

**THE IOWA
CONSORTIUM**
FOR SUBSTANCE ABUSE RESEARCH AND EVALUATION

JAIL-BASED SUBSTANCE ABUSE TREATMENT PROGRAM

FINAL OUTCOME EVALUATION REPORT

JANUARY 2012

**IOWA CONSORTIUM FOR SUBSTANCE ABUSE RESEARCH AND EVALUATION
UNIVERSITY OF IOWA, IOWA CITY, IOWA 52242-5000**

WITH FUNDS PROVIDED BY:

**IOWA DEPARTMENT OF PUBLIC HEALTH, DIVISION OF BEHAVIORAL HEALTH;
U.S. DEPARTMENT OF JUSTICE, OFFICE OF JUSTICE PROGRAMS, BUREAU OF JUSTICE ASSISTANCE**

CITATION OF REFERENCES RELATED TO THIS REPORT IS APPRECIATED. SUGGESTED CITATION:

HEDDEN, S., GUARD, M., & ARNDT, S. (JANUARY 2012). JAIL-BASED SUBSTANCE ABUSE TREATMENT PROGRAM: FINAL OUTCOME EVALUATION REPORT (IOWA DEPARTMENT OF PUBLIC HEALTH CONTRACT #5881JT04). IOWA CITY, IA: IOWA CONSORTIUM FOR SUBSTANCE ABUSE RESEARCH AND EVALUATION. [HTTP://ICONSORTIUM.SUBST-ABUSE.UIOWA.EDU/](http://iconsortium.subst-abuse.uiowa.edu/)



**THE IOWA
CONSORTIUM**
FOR SUBSTANCE ABUSE RESEARCH AND EVALUATION

JAIL-BASED SUBSTANCE ABUSE TREATMENT PROGRAM

**NOVEMBER 1, 2008
THROUGH
DECEMBER 31, 2011**

**SUZY HEDDEN, BS
EVALUATION COORDINATOR**

**MOLLY GUARD, MA
ASSOCIATE DIRECTOR**

**STEPHAN ARNDT, PHD
DIRECTOR**

EXECUTIVE SUMMARY

The Jail-Based Substance Abuse Treatment Program was established to deliver and evaluate substance abuse treatment services to clients during incarceration and after release from jail. Clients were tracked for a follow-up interview that occurred approximately six months after admission to the treatment program. The client interviews provide follow-up data to determine outcomes as well as analyze changes between admission and follow-up. This report is the final evaluation report and presents results for clients admitted from November 1, 2008 through September 30, 2011.

Four substance abuse treatment agencies were involved in the Jail-Based Substance Abuse Treatment Program. United Community Services, Inc. (UCS), a Des Moines, Iowa-based agency, delivered treatment to clients in the Polk County Jail; Center for Alcohol and Drug Services, Inc. (CADS), an agency located in Davenport, Iowa delivered treatment to clients in the Scott County Jail; Community and Family Resources (CFR) located in Ames, Iowa delivered treatment to clients in the Story County Jail; and Jackson Recovery Centers based in Sioux City, Iowa delivered treatment to clients in the Woodbury County Jail and the Prairie Hills facility. The Iowa Consortium for Substance Abuse Research and Evaluation conducted the outcome evaluation component of the Jail-Based Substance Abuse Treatment Program.

A total of 1,376 clients were admitted to the Jail-Based Substance Abuse Treatment Program from November 1, 2008 to September 30, 2011: 471 in Polk County, 500 in Scott County, 246 in Story County, and 159 in Woodbury County.

Client Characteristics

Of the 1,376 clients admitted, admission data were received on 1,350 clients; data for the remaining 26 clients are missing. According to program guidelines, admission data collected by treatment agency staff reflected the clients' status prior to incarceration. The following characteristics describe 1,350 of the 1,376 clients admitted.

Age and Sex: Clients ranged from 18 to 68 years of age with a median age of 31 years. One thousand eighty-eight clients (80.6%) were male and 262 (19.4%) were female. The highest number of males and females at admission were between the ages of 25 and 34 years of age.

Race and Ethnicity: Nine hundred sixty-two clients (71.5%) reported Caucasian/White as their primary race at admission; 326 clients (24.2%) reported African American/Black, 43 clients (3.2%) indicated American Indian as their primary race, seven clients (0.5%) reported Asian, and one client (0.1%) indicated Alaskan Native. There were ten clients (0.7%) who responded "unknown" or for whom data for primary race were missing. Seventy-four individuals (5.5%) reported Hispanic or Latino ethnicity at admission.

Substance Use at Admission: At admission, 100% of the clients indicated a primary substance of use. Alcohol was the most common primary substance reported by 43.7% of the clients, followed by marijuana (22.5%), methamphetamine (12.9%), and cocaine (11.5%). A secondary substance was reported by 856 clients (63.4%) at admission; marijuana was the most commonly used secondary substance indicated by 23.3%. The second most commonly reported secondary substance at admission was alcohol, indicated by 18.7% of clients.

Abstinence, Arrests, and Employment at Admission: At admission, 1,298 (96.1%) reported substance use during the previous six months. One thousand three hundred seventeen clients

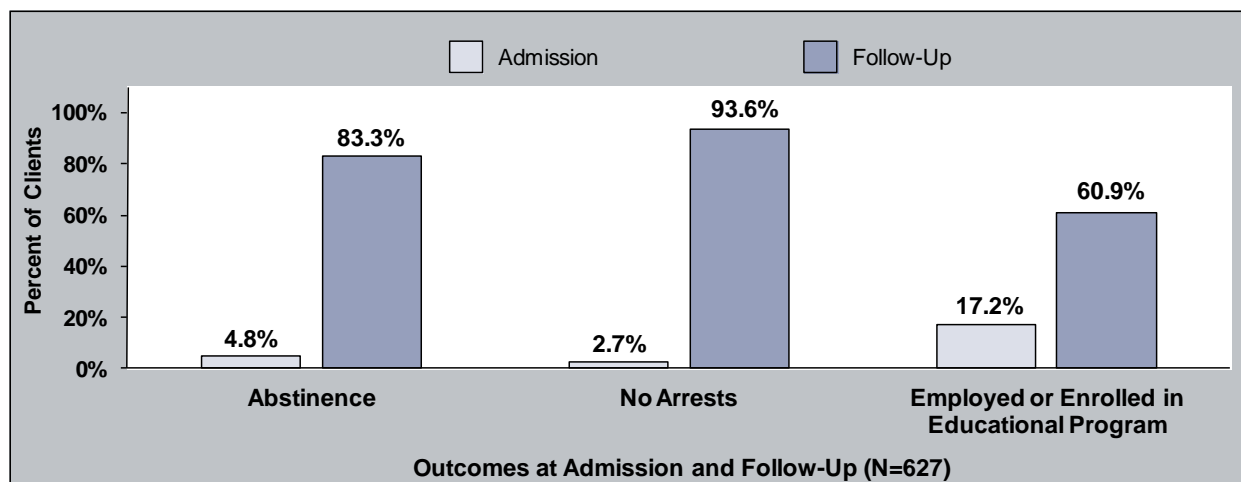


(97.6%) reported one or more arrests in the previous twelve months. Two hundred sixty-eight clients (19.9%) were employed at admission: 172 clients (12.7%) indicated full-time employment and 96 clients (7.1%) reported part-time employment.

Outcomes

Six hundred thirty-three clients completed the follow-up interview (six months after admission). Of the 633 clients, admission data were received for 627 clients. The following outcome data describe clients for whom both admission and follow-up data were obtained. Three outcome variables are examined: abstinence, arrests, and employment or enrollment in an educational program.

Abstinence, Arrests, and Employment or Enrollment in Educational Program



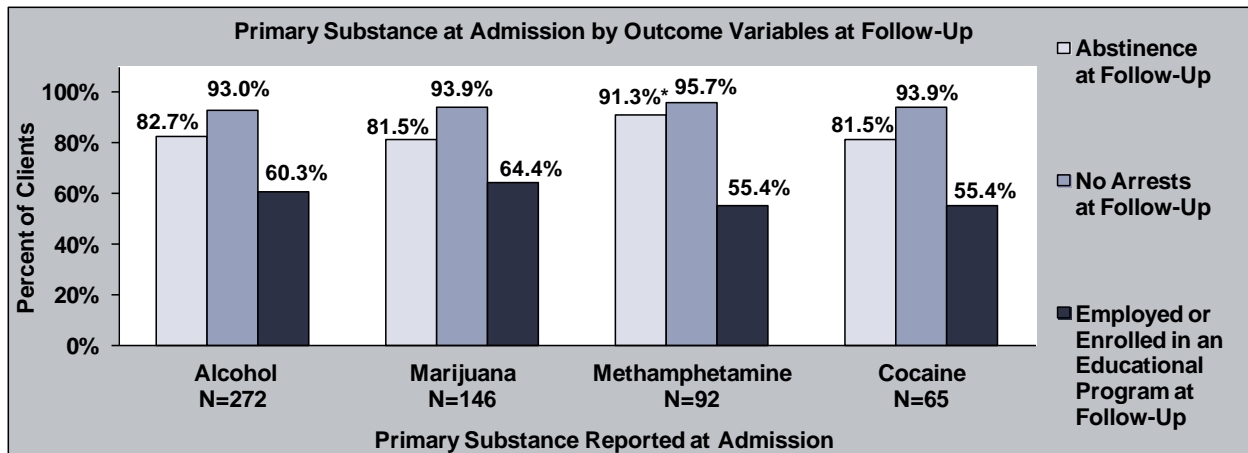
Note: Data for enrollment in an educational program are not included for clients at admission because the question was not asked.

- Five hundred twenty-two clients (83.3%) indicated abstinence at follow-up. Of the 105 clients who reported use, 70 (66.7%) indicated alcohol as the primary substance at follow-up. Thirty-seven of the 105 clients who reported use (35.2%) indicated no use during the 30 day period prior to their interview resulting in 89.2% of clients with past-30 day abstinence.
- Clients indicating “no arrests” increased by 90.9 percentage points from admission to follow-up. Forty clients (6.4%) reported arrests during the six months following admission to treatment.
- Six months following admission, 60.9% of the clients were either employed full or part-time or enrolled in an educational program. There was a 59.3 percentage point decrease in the number of clients indicating they were not in the labor force (not working or looking for work) from admission to follow-up.

Primary Substance at Admission by Outcome Variables:

The four most common primary substances reported at admission were alcohol, marijuana, methamphetamine, and cocaine. Primary substance indicated at admission was examined in relation to key outcome variables: abstinence, arrests, and employment or enrollment in an educational program. Clients reporting alcohol as the primary substance at admission had the highest number of completed follow-up interviews (43.4%).





*Statistically significant (Fisher's Exact Test, $p < 0.05$).

- Clients who reported methamphetamine as the primary substance at admission had significantly higher abstinence (91.3%) at follow-up compared to clients who reported other primary substances at admission (Fisher's Exact Test, $p < 0.05$). Two hundred twenty-five of 272 clients (82.7%) who indicated alcohol as the primary substance were abstinent during the follow-up period, 119 of 146 clients (81.5%) who reported marijuana were abstinent, and 53 of 65 clients (81.5%) who indicated cocaine as the primary substance at admission were abstinent at follow-up.
- Nineteen clients who indicated an arrest during the follow-up period reported alcohol as the primary substance at admission; 11 clients who reported marijuana, four clients who indicated methamphetamine, and four clients who reported cocaine as the primary substance at admission had been arrested in the six months following admission.
- Ninety-four of the 146 clients (64.4%) reporting marijuana and 164 of the 272 clients (60.3%) indicating alcohol as the primary substance at admission were employed full or part-time or enrolled in an educational program at follow-up. Additionally, 51 of the 92 clients (55.4%) who reported methamphetamine and 36 of the 65 clients (55.4%) indicating cocaine as the primary substance at admission were employed full or part-time or enrolled in an educational program.

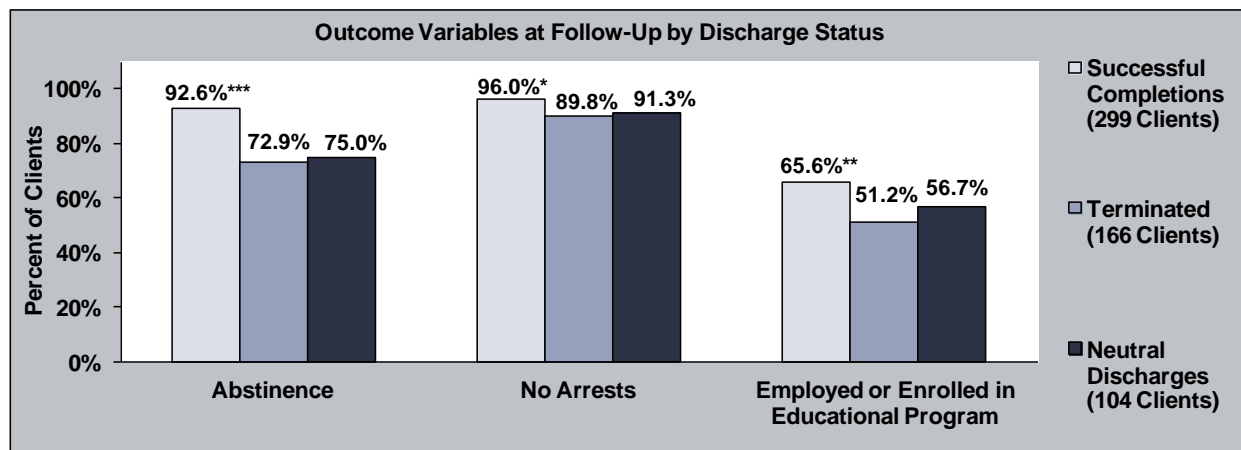
Discharge

One thousand two hundred thirty-one clients were discharged from the treatment program when the evaluation concluded: 389 of the clients (31.6%) were discharged as "successful"; 434 clients (35.3%) were discharged from the program due to noncompliance or as a result of the client's decision to remove themselves from treatment program and were designated as "terminated". Four hundred eight clients (33.1%) were discharged for "neutral" reasons (this category includes but is not limited to clients who were discharged due to: legal issues related to a sentence; transferring to another treatment program; or medical reasons). Analyses indicate that clients reporting methamphetamine as the primary substance at admission had a statistically significant higher rate of successful discharge than clients indicating other primary substances at admission (Fisher's Exact Test, $p < 0.05$).



Outcome Variables by Discharge Status:

Five hundred sixty-nine clients who completed the follow-up interview were discharged from the treatment program. Successfully completing treatment significantly improved outcomes: abstinence, arrests, and employment or enrollment in an educational program.



*Statistically significant (Fisher's Exact Test, $p < 0.05$).

**Statistically significant (Fisher's Exact Test, $p < 0.01$).

***Statistically significant (Fisher's Exact Test, $p < 0.0001$).

- Of the 569 discharged clients who were interviewed: 92.6% of the successfully discharged clients were abstinent; 96% had not been arrested; and 65.6% were working full or part-time or enrolled in an educational program at follow-up. There are statistically significant differences between clients who were discharged successfully and those who did not complete their treatment programs for the three outcome variables: successfully discharged clients were significantly more likely to be abstinent (Fisher's Exact Test, $p < 0.0001$), more likely to be arrest-free (Fisher's Exact Test, $p < 0.05$), and more likely to be employed or enrolled in an educational program (Fisher's Exact Test, $p < 0.01$) than clients who did not complete their programs.

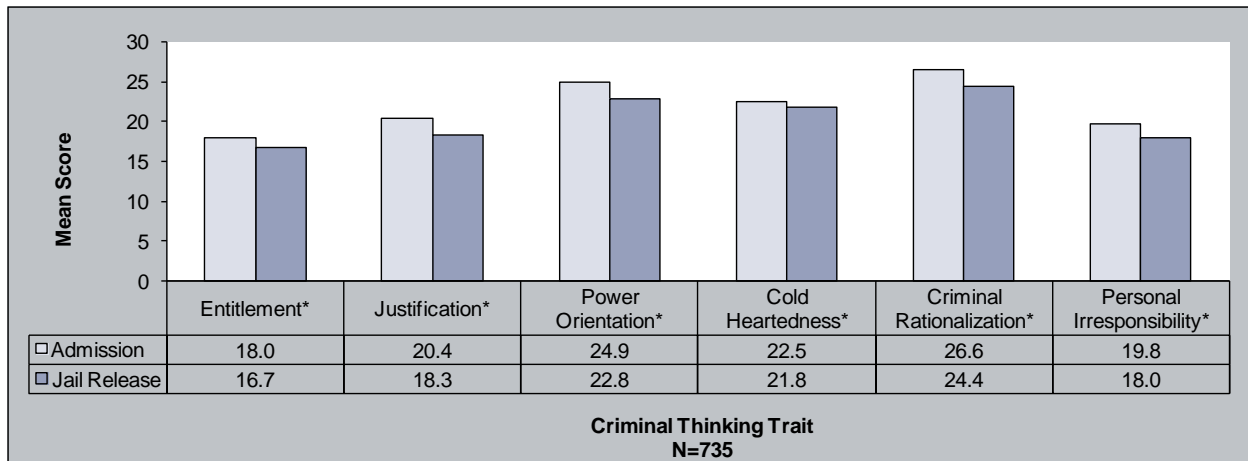
Criminal Thinking Assessment

Agency staff administer the Criminal Thinking Scales developed by Texas Christian University (TCU), Institute of Behavioral Research. (Simpson, D. D. & Hiller, M. [1999]. TCU data collection forms for correctional outpatient treatment. Fort Worth: Texas Christian University, Institute of Behavioral Research. [On-line]. Available: www.ibr.tcu.edu). The survey is administered to clients at admission, jail release, and three months post-jail release. The two-page instrument contains 37 items and measures six criminal thinking scales: entitlement, justification, power orientation, cold heartedness, criminal rationalization, and personal irresponsibility.

Admission to Jail Release:

Seven hundred thirty-five clients completed the survey at both admission and jail release. When comparing admission and jail release mean scores, statistically significant decreases were found on all scales: entitlement, justification, power orientation, cold heartedness, criminal rationalization, and personal irresponsibility (Wilcoxon Tests, $p < 0.0001$), indicating a reduction in criminal thinking for all six scales from admission to jail release.





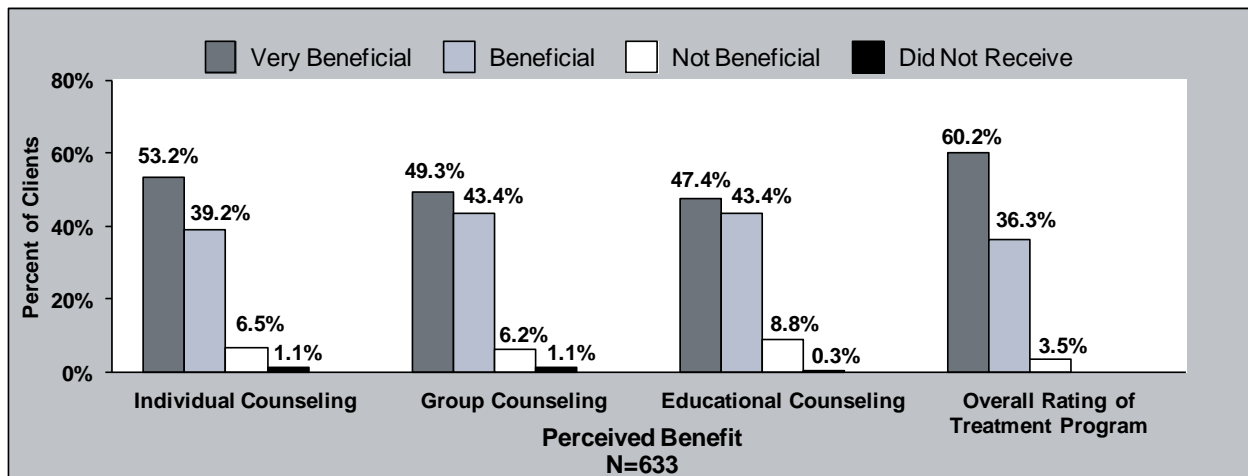
Note: Higher scores are stronger indications of the corresponding personality trait.

Not all clients complete surveys. To the extent that this causes a bias in the sample, comparisons may not reflect clients in the Jail-Based Substance Abuse Treatment Program as a whole.

*Statistically significant (Wilcoxon Test, $p < 0.0001$).

Clients' Perceived Benefit

Results from 633 completed follow-up interviews at six months post admission indicate that 611 of the clients (96.5%) feel that the Jail-Based Treatment Program was either very beneficial or beneficial overall.



Client Comments

“This program saved my life and showed me a much better way to live.”

“The Jail Treatment Program made me really look at myself. It was better than any program I’ve ever been in.”

“It saved my life. They gave me everything I needed. I was a true heroin addict and this program helped me figure out what I want in life and where I want to be. I couldn’t have done it without the Jail Treatment Program. I wouldn’t be here now.”



TABLE OF CONTENTS

Overview.....	1
Evaluation Process and Methods.....	1
Data Collection	1
Evaluation Process and Methods.....	2
Admission to the Treatment Program	2
Release from Jail.....	2
Discharge from the Treatment Program.....	2
Recruitment	2
Follow-Up Interview	3
Clients with Multiple Admissions.....	3
Clients.....	3
Description of Clients at Admission.....	3
Table 1. Sex	4
Table 2. Age at Admission	4
Figure 1. Age and Sex at Admission.....	4
Table 3. Primary Race.....	5
Table 4. Primary Substance at Admission	7
Table 5. Secondary Substance at Admission.....	8
Table 6. Tertiary Substance at Admission	9
Table 7. Frequency of Primary Substance at Admission.....	10
Table 8. Arrests in Previous Twelve Months at Admission.....	10
Table 9. Employment Status at Admission	11
Table 10. Months Employed in Previous Six Months at Admission	11
Table 11. Current Taxable Income at Admission	11
Table 12. Primary Source of Support at Admission	12
Table 13. Days of Work or School Missed Due to a Substance Abuse Problem in Previous Six Months at Admission.....	12
Table 14. Days per Month Attended AA, NA, or Similar Meetings at Admission	12
Table 15. Number of Hospitalizations Reported at Admission Due to a Substance Abuse Related Problem.....	13
Table 16. Relationship Status at Admission.....	13
Table 17. Living Arrangements at Admission.....	14
Discharge and Length of Stay	14
Table 18. Length of Stay in In-Jail Portion of Treatment	14
Table 19. Length of Stay in Treatment Program	15
Table 20. Length of Stay by Discharge Status.....	15
Outcomes	16
Overview of Client Activity	16
Outcomes at Admission and Follow-Up	16
Table 21. Outcomes at Admission and Follow-Up	17
Changes from Admission to Follow-Up	17
Table 22. Primary Substance	19



Table 23. Secondary Substance.....	20
Figure 2. Frequency of Primary Substance Use	21
Table 24. Frequency of Use of Primary Substance: Clients Indicating Use of Same Primary Substance at Both Admission and Follow-Up	22
Figure 3. Arrests.....	22
Figure 4. Employment Status	23
Figure 5. Months Employed.....	23
Figure 6. Taxable Monthly Income.....	24
Figure 7. Primary Source of Support	24
Figure 8. Education	25
Figure 9. Days of Work or School Missed Due to a Substance Abuse Problem.....	25
Figure 10. AA, NA, or Similar Meetings Attended	26
Figure 11. Hospitalizations Due to a Substance Abuse-Related Problem.....	26
Figure 12. Relationship Status.....	27
Figure 13. Living Arrangements.....	28
Primary Substance at Admission by Outcome Variables at Follow-Up.....	28
Table 25. Primary Substance at Admission by Abstinence at Follow-Up	29
Table 26. Primary Substance at Admission by No Arrests at Follow-Up	30
Table 27. Primary Substance at Admission by Employment or Enrollment in Educational Program at Follow-Up	30
Outcome Variables at Follow-Up by Discharge Status	31
Table 28. Outcomes by Discharge Status at Follow-Up.....	31
Clients' Perceived Benefits	32
Figure 14. Perceived Benefit of Counseling at Follow-Up Interview	32
Client Comments	32
Criminal Thinking Assessment.....	33
Table 29. Criminal Thinking Scale Mean Scores	34
Figure 15. Change in Criminal Thinking from Admission to Jail Release	34
Figure 16. Change in Criminal Thinking from Jail Release to Three Months Post-Jail Release	35
Figure 17. Change in Criminal Thinking at Admission, Jail Release, and Three Months Post-Jail Release.....	36
Recovery Support Services and Family Involvement.....	36
Recovery Support Services.....	36
Table 21. Recovery Support Services Referred and Received	37
Family Involvement.....	38
Table 22. Family Involvement.....	38



OVERVIEW

In September 2002, the Iowa Department of Public Health (IDPH), Division of Behavioral Health was awarded a grant from the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance to implement substance abuse treatment services in a jail setting. The purpose of the grant was to deliver and evaluate substance abuse treatment services to clients during incarceration and after release from jail.

When the grant began, IDPH contracted with the Iowa Consortium for Substance Abuse Research and Evaluation (Consortium) to perform the outcome evaluation component of the Jail-Based Substance Abuse Treatment Program. The evaluation of the program concluded December 31, 2011. This is the final evaluation report and presents outcomes for clients admitted from November 1, 2008 through September 30, 2011. Data collected during this time period are not combined with data collected previously by the Consortium for the Jail-Based Substance Abuse Treatment Program due to changes in protocol made by IDPH. During this second phase of the evaluation, the Consortium conducted one follow-up interview with clients in the program to assist in determining effectiveness of treatment services. The interview occurred approximately six months after admission to the jail-based portion of the treatment program and provides follow-up data to assess outcomes as well as analyze changes between admission and follow-up. One thousand three hundred seventy-six clients were admitted from November 1, 2008 through September 30, 2011; 1,324 clients were admitted prior to June 16, 2011 and were eligible to participate in the follow-up interview. Fifty-two clients admitted between June 16, 2011 and September 30, 2011 were not contacted to participate in the follow-up interview since the interview date would have occurred following the conclusion of the evaluation.

Four substance abuse treatment agencies were involved in the Jail-Based Substance Abuse Treatment Program. United Community Services, Inc. (UCS), a Des Moines, Iowa-based agency, delivered treatment to clients in the Polk County Jail; Center for Alcohol and Drug Services, Inc. (CADS), an agency located in Davenport, Iowa delivered treatment to clients in the Scott County Jail; Community and Family Resources (CFR) located in Ames, Iowa delivered treatment to clients in the Story County Jail; and Jackson Recovery Centers based in Sioux City, Iowa delivered treatment to clients in the Woodbury County Jail and the Prairie Hills facility.

EVALUATION PROCESS AND METHODS

Data Collection

The program used standardized client data collection systems developed by IDPH; data were collected by treatment agency staff on each client at admission and at discharge. The Consortium's follow-up data collection instrument integrated with client data recorded at admission. Admission and follow-up data were self-reported by clients.

The Consortium developed the Substance Abuse Incarceration Log System (SAILS), a web-based client data management tool, to assist the agencies with tracking clients as they moved through the various phases of treatment. User accounts were set up for authorized staff at each treatment agency to access the system to assist in client management. SAILS provided data on clients admitted and discharged from the treatment program and was regularly updated by



treatment agency and Consortium staff. All data transmissions were encrypted to ensure greater security. Treatment staff only had access to information relating to clients served by their agency.

Additionally, a web-based password protected tracking system was developed by the Consortium to assist research assistants in managing individual client data. Client tracking information provided a database that contained updated tracking and detailed case status information for each client.

Evaluation Process and Methods

The following subsections describe the treatment and evaluation process as it related to the program.

Admission to the Treatment Program

An incarcerated client was admitted to the program after completing an assessment and screening process that involved judges, attorneys, and jail and treatment agency personnel. A signed consent form was obtained by the treatment agency authorizing client permission for the Consortium to receive contact information for the client. Each client was provided informational material that described the Consortium's role and noted that the client would be invited to participate in the follow-up interview after release from jail. Admission data were collected by treatment agency staff.

Release from Jail

The client usually received substance abuse treatment both in jail and upon release from jail on an outpatient basis. Treatment agency staff notified the Consortium when the client was released from jail and provided the following information: a jail release date; updated client address and telephone information; and collateral contact information.

Discharge from the Treatment Program

In most cases, clients continued treatment after release from jail. Treatment length varied with individual client needs. Discharge information, including the discharge date and reason for discharge, was provided to the Consortium by treatment agency staff when the client was discharged from treatment.

Recruitment

Consortium staff members attempted to contact the client to invite him/her to participate in the follow-up telephone interview after receiving notification that the client had been released from jail. The Consortium's recruitment and tracking procedures were designed to enhance the level of participation in the evaluation process. The follow-up interview took place approximately six months after admission to treatment. A twenty dollar gift card was provided to the client upon completion of the follow-up interview.

When Consortium staff reached a potential participant via telephone, they explained that they were calling on behalf of the Health Research Network (HRN) and that they would like to talk about participation in a follow-up study. HRN was a pseudonym the Consortium utilized to assist in protecting client confidentiality. Procedures were established so that phone calls and mail from the Health Research Network could in no way be connected to substance abuse issues. Staff members confirmed the identity of the client before describing the project in detail.



The confirmation process involved matching the client's date of birth and last four digits of their social security number. If the information matched, the staff member read the "Information Summary and Consent Document" that described the project and attempted to recruit the client by securing an oral agreement to participate in the follow-up interview. During the recruitment call, participants were told when their interview could take place (six months post admission). Participants were informed that they would receive periodic update calls or letters, approximately every six to eight weeks, in an attempt to keep contact information current.

The Consortium had a toll-free number which was given to clients along with information regarding the confidential voice mail system. Clients without phone contact information or who did not have telephone service were sent letters asking them to call the Health Research Network's toll-free number in regard to a follow-up study. If clients did not respond to the phone calls or letters, treatment agency staff were contacted for assistance in updating contact information.

Clients could decline or withdraw participation at any time during recruitment or at any point during the follow-up interview process. There were no penalties for withdrawing participation in the study. Once a client declined participation, the case was officially closed unless the client later contacted the HRN and indicated a desire to participate. No future attempts were made to contact clients who chose not to participate in the follow-up interview.

Follow-Up Interview

The follow-up interview was conducted by telephone six months after the client was admitted into treatment. At that time, clients usually had received treatment for six months, both in and out of jail. It was not always possible to obtain the follow-up interview exactly six months post admission, therefore, the project design allowed staff to interview participants anywhere from two weeks prior to eight weeks after the date that indicated six months post admission. Clients received a twenty-dollar gift card upon completion of the follow-up interview.

Clients with Multiple Admissions

It is important to note that the evaluation was not designed to accommodate clients with multiple admissions. Although infrequent, such situations did occur and through September 2011, a total of 59 clients were readmitted. For the purposes of evaluation and record keeping, readmissions were excluded and only data for the first admission are included in this report. Excluding readmission data may make the reporting of successful discharge cases more conservative than if readmission data were included. For example, a client who did not maintain abstinence after the first admission or did not successfully complete the program could be readmitted and obtain a successful discharge and abstinence record. This successful outcome would be omitted from the report since only the first admission and discharge are utilized.

CLIENTS

Description of Clients at Admission

Admission data in this report describe the group of clients with treatment admission dates from November 1, 2008 through September 30, 2011 in Polk, Scott, Story, and Woodbury Counties. During this period, 1,376 individuals were admitted to the program: 471 in Polk County, 500 in



Scott County, 246 in Story County, and 159 in Woodbury County. Of the 1,376 clients admitted, admission data were received on 1,350 clients; data for the remaining 26 clients are missing.

Of the 1,350 clients for whom admission data were received, 262 of the clients (19.4%) were female and 1,088 clients (80.6%) were male. Table 1 shows sex by county.

Table 1. Sex

	TOTAL % (N=1,350)*	Polk County % (N=456)*	Scott County % (N=496)*	Story County % (N=239)*	Woodbury County % (N=159)
Male	80.6 (1,088)	83.1 (379)	78.0 (387)	88.7 (212)	69.2 (110)
Female	19.4 (262)	16.9 (77)	22.0 (109)	11.3 (27)	30.8 (49)

Note: Due to rounding, percentages may not add up to exactly 100%.

*Admission data for 26 clients (fifteen from Polk County, four from Scott County, and seven from Story County) are missing and not included in this table.

Clients ranged in age at admission from 18 to 65 years of age with a median age of 31 years. Table 2 shows the age range and median age by county.

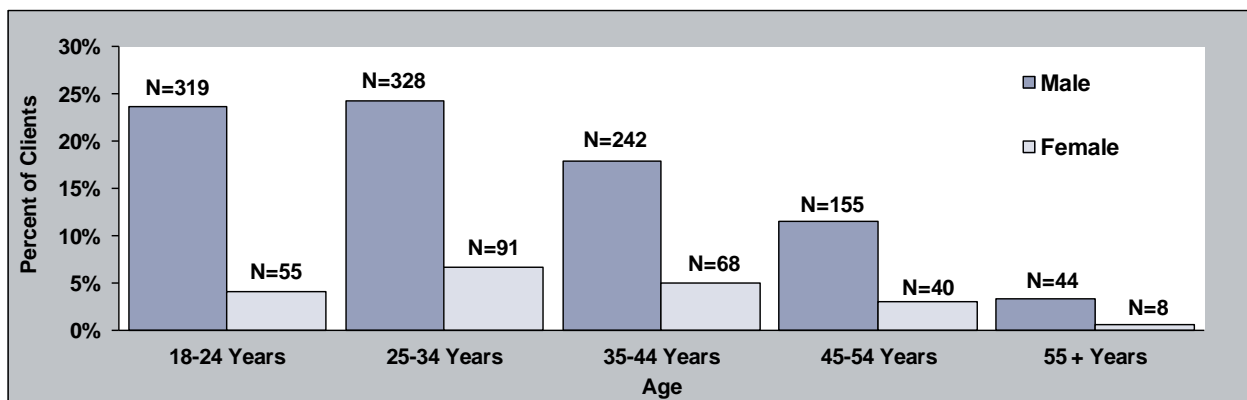
Table 2. Age at Admission

	Total N=1,350*			Polk County N=456*			Scott County N=496*			Story County N=239*			Woodbury County N=159		
	Min	Max	Median	Min	Max	Median	Min	Max	Median	Min	Max	Median	Min	Max	Median
Years of Age	18	68	31	18	63	32	18	68	30	18	65	31	18	62	30

*Admission data for 26 clients (fifteen from Polk County, four from Scott County, and seven from Story County) are missing and not included in this table.

Figure 1 shows the number of males and females in five age categories. The highest number of males and females at admission were between the ages of 25 and 34 years of age.

Figure 1. Age and Sex at Admission



Note: Admission data for 26 clients (fifteen from Polk County, four from Scott County, and seven from Story County) are missing and not included in this figure.



Table 3 shows the primary race reported at admission. Additionally, 74 clients (5.5%) reported being of Puerto Rican, Mexican, Cuban, Hispanic, or Latino ethnicity at admission.

Table 3. Primary Race

	All Clients % (N=1,350)*	Polk County % (N=456)*	Scott County % (N=496)*	Story County % (N=239)*	Woodbury County % (N=159)
Caucasian/White	71.5 (962)	79.6 (363)	59.7 (296)	80.3 (192)	69.8 (111)
African American/ Black	24.2 (326)	17.8 (81)	36.9 (183)	17.6 (42)	12.6 (20)
American Indian	3.2 (43)	0.9 (4)	1.6 (8)	1.3 (3)	17.6 (28)
Asian	0.5 (7)	0.4 (2)	0.8 (4)	0.4 (1)	0.0 (0)
Hawaiian or Pacific Islander	0.1 (1)	0.2 (1)	0.0 (0)	0.0 (0)	0.0 (0)
Alaskan Native	0.1 (1)	0.2 (1)	0.0 (0)	0.0 (0)	0.0 (0)
Race Unknown or Data Missing	0.7 (10)	0.4 (4)	1.0 (5)	0.4 (1)	0.0 (0)

Note: Due to rounding, percentages may not add up to exactly 100%.

*Admission data for 26 clients (fifteen from Polk County, four from Scott County, and seven from Story County) are missing and not included in this table.

Tables 4 through 17 on the following pages present admission responses from the 1,350 clients for whom admission data were received. Admission data for 15 Polk County clients, four Scott County clients, and seven Story County clients admitted to the program are missing. According to program guidelines, admission data collected by treatment agency staff reflect the client's status prior to incarceration. The first column describes the responses for the question. The second column presents responses for 1,350 clients in the Jail-Based Substance Abuse Treatment Program who answered this question at admission. The third column describes the responses for 456 clients who were admitted in Polk County; the fourth column describes the responses for 496 clients who were admitted in Scott County; the fifth column describes the responses for 239 clients who were admitted in Story County; and the sixth column describes the responses for the 159 clients who were admitted in Woodbury County.

Admission data include the following highlights:

- **Primary Substance:** At admission, 100% of clients indicated a primary substance of use. Alcohol was the most common, reported by 43.7% of clients. Marijuana was the second most common primary substance indicated by 22.5% of clients at admission, followed by methamphetamine (12.9%), and cocaine (11.5%).
- **Secondary Substance:** A secondary substance was reported by 63.4% of clients at admission. Marijuana was the most commonly used secondary substance, indicated by 23.3% of clients.
- **Tertiary Substance:** A tertiary substance was reported at admission by 27.9% of clients. The most commonly used tertiary substances were alcohol and marijuana, reported by 6.8% and 6.7% of clients respectively.



- **Arrests:** At admission, 97.6% of clients reported one or more arrests in the previous twelve months.
- **Employment:** At admission (prior to incarceration), 12.7% of clients were employed full-time and 7.1% of clients were employed part-time.
- **Hospitalizations Due to a Substance Abuse-Related Problem:** In the six months prior to admission, 9.6% of clients indicated one or more hospitalizations due to a substance abuse-related problem.
- **Relationship Status and Living Arrangement:** Over half of the clients (54.7%) were single at admission and the most common living arrangement prior to incarceration was living with parents (17%).



Table 4. Primary Substance at Admission

Primary Substance	All Clients at Admission* % (N=1,350)	Polk County Clients at Admission* % (N=456)	Scott County Clients at Admission* % (N=496)	Story County Clients at Admission* % (N=239)	Woodbury County Clients at Admission % (N=159)
None	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Methamphetamine	12.9 (174)	20.4 (93)	1.8 (9)	14.2 (34)	23.9 (38)
Marijuana	22.5 (304)	19.3 (88)	26.6 (132)	20.1 (48)	22.6 (36)
Alcohol	43.7 (590)	39.5 (180)	38.7 (192)	58.6 (140)	49.1 (78)
Cocaine	11.5 (155)	8.3 (38)	22.4 (111)	2.1 (5)	0.6 (1)
Heroin	1.8 (24)	0.7 (3)	3.6 (18)	1.3 (3)	0.0 (0)
Other Opiates and Synthetics	5.3 (72)	8.6 (39)	4.2 (21)	2.9 (7)	3.1 (5)
Non-Prescription Methadone	0.1 (2)	0.0 (0)	0.2 (1)	0.4 (1)	0.0 (0)
PCP	0.1 (2)	0.4 (2)	0.0 (0)	0.0 (0)	0.0 (0)
Other Hallucinogens	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Other Amphetamine	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Other Stimulants	0.1 (1)	0.0 (0)	0.0 (0)	0.0 (0)	0.6 (1)
Benzodiazepines	0.4 (5)	0.7 (3)	0.4 (2)	0.0 (0)	0.0 (0)
Other Tranquilizers	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Barbiturates	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Other Sedatives/Hypnotics	0.3 (4)	0.0 (0)	0.8 (4)	0.0 (0)	0.0 (0)
Inhalants	0.1 (2)	0.4 (2)	0.0 (0)	0.0 (0)	0.0 (0)
Over-the-Counter	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Steroids	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Ecstasy	0.7 (10)	0.9 (4)	1.0 (5)	0.4 (1)	0.0 (0)
Oxycontin	0.1 (2)	0.4 (2)	0.0 (0)	0.0 (0)	0.0 (0)
Other Prescribed Analgesics	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Other	0.2 (3)	0.4 (2)	0.2 (1)	0.0 (0)	0.0 (0)

Note: Due to rounding, percentages may not add up to exactly 100%.

*Admission data for 26 clients (fifteen from Polk County, four from Scott County, and seven from Story County) are missing and not included in this table.



Table 5. Secondary Substance at Admission

Secondary Substance	All Clients at Admission* % (N=1,350)	Polk County Clients at Admission* % (N=456)	Scott County Clients at Admission* % (N=496)	Story County Clients at Admission* % (N=239)	Woodbury County Clients at Admission % (N=159)
None	36.6 (494)	47.8 (218)	23.8 (118)	40.2 (96)	39.0 (62)
Methamphetamine	5.9 (80)	5.0 (23)	0.2 (1)	14.6 (35)	13.2 (21)
Marijuana	23.3 (315)	21.1 (96)	26.0 (129)	21.8 (52)	23.9 (38)
Alcohol	18.7 (252)	12.3 (56)	26.0 (129)	15.5 (37)	18.9 (30)
Cocaine	8.7 (118)	7.2 (33)	14.3 (71)	3.3 (8)	3.8 (6)
Heroin	1.0 (14)	0.4 (2)	2.4 (12)	0.0 (0)	0.0 (0)
Other Opiates and Synthetics	2.5 (34)	3.7 (17)	2.6 (13)	1.7 (4)	0.0 (0)
Non-Prescription Methadone	0.1 (2)	0.0 (0)	0.2 (1)	0.0 (0)	0.6 (1)
PCP	0.1 (1)	0.2 (1)	0.0 (0)	0.0 (0)	0.0 (0)
Other Hallucinogens	0.1 (2)	0.4 (2)	0.0 (0)	0.0 (0)	0.0 (0)
Other Amphetamine	0.4 (5)	0.2 (1)	0.4 (2)	0.4 (1)	0.6 (1)
Other Stimulants	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Benzodiazepines	0.3 (4)	0.7 (3)	0.2 (1)	0.0 (0)	0.0 (0)
Other Tranquilizers	0.1 (1)	0.0 (0)	0.2 (1)	0.0 (0)	0.0 (0)
Barbiturates	0.1 (2)	0.0 (0)	0.4 (2)	0.0 (0)	0.0 (0)
Other Sedatives/Hypnotics	0.1 (1)	0.0 (0)	0.2 (1)	0.0 (0)	0.0 (0)
Inhalants	0.1 (1)	0.2 (1)	0.0 (0)	0.0 (0)	0.0 (0)
Over-the-Counter	0.1 (2)	0.0 (0)	0.2 (1)	0.4 (1)	0.0 (0)
Steroids	0.1 (1)	0.0 (0)	0.2 (1)	0.0 (0)	0.0 (0)
Ecstasy	1.4 (19)	0.7 (3)	2.6 (13)	1.3 (3)	0.0 (0)
Oxycontin	0.1 (2)	0.0 (0)	0.0 (0)	0.8 (2)	0.0 (0)
Other Prescribed Analgesics	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Other	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)

Note: Due to rounding, percentages may not add up to exactly 100%.

*Admission data for 26 clients (fifteen from Polk County, four from Scott County, and seven from Story County) are missing and not included in this table.



Table 6. Tertiary Substance at Admission

Tertiary Substance	All Clients at Admission* % (N=1,350)	Polk County Clients at Admission* % (N=456)	Scott County Clients at Admission* % (N=496)	Story County Clients at Admission* % (N=239)	Woodbury County Clients at Admission % (N=159)
None	72.1 (974)	82.0 (374)	57.7 (286)	79.5 (190)	78.0 (124)
Methamphetamine	3.2 (43)	2.6 (12)	1.6 (8)	5.9 (14)	5.7 (9)
Marijuana	6.7 (90)	3.5 (16)	10.7 (53)	4.2 (10)	6.9 (11)
Alcohol	6.8 (92)	4.8 (22)	9.7 (48)	5.0 (12)	6.3 (10)
Cocaine	4.5 (61)	2.0 (9)	8.9 (44)	2.5 (6)	1.3 (2)
Heroin	0.5 (7)	0.0 (0)	0.6 (3)	0.8 (2)	1.3 (2)
Other Opiates and Synthetics	1.6 (21)	2.2 (10)	1.8 (9)	0.8 (2)	0.0 (0)
Non-Prescription Methadone	0.2 (3)	0.2 (1)	0.4 (2)	0.0 (0)	0.0 (0)
PCP	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Other Hallucinogens	0.5 (7)	0.2 (1)	0.8 (4)	0.4 (1)	0.6 (1)
Other Amphetamine	0.4 (5)	0.7 (3)	0.0 (0)	0.8 (2)	0.0 (0)
Other Stimulants	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Benzodiazepines	0.4 (6)	0.0 (0)	1.2 (6)	0.0 (0)	0.0 (0)
Other Tranquilizers	0.1 (2)	0.0 (0)	0.4 (2)	0.0 (0)	0.0 (0)
Barbiturates	0.1 (2)	0.0 (0)	0.4 (2)	0.0 (0)	0.0 (0)
Other Sedatives/Hypnotics	0.1 (1)	0.2 (1)	0.0 (0)	0.0 (0)	0.0 (0)
Inhalants	0.1 (2)	0.2 (1)	0.2 (1)	0.0 (0)	0.0 (0)
Over-the-Counter	0.1 (2)	0.2 (1)	0.2 (1)	0.0 (0)	0.0 (0)
Steroids	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Ecstasy	2.0 (27)	0.4 (2)	5.0 (25)	0.0 (0)	0.0 (0)
Oxycontin	0.1 (1)	0.2 (1)	0.0 (0)	0.0 (0)	0.0 (0)
Other Prescribed Analgesics	0.1 (1)	0.2 (1)	0.0 (0)	0.0 (0)	0.0 (0)
Other	0.2 (3)	0.2 (1)	0.4 (2)	0.0 (0)	0.0 (0)

Note: Due to rounding, percentages may not add up to exactly 100%.

*Admission data for 26 clients (fifteen from Polk County, four from Scott County, and seven from Story County) are missing and not included in this table.



Table 7. Frequency of Primary Substance at Admission

Frequency	All Clients at Admission* % (N=1,350)	Polk County Clients at Admission* % (N=456)	Scott County Clients at Admission* % (N=496)	Story County Clients at Admission* % (N=239)	Woodbury County Clients at Admission % (N=159)
No Use in Past Six Months	3.9 (52)	0.2 (1)	3.2 (16)	8.0 (19)	10.1 (16)
No Past Month Use	12.4 (167)	2.6 (12)	7.3 (36)	25.1 (60)	37.1 (59)
One to Three Times in Past Month	10.0 (135)	2.9 (13)	8.7 (43)	22.2 (53)	16.4 (26)
One to Two Times per Week	6.0 (81)	3.5 (16)	6.7 (33)	10.5 (25)	4.4 (7)
Three to Six Times per Week	15.9 (214)	21.5 (98)	16.1 (80)	9.2 (22)	8.9 (14)
Once Daily	11.0 (148)	10.7 (49)	8.7 (43)	19.7 (47)	5.7 (9)
Two to Three Times Daily	12.9 (174)	19.7 (90)	13.9 (69)	1.3 (3)	7.5 (12)
Four or More Times Daily	28.1 (379)	38.8 (177)	35.5 (176)	4.2 (10)	10.1 (16)

Note: Due to rounding, percentages may not add up to exactly 100%.

*Admission data for 26 clients (15 from Polk County, four from Scott County, and seven from Story County) are missing and not included in this table.

Table 8. Arrests in Previous Twelve Months at Admission

Number of Arrests	All Clients at Admission* % (N=1,350)	Polk County Clients at Admission* % (N=456)	Scott County Clients at Admission* % (N=496)	Story County Clients at Admission* % (N=239)	Woodbury County Clients at Admission % (N=159)
None	2.4 (33)	0.9 (4)	1.4 (7)	3.8 (9)	8.2 (13)
One to Three Times	80.7 (1,089)	76.8 (350)	80.4 (399)	90.4 (216)	78.0 (124)
Four or More Times	16.9 (228)	22.4 (102)	18.1 (90)	5.9 (14)	13.8 (22)

Note: Due to rounding, percentages may not add up to exactly 100%.

*Admission data for 26 clients (fifteen from Polk County, four from Scott County, and seven from Story County) are missing and not included in this table.



Table 9. Employment Status at Admission

Employment Status	All Clients at Admission* % (N=1,350)	Polk County Clients at Admission* % (N=456)	Scott County Clients at Admission* % (N=496)	Story County Clients at Admission* % (N=239)	Woodbury County Clients at Admission % (N=159)
Employed Full-Time (≥35 hrs/wk)	12.7 (172)	3.1 (14)	23.8 (118)	8.4 (20)	12.6 (20)
Employed Part-Time (<35 hrs/wk)	7.1 (96)	1.3 (6)	14.9 (74)	2.1 (5)	6.9 (11)
Unemployed (looking for work in the past 30 days)	15.4 (208)	2.4 (11)	29.8 (148)	10.0 (24)	15.7 (25)
Not in Labor Force	64.7 (874)	93.2 (425)	31.5 (156)	79.5 (190)	64.8 (103)

Note: Due to rounding, percentages may not add up to exactly 100%.

*Admission data for 26 clients (fifteen from Polk County, four from Scott County, and seven from Story County) are missing and not included in this table.

Table 10. Months Employed in Previous Six Months at Admission

Months Employed	All Clients at Admission* % (N=1,350)	Polk County Clients at Admission* % (N=456)	Scott County Clients at Admission* % (N=496)	Story County Clients at Admission* % (N=239)	Woodbury County Clients at Admission % (N=159)
None	47.0 (635)	44.3 (202)	52.2 (259)	41.0 (98)	47.8 (76)
3 Months or Less	19.8 (267)	19.3 (88)	20.2 (100)	20.5 (49)	18.9 (30)
4 or More Months	33.2 (448)	36.4 (166)	27.6 (137)	38.5 (92)	33.3 (53)

Note: Due to rounding, percentages may not add up to exactly 100%.

*Admission data for 26 clients (fifteen from Polk County, four from Scott County, and seven from Story County) are missing and not included in this table.

Table 11. Current Taxable Income at Admission

Monthly Income	All Clients at Admission* % (N=1,350)	Polk County Clients at Admission* % (N=456)	Scott County Clients at Admission* % (N=496)	Story County Clients at Admission* % (N=239)	Woodbury County Clients at Admission % (N=159)
None	72.4 (978)	71.7 (327)	62.5 (310)	88.7 (212)	81.1 (129)
\$500 or Less	4.7 (63)	5.0 (23)	5.4 (27)	1.3 (3)	5.0 (8)
\$501 to \$1000	9.3 (125)	9.6 (44)	12.7 (63)	2.5 (6)	7.5 (12)
\$1001 to \$2000	9.8 (132)	9.4 (43)	13.7 (68)	5.9 (14)	4.4 (7)
Over \$2000	3.9 (52)	4.2 (19)	5.6 (28)	1.7 (4)	1.9 (3)

Note: Due to rounding, percentages may not add up to exactly 100%.

*Admission data for 26 clients (fifteen from Polk County, four from Scott County, and seven from Story County) are missing and not included in this table.



Table 12. Primary Source of Support at Admission

Primary Source of Support	All Clients at Admission* % (N=1,350)	Polk County Clients at Admission* % (N=456)	Scott County Clients at Admission* % (N=496)	Story County Clients at Admission* % (N=239)	Woodbury County Clients at Admission % (N=159)
None	40.9 (552)	40.1 (183)	18.3 (91)	69.5 (166)	70.4 (112)
Wages/Salary	24.7 (334)	20.2 (92)	37.5 (186)	10.0 (24)	20.1 (32)
Family/Friends	18.7 (253)	29.6 (135)	16.9 (84)	13.4 (32)	1.3 (2)
Public Assistance	2.7 (37)	2.4 (11)	4.6 (23)	0.8 (2)	0.6 (1)
Retirement/Pension	0.7 (9)	0.4 (2)	1.0 (5)	0.4 (1)	0.6 (1)
Disability	2.7 (36)	1.3 (6)	4.4 (22)	2.1 (5)	1.9 (3)
SSI/SSDI	1.9 (25)	2.9 (12)	1.6 (8)	0.4 (1)	1.3 (2)
Other	7.7 (104)	3.3 (15)	15.5 (77)	3.3 (8)	3.8 (6)

Note: Due to rounding, percentages may not add up to exactly 100%.

*Admission data for 26 clients (fifteen from Polk County, four from Scott County, and seven from Story County) are missing and not included in this table.

Table 13. Days of Work or School Missed Due to a Substance Abuse Problem in Previous Six Months at Admission

Days of Work or School Missed Due to a Substance Abuse Problem	All Clients at Admission* % (N=1,350)	Polk County Clients at Admission* % (N=456)	Scott County Clients at Admission* % (N=496)	Story County Clients at Admission* % (N=239)	Woodbury County Clients at Admission % (N=159)
Zero Days	59.2 (799)	62.1 (283)	49.2 (244)	67.8 (162)	69.2 (110)
One to Five Days	7.6 (103)	7.5 (34)	11.3 (56)	2.1 (5)	5.0 (8)
Six or More Days	19.3 (261)	30.5 (139)	8.9 (44)	30.1 (72)	3.8 (6)
Not Applicable	13.9 (187)	0.0 (0)	30.6 (152)	0.0 (0)	22.0 (35)

Note: Due to rounding, percentages may not add up to exactly 100%.

*Admission data for 26 clients (fifteen from Polk County, four from Scott County, and seven from Story County) are missing and not included in this table.

Table 14. Days per Month Attended AA, NA, or Similar Meetings at Admission

Number of Meetings	All Clients at Admission* % (N=1,350)	Polk County Clients at Admission* % (N=456)	Scott County Clients at Admission* % (N=496)	Story County Clients at Admission* % (N=239)	Woodbury County Clients at Admission % (N=159)
None	71.3 (963)	82.2 (375)	63.3 (314)	65.3 (156)	74.2 (118)
One to Ten Meetings	27.0 (364)	16.4 (75)	34.5 (171)	33.9 (81)	23.3 (37)
Eleven or More Meetings	1.7 (23)	1.3 (6)	2.2 (11)	0.8 (2)	2.5 (4)

Note: Due to rounding, percentages may not add up to exactly 100%.

*Admission data for 26 clients (fifteen from Polk County, four from Scott County, and seven from Story County) are missing and not included in this table.



Table 15. Number of Hospitalizations Reported at Admission Due to a Substance Abuse Related Problem

Number of Hospitalizations in Previous Six Months	All Clients at Admission* % (N=1,350)	Polk County Clients at Admission* % (N=456)	Scott County Clients at Admission* % (N=496)	Story County Clients at Admission* % (N=239)	Woodbury County Clients at Admission % (N=159)
None	90.4 (1,220)	90.8 (414)	86.5 (429)	96.2 (230)	92.5 (147)
One Time	6.8 (92)	6.8 (31)	9.1 (45)	3.3 (8)	5.0 (8)
Two or More Times	2.8 (38)	2.4 (11)	4.4 (22)	0.4 (1)	2.5 (4)

Note: Due to rounding, percentages may not add up to exactly 100%.

*Admission data for 26 clients (fifteen from Polk County, four from Scott County, and seven from Story County) are missing and not included in this table.

Table 16. Relationship Status at Admission

Relationship Status	All Clients at Admission* % (N=1,350)	Polk County Clients at Admission* % (N=456)	Scott County Clients at Admission* % (N=496)	Story County Clients at Admission* % (N=239)	Woodbury County Clients at Admission % (N=159)
Single	54.7 (738)	47.8 (218)	63.1 (313)	49.4 (118)	56.0 (89)
Married	10.4 (141)	12.5 (57)	7.5 (37)	10.9 (26)	13.2 (21)
Cohabiting	11.9 (161)	15.8 (72)	8.7 (43)	10.9 (26)	12.6 (20)
Separated	5.1 (69)	5.7 (26)	5.0 (25)	4.2 (10)	5.0 (8)
Divorced	16.9 (228)	16.9 (77)	15.1 (75)	23.8 (57)	12.0 (19)
Widowed	1.0 (13)	1.3 (6)	0.6 (3)	0.8 (2)	1.3 (2)

Note: Due to rounding, percentages may not add up to exactly 100%.

*Admission data for 26 clients (fifteen from Polk County, four from Scott County, and seven from Story County) are missing and not included in this table.



Table 17. Living Arrangements at Admission

Living Arrangement	All Clients at Admission* % (N=1,350)	Polk County Clients at Admission* % (N=456)	Scott County Clients at Admission* % (N=496)	Story County Clients at Admission* % (N=239)	Woodbury County Clients at Admission % (N=159)
Alone	12.3 (166)	17.8 (81)	10.3 (51)	11.7 (28)	3.8 (6)
Parents	17.0 (229)	21.9 (100)	16.9 (84)	10.0 (24)	13.2 (21)
Significant Other Only	13.8 (186)	18.6 (85)	15.7 (78)	5.9 (14)	5.7 (9)
Significant Other and Child(ren)	15.3 (207)	18.6 (85)	17.9 (89)	8.8 (21)	7.6 (12)
Child(ren) Only	1.9 (26)	2.6 (12)	1.4 (7)	1.7 (4)	1.9 (3)
Other Adults	13.9 (188)	14.0 (64)	17.7 (88)	8.8 (21)	9.4 (15)
Other Adults and Child(ren)	4.4 (60)	2.9 (13)	7.7 (38)	2.5 (6)	1.9 (3)
Jail/Correctional Facility	14.0 (189)	0.2 (1)	3.2 (16)	37.2 (89)	52.2 (83)
Homeless, Shelter	4.9 (66)	2.6 (12)	6.3 (31)	7.5 (18)	3.1 (5)
Halfway House, Group Home, Transitional Housing	2.4 (33)	0.7 (3)	2.8 (14)	5.9 (14)	1.3 (2)
Hospital	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)

Note: Due to rounding, percentages may not add up to exactly 100%.

*Admission data for 26 clients (fifteen from Polk County, four from Scott County, and seven from Story County) are missing and not included in this table.

DISCHARGE AND LENGTH OF STAY

All 1,324 clients eligible to participate in the follow-up interview were released from the in-jail portion of treatment when the evaluation concluded. Following their release from jail, many clients continued to receive treatment while on probation, therefore, jail release date and treatment discharge date do not coincide. Table 18 shows the median length of stay in the in-jail portion of treatment, by county, for the 1,324 released clients from the onset of treatment until their release from the in-jail portion of treatment.

Table 18. Length of Stay in In-Jail Portion of Treatment

	Total N=1,324			Polk County N=470			Scott County N=479			Story County N=231			Woodbury County N=144		
	Min	Max	Median	Min	Max	Median	Min	Max	Median	Min	Max	Median	Min	Max	Median
Days	0	509	55	0	241	119	1	137	52	0	509	38	0	168	58

Of the 1,324 clients eligible to participate in the follow-up interview, 1,231 were discharged from the treatment program and 93 were still receiving treatment services when the evaluation

concluded. When transmitting discharge information for the 1,231 clients, agency staff indicated whether or not each client successfully completed the treatment program. Three hundred eighty-nine of the clients (31.6%) were discharged as “successful.” Four hundred thirty-four clients (35.3%) were discharged from the program due to noncompliance or deciding to remove themselves from treatment and were designated as “terminated.” Four hundred eight clients (33.1%) were discharged for “neutral” reasons (this category includes but is not limited to clients who were discharged due to: legal issues related to a sentence; transferring to another treatment program; or medical reasons). Analyses indicate that clients reporting methamphetamine as the primary substance at admission had a statistically significant higher rate of successful discharge than clients indicating other primary substances at admission (Fisher’s Exact Test, $p < 0.05$).

Table 19 presents the length of stay in the treatment program, by county, for the 1,231 discharged clients from the onset of treatment until their discharge from treatment.

Table 19. Length of Stay in Treatment Program

	Total N=1,231			Polk County N=414			Scott County N=454			Story County N=223			Woodbury County N=140		
	Min	Max	Median	Min	Max	Median	Min	Max	Median	Min	Max	Median	Min	Max	Median
Days	0	721	147	7	601	271	1	478	93	0	509	67	5	721	149

Table 20 examines length of stay by discharge status. Of the 1,231 clients discharged from treatment, 389 (31.6%) were discharged successfully. This subgroup of clients averaged: 88 days in jail (range 0 to 241 days); 182 days in treatment following their release from jail (range 0 to 669 days); and 286 days in jail and post jail combined treatment (range 32 to 721 days). Successfully discharged clients had the longest length of stay. The differences in length of stay were significant among the three discharge categories for length of stay in jail and length of stay in treatment following jail release (Kruskal-Wallis Tests, all p -values < 0.0001). Additionally, the total length of stay in treatment was significantly longer for successfully discharged clients (Kruskal-Wallis Tests, all $p < 0.05$).

Table 20. Length of Stay by Discharge Status

Recorded Discharge Status	N	Median Number of Days Client Received Treatment While in Jail	Median Number of Days Client Received Treatment Following Release from Jail	Median Number of Total Days Client Received Treatment
Successful Completion	389	88	182	286
Terminated	434	52	29	101
Neutral Discharge	408	53	0	79



OUTCOMES

Overview of Client Activity

Of the 1,376 clients admitted through September 30, 2011, 1,324 clients were admitted prior to June 16, 2011 and were eligible to participate in the follow-up interview. Fifty-two clients admitted between June 16, 2011 and September 30, 2011 were not contacted to participate in the follow-up interview since the interview date would have occurred following the conclusion of the evaluation. After receiving notification of a client's release from jail, the Consortium attempted to contact each individual to invite him/her to participate in the follow-up interview. Consortium staff recruited 742 clients to participate in the interview; 19 clients declined participation. Six hundred thirty-three clients completed the follow-up interview. Fifty-nine clients became incarcerated after recruitment and 50 recruited clients could not be located for the interview. Of the recruited clients due for the follow-up interview who were not incarcerated (683 clients), 92.7% received an interview. There were 563 clients classified as "not able to recruit" for the follow-up interview. Of these 563 individuals: 340 were incarcerated (staff does not recruit or interview incarcerated individuals); 221 clients could not be located; two clients were deceased.

Outcomes at Admission and Follow-Up

Table 21 on the following page shows client outcomes by comparing admission data and follow-up interview data. Three outcome variables are presented: abstinence, no arrests, and employment or enrollment in an educational program. Abstinence refers to abstinence from all substances in the previous six months. The outcome "no arrests" is defined as not having been arrested during the previous twelve months at admission and no arrests in the previous six months at follow-up. The outcome "employment or enrolled in an educational program" is defined as currently working full-time (at least 35 hours per week) or part-time (less than 35 hours per week), or enrolled in a vocational, training, or educational program in the past 30 days. It is important to note that the question regarding enrollment in an educational program is not asked at admission.

At admission, 100% of clients indicated a primary substance of use. Of these, 1,298 (96.1%) reported substance use in the previous six months. One thousand three hundred seventeen clients (97.6%) reported one or more arrests in the previous twelve months. Two hundred sixty-eight clients (19.9%) were employed full or part-time at admission. Results from the 633 clients who completed a follow-up interview six months after admission show that 83.4% of the clients interviewed reported abstinence, 93.7% had not been arrested, and 60.8% were working full or part-time or enrolled in an educational program.



Table 21. Outcomes at Admission and Follow-Up

	N	Abstinence % (N)	No Arrests % (N)	Employed (Full or Part-Time) or Enrolled in Educational Program % (N)
Admission*	1,350	3.9 (52)	2.4 (33)	19.9 (268)**
Follow-Up	633	83.4 (528)	93.7 (593)	60.8 (385)

*Admission data for 26 clients (fifteen from Polk County, four from Scott County, and seven from Story County) are missing and not included in this table.

**Data for enrollment in an educational program are not included for clients at admission because the question is not asked.

Changes from Admission to Follow-Up

Tables 22 through 24 and Figures 2 through 13 on the following pages reflect outcomes based on a comparison of admission data and follow-up interview data collected approximately six months after admission. The follow-up period refers to the six months preceding the interview (admission to six months post admission).

Comparisons on individual variables are made between status at admission and status at follow-up on those clients who had a response at *both* admission and follow-up. The tables and figures list the response options for the question and provide the responses of 627 clients who answered the particular item both at admission and follow-up; data for six clients who completed the follow-up interview are excluded due to missing admission data.

Follow-up data include the following highlights:

- Primary Substance:** Five hundred twenty-two clients (83.3%) indicated abstinence. Of the 105 clients who reported use at follow-up, 70 clients indicated alcohol, 21 clients reported marijuana, seven clients indicated cocaine, three clients reported heroin, two clients indicated methamphetamine, one client reported other opiates and synthetics, and one client indicated benzodiazepines as the primary substance at follow-up. Thirty-seven of the 105 clients (35.2%) who reported use in the past six months at follow-up indicated no use during the 30 day period prior to their interview, resulting in past 30-day abstinence among 89.2% of the clients six months following admission.
- Secondary Substance:** Five hundred ninety-eight clients (95.4%) reported no secondary substance. Sixteen clients reported the use of alcohol, seven clients indicated use of marijuana, four clients reported the use of cocaine, one client indicated methamphetamine, and one client reported use of other opiates and synthetics as their secondary substance in the past six months at follow-up.
- Arrests:** Five hundred eighty-seven clients (93.6%) interviewed were arrest-free. Forty clients (6.4%) reported arrests during the six months following admission to treatment.
- Employment:** At follow-up, over half of the clients (54.5%) were employed (either full or part-time), compared to 17.2% employed at admission.



- **Hospitalizations Due to a Substance Abuse-Related Problem:** There was a 5.5 fold decrease in the number of clients who were hospitalized: 11 clients (1.8%) interviewed indicated one or more hospitalizations due to a substance abuse-related problem during the six months post admission time period; at admission, 62 clients (9.9%) reported substance abuse-related hospitalizations.
- **Relationship Status and Living Arrangements:** Over half of the clients (56.8%) were single and the most common living arrangement was living in a halfway house or transitional housing facility at follow-up, indicated by 214 clients (34.1%).



As shown in Table 22, no primary substance was indicated by 83.3% of clients at follow-up (six months after admission). Among clients who completed a follow-up interview, alcohol was the most frequently reported substance at admission and follow-up, indicated by 43.4% at admission and 11.2 % at six months post admission.

Table 22. Primary Substance

Primary Substance	Clients with Completed Follow-Up Interview % (N=627)	
	Admission	Follow-Up
None	0.0 (0)	83.3 (522)
Methamphetamine	14.7 (92)	0.3 (2)
Marijuana	23.3 (146)	3.4 (21)
Alcohol	43.4 (272)	11.2 (70)
Cocaine	10.4 (65)	1.1 (7)
Heroin	1.6 (10)	0.5 (3)
Other Opiates and Synthetics	5.3 (33)	0.2 (1)
Non-Prescription Methadone	0.2 (1)	0.0 (0)
PCP	0.0 (0)	0.0 (0)
Other Hallucinogens	0.0 (0)	0.0 (0)
Other Amphetamine	0.0 (0)	0.0 (0)
Other Stimulants	0.0 (0)	0.0 (0)
Benzodiazepines	0.2 (1)	0.2 (1)
Other Tranquilizers	0.0 (0)	0.0 (0)
Barbiturates	0.0 (0)	0.0 (0)
Other Sedatives/Hypnotics	0.3 (2)	0.0 (0)
Inhalants	0.2 (1)	0.0 (0)
Over-the-Counter	0.0 (0)	0.0 (0)
Steroids	0.0 (0)	0.0 (0)
Ecstasy	0.2 (1)	0.0 (0)
Oxycontin	0.2 (1)	0.0 (0)
Other Prescribed Analgesics	0.0 (0)	0.0 (0)
Other	0.3 (2)	0.0 (0)

Note: Data for six clients who completed the follow-up interview are excluded from this table due to missing admission data.

Due to rounding, percentages may not add up to exactly 100%.

A client's primary substance may change from admission to follow-up.



Table 23 shows that clients responding “none” to secondary substance use increased by 53.4 percentage points from 42% at admission to 95.4% at six months post admission. Twenty-nine clients (4.6%) reported use of a secondary substance at follow-up.

Table 23. Secondary Substance

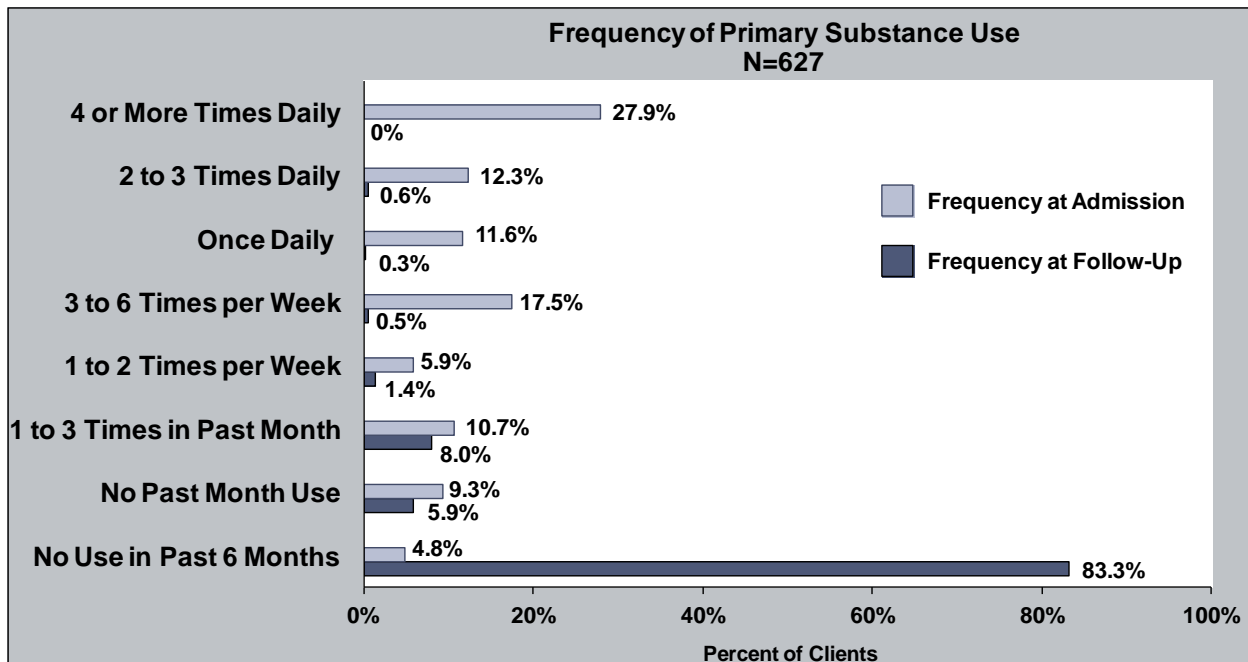
Secondary Substance	Clients with Completed Follow-Up Interview % (N=627)	
	Admission	Follow-Up
None	42.0 (263)	95.4 (598)
Methamphetamine	6.4 (40)	0.2 (1)
Marijuana	20.7 (130)	1.1 (7)
Alcohol	18.7 (117)	2.6 (16)
Cocaine	7.2 (45)	0.6 (4)
Heroin	0.6 (4)	0.0 (0)
Other Opiates and Synthetics	2.4 (15)	0.2 (1)
Non-Prescription Methadone	0.3 (2)	0.0 (0)
PCP	0.2 (1)	0.0 (0)
Other Hallucinogens	0.2 (1)	0.0 (0)
Other Amphetamine	0.0 (0)	0.0 (0)
Other Stimulants	0.0 (0)	0.0 (0)
Benzodiazepines	0.3 (2)	0.0 (0)
Other Tranquilizers	0.0 (0)	0.0 (0)
Barbiturates	0.0 (0)	0.0 (0)
Other Sedatives/Hypnotics	0.2 (1)	0.0 (0)
Inhalants	0.0 (0)	0.0 (0)
Over-the-Counter	0.0 (0)	0.0 (0)
Steroids	0.0 (0)	0.0 (0)
Ecstasy	1.0 (6)	0.0 (0)
Oxycontin	0.0 (0)	0.0 (0)
Other Prescribed Analgesics	0.0 (0)	0.0 (0)
Other	0.0 (0)	0.0 (0)

Note: Data for six clients who completed the follow-up interview are excluded from this table due to missing admission data.
 Due to rounding, percentages may not add up to exactly 100%.
 A client's secondary substance may change from admission to follow-up.



At the follow-up interview, 522 of 627 clients (83.3%) reported abstinence in the previous six months as displayed in Figure 2. Thirty-seven of the 105 clients (35.2%) who reported use in the past six months at follow-up indicated no use during the 30 day period prior to their interview resulting in 89.2% of the clients with past 30-day abstinence. At admission, over half of the clients (51.8%) reported daily use (once daily or more) of their primary substance; daily use was reported by six clients (1%) at the follow-up interview.

Figure 2. Frequency of Primary Substance Use



Note: Data for six clients who completed the follow-up interview are excluded from this figure due to missing admission data. Due to rounding, percentages may not add up to exactly 100%. A client's primary substance may change from admission to follow-up.

Changes in frequency of use provide additional information regarding client outcomes following treatment. Since a client's primary substance may change from admission to follow-up, a simple comparison of frequency may not be comparable (e.g. having one drink three to six times per week versus smoking methamphetamine three to six times per week). Therefore, Table 24 presents data for a subset of the total group of clients who completed the follow-up interview who report using the same primary substance at both admission and follow-up. For example, a client may report using alcohol daily at admission and at follow-up report that they have used alcohol one to three times in the past month, representing a decrease in their frequency of use.

Table 24 presents the change in frequency of use from admission to follow-up for individuals who report the same primary substance at both admission and follow-up, and includes *only* clients who reported use at follow-up (therefore excludes clients who report abstinence at follow-up). The "Increased Use" category shows the percentage of clients who indicated using their primary substance with more frequency at follow-up than reported at admission. "Maintained Same Use" represents clients reporting the same frequency of use of their primary substance at admission and follow-up. "Decreased Use" presents the percentage of clients who



reported using their primary substance with less frequency at follow-up than indicated at admission.

For this group of 65 clients, “three to six times per week” (20%) and “four or more times daily” (20%) were the most common frequencies of use at admission and “one to three times in past month” was the most common frequency at follow-up (52.3%). Forty-seven of the 65 clients (72.3%) in this subgroup most commonly reported using their primary substance less frequently at follow-up compared to admission. Nine clients (13.9%) indicated the same use pattern of their primary substance at both admission and follow-up and nine clients (13.9%) clients in this subgroup reported an increase in use of their primary substance at follow-up.

Table 24. Frequency of Use of Primary Substance: Clients Indicating Use of Same Primary Substance at Both Admission and Follow-Up

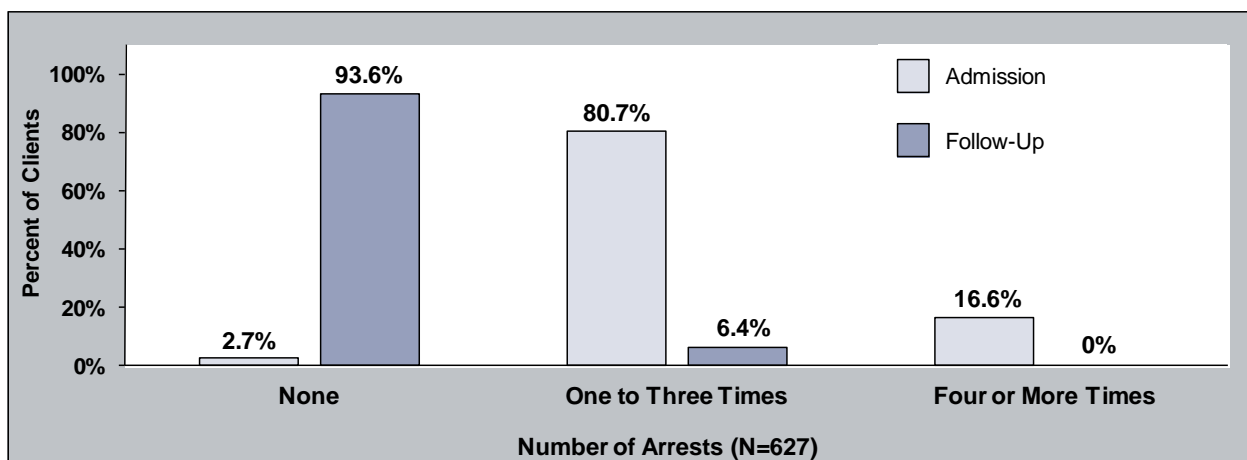
Change in Frequency of Use	Clients With Completed Follow-Up Interviews Reporting Same Primary Substance at Admission and Follow-Up N=65
Increased Use	13.9
Maintained Same Use	13.9
Decreased Use	72.3

Note: Due to rounding, percentages may not add up to exactly 100%.

In addition to the 65 clients represented in Table 24 above, 40 of the interviewed clients reported using a different primary substance at follow-up than the primary substance they reported at admission (therefore they are not included in Table 24 above). Twenty-two of the 40 clients (55%) identified that their primary substance at follow-up was the substance they originally reported as their secondary substance at admission. Eleven clients (27.5) in this group of clients switched from marijuana to alcohol, seven clients (17.5%) changed from methamphetamine to alcohol, and six clients (15%) switched from cocaine to alcohol.

Five hundred eighty-seven clients (93.6%) were arrest-free at follow-up as displayed in Figure 3. Forty clients (6.4%) indicated they were arrested during the six months following admission.

Figure 3. Arrests

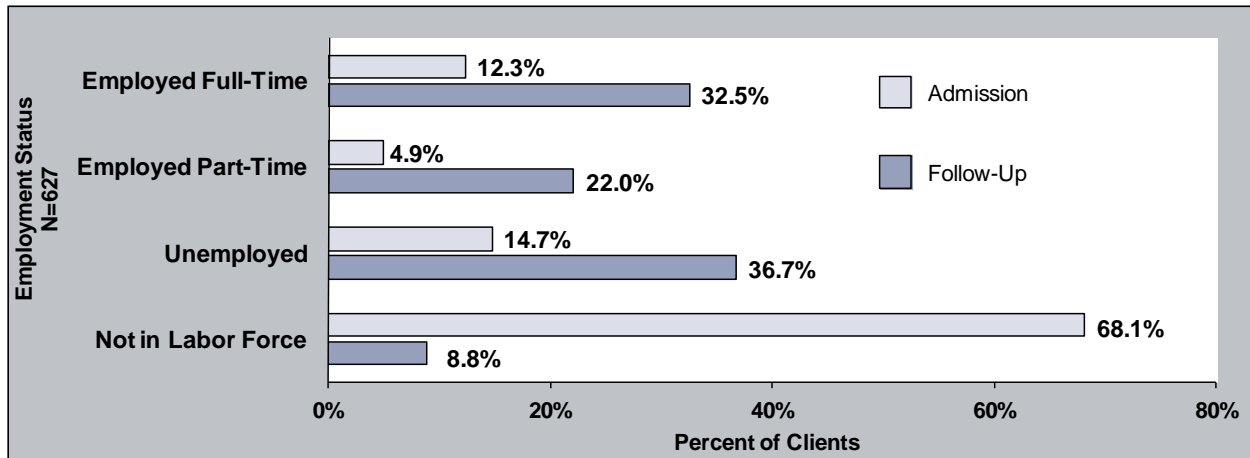


Note: Data for six clients who completed the follow-up interview are excluded from this figure due to missing admission data. Due to rounding, percentages may not add up to exactly 100%.



Figure 4 shows that at six months post admission, 204 of the clients (32.5%) were working full-time (at least 35 hours per week), representing an increase of 21 percentage points from admission. In addition, 138 clients (22%) were working part-time (less than 35 hours per week) and 230 clients (36.7%) were looking for work. Clients categorized as not being in the labor force are clients who are not employed and not seeking employment.

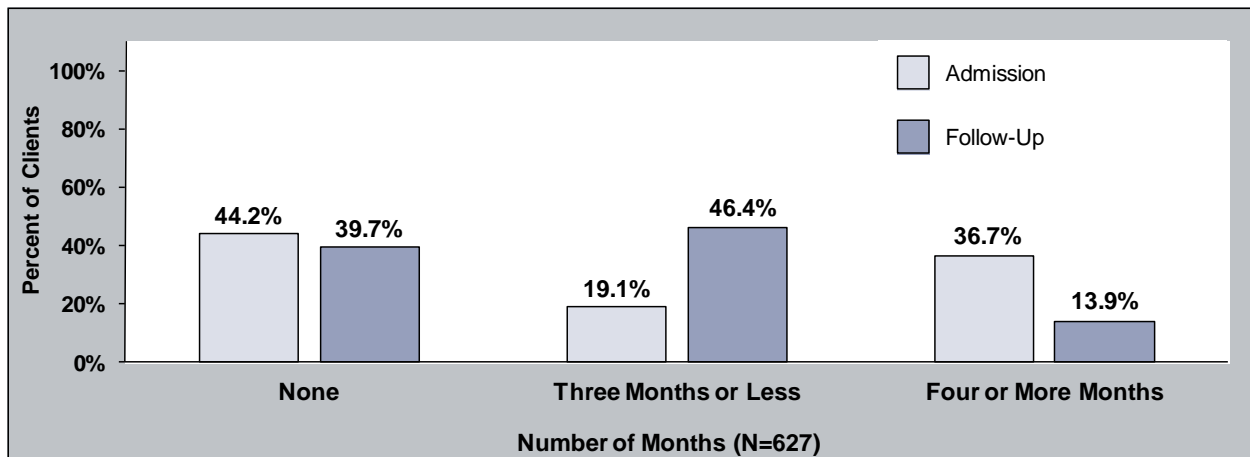
Figure 4. Employment Status



Note: Data for six clients who completed the follow-up interview are excluded from this figure due to missing admission data. Due to rounding, percentages may not add up to exactly 100%.

In Figure 5, the number of clients employed three months or less more than doubled from admission to follow-up (from 120 clients to 291 clients). While there was a decrease in clients who were employed four or more months at follow-up, many had spent a large portion of the previous six months in jail.

Figure 5. Months Employed

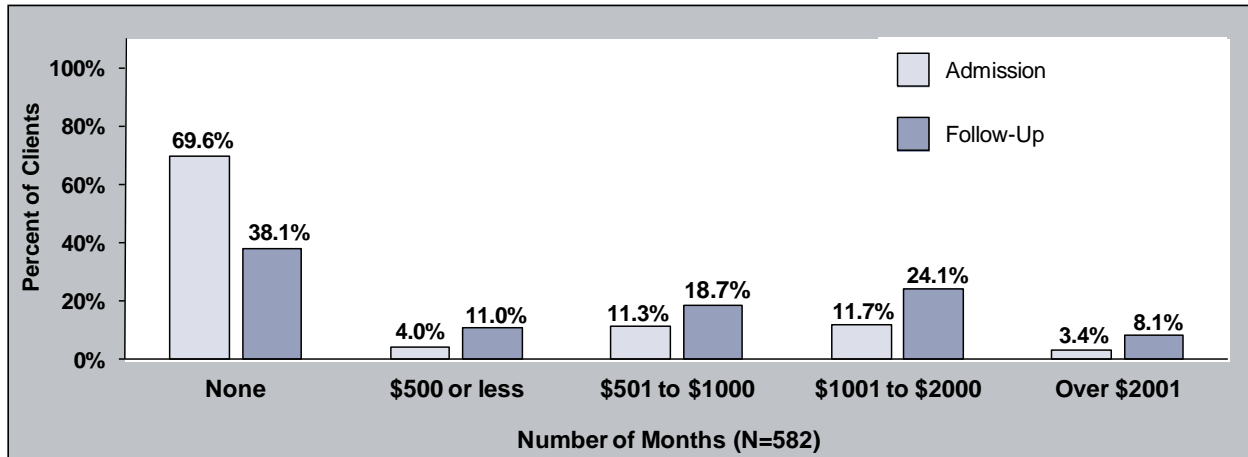


Note: Data for six clients who completed the follow-up interview are excluded from this figure due to missing admission data. Due to rounding, percentages may not add up to exactly 100%.



As displayed in Figure 6, clients responding to the “no taxable monthly income” category decreased by 31.5 percentage points (from 405 clients to 222 clients) from admission to six months post admission. Compared to admission, there were increases in the four income categories at follow-up: clients responding to \$500 or less increased by 7 percentage points (41 clients); clients responding to monthly taxable income of \$501 to \$1000 increased by 7.4 percentage points (43 clients); clients in the income category of \$1001 to \$2000 increased by 12.4 percentage points (72 clients); and clients in the income category of over \$2001 increased by 4.7 percentage points (27 clients).

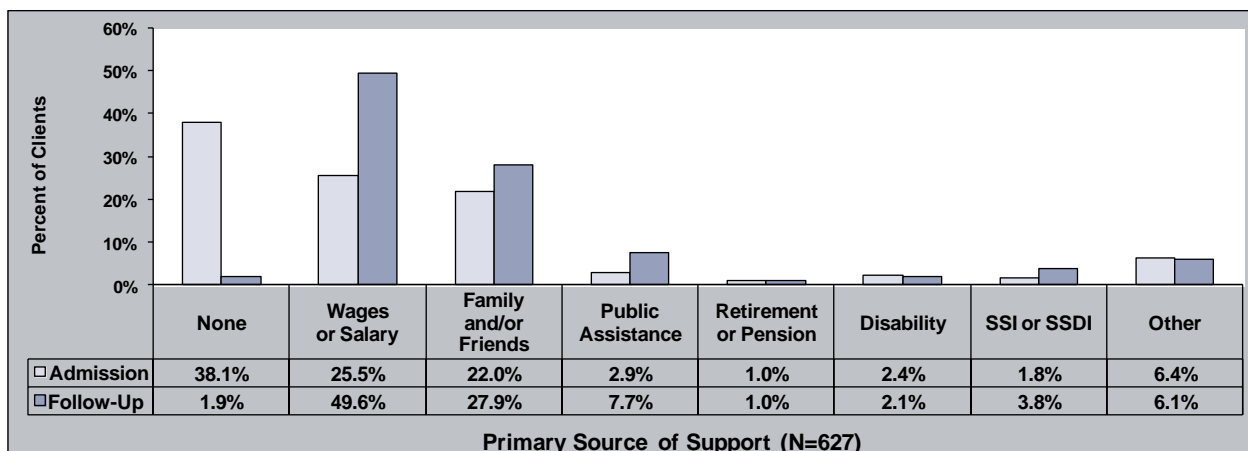
Figure 6. Taxable Monthly Income



Note: Data for six clients who completed the follow-up interview are excluded from this figure due to missing admission data. Additionally, 45 clients who completed the follow-up interview were excluded from this figure due to the variability of income (due to contractual/seasonal work or commission based pay) or declining to disclose their income at follow-up. Due to rounding, percentages may not add up to exactly 100%.

As shown in Figure 7, clients reporting “wages or salary” as their primary means of support increased by 24.1 percentage points (by 151 clients) from admission to the follow-up interview. Clients responding to the “none” category decreased by 36.2 percentage points (by 227 clients) from admission to follow-up; only 12 clients (1.9%) at follow-up reported no source of support.

Figure 7. Primary Source of Support

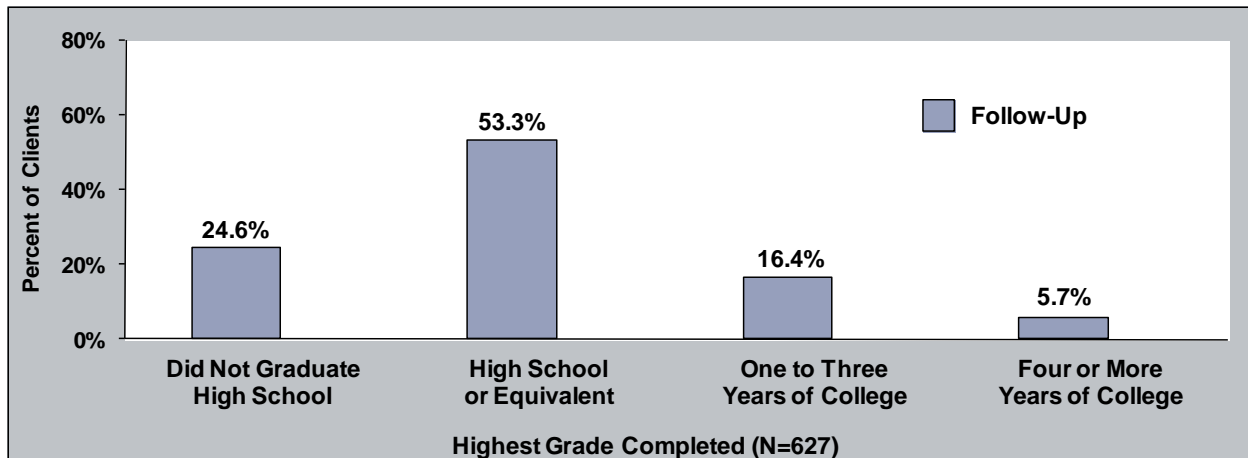


Note: Data for six clients who completed the follow-up interview are excluded from this figure due to missing admission data. Due to rounding, percentages may not add up to exactly 100%.



Admission data are not included in Figure 8. Not all admission data collection instruments provide a response category for a General Education Degree (GED), therefore admission and follow-up comparison cannot be made because the GED question is specifically asked at follow-up. Clients who receive a GED are grouped with clients in the “high school or equivalent” category at follow-up; therefore, responses at follow-up more accurately reflect a client’s level of education. Many clients without high school diplomas are encouraged to work on their GED while in treatment. One hundred fifty-four clients (24.6%) reported that they did not graduate high school at follow-up. Over 50% of clients report an education level of high school only at follow-up and 22.1% reported an education level beyond high school.

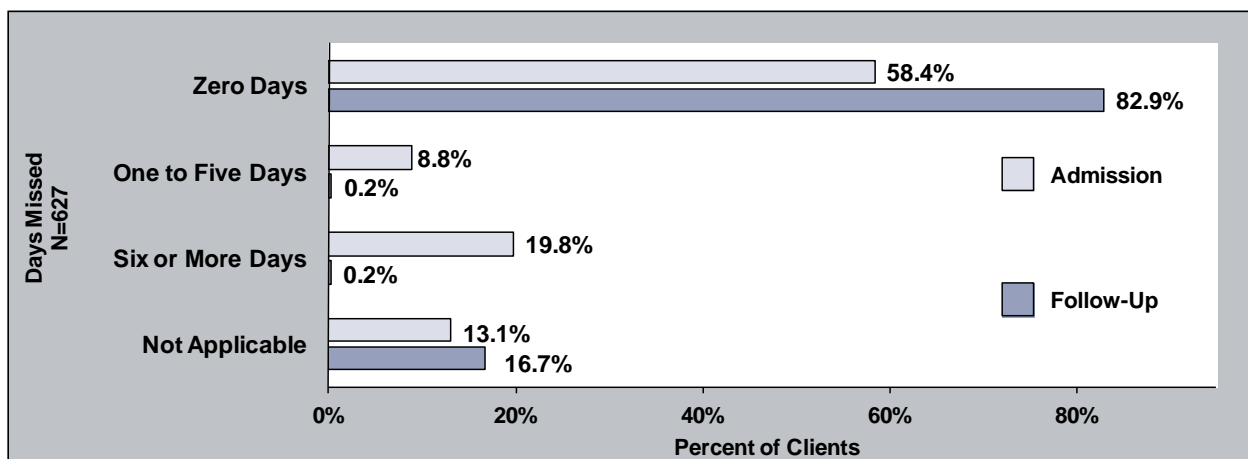
Figure 8. Education



Note: Due to rounding, percentages may not add up to exactly 100%.

One client at the follow-up interview reported missing seven days and one client reported missing five days of work or school due to a substance abuse problem as shown in Figure 9. The number of clients missing zero days due to a substance abuse problem increased 24.5 percentage points from 366 clients (58.4%) to 520 clients (82.9%) at follow-up. Clients in the “not applicable” category include clients not in the labor force and not enrolled in school in the past six months.

Figure 9. Days of Work or School Missed Due to a Substance Abuse Problem

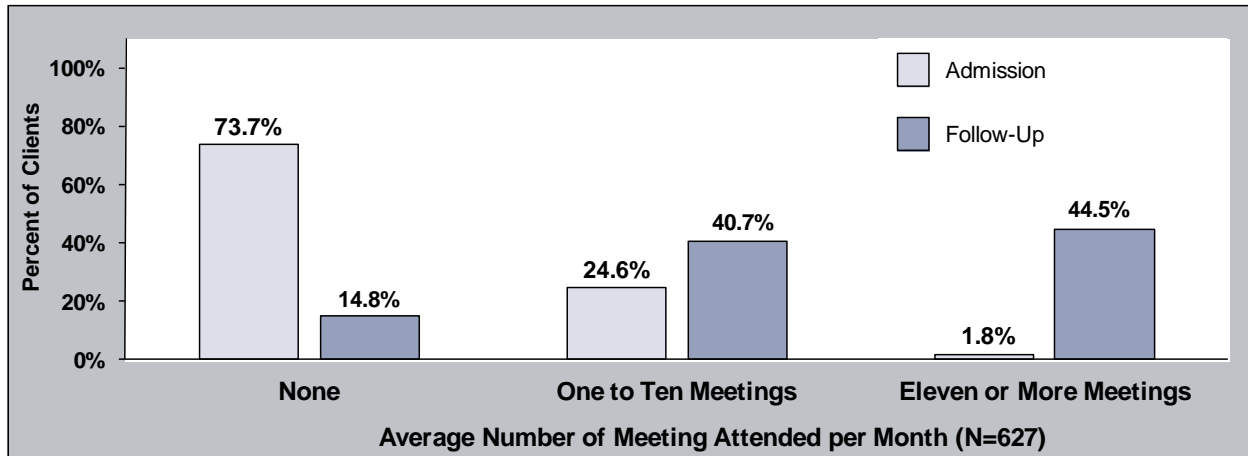


Note: Data for six clients who completed the follow-up interview are excluded from this figure due to missing admission data. Due to rounding, percentages may not add up to exactly 100%.



As displayed in Figure 10, the number of clients reporting attendance at Alcoholics Anonymous (AA), Narcotics Anonymous (NA), or similar meetings was over three times greater at the follow-up interview than at admission, with over 85% of clients at six months post admission reporting attendance at meetings.

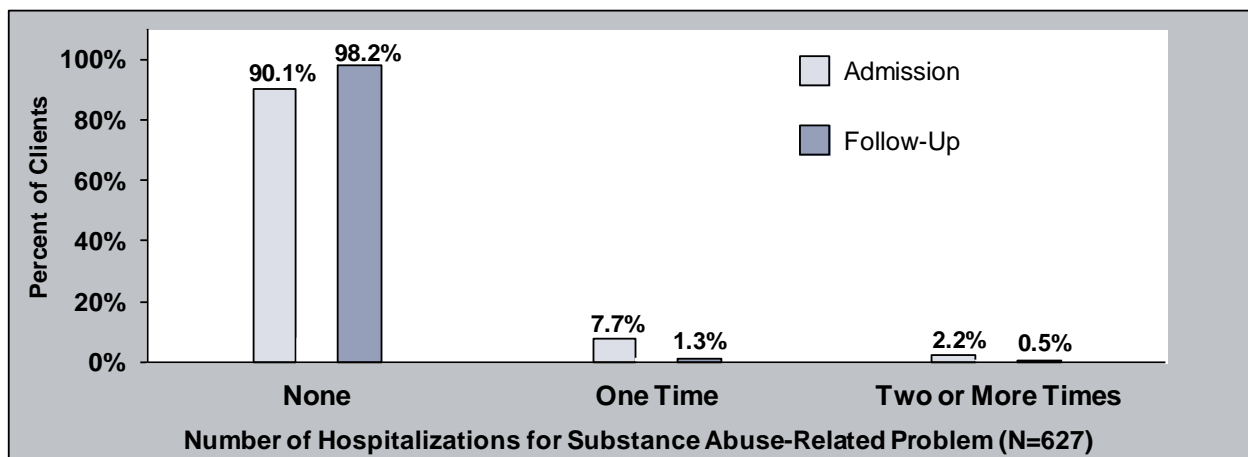
Figure 10. AA, NA, or Similar Meetings Attended



Note: Data for six clients who completed the follow-up interview are excluded from this figure due to missing admission data. Due to rounding, percentages may not add up to exactly 100%.

As displayed in Figure 11, fewer clients reported substance abuse-related hospitalizations at follow-up compared to admission. Eight clients at the follow-up interview reported being hospitalized one time for a substance abuse-related problem, one client indicated two hospitalizations, and two clients reported four hospitalizations since admission. There was a 5.5 fold decrease in the number of clients who were hospitalized (9.9% to 1.8%).

Figure 11. Hospitalizations Due to a Substance Abuse-Related Problem

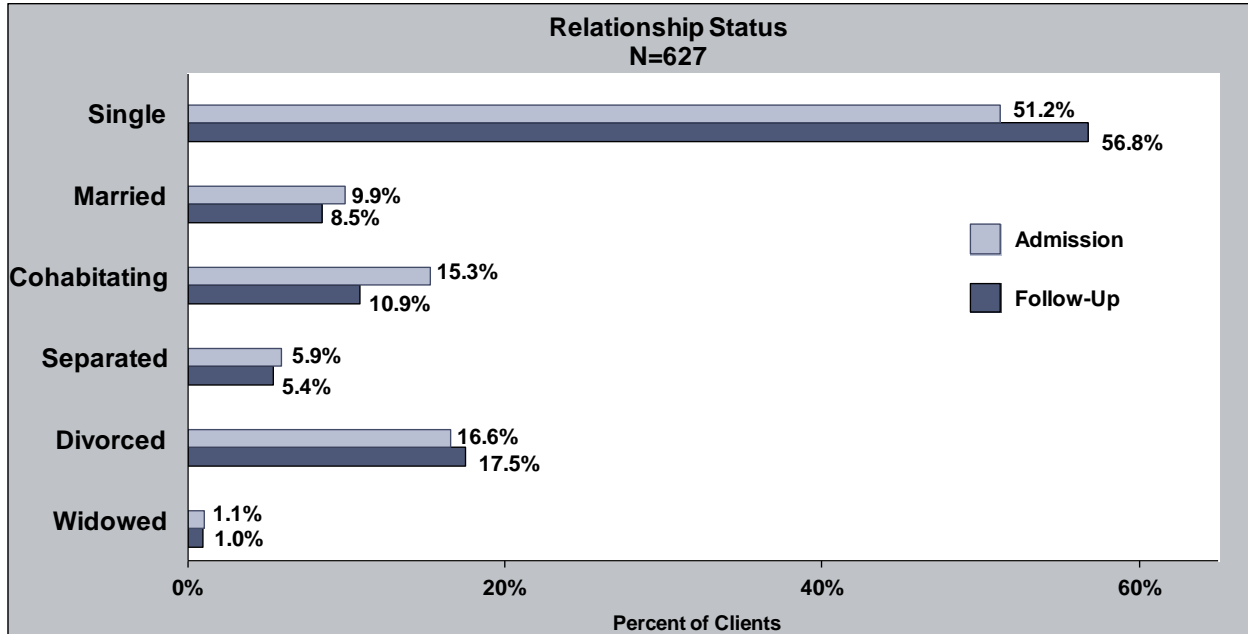


Note: Data for six clients who completed the follow-up interview are excluded from this figure due to missing admission data. Due to rounding, percentages may not add up to exactly 100%.



As shown in Figure 12, the most common response was “single” with over 50% of clients reporting this relationship status at admission and and at follow-up. “Divorced” was the second most common response at admission and follow-up.

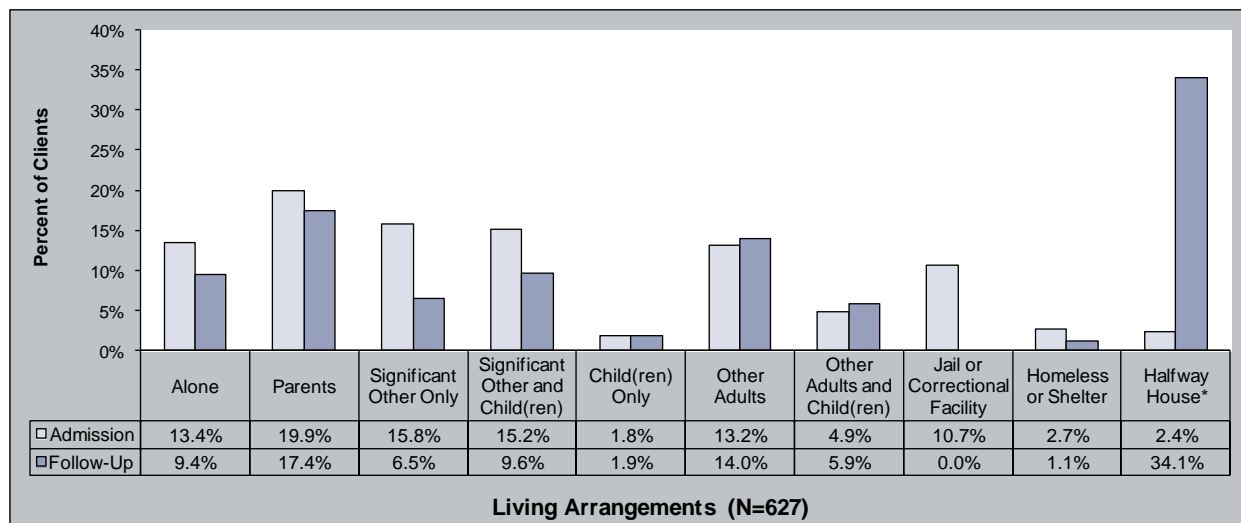
Figure 12. Relationship Status



Note: Data for six clients who completed the follow-up interview are excluded from this figure due to missing admission data. Due to rounding, percentages may not add up to exactly 100%.

Many clients in this program are referred by treatment agency staff or the court system to halfway houses due to a need for sober housing, additional structure, or due to a lack of housing options upon jail release. Figure 13 shows that the most common living arrangement reported by clients at admission was living with their parents. At follow-up, the most common living arrangement was living in a halfway house or transitional living facility, indicated by 214 clients (34.1%).

Figure 13. Living Arrangements



Note: Data for six clients who completed the follow-up interview are excluded from this figure due to missing admission data. Due to rounding, percentages may not add up to exactly 100%.

*Included in the halfway house category are clients living in substance abuse halfway houses, correctional halfway houses, and transitional housing facilities.

Primary Substance at Admission by Outcome Variables at Follow-Up

In Tables 25 through 27, primary substance reported at admission is shown in relation to the three key outcome variables: abstinence, arrests, and employment or enrollment in an educational program. To protect the confidentiality of follow-up interview respondents, outcome data for the following primary substances reported at admission are grouped together in the “All Other Substances” category: heroin, other opiates and synthetics, non-prescription methadone, PCP, other hallucinogens, other amphetamine, other stimulants, benzodiazepines, other tranquilizers, barbiturates, other sedatives/hypnotics, inhalants, over-the-counter, steroids, ecstasy, oxycontin, other prescribed analgesics, and other substances. Presenting these data would identify some individuals.

The most frequently used primary substance at admission was alcohol, followed by marijuana. At follow-up, clients reporting alcohol as the primary substance at admission had the highest number of completed follow-up interviews (43.4%).

Some of the more interesting findings are reported below.

- **Abstinence:** Of the 627 clients who were interviewed, 83.3% indicated abstinence six months post admission. Eighty-four of 92 clients (91.3%) who indicated methamphetamine as the primary substance at admission were abstinent during the follow-up period, which is



statistically significantly higher abstinence than clients reporting other primary substances at admission (Fisher’s Exact Test, $p < 0.05$). Additionally, 225 of 272 clients (82.7%) who reported alcohol, 119 of 146 clients (81.5%) who indicated marijuana, and 53 of 65 clients (81.5%) who reported cocaine as the primary substance at admission were abstinent during the follow-up period.

- **No Arrests:** Five hundred eighty-seven clients (93.6%) were arrest-free six months post admission. Forty clients had been arrested: 19 clients who had an arrest indicated alcohol as the primary substance at admission, 11 clients reported marijuana, four clients indicated methamphetamine, four clients indicated cocaine, and two clients reported another primary substance.
- **Employment or Enrolled in an Educational Program:** Three hundred eighty-two clients (60.9%) were employed full or part-time or enrolled in an educational program at follow-up. At six months post admission, 64.4% of clients who indicated marijuana as the primary substance at admission were employed or enrolled in an educational program; 60.3% of the clients who reported alcohol, 55.4% of clients who indicated cocaine, and 55.4% of clients who reported methamphetamine were working full or part-time or enrolled in an educational program. Additionally, 71.2% of the 52 clients who reported another primary substance at admission were employed full or part-time or enrolled in an educational program at six months post admission.

Table 25 examines primary substance reported at admission in relation to abstinence at follow-up. Abstinence refers to no substance use during the follow-up period. Clients who reported methamphetamine as the primary substance at admission had significantly higher abstinence (91.3%) at follow-up compared to clients who reported other primary substances at admission (Fisher’s Exact Test, $p < 0.05$). Six months post admission, 82.7% of the clients who reported alcohol as the primary substance at admission and 81.5% of clients who reported cocaine and marijuana were abstinent.

Table 25. Primary Substance at Admission by Abstinence at Follow-Up

Primary Substance at Admission	Abstinence at Follow-Up % (N=627)
Methamphetamine	91.3 (84/92)
Marijuana	81.5 (119/146)
Alcohol	82.7 (225/272)
Cocaine	81.5 (53/65)
All Other Substances	78.8 (41/52)

Note: Data for six clients who completed the follow-up interview are excluded from this table due to missing admission data.



Table 26 examines primary substance at admission in relation to remaining arrest free at follow-up. For purposes of this report, clients were categorized as having one or more arrests in the previous six months at follow-up or having no arrests at follow-up. Nineteen clients who reported alcohol as the primary substance at admission, 11 clients who indicated marijuana, four clients who reported methamphetamine and four clients who indicated cocaine as the primary substances at admission, and two clients who indicated another substance as the primary substance at admission had been arrested at follow-up. There are no significant differences between arrests at follow-up and primary substance reported at admission (Fisher's Exact Test, $p > 0.05$).

Table 26. Primary Substance at Admission by No Arrests at Follow-Up

Primary Substance at Admission	No Arrests at Follow-Up % (N=627)
Methamphetamine	95.7 (88/92)
Marijuana	93.9 (135/146)
Alcohol	93.0 (253/272)
Cocaine	93.9 (61/65)
All Other Substances	96.2 (50/52)

Note: Data for six clients who completed the follow-up interview are excluded from this table due to missing admission data.

Table 27 describes primary substance at admission in relation to employment status or enrollment in an educational program at follow-up. For purposes of this report, clients were categorized as being employed (full or part-time) or enrolled in an educational program in the past 30 days at follow-up or not being employed or enrolled in an educational program at follow-up. At six months post admission, 64.4% of clients who indicated marijuana as the primary substance at admission were employed or enrolled in an educational program; 60.3% of the clients who reported alcohol, 55.4% of clients who indicated cocaine and methamphetamine were working full or part-time or enrolled in an educational program. There are no significant differences between employment or enrollment in an educational program at follow-up and primary substance reported at admission (Fisher's Exact Test, $p > 0.05$).

Table 27. Primary Substance at Admission by Employment or Enrollment in Educational Program at Follow-Up

Primary Substance at Admission	Employed (Full or Part-Time) or Enrolled in Educational Program at Follow-Up % (N=627)
Methamphetamine	55.4 (51/92)
Marijuana	64.4 (94/146)
Alcohol	60.3 (164/272)
Cocaine	55.4 (36/65)
All Other Substances	71.2 (37/52)

Note: Data for six clients who completed the follow-up interview are excluded from this table due to missing admission data.



Outcome Variables at Follow-Up by Discharge Status

Table 28 shows the three outcome variables for the follow-up interview (abstinence, arrests, and employment or enrollment in an educational program) by treatment discharge status. There are three discharge categories: successful; terminated (clients discharged from the program due to noncompliance or as a result of the client's decision to remove themselves from treatment program); and neutral (this category includes but is not limited to clients who were discharged due to: legal issues related to a sentence; transferring to another treatment program; or medical reasons). It is important to note that while some clients completed treatment or had been discharged prior to their follow-up interviews, other clients were still engaged in treatment at the time their interviews were conducted. Of the 1,231 discharged clients, 569 clients completed the follow-up interview. Sixty-four clients who completed their follow-up interviews were still receiving treatment when the evaluation concluded and therefore are not included in Table 28. It is also important to note that clients who were successfully discharged comprise the majority of clients interviewed: 52.5% of clients in Table 28.

Five hundred sixty-nine discharged clients are represented in Table 28. Of these, 299 clients (52.5%) were discharged as successful cases and 270 clients (47.5%) did not successfully complete the treatment program. Of the 270 clients who did not complete treatment, 166 were terminated and 104 were neutral discharges. Of the 569 discharged clients who were interviewed: 92.6% of the successfully discharged clients were abstinent; 96% had not been arrested; and 65.6% were working full or part-time or enrolled in an education program at follow-up. There are statistically significant differences between clients who were discharged successfully and those who did not complete the treatment program for the three outcome variables: successfully discharged clients were significantly more likely to be abstinent (Fisher's Exact Test, $p < 0.0001$), more likely to be arrest-free (Fisher's Exact Test, $p < 0.05$), and more likely to be employed or enrolled in an educational program (Fisher's Exact Test, $p < 0.01$) than clients who did not complete the program.

Table 28. Outcomes by Discharge Status at Follow-Up

Discharge Status	N	Abstinence % (N)	No Arrests % (N)	Employed (Full or Part-Time) Or Enrolled in Educational Program % (N)
Successful Completion	299	92.6 (277)***	96.0 (287)*	65.6 (196)**
Terminated	166	72.9 (121)	89.8 (149)	51.2 (85)
Neutral Discharge	104	75.0 (78)	91.3 (95)	56.7 (59)
Total	569	83.7 (476)	93.3 (531)	59.8 (340)

*Statistically significant (Fisher's Exact Test, $p < 0.05$).

**Statistically significant (Fisher's Exact Test, $p < 0.01$).

***Statistically significant (Fisher's Exact Test, $p < 0.0001$).

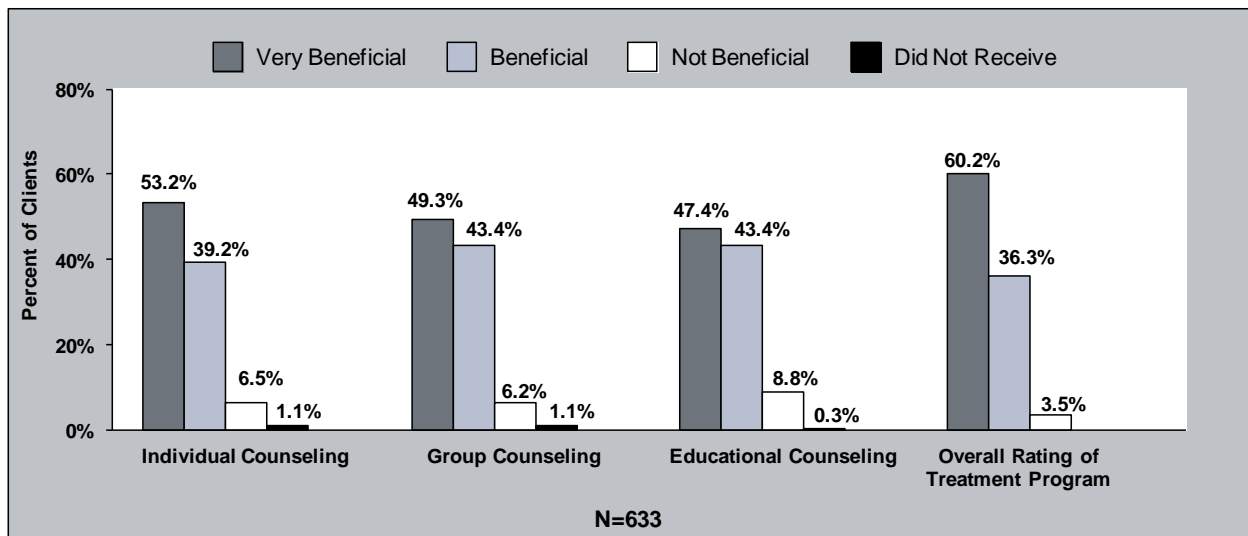


Clients' Perceived Benefits

Figure 14 displays clients' responses when asked their opinion at follow-up of the various types of treatment received in the Jail-Based Substance Abuse Treatment Program. Also included are comments made by clients. In general, clients had very positive feedback regarding the treatment program.

In Figure 14, results from 633 completed follow-up interviews at six months post admission indicate that 611 of the clients (96.5%) feel that the Jail-Based Treatment Program was either very beneficial or beneficial overall.

Figure 14. Perceived Benefit of Counseling at Follow-Up Interview



Note: Due to rounding, percentages may not add up to exactly 100%.

Client Comments

“For me, going through the Jail Treatment Program saved my life.
My counselor was amazing.”

“I really wish this program could continue. If it can help me, it can help anyone.”

“It saved my life. They gave me everything I needed. I was a true heroin addict and this program helped me figure out what I want in life and where I want to be. I couldn't have done it without the Jail Treatment Program. I wouldn't be here now.”

“I've been an addict all my life and after this program this is the first time I've been clean and sober while out in society.”

“Being incarcerated while doing treatment took away a lot of distractions and helped me focus on my treatment.”

“The Jail Treatment Program made me really look at myself. It was better than any program I've ever been in.”

“This program saved my life and showed me a much better way to live.”



CRIMINAL THINKING ASSESSMENT

Agency staff administer the Criminal Thinking Scales developed by Texas Christian University (TCU), Institute of Behavioral Research; (Simpson, D. D. & Hiller, M. (1999). *TCU data collection forms for correctional outpatient treatment*. Fort Worth: Texas Christian University, Institute of Behavioral Research. [On-line]. Available: www.ibr.tcu.edu). The survey is administered to clients at admission, jail release, and three months post-jail release. The two-page instrument contains 37 items and measures six criminal thinking scales: entitlement, justification, power orientation, cold heartedness, criminal rationalization, and personal irresponsibility. Scores are obtained by averaging the ratings on items that make up each scale (after reversing scores on reflected items), and then multiplying this mean score by 10 in order to rescale the final scores that range from 10 to 50. Higher scores are stronger indications of the corresponding personality characteristic. The Consortium developed a software application for scoring the instrument.

Entitlement conveys a sense of ownership and privilege, and misidentifies wants as needs. Offenders who score high on the entitlement scale believe that the world “owes them” and they deserve special consideration.

Justification reflects a thinking pattern characterized by the offender minimizing the seriousness of antisocial acts and by justifying actions based on external circumstances. High scores on this scale suggest that antisocial acts are justified because of perceived social injustice.

Power Orientation is a measure of need for power and control. Offenders who score high on this scale typically show an outward display of aggression in an attempt to control their external environment and they try to achieve a sense of power by manipulating others.

Cold Heartedness addresses callousness and high scores on this scale reflect a lack of emotional involvement in relationships with others.

Criminal Rationalization displays a generally negative attitude toward the law and authority figures. Offenders who score high on this scale view their behaviors as being no different than the criminal acts they believe are committed every day by authority figures.

Personal Irresponsibility assesses the degree to which an offender is willing to accept ownership for criminal actions. High scores suggest an offender’s unwillingness to accept responsibility and are associated with the offender casting blame on others.

One thousand one hundred fifty-eight clients completed the criminal thinking survey at admission, 822 clients completed the survey at jail release, and 170 clients completed the survey three months post-jail release. Table 29, on the following page, shows the mean score for each of the six criminal thinking scales at the three survey points. The highest mean scores at all three data collection points were on the criminal rationalization scale, with mean scores of 26.4 at admission, 24.4 at jail release, and 24.0 at three months post-jail release. Clients scored lowest on the entitlement scale averaging 17.9 at admission, 16.7 at jail release, and 17.0 at three months post-jail release.



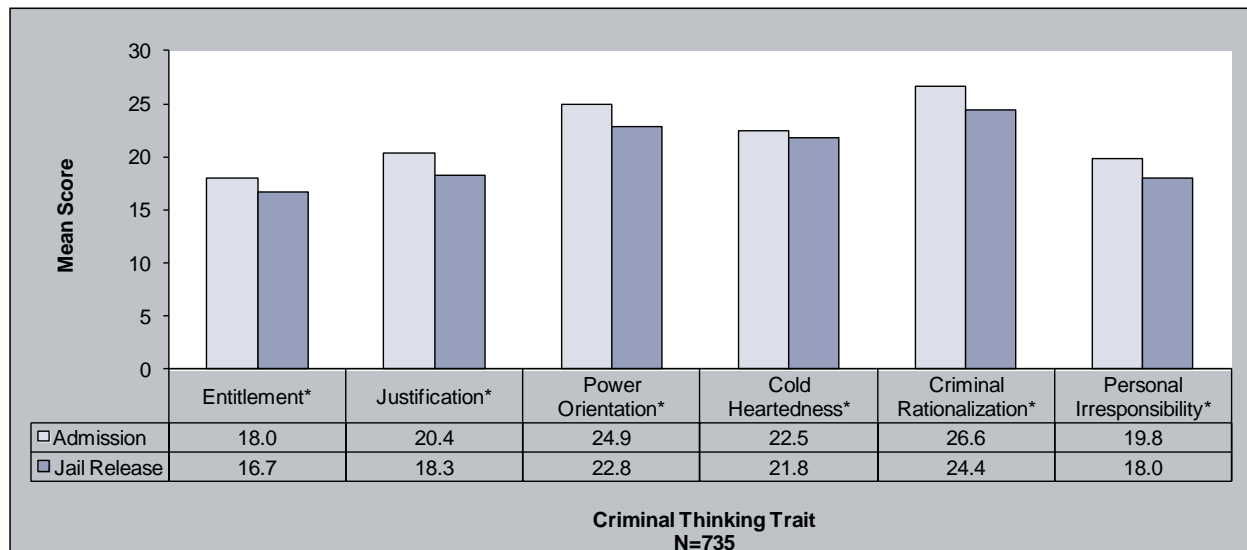
Table 29. Criminal Thinking Scale Mean Scores

Criminal Thinking Scale	Mean Score for All Clients at Admission (N=1,158)	Mean Score for All Clients at Jail Release (N=822)	Mean Score for All Clients at Three Months Post-Jail Release (N=170)
Entitlement	17.9	16.7	17.0
Justification	20.3	18.2	18.4
Power Orientation	24.8	22.7	22.6
Cold Heartedness	22.1	21.7	23.3
Criminal Rationalization	26.4	24.4	24.0
Personal Irresponsibility	19.7	18.0	18.6

Note: Higher scores are stronger indications of the corresponding personality trait. Not all clients complete surveys. To the extent that this causes a bias in the sample, comparisons may not reflect clients in the Jail-Based Substance Abuse Treatment Program as a whole.

Seven hundred thirty-five clients completed the survey at both admission and jail release. Figure 6 shows the comparison of the mean scores for the six criminal thinking scales for the 753 clients who completed the survey at *both* admission and jail release. Analyses indicate there are highly statistically significant changes in mean scores from admission to jail release for all of the six criminal thinking scales (Wilcoxon Tests), indicating a reduction in criminal thinking for entitlement, justification, power orientation, cold heartedness, criminal rationalization, and personal irresponsibility.

Figure 15. Change in Criminal Thinking from Admission to Jail Release



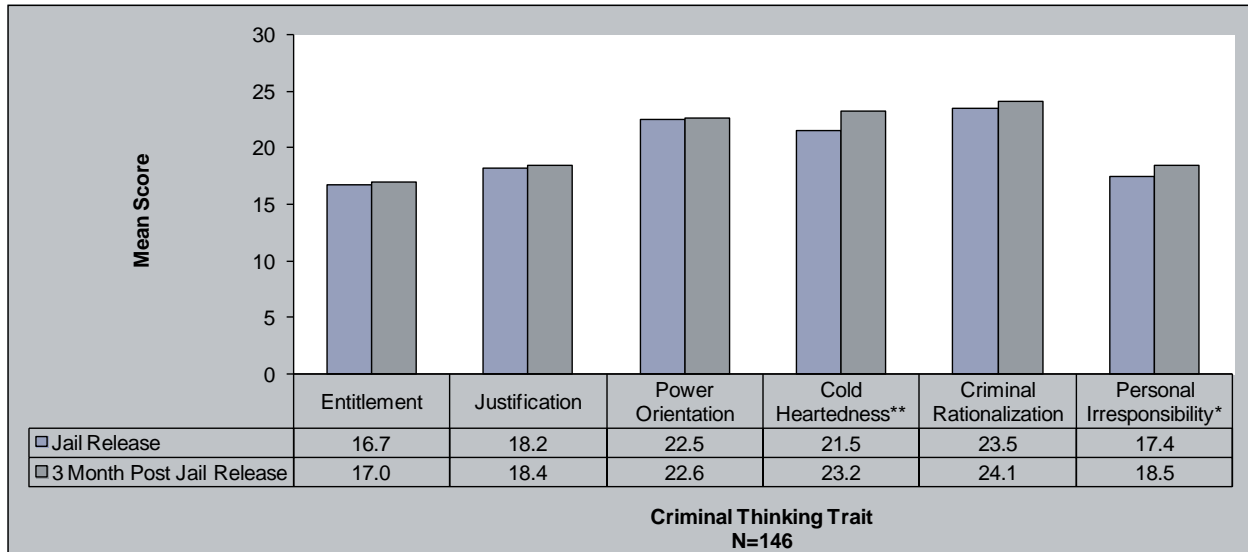
Note: Higher scores are stronger indications of the corresponding personality trait. Not all clients complete surveys. To the extent that this causes a bias in the sample, comparisons may not reflect clients in the Jail-Based Substance Abuse Treatment Program as a whole.

*Statistically significant (Wilcoxon Test, $p < 0.0001$).



One hundred forty-six clients have completed the survey at both jail release and three months post-jail release. Figure 16 shows the comparison of the mean scores for the six criminal thinking scales for the 146 clients who completed the survey at *both* jail release and three months post-jail release. Analyses indicate there are statistically significant changes in the mean scores from jail release to three months post-jail release for two of the six criminal thinking scales (Wilcoxon Test), indicating an increase in criminal thinking for cold heartedness and personal irresponsibility.

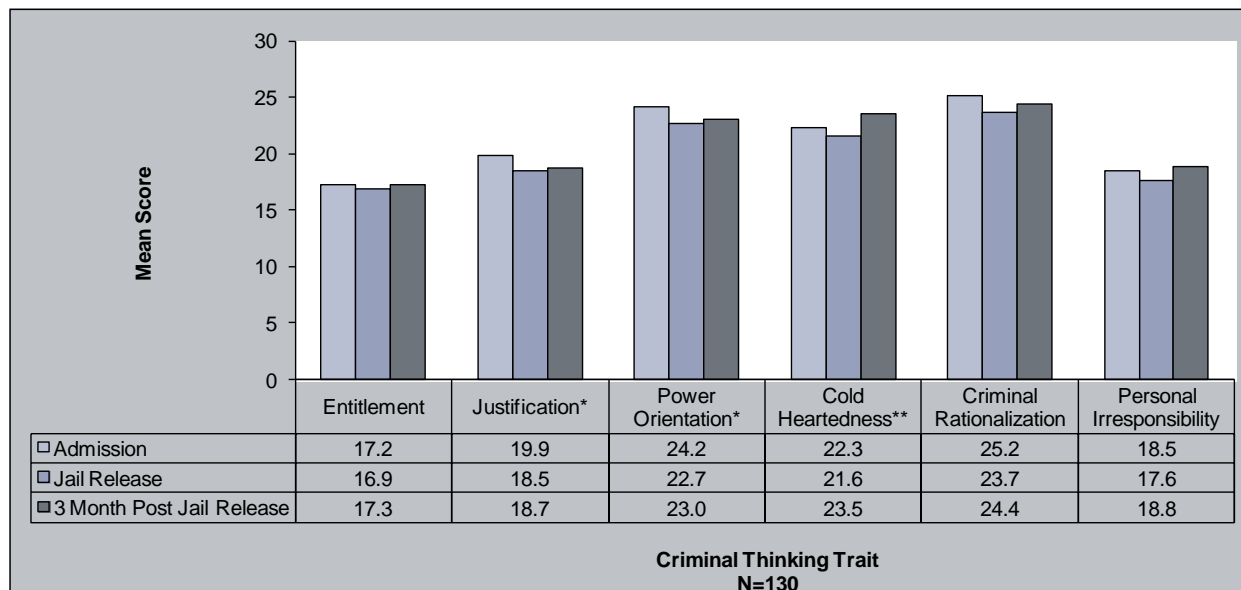
Figure 16. Change in Criminal Thinking from Jail Release to Three Months Post-Jail Release



Note: Higher scores are stronger indications of the corresponding personality trait.
 Not all clients complete surveys. To the extent that this causes a bias in the sample, comparisons may not reflect clients in the Jail-Based Substance Abuse Treatment Program as a whole.
 *Statistically significant (Wilcoxon Test, $p < 0.01$).
 **Statistically significant (Wilcoxon Test, $p < 0.0001$).

One hundred thirty clients have completed the criminal thinking survey at the three survey points: admission, jail release, and three months post-jail release. Figure 17 shows the comparison of the mean scores for the six criminal thinking scales at the three survey points. Analyses indicate there are statistically significant changes in the mean score from admission to three months post-jail release for three of the six criminal thinking scales (Wilcoxon Tests), indicating a reduction in criminal thinking for justification and power orientation, however an increase in criminal thinking for cold heartedness.

Figure 17. Change in Criminal Thinking at Admission, Jail Release, and Three Months Post-Jail Release



Note: Higher scores are stronger indications of the corresponding personality trait.
 Not all clients complete surveys. To the extent that this causes a bias in the sample, comparisons may not reflect clients in the Jail-Based Substance Abuse Treatment Program as a whole.
 *Statistically significant (Wilcoxon Test, $p < 0.05$).
 **Statistically significant (Wilcoxon Test, $p < 0.01$).

RECOVERY SUPPORT SERVICES AND FAMILY INVOLVEMENT

For clients admitted to the Jail Treatment Program October 1, 2010 and later, substance abuse treatment providers documented the client’s referral to recovery support services as well as the services provided to each client’s family members. Data for recovery support services and family involvement are reported for the 352 clients admitted between October 1, 2010 and September 30, 2011.

Recovery Support Services

Recovery support services are nonclinical services that assist individuals and families to recover from alcohol and/or drug problems. They include social support, linkage to and coordination among allied service providers, and a full range of human services that facilitate recovery and wellness, ultimately contributing to an improved quality of life. Clients in the Jail Treatment



Program can be referred for recovery support services when they begin the outpatient component of the treatment program. Recovery support services included (but were not limited to) the following:

- Dental services
- Employment counseling
- Family education
- Financial counseling
- Gambling therapy
- Housing assistance
- Individual family therapy
- Integrated therapy
- Life skills coaching
- Medical services
- Mental health services
- Multiple family group therapy
- Native American healing
- Pharmacological interventions
- Recovery peer coaching
- Spiritual counseling (Other than AA, NA or similar support group)

One hundred eighty-nine of the 352 clients (53.7%) admitted between October 1, 2010 and September 30, 2011 were referred for recovery support services. One hundred thirty-nine of the 189 clients (73.5%) referred attended at least one appointment or session. Recovery support referrals are unknown for 163 clients. Table 21 shows the number of clients referred for each type of recovery support service and the number of clients who have attended at least one appointment or session. Clients may be referred for and receive multiple types of services.

Table 21. Recovery Support Services Referred and Received

Type of Service	Number of Clients Referred N=189*	Percent and Number of Clients Attending At Least One Session/Appointment*
Dental Services	1	0.0 (0)
Employment Counseling	34	82.4 (28)
Family Education	26	26.9 (7)
Financial Counseling	3	66.7 (2)
Gambling Therapy	0	NA
Housing Assistance	69	72.5 (50)
Individual Family Therapy	3	66.7 (2)
Integrated Therapy	1	100.0 (1)
Life Skills Coaching	83	95.2 (79)
Medical Services	5	60.0 (3)
Mental Health Services	35	51.4 (18)
Multiple Family Group Therapy	52	51.9 (27)
Native American Healing	0	NA
Pharmacological Interventions	13	69.2 (9)
Recovery Peer Coaching	13	46.2 (6)
Spiritual Counseling	3	66.7 (2)
Other	86	70.9 (61)

*Clients may be referred for and receive multiple services, therefore the sum of the services may exceed the total number of clients.



Family Involvement

Beginning October 1, 2010, when clients were admitted to the Jail Treatment Program, treatment providers were expected to seek the involvement of each offender's family members in the treatment process (when appropriate). In the event that family members were unable or unwilling to participate, providers documented the reasons family members were not involved. Family involvement and education offered by treatment providers to clients' families include (but were not limited to):

- Alternatives to substance abuse and criminal thinking
- Information dissemination to client family members
- Substance abuse and criminal thinking education
- Youth mentoring services for children of clients

Forty-six of the 352 clients (13.1%) had family involvement in their treatment process. Table 22 shows the services received by family members. Eighteen clients did not have family involvement due to clients declining to involve family members or clients not offered family services due to clinical judgment. Family involvement is unknown for the remaining 288 clients.

Table 22. Family Involvement

Type of Service	Number of Clients With Family Members Receiving Service N=46*
Alternatives to substance abuse and criminal thinking	24
Information dissemination to client family members	27
Substance abuse and criminal thinking education	40
Youth mentoring for children of client	1
Other	2

*Family members of clients may receive multiples types of services, therefore the total number of services received exceeds the number of clients with family involvement.

