KORTOS Frequently Asked Questions

Revised 10/01/2014

What is KORTOS?

The Kentucky Opiate Replacement Treatment Outcome Study (KORTOS) examines adults' (ages 18 and over) change in key factors from 12 months before entering the Kentucky opiate treatment programs (OTP) to 6 months after program entry. The study is designed and managed by the University of Kentucky Center on Drug and Alcohol Research (UK CDAR) in collaboration with the Division of Behavioral Health.

How does KORTOS benefit my program?

Findings from KORTOS show Kentucky OTPs improve clients' lives through decreased substance use, reductions in mental health symptoms, and improved employment status. Research findings help combat myths and misinformation about clients in OTPs. KORTOS provides accurate ways to report statewide and region-specific findings to providers, the public, and to legislators. Many OTPs providers find the range of questions on the KORTOS intake interview to be very helpful for learning more about their clients. For example, clinicians can easily and quickly generate a substance abuse assessment narrative report from the data collected in the intake interview.

What is the benefit of state-specific data rather than national data?

National data is always important but many state lawmakers want to see Kentucky specific data which helps show how OTPs benefit the state. KORTOS is showing that these programs are helping people and saving the state money. Furthermore, findings show that individuals around the state use different substances in different ways and their responses to treatment vary. Programs sometimes request region-level data and reports to answer specific questions raised by community members, policy makers, and funding agencies.

How is data collected from clients?

Intake information is collected from every client that enters a Kentucky licensed OTP when they begin the program. The clinician (or staff member) completes the intake interview using the KORTOS Client Information System (CIS), which is an online secure system that sends the encrypted information to UK CDAR electronically. At the end of the intake, clients have the opportunity to agree to participate in a 6-month follow-up interview by phone with UK CDAR staff. The follow-up information is confidential and secure; the study has a Federal Certificate of Confidentiality, which protects the researchers from being compelled to release identifying data, even under court order. Clients are paid for completing the follow-up interview.

How can I use the KORTOS data that is collected for each client?

Based on data collected in the intake interview, the KORTOS CIS provides substance abuse assessment narrative reports to clinicians. These narrative reports summarize the answers from the intake interview in an easy-to-read format and provide a recommendation for ASAM level of care. The reports can be edited by the clinician to meet the specific needs of each client and program. Providers in several OTPs say they are using the substance abuse assessment reports as an additional piece of health information for the client's medical record. Some OTPs use the narrative as a guideline during program planning with their clients. Others found information collected in the interviews to be useful in helping clients clarify their goals for treatment.

Where can I see how the KORTOS data that I collect is used?

In addition to the annual outcome report which provides detailed statewide findings on changes in key factors from treatment entry to 6 months after program entry, UK CDAR produces other documents that present the study's findings each year. A one-page fact sheet grabs the reader's attention with short, useful sound bites from the annual report while the Findings at a Glance format provides a 4-5 page brief summary of the report with more graphs and detail. These documents can be easily accessed on the website cdar.uky.edu/bhos. Also, regional and site-specific reports show how well particular OTPs serve clients in their communities and can draw attention to what is happening in particular regions of the state.

Why do we have to collect data every year?

It's important to collect data for the study each year to highlight emerging trends and because more recent data is needed to show current drug use patterns and treatment outcomes, which can help to inform policy changes.

What if clients do not want to participate?

All clients complete intake interviews when they enter treatment. However, participation in the follow-up portion of the study is voluntary. Clients who volunteer and complete the follow-up interview provide important information about the program's effectiveness.

What if I need any help with the Client Information System (CIS)?

We are here to help you! We understand that clinicians and staff members are busy and have many demands on their time. We are here to make the data collection process as smooth as possible. UK CDAR wants the CIS to be easy, educational, and beneficial in the treatment of Kentucky's OTP clients. If you have any suggestions to improve the intake interview or CIS, or you have any other comments or feedback, we would love to hear them!

If you have any questions on the CIS or require technical support, please do not hesitate to contact Jeb Messer at (859) 257-1400 or jeb.messer@uky.edu. Questions pertaining to the KTOS study can be directed to Dr. TK Logan at (859) 257-8248 or tklogan@uky.edu.