs in these areas.

- **Incorporate the use of satisfaction surveys to gather feedback from all participants.** The need to gather feedback directly from program participants has also been identified in past reports, but the collection of more comprehensive and consistent intake and discharge data was identified as a higher priority for the evaluation. Now that the new evaluation forms have been used consistently by staff, it seems appropriate to add this evaluation component. Wilder Research will work with DFO program staff to develop a participant survey and protocols for administering this instrument.