

Dodge-Fillmore- Olmsted Methamphetamine Treatment Project

*July 2006-December 2007 evaluation
report*

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Summary

The Dodge-Fillmore-Olmsted (DFO) Methamphetamine Treatment Program is a corrections-based treatment program administered through the Olmsted County Community Corrections department. The program itself is comprised of three treatment components, a jail-based pre-treatment program (Crossroads) and gender-specific outpatient treatment programs (Odyssey for men and Journey for women). Individuals with diagnosed substance dependency problems related to stimulant abuse are eligible for the program.

Between July 2006 and December 2007, a total of 162 participants received treatment services through the program. This report utilizes data collected by DFO program staff to describe key demographic characteristics of the treatment population, services provided by the program, individual treatment outcomes, and overall treatment retention and completion rates.

Participant characteristics

- Most program participants are White males, with over 60 percent of all participants under the age of 30.
- Over three-quarters of participants were unemployed when they began the program.
- Sixty-three participants reported having at least one dependent child, with 23 participants having open child protection cases at intake.
- Ten female participants (45% of women enrolled in the program) had experienced domestic violence.
- Over half of participants entered Crossroads after being charged with a drug offense, with 90 percent of all participants being charged with felony-level crimes.

Services received

In addition to the standard treatment services that participants receive and their frequent interactions with probation, program participants also receive a variety of additional services to meet their individual needs. Some of the most common services received by participants include: behavioral incentives, psychological screening, STI/HIV screening, and medication monitoring.

Treatment outcomes

Program completion rates were reported in aggregate for each program component. Crossroads participants had the highest rate of successful program completion (95%), followed by Odyssey (47%) and Journey (38%) participants. When interpreting these results, it is important to note that Odyssey and Journey participants may be enrolled in treatment one year or more before successfully graduating. As a result, unsuccessful treatment outcomes are identified earlier in the evaluation and the completion rate may increase over time.

Individual outcomes were also reported at discharge. Some of the key findings highlighted in the full report include:

- The vast majority (98%) of the 1,875 drug tests submitted by program participants have been negative. Over three-quarters of participants completed Odyssey or Journey without testing positive for drug use.
- Participants experienced greater levels of peer, professional, and family support over time.
- Most program participants avoided criminal behavior while participating in the program, with only five individuals being arrested while enrolled in outpatient treatment.
- Over 95 percent of participants who successfully completed outpatient treatment had stable housing at discharge, compared to 50 percent of participants who did not complete treatment.
- Over 80 percent of individuals who successfully completed outpatient treatment had were employed at discharge, compared to only 37 percent of participants who did not complete treatment.

Conclusions and recommendations

Overall, the data collected to date demonstrates that individuals who have completed the program demonstrate improved outcomes in areas of drug abstinence, criminal behavior, employment, housing stability, and formal and informal support. The overall rate of successful program completion is acceptable when compared to other substance abuse treatment programs. However, these rates may underestimate the program's effectiveness because individuals who were discharged prior to completion may be reflected earlier in these rates than those who participate in the full 12-month program.

Recommendations made to enhance service delivery and evaluation activities include:

- Explore opportunities to collaborate with community-based agencies that provide services addressing areas of housing, employment, parenting education, and domestic violence prevention and recovery.
- Consider strategies to ensure participants receive continuous services while transitioning from the Crossroads program to outpatient treatment.
- Establish treatment standards that ensure high-quality treatment and recovery are being provided in both gender-specific outpatient programs.
- Enhance current data collection and reporting procedures to better describe the needs of participants at intake, assess changes in individual participant outcomes, and examine long-term recidivism rates.
- Consider strategies to gather feedback from program participants to assess their readiness for treatment, perceptions of the program's strengths, and suggestions on ways to improve program services.
- Identify one key staff member to assist with coordination of local data collection and reporting activities.
- Provide ongoing training to staff to ensure consistency when conducting assessments and reporting data.

Project background

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 throughout the duration of the project, from July 2006 through December 2007.

This report provides a description of the treatment program, characteristics program participants, services provided through the program, and changes in participant outcomes over time.

Program description

The Dodge-Fillmore-Olmsted (DFO) Methamphetamine Treatment Project is a corrections-based substance abuse treatment program that involves three treatment sites: Crossroads, Odyssey, and Journey. Crossroads is a jail-based pre-treatment program, focused on stabilizing incarcerated offenders prior to beginning outpatient treatment. Community-based treatment is provided 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 outpatient treatment. The group meetings are led primarily by group members, with probation officers co-facilitating discussion 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 treatment program if they have a diagnosed substance dependency diagnosis and use methamphetamine or other stimulants. The treatment program does not utilize any criteria for treatment eligibility based upon the type or severity of criminal offense that led to arrest.

The treatment model adopted by the program incorporates a number of components, including cognitive behavioral therapy, behavioral incentives, and frequent drug testing, 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. Program staff are also assisted by volunteers who have

contributed over 300 hours of time to assist with clerical work, drug test observation, other assistance to probation staff, as well as 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

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). Summary scores from the LSI-R are completed at intake and discharge from outpatient treatment, while the other data collection instruments are administered at intake and discharge of each program (Crossroads, Odyssey, and Journey). Additional program data, including drug testing results, group attendance forms, and offense changes, 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 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?

Participant characteristics

Since data collection began in July 2006, a total of 162 participants have received services through the treatment program. Demographic information was collected at the client's first intake for 139 clients (86%). Baseline demographic information may not be available for some clients who entered the program before the evaluation began.

Most treatment participants are young, White males. Over 80 percent of treatment participants were male (Figure 1). Three-quarters of all clients were White, with fewer clients identified as Black/African American (22%), American Indian, (4%), Asian (1%), or other (5%). Only four clients were identified as Hispanic or Latino. Over 60 percent of participants were under the age of 30 when they entered the program with participants ranging in age from 19 to 53.

1. Key demographic data for program participants (N=134-138)

	Number	Percent
Gender		
Male	115	83%
Female	23	17%
Race^a		
White	103	75%
Black	30	22%
Asian	2	1%
American Indian	5	4%
Other	5	4%
Ethnicity^b		
Hispanic	4	3%
Non-Hispanic	110	68%
Age		
19-20 years	16	12%
21-30 years	70	52%
31-40 years	29	22%
41-50 years	17	13%
Over 50 years	2	1%

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

^b The ethnicity of 15 participants was unknown.

Over three-quarters of participants were unemployed when they entered the program. Among the 138 participants with employment data available at intake, less than 20 percent were employed with full-time, part-time, or seasonal work. Although a few participants were unemployed because they were enrolled in school (3%), most (79%) were unemployed and not looking for work.

One-quarter of participants were pursuing some type of education at intake. Although most participants (75%) were not in school when they began the program, 30 individuals (22%) were pursuing a high school diploma or GED at intake and 4 individuals (3%) were attending a two-year vocational program or other education program.

Nearly half of participants reported having at least one dependent child. Parenting status was determined for 131 clients. Among the 63 clients who reported having children, most had one child (59%), while one client had five dependent children. Twenty-three clients were involved with child protection services or child welfare at intake.

Nearly half of female participants reported being victims of domestic violence. A total of 20 participants reported being a victim of domestic violence. Although an equal number of women and men reported abuse (N=10), overall, a greater percentage of women reported abuse (45%) than men (9%). Forty clients, most of whom are men (N=38), reported being a perpetrator of domestic violence. Clients were not asked about other types of abuse, such as sexual assault, emotional abuse, or other types of physical abuse.

Over half of the offenders entered Crossroads after being charged with a drug-related crime, often possession. Drug-related crime was the most common offense, while fewer clients had been charged with theft (14%), DUI (8%), domestic assault (7%), and financial crimes, such as forgery (5%) (Figure 2). Ninety percent of all offenses were felony-level charges.

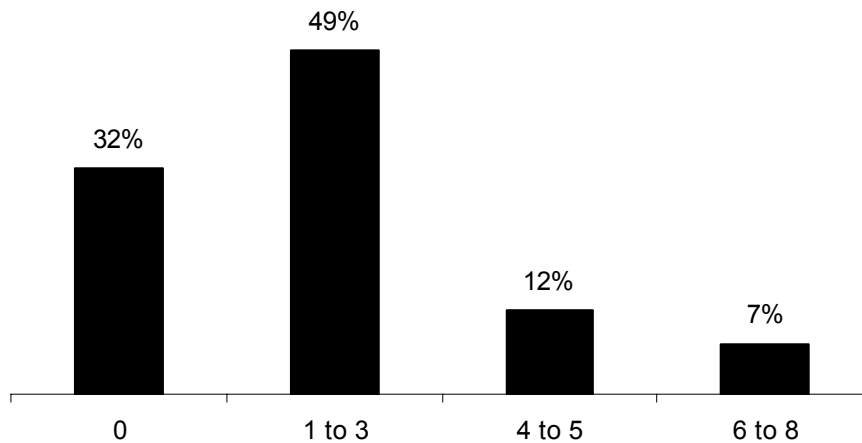
2. Types of offenses charged at intake (N=158)

Offense category	Participants charged (%)
Drug-related offense (possession, manufacturing, etc.)	85 (54%)
Theft	22 (14%)
DUI	9 (8%)
Domestic assault	11 (7%)
Financial crime	8 (5%)
Physical assault	6 (4%)
Sexual assault	4 (3%)
Other	13 (9%)

Note: For clients charged with more than one offense at intake, the most severe charge was reported.

Approximately two-thirds of the participants had previously attempted substance abuse treatment. The DFO program was the first attempt at either inpatient or outpatient treatment for approximately one-third (32%) of participants (Figure 3). Nearly half of the participants reported one to three prior treatment episodes, while two clients participated in as many as eight treatment episodes before entering this program. Although the average number of prior treatment episodes tended to be higher among women (2.6) compared to men (1.7), there was not a significant relationship between gender and prior treatment attempts.

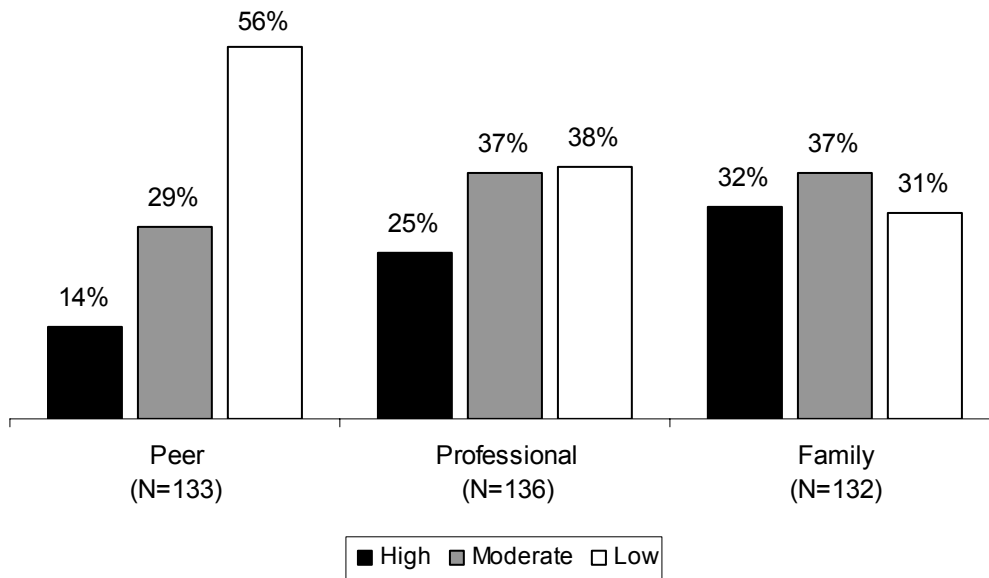
3. Total number of prior inpatient and outpatient treatment attempts (N=114)



Most clients experienced low to moderate levels of withdrawal symptoms. At intake, program staff categorize the severity of withdrawal symptoms into three groups: low, moderate, and high. Less than one-quarter of participants (22%) experienced high severity withdrawal symptoms, while remaining participants experienced withdrawal symptoms categorized as low (39%) or moderate (39%). The differences in withdrawal severity experienced by participants may reflect how physical withdrawal symptoms vary when different drugs are used, or reflect individual variability in symptom severity.

Over half of the participants had low levels of peer support at intake. At intake, program staff categorize the level of peer, professional, and family support into categories of low, moderate, and high. Low peer support was reported for over half of participants (56%), with fewer individuals reporting low support from professionals (38%) or family members (31%) (Figure 4).

4. Levels of peer, professional, and family support at intake (N=132-136)



A majority of participants were eligible for Rule 25 consolidated funds. Program services can be paid for through a variety of sources, including Rule 25 consolidated funding, insurance, grant funds, or individual out-of-pocket payments. Funding sources were reported for 131 clients at intake. Approximately three-quarters of the participants (73%) utilized Rule 25 consolidated funds, while fewer clients used insurance (15%) or grant funding (14%) to pay for treatment. There were not any clients who paid out-of-pocket for treatment services.

Summary of services received

In addition to standard treatment services and interaction with probation, clients receive a variety of services to address their individual needs. These services are summarized for each program participant when they are discharged from a program. Participants in all programs often received behavioral incentives, psychological evaluations, STI/HIV screening, and medication monitoring (Figure 5). Although there were no significant differences in services received based on gender, individuals received different services based on the type of program. Counseling services, for example, were offered more often to participants in outpatient treatment than Crossroads. These differences may demonstrate how client needs may change at various treatment stages, but may also reflect differences in service availability across programs.

5. Services received by program participants

Service	Crossroads participants (N=106-114)	Odyssey participants (N=44)	Journey participants (N=11-15)
Behavioral incentives	111 (97%)	33 (75%)	8 (73%)
Psychological evaluation	64 (56%)	31 (71%)	1 (10%)
STI/HIV screening	82 (72%)	15 (34%)	0 (0%)
Medication prescription and monitoring	52 (49%)	16 (36%)	5 (39%)
Individual counseling	9 (8%)	21 (48%)	5 (42%)
Family or couples counseling	0 (0%)	15 (34%)	1 (9%)
Volunteer mentor	0 (0%)	3 (7%)	2 (13%)

Group sessions

All participants are required to participate in regular group sessions as part of their treatment plan. Group session attendance was reported for 105 Crossroads participants, with most (92%) attending a total of 14 group sessions before leaving the program. Overall, participants attended as few as one, and up to 16, sessions. Among the 37 Odyssey participants, over half (54%) attended 96 group sessions, with attendance ranging from 10 to 156 group sessions. Overall, participants discharged from Journey attended fewer group sessions, ranging between 2 and 42.

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, changes from intake to discharge cannot be analyzed for all clients.

Over three-quarters of program participants entered services through Crossroads, while fewer began services in Odyssey (17%) or Journey (6%). Although many participants follow a standard path through treatment, beginning with Crossroads and moving into Odyssey or Journey, treatment is not always a linear process. Among the 162 participants who received services during this timeframe, nine (6%) were discharged from the same program multiple times, indicating a break in treatment that may have been due to new arrests, relapse, or other disruptions in service. As a result, participants who had multiple treatment episodes may be included multiple times in the analyses.

Treatment completion and retention

In order to determine rates of program completion and reasons for unsuccessful discharges from treatment, results of all treatment episodes were combined. Program completion rates were highest among Crossroads participants (95%), with fewer Odyssey (47%) and Journey (38%) participants successfully completing the program (Figure 6). In both outpatient programs, participant drop-out was the most common reason for unsuccessful program completion.

6. Reasons for discharge, all program discharges (N=172)

	Crossroads (N=114)	Odyssey (N=43)	Journey (N=16)
Successful completion	108 (95%)	20 (47%)	6 (38%)
Unsuccessful completion			
Participant drop out	0 (0%)	7 (16%)	3 (20%)
Technical violation	2 (2%)	2 (5%)	1 (7%)
Rule violation (non-drug)	1 (1%)	5 (12%)	2 (13%)
Rule violation (drug)	0 (0%)	6 (14%)	1 (7%)
Referral to mental health treatment	1 (1%)	0 (0%)	0 (0%)
Arrested for new crime	0 (0%)	1 (2%)	1 (7%)
Other	2 (2%)	0 (0%)	1 (7%)

In addition to considering the overall treatment success of individual participants, the most recent discharge form for each of the 162 participants was examined. While most Crossroads participants (92%) successfully completed treatment, completion rates were lower among participants who were most recently enrolled in Odyssey (48%) and Journey (38%) (Figure 7). It is important to note that outpatient treatment participants may be enrolled in services for one year before successfully completing the program. As a result, unsuccessful completions are identified earlier in the evaluation and the overall completion rates for the outpatient treatment programs may underestimate program retention and completion rates. For example, if all individuals who are currently enrolled in the three programs successfully completed that treatment component, completion rates would increase to 93 percent for Crossroads, 69 percent for Odyssey, and 53 percent for Journey. Future evaluation reports will be able to better examine completion rates by examining data over a longer period of time and considering program success among clients eligible for discharge at specific intervals.

7. Percentage of participants who successfully completed their most recent program component (N=162)

Last program attended	Total participants	Discharged	Successfully completed program	Completion rate
Crossroads	75	66	61	92%
Odyssey	71	42	20	48%
Journey	17	13	5	38%

As anticipated, participants who successfully completed a program component were enrolled in treatment for longer periods of time than those who were unsuccessful (Figure 8). Although data for all participants could not be included due to missing intake or discharge dates, these preliminary data demonstrate a relationship between treatment retention and successful treatment outcomes. There is also early indication that Journey participants tend to have shorter treatment stays than Odyssey participants. However, additional research is necessary to consider whether or not this observation reflects actual differences in treatment needs or service delivery.

8. Average number of total days in treatment by program completion status

Last program discharge	N	Median days in program (range)
Crossroads		
Successful completion	96	21 (9,47)
Unsuccessful completion	4	14 (2, 43)
Odyssey		
Successful completion	12	389 (311,814)
Unsuccessful completion	23	80 (7,378)
Journey		
Successful completion	5	288 (196, 330)
Unsuccessful completion	9	56 (7,197)

Note: Total days in treatment could not be reported for clients with missing intake or discharge dates.

Treatment continuity

In order to encourage participant retention and engagement in services, treatment should be continuous. In this program, a key service transition occurs when participants move from the jail-based program to outpatient treatment. A total of 79 Crossroads participants were referred to Odyssey or Journey during the evaluation period, two of whom were referred twice. Over half of the participants referred to Odyssey or Journey (57%) began the recommended outpatient treatment program.

Most participants entered outpatient treatment within one month of completing Crossroads. Over three-quarters of these participants referred from Crossroads to Odyssey or Journey entered outpatient treatment within one month of being discharged (Figure 9). The median length of time that passed during the transition from jail-based to outpatient services was 12 days. However, the length of time that passed between discharge and subsequent intake varied considerably, from 1 day to 136 days.

9. Days between discharge from Crossroads and intake into outpatient treatment (N=41)

	Number of participants
1-7 days	13 (32%)
Less than 14 days	9 (22%)
Less than one month	8 (20%)
Over one month	11 (27%)

Treatment referrals

At discharge, most clients were referred to additional treatment services. At discharge, most Crossroads participants (95%) and approximately half of Odyssey (43%) and Journey (53%) participants were referred for additional treatment and recovery services (Figure 10). When combined, nine percent of all discharged participants were referred to inpatient treatment for more intensive substance abuse treatment and recovery services.

10. Treatment referrals made at discharge (N=175)

	Crossroads (N=115)	Odyssey (N=45)	Journey (N=15)
Inpatient treatment	10 (9%)	4 (9%)	2 (13%)
Outpatient treatment through Odyssey/Journey	81 (72%)	1 (2%)	3 (20%)
Other outpatient treatment	17 (15%)	1 (2%)	2 (13%)
Graduates group	1 (1%)	20 (46%)	0 (0%)
No referral	6 (5%)	19 (43%)	8 (53%)

Drug abstinence

Most drug tests submitted by program participants were negative. Drug tests are conducted randomly throughout the participant's involvement in outpatient treatment. Although most drug tests are urinalyses and breath tests, the program also utilizes oral fluid and hair follicle testing. A total of 1,875 drug tests have been submitted by 84 program participants since the evaluation began. The vast majority of these drug tests (98%) have been negative. Lab results confirmed 32 positive samples had been submitted by 23 participants. Positive drug tests confirmed use of one or more of the following drugs: marijuana (confirmed in 11 samples), methamphetamine (confirmed in 10 samples), cocaine (confirmed in 7 samples), and alcohol (confirmed in 4 samples).

Drug testing results were available for 67 participants who were discharged from Odyssey since the program began and 14 Journey participants. Most Odyssey participants (76%) were discharged from the program without testing positive for any drug use. Of the 16 participants with positive drug tests, 11 submitted a single positive test, while five submitted up to four positive samples. Half (50%) of the 14 Journey participants completed the program without submitting any positive samples, while six of the seven clients with positive samples had only one positive result during the program.

Self-reporting of drug use is also monitored throughout the program. Among participants who completed different components of the program, drug use was reported by one Crossroads participant, 15 Odyssey participants, and 7 Journey participants.

Changes in key outcomes 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 Low (0-20), Moderate (21-30), Medium (31-40), and High (41+). The instrument also examines ten areas of risk, including: criminal history, alcohol and drug use, financial problems, family/marital relationships, and employment.

DFO staff administer the LSI-R at intake and discharge from each program. In order to describe the needs of the participants being served by the program, scores from all LSI-R assessments administered at program discharge were examined. Over half of participants (53%) had needs that fell into the moderate range, while 28 percent had greater service needs (Figure 11).

11. Level of service needs among participants at discharge (N=109)

	N	Percent
Low	21	19
Moderate	58	53
Medium	27	25
High	3	3

Changes in service needs over time were examined among 25 participants who were discharged from outpatient treatment and had LSI-R scores available during treatment and at discharge that were at least 30 days apart. Reductions in LSI-R scores were observed across most domains among participants who had successfully completed treatment (Figure 12). Although there were improvements in areas of criminal history, education and employment, and family/marital issues among participants who did not successfully complete the program, average risk scores increased across other areas. Additional data is needed in order to determine if these observed trends reflect significant improvements or reductions in scores among treatment participants.

12. Changes in average LSI-R scores over time

	Possible range	Successful program completers (N=7)		Unsuccessful program completers (N=18)	
		Average pre-test score	Average post-test score	Average pre-test score	Average post-test score
Criminal history	0-10	4.7	4.4	5.1	4.5
Education and employment	0-10	4.3	3.4	6.7	6.1
Financial problems	0-2	1.4	1.0	1.3	1.4
Family/marital	0-4	2.3	1.7	2.0	1.7
Accommodations	0-3	1.1	0.4	1.4	1.7
Leisure/recreation	0-2	1.7	1.0	1.7	1.8
Companions	0-4	2.6	2.7	2.9	3.2
Alcohol/drug	0-9	6.1	4.0	6.2	7.0
Emotional/personal	0-4	2.3	1.6	1.4	2.4
Attitudes/orientation	0-4	.1	.7	1.1	1.6
Total score	0-54	26.7	21.1	29.7	31.2

Support

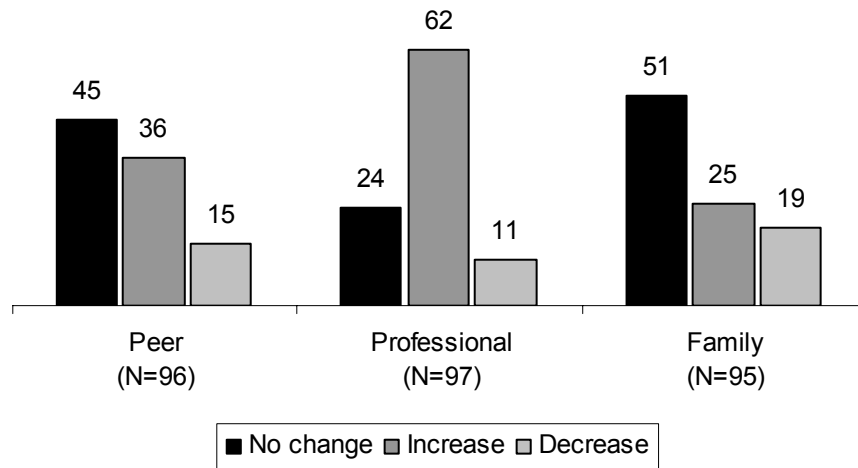
Many participants experienced increased levels of peer, professional, and family support over time. For each program, the participant's level of support is categorized as High, Moderate, or Low at both intake and discharge. To examine changes in support over time, data from the participant's first intake and last discharge were compared. Across all areas, greater numbers of participants had high or moderate levels of support at discharge, with significant increases occurring in areas of peer and professional support (Figure 13). In general, clients were more likely to have greater support from professionals than from either family or peers.

13. Participants with moderate or high levels of support at intake and discharge

	Percentage of participants with High or Moderate levels of support	
	Intake	Discharge
Peer (N=96)	43%	58%
Professional (N=97)	65%	97%
Family (N=95)	66%	68%

Across all areas, participants were more likely to experience increased levels of support over time than to experience reductions in support (Figure 14). The most dramatic improvement in support was observed in the area of professional support where nearly two-thirds of participants had greater levels of support at discharge than intake.

14. Change in levels of peer, professional, and family support over time



When level of support was compared to completion status, significant differences were observed in areas of peer and family support (Figure 15). While only one successful treatment participant left treatment with low support in any area, approximately half of individuals discharged prior to completion had low levels of peer (43%) or family (50%) support.

15. Levels of peer, professional, and family support at discharge, by successful completion of outpatient treatment

	Successfully completed outpatient treatment (N=22-24)	Did not successfully complete outpatient treatment (N=30)
Level of peer support		
High	6 (25%)	12 (40%)
Moderate	18 (75%)	5 (17%)
Low	0 (0%)	13 (43%)
Level of professional support		
High	16 (73%)	14 (47%)
Moderate	8 (27%)	12 (40%)
Low	0 (0%)	4 (13%)
Level of family support		
High	10 (43%)	6 (20%)
Moderate	12 (52%)	9 (30%)
Low	1 (4%)	15 (50%)

Note: Levels of peer and family support were significantly different between participant groups ($p < 0.01$).

Relationships with dependent children

At discharge, most participants who had children involved in the child protection system or child welfare system were still working towards resolution. A total of 23 participants were involved with child protection or child welfare at intake, most of whom (74%) were still working towards resolution at discharge. Positive resolutions were reached on all six child protection cases that ended while the participant was enrolled in treatment.

New arrests and program violations

Most program participants avoided criminal behavior while participating in the treatment program. Among all participants discharged from outpatient treatment, five participants (9%) were arrested for new charges while participating in Odyssey (N=3) or Journey (N=2). Four of the five charges were related to drug or alcohol use.

Program violations were reported during less than one-quarter of all treatment episodes. Of the 35 discharges where at least one program violation was reported, drug use and treatment failure were both identified as the rationale for the violation on 19 discharge summaries. Fewer violations were related to new offenses (N=2) or other reasons (N=6).

Stable housing

Approximately two-thirds of all participants had stable housing when discharged from outpatient treatment. At discharge, approximately two-thirds of Odyssey (68%) and Journey (60%) participants had stable housing. Because housing status was reported inconsistently for participants who were participating in the jail-based treatment component, this information is not included in the report. When housing status was compared among successful and unsuccessful program completers, significant differences were observed. Among participants who successfully completed their most recent outpatient treatment episode, all but one (96%) had stable housing at discharge, compared to less than 50 percent of participants discharged prior to completing the program (Figure 16).

16. Housing status at discharge, by successful completion of outpatient treatment

	Successfully completed outpatient treatment (N=24)	Did not successfully complete outpatient treatment (N=30)
Currently lives in stable housing	23 (96%)	13 (43%)
Does not currently live in stable housing	1 (4%)	17 (57%)

Note: Stable housing rates were significantly different between participant groups ($p < 0.01$).

Education and employment

Approximately one in five participants pursued some type of education while enrolled in treatment. Nearly 20 percent of participants (17%) were attending a GED program, high school, or other educational program at discharge. Four participants received their GED while participating in treatment. A total of 16 participants were currently attending school when discharged from treatment (Figure 17). There were no significant differences in school participation based on completion status.

17. Education status at discharge, by successful completion of outpatient treatment

	Successfully completed outpatient treatment (N=24)	Did not successfully complete outpatient treatment (N=30)
Currently attending school	8 (33%)	8 (27%)
Not currently attending school	16 (67%)	22 (73%)

Over half of the participants were employed when discharged from outpatient treatment. Although most Crossroads participants (94%) are not employed when they are discharged from the jail-based treatment component, over half of Crossroads (54%) and Journey (53%) were employed by the end of outpatient treatment (Figure 18). Over 80 percent of participants who successfully completed outpatient were employed at discharge, compared to 37 percent of participants who were discharged prior to completing treatment (Figure 19).

18. Employment status at discharge of outpatient treatment (N=59)

	Odyssey (N=44)	Journey (N=15)
Employed or attending school	25 (57%)	8 (53%)
<i>Employed full-time</i>	19 (43%)	6 (40%)
<i>Employed part-time</i>	5 (11%)	2 (13%)
<i>Attending school, not employed</i>	1 (2%)	0 (0%)
Not employed	19 (43%)	7 (47%)

Note: Sub-categories describing employment or school participation are written in italics.

19. Percentage of clients employed at discharge, by successful completion of outpatient treatment

	Successfully completed outpatient treatment (N=24)	Did not successfully complete outpatient treatment (N=30)
Employed or attending school	20 (83%)	11(37%)
<i>Employed full-time</i>	18 (75%)	7 (23%)
<i>Employed part-time</i>	2 (8%)	3 (10%)
<i>Attending school, not employed</i>	0	1 (3%)
Not employed	4 (17%)	19 (63%)

Note: Sub-categories describing employment or school participation are written in italics.

Conclusions and recommendations

The DFO Methamphetamine Treatment Program utilizes a number of treatment elements, 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 but are not examined as part of the program's current evaluation plan.

On average, participants who had successfully completed Odyssey had been in treatment over one year. When interpreting the information presented in this report, it is important to consider how much time passes between intake and discharge. Although the outpatient program completion rates reported in this 18-month evaluation are comparable to other substance abuse programs, these totals may underestimate rates of successful completion because they are more likely to include individuals who have discontinued treatment.

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 outcomes highlighted in this report include:

- The vast majority (98%) of the 1,875 drug tests submitted by program participants have been negative. Over three-quarters of participants completed Odyssey or Journey without testing positive for drug use.
- Participants experienced greater levels of peer, professional, and family support over time.
- Most program participants avoided criminal behavior while participating in the program, with only five individuals being arrested while enrolled in outpatient treatment.
- Over 95 percent of participants who successfully completed outpatient treatment had stable housing at discharge, compared to 50 percent of participants who did not complete treatment.
- Over 80 percent of individuals who successfully completed outpatient treatment had were employed at discharge, compared to only 37 percent of participants who did not complete treatment.

Although the results in this report demonstrate overall improvement in participant outcomes, additional service enhancements may further increase these benefits. Wilder Research suggests DFO staff consider the following recommendations:

- **Explore opportunities to collaborate with community-based agencies that may offer additional services in areas of housing, employment, parenting education, and domestic violence prevention and recovery services.** Results from intake forms demonstrate that many program participants entered the program without stable housing, unemployed, involved in child protection, and victims or perpetrators of past abuse. Although many of these issues are addressed directly through the program, additional services may be needed to help participants who have severe problems in these areas. Coordinating with other agencies not only helps participants get the help they need, but also increases their level of peer and professional support.
- **Consider strategies to ensure participants receive continuous services while transitioning from the Crossroads program to outpatient treatment.** As described in this report, over one-quarter of participants did not receive program services for over a month while transitioning from Crossroads to outpatient treatment. Although reasons for this service delay were not examined, it is important that service interruptions can be minimized, especially during this crucial transition period. Wilder Research suggests DFO staff convene to discuss reasons why these delays may occur and identify strategies to provide continuity of services.
- **Establish treatment standards that ensure high-quality treatment and recovery are being provided in both gender-specific outpatient programs.** Odyssey and Journey, the two gender-specific outpatient treatment programs, are run by two different treatment providers. In order to evaluate overall program effectiveness, it is important that the programs are comparable in scope, with any key differences in gender-specific treatment services being clearly identified and described.

In order to make stronger conclusions regarding the program's effectiveness and identify opportunities for service improvements, the program's current evaluation activities should be enhanced and expanded. Wilder Research has already begun to work with DFO staff to develop more comprehensive data collection instruments and procedures that will describe the needs of clients and their readiness to engage in treatment, determine which treatment components are most important to recovery, and be used in future research focusing on long-term recidivism outcomes and cost-benefit analyses.

Wilder Research encourages project staff to consider the following recommendations to further enhance their evaluation activities:

- **Enhance current data collection and reporting procedures to better describe the needs of participants at intake, assess changes in individual participant outcomes, and examine long-term recidivism rates.** In recent discussions, DFO staff have identified a number of key descriptive and outcome measures they would like to incorporate into the evaluation, including: frequency and intensity of drug use, past criminal history, and current mental health diagnoses. These measures are being incorporated into revised intake and discharge forms to better meet the evaluation needs of DFO staff and stakeholders.
- **Consider strategies to gather feedback from program participants to assess their readiness for treatment, perceptions of the program's strengths, and suggestions on ways to improve program services.** Although DFO staff receive feedback from participants about their satisfaction with services or perceptions of needed improvements, the current evaluation plan does not incorporate any strategies to collect participant data on a regular basis. Wilder Research suggests incorporating a self-report assessment to examine readiness for change and periodic satisfaction surveys or participant focus groups to explore perceived benefits of treatment and opportunities for service improvements.
- **Identify one key staff member to assist with coordination of local data collection and reporting activities.** DFO staff compile data from multiple sources to report drug testing results and other outcomes to Wilder Research. In order to streamline data collection and reporting and continue building internal evaluation capacity, it may be useful to identify a DFO staff person who can regularly allocate time to coordinate local data collection and reporting activities, and monitor the quality and accuracy of information being submitted.
- **Provide ongoing training to staff to ensure consistency when conducting assessments and reporting data.** Inconsistent administration of assessment instruments or interpretation of questions can impact evaluation findings. For example, research has indicated the LSI-R becomes a more reliable tool when regular training is provided to individuals administering the instrument. To address any potential data collection issues, Wilder Research suggests providing regular training to staff to review data collection procedures and establish standards that lead to consistent reporting of all measures, especially those that cannot be validated through collateral data.