

Criminal Justice Kentucky Treatment Outcome Study



FY2012 Follow-Up Report

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Executive Summary

The Criminal Justice Kentucky Treatment Outcome Study (CJKTOS) examines substance abuse outcomes of state offenders participating in corrections-based substance abuse treatment programs in Kentucky's prisons, jails, and community treatment programs. This report includes follow-up data collected during FY2012 for 350 randomly selected participants who entered treatment in Kentucky's prisons, jails, or community programs, participated in an intake interview by treatment counselors in the corrections-based substance abuse treatment programs, and were followed 12 months later in the community following their release. This report provides follow-up data collected from July 1, 2011 to August 30, 2012.

This report includes the following highlights:

- ❖ Self-reported illegal drug use decreased from baseline by 55% for jail treatment, 62% for prison treatment and 58% for community custody treatment.
- ❖ Overall, seventy-four percent of treatment participants were not re-incarcerated at follow-up.
- ❖ Participants who were re-incarcerated at follow-up were out in the community an average of 6.4 months before re-incarceration.
- ❖ Of those returned to jail or prison, the majority were reincarcerated for parole violations. Only 22 individuals (6.3% of the total-released participants) were returned to custody due to new criminal offenses.
- ❖ Most treatment participants (77% for jail, 76% for prison, and 78% for community custody) reported attending AA/NA meetings at follow-up.
- ❖ The majority of treatment participants (85%) reported stable living conditions –an apartment, room, house or residential treatment facility –at follow-up.
- ❖ About two-thirds of participants (69%) reported working during 12 months post-release.
- ❖ These analyses indicate that the victim crime cost offset of KY prison substance abuse treatment during FY2011 saved an average of **\$10,729** per substance abuse treatment participant.
- ❖ These findings indicate that Kentucky corrections-based treatment reduces drug use and recidivism, and HB 463 has had an impact on the benefits of substance abuse programming.

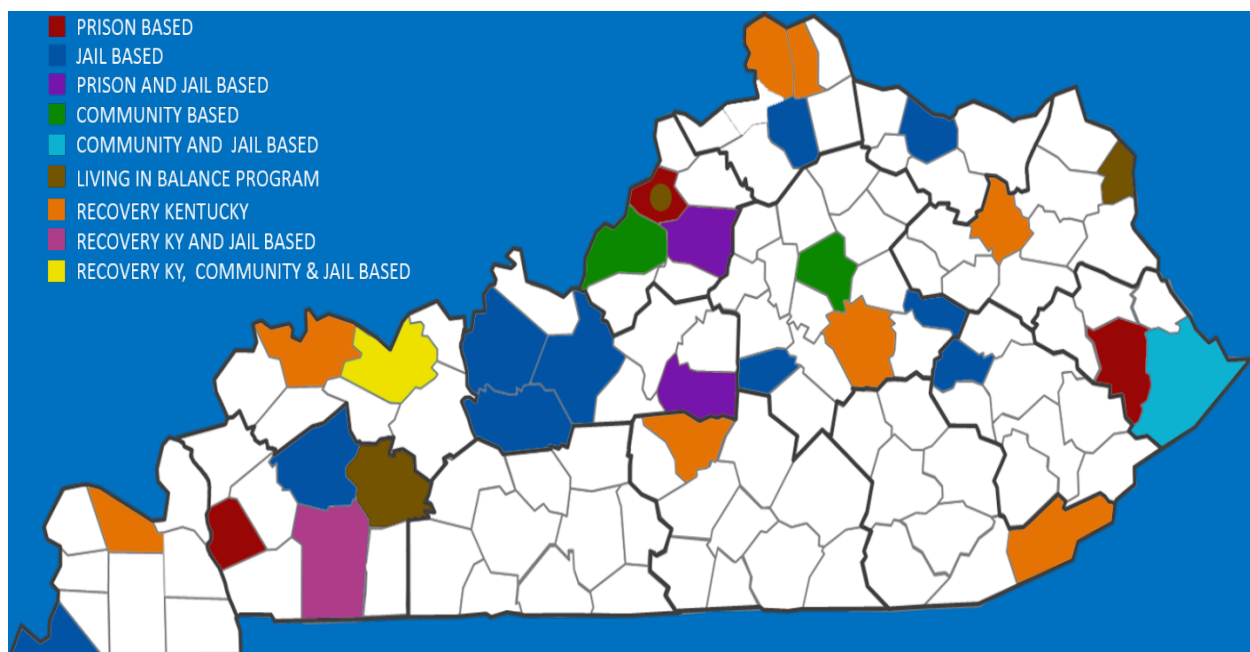
Introduction

The Kentucky Department of Corrections Substance Abuse Treatment Programs

The Kentucky Department of Corrections (DOC) provides substance abuse treatment programs throughout the state (See Figure 1). Prison and jail based substance abuse programs are generally 6-month modified therapeutic community approaches. DOC also offers 90 day Living in Balance substance abuse programs for lower level offenders. Community based and Recovery Kentucky programs serve DOC offenders in the community.

Kentucky correctional programs are grounded the key therapeutic community (De Leon, 2000) approaches that include incentives for positive participation, and peer-oriented approaches which use the Recovery Dynamics curriculum. Inmates with a substance abuse history have the option to enter corrections-based treatment programs if they have at least 6 months to serve before parole or release from the prison, jail or community custody program. Inmates can also be paroled with the condition of completing substance abuse treatment before release.

Figure 1. Location of Kentucky's Corrections-based Substance Abuse Treatment Programs (2011-2012)



DOC expanded substance abuse treatment programs significantly in the past six years (See Figure 2). As of December 1, 2012, there were 50 corrections-based substance abuse treatment programs in Kentucky with a treatment capacity of 3,424. Seven prisons provide substance abuse treatment programs for 956 clients and 14 jails provide substance abuse treatment programs for 832 clients (See Appendix A for sites).

Figure 2. Increasing trends in number of corrections-based substance abuse treatment beds



In addition, HB463 in 2011 increased DOC's community based SAP programs under state custody. This follow-up report provides an initial examination of outcome data from participants in the three community custody SAP treatment programs. While the sample size is comparably smaller than the prison and jail samples, this group describes another level of DOC substance abuse treatment.

Follow-up rates

A description of CJKTOS methodology and sampling procedures is found in Appendix A. Of the 429 treatment participants randomly selected for follow-up, 350 were successfully located and interviewed (171 jail treatment participants, 143 prison treatment participants and 36 community custody treatment participants), for a follow-up rate of 82% (See Table 1). Of the possible participants who were not interviewed (n=79), 13 (3%) refused to participate in the follow-up interview and 66 (15%) were unable to be located (i.e. absconded or not under supervision) or would not return UK staff's phone calls.

Table 1. FY 2012 Follow-up Rates for Clients Who Consented to Follow-up and Were Randomly Selected for Follow-up (n=350)

	Eligible	Completed	Percentage
Jail Sample	219	171	78%
Males	199	154	77%
Females	20	17	85%
Prison Sample	170	143	84%
Males	143	120	84%
Females	27	23	85%
Community Custody Sample	49	36	73%
Males	43	31	72%
Females	6	5	83%
Total	438	350	80%
Ineligible for follow-up (6 participants who moved out of state and 3 deceased)	9		
Final Total	429	350	82%
Refusals	13		3%
Unable to locate	66		15%

Who receives DOC treatment?

Demographics

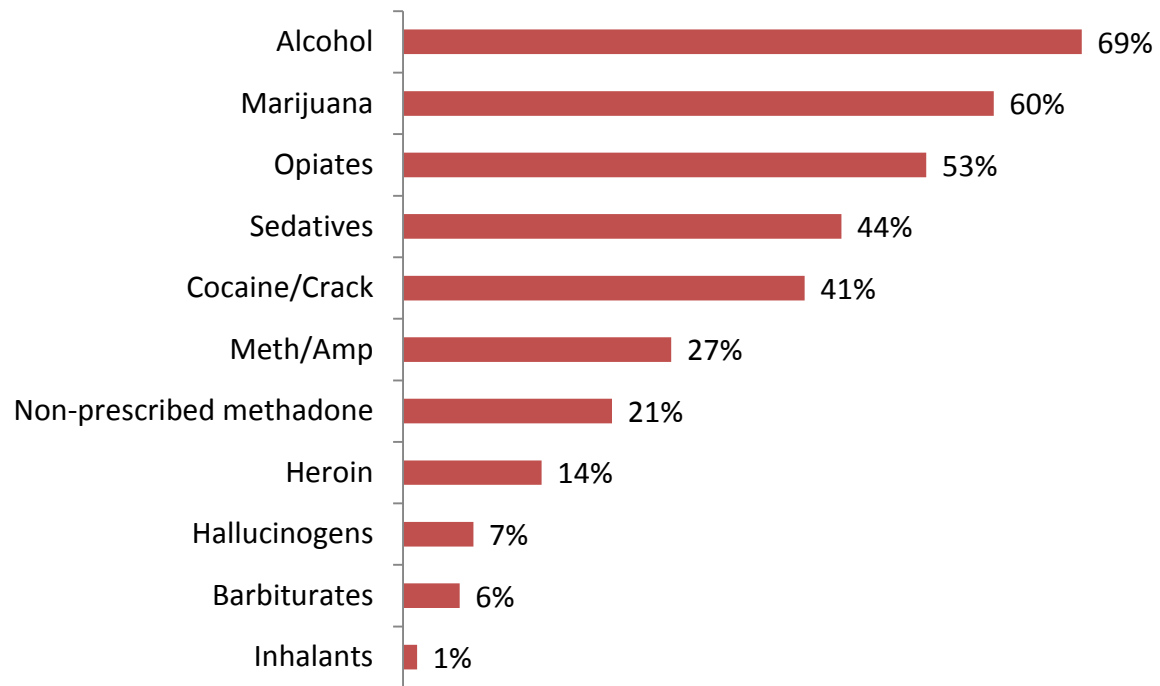
As shown in Table 2, the follow-up sample was similar to the overall sample of CJKTOS participants who were released but not randomly selected, which suggests that findings can be generalized to other treatment participants released from custody. Participants are mostly male (88.4%) with an average age of about 33.4 years old. Approximately three-quarters (74.4%) are white and 47% are single and never married. Over two-thirds (67.7%) reported having a GED or 12 or more years of education.

Table 2. Demographic Characteristics of Follow-up Sample (n=350) Compared to All Consenting CJKTOS Treatment Participants Released in FY2011

	Enrolled in Follow-up Study	Consenting CJKTOS participants
Average Age	34.0 (range 19 to 67)	33.4 (range 18 to 69)
Race/ethnicity	76.9% white	74.4% white
Gender	87.1% male	88.4% male
Education	58.2% GED or 12+ years of education	67.7% GED or 12 or more years of education
Marital Status	47.1% Single, never married	47.0% Single, never married

Substance Use 12 Months Before Incarceration

As shown in Figure 3, participants reported using a number of substances prior to incarceration and treatment. In the 12 months before incarceration, 69% reported alcohol use and 60% reported marijuana use. In addition, the percentage of participants reporting opiate use (53%) and sedative use (44%) in the 12 months prior to incarceration has surpassed the percentage of participants reporting cocaine and crack use (41%). Just over one-quarter of participants reported use of methamphetamines/amphetamines in the 12 months before incarceration. Other substances used by participants in the 12 months prior to incarceration include non-prescribed methadone (21%), heroin (14%), hallucinogens (7%), barbiturates (6%), and inhalants (1%).

Figure 3. Substance Use in the 12 months Before Incarceration (n=350)

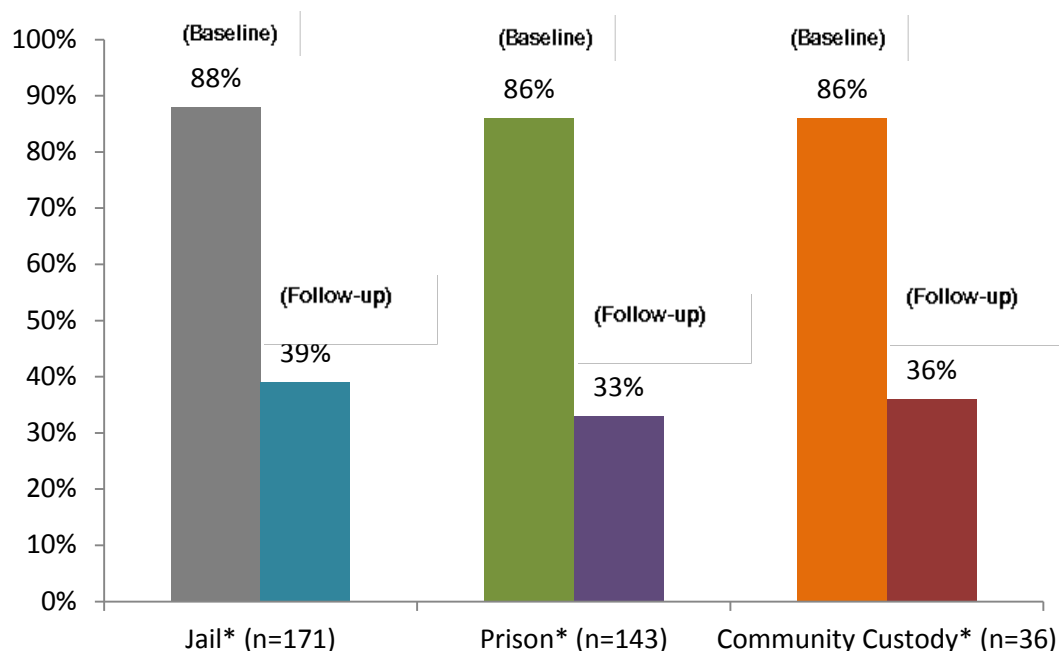
How does DOC treatment change drug use?

Substance Use at Follow-up

The majority of participants report being abstinent from substance use 12 months following release from custody. As shown in Figure 4, those who received substance abuse treatment in prison, jail, or community custody programs reported a significant decrease in any illegal drug use from baseline to follow-up.

- There were no major differences between program type in drug use at treatment intake.
- Participants who received jail-based substance abuse treatment reduced illegal drug use by 55% (from 88% at baseline to 39% at follow-up).
- Participants who received prison-based treatment reduced illegal drug use by 62% (86% at baseline to 33% at follow-up).
- Participants who received community-custody treatment reduced illegal drug use by 58% (86% at baseline to 36% at follow-up).
- Treatment participants who reported *any* illegal drug use (n=127) reported being drug-free on the street an average of 127 days before their first use (more than 4 months).
- Among participants who reported any illegal drug use at follow-up (36.6%), the number of different drugs was reduced overall by 41%.

Figure 4. Decrease in Percent of Treatment Participants Reporting Any Drug Use from Baseline to Follow-up Previous 12 Months



Note: Significance established using McNemar's test for correlated proportions, * $p < .001$, see Appendix B.

How does DOC treatment influence community treatment?

Community AA/NA Meeting Attendance at Follow-up

Most participants reported attending at least one AA/NA meeting in the 12 months after their release. Specifically shown in Table 3, over three-fourths (77%) of participants reported attending AA/NA in the previous 12 months, and they reported attending an average of 4.2 meetings in the previous 30 days.

Table 3. AA/NA Attendance in the 12 Months Post-Release

	Attended AA/NA Meetings in the 12 months after release	Average number of times attended AA/NA in previous 30 days
Jail (n=171)	77.2%	4.4 times
Prison (n=143)	76.2%	3.5 times
Community Custody (n=36)	77.8%	6.0 times
Total (n=350)	76.9%	4.2 times

Community Substance Abuse Treatment at Follow-up

While about the same AA/NA attendance was reported in previous years, only 18% of treatment participants *self-reported* enrolling in a community treatment program at follow-up (See Table 4). Outpatient treatment was the most commonly reported community treatment.

Table 4. Percent of Treatment Participants Reporting Community Substance Abuse Treatment in the 12 Months Post-Release

	Self-Reported Community Treatment	Service Utilization Data on Community Treatment ¹
Jail (n=171)	14.0% (n=24)	18.1% (n=31)
Prison (n=143)	23.8% (n=34)	21.0% (n=30)
Community Custody (n=36)	13.9% (n=5)	27.8% (n=10)
Total (n=350)	18.0% (n=63)	20.3% (n=71)

¹Self-report data verified through the University of Kentucky Research and Data Management Center for all state-funded substance abuse services data with a source of pay coded as DMHMRS or Medicaid. Rates are slightly higher which might have been accounted for by general mental health services including substance abuse services, but still remained around 20% for treatment participants.

How does DOC treatment influence housing and employment?

Housing and Employment at Follow-up

The majority of participants reported living in a stable environment and working at follow-up. As shown in Table 5, 85.1% reported being housed in an apartment, room, house or residential treatment facility. Over two-thirds (68.6%) reported their usual employment pattern as working full or part-time.

Table 5. Employment and Housing in the 12 Months Post-Release

	Jail (n=171)	Prison (n=143)	Community Custody (n=36)	Total (n=350)
Housed in apartment, room, house or residential treatment facility	83.6%	84.6%	94.4%	85.1%
Employed full or part-time	70.1%	67.8%	63.8%	68.6%

How does DOC treatment impact recidivism?

Recidivism at Follow-up

The Kentucky Department of Corrections (DOC) state database, Kentucky Offender Management System (KOMS) was used to examine participants' re-incarceration during the year following release. As shown in Table 6, 28.7% of jail, 26.6% of prison and 8.3% of community custody-released follow-up cases were re-incarcerated. Participants who were re-incarcerated were in the community an average of 6.4 months before being re-incarcerated.

Table 6. Recidivism² 12 Months Post-Release (n=350)

	Jail (n=171)	Prison (n=143)	Community Custody (n=36)	Total (n=350)
Not Incarcerated	71.3%	73.4%	91.7%	74.3%
Incarcerated	28.7%	26.6%	8.3%	25.7%

²Recidivism is defined here as "being re-incarcerated on a felony charge within the 12 months following release." The DOC counting rules were used (see page22 for counting rule definition used in this report).

Arrests at Follow-up

Most participants (75.6%) who were re-incarcerated committed a parole or probation violation (see Table 7). About one-quarter (24.4%) of participants who were re-incarcerated returned on new charge(s).

Table 7. Arrests Among Recidivates at 12 Months Post-Release (n=90)

	Jail (n=49)	Prison (n=38)	Community Custody (n=3)	Total (n=90)
Parole/Probation Violation Only	75.5%	73.7%	100%	75.6%
New Charge(s)	24.5%	26.3%	0%	24.4%

What is the cost offset of DOC treatment to the costs of crime?

Victim crime costs were developed using changes from baseline to follow-up for prison treatment. A *cost offset in this analysis is the estimated costs of crime and arrests for 12 months post-release compared to pre-incarceration measures for the sample of prison inmates*. This analysis was conducted for prison participants since the length of incarceration was longer, as well as available state information on daily costs of incarceration and daily census in state prison facilities.

Specifically, the victim cost per crime, was multiplied by the number of arrests at baseline (pre-incarceration) and follow-up (12 months post-release) for the type of crime to calculate the cost offset between the two time periods. As shown in Table 8, victim crime costs for the year before incarceration were compared to victim crime costs for the year after release from prison, which resulted in an aggregate cost offset of **\$1,534,304** for the 143 substance abuse prison participants. When the total cost is divided by the number of participants, estimates show an estimated **cost offset of \$10,729 per year per prison substance abuse treatment participant**. While this is a considerable cost offset, it is important to note that this cost under-represents the overall cost offset from prison-based treatment because it does not include the cost to incarcerate, employment, and community health service utilization costs. Thus, examining the reduction of nearly \$1.5 million in victim costs from crime during the year after release suggests an important gain to the system for the investment in treatment. Future analyses will compare recidivism costs for the prisoner treatment sample with a non-treatment sample.

Table 8. Cost Offset in Victim Crime/Arrest for Prison Treatment Participants (N=143)

Arrests by crime type	Estimated cost per arrest*	Self-reported number of arrests in the 12 months prior to the last incarceration	Cost of crimes at baseline	Self-reported number of arrests at follow-up (Past 12 months)	Estimated Cost of crimes at follow-up	Reduction in cost
Drug	\$4,428	97	\$429,516	11	\$48,708	\$380,808
Property	\$19,068	32	\$610,176	3	\$57,204	\$552,972
Violence	\$44,212	10	\$442,120	3	\$132,636	\$309,484
DUI	\$29,104	14	\$407,456	4	\$116,416	\$291,040
Total						\$1,534,304
Estimated projection of victim crime cost offset per participant						\$10,729

*Cost per arrest figures were adjusted to 2012 dollars using the Federal Reserve Bank of Minneapolis Consumer Price Index Calculator. Accessed 9/26/2012. <http://www.minneapolisfed.org/index.cfm>. Victim crime costs are defined in this report as projected costs attributed to an arrest for a particular type of crime (drug, property, violent, or DUI). Crime cost data were developed from Finigan's (1999) approach for assessing cost offsets resulting from drug court services and Miller, Cohen, and Wiersema's (1996) approach for assessing victim cost of crime. Victim crime cost estimates are based on losses of productivity/time away from work, medical care, police and fire services, social services, property loss and damage, and loss of quality of life. Costs of nights incarcerated or "bed costs" were not included in these figures. Cost per arrest figures were adjusted to 2012 dollars using the Federal Reserve Bank of Minneapolis Consumer Price Index Calculator <<http://www.minneapolisfed.org/index.cfm>>.

Conclusions

The growth of prison and jail based treatment in Kentucky is indicative of the state's commitment to provide treatment for substance users. With the implementation of HB463 in 2011, the Department's commitment to treatment has been enhanced by the provision of additional services and an emphasis on evidence-based interventions. This priority has been supported by a partnership between the Kentucky Department of Corrections (DOC) and the University of Kentucky Center on Drug and Alcohol Research (CDAR), which was established nearly 10 years ago through a shared vision to evaluate treatment for incarcerated substance abusers in Kentucky (see Staton-Tindall et al., 2007).

This FY2012 CJKTOS follow-up report presents 12-month post-release data on the characteristics of individuals who participate in the Kentucky Department of Corrections substance abuse treatment programs during their incarceration in prison or jail, as well as community custody programs. This follow-up report includes data from a stratified random sample of participants who received substance abuse treatment and were released during fiscal year 2011. Specifically, this 12-month follow-up study examined a randomly selected representative sample of 350 males and females who participated in jail, prison, or community custody-based treatment and consented to follow-up.

Reduced substance use

- ❖ FY2012 findings indicate that there were statistically significant increases in the number of individuals who participated in corrections-based substance abuse treatment who reported reductions in drug use at follow-up.
- ❖ While this reduced substance abuse reported by treatment participants is comparable to other national follow-up prison studies (i.e., Prendergast, Greenwell, Lin, 2007; Butzin, Martin, Inciardi, 2005), the analysis of multiple correctional-based treatment programs in this evaluation including jail, prison, and community custody is unique and speaks to Kentucky's commitment to offer quality substance abuse services for offenders.
- ❖ The consistency in findings across venues with regard to reductions in substance use patterns one-year post release also highlight uniformity in treatment approach (modified therapeutic communities), treatment staff training, and on-going supervision provided by Department administration.

Decreased recidivism

The majority of study participants were not re-incarcerated on a felony charge during the 12 months following their release. In addition, most offenders who were re-incarcerated (76%) reported being charged with a parole or probation violation rather than a new charge.

- ❖ Other national studies report similar recidivism rates. For example, Burdon, Dang, Prendergast, Messina & Farabee (2007) reported 59.5% of participants who received prison-based therapeutic community substance abuse treatment in California prisons and who subsequently participated in community outpatient and residential treatment did not return to prison in the 12 months following release.

- ❖ That recidivism rate of about 30% is what the KY DOC cites for one-year follow-up without any treatment (Halladay, 2012). However, these findings suggest that, with treatment, recidivism can be further reduced in KY to about 26%.

Community treatment

Although there is no mandatory aftercare following Kentucky prison, jail and community custody-based substance abuse treatment, findings from this study indicate that most treatment participants participated in self-help groups after release. Specifically, 77% of those who received substance abuse treatment in jail, 76% of those who received substance abuse treatment in prison and 78% of those who received substance abuse treatment in community custody reported attending at least one AA/NA meeting in the 12-months after release.

Eighteen percent of treatment participants enrolled in community treatment following release. Outpatient treatment was the most common treatment. This is lower than community treatment participation in another study of offenders which reported that 63% of treatment participants engaged in community treatment within the first 3 months after release (Prendergast, Greenwell, & Lin, 2007). This continues to be a focus of the Department – to ensure a continuum of care for offenders as they transition from the institution to the community.

Housing and Employment

This year's report also includes other significant outcomes for treatment participants to show that they are transitioning to the community successfully and reintegrating into society. The majority of treatment participants reported being housed in a stable environment and were working in the 12 months post release. More specifically, 85% reported being housed in an apartment, room, house or residential treatment facility most of the time in the 12 months following release. In addition, over two-thirds (68.6%) reported their usual employment pattern in the 12 months following release as working full or part-time. It has been noted that employment and housing can be two of the most difficult challenges that re-entering individuals face (Re-entry Policy Council, 2005). The number of successful individuals in this follow-up report suggest that the benefits of substance abuse treatment extend beyond staying clean and avoiding reincarceration.

Study limitations

There are study limitations. First, findings must be interpreted with the understanding that baseline data are self-reported at treatment intake and follow-up data are self-reported approximately 12 months post-release. In order to examine the reliability of self-reported follow-up drug use, CJKTOS staff examined data from the Department of Correction's information system, the Kentucky Offender Management System (KOMS), for positive drug tests. Of the 151 substance abuse treatment participants on supervision at the time of their follow-up interview reporting no drug use, 132 had no positive drug tests in KOMS. This provides a self-report accuracy rate of 87.4%. In this study, a higher rate of substance use is self-reported than from urine test results. Furthermore, urine tests only identify substances used recently. Thus, for past 12 month substance use, self-report remains an important part of research data collection. However, while self-report data has been shown to be valid (Del Boca & Noll, 2000; Rutherford, et al., 2000), it is a limitation. In addition, since baseline measures target behaviors prior to the current incarceration, reporting of substance use and other sensitive information may be affected by participant's memory recall and could be a study limitation. Victim crime costs and their reductions before prison compared to their 12 months after prison do not take in account all costs

associated with re-incarceration.

Implications

This evaluation indicates that the Kentucky Department of Corrections has successfully evolved to provide services in prisons, jails, and with the implementation of HB463, community custody programs which are effective in reducing drug use, reducing recidivism, and promoting reintegration into society. Findings in this report support the treatment of substance abusers in the criminal justice system with increased efforts to strengthen the transition from institution to community to maintain successes achieved in corrections-based treatment. This analysis of reductions in victim costs of crime from the year prior to incarceration to the year after release suggest important gains for public safety. Future reports will examine these cost offsets and gains in more detail and with comparisons to other populations.

KEY TERMS

Baseline – Baseline refers to data collected at treatment intake by correctional treatment counselors. Baseline measures examine substance use prior to the current incarceration.

Community Custody Treatment Participants – Clients who participated in a community custody-based substance abuse treatment program and who met the eligibility to participate in the follow-up study and provided consent.

DOC Counting Rules–

1. Include only those inmates who have completed their sentences, were released on parole, have received a conditional release, or were released on a split prison-probation sentence. Do not include temporary releases (e.g. inmates furloughed). To be counted the inmate must no longer be considered an inmate or in a total confinement status, except for those released from prison on a split prison-probation sentence.
2. Include only those inmates released to the community. Exclude from the count inmates who died, were transferred to another jurisdiction, escaped, absconded, or AWOL. Exclude all administrative (including inmates with a detainer(s)) and pre-trial release status releases.
3. Count number of inmates released, not number of releases. An inmate may have been released multiple times in that same year but is only counted once per calendar year. Thus, subsequent releases in the same calendar year should not be counted.
4. All releases (inmates who have completed their sentences, were released on parole, have received a conditional release, or were released on a split prison-probation sentence) by an agency per year constitute a release cohort. An inmate is only counted once per release cohort and thus can only fail once per cohort.
5. Do not include inmates incarcerated for a crime that occurred while in prison.
6. Inmates returned on a technical violation, but have a new conviction should be counted as a returned for a new conviction.

Follow-up – Follow-up refers to data collected 12-months post-release by the University of Kentucky Center on Drug and Alcohol Research. Follow-up measures examine substance use, community treatment, and criminal offenses 12-months post-release from a prison or jail.

Jail Treatment Participants – Clients who participated in a jail-based substance abuse treatment program and who met the eligibility to participate in the follow-up study and provided consent.

McNemar's Test for Correlated Proportions – assesses the significance of the difference between two correlated proportions, such as might be found in the case where the two proportions are based on the same sample of subjects or on matched-pair samples <<http://faculty.vassar.edu/lowry/propcorr.html>>

Paired Samples T Test- compares the means of two variables by computing the difference between the two variables for each case, and tests to see if the average difference is significantly different from zero <<http://www.wellesley.edu/Psychology/Psych205/pairttest.html>>

Prison Treatment Participants – Clients who participated in a prison-based substance abuse treatment program and who met the eligibility to participate in the follow-up study and provided consent.

Recidivism– re-incarcerated on a felony charge within the 12 months following release.

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Appendix A.

Evaluation methodology

The Criminal Justice Kentucky Treatment Outcome Study (CJKTOS) was developed and implemented in April 2005 to 1) describe substance abusers entering treatment in Kentucky's prison and jail-based programs, and 2) to examine treatment outcomes 12 months post-release. The CJKTOS study is a baseline and 12 month follow-up design which is grounded in established substance abuse outcome studies (i.e., Hubbard et al., 1989; Simpson, Joe, & Brown, 1997; Simpson, Joe, Fletcher, Hubbard, & Anglin, 1999). Kentucky prison and jail-based program staff collect assessment data within the first two weeks of a client's admission to substance abuse treatment.

In FY2011 CJKTOS transitioned from collecting baseline data using personal digital assistants (PDAs) to a web-based data collection system. Department of Corrections treatment providers obtain informed consent and contact information which is forwarded to the University of Kentucky to locate treatment participants for 12 month follow-up interviews post-release. All data are collected and stored in compliance with the University of Kentucky IRB and HIPAA regulations, including encrypted identification numbers, and abbreviated birthdays (month and year) to secure confidentiality of protected health information.

For this report, the 12-month follow-up study was conducted by research staff at the University of Kentucky Center on Drug and Alcohol Research. Treatment participants were eligible for inclusion in the follow-up sample if they 1) consented to participate in the follow-up, 2) were released from a jail, prison, or community custody facility within the specified timeframe, and 3) provided locator information of at least one community telephone number and address. A group of eligible treatment participants were randomly selected for follow-up after proportionate stratification by prison and jail. Due to the small number of females released during the 12-month time frame, all females were included. Using the same proportion from each correctional setting as those meeting eligibility criteria, a final sample of 350 was included in the follow-up. This proportionate stratification approach produces estimates that are as efficient as those of a simple random selection (Pedhazur & Schmelkin, 1991).

UK research staff began to locate treatment participants for follow-up at 10 months post-release with a target interview date at 12 months post-release. A participant was considered ineligible for follow-up if he or she was not located 14 months after release. Locator methods included mailing letters and flyers, phone calls, collaborating with parole officers, and internet searches. All follow-up interviews were completed interviews by phone, and all data provided is self-reported by the participants.

Sampling approach

A total of 2,011 clients who completed a CJKTOS baseline were released from custody in FY 2011. Having a release date is the point of entry into the follow-up study sampling frame. The CJKTOS follow-up rates are presented in Table 1. Of those 2,011 CJKTOS clients who were released from custody in FY2011, 464 did not consent to participate in the follow-up study. Of the 1,547 research treatment participants who were eligible for follow-up (released in FY11 and voluntarily consented for follow-up), about one-third were randomly selected to participate in the follow-up interview (n=438). The sample of 438 was proportionate to the number of individuals released from jails, prisons, and community custody treatment programs. Of the 438 randomly selected, 9 were ineligible because at the time they were

located for follow-up, 6 participants moved out of state and 3 participants were deceased according to their family reports and verified by Kentucky vital statistics.

Appendix B.**Statistical Analysis**

Changes in this report between participants' self-reported substance use "on the street" in the 12 months before incarceration (baseline) and treatment participants' self-reported use "on the street" 12 months after release (follow-up) from jail, prison, and community custody programs. McNemar's test for correlated proportions examines statistical differences for the proportion of participants who reported substance use at baseline compared to follow-up. Substance abuse treatment utilization and criminal justice involvement during the 12 months post-release is also included, as are indicators of costs associated with victim crime.

Appendix C.**CJKTOS PRISON DATA COLLECTION SITES**

Green River Correctional Complex
1200 River Road
P.O. Box 9300
Central City, Kentucky 42330
(270) 754-5415

Kentucky Correctional Institution for Women
3000 Ash Avenue
Pewee Valley, Kentucky 40056
(502) 241-8454

Kentucky State Reformatory
3001 W Highway 146
LaGrange, KY 40031
(502) 222-9441

Luther Luckett Correctional Complex
Dawkins Road, Box 6
LaGrange, Kentucky 40031
(502) 222-0363/222-0365

Marion Adjustment Center
95 Raywick Road
St. Mary, Kentucky 40063-0010
(270) 692-9622

Otter Creek Correctional Center
Highway 306, P.O. Box 500
Wheelwright, Kentucky 41669-0500
(606) 452-9700

Roederer Correctional Complex
P. O. Box 69
LaGrange, Kentucky 40031
(502) 222-0170

Western Kentucky Correctional Complex
374 New Bethel Church Road
Fredonia, KY 42411
(270) 388-9781

CKTOS JAIL DATA COLLECTION SITES

Boyle County Detention Center
1860 S Danville Bypass
Danville, KY 40422
(606) 739-4224

Breckinridge County Detention Center
500 Glen Nash Road
Hardinsburg, Kentucky 40143
(270)756-6244

Christian County Detention Center
410 West Seventh St.
Hopkinsville, Kentucky 42240-2116
(270) 887-4152

Daviess County Detention Center
3337 Highway 60 East
Owensboro, Kentucky 42303-0220
(270) 685-8466 or 8362

Fulton County Detention Center
210 South 7th Street
Hickman, KY 42050
(270) 236-2405

Grant County Detention Center
212 Barnes Road
Williamstown, KY 41097
(859) 824-0796

Grayson County Detention Center
320 Shaw Station Road
Leitchfield, Kentucky 42754-8112
(270) 259-3636

Hardin County Detention Center
100 Laurel Street, P.O. Box 1390
Elizabethtown, Kentucky 42702-1390
(270) 735-1794

Hopkins County Detention Center
2250 Laffoon Trail
Madisonville, Kentucky 42431
(270) 821-6704

Marion County Detention Center
201 Warehouse Road
Lebanon, Kentucky 40033-1844
(270) 692-5802

Mason County Detention Center
702 US 68
Maysville, Kentucky 41056
(606) 564-3621

Pike County Detention Center
172 Division Street, Suite 103
Pikeville, Kentucky 41501
(606) 432-6232

Powell County Detention Center
755 Breckenridge Street
Stanton, KY 40380
(606) 663-6400

Shelby County Detention Center
100 Detention Road
Shelbyville, KY 40065
(502) 633-2343

Three Forks Regional Jail (Lee County)
2475 Center Street
Beattyville, Kentucky 41311
(606) 464-2598

CJKTOS COMMUNITY CORRECTIONS DATA COLLECTION SITES

CTS-Russell
1407 West Jefferson Street
Louisville, KY 40203
(502) 855-6500

Dismas Charities-Owensboro
615 Carlton Drive
Owensboro, KY 42303
(270) 685-6054

DismasCharities- St. Ann's
1515 Algonquin Parkway
Louisville, KY 40210
(502) 637-9150

Hope Center Detention Program
Fayette County Detention Center
600 Old Frankfort Circle
Lexington, KY 40510
(859) 425-2700

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