

**Dodge-Fillmore-
Olmsted
Methamphetamine
Treatment Project**

Six month report

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Introduction

The Dodge-Fillmore-Olmsted (DFO) Methamphetamine Treatment Project is an initiative funded by the Minnesota Department of Public Safety, Office of Justice Programs. The data analyzed in this report were collected by correctional staff at the three project sites – Crossroads, Odyssey, and Journey – between the months of July and December, 2006. This report will summarize the evaluation plan and project components, provide a brief overview of key project activities that occurred during the past six months, and describe characteristics and outcomes of clients served during this initial reporting period.

Project background

Program description

The Dodge-Fillmore-Olmsted (DFO) Methamphetamine Treatment Project involves three treatment sites: Crossroads, Odyssey, and Journey. Crossroads is a jail-based pre-treatment program, focused on stabilizing incarcerated clients with substance addiction. Community-based treatment is provided by two gender-specific programs: Odyssey, for men, and Journey, for women. A graduate group, not included in the evaluation, is also available to clients who successfully complete a community-based treatment program.

The treatment model adopted by the program offers a variety of high-intensity services over a longer period of time than generally provided through standard treatment programs. In order to meet the needs of all clients, the DFO Methamphetamine Treatment Project 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.

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 offer a variety of mental health services, including medication monitoring, psychiatric/psychological assessments, and counseling services. All project sites emphasize the use of cognitive-behavioral therapy, provide behavioral incentives to clients, and require regular drug testing.

Evaluation plan

Three standard forms were used by program staff to gather data for the evaluation: the DFO Methamphetamine Treatment Intake Form, the DFO Methamphetamine Treatment Discharge Form, and the Level of Service Inventory-R (LSI-R). Additional program data, including drug testing results and group attendance forms, 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 at the three sites, and examine the impact of the treatment programs on the participating offenders. Some of the specific evaluation questions that were addressed include:

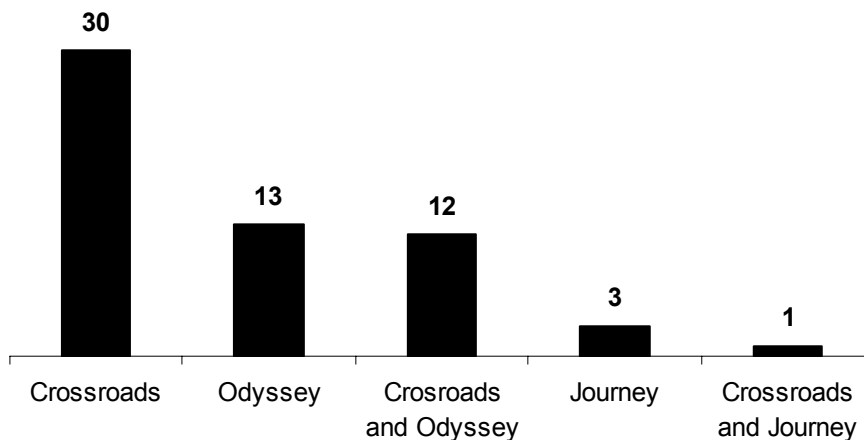
- How many clients successfully complete treatment?
- What types of services are being provided to clients?
- How many clients reduce their use of illegal substances?
- How many participants attain/maintain stable housing during treatment?
- How many participants attain/maintain employment during treatment?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

In future reports, and as a sufficient number of individuals are served by the program, Wilder Research also plans to examine how various client characteristics, such as gender and level of social support, influence or predict various treatment outcomes.

Summary of services

During the first six months of this project, Wilder Research received data on 59 unique clients who were served by the three treatment programs. Thirteen of these clients had been served by multiple programs during this timeframe. As seen in Figure 1, clients were most likely to receive treatment through Crossroads (51%), while smaller percentages of clients received treatment from Odyssey alone (22%), Crossroads and Odyssey (20%), Journey (5%), or Crossroads and Journey (2%).

1. Location of treatment services, by client (N=59)



The level of supervision was identified on nearly half of all intake forms; approximately three-quarters received regular supervision, while the remaining clients (27%) received intensive supervision. A funding source was also identified for approximately three-quarters of the services. For most clients, treatment costs were covered by Rule 25 consolidated funds (82%), while others received services paid through grant funding (16%) or insurance (2%).

While enrolled in the treatment programs, clients received multiple services, including behavioral incentives (79%), psychological evaluations (71%), and STD/HIV screening (63%). Fewer clients received medication prescriptions and monitoring (35%), counseling (5%), or services from a volunteer mentor (2%).

Group attendance

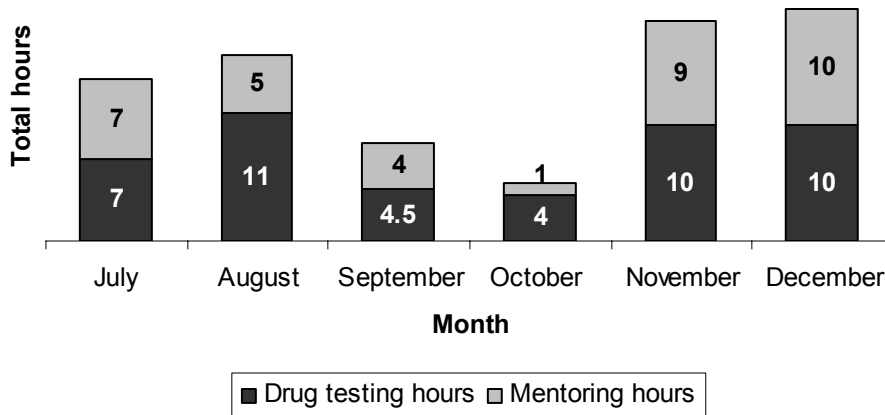
Participation in treatment groups was also monitored during the past six months. Group participation was documented on 44 of the discharge forms submitted to Wilder Research. These clients had participated in least one hour, and up to 96 hours, of group sessions. Over three-quarters (80%) of the clients attended 10-16 hours of group sessions prior to discharge. Approximately three-quarters of these clients (77%) were Crossroads participants.

Among the 39 clients who attended group sessions during the past three months (October – December, 2006), the overall attendance rate was quite high (93%). Over three-quarters of the clients (77%) did not have any excused or unexcused absences from group.

Volunteer hours

The Odyssey program also provides drug testing and mentoring services by utilizing volunteer probation officers. As seen in Figure 2, the combined volunteer hours varied during the past six months, ranging from 5 to 20 hours.

2. Total volunteer hours



Description of clients served

Client background at intake

During the first six months of this project, 59 clients were served by the three programs and 13 of these clients have been served by more than one program. In order to avoid duplication, when describing baseline characteristics of the clients served by the program, this report will include information obtained from the earliest intake form completed for each client.

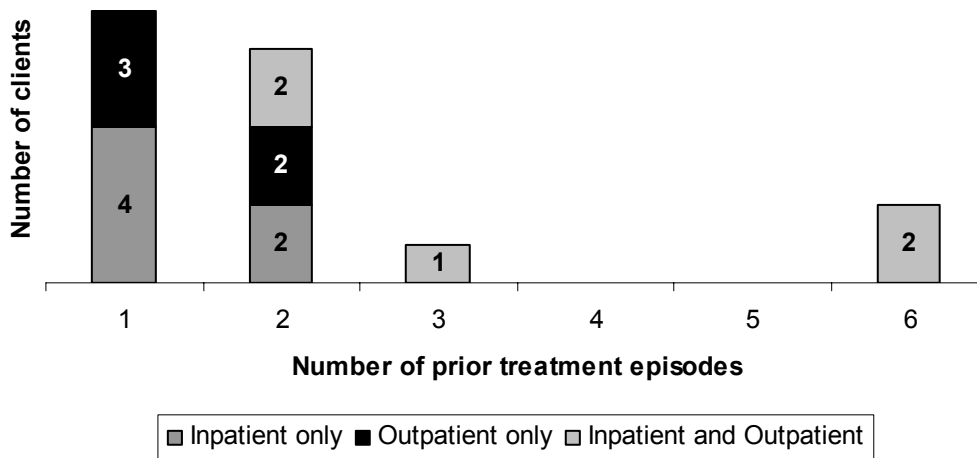
Most of the clients served by the treatment programs were White males. Basic demographic information was reported for over 80 percent of the clients at intake. The clients served by the programs were predominantly White (88%), while fewer individuals were identified as Black/African-American (8%), or Other (4%). One client was identified as Hispanic/Latino during this reporting period. Most program participants (92%) were male.

Approximately half of the clients had dependent children. Information about dependent children was available for 46 of the 59 clients who participated in the program. Over half of these clients (63%) had at least one dependent child, and four clients had three or more children. In all, among the 29 clients with children, eight had at least one child involved in the child welfare system or the child protection system at intake.

Over one-quarter of clients were perpetrators of domestic violence. Intake forms for 45 clients included responses to questions about prior experience with domestic violence. Among these participants, 13 clients (29%) had been perpetrators of domestic violence, and five currently had Orders of Protection placed against them. Four clients (9%) had been a victim of domestic violence, but none reported currently having an Order of Protection against someone.

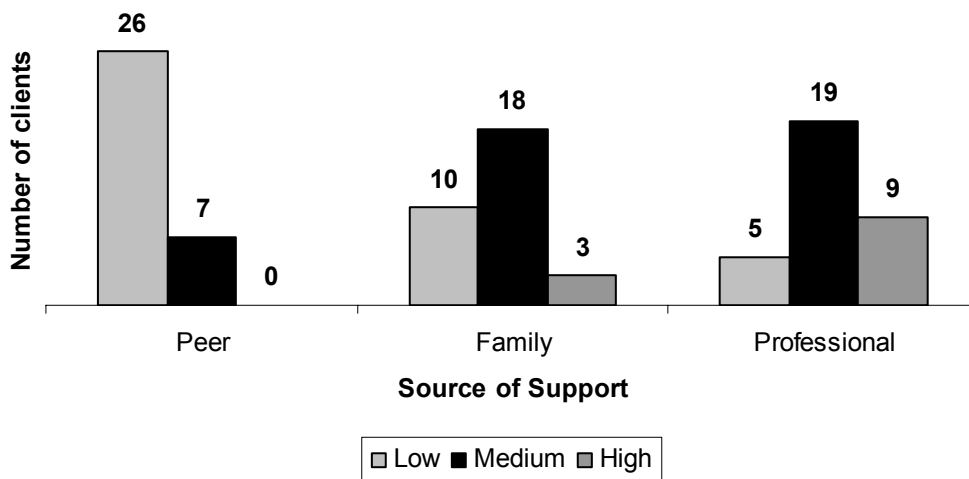
Over half of the clients had previously participated in substance abuse treatment. For the 26 clients with information available, the amount of treatment individual clients had participated in before beginning a DFO program varied considerably, from 10 clients who received no prior treatment to clients who had participated in six sessions of inpatient and outpatient treatment (Figure 3).

3. Prior treatment episodes of clients at intake (N=16)



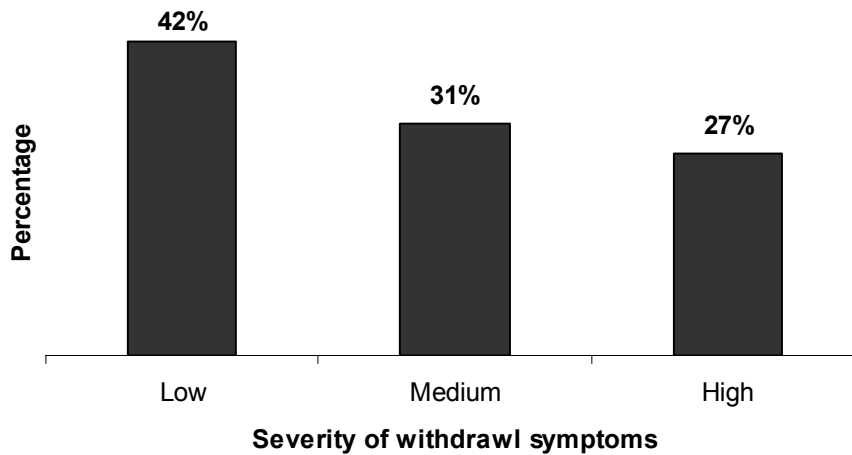
In general, clients had low levels of peer, professional, and family support. At intake, the amount of peer, professional, and family support available to the client was also assessed. Clients were more likely to have High levels of support from professionals than either family or peers (Figure 4).

4. Levels of peer, family, and professional support at intake (N=33)



Over half of the clients experienced Medium or High levels of withdrawal symptoms. The severity of withdrawal symptoms was determined through staff observation and categorized as Low, Medium, or High. As seen in Figure 5, the severity of symptoms was fairly evenly distributed among clients.

5. Severity of withdrawal symptoms at intake (N=55)



This pattern not only demonstrates individual differences among program participants, but may also reflect how withdrawal symptoms vary with different types of substance abuse. Although withdrawal symptoms after methamphetamine abuse are often intense, these programs also treat many cocaine-dependent offenders who naturally experience less severe withdrawal symptoms.

Treatment outcomes

All three programs were in operation before the funding grant funding cycle began in July, 2006. When data collection began, there were already 18 male offenders participating in the Odyssey program and seven women participating in Journey. As a result, these intake forms are not available and changes from intake to discharge cannot be analyzed for all clients.

Between the months of July and December, Wilder Research received 47 discharge forms from the three treatment programs. Only one client had been discharged from multiple programs (Odyssey and Crossroads) during this reporting period. Most of the clients (72%) were discharged from Crossroads, while fewer clients had completed treatment at either Odyssey (18%) or Journey (4%).

Program completion

Most of the clients successfully completed a treatment program. As seen in Figure 6, the majority of clients were discharged after successfully completing the program. Reasons were given for three clients who did not complete the program: one was incarcerated for a technical violation, another was discharged for a non-drug rule violation, and one client was referred to mental health services.

6. Rate of successful completion among all treatment programs

Program	Rate of successful program completion	
	Number	Percent
Crossroads	34/36	94%
Odyssey	7/8	88%
Journey	2/2	100%
Total	43/46	93%

Most clients were referred to additional treatment services. At discharge, most clients (87%) were referred to another service for continuing treatment and assistance. Nearly 90 percent of Crossroads clients were referred for additional outpatient treatment at Odyssey or Journey. Similarly, most Odyssey and Journey clients (8 of the 10 who completed the program) were referred to the graduates group. A smaller percentage of clients (9%) were referred to other inpatient or outpatient services.

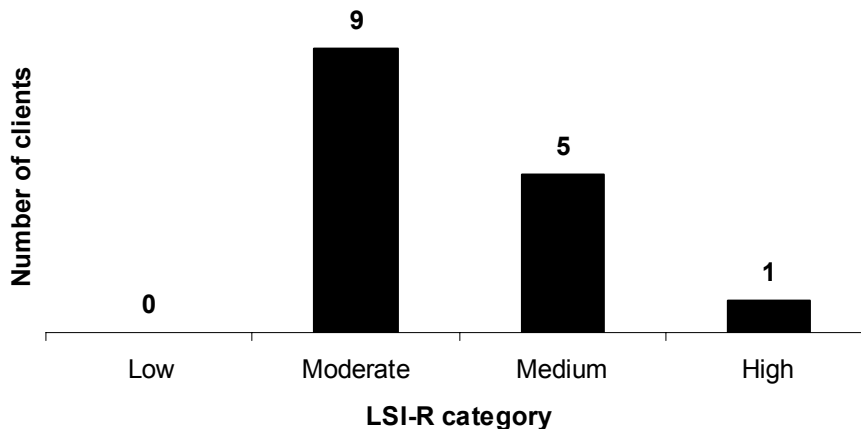
Changes in key outcomes across time

A number of factors, including changes in education/employment status, housing, substance abuse, 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 has begun to use the Level of Service Inventory-R (LSI-R) as a pre-post tool to assess initial service needs and changes across time.

Overall service needs

The LSI-R is scored on a scale of 0 to 54, with higher scores indicating greater service needs. During these first six months, a total of 15 LSI-R assessments were conducted within 60 days of intake, all for male clients. The reported scores fell between 26 and 43, with a mean score of 31 (median score = 30). These intake scores were grouped into service need categories of Low (0-20), Moderate (21-30), Medium (31-39), and High (40+). As seen in Figure 7, most clients (N=9) were considered to have Moderate service needs.

7. Service needs of clients at intake (N=15)



At the time of this report, there was not enough data to report changes in LSI-R scores across time. As the project continues and more data become available, Wilder Research will include this information in future reports.

Substance abuse

The vast majority of drug tests submitted by clients were negative. During this initial six month reporting period, a total of 701 drug tests were submitted by program participants. The vast majority of these tests (98%) were negative. Lab results confirmed that 15 positive samples had been submitted by nine individuals. Four of these clients tested positive on multiple occasions; one client submitted four positive samples and three clients submitted two positive samples. The samples were positive for a combination of three different drugs: marijuana (confirmed in 8 samples), cocaine (confirmed in 6 samples), and methamphetamine (confirmed in 4 samples).

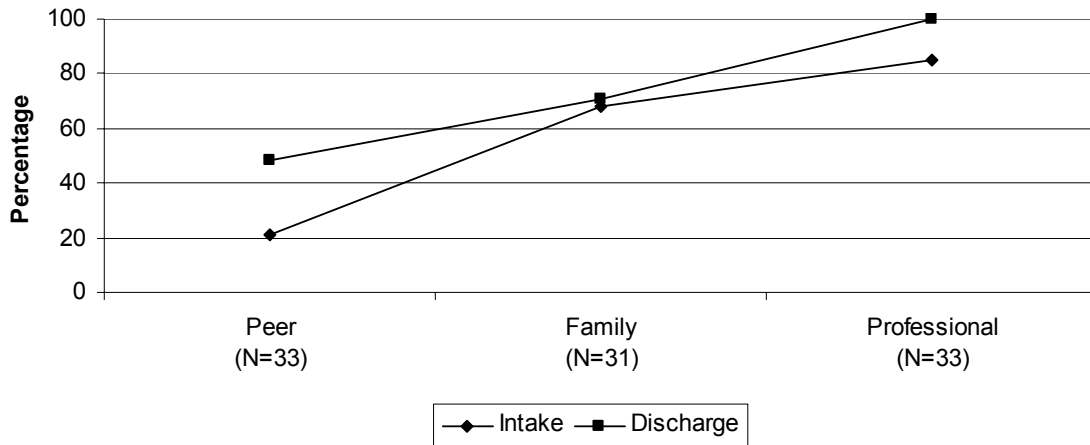
Drug testing results were available for 23 of the clients discharged from Odyssey during the past six months. A total of 266 urinalyses (UAs) and breath tests were submitted during this reporting period, with each individual client submitting one to 25 samples. In all, a total of eight positive drug tests (3% of the total) were submitted by five clients, one of whom tested positive for marijuana on four separate occasions.

Self-reporting of drug use is also monitored throughout the program. Among all clients discharged during the past six months, only one Crossroads participant reported using an illegal substance, marijuana.

Support

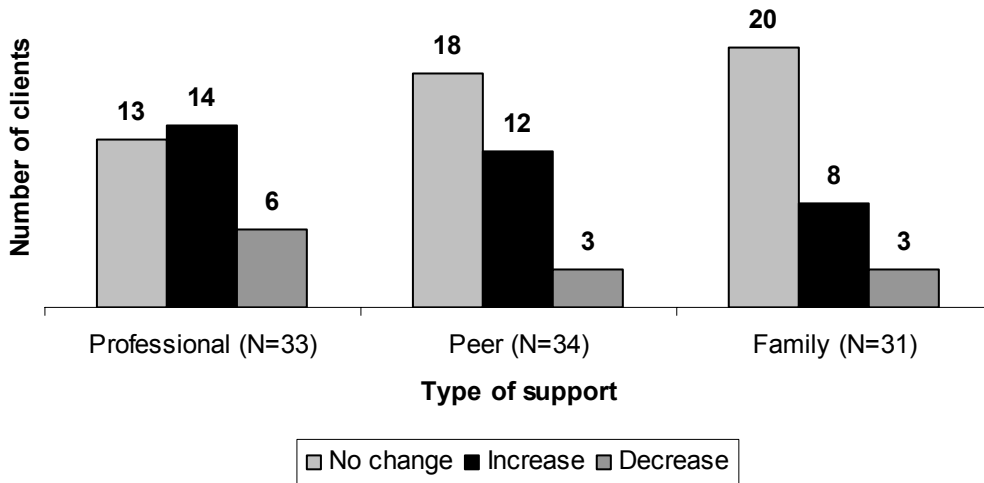
Clients experienced higher levels of peer, professional, and family support at discharge than at intake. At intake and discharge, the client's level of support is categorized as High, Medium, or Low. As seen in Figure 8, a greater percentage of clients had Medium or High levels of support at discharge than at intake. In general, clients were more likely to have greater support from professionals than either family or peers.

8. Percent of clients with Medium or High levels of support



In order to gather more information about the individual experiences of clients, changes in support levels from intake to discharge were also assessed for each client. Using the same categories of High, Medium, and Low, changes could be examined for over 30 clients. Although a number of clients did not experience any changes in support levels from intake to discharge, twice as many clients experienced increases, compared to decreases, in all types of support over time (Figure 9).

9. Changes in level of support from intake to discharge, by client



Relationships with dependent children

Clients who had children involved in the child protection system or child welfare system were working towards positive resolutions. A total of 26 clients with dependent children were discharged from a treatment program during the reporting period. Of these, six had been involved with child welfare or child protection. At discharge, three clients had positively resolved these cases and the remaining three were working towards resolution of the case.

Criminal behavior

Program participants avoided criminal behavior while participating in the treatment program. None of the clients discharged during this six month period had been charged with a crime while enrolled in a treatment program. Most of the clients (96%) completed the program without any program violations.

Stable housing

During the course of the treatment program, over one-third of the clients were able to successfully obtain stable housing. Although very few clients had stable housing at intake, four of the six clients (67%) who had stable housing at intake also had stable housing at discharge. Among the 27 clients who did not have stable housing at intake, 11 (41%) had stable housing at discharge.

Education and employment

Clients seeking a high school diploma or GED continued pursuing their educational goals while participating in treatment. At discharge, four clients were attending classes to work toward a GED or high school diploma, and one client was attending another type of educational program. All of these clients had been enrolled in an educational program at intake, as well. No clients discharged during the past six months earned a GED or diploma during the course of treatment.

Approximately one-quarter of clients were employed at discharge. At discharge, 24 percent of clients were employed, and nine of these clients were employed full-time. Some improvement in employment was observed across time. Among the 34 clients who were unemployed at intake, six were employed, at least part-time, at discharge. When program staff were asked to assess the participants' change in employment status across time, no change was observed for most of the clients (82%), while fewer clients were noted as having improvements (12%) or reductions (6%) in their employment status.

Conclusions

Although this report contains intake and discharge information for a relatively small number of clients, these preliminary findings suggest participant outcomes are improving during the course of treatment. In future reports, Wilder Research hopes to be able to examine the data in greater depth and conduct an analysis of factors that predict improvement in treatment outcomes.

This report summarizes a number of promising outcomes that were observed during the past six months, including:

Most clients have been discharged after successfully completing a treatment program. Just over 90 percent of clients had been discharged from a program after successfully completing treatment. This is supported by preliminary data that suggests many program participants are complying with treatment rules, avoiding illegal substances, and choosing not to participate in criminal activity.

Most program participants avoided drug use while participating in treatment. Of the 701 drug testing results submitted to Wilder Research during the past six months, only 2 percent (15 samples) were confirmed positive for marijuana, methamphetamine, or cocaine. Among the 47 clients discharged from a program during this timeframe, only one was identified as having a program violation due to drug use.

Many of the clients who were discharged from a treatment program experienced promising improvements in areas of formal and informal support, employment, and housing. When comparing information gathered at intake and discharge, the data collected during the past six months suggest that many clients experience increased levels of peer, professional, and family support during the course of treatment. A number of program participants were also able to obtain stable housing and some type of employment prior to discharge. During the course of treatment, program participants also continued to pursue educational goals and seek positive resolutions to legal cases involving their children.

Recommendations

In order to further examine some of the early indications of program success included in this report, Wilder Research encourages project staff to adopt the following recommendations:

Establish new protocols that ensure the LSI-R is consistently administered at intake and/or discharge. Although a number of LSI-R scores were submitted the past six months, many of the assessments had been administered a year or more prior to the client participating in this treatment program. In order to conclude that changes in the LSI-R score can be attributed to the program, new assessments should be conducted when the client is an active participant in the program.

If time constraints do not allow staff to conduct both intake and discharge LSI-R assessments, it may be more beneficial to focus on consistent protocols at intake. When the LSI-R assessment is conducted at intake, treatment staff have an opportunity to learn about the specific service needs of each individual client. Examining the needs of clients at intake may also encourage program-level changes, such as the expansion of specific treatment options or development of new services.

Work with Wilder Research to establish new protocols and processes that ensure accurate data are submitted in a timely manner. In this type of project, where data are collected by multiple staff, at multiple sites, and various points of time, it can be challenging to develop internal processes to ensure that quality data are collected and reported on a regular basis. It may be helpful for Wilder Research to work with project staff to identify current data collection barriers, and review or redefine the protocols that will address these ongoing issues.

Share evaluation data with all project staff, including front-line employees. The preliminary findings reported in this document indicate promising outcomes among program participants. It is important that all staff, and especially those responsible for collecting data and providing direct services, have an opportunity to hear about these early trends and offer input that can be used to shape ongoing evaluation strategies.