

DRAFT Dodge-Fillmore-Olmsted Methamphetamine Project

July 2008-June 2010 evaluation report

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Dodge-Fillmore-Olmsted
Methamphetamine Project

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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, 2010, a total of 188 participants were enrolled in Crossroads, Odyssey, Journey, or a combination of programs.

- Most program participants were White (80%), male (71%) and single (77%). On average, participants were 28 years old.
- More than half (52%) of the participants had one, and up to five, dependent children.
- Almost two-thirds of participants (66%) had completed at least a high school education, while less than one-quarter of the participants (24%) were employed in the 30 days prior to incarceration.
- Most participants (92%) had been convicted of at least one prior offense before enrolling in Crossroads, and many (65%) had a felony record. Approximately two-thirds (68%) of participants entered the program after being charged with crimes related to drug sale or possession.
- Nearly three-quarters of participants (74%) had attempted substance abuse treatment prior to enrolling into the DFO program.

Program outcomes

During the past year, 55 individuals were discharged from the Odyssey program and 34 were discharged from Journey, with approximately half of those discharged successfully completing the program (51% of Odyssey participants, 47% of Journey participants).

- Most drug tests administered to program participants (96%) were negative. Combined, 80 percent of those discharged did not have any positive drug tests while enrolled in Odyssey or Journey.
- Over 80 percent of the participants (87%) were discharged without being arrested for any new charges.
- Women generally were enrolled in services for shorter periods of time than men and were less likely to receive a variety of services, including behavioral incentives, counseling, STD/HIV screening, family education, and life skills classes.
- All but one successful program graduate had secured stable housing at discharge. Overall, nearly two-thirds (62%) of all program graduates and unsuccessful program participants combined had stable housing.
- Approximately half of the Odyssey (51%) and Journey (44%) participants were employed at discharge. Successful graduates were more likely to be employed than unsuccessful participants (86%, compared to 11% of unsuccessful participants).
- None of the participants were known to lose custody of their child while enrolled in the program. A total of 25 participants had open child protection cases. Although it is known three participants maintained custody of their children and none lost custody, the status of the child protection cases was not available for a number of participants.
- One-quarter of participants (27%) exhibited significant reductions in recidivism risk, based on total LSI-R scores. Overall, participants who successfully completed the program had improved average scores across a number of LSI-R domains.

Conclusions and recommendations

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

- Explore whether differences in service utilization between men and women reflect gender-specific programming needs or unintended discrepancies in service delivery approaches.
- Consider using trauma-informed service approaches to address the needs of female participants.
- Use case reviews to develop program guidelines to provide appropriate levels of services to program participants based on recidivism risk and observed needs.
- Continue to offer participants opportunities to participate in social activities, support groups, and other community-based programs.
- Revisit current evaluation goals and approaches to streamline data collection activities and reduce paperwork burden among staff.

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, 2010.

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 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

Data collection forms are completed at intake and discharge of each program component (Crossroads, Odyssey, or Journey) by corrections staff. The information gathered through these forms includes the offenders' demographic information, past chemical use and treatment attempts, housing and employment status prior to arrest, level of peer and professional support, involvement in public support programs (e.g., SSI, Medicaid), and involvement with other State-level systems (e.g., child protection system). Corrections staff began to use these forms in Spring, 2008.

Data collection forms are used by 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, 2010, a total of 188 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 (71%) 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 (4%), including Somali (N=4), Hispanic (N=2), and Caribbean (N=1). Only seven clients were identified as Hispanic or Latino. On average, participants were 28 years old, but ranged in age from 18 to 64. Most participants (77%) were single, while about half (52%) had one to five dependent children. The demographic characteristics of men and women were similar, though male participants were somewhat more racially diverse.

1. Key demographic data for program participants (N=188)

	Number	Percent
Gender		
Male	133	71%
Female	55	29%
Race		
White	151	80%
Black	25	13%
Asian/Southeast Asian	3	2%
Bi/Multi-racial	1	<1%
Other ^a	8	4%
Ethnicity		
Hispanic	7	4%
Non-Hispanic	139	74%
Unknown/missing	42	22%
Age		
18-20 years	14	7%
21-30 years	99	45%
31-40 years	43	23%
41-50 years	24	13%
Over 50 years	7	4%
Marital status		
Single	145	77%
Living with partner, unmarried	12	6%
Married	10	5%
Divorced/separated	15	8%
Widowed	2	1%
Unknown/missing	4	2%
Dependent children		
No dependent children	88	47%
One or more dependent children ^b	98	52%
Unknown/missing	2	1%

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

^a "Other" race categories included Somali, Hispanic, or Caribbean.

^b Participants had up to 5 dependent children.

A majority of the participants had completed at least a high school education. Approximately two-thirds of the participants (66%) had received at least a high school diploma or GED, with relatively few completing an Associate’s or Bachelor’s degree (3%) (Figure 2). Less than one-quarter of the participants (24%) were employed in the 30 days prior to incarceration. Employment status prior to intake was unknown for approximately one-thirds (31%) of the offenders.

2. Education and employment status at intake (N=188)

	Number	Percent
Highest level of education completed		
Some primary school	58	31%
High school graduate/GED	92	49%
Some post-secondary classes	27	14%
Associate’s degree/vocational program graduate	4	2%
Bachelor’s degree	2	1%
Unknown/missing	5	3%
Employment status during last 30 days		
Employed full-time	22	12%
Employed part-time	14	7%
Employed seasonally	10	5%
Not employed, in school	1	<1%
Not employed, unable to work due to disability	9	5%
Not employed, other	74	39%
Unknown/missing	58	31%

Note: “Other” reasons for unemployment were identified for 16 participants and included currently looking for a job (N=3), using/selling drugs (N=3), other illegal activity (N=3), applying for school (N=1), in jail (N=1), physical/mental health (N=1), and financially supported by someone else (N=1).

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 58 percent of women and 16 percent of men. Women were also more likely to report being victims of sexual assault (16% of women, compared to 4% of men) and other violence, including physical and emotional abuse (40% of women, compared to 15% of men) (Figure 3).

3. Past victimization reported by program participants (N=188)

	Men (N=133)		Women (N=55)	
	Number	Percent	Number	Percent
Past victim of domestic violence				
Yes	22	16%	32	58%
No	106	80%	19	35%
Unknown/missing	5	4%	4	7%
Past victim of sexual assault				
Yes	6	4%	9	16%
No	110	83%	33	60%
Unknown/missing	17	13%	13	24%
Past victim of physical/emotional violence				
Yes	20	15%	22	40%
No	96	72%	25	45%
Unknown/missing	17	13%	8	15%

Because the data collection forms used to gather participant data at intake were modified in June 2008, information for clients already enrolled and receiving program services at that point could not be gathered retrospectively. As a result, some of the descriptive information describing the characteristics of participants in the 30 days prior to incarceration was unavailable from some participants served during this reporting period.

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%) or renting an apartment or home (28%) (Figure 4). However, this information was not available for over one-third of participants.

4. Housing status at intake (N=188)

	Number	Percent
Stable housing		
Participant lived in stable housing	102	54%
Participant did not live in stable housing	24	13%
Unknown/missing	62	33%
Type of housing		
Living with friends/family	52	28%
Renting an apartment/home	52	28%
Home owner	12	6%
Transitional housing	4	2%
Sober housing	3	2%
Other	3	2%
Unknown/missing	62	33%

One-quarter of the offenders were enrolled in public health insurance programs prior to intake. Information describing participation in various public programs was available for a limited number of participants at intake (N=77). One-quarter of the participants received Medical Assistance or MinnesotaCare (24%), while few received financial support through General Assistance/MFIP 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, three were covered by UCare, three were covered by Blue Plus, and two participated in the Group Residential Housing Program. This information was not report for over half of the participants (58%).

5. Participation in public programs at intake (N=188)

	Number	Percent
Medical Assistance/MinnesotaCare	45	24%
General Assistance/MFIP	23	12%
SSI/SSDI	7	4%
Welfare	5	3%
Section 8	2	1%
Other	20	10%
Unknown/Missing	111	58%

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 184 participants during this reporting period.

Over two-thirds 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 (6%), domestic assault or disorderly conduct (6%), or DWI/DUI (5%) (Figure 6). Corrections staff categorized over two-thirds of the crimes (68%) as drug-related. Most crimes (96%) were felony-level offenses, but fewer were violent offenses (13%). A total of 13 participants were charged with a parole violation.

6. Types of offenses charged at intake (N=184)

	Number	Percent
Drug possession/sale	108	59%
Theft/burglary	21	11%
Financial crime (forgery, fraud)	11	6%
Domestic assault/disorderly conduct	11	6%
DWI/DUI	9	5%
Property crime	4	2%
Aggravated/other physical assault	6	3%
Sexual assault	1	<1%
Other ^a	13	7%

Note: For clients charged with more than one offense at intake, the most severe charge was reported. Most crimes (95%) were felony-level offenses, while fewer were categories as violent offenses (13%) or parole violations (7%).

^a "Other" types of crime included felony possession of a firearm (N=1) and domestic assault/disorderly conduct (N=1). However, the types of crimes committed by most participants with "other" charges were missing or unknown (N=11).

Most participants had been convicted of at least one crime prior to enrolling in Crossroads. Over 90 percent of the participants (92%) had been convicted of one or more crimes prior to their current offense, and nearly two-thirds (65%) had a felony record (Figure 7). Somewhat fewer women had a past criminal record (83% of women, compared to 94% of men). On average, men were convicted of 8 crimes prior to intake (median=6), while women had fewer convictions (mean=5, median=3). Among the 184 participants with their criminal histories reported, less than half had been convicted of

theft/burglary (48%), drug possession/sale (41%), or DWI/DUI (41%) (Figure 8). Over forty percent of participants (44%) were convicted of their first offense when they were under the age of 18 (Figure 9). Males were convicted of their first crime as juveniles more often than females (49%, compared with 31% of female participants).

7. Past convictions (N=181)

	Men (N=130)		Women (N=54)		Combined (N=181)	
	Number	Percent	Number	Percent	Number	Percent
Convicted of one or more crimes						
Yes	122	94%	45	83%	167	91%
No	7	5%	7	13%	14	8%
Unknown/missing	1	1%	2	4%	3	2%
Convicted of a felony offense						
Yes	83	64%	24	44%	107	58%
No	39	30%	24	44%	57	31%
Unknown/missing	8	6%	12	22%	20	11%

8. Types of past convictions (N=184)

	Men (N=130)		Women (N=54)		Combined (N=184)	
	Number	Percent	Number	Number	Percent	Number
Theft/burglary	68	52%	21	39%	89	48%
Drug possession/sale	57	44%	18	33%	75	41%
DWI/DUI	59	45%	13	24%	72	39%
Domestic assault/disorderly conduct	34	26%	6	11%	40	22%
Property crime	31	24%	5	9%	36	20%
Aggravated/other physical assault	32	25%	5	10%	27	20%
Financial crime (forgery, fraud)	12	9%	13	24%	25	14%
Sexual assault	3	2%	0	0%	3	2%
Other	110	60%	27	50%	110	60%

Note: "Other" types of crimes were document for 31 offenders and included charges ranging from traffic violations to fleeing a police officer.

9. Age of first conviction (N=167)

	Men (N=122)		Women (N=45)		Combined (N=167)	
	Number	Percent	Number	Number	Percent	Number
17 or younger	60	49%	14	31%	74	44%
18-20	30	15%	12	27%	41	25%
21-25	16	13%	7	16%	23	14%
26-30	9	7%	2	4%	11	7%
31-40	3	2%	6	13%	9	5%
Over 40	1	<1%	2	4%	3	2%
Unknown/missing	3	2%	3	7%	6	4%

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 (Figure 10). After the discharge paperwork was modified to examine past prison and jail time separately, approximately three-quarters of the 125 participants with the revised paperwork completed (73%) had served prior time in jail, while less than one-third (29%) served prison time.

10. Served time in jail, prison for past conviction(s) (N=167)

	Men		Women		Combined	
	Number	Percent	Number	Number	Percent	Number
Served time in jail or prison (N=59)	37	97%	21	100%	58	98%
Served time in jail (N=125)	75	80%	16	48%	91	73%
Served time in prison (N=125)	30	32%	6	33%	23	29%

Note: Data collection forms for the first 59 participants document past time served in jail or prison. This information (time served in jail or prison) was reported separately for the 125 participants who entered the program after the data collection forms were modified.

Drug use, treatment history

Participants often identified stimulants as their primary drug of choice. Nearly half of the participants (47%) identified methamphetamine their primary drug of choice and one-third (31%) preferred cocaine (Figure 11). This was consistent among both men and women. Other common drugs preferred by participants included alcohol (12%) and marijuana (8%).

11. Primary drug used by participant, self-reported (N=166)

	Men (N=116)		Women (N=50)		Combined (N=166)	
	Number	Percent	Number	Percent	Number	Percent
Methamphetamine	52	45%	26	47%	78	47%
Cocaine	36	27%	15	30%	51	31%
Alcohol	14	12%	6	12%	20	12%
Marijuana	12	10%	2	4%	14	8%
Prescription drugs	1	1%	0	0%	1	1%
Opiates	1	1%	1	2%	2	1%

A majority of the participants reported using multiple types of drugs in the 30 days prior to incarceration. Most participants (60%) reported using between two and six different drugs during that time period (Figure 12). Fewer men reported using a single type of drug than women (33%, compared with 57% of women). When asked to self-report drug use in the 30 days prior to incarceration, approximately half of the participants said they had used alcohol (46%), cocaine (45%), or methamphetamine (45%) (Figure 13). Although stimulant use prior to intake was fairly common among both men and women, a larger percentage of men reported using alcohol in the 30 days prior to incarceration than women (59% of men, compared to 27% of women).

12. Number of drugs used in the 30 days prior to incarceration (N=168)

	Men (N=121)		Women (N=47)		Combined (N=168)	
	Number	Percent	Number	Percent	Number	Percent
1	40	33%	27	57%	67	40%
2	34	28%	11	23%	45	27%
3	35	29%	6	13%	41	24%
4	6	5%	3	6%	9	5%
5 or more	6	5%	0	0%	6	4%

13. Self-reported drug use during past 30 days (N=168)

	Men (N=121)		Women (N=47)		Combined (N=168)	
	Number	Percent	Number	Percent	Number	Percent
Alcohol	71	59%	15	27%	86	46%
Cocaine	58	52%	21	45%	84	45%
Methamphetamine	61	50%	24	51%	85	45%
Marijuana	56	46%	12	26%	68	36%
Prescription drugs	6	5%	3	6%	9	5%
Opiates	2	2%	2	4%	4	2%
Amphetamines	2	2%	1	2%	3	2%
Other	9	7%	1	2%	10	5%

Note: Participants specified "other" as ecstasy (N=6), cough syrup (N=1), and PCP (N=1).

Most participants had attempted substance use treatment prior to enrollment into Crossroads. Of the 168 participants with information about prior treatment attempts available, three-quarters (74%) had enrolled in inpatient or outpatient substance abuse treatment in the past (Figure 14). Approximately two in five participants had attempted treatment up to twice before, while one participant reported attempting treatment a total of 12 times.

14. Number of prior inpatient/outpatient treatment admissions (N=172)

	Men (N=119)		Women (N=53)		Combined (N=172)	
	Number	Percent	Number	Percent	Number	Percent
None	33	28%	11	21%	44	26%
1-2	49	41%	22	42%	71	41%
3-5	27	23%	15	28%	42	24%
6-10	9	8%	5	9%	14	8%
11 or more	1	<1%	0	0%	1	<1%

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 abstained from drug and alcohol use. Of the 143 participants who provided information, nearly two-thirds (62%) percent had not experienced a period of abstinence from drugs for longer than 6 months (Figure 15). Responses from participants varied considerably, with one participant reporting a period of drug abstinence of 11 years.

15. Longest period of self-reported abstinence from drug use

	Men (N=106)		Women (N=37)		Combined (N=143)	
	Number	Percent	Number	Percent	Number	Percent
Less than 1 month	21	20%	5	14%	26	18%
1-3 months	12	11%	4	11%	16	11%
4-6 months	20	19%	6	16%	26	18%
7-12 months	31	29%	11	30%	42	29%
13-24 months	10	9%	5	14%	15	10%
More than 24 months	12	11%	6	16%	18	13%

Crossroads program summary

During the reporting period, 131 Crossroads discharges occurred. Most discharges (93%) occurred after successful completion of the jail-based program (Figure 16). A few individuals (5%) were unable to complete the program because they were released early from jail or arrested for a different crime. A total of 126 individuals were discharged from the program, indicating a few who re-entered the program due to new charges being filed during the participant's jail sentence and subsequent interruption of the program. The length of the program ranged from 2 to 42 days, with participants receiving an average of 21 days of services.

16. Reasons for discharge, Crossroads (N=131)

	Number	Percent
Successful completion	122	93%
Unsuccessful completion	7	5%
<i>Participant drop out</i>	0	0%
<i>Technical violation</i>	1	1%
<i>Rule violation (non-drug)</i>	0	0%
<i>Rule violation (drug)</i>	0	0%
<i>Referral to mental health treatment</i>	0	0%
<i>Charged with a new crime</i>	4	3%
<i>Other</i>	3	2%
Missing/Unknown	1	1%
<i>Other</i>	3	2%
Missing/Unknown	1	1%

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 cognitive behavioral treatment concepts and stimulant-specific treatment information. Only seven individuals participated in fewer than 14 hours of group sessions.

On average, Crossroads participants received three different types of services while enrolled in the program. However, some participants received a broader array of five, and up to

seven, different services while enrolled (9%) (Figure 17). Some of the individualized services provided to participants included STI/HIV screening (79%), medication prescriptions and monitoring (56%), psychological evaluation (31%), and life skills classes (24%) (Figure 18). 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, religious/spiritual programs, and GED training/classes.

17. Number of different types of services received, Crossroads (N=131)

	Number	Percent
No services received	1	1%
1	19	15%
2	28	21%
3	26	20%
4	16	12%
5 or more	12	9%
Unknown/missing	29	22%

18. Services received by program participants, Crossroads (N=131)

	Number	Percent
STI/HIV screening	104	79%
Medication prescription and monitoring	73	56%
Psychological evaluation	41	31%
Life skill classes	32	24%
Medical services ^a	28	21%
Dental services	11	8%
Other services ^b	71	54%

^a Types of medical services received included treatment for chronic health conditions, such as diabetes (N=5) infections (N=5), emergency room visits (N=4), and other preventative/acute care services.

^b Other services received included participation in religious/spiritual programs (N=47), narcotics/alcoholics anonymous (N=46), and GED training/classes (N=12).

Mental health needs

Over 40 percent of the participants had an identified mental health disorder. Mental health diagnostic information was reported for participants who completed the Crossroads program. Among the 131 participants discharged, 56 were diagnosed with a mental health disorder, with 7 assessed and diagnosed during the program (Figure 19). Common mental health diagnoses included depression (21%), bipolar disorder (7%), and anxiety (6%). This information was not reported on the discharge forms for approximately 20 percent of program participants, so the mental health needs of the participant group may be higher than reported.

19. Identified mental health disorders among Crossroads participants (N=131)

	Number	Percent
Mental health status		
Diagnosed with a mental health disorder	56	42%
No diagnosed mental health disorder	46	35%
Unknown/missing	29	22%
Types of diagnoses		
Depression	28	21%
Bipolar disorder	9	7%
Anxiety	8	6%
Schizophrenia	1	1%
Attention-deficit hyperactivity disorder	1	1%
Conduct disorder	1	1%
Mood disorder	1	1%
Borderline personality disorder	1	1%
Traumatic brain injury	1	1%
Unknown	1	1%

Note: A total of 40 men (39% of male participants) and 10 women (35% of female participants) had a diagnosed mental health disorder.

Referrals made at discharge

At discharge from Crossroads, participants may be referred to a variety of services, supports, and community resources. More than half of the male Crossroads participants were referred to Odyssey (60%), while fewer women were referred to Journey (45%) for future services (Figure 20). Participants were referred to a variety of other services, including Alcoholics Anonymous/Narcotics Anonymous (86%), mental health services (34%), other outpatient treatment (24%), halfway house (27%), and inpatient chemical dependency treatment (12%). When referral patterns were compared by gender, men tended to be referred more frequently to AA/NA (90%, compared to 72% of women) while women were referred more frequently for inpatient treatment (24%, compared to 8% of men).

20. Referrals made at discharge, Crossroads (N=131)

	Men (N=102)		Women (N=29)		Combined (N=131)	
	Number	Percent	Number	Percent	Number	Percent
Alcoholics Anonymous/ Narcotics Anonymous (AA/NA)	92	90%	21	72%	113	86%
Odyssey or Journey	61	60%	13	45%	74	57%
Mental health services	31	30%	14	28%	45	34%
Other outpatient treatment	25	25%	6	21%	31	24%
Halfway house	27	27%	8	28%	35	27%
Inpatient treatment	9	8%	7	24%	16	12%
Social services	5	5%	1	3%	6	5%
Domestic violence classes	3	3%	0	0%	3	2%
Cognitive skills classes	2	2%	0	0%	2	2%
Other	10	10%	3	10%	13	10%
No referrals made	7	7%	1	3%	8	6%

Note: "Other" types of referrals included referrals to a sober house (N=3), ongoing medical care (N=3), anger management classes/programming (N=2), drug court (N=1), individual chemical dependency counseling (N=1), financial management classes (N=1), and classes to obtain a GED.

Participant outcomes

Nearly three-quarters of the participants were discharged from Crossroads with a plan to live in stable housing in the community. Combined, nearly one-quarter of participants with plans for stable, sober housing at discharge planned to rent a home/apartment (15%) or return to their own home (8%), while one-third (34%) planned to live with friends or family (Figure 21). Participants also had plans to move into transitional (5%) or sober housing (15%), or attend an inpatient treatment program (2%).

21. Planned housing at discharge from Crossroads (N=131)

	Number	Percent
Stable, sober housing	96	73%
<i>Live with friends or family</i>	45	34%
<i>Rent an apartment/home</i>	20	15%
<i>Sober housing</i>	11	8%
<i>Return to own home</i>	10	8%
<i>Transitional housing</i>	7	5%
<i>Inpatient treatment</i>	3	2%
No plans, housing unstable/unsupportive of sobriety	12	9%
Housing plans unknown	23	18%

Note: Crossroads staff determined 72 men (71% of males served) and 24 women (83% of women served) had plans to live in stable housing after discharge.

A number of participants made educational gains while enrolled in Crossroads. One-third of the participants (33%) attended high school or GED classes and four participants (3%) earned a high school diploma or GED while enrolled in Crossroads (Figure 22). Few participants (18%) were employed at discharge. While nine participants were unable to work due to disability (7%), most were not employed due to other reasons, including difficulty finding employment immediately after discharge from jail.

22. Education and employment status at discharge (N=131)

	Number	Percent
Educational gains		
Earned a GED/diploma while enrolled	4	3%
Attended high school/GED classes while enrolled	43	33%
Employment status at discharge		
Employed at discharge	23	18%
<i>Employed full-time</i>	12	9%
<i>Employed part-time</i>	9	7%
<i>Employed seasonally</i>	2	2%
Not employed at discharge	105	80%
Unable to work, due to disability	9	7%
Not working, due to other reason	96	73%
Employment status unknown	3	2%

Note: *None of the women were employed at discharge. All four participants who earned a GED during the program were male.*

Odyssey/Journey program summary

A total of 112 participants were enrolled in Odyssey or Journey since July 1, 2008. This included 74 Odyssey participants and 38 Journey participants. For participants who had been enrolled in the program multiple times, information from the participant's most recent enrollment period was included in this section of the report, unless specified otherwise.

A total of 83 new participants entered Odyssey or Journey since July 2008. Among the 112 participants who entered outpatient services during the past year, 27 individuals (including 22 men and 5 women) had previously been enrolled in Odyssey or Journey (Figure 23). Participants reentered Odyssey or Journey for a number of reasons: relapsing while enrolled in the program (N=12) or after completing the program (N=3), returning to treatment after a period of suspension (N=3), or being convicted of a new crime (N=3).

23. Current, prior enrollment in Odyssey and Journey

	Odyssey (N=74)		Journey (N=38)	
	Number	Percent	Number	Percent
New program participants	50	68%	33	87%
Re-entering services	22	30%	5	13%
<i>Relapse during program</i>	9	12%	3	8%
<i>Relapse after completing program</i>	3	4%	0	0%
<i>New conviction</i>	3	4%	0	0%
<i>Treatment suspended</i>	2	3%	1	3%
<i>Other</i>	2	3%	0	0%
<i>Unknown</i>	3	4%	1	3%
Prior involvement in program unknown	2	3%	0	0%

Note: *Treatment was suspended to allow participants to serve pending sentences, attend to medical issues, or in response to disciplinary issues.*

To explore potential common characteristics among participants who re-entered services, intake paperwork from the participant's first stay in Odyssey or Journey was reviewed for 15 men and 3 women who reentered services. (This information was not available for participants who had their first stay in the program prior to Spring 2008.) Most of these participants had LSI-R scores in the medium-high or high level (61%), indicating greater risk of recidivism. These participants were somewhat more likely to have past felony convictions than the entire group of participants served (78%, compared with 58% of all

participants), but had somewhat fewer convictions for drug-related crimes (56%, compared with 68% of all participants). There were no common trends based on age or past treatment admissions.

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 48 participants. Fewer than one-quarter of participants (21%) began Odyssey or Journey within one week of leaving Crossroads (Figure 24). Seven 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. On average, the amount of time between Crossroads and Odyssey/Journey intake was somewhat longer for Journey participants than Odyssey participants (45 days, compared to 41 days among Odyssey participants). Although these differences are not statistically significant, it is important to note relatively few Journey participants begin services within three weeks of release from jail (23%, compared with 60% of Odyssey participants).

24. Length of time between Crossroads discharge and Odyssey/Journey intake (N=48)

	Combined (N=48)		Odyssey (N=35)		Journey (N=13)	
	Number	Percent	Number	Percent	Number	Percent
Less than 7 days	10	21%	10	29%	0	0%
7-14 days	8	17%	5	14%	3	23%
15-21 days	6	13%	6	17%	0	0%
22-30 days	5	10%	3	9%	2	15%
31- 60 days	8	17%	3	9%	5	38%
61-90 days	4	8%	2	6%	2	15%
More than 90 days	7	15%	6	17%	1	8%

Not all participants referred to Odyssey or Journey for additional services were enrolled into the program. Two-thirds (68%) of the Crossroads participants referred to Odyssey or Journey at discharge were enrolled in the program. This included 66 percent of men referred to Odyssey and 77 percent of women referred to Journey. It is not clear whether these data reflect the delay that some participants experience between discharge from Crossroads and enrollment in Odyssey/Journey, or that some participants are not following through on referrals for ongoing services.

Approximately half of the participants discharged during the past year were successful program graduates. During the last two years, 55 individuals were discharged from the Odyssey program and 29 were discharged from Journey, with approximately half of those discharged successfully completed the program (Figure 25). A number of participants (19 men and 4 women) were still enrolled in programs at the end of June 2010. 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. However, these completion rates are similar to those reported during the 12-month reporting period ending in June 2009 (50% of Odyssey and 52% of Journey participants successfully completed the program).

25. Program completion during a 24-month period, Odyssey and Journey

	Odyssey (N=55)		Journey (N=34)	
	Number	Percent	Number	Percent
Successful completion	28	51%	16	47%
Unsuccessful completion	27	49%	18	53%
<i>Participant drop out</i>	4	18%	4	12%
<i>New crime</i>	2	4%	2	6%
<i>Technical violation</i>	4	7%	3	9%
<i>Rule violation (non-drug)</i>	2	4%	1	3%
<i>Rule violation (drug use)</i>	5	9%	7	21%
<i>Referral to another program</i>	4	7%	1	3%

Successful program graduates were enrolled in Odyssey or Journey for nearly one year. Overall, the 89 individuals who were discharged from Odyssey or Journey participated in the program an average of 227 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 (340 days, compared to 117 days for individuals who did not complete the program; $p < 0.001$).

The average length of stay was significantly longer for Odyssey participants than Journey (266 days, compared to 164 days; $p < 0.001$) (Figure 26). Average stays were longer for Odyssey participants among those who successfully completed the program (382 days, compared to an average of 266 days for Journey participants), as well as those who did not (145 days, compared to an average of 74 days for Journey participants).

26. Average length of stay

	Odyssey (N=55)			Journey (N=34)		
	Days (mean)	Days (median)	Range	Days (mean)	Days (median)	Range
Number of days attended	266	259	21-730	164	184	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 85 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 27). However, individual participation in group sessions varied considerably, with participants receiving as few as 2 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 109 hours of group sessions for successful graduates, compared to 60 hours among unsuccessful participants).

27. Group sessions attended

	Odyssey (N=55)			Journey (N=34)		
	Sessions (mean)	Sessions (median)	Range	Sessions (mean)	Sessions (median)	Range
Number of group sessions attended	95	96	2-436	65	45	6-143
	Successful program graduates (N=44)			Unsuccessful program participants (N=45)		
	Sessions (mean)	Sessions (median)	Range	Sessions (mean)	Sessions (median)	Range
Number of group sessions attended	109	96	2-436	60	49	2-160

Across most service areas, fewer women received the service than men. Over half of men (55%) received individual counseling, compared to one-third (35%) of women (Figure 28). Men were also more likely to be referred for families counseling than women (22%, compared to 9% of women). Exceptions to this generalization are in the

areas of medication prescription and monitoring, medical services, and dental services. Fewer than 10 percent of Journey participants received STD/HIV screening, family education, family/couples counseling, or life skills classes, compared to approximately one-quarter or more Odyssey participants. 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.

28. Services received by program participants, Odyssey and Journey

	Odyssey (N=55)		Journey (N=34)	
	Number	Percent	Number	Percent
Behavioral incentives	43	78%	22	65%
Individual counseling	30	55%	12	35%
Family/couples counseling	12	22%	3	9%
Psychological evaluation ^a	13	24%	7	21%
STD/HIV screening	18	33%	2	6%
Medication prescription and monitoring	8	15%	16	47%
Medical services	1	2%	3	9%
Dental services	2	4%	3	9%
Electronic home monitoring	9	16%	2	6%
Family education	13	24%	2	6%
Employment assistance	14	26%	7	21%
Life skills classes	16	29%	2	6%
Other	3	6%	0	0%

Note: "Other" services included community work (N=2) and anger management classes (N=1).

^a Eight participants (6 men and 2 women) were also diagnosed with a mental health disorder while enrolled in Odyssey/Journey.

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 29). 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.

29. Referrals made at discharge, Odyssey and Journey

	Odyssey (N=30)		Journey (N=25)	
	Number	Percent	Number	Percent
Support groups (i.e., AA/NA)	3	6%	18	53%
Graduates group	27	49%	10	29%
Mental health services	1	2%	4	12%
Outpatient treatment	3	6%	3	9%
Halfway house	2	4%	3	9%
Inpatient treatment	0	0%	6	18%
Social services	0	0%	1	3%
Domestic violence classes	1	2%	1	3%
Other	3	6%	5	15%
No referrals made	10	18%	3	9%

Note: "Other" referrals included those for participants reentering the corrections system (prison (N=3), Crossroads (N=1) drug court (N=1), or treatment at a correctional facility (N=1)), a sober house (N=1)..

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 871 drug tests were administered for the 89 participants discharged from Odyssey and Journey during the past year. Most of the tests (96%) were negative (Figure 30). One or more drugs were identified in the 38 positive tests, with the most common drugs being alcohol (N=10), methamphetamine (N=9), cocaine (N=8), and marijuana (N=8).

30. Drug test results, Odyssey and Journey participants (N=871)

	Number	Percent
Negative drug test results	833	96%
Positive drug test results	38	4%
Alcohol	10	1%
Methamphetamine	9	1%
Cocaine	8	1%
Marijuana	8	1%
Morphine	1	<1%
Other	5	1%

Note: Some tests were positive for more than one drug. One test was classified as positive when refused by the participant.

Over three-quarters of Odyssey and Journey participants did not test positive for any drugs while enrolled in the program. Most Odyssey (82%) and Journey (76%) participants did not have any positive drug tests while enrolled in the program, while a total of 14 individuals had one positive test result and 4 had two positive test results (Figure 31). Positive drug tests were received for both unsuccessful participants (N=11) and program graduates (N=7) (Figure 32).

However, drug testing does not deter all drug use. At discharge, 51 percent of Odyssey participants and 32 percent of Journey participants reported they had used alcohol or drugs while enrolled in the program (Figure 31). Because self-reported substance use throughout the program was reported only at discharge, these results could not be verified through additional drug tests.

31. Drug use among Odyssey and Journey participants

	Odyssey (N=55)		Journey (N=34)	
	Number	Percent	Number	Percent
Drug test results during program				
No positive drug tests	45	82%	26	76%
One positive drug test	8	15%	6	18%
Two positive drug tests	2	4%	2	6%
Self-reported drug use				
Did not report chemical use while enrolled	27	49%	23	68%
Did report chemical use while enrolled	28	51%	11	32%
<i>Alcohol use</i>	12	22%	4	12%
<i>Meth use</i>	8	15%	4	12%
<i>Marijuana use</i>	7	13%	1	3%
<i>Cocaine use</i>	3	6%	3	9%
<i>Other drug use</i>	0	0%	2	6%

Note: The type of self-reported drug use was not specified by 27 Odyssey and 11 Journey participants. Some participants reported using more than one drug while enrolled.

32. Drug use among successful and unsuccessful program participants

Drug test results during program	Successful program graduates (N=44)		Unsuccessful program participants (N=34)	
	Number	Percent	Number	Percent
No positive drug tests	37	84%	34	76%
One positive drug test	5	11%	9	20%
Two positive drug tests	2	5%	2	4%

Most program violations were a result of participant drug use. Probation officers document when participants violate program expectations and rules. Many participants (65%) had one, and up to four, program violations while enrolled in Odyssey or Journey. Among the 58 participants from the programs combined with one or more program violations, the majority of violations from either program (44%) were related to drug use.

Six participants were arrested for drug or alcohol-related offenses. Overall, most participants (88%) were discharged without being arrested for any new charges (Figure 33). Among the 12 participants (8 from Odyssey and 4 from Journey) who were arrested while enrolled, six were arrested for offenses related to methamphetamine (N=1) or other drugs/alcohol (N=6) while four were arrested for non-drug offenses (N=4).

33. Program violations and arrests, Odyssey and Journey

	Odyssey (N=55)		Journey (N=34)	
	Number	Percent	Number	Percent
Program violations				
No program violations while enrolled	17	31%	14	41%
One or more program violations while enrolled ^a	38	69%	20	59%
<i>Drug use during program</i>	24	44%	15	44%
<i>New offense</i>	2	4%	5	15%
<i>Treatment failure</i>	4	7%	10	29%
<i>Other type of program violation</i>	13	24%	10	30%
Arrests				
Not arrested for new charges while enrolled	47	85%	30	88%
Arrested for new charges while enrolled	8	15%	4	12%
<i>Drug-related arrest</i> ^b	6	11%	0	0%

^a The type of program violation was not reported for all participants. Some participants had more than one program violation. "Other" types of program violations were not specified.

^b Six participants were arrested for drug-related offenses. This included offenses related to methamphetamine (N=1) and other drugs/alcohol (N=6).

Program outcomes

There were no significant changes over time in the types of informal and formal supports who encouraged participants' recovery, as perceived by program staff. In general, program participants had similar types of support at intake and discharge. All participants had professionals in their lives who were strong supporters of their recovery, while staff identified fewer (63-69%) with a supportive peer group (Figure 34). However, on average, the number of people (informal and formal supports) participants identified as strong supporters of his/her recovery increased significantly over time, from 4.3 to 6.1 ($p<0.001$). These gains were made by participants regardless of which program they were involved in (Crossroads/Journey) or whether they successfully completed the program.

34. Formal/informal supports who “strongly” or “somewhat” support treatment, at Odyssey/Journey intake, discharge

	Intake		Discharge	
	Number	Percent	Number	Percent
Spouse/partner (N=28)				
Supports recovery	21	75%	19	68%
Does not support recovery	7	25%	9	32%
Other immediate family (parents, siblings, children) (N=70)				
Supports recovery	67	96%	65	93%
Does not support recovery	3	4%	5	7%
Extended family (N=40)				
Supports recovery	34	85%	39	98%
Does not support recovery	6	15%	1	3%
Friends/peers (N=62)				
Supports recovery	39	63%	43	69%
Does not support recovery	23	37%	19	31%
Professionals (N=72)				
Supports recovery	72	100%	72	100%
Does not support recovery	0	0%	0	0%

Note: *The number of formal and informal supports who strongly supported the participant's recovery was also reported for 70 participants. The average number of supports increased over time from 4.3 to 6.1 (p<0.001).*

Two in five participants planned to live in an owned or rented home at discharge.

Approximately one-third of the participants (32%) planned to rent a home at discharge, while fewer (8%) owned a home (Figure 35). Many of the discharged Journey participants (38%) planned to live with friends or family. A total of 13 participants were returning to jail at discharge. Overall, corrections staff categorized the housing situation as stable and sober for nearly two-thirds (62%) of the participants at discharge (Figure 36). There were no significant differences in housing status at discharge by program.

35. Type of housing at discharge, by program

	Odyssey (N=55)		Journey (N=34)		Combined (N=89)	
	Number	Percent	Number	Percent	Number	Percent
Renting apartment/home	17	31%	11	32%	28	32%
Home owner	6	11%	1	3%	7	8%
Living with friend/family	6	11%	13	38%	19	21%
Sober housing	2	4%	3	9%	5	6%
Other	14	26%	1	3%	15	17%
Unknown/missing	10	18%	5	15%	15	17%

Note: "Other" types of housing included jail (N=13), hospital (N=1), or unknown – participant absconded (N=2).

36. Housing status at discharge, by program

	Odyssey (N=55)		Journey (N=34)		Combined (N=89)	
	Number	Percent	Number	Percent	Number	Percent
Stable housing	32	58%	23	68%	55	62%
Unstable or no housing	11	20%	7	21%	28	31%
Unknown	12	22%	4	12%	16	18%

Note: Chi-square analyses did not indicate any differences in housing status, based on program (Odyssey or Journey).

Successful program graduates were significantly more likely to have stable housing at discharge than those who did not complete the program. All but one of the 44 successful program graduates had a stable, sober place to live at discharge (Figure 37). Among those who did not successfully complete the program, only 27 percent were known to have stable housing at discharge.

37. Housing status at discharge, by discharge status (programs combined)

	Successful program graduate (N=44)		Unsuccessful program graduate (N=45)		Combined (N=89)	
	Number	Percent	Number	Percent	Number	Percent
Stable housing	43	98%	12	27%	55	62%
Unstable or no housing	1	2%	17	38%	28	31%
Unknown	0	0%	16	36%	16	18%

Note: Chi-square analyses demonstrated differences between successful and unsuccessful participants with known housing status at discharge were significant ($p < 0.001$).

Nearly half of the participants were employed at discharge. A total of 43 participants were employed at discharge. Over one-third of the participants (37%) had secured full-time employment, while fewer had part-time (8%) or seasonal (3%) jobs (Figure 38). Reasons for unemployment were not documented by the program, but may include difficulty finding jobs in a difficult economy or securing employment with a felony record. Participants who successfully graduated from the program were significantly more likely to be employed than those who were discharged unsuccessfully ($p < 0.001$) (Figure 39).

Some participants also made educational gains while enrolled in the program. Seven of the participants (5 from Odyssey and 2 from Journey) were attending a post-secondary school at discharge and one Journey participant earned a GED while enrolled in the program.

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

	Odyssey (N=55)		Journey (N=34)		Combined (N=89)	
	N	%	N	%	N	%
Employed	28	51%	15	44%	43	48%
<i>Full-time</i>	21	38%	12	35%	33	37%
<i>Part-time</i>	4	7%	3	9%	7	8%
<i>Seasonally</i>	3	6%	0	0%	3	3%
Not employed	15	27%	18	53%	33	37%
<i>Unable to work due to disability</i>	2	4%	4	12%	6	7%
<i>In school</i>	2	4%	1	3%	3	3%
<i>Not working, other reason</i>	11	20%	13	38%	24	27%
Unknown	12	22%	1	3%	13	15%

Note: "Other" reasons noted for not working included being in jail (N=5), in between jobs (N=2), moving (N=1), and unwilling to maintain employment (N=1). Reasons were not documented for 15 participants.

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

	Successful program graduates (N=44)		Unsuccessful program participants (N=45)	
	Number	Percent	Number	Percent
Employed	38	86%	5	11%
<i>Full-time</i>	30	68%	3	7%
<i>Part-time</i>	5	11%	2	4%
<i>Seasonally</i>	3	7%	0	0%
Not employed	5	11%	6	13%
<i>Unable to work due to disability</i>	2	5%	4	9%
<i>In school</i>	1	2%	2	4%
<i>Not working, other reason</i>	2	5%	23	51%
Unknown	1	1%	11	24%

Note: Chi-square analyses demonstrated differences between successful and unsuccessful participants with known employment status at discharge were significant ($p < 0.001$).

Additional information is needed to determine how child protection cases are resolved. A total of 25 participants, 8 Odyssey and 17 Journey participants, were involved with child protection while enrolled in the program. Eleven of these cases were closed during the program, with the participant maintaining custody of the child in three cases (Figure 40). The resolution of the child protection case was unknown for eight participants. Child protection cases for an additional 8 participants remained open and working towards resolution at discharge.

40. Child protection involvement at discharge (N=25)

	Odyssey (N=8)		Journey (N=17)		Combined (N=25)	
	N	%	N	%	N	%
Child protection case closed	1	13%	10	59%	11	44%
<i>Participant maintained custody</i>	1	13%	2	12%	3	12%
<i>Participant lost custody</i>	0	0%	0	0%	0	0%
<i>Status of closed case not documented</i>	0	0%	8	47%	8	32%
Child protection case remained open	1	13%	5	29%	6	24%
Child protection status unknown/missing	6	46%	2	12%	8	32%

Additional data are needed to determine changes in public program involvement over time. Information describing types of assistance participants receive through public programs and services is captured at Crossroads intake, Odyssey/Journey intake, and Odyssey/Journey discharge. Pre-post data using information collected at Odyssey/Journey intake and discharge were available for 14 of the 89 participants (16% of participants served). Most of the participants in this subset (71-79%) received Medical Assistance or were enrolled in Minnesota Care, while fewer received support through General Assistance/MFIP, SSI/SSDI, Welfare, or Section 8 housing (Figure 41). Fewer participants had information available comparing program involvement prior to enrollment into Crossroads. Because there were very few participants with information describing involvement in a variety of public programs (e.g., Medicaid/Minnesota Care, MFIP, Section 8) prior to involvement in Crossroads, changes over time could not be further explored in greater detail in this report.

41. Participation in public programs at Odyssey/Journey intake, discharge (N=14)

	Intake		Discharge	
	Number	Percent	Number	Percent
Medical Assistance/MinnesotaCare	11	79%	10	71%
General Assistance/MFIP	3	21%	5	36%
SSI/SSDI	2	14%	3	21%
Welfare	1	7%	3	21%
Section 8	1	7%	0	0%
Other	2	14%	0	0%

Note: "Other" responses included food stamps (N=2).

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. Matched pre-post LSI-R scores were available for 60 program participants.

Although the LSI-R scores tended to be slightly lower for women participants than men at intake, most of these differences were not significant. The only area where modest differences were noted was in the area of “Companions” where men had significantly higher scores than women at intake, indicating this being a greater area of concern among men ($p < 0.05$) (Figure 42).

42. LSI-R scores among men and women at intake (N=59-60)

		Odyssey participants (N=43-44)	Journey participants (N=16)
Criminal history	0-10	5.1	3.3
Education and employment	0-10	4.6	4.5
Financial problems	0-2	1.1	1.4
Family/marital	0-4	1.5	2.0
Accommodations	0-3	0.7	1.7
Leisure/recreation	0-2	1.3	0.9
Companions*	0-4	2.6	2.2
Alcohol/drug	0-9	6.9	6.0
Emotional/personal	0-4	1.9	2.4
Attitudes/orientation	0-4	1.1	0.6
Total score	0-54	27.1	25.5

Changes in LSI-R scores 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 60 participants who were discharged from Odyssey or Journey and had LSI-R scores available at intake and discharge. Significant reductions in average scores, indicating fewer concerns or needs, were noticed in a number of domains for successful program graduates, including financial problems, drug/alcohol abuse, education and employment, family/marital issues, and accommodations (Figure 43). In contrast, unsuccessful program participants' scores remained the same or increased slightly.

43. Changes in average LSI-R scores over time, by completion status (N=59-60)

	Possible range	Successful program graduates (N=36-37)		Unsuccessful program participants (N=23)	
		Average pre-test score	Average post-test score	Average pre-test score	Average post-test score
Criminal history	0-10	4.2	4.4	5.2	5.7
Education and employment	0-10	3.8	2.3***	5.8	6.6*
Financial problems	0-2	1.2	0.5***	1.2	1.6
Family/marital	0-4	1.6	0.8***	1.7	2.0
Accommodations	0-3	.1	0.5**	1.0	1.5*
Leisure/recreation	0-2	1.2	0.5***	1.2	1.0
Companions	0-4	2.3	1.8**	2.8	2.9
Alcohol/drug	0-9	6.5	2.1***	6.9	7.4
Emotional/personal	0-4	2.0	1.7	2.1	2.5
Attitudes/orientation	0-4	0.7	0.2**	2.1	2.5
Total score	0-54	24.7	14.6***	29.9	33.3

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 ($p < 0.001$), family/marital issues ($p < 0.05$), accommodations ($p < 0.001$), companions ($p < 0.05$) alcohol and drug use ($p < 0.001$), attitudes and orientation ($p < 0.001$), education and employment ($p < 0.001$), and total score ($p < 0.001$). Unsuccessful participants were also more likely to have higher needs in the accommodations domain than successful graduates ($p < 0.01$).

Overall, the over one-quarter of the participants had a lower risk of recidivism after their involvement in the program. The LSI-R total score can also be categorized into four levels of recidivism risk: Low, Moderate, Medium/High, or High. All 18 participants who were at low to moderate risk of recidivism at intake maintained that low risk level and the risk of recidivism decreased for 16 participants (Figure 44). It should be noted that overall recidivism risk for offenders with an extended criminal history, as some factors (e.g., criminal history) are resistant to change or difficult to impact over a relatively short period of time (e.g., education/employment, financial status).

44. Changes in average LSI-R total scores over time (N=60)

	Number	Percent
High recidivism risk at discharge	26	43%
<i>Maintained high, medium/high risk</i>	26	43%
<i>Recidivism risk increased</i>	0	0%
Low/moderate recidivism risk at discharge	34	57%
<i>Maintained low, moderate risk</i>	18	30%
<i>Recidivism risk decreased</i>	16	27%

Predicting higher service needs at intake

Participants with lower LSI-R scores at intake were more likely to successfully graduate from the program. Among the 18 participants with Low or Moderate LSI-R scores at intake, all successfully completed the program (Figure 45). In comparison, less than half of the participants with Medium/High LSI-R scores at intake successfully completed the program (46%). While these results suggest participants with higher LSI-R scores at intake may require more intensive services to successfully complete the program, it is important to note a number of participants did not have intake LSI-R assessment. Stronger conclusions regarding the relationship between LSI-R scores at intake and treatment success can be made more as data become available.

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

	Successful program graduates (N=44)		Unsuccessful program participants (N=45)	
	Number	Percent	Number	Percent
Low	3	7%	0	0%
Moderate	15	34%	0	0%
Medium/High	18	41%	21	47%
High	1	2%	2	4%
Unknown	7	16%	22	49%

Individuals with higher concerns in areas of education and employment and attitudes/orientation, may require more intensive 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 46). Individuals who did not successfully complete the program had significantly higher scores than program graduates in areas of 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 or criminal history. It should be noted that LSI-R scores were not available for 20 participants, so these findings should be considered preliminary.

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

	Possible range	Average intake scores	
		Successful program graduates (N=36-37)	Unsuccessful program participants (N=23)
Criminal history	0-10	4.2	5.2
Education and employment**	0-10	3.8	5.8
Financial problems	0-2	1.2	1.2
Family/marital	0-4	1.6	1.7
Accommodations	0-3	1.0	1.0
Leisure/recreation	0-2	1.2	1.3
Companions	0-5	2.3	2.7
Alcohol/drug	0-9	6.5	6.9
Emotional/personal	0-4	2.0	2.1
Attitudes/orientation**	0-4	0.7	1.3
Total score***	0-54	24.7	29.9

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

Participant satisfaction

Satisfaction surveys were administered to current participants in Odyssey and Journey, as well as the Graduates/Alumni group in Spring 2010. Current program participants who had completed at least 3 months of the program were eligible to complete the survey. The survey was administered during a group session, where participants could complete the survey and submit it anonymously. A total of 41 participants completed the survey, including 15 current Crossroads participants, 16 Odyssey Graduate Group members, 2 current Journey participants, and 8 Journey Graduate Group members.

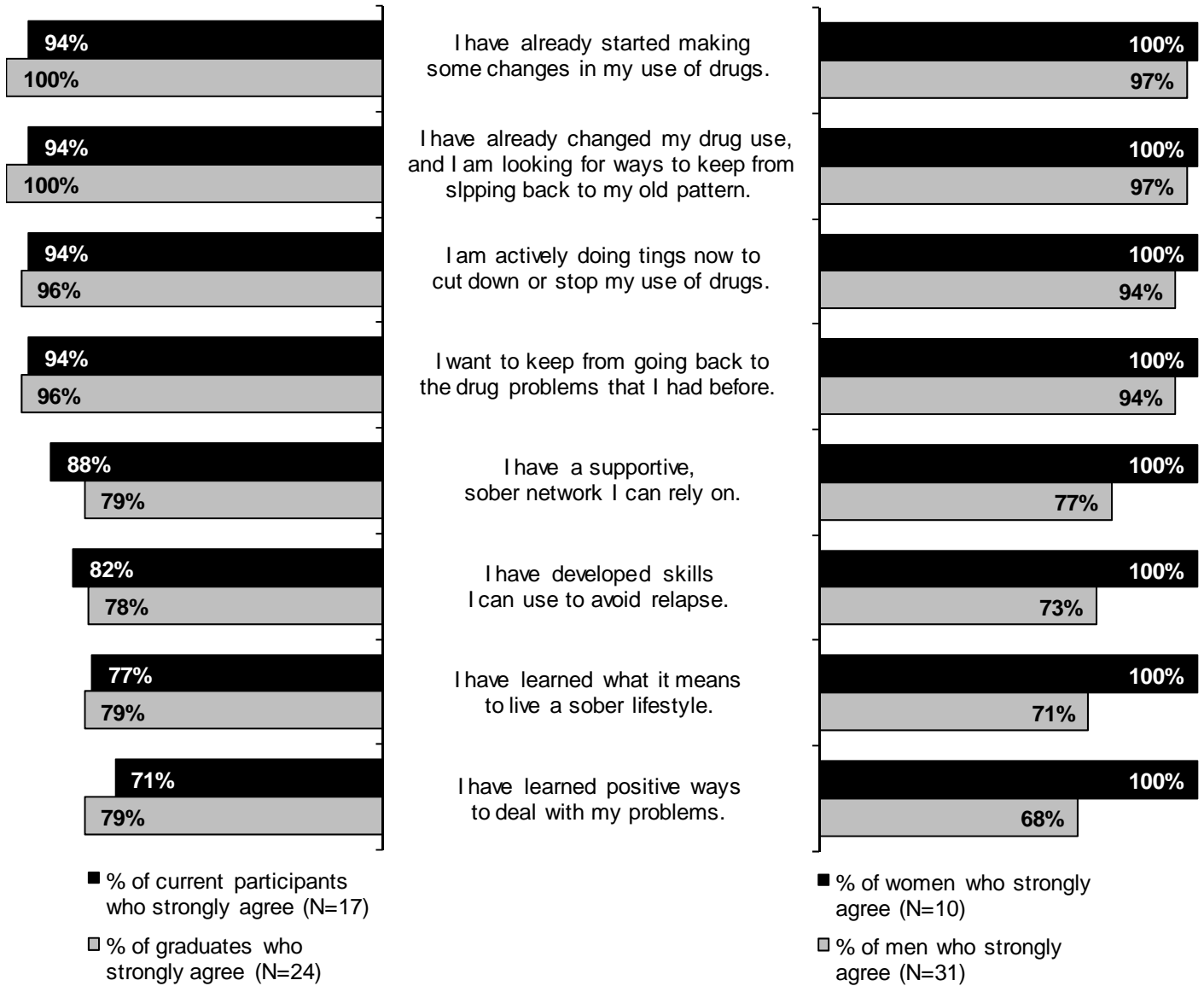
Overall, the vast majority of participants reported making changes or developing skills that will help them prevent relapse. All participants “strongly agreed” or “agreed” that they are looking for ways to keep from slipping back into old patterns, actively doing things now to cut down or stop their use of drugs, and want to avoid going back to past drug problems (Figure 47). Only one participant “disagreed” that he or she has a sober network to rely on, has developed skills to prevent relapse, and has learned positive ways to deal with problems.

47. Participant satisfaction survey: Changes in behavior, skills (N=41)

How much do you agree or disagree with each of the following statements?	Mean	Strongly agree	Agree	Undecided/ Unsure	Disagree	Strongly disagree
I have already changed my drug use, and I am looking for ways to keep from slipping back to my old pattern.	5.0	40 (98%)	1 (2%)	0 (0%)	0 (0%)	0 (0%)
I am actively doing things now to cut down or stop my use of drugs.	5.0	39 (95%)	2 (5%)	0 (0%)	0 (0%)	0 (0%)
I want to keep from going back to the drug problems that I had before.	5.0	39 (95%)	2 (5%)	0 (0%)	0 (0%)	0 (0%)
I have already started making some changes in my use of drugs.	5.0	40 (98%)	0 (0%)	1 (2%)	0 (0%)	0 (0%)
I have learned what it means to live a sober lifestyle.	4.8	32 (78%)	9 (22%)	0 (0%)	0 (0%)	0 (0%)
I have a supportive, sober network I can rely on.	4.8	34 (83%)	6 (15%)	0 (0%)	1 (2%)	0 (0%)
I have developed skills I can use to avoid relapse.	4.8	32 (78%)	7 (17%)	0 (0%)	1 (2%)	0 (0%)
I have learned positive ways to deal with my problems.	4.7	31 (76%)	9 (22%)	0 (0%)	1 (2%)	0 (0%)

Less than 80 percent of men “strongly agreed” they have learned positive ways to deal with problems, learned what it means to live a sober lifestyle, developed skills to avoid relapse, and have a supportive, sober networks. Although there was very little disagreement with any of the survey items, potential differences in the strength of agreement between men and women, as well as current participants and recent graduates were explored. All women “strongly agreed” with each item in this section of the survey, men generally had somewhat less favorable opinions (Figure 48). When responses were compared by program status, current participants were more likely to “strongly agree” that they had a safe, sober network to rely on (79%, compared with 88% of program graduates). In contrast, fewer currently participants “strongly agreed” they had learned positive ways to deal with problems (71%, compared with 79% of program graduates).

48. Participant satisfaction survey: Changes in behavior, skills, by gender/ program completion status (N=41)



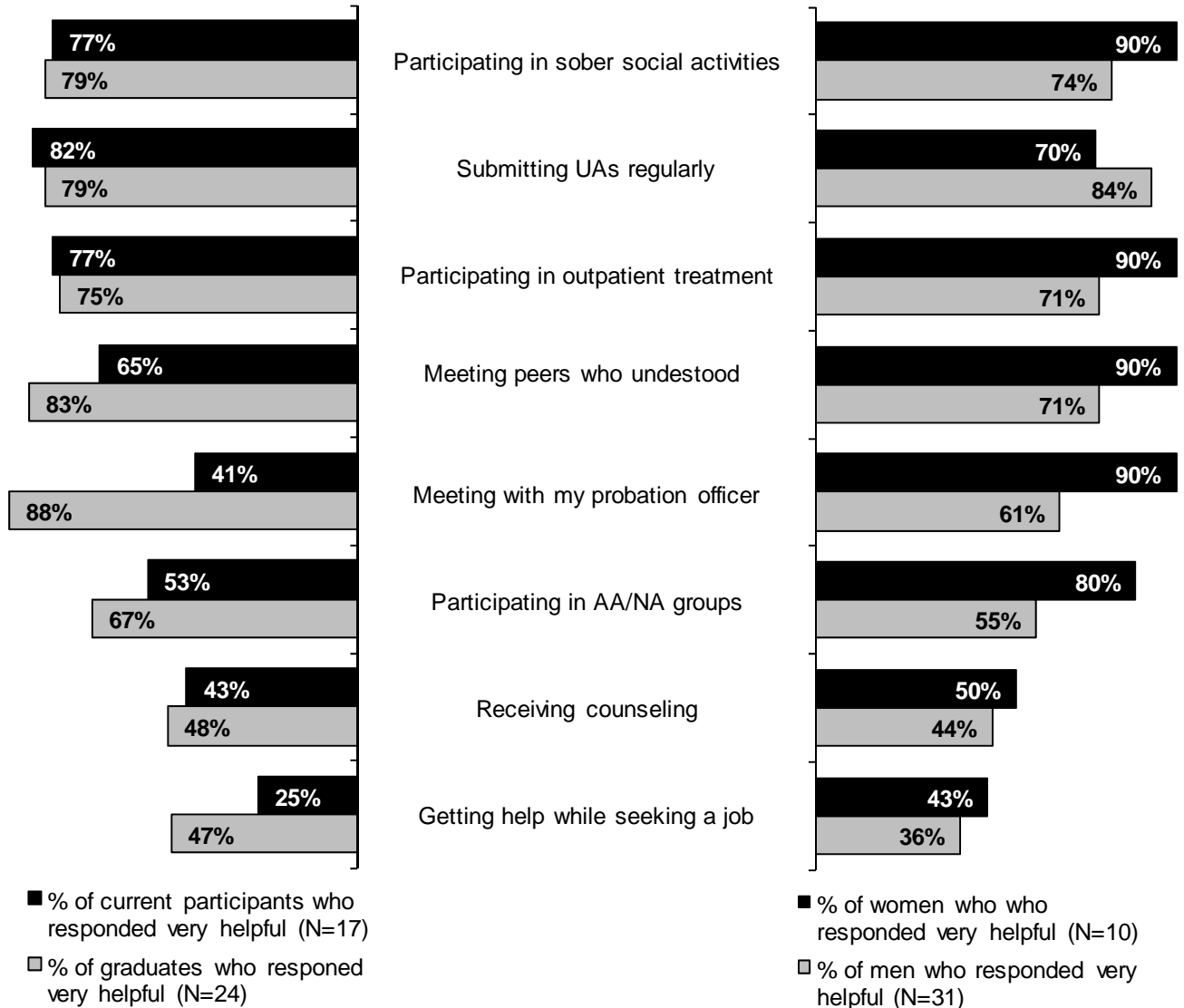
On average, participants found all program components to be “very helpful” or “somewhat helpful.” Perceived helpfulness of specific program elements was rated by participants on a 4-point scale, ranging from “very helpful” (4) to “not at all helpful” (1). The program elements that received the highest average ratings were submitting UAs regularly and participating in sober activities (mean rating=3.8) (Figure 49). While still receiving ratings indicating the service was helpful to most participants, the two program components with the lowest ratings were receiving counseling (mean=3.3) and getting help while seeking a job (mean=3.2).

49. Participant satisfaction survey: Helpfulness of program components (N=41)

How helpful were each of the following program components in helping you maintain sobriety?	Mean	Very helpful	Somewhat helpful	Not very helpful	Not at all helpful	I didn't receive this service
Submitting UAs regularly.	3.8	33 (81%)	7 (17%)	1 (2%)	0 (0%)	0 (0%)
Participating in sober social activities.	3.8	32 (78%)	8 (20%)	1 (2%)	0 (0%)	0 (0%)
Meeting peers who understood what I was going through.	3.7	31 (76%)	8 (20%)	0 (0%)	2 (5%)	0 (0%)
Participating in outpatient treatment	3.7	31 (76%)	9 (22%)	1 (2%)	0 (0%)	0 (0%)
Meeting with my probation officer.	3.6	21 (68%)	11 (27%)	2 (5%)	0 (0%)	0 (0%)
Participating in AA/NA groups.	3.5	25 (61%)	14 (34%)	1 (2%)	1 (2%)	0 (0%)
Receiving counseling.	3.3	16 (46%)	15 (43%)	2 (6%)	2 (6%)	0 (0%)
Getting help while seeking a job.	3.2	11 (38%)	13 (45%)	4 (14%)	1 (3%)	0 (0%)

Fewer men generally found most program components “very helpful” compared to women. Among both male and female participants, the smallest percentage of participants felt getting help while seeking a job was a “very helpful” component of the program (36% of men and 43% of women) (Figure 50). Across most other items, fewer men found the program components helpful than women. An exception to this generalization is in the area of submitting urinalysis tests regularly, which was rated as “very helpful” by more men than women (84%, compared to 70% of women). Current participants were generally less likely to find program components “very helpful” in comparison to program graduates. However, this may not be surprising, given that all graduates were successful participants and have likely had more time to reflect on the benefits of the program from their perspective.

50. Participant satisfaction survey: Helpfulness of program components (N=41)



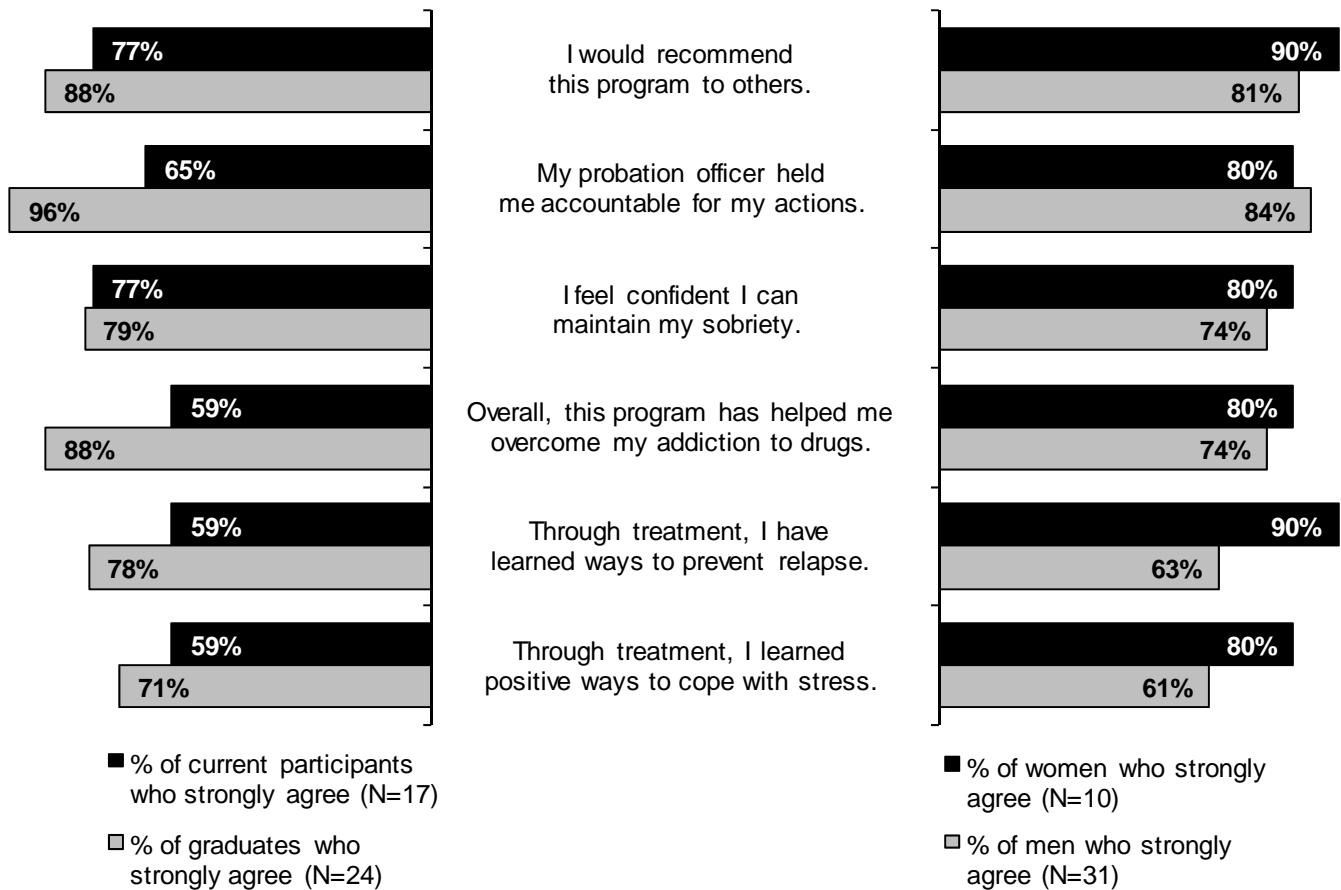
The overall satisfaction in regard to the program was high among most participants. Participants rated their overall satisfaction with the program on a 4-point rating scale, from “strongly agree” (4) to “strongly disagree” (1). All participants “strongly agreed” or “agreed” they felt confident they could maintain their sobriety, felt their probation officer held them accountable, and learned ways to prevent relapse (Figure 51). All but one participant agreed they would recommend the program to others.

51. Participant satisfaction survey: Overall impressions (N=41)

How much do you agree or disagree with each of the following statements?	Mean	Strongly agree	Agree	Disagree	Strongly disagree
I feel confident I can maintain my sobriety after leaving the program.	3.8	32 (78%)	9 (22%)	0 (0%)	0 (0%)
My probation officer held me accountable for my actions.	3.8	34 (83%)	7 (17%)	0 (0%)	0 (0%)
I would recommend this program to others.	3.8	34 (83%)	6 (15%)	0 (0%)	1 (2%)
Overall, this program has helped me overcome my addiction to drugs.	3.7	31 (76%)	9 (22%)	1 (2%)	0 (0%)
Through treatment, I have learned ways to prevent relapse.	3.7	28 (70%)	12 (30%)	0 (0%)	0 (0%)
Through treatment, I learned positive ways to cope with stress.	3.6	27 (66%)	12 (29%)	2 (5%)	0 (0%)

Program graduates and female participants were more likely to “strongly agree” on items related to their overall satisfaction with the program. Across all items, more graduates “strongly agreed” on items describing their overall satisfaction with the program and perceived impact of the program components than current program participants (Figure 52). Again, this may be a reflection of this group all having a positive experience with the program and successfully completing the group. Women were also likely to “strongly agree” on most survey items than men. Across all comparison groups, the fewest number of participants “strongly agreed” that the program helped them learn positive ways to cope with stress (59-80%).

52. Participant satisfaction survey: Helpfulness of program components (N=41)



A number of participants were interested in receiving additional support services. Participants often felt that accountability and social activities were the most helpful components of the program. When asked what other types of services they needed, a number of participants suggested more support group meetings and social activities. All open-ended responses to the satisfaction survey questions can be found in the Appendix.

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. 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 (92%) had been convicted of at least one crime prior to enrolling into Crossroads and nearly two-thirds (65%) had a felony record. At least two of every five participants were convicted of their first crime as a juvenile (age 17 or younger). Many participants had also served time in prison or jail for past offenses.
- **Many program participants have attempted sobriety multiple times.** Three-quarters of participants (74%) had attempted substance abuse treatment in the past, with one participant enrolling in treatment 12 times. Despite many participants attempting substance abuse treatment previously, most (62%) had not abstained from drugs for six months or longer prior to enrolling into Crossroads.
- **A number of participants also had co-occurring disorders or had experienced past traumatic events.** Although intake information was not complete for all individuals, approximately 40 percent of participants had a diagnosed mental health disorder. Over half of all women (58%) reported they had been victims of domestic violence, while somewhat fewer had also experienced physical or emotional violence (40%) or sexual assault (16%).
- **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.

- **Rates of program completion and changes in outcomes were similar among Odyssey and Journey participants.** Approximately half of Odyssey (51%) and Journey (47%) participants discharged during the last two years had successfully completed 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 (96%) were negative. Most Odyssey (82%) and Journey (76%) participants did not have any positive drug tests while enrolled in the program. However, a number of Odyssey (51%) and Journey (33%) 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 89 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 (58%) and Journey (68%) participants had secured stable housing at discharge. All but one successful program graduates had a stable place to live at discharge. Most successful graduates (86%) were employed at discharge, compared to 11 percent of unsuccessful participants.
- **None of the participants were known to have lost custody of their children while enrolled in the program.** Twenty-five of the participants discharged were involved with the child protection system while enrolled in the program. Eleven of these cases were closed. The resolution to most cases is unknown, though three participants maintained custody of their child(ren).
- **The overall risk of recidivism using the LSI-R scoring categories decreased significantly among one-quarter of the participants discharged.** A total of 16 participants (27% of those discharged) who had LSI-R scores indicating a high risk of recidivism at intake and scores indicating low or moderate risk at discharge. Significant improvements in a number of key areas, including alcohol/drug problems, education/employment, financial issues, family/marital problems, were also observed among successful program graduates.

- **Women who participate in Journey tend to be enrolled for shorter periods of time and receive fewer services than men enrolled in Odyssey.** Overall, Journey participants were enrolled in the program an average of 164 days, compared to 266 days for Crossroads participants. As a result, they participated in two-thirds of the number of total sessions attended by Odyssey participants. Women tended to experience a longer delay between the end of Crossroads and intake into Journey than men, and overall, received fewer types of services than men. Women were less likely to receive behavioral incentives, counseling, STD/HIV screening, family education, and life skills classes than men. In contrast, they tended to receive more referrals than men for services related to physical health (i.e., medication monitoring, medical services, dental services).

Based on the data gathered for this report, Wilder Research has developed a set of recommendations for DFO corrections staff to consider to further enhance key components of the program and better report changes in participant outcomes.

- **Explore whether differences in service utilization between men and women reflect gender-specific programming needs or unintended discrepancies in service delivery approaches.** The service utilization data presented in this report demonstrate Journey participants are enrolled for shorter periods of time and referred to fewer services than Odyssey participants. Despite these differences, the outcome measures currently used to examine program effectiveness are fairly similar among participants of both programs. Without further exploration of this issue, it is impossible to determine whether the service approach used for Journey fully meets the needs of women in a shorter timeframe, or if the outcomes for Journey participants would be better if they received services comparable in duration and scope to men. To examine this issue, it may be helpful to conduct a pilot study to assess changes on a small number of key short-term outcomes throughout the duration of the program to examine how long it takes participants from both programs attain key measures of success. This approach can be used to determine the most appropriate program length for both Odyssey and Journey.
- **Consider using trauma-informed service approaches to address the needs of female participants.** A number of women who participate in Journey have experienced past trauma through domestic violence, sexual assault, and other physical/emotional abuse. It may be necessary to consider ways for program staff to assess whether past trauma has occurred and consider whether there is a need to refer more participants for individual therapy or provide group therapy for women enrolled in Journey. It may also be helpful for Corrections staff, particularly probation officers who work directly with Journey participants, to receive training on trauma-informed approaches.

- **Use case reviews to develop program guidelines to provide appropriate levels of services to program participants based on recidivism risk and observed needs.** Although the degree to which LSI-R scores accurately predict the needs of Odyssey and Journey participants should continue to be explored and revisited regularly, the data gathered to date suggests that participants with Low or Moderate levels of recidivism risk at intake are successfully completing the program, while results are mixed for participants at higher risk of recidivism. These findings suggest an enhanced approach may be needed to increase the likelihood of successful program completion for participants with higher baseline needs. A case review approach could provide staff with opportunities to review elements of the program that seem to be working well for a sample of participants with high intake LSI-R scores and identify strategies to address unmet participant service needs or increase service intensity.
- **Continue to offer opportunities to participate in social activities, support groups, and other community-based programs.** While the results of the satisfaction survey completed by program participants were overwhelmingly positive, a number of participants requested having more opportunities to participate in social activities or support groups. Connections with a broader array of more geographically dispersed community-based organizations may be needed to create new opportunities for Journey and Odyssey participants to expand their sober support networks.
- **Revisit current evaluation goals and approaches to streamline data collection activities and reduce paperwork burden among staff.** In 2008, a comprehensive set of data collection forms was developed to better understand the characteristics of program participants and demonstrate changes in outcomes. A number of items on the forms, particularly those focused on gathering information outside of the corrections system (e.g., child protection involvement, use of public assistance programs) were incorporated to gather information that could be used in a future cost-benefit study, but have proven to be difficult to collect and report consistently. At this point in the evaluation, it may be helpful to reassess which outcome measures have been most useful for program staff to understanding the programs strengths and challenges and most compelling for project stakeholders and potential funders, and reduce the amount of information collected that fall outside of these priority areas. It may be useful to consider ways to work in partnership with other County or State departments to gather this information in a way that better ensures all information being reported in a consistent way for all program participants.

Appendix

Open-ended satisfaction survey responses

Open-ended satisfaction survey responses

NOTE: Responses from program graduates are written in italics while responses from current participants are written in standard font.

A1. Open-ended comments from respondents: What was the most helpful component of the services you received?

What was the most helpful component of the services you received?

Accountability

Accountability. (2 respondents)

Accountability. Positive environment.

Being accountable and being trusted.

Accountability.

Regular UA's.

Being held accountable. The intensive groups. Many times a lot early on, then winding down after time (UA's).

Being held accountable for every move.

Social aspects

The constant UAs, talk among people with the same problems, being involved in group activities, lessons taught in the process, and the time doing something positive during prime time.

Social activities.

Talking in groups and UAs.

Talking in groups.

Talking and sharing with others.

Being with people like me.

Talking with peers and regular UA's. Being held responsible for my actions. My PO.

Meeting sober people. Keeping up with the group.

Listen and learn from peers.

Being around other sober people.

Honest and open support. Always someone to talk to.

The routine and being able to talk to people in the same situation as me and going through the same thing I was.

A1. Open-ended comments from respondents: What was the most helpful component of the services you received?

What was the most helpful component of the services you received?

Activities/meetings

Going to PIE.

PIE.

Group every week and taking regular UAs.

[staff]'s lecture and PIE night to help with fellowship.

Monthly meetings. (2 respondents)

The treatment program put some sort of stability in my life.

Going to Odyssey weekly and all the criteria that come with it.

The length of the program and meetings often every week. It was very effective.

Helpful information and relapse prevention.

Structure of being in the program for a year and having random UAs.

Staff/probation officer

Meeting with my probation officer.

Help from my probation officer.

Meeting and talking with my probation officer helped a lot. Also going to outpatient classes also helped.

Knowing that I could turn to common ground and the people in my treatment when I was having a difficult time in my life.

Other

Time.

NOTE: Responses from program graduates are written in italics while responses from current participants are written in standard font.

A2. Open-ended comments from respondents: What was the least helpful component of the services you received?

What was the least helpful component of the services you received?

Activities

Lack of classroom activities.

Check ins.

Meeting with my probation officer all the time.

Community service.

Not enough education on what is going on.

The community service.

Drug test

All the UAs. Too much stress.

UAs.

Other

Getting sent to jail. (2 respondents)

Everything was helpful equally.

Everything has helped.

Everything that was offered helped me in a way I never thought would happen.

Alumni.

Hearing people that relapse getting a second chances.

Curfew.

NOTE: Responses from program graduates are written in italics while responses from current participants are written in standard font.

A3. Open-ended comments from respondents: Are there any additional services or support you need to support your sobriety?

Are there any additional services or support you need to support your sobriety?

Activities, program support

More group outdoor activities.

AA every day.

AA and NA aftercare.

AA every day. Doing things with sober people.

NA and AA.

Continuation of accountability (like I find in the AA and NA programs).

Social support

Steady work, stable living, therapy and constant check up from friends, family, and partner.

Just supporting people in life.

Continued relationships with sober people meetings and sober activities.

Other

Some more money to pay bills.

More Jesus

No. After being sober for two years, I feel strong enough to stay sober.

Celebrate recovery.

None. Doing very good!

Continued support

Help paying my fines.

Keeping it real!

NOTE: Responses from program graduates are written in italics while responses from current participants are written in standard font.

A4. Open-ended comments from respondents: Please provide any suggestions you have about ways to improve this program.

Please provide any suggestions you have about ways to improve this program

Activities

More people involved, special guest speakers, educational field trips, and more group activities involving sober activities.

More PIE. (3 respondents)

More activities.

More activities during the weekends or even during the week.

Do things as a group more.

To talk more.

Group size/class size

Keep the group small. Towards the end, the women's group got really big and there wasn't time to check in always.

Other

Do not send people to jail if they cannot take UA by 6:30.

Program reports.

The program is solid. There is not anything to add.

I think it's a good program.

More spirituality.

I like the program the way it is.

I think that the program is fine.

It seems to work for people that want it.

Keep the program going for other people that need it. No changes recommended. This program has made me become more successful in sobriety and life.

Saved my life. It works!

I think it works best of any other treatment I've heard of. I think it saved me and I am thankful to not be in prison. Since I started the program, I have started my own business and am doing the best I have ever been. I still fight with temptation, but look back to where I was and where I am now. It keeps me straight.

More UAs in primary and extended care.
