KTOS Client Information System

A Collaboration between the Department for Behavioral Health, Developmental and Intellectual Disabilities and the University of Kentucky Center on Drug and Alcohol Research

Revised October 2014
What is the Kentucky Treatment Outcome Study?

**KTOS** is a research study designed to measure changes for several key risk factors for adults who participate in Kentucky’s substance abuse treatment services using an evidence based assessment.

**AKTOS** is a similar research study designed to measure changes for adolescents who participate in Kentucky’s substance abuse treatment services using an evidence based assessment.

Theses studies help to answer key questions posed by legislators, funding agencies, families, and clients on the status of clients 12 months after intake in regards to:

- ✓ Substance use
- ✓ Employment
- ✓ Mental health problems
- ✓ Victimization and trauma
- ✓ Criminal justice involvement
- ✓ Quality of life
- ✓ School attendance and performance
- ✓ Recovery supports
Why are you asked to do this?

- There are increasing demands from federal and state governments for evidence that programs actually achieve desired outcomes.
- Limited and inaccurate information circulates in the media about substance abuse treatment.
- This data collection program will help counteract myths and misinformation. It will provide accurate ways to report Kentucky-specific findings to providers, the public, and to policymakers.

Why do this every year?

- KTOS and AKTOS provide up-to-date regional and state data on substance abuse trends and treatment outcomes.
- Key trends in substance use and policy needs fluctuate annually depending on economic and sociopolitical issues.
Trends in Heroin and Prescription Opiate Use

In 2012, the state legislature passed House Bill 1 which requires physicians to use the KASPER prescription drug monitoring system in order to track how often and how much controlled substances are being prescribed. As a result of this recent drug control policy change, prescription opiates are more difficult to obtain. However, while heroin use has remained relatively low over the past several years, it is widely presumed that heroin is making a resurgence in many areas of the state because of its ease to access.

Non-medical use of prescription drugs is a continuing health concern for the United States and especially for areas like Kentucky. In fact, Kentucky is tied for second in the U.S. for the highest rate of deaths from drug overdose (24.6 per 100,000\(^a\)), the majority stemming opioids.

Of the 765 drug-related death cases autopsied by the Kentucky Medical Examiner’s Office in 2014:\(^a\):

- Morphine was detected in **41%**
- Heroin was detected in **29%**
- Hydrocodone was detected in **21%**

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Note: Clients who reported being in a controlled environment all 12 months before entering treatment are not included in this analysis. Buprenorphine was added to the assessment in FY 10; therefore, only 1,633 were asked about buprenorphine use.


\(^a\) Rates include drug overdose deaths, for 2011-2013, a three-year average.


Reports and Data Analysis

• Annual reports are provided for the KTOS study with the sample of clients who complete a follow-up interview.
  • AKTOS reports are provided every two years.

• All annual reports, fact sheets, and at-a-glance findings can be downloaded from: http://cdar.uky.edu/bhos.

• Also available from the website are informational materials including:
  • Client Follow-Up Flyer (explaining study to clients)
  • Client consent form
  • Evidence based summary and report
  • PDF-version of intake interview
  • Website training information
Instrument Development

• KTOS and AKTOS are both robust, pragmatic, reliable, and valid evidence-based assessments.

• The instrument is made up of **five core components** each with strong reliability and validity research support and **three supplemental components**, most of which have strong reliability and validity research support
  • AKTOS is made up of five core components and two supplemental components

• KTOS and AKTOS focus on **dynamic or changeable factors** that are **sensitive to individual-level change** over time allowing recovery outcomes to be measured

• KTOS and AKTOS are appropriate for the **context of Kentucky** and include measures that consider the unique features of Kentucky and of an adult or adolescent substance abuse treatment population
Although Kentucky is represented in a few national datasets, those national studies do not provide the state, county- and regional-level data and those national surveys do not consider or account for Kentucky’s unique cultural context.
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![Kentucky in Context](image)

**Kentucky in Context**

The AKTOS assessment was originally developed to consider the unique features of Kentucky and has been revised frequently after data analysis and feedback from users and other stakeholders to consider the unique context of Kentucky.

**Kentucky ranks among the highest in the nation for drug overdose deaths and smoking:**

<table>
<thead>
<tr>
<th>Drug Overdose Deaths Among 12- to 25-Year Olds</th>
<th>Smoking Rates Among High School Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>7th highest in the nation for</td>
<td>3rd highest in the nation for</td>
</tr>
</tbody>
</table>

**Kentucky ranks as one of the unhealthiest states in the nation:**

<table>
<thead>
<tr>
<th>Preventable Hospitalizations</th>
<th>Cancer Deaths</th>
<th>Premature Deaths</th>
<th>Cardiovascular Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>50th in the nation for</td>
<td>50th in the nation for</td>
<td>47th in the nation for</td>
<td>43rd in the nation for</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Obesity</td>
<td>Premature Deaths</td>
<td>Cardiovascular Deaths</td>
</tr>
<tr>
<td>45th in the nation for</td>
<td>44th in the nation for</td>
<td></td>
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</tr>
</tbody>
</table>

**Kentucky also ranks as one of the highest in the nation for the number of disability recipients as well as the number of children in poverty:**

<table>
<thead>
<tr>
<th>Disability Among 15-20 Year Olds</th>
<th>Children in Poverty</th>
<th>Financial Well-Being</th>
<th>Economic Opportunity</th>
</tr>
</thead>
<tbody>
<tr>
<td>4th highest in the nation for</td>
<td>Kentucky ranks as one of the states with the lowest financial well-being (which considers having enough money for food, health care, and people’s perceived standard of living) and economic opportunity.</td>
<td>46th in the nation for</td>
<td>48th in the nation for</td>
</tr>
<tr>
<td>2nd highest in the nation for</td>
<td></td>
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</tbody>
</table>

Source: United Health Foundation, 2015; CDC, 2016
Source: Gallup Health, 2014; Hess et al., 2015; Social Security Administration, 2011; United Health Foundation, 2015
Intake Interview Data: Key Elements

- **KTOS** takes about 30 mins and focuses on five core domains:
  - Substance use
  - Mental health
  - Victimization and Trauma
  - Criminal Justice Involvement
  - Quality of Life
- And three supplemental domains:
  - Health and Stress-Related Health Consequences
  - Economic and Living Circumstances
  - Recovery Supports

- **AKTOS** takes about 30 mins and focuses on five core domains:
  - Substance use
  - Mental health
  - School Attendance and Performance
  - Justice System Involvement
  - Adverse Childhood Experiences
- And two supplemental domains:
  - Parental Involvement
  - Recovery Supports
Intake Interview Data: Overview

Intake data are **collected once** on each client at the beginning of a **NEW** treatment episode

- within the first **72 hours** for inpatient/residential
- within the first **3 sessions** for outpatient/IOP

- There is **NO compensation** and **NO research consent forms** for *intake interviews* since the interview is considered part of intake into treatment.

- Intake data is considered treatment program data.
Intake Interview Data: Overview

Intake interview data is entered into the Client Information System (CIS) website.

- The CIS is an online secure system that sends the intake information to UK CDAR electronically.
- All responses to the intake interview are separated in the database from client identifiers and are secured and encrypted.

For the research study, the intake interview data is combined with the follow-up data for those clients who complete a follow-up interview in order to generate the outcomes presented in the reports.
Follow-up Interviews

- At the end of the intake interview, clients are asked to volunteer for the follow-up part of the study which consists of a 15-20 minute telephone interview about 12 months later.
  - This is the “research” part of the study. Client participation is completely voluntary. There is compensation and a consent form for the follow-up interview.
  - Clients give their consent to participate using an electronic consent form on the web survey, which is approved by the UK Medical Institutional Review Board (IRB).
  - Questions on the follow-up survey are very similar to the questions on the intake interview.
Follow-up Interviews

- UK CDAR contacts clients for the “UK Health Follow-up Study” to see how they are doing after treatment.
  - No information is revealed about the client as UK tries to reach individuals for the interview. We do not tell anyone that the client was in treatment. It is just referred to as the UK Health Follow-up Study.
  - Those clients who volunteer and complete the follow-up interview are paid $20 by check from UK.
  - One way to provide information about the follow-up interview to clients is to distribute participant flyers.
Participant Flyer

KTOS University of Kentucky Health Follow Up Study

What will I do?
In about 12 months, we may contact you to do a quick 15 minute phone survey. In the survey we will ask you to:
• Tell us what you liked and didn’t like about your treatment
• Tell us how you think the program could be better
• Tell us how you are doing

Your opinions matter!
For just 15 minutes of your time, you can help make treatment programs in Kentucky better.
Let your voice be heard.

How do I sign up?
All we need is:
• Your agreement to be in the study
• The best phone number to reach you
• An address where you get mail
None of your information will ever be given out and we’re not a part of your treatment program.

Who will see my answers?
No one.
Not even your family, partner, or counselor will know what you say.
Your name is never attached to your answers so they can’t be traced back to you.

Why should I trust that my information will stay private?
UK has a Federal Certificate of Confidentiality for this project. This means we can’t be forced to give out any of your information, even under a court subpoena.

How do I know this is real?
Check out our website: cdar.uky.edu/KTOS
Or you can call Dr. TK Logan at 1-666-314-9549 with any questions or concerns.

• Access copies to distribute to clients from cdar.uky.edu/bhos.

• Go to KTOS at top of webpage then to Participant Flyer in the list.
Participant Flyer

AKTOS University of Kentucky Health Follow-Up Study
Your opinions matter!

What will I do?
In about 12 months, we may contact you to do a quick 20 minute phone survey. In the survey, we will ask you to:

- Tell us what you liked and didn’t like about your treatment
- Tell us how you think it could be better
- Tell us how you are doing

Let your voice be heard!

How do I sign-up?
You won’t need your parent or guardian’s permission to sign-up.

All we need is:
- Your agreement to be in the study
- The best phone number to reach you
- An address where you get mail

None of your information will ever be given out and we’re not a part of your treatment program.

Many others just like you have already finished the survey.

Join them today!

How do I know this is real?
Check us out on Facebook!
www.facebook.com/aktos.ktos
You can also call Dr. TK Logan at 1-866-304-5467 with any questions or concerns.

Access copies to distribute to clients from cdar.uky.edu/bhos.

Go to AKTOS at top of webpage then to Participant Flyer in the list.
Follow-up Interview

- Follow-up interviews are conducted by staff at UK CDAR, who inform clients that they operate independently from the treatment program
  - Lack of affiliation with the interviewers ensures more accurate reporting
- Staff are highly trained and monitored on an ongoing basis by Dr. Logan
- Follow-up study is voluntary but has a high follow-up rate
  - Every client’s treatment experience is unique and important to be included in the study, and the interviewers invest substantial time and effort to reach every client who agrees to participate and who was selected for the study
  - Upon making contact with the client, the interviewers will re-consent the client, making sure that they still want to participate in the study
Follow-up Interview Protections

• Confidentiality protections
  • The study is approved by the UK Human Subjects Review Board and the Cabinet for Health and Family Services Human Subjects Review Board
  • All responses to the follow-up interview are separated in the database from client identifiers and are secured and encrypted.
  • A *Federal Certificate of Confidentiality* ensures identifying information about clients can never be revealed, even under a subpoena. The data are completely anonymous and secure.
Follow-up Consent – Contact Information

• If the client wants to participate in the follow-up it is important to:
  • Accurately record names, addresses, telephone numbers and relationship to client (all required) for at least one and preferably two contacts.
  • A female relative usually always knows where the client is.
    • Be sure to let clients know that contacts are only made with these folks as a way to locate the client, not to discuss any aspect of the survey or treatment.
• If consent is not given, mark appropriate response and click “next.”
• Remember, the survey will only be saved and submitted if the “Submit” button is clicked at the conclusion of the interview.
KTOS/AKTOS Study Wrap-up

- Questions?
KTOS Client Information System (CIS)
The next group of slides provides an overview of the KTOS Client Information System and the Client Self-Report Substance Abuse Assessment with ASAM Recommended Levels of Care.

This PowerPoint will show you:

- how to acquire an ID and password for the Client Information System
- how to enter a KTOS Intake Interview for a client
- how to use features in the KTOS Client Information System
- how to download Client Self-Report Substance Abuse Assessments
Logging In

• The KTOS Client Information System requires users to have a unique case-sensitive ID and password.

• To obtain an ID and password, you must contact your Regional Manager, Supervisor or Program Director who is responsible for assignments.

• Once you have your ID and password, you may log on to the system using your assigned ID and password at https://ukcdar.uky.edu/KTOSBaseline/
Terms of Use

By logging into the Client Information System, you agree to the Terms of Use for the system. These terms describe who is allowed to use the system and highlight that the ASAM recommendation is based on user entered information.
Home Screen

After logging in, the Home Screen appears. The Home Screen provides links to useful areas of the website and also provides notifications and system alerts on the right-hand side of the page.
From the Home Screen, you may enter a new intake interview by clicking on the link “Enter a new Baseline Interview” under “Clients” in the list on the left side of the page.
KTOS Intake Interview

Here you will enter the client information into the KTOS Intake Interview just like you did before.

Create New Client

Counselor, please answer the following questions before beginning the interview with the client. If your client is 17 or younger, please exit and open the Adolescent KTOS program instead.

All client information is confidential (with identifiers stored separately from intake responses), is encrypted (or scrambled) such that only those with a specific key can read them, and can only be accessed by authorized staff. This information is used for matching service event data.

Client’s name:

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What is the client’s date of birth?
KTOS Intake Interview

At the conclusion of the interview be sure to click the **Submit** button to record all of the interview responses.
Once you complete a KTOS Intake Interview, you can click on the “Home” link that appears on the final submission screen to return you to the Home Screen. You may also immediately request the narrative report for the client or enter another intake interview from this screen.
Home Screen

From the Home Screen you can also access the Client List. The client list is also called **Completed Baselines** and will show you a list of those clients for whom you have completed an intake interview.
Home Screen - Client List

From the Client List (or Completed Intakes) screen, you can see each client that has completed an intake interview.
Home Screen – Incomplete Intakes

A feature of the KTOS Client Information System is the Incomplete Intakes screen. This list will show you those interviews that you chose to “Resume Later.”
Resuming an Interview Later

At the bottom-left of each interview question page, you will see a button called “Resume later.” Clicking this button will save all of the interview responses up to that point and place the client on the “Incomplete Intakes” screen.

You may return to an incomplete intake and complete it within 14 days of when you chose to resume later. After 14 days, the interview will not appear on the Incomplete Intakes screen anymore, and you will need to begin the interview from the beginning with the client.
Resuming an Interview Later

After clicking the “Resume later” button, you will see the “Baseline Saved” screen, which will indicate that the interview was saved on the “Incomplete Intakes” screen. Again, the interview will only be saved for 14 days from the day you chose to resume later.
Resuming an Interview Later

To resume the interview within 14 days, go to the Incomplete Intakes screen, locate the client, and then click “Resume Intake” to the right of the client. The interview will begin from the page where you left off. Once the interview is completed, the client will now be listed on the “Completed Intakes” screen.
Home Screen - Client List

Also from the Client List screen, you can access the narrative report for each client that has completed an intake interview. Clicking this link will send a request to the system to generate that client’s Self-Report Substance Abuse Assessment based on the client’s KTOS interview responses.
Generating the Report

Once you select the report link, the Client Self-Report Substance Abuse Assessment will be requested from the system. For security purposes, each report is generated upon request, thus it can take up to 5 minutes to generate the report. On average it takes around 1 minute for the report to be generated.

Requesting Report for Bob Smith

It will take up to 5 minutes for the report to be generated. This page will automatically update once the report is ready to download.

- PDF Interview
- Consent Form
- More Information
Saving the Client Self-Report Substance Abuse Assessment

After the report generation has completed, a link will appear titled “KTOS Baseline Report.” To save this file to your computer, right click on the link “Save link as...” or “Save target as...” and select a location on your computer to save the file.
Report Timing Out

For security and confidentiality reasons, the Client Self-Report Substance Abuse Assessment report is only available to download for 10 minutes. If you do not download and save it within 10 minutes of creating the report, you will need to go back through the process to request and generate the report again.
Locating a Client - Sorting

Clients are listed in order by most recent intake interview date to oldest intake interview date.

You may click any column name to sort by that column to help locate a client by first name, last name, or SSN.
Locating a Client - Searching

Clients are listed in order by most recent intake interview date to oldest intake interview date.

To locate a client is to search for them by entering an interview date, first name, last name, or SSN into the white boxes below each of the column names.

Type some or all of the information that you know into the box for the column that you’re searching and then press the ENTER key or click out of the white box to run the search.

To return to the full list of clients, erase what you typed into the white box and then press ENTER or click out of the white box.
Program Management
Elements
Program Manager Options – Home Screen

- When you log in as Program Manager, the home screen displays **All Clients** for the region.
- You can perform the same functions from the client lists as described in the training for clinicians.
- In addition, there are several administrative functions which can be accessed and performed from this screen.
User Management

• Clicking on the Actions tab at the top of the screen brings down a list of options.
• Clicking on User Management brings up a screen of authorized users for the site. The list includes all clinicians and administrators.
• From here, you can view, edit, and add authorized users for the system.
User Management – Create New Users

• When you click on Create User from the User Management screen, you will see the screen below. You must fill out all fields completely and then click on Create to add the new user.

• User name should be First Initial and Last name with no spaces, and passwords should be at least 8 characters with some mixture of capital and lower case letters (they are case sensitive!). **We highly recommend using a random password generator for maximum security.** [www.freepasswordgenerator.com](http://www.freepasswordgenerator.com) is a reliable source.
User Management – Deleting Users

• To delete a current user (as in the case of a staff resignation), locate the desired clinician from the user list displayed under the User Management tab and click on the Delete icon (small red “x” shown below).

• The system will ask if you are sure you want to delete the item. If so, click yes and clinician will be removed.
Mid-Level Reporting

View Mid-Level Reports to see summary counts of all clients and baselines by clinician. (This feature will only produce clinician-specific lists after all clinicians are assigned login passwords and the previous link to KTOS baselines is disabled.) You can specify certain date ranges or select the last 30, 90 or 180 days using the pre-set buttons.
Questions? Need more help?

Contact us and we’ll be glad to help you!

**KTOS Technical Questions**
- Jeb Messer 859-257-1400 or jeb.messer@uky.edu

**Programmatic or KTOS Questions**
- TK Logan 859-257-8248 or tklogan@uky.edu

**Need a unique log-on ID and/or password**
- Contact your administrator, regional supervisor or Program Director

Web address for KTOS Client Information System
https://ukcdar.uky.edu/KTOSBaseline