Prepared for Sarasota County Community Alternative Residential Treatment (CART)

Evaluation of the Sarasota County Community Alternative Residential Treatment (CART) Initiative

Second Year Report

Louis de la Parte Florida Mental Health Institute
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Submitted on November 16, 2007, by Mark A. Engelhardt, M.S., A.C.S.W., John M. Weir, Ph.D., and Roger H. Peters, Ph.D., University of South Florida, Louis de la Parte Florida Mental Health Institute, Department of Mental Health, Law, and Policy.

Executive Summary

During the past two years, the Louis de la Parte Florida Mental Health Institute (FMHI) at the University of South Florida has evaluated Sarasota County's Community Alternative Residential Treatment (CART) Initiative, designed to provide substance abuse, mental health, employment, and other services to persons who are homeless and at risk for incarceration in Sarasota County, Florida. This report reviews findings from the second year of evaluation activities, including implementation of the multi-phased CART Initiative, program development and modification to the Voluntary Interim Placement – Enhanced Recovery (VIP-ER) Program, and outcomes related to program participation. The CART Initiative represents a continuum of services, including the Addictions Receiving Facility, or ARF (a secure 30-bed residential detoxification facility for voluntary and involuntary clients), the 30-bed VIP-ER day treatment program, and transitional (sober) housing.

This report provides results from both a process evaluation and an outcome evaluation of the CART Initiative. The process evaluation included interviews with Sarasota County Health and Human Services staff, the VIP-ER Program's Project Management Team (PMT), and key community stakeholders, in addition to review of policies and procedures, and observation of planning meetings. The outcome evaluation reviewed client characteristics, sources of referrals to the program, problems related to the referral/screening/admission process, and key participant outcomes related to arrest, substance abuse, employment, housing, and program retention. The outcome evaluation also addressed differences between clients who entered the VIP-ER Program from the Addictions Receiving Facility and those who entered the program from other sources.

Key Findings

Key findings from the process evaluation include the following:

- The ARF facility provides a much needed secure residential facility in the community for detoxification of substance-involved clients.
- Law enforcement officers are able to rapidly drop off and obtain treatment services for clients at the ARF facility, with an average wait time of less than 6 minutes.
- The ARF facility has substantially reduced Marchman Act jail admissions from 60-80 per month to only 7-15 per month.
- Over half of the ARF clients were referred for outpatient treatment in the community, and only 13% were readmitted involuntarily to the ARF.
- The ARF recently received an "Exceptional" rating by the DCF SunCoast Region Circuit 12 Mental Health and Substance Abuse Program Office.
- Important enhancements have been made to the VIP-ER Program, including development of consensus regarding eligibility criteria, supported employment services, and policies and procedures to implement client-centered planning and treatment services.

- 72 units of transitional "sober" housing are now being planned as part of the CART Initiative continuum of services.
- The original program design for the CART Initiative has been implemented to the satisfaction of major partners and constituents.
- Coordination among the seven major service providers involved in the CART Initiative has improved as a result of collaboration in this project.

Key findings from the outcome evaluation include the following:

- The vast majority of participants in the VIP-ER Program are homeless, unemployed, and reported polysubstance abuse – all high risk factors for rapid cycling within the justice and community treatment systems. As a result, the program appears to be serving a disadvantaged and highly important population, consistent with the stated program mission and goals.
- A high rate of successful program completion (77%) was observed for the VIP-ER Program, which exceeds completion rates for most residential and other intensive treatment programs.
- The VIP-ER Program has been successful in linking participants with stable housing and employment services, and over half of the participants received these services during the 12 month follow-up period.
- Just under half of VIP-ER Program participants reported abstinence from drug or alcohol abuse at the 12 month follow-up period, indicating the need for ongoing monitoring, case management, and opportunities for involvement in extended community treatment services.
- Graduation from the VIP-ER Program appears to contribute to substantial reductions in the risk for arrest over an 18 month follow-up period, although these findings should be considered preliminary and more extensive study is needed to fully explore criminal recidivism among VIP-ER Program participants. However, these results indicate substantial promise for deployment of effective intervention strategies on behalf of the VIP-ER Program target population.

Major Recommendations

Major recommendations from the process and outcome evaluation activities include the following:

- Development of an annual cross-systems training plan to enhance evidence-based practices, specifically those related to homeless interventions, supported employment, consumer involvement in services, and integrated treatment for co-occurring disorders (dual diagnosis).
- Continued development of policies and procedures pursuant to CARF accreditation.
- Collaboration with the Suncoast Partnership to End Homeless to develop a permanent housing plan for persons who are homeless and who have co-occurring mental and substance use disorders.
- Development and implementation of a plan for consumer and family involvement in the CART Initiative, including consumer participation in planning and implementation processes.
- Provision of opportunities for ongoing participation following discharge from the VIP-ER Program, particularly in the areas of mental health treatment, substance abuse treatment, and involvement in employment and housing services.

- Development of procedures and additional training for staff to ensure accurate entry and monitoring of evaluation data, particularly related to performance outcome measures.
- The scope of the outcome evaluation should be expanded to review effects of VIP-ER Program participation on criminal recidivism, substance use, employment, and other key measures. It would also be helpful to include a larger sample of VIP-ER program participants in the outcome study, and to expand the follow-up period to two years after program graduation. To date, relatively few VIP-ER program graduates have completed the 12 month follow-up, and few ARF referrals have been identified to determine the cumulative effects of ARF and VIP-ER services. The expanded outcome evaluation would provide a more definitive understanding of the long-term effects of the VIP-ER Program on criminal recidivism and other key outcome measures. Procedures for gathering criminal justice data have already been established during the current evaluation, and this would help to expedite further data collection.
- The outcome evaluation would be greatly strengthened by the inclusion of a comparison group, consisting of persons not receiving VIP-ER Program services, but who are equivalent to VIP-ER participants on key demographic and background characteristics (e.g., age, race/ethnicity, gender, number of prior felony arrests). Use of a comparison group would help to determine the unique effects of the VIP-ER Program on key outcome measures such as criminal recidivism. Involvement of a comparison group, use of multiple outcome measures, increasing the number of VIP-ER participants in the outcome study, and extending the follow-up period would provide a more definitive picture of the VIP-ER Program's overall impact, and would also facilitate analysis of the cost effectiveness of the program.

Introduction

The Louis de la Parte Florida Mental Health Institute (FMHI) at the University of South Florida has conducted an evaluation of the Sarasota County's Community Alternative Residential Treatment (CART) Initiative, which provides a range of substance abuse and mental health treatment services and other supports to persons who are homeless in Sarasota County. This report constitutes the second year evaluation by FMHI and provides a progress report in the following areas: (1) activities related to the implementation of the three phases of the Sarasota County CART Initiative, (2) mid-course changes and program development in the Voluntary Interim Placement – Enhanced Recovery (VIP-ER) Program by the Program's Project Management Team (PMT), and (3) expanded data collection activities.

Process Evaluation

As in the first year evaluation, which primarily focused on the VIP-ER Program, this process evaluation section of the Year 2 report addresses several guiding questions related to planning and implementation of the three phases of the CART initiative:

- How closely has the CART implementation process followed the original plan developed by the County?

- What changes have occurred during the process, why have they occurred, and what impact have they had on the County plan?
- How has the CART Initiative contributed to the goals of serving persons who are homeless, who have substance abuse and mental health problems, and who are at risk of criminal justice involvement?

The Year 2 report includes findings gleaned from interviews with Sarasota County Health and Human Services staff, the VIP-ER Program's Project Management Team (PMT), interviews with "key community stakeholders", a review of new policies and program procedures, observation of key planning meetings, and an examination of expanded data sets. In the spirit of a participatory evaluation, it should be noted that both the County staff and the Project Management Team implemented a number of the recommendations made by FMHI evaluators in the first year interim report (May, 2006), the final first year evaluation report (April, 2007) and the second year interim report (August 15, 2007).

The Project Management Team, or "Governing Board", of the VIP-ER Program is comprised of management staff from the following seven agencies:

- Coastal Behavioral Healthcare
- First Step of Sarasota
- Jewish Family and Children's Service
- The Salvation Army
- Sarasota County Health Department
- Suncoast Workforce Board (Jobs ETC)
- Sarasota County Technical Institute (SCTI)

Process Evaluation Findings

PHASE I

Secure Adult Addictions Receiving Facility

As planned, and in partnership with First Step of Sarasota, Sarasota County funded a secure Adult Addictions Receiving Facility (ARF) to provide residential detoxification for voluntary and "involuntary" clients. The facility, located on 18th Street in Sarasota, is operated by First Step and opened on August 1, 2006. The opening of this facility resulted in expansion of residential detoxification capacity to a total of 30 beds. The ARF facility was originally envisioned as the primary source of referrals to the VIP-ER day treatment program, which is located at the Salvation Army on 10th Street.

Due to the fact that the VIP-ER Program opened before the ARF facility in 2006, the majority of referrals were persons who are homeless, or from other community referrals, as reflected in the first year evaluation. This data set is being refined in 2007 to determine the exact location of referrals that were made. The Project Management Team has reinforced the policy that referrals from the ARF will receive priority placement in the VIP-ER Program and that a minimum 6 of the 15 admissions to each VIP-ER class will be dedicated to ARF referrals. The original plan was based on the assumption that people

discharged from detoxification are in need of immediate follow-up services, or could benefit from continuing care in a residential treatment setting.

Based on fourteen months of operational and administrative data, the benefits and outcomes of the ARF to the criminal justice and substance abuse/mental health systems include the following:

- Availability of a secure "medical model" facility in the community.
- Direct access to care for individuals who are in need of detoxification.
- 'One-stop' drop-off for law enforcement, with waiting time of no more than six minutes for admissions, which is a remarkably short duration of time for this activity.
- Before the ARF opened, 60-80 persons per month were placed in jail under the Marchman Act for substance abuse or "protective custody". After implementation of the ARF, only 7-15 persons were detained at the jail per month, primarily due to combativeness.
- Admissions from August 1, 2006 to September 30, 2007 totaled 2,076. Of these, 965 were involuntary admissions (46%) and 1,111 were voluntary admissions (54%).
- 44% of all admissions take place between 3:00 p.m. and 11:00 p.m.
- The average length of stay for involuntary clients is 4.8 days.
- 72% of the involuntary admissions were male and 28% were female.
- 464 of the involuntary admissions (47%) were initiated by local hospital emergency room physicians (Sarasota Memorial Hospital, Venice Hospital, Doctors Hospital).
- 355 of the involuntary admissions (37%) were initiated by local law enforcement as "Protective Custody Orders" (212 by the Sarasota Police Department, 101 by the Sarasota County Sheriff's Office, 39 by the Venice Police Department, 7 by the North Port Police Department, and 1 by the New College Police Department).
- 120 of the involuntary admissions (13%) resulted from ex parte (court) orders for "involuntary assessment and stabilization".
- 26 of the involuntary admissions (3%) resulted from "pick-up orders" involving clients who violated Involuntary Treatment Orders.
- 97% of the involuntary clients received a comprehensive assessment for substance abuse.
- 95% of the involuntary clients admitted to the ARF successfully completed medically-supervised detoxification.
- 100% of the involuntary clients discharged were referred to a range of community-based services.
- 53% of the involuntary clients were referred to outpatient treatment programs in the community. Other referrals were made to residential treatment, halfway houses, shelters, Assisted Living Facilities (ALFs) and families.
- 9% of the involuntary clients discharged from the ARF were referred to the VIP-ER Program. A total of 25 clients discharged from the ARF had entered and successfully graduated from the VIP-ER Program as of September 30, 2007.

- Coordination and collaboration with Sarasota Memorial Hospital regarding emergency room diversions has increased, through a series of meetings between First Step and Coastal Behavioral Healthcare.
- Staff from First Step has participated in Crisis Intervention Team training with area law enforcement agencies related to the Marchman Act and operations of the secure ARF.
- Ambitrans Transportation made 747 transports to the ARF in the past fourteen months and their staff have participated actively in public planning meetings.
- The ARF received an overall performance rating of "Exceptional" from the DCF Suncoast Region Circuit 12 Substance Abuse and Mental Health Program Office in obtaining a regular license to operate as an Addictions Receiving Facility.

PHASE II

VIP-ER Program

The VIP-ER Program has implemented a number of changes in the second year of operations that have apparently enhanced the quality of services and the collaboration among the partnering agencies. A set of open-ended questions was administered by FMHI evaluators to the PMT group to examine issues related to program development and implementation. These questions were based on the results of the first year evaluation and observations of PMT strategic planning meetings. The following section summarizes key findings from the interviews.

A new set of VIP-ER Program policies and procedures was developed that addresses newly expanded services such as case management and employment. The Salvation Army staff drafted a policies and procedures document that was refined by all PMT members, and was reviewed by staff from County Human Services. Consensus was achieved regarding methods to implement the new policies and procedures, although these are still considered a "work in progress". Some of the key features and program modifications from the first year of operations include:

- Consensus was achieved regarding eligibility criteria for client admission.
- Interagency staff roles were more clearly defined for assertive case management services. The case management model that has been developed by the PMT is a "hybrid" model of Assertive Community Treatment (ACT) for First Step staff, and a traditional "linkage" or "brokerage" model for Salvation Army's residential staff (e.g., dorm case managers). This shared staffing approach involves Salvation Army taking a lead role, with Coastal Behavioral Healthcare providing coaching related to ACT principles and practices.
- Supported employment: By mutual agreement, Sarasota County Health and Human Services and Coastal Behavioral Healthcare decided to shift the supported employment services function to Jobs, ETC. which will provide a full time employment specialist for VIP-ER Program clients. Jobs ETC has access and experience in using the EmployFlorida Marketplace system. They will be utilizing an employment placement specialist to assist individuals in resume development, job identification and matching, information on bonding and employer tax credits for individuals with felony backgrounds and community-based job development. The anticipated start date is December 1, 2007.
- New policies and procedures for the VIP-ER Program have been developed to accelerate movement toward person-centered planning, and are likely to promote a recovery-

oriented, client-centered treatment and service planning process. This is a contemporary approach to treatment and service planning, but will require consensus building, intensive training and a major shift in attitudes, skills, and abilities for supervisory, residential and clinical staff. This approach is now in the early stages of development.

- Development of a policies and procedures document will potentially provide an excellent organizing tool for all agencies involved, and reflects evolutionary progress in collaboration among the PMT and Operational Management Team (OMT). Upon review of the document, the disparate organizational cultures of the partnering agencies are still evident in the document, but a sincere attempt is being made by all agencies to integrate new models of case management and aftercare services.

Transitional Housing

PHASE III

In an effort to provide continuing care to VIP-ER Program graduates, the Sarasota County plans to develop an additional 54 units of "Transitional Housing" in the community as Phase III of the CART Initiative. Based on an assessment of need and a review of several existing transitional housing models, the County supports a "sober housing" model. This housing model is based on the principles of Oxford House and "dry" housing that employs self-governance by persons in recovery from substance abuse problems.

Coastal Renaissance Inc., a local non-profit housing partnership, has experience in operating this model and has worked with the Sarasota Office of Housing and Community Development to obtain Community Development Block Grant (CDBG) funds and State Housing Incentive Partnership (SHIP) funds to purchase and develop three homes in the community. Up to six persons will be served in each home, with priority referrals coming from the VIP-ER Program.

Beyond this housing, the Substance Abuse and Mental Health Stakeholders' Consortium formed a "Transitional Housing Committee" to design and develop additional sober housing capacity. The committee is staffed by Sarasota County Health and Human Services and includes representation from the VIP-ER Program's PMT, private mental health and substance abuse providers, sober housing providers, the Sarasota County Sheriff's Office (jail staff), the DCF Suncoast Region Circuit 12 Substance Abuse and Mental Health Program Office, the Suncoast Partnership to End Homelessness, and other community stakeholders.

The Board of County Commissioners approved $320,750 in FY 2007 and reauthorized that amount in FY 2008 to establish additional sober housing beyond that available through Coastal Behavioral Healthcare. Several legal issues were encountered related to "forgivable loans", management fees and contractual issues that have delayed the implementation of the plan. These issues have been resolved and the County has executed an initial contract with Transitional Resources, Inc. to open the first new sober house in November, 2007.

Another issue that emerged was the number and sources of referrals to transitional housing. It was assumed that a high percentage of VIP-ER Program graduates move directly into this type of residential support. After consultation with potential clients, several providers and County staff concluded that the original plan of limiting access to

only VIP-ER Program graduates was too narrow, and that other referral sources in the community should be considered for persons who are eligible and interested in accessing transitional sober housing facilities. The Board of County Commissioners subsequently agreed that referrals to sober housing may come directly from the jail, the Mental Health Court and Drug Court, other substance abuse settings, the First Step Addictions Receiving Facility and other "portals" that are identified by the individual in need of transitional housing. It should be noted that the Transitional Development Program within the Salvation Army is not part of the Phase III plan. Many of the VIP-ER Program clients continue to be served by the Salvation Army, which is a critical 'safety net' program, due to the lack of affordable permanent housing in the community.

RESULTS

Results of Key Community Stakeholders Interviews

FMHI evaluators conducted a series of telephone interviews with key community stakeholders during the second year evaluation. These interviews were conducted with community leaders who had knowledge of the original design and subsequent implementation of the CART Initiative. Key stakeholders were identified with assistance from Sarasota County Health and Human Services staff. Representatives from the following organizations were interviewed: (1) Board of County Commissioners, (2) Florida Department of Children and Families Suncoast Region Circuit 12 Substance Abuse and Mental Health Office, (3) Twelfth Judicial Circuit Public Defender's Office, (4) Sarasota County Sheriff's Office , (5) The Community Foundation of Sarasota County / Community Alliance of Sarasota County (dual role), (6) Sarasota Police Department, (7) Ambitrans Transportation, Inc. (8) Sarasota Memorial Hospital, and (9) Twelfth Judicial Circuit Chief Judge.

The overall finding of the independent interviews indicated that there is a significant degree of consensus among the key community stakeholders in the following areas:

- The original plan, as envisioned by key community stakeholders, including the Community Alliance of Sarasota County, the Acute Care System Task Force, the Substance Abuse and Mental Health Stakeholders' Consortium, and Sarasota Health and Human Services staff was carried out to the satisfaction of all parties involved in the process.
- Community expectations have been met to establish a systemic partnership among several providers, the Sarasota County Sheriff's Office which operates the County Jail, and Sarasota Memorial Hospital to divert persons from inappropriate admissions to either detoxification services or substance abuse and mental health treatment interventions geared towards persons who are homeless.
- Key community leaders have closely monitored the planning and implementation of the VIP-ER Program located at the Salvation Army and the Addictions Receiving Facility at First Step. The interviews indicated a sense of true community involvement in the process.
- Sarasota County Health and Human Services staff have kept community stakeholders fully informed of the activities and progress of the CART Initiative on a regular basis at public community-based meetings of the Community Alliance, the Criminal Justice Commission, the Substance Abuse and Mental Health Stakeholders' Consortium and

the Board of County Commissioners. Formal USF/FMHI evaluation reports and verbal reports were routinely provided to members of all these bodies and were very helpful in facilitating the stakeholders' understanding of the CART Initiative.

- Coordination among the seven core providers of the VIP-ER Program and the Addictions Receiving Facility (ARF) has been strengthened through the CART Initiative and collaboration has been expanded to include area hospitals and law enforcement agencies, as well as organizations involved with affordable housing such as Habitat for Humanity and the Community Housing Trust.
- Although not all community stakeholders had an opportunity to directly observe client outcomes, the "graduation ceremony" at the VIP-ER Program provides dramatic evidence of the results of substance abuse and mental health interventions and focused treatment services for this population. As one stakeholder commented, "the face of this initiative needs to be articulated" in the news media.
- Besides an overall positive response, the key community stakeholders made a number of consistent recommendations for future development and/or improvement of the CART Initiative, including:
  - ✓ Establish permanent supportive housing with aftercare.
  - ✓ Expand employment opportunities for participants.
  - ✓ Expand transitional and sober housing services.
  - ✓ Expand residential treatment options.
  - ✓ Develop a plan to provide stable, long-term funding for the program.
  - ✓ Ensure there is long-term tracking of VIP-ER graduates.

USF-FMHI Evaluator Recommendations from the Process Evaluation

USF-FMHI Evaluator Recommendations

- Maintain detailed minutes of VIP-ER Program Project Management Team meetings that document all key decisions.
- Continue to develop the policies and procedures manual, with a long range goal of First Step of Sarasota achieving accreditation by the Commission on the Accreditation of Rehabilitation Facilities (CARF) for CART Programs.
- Obtain external training and implement 'person-centered' treatment and service planning throughout the CART Initiative.
- Develop an annual staff cross-systems training plan, to be included within the policies and procedures manual, that addresses evidence-based practices (e.g., Assertive Community Treatment, integrated co-occurring disorders treatment, criminal justice systems, homeless interventions, supportive housing, supported employment, and consumer involvement in services).
- Work closely with the Suncoast Partnership to End Homelessness to develop a permanent housing plan for persons who are homeless and who have co-occurring mental and substance use disorders.
- Pursue new funding opportunities through the Criminal Justice Mental Health and Substance Abuse Reinvestment Act (SB 542, HB 1477) authorized by the Florida Legislature.

- Establish a well-defined target population or subpopulation, which specifically addresses jail diversion "intercepts' (i.e., intervention points) within the system.
- Develop written protocols or a Memorandum of Understanding for information sharing among all county providers and agencies.
- Continue to communicate progress with the Community Alliance, the Criminal Justice Commission, the courts, the Board of County Commissioners and key community leaders.
- Develop and implement a detailed plan for consumer and family involvement in the CART Initiative and consumer participation in community planning and implementation at all levels of the system.

Outcome Evaluation

This second year final evaluation for the VIP-ER Program describes key client background and demographic characteristics, sources of referrals to the program, and problems related to the referral/screening/admission process. Data for these outcome analyses were received from numerous sources, including admission and discharge forms provided by First Step, referral sources and follow-up reports of sobriety, housing and vocational activities provided by the Salvation Army, and arrest histories acquired through the Sarasota County Sheriff's Office. Analysis of this data will help to assess the VIP-ER Program's effectiveness in reducing criminal recidivism, substance use, unemployment, and homelessness, and to examine differences between clients who entered the VIP-ER Program from the Addictions Receiving Facility and from other sources (e.g., self-referral, mental health facility, etc.).

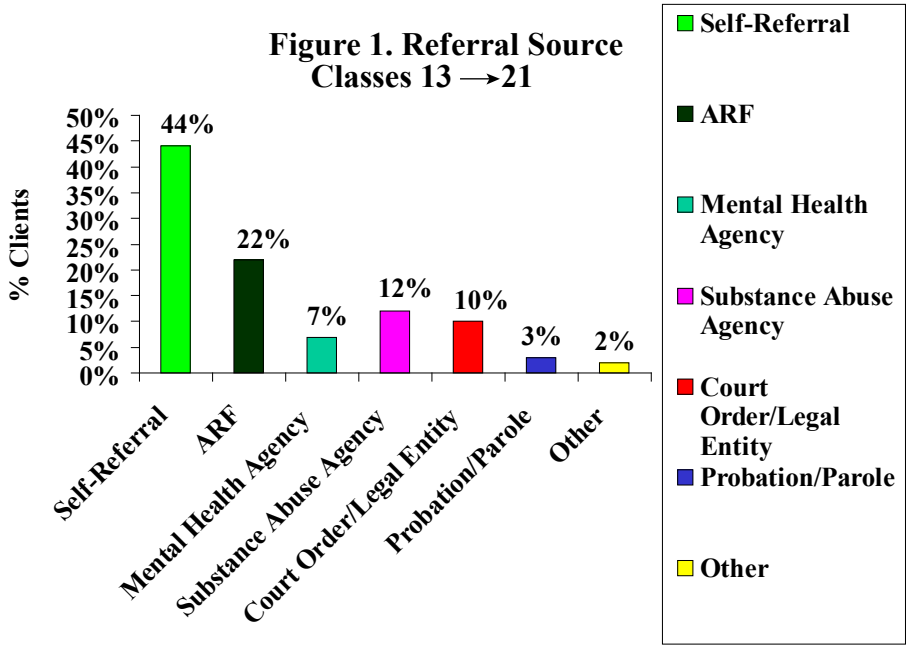
At the time of this report, admission data was available for the first 21 classes (314 individuals) of clients in the VIP-ER Program, and discharge information was available for the first 19 classes (290 individuals). Three-month post-program sobriety information was available from individuals from 17 classes, 6-month post-program sobriety information was available for the first 13 classes, and 12-month post-program sobriety information was available for the first seven classes. Three-month post-program housing and vocational activity status was available for the first 14 classes, 6-month post-program housing and vocational activity status data was available for the first 12 classes, and 12-month post-program housing and vocational activity status data was available for the first six classes. Sobriety, housing and vocational activity data for each time point was only available from those individuals who could be tracked down after graduation. Arrest histories were available for the first 21 classes (314 individuals). It is important to note that these client totals are based on the total number of individuals in these classes, and that in some cases, individual analyses are based on fewer individuals, due to missing data.

Demographic and Background Characteristics

Findings related to VIP-ER Program demographics are presented in Table 1. Program clients averaged 40 years of age, with the youngest client being 18 and the oldest being 63 at time of admission. The racial composition of VIP-ER Program clients is 82% Caucasian, 16% African-American, 4% Hispanic, and 2% "other". The vast majority

(67%) of VIP-ER Program clients are male. Only 37% reported having a high school diploma or GED, 4% had attended a vocational school, and 9% had a post-high school degree (i.e., A.A., B.A., M.S., etc.).

For VIP-ER classes 1-12, detailed documentation of specific referral sources has been somewhat difficult to obtain. Recent data provided by the Salvation Army has allowed for more detailed documentation of referral source for classes 13 onwards. Previous documentation of referral sources often utilized the category "other social service/health/community agency" when a more specific category could have been selected. For classes 1-12, 71% of clients were reported as coming from "other" sources, and 16% of clients were categorized as self-referrals. Data compiled from classes 13 onwards indicates that 44% of clients are self-referrals, 22% are referred from the addictions receiving facility, 12% are referred from a substance abuse treatment agency, and 10% are referred from "other/court order/recognized legal entity" (see Figure 1). As indicated in Table 1, 13% of the clients admitted to the program are described as "involuntary", due to commitment through the Marchman Act. Of clients who were not admitted to the program through the Marchman Act, 92% of admissions are described as "voluntary competent" and 8% are described as "involuntary competent". Over 90% of the clients reported that they were homeless at the time of admission. The remaining 8% reported living in a variety of other independent and dependent living arrangements, as described in Table 1. A significant number of clients (80%) also reported that they were "unemployed" at the time of admission.



Substance Abuse and Mental Health Problems

As indicated in Table 2 and depicted in Figure 2, VIP-ER clients at program admission reported a variety of different types of substance use, with 76% reporting multiple substances used. The most commonly reported "primary" substances used were alcohol (48%), cocaine/crack (36%), heroin (4%) and marijuana/hash (4%). The substances most commonly indicated as "secondary" problems were cocaine/crack (23%), alcohol (17%), and marijuana/hash (14%). The frequency of use (of primary substance) was also noted at admission. Fewer than half (44%) indicated no substance abuse in the past month, and 36% reported "daily use", with a variety of other clients reporting less than "daily" use (see Figure 3).

Based on ICD-9 diagnostic codes described on admission forms, 30% of clients entered the program with co-occurring substance use and mental disorders. For admissions purposes, the primary diagnosis designated was always a substance use disorder, and the mental disorders were listed as secondary diagnoses.

Figure 2. Primary Substance Use at Admission

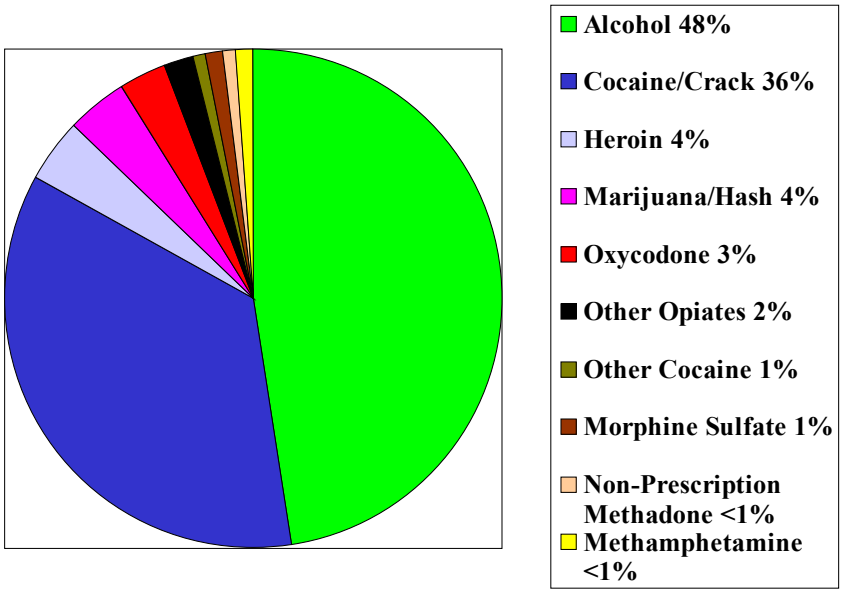
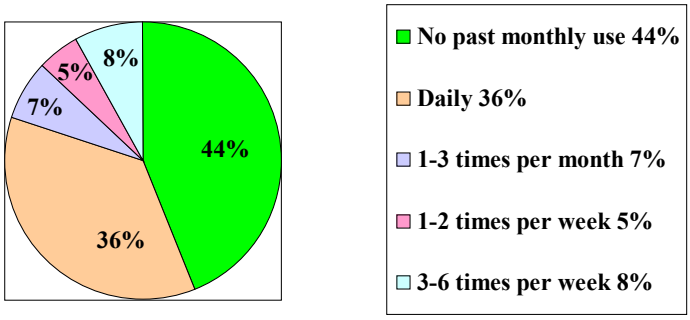


Figure 3. Frequency of Primary Substance Usage at Admission



Program Graduation and Discharge Status

Table 3 describes discharge data for the first 19 classes in the VIP-ER program. Seventy-nine percent of VIP-ER Program clients graduated from the program, with 77% doing so with no substance use detected, and 2% graduating with some substance use during the program. Fourteen per cent of clients left the program of their own accord prior to graduation, and 7% left prior to graduation for non-compliance with program rules. None of the successful graduates indicated plans to use drugs or alcohol in the future.

Twenty-nine percent of the clients reported that they were living independently at the time of discharge. Fifty-eight percent reported being homeless at the time of discharge, with the remaining program graduates living in either supportive housing, group homes or dependently with relatives (see Table 3 and Figure 4). Thirty-two percent of the successful VIP-ER Program graduates reported that they were working in some capacity at discharge. Of the remaining graduates, 30% reported being "unemployed" at the time of discharge and the remaining graduates were not working due to circumstances such as being students, homemakers or being disabled (see Figure 5).

Figure 4. Residential Status

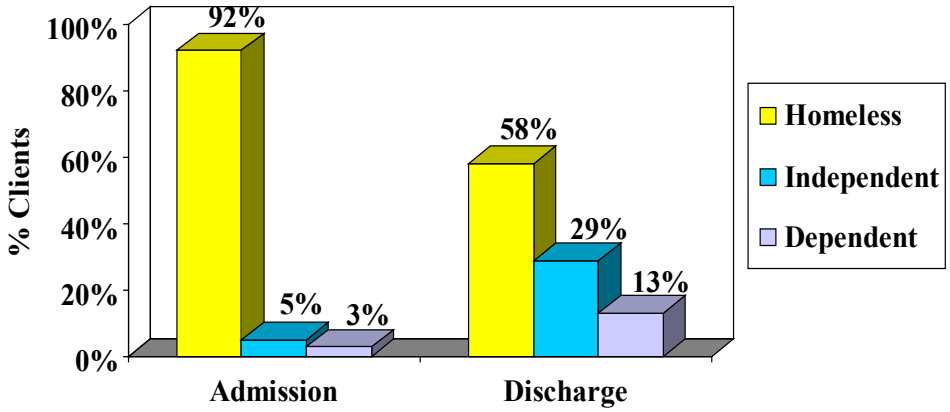
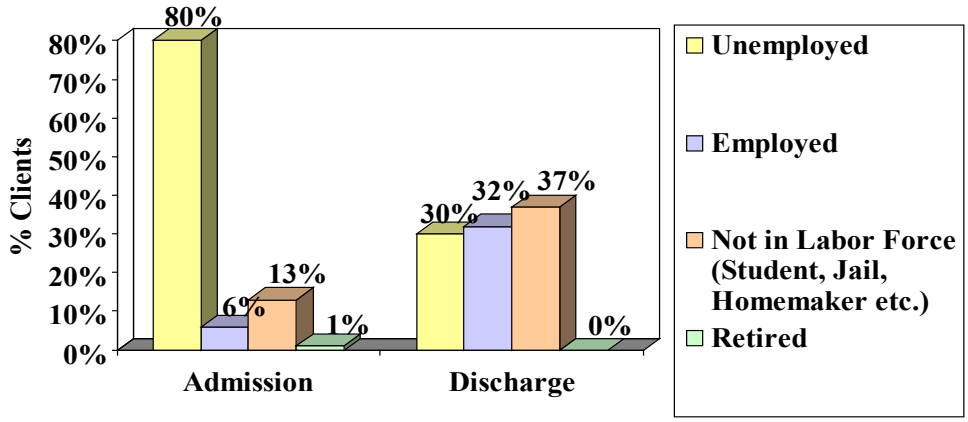


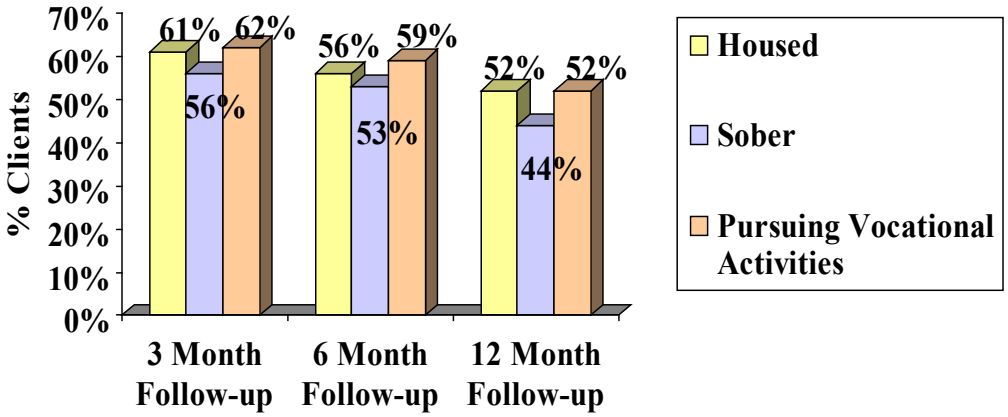
Figure 5. Employment Status



Sobriety after Program Completion

Clients were tracked following graduation to determine the extent of substance abuse among VIP-ER Program participants. Determination of current substance use was based on self-report information. For clients who successfully completed the program and who could be located at the time of 3-month follow-up, 56% (n = 95) indicated that they were still sober (see Table 4). At the time of 6-month follow-up, 53% (n = 63) indicated that they were sober. For clients contacted at the 12-month follow-up, 44% (n = 30) indicated that they were sober (see Figure 6). These rates of self-reported sobriety either closely approximate or well exceed the target percentages for the VIP-ER Program. At the 3-month follow-up, the target number was 60% sobriety, which was closely approximated by the 56% number reached by VIP-ER graduates. The 6-month target was 40% sobriety, which was exceeded by the 53% sobriety rate reported by VIP-ER graduates. Finally, the 12-month target of 20% sobriety was well exceeded by the 44% sobriety rate reported by VIP-ER graduates.

Figure 6. Sobriety, Housing and Vocational Activity at Follow-ups



Stable Housing after Program Completion

As with the sobriety data, clients were tracked following graduation to determine the proportion of VIIP-ER Program participants who were living in stable housing (defined as independent living with family, friends or transitional housing). For clients who successfully completed the program and who could be located at the time of 3-month follow-up, 61% (n = 63) were found to be living in stable housing (see Table 4). At the time of 6-month follow-up, 56% (n = 45) indicated that they were living in stable housing. For clients contacted at the 12-month follow-up, 52% (n = 11) were living in stable housing (se Figure 6). At all three follow-up periods, these rates of stable housing exceed the target percentages for the VIP-ER Program (at all three follow-up time periods, the goal was a 50% rate of graduates living in stable housing).

Vocational Activities after Program Completion

As with sobriety and stable housing, clients were tracked following graduation to determine the proportion of VIP-ER Program participants who were active in vocational activities (i.e., jobs, supported employment, job training, or education) at each follow-up time period. For clients who successfully completed the program and who could be located at the time of 3-month follow-up, 62% (n = 63) indicated that they were participating in vocational activities (see Table 4). At the time of 6-month follow-up, 56% (n = 45) indicated that they were involved in vocational activities. For clients contacted at the 12-month follow-up, 52% (n = 11) indicated that they were involved in vocational activities (see Figure 6). At all three follow-up periods, these rates of involvement in vocational activities were well below the target percentages for the VIP-ER Program (at all three follow-up time periods, the goal was an 80% rate of graduates becoming involved in vocational activities).

Criminal Justice System Involvement in Sarasota County

Information regarding participants' follow-up arrests/convictions in Sarasota County was provided by the Sarasota County Sheriff's Office, and was available for VIP-ER Program classes #1-21 (see Table 5). Almost a third of arrest records did not indicate the disposition of the arrest (e.g., conviction, charges dropped). Over half of all VIP-ER clients (61%) had been arrested and convicted in Sarasota County prior to program admission. One quarter of VIP-ER Program participants were arrested/convicted in Sarasota County within a year of entering the program, and 29% were arrested/convicted within 18 months of entering the program. During the 18 months following completion of the VIP-ER Program, only 18% of program graduates were arrested and convicted, in comparison to 27% of all VIP-ER Program participants. Statistical analyses indicate that successful graduates from the program's early classes (Classes 1-4, n = 59) were significantly less likely to be arrested during the 18 month follow-up period than were those who did not complete the program.

Addictions Receiving Facility (ARF) Referrals

Data from VIP-ER Program Classes 13-21 was examined to assess characteristics of participants who were referred from the ARF (see Table 6). Due to difficulties in receiving data which properly categorized clients as ARF referrals, the total sample size available for this analysis was 33 individuals (the sample size for some analyses was smaller due to missing data).

Admission characteristics of those referred from the ARF were compared to those referred from other sources. Of the range of characteristics listed in Tables 6-7, referrals from the ARF were significantly more likely to be: male; older in age; to have a co-occurring disorder; to have a lower global axis of functioning score; to indicate alcohol as their primary substance use problem and to less frequently report cocaine as the primary problem; and to be placed in treatment involuntarily due to the Marchman Act. There were no differences in ARF and non-ARF referrals in education level, race/ethnicity, residential status, employment, or history of arrest/conviction in Sarasota County at the time of program admission.

The discharge outcomes were also examined for ARF and non-ARF referrals. Of all outcomes described in Tables 8-9, those referred from the ARF were significantly more likely to indicate at discharge that they intended to use substances in the future. However, at 3 month follow-up, ARF referrals were about as likely as other referrals to report being sober. ARF referrals were not statistically different from other types of referrals in their rate of successful graduation from the VIP-ER Program; in their reported commitment to recovery at 3-month follow-up, in their ability to find stable housing at 3-month follow-up, and in their engagement in vocational activities at 3-month follow-up. ARF referrals were no more likely than non-ARF referrals to be arrested within the one year follow-up after graduation from the VIP-ER program. Due to difficulties in determining who was referred through the ARF for classes 1-12, not enough time has elapsed at the time of this report to accurately assess the status of this group at the follow-up periods.

Summary of Outcome Results

Although not definitive, outcome results indicate substantial promise for the effectiveness of treatment and related services implemented within the VIP-ER program. In particular, graduation from the program appears to be related to marked reductions in the risk for arrest over an 18 month follow-up period. Due to the small sample size and the absence of comparison groups in the study, these findings should be considered preliminary, and more extensive study is needed to fully explore criminal recidivism among VIP-ER participants.

The high rate of program retention (79%) within the VIP-ER program is also encouraging. This retention rate exceeds those obtained in residential therapeutic community (TC) programs by approximately 25%, and are also favorable in comparison to other intensive treatment programs. The outcome evaluation also indicates that the VIP-ER Program has had success in linking participants who need housing and employment to these services, with over half receiving these services during the follow-up period. Reported rates of abstinence are encouraging and successfully exceeded the target rates at both 6 and 12 months post graduation. However, rates of reported abstinence near or below the 50% point among VIP-ER participants during follow-up indicates the need for ongoing monitoring, case management, and opportunities for involvement in extended community treatment services. This is especially so given that abstinence in substance using populations is known to be difficult to maintain over the long run.

Concerns Related to Data Collection

- Inconsistent reporting of admission and discharge data compiled by First Step and its partners continues to be a problem.
  - ✓ Admission forms continue to list numerous program clients as having primary and secondary substance abuse diagnoses, yet on the discharge forms, these same individuals are coded as never having used substances.
  - ✓ A review of admission forms has revealed problems across personnel in coding identical data differently. For example, different personnel have been found to code clients who were referred from drug court as being referred from “Probation/parole/controlled release authority” and “other court order/recognized entity”.

- ✓ Inter-rater reliability on other items may also suffer from such differences in interviewer categorizations.
- ✓ Many clients are still not being identified as referrals from the ARF facility on the admission forms completed by First Step.
- ✓ In many instances there is disagreement between the referral source listed by First Step and the referral source listed by the Salvation Army. Further, there has also been disagreement between various First Step forms as to referral site.

- There has been difficulty in receiving data from First Step regarding the 3, 6, and 12 month follow-up assessments of VIP-ER Program graduates' sobriety, employment and housing status.

- Collection of follow-up information is uneven.
  - ✓ Across all three follow-up periods, sobriety information is available for more classes than is data for housing and vocational involvement.
- Due to the difficulties in identifying ARF referrals, the ARF data analyses are based upon a small sample size.
  - ✓ Optimally, information on specific referral source should be collected for classes 1-12 and continue to be collected from class 22 onwards. Once this is accomplished, the data regarding the ARF clients could be re-analyzed with a larger sample.

Suggestions for Improvement of Data Collection and Reporting

- Although mentioned in previous reports, data coding difficulties still persist.
  - ✓ It is again strongly recommended that those personnel who complete the admission and discharge forms for the VIP-ER Program be trained to do this task more accurately.
  - ✓ Through omission of information on the admission and discharge forms, valuable information is being lost which could be used to understand the types of participants who achieve the greatest benefit from involvement in the VIP-ER Program.
- As pointed out in previous reports, problems exist regarding data flow.
  - ✓ Individuals responsible for providing evaluation/outcome data should meet with such 'end users' of the data to review what information is required, when this information is needed, and in what form the information is needed, to effectively evaluate the progress of the VIP-ER Program.
  - ✓ Responsibilities related to assignments for providing information should be more clearly defined.

Table 1. Demographics and Background Characteristics of VIP-ER Program Clients

Age		
Mean	40	
Range	18-63	
Race		
Caucasian	82%	N=253
African-American	16%	N=50
other	2%	N=7
Gender		
Male	67%	N=211
Female	33%	N=103
Education		
High school diploma/GED	37%	N=116
Less than a high school diploma/GED	28%	N=87
1 or more years of college w/no degree	22%	N=68
Vocational school	4%	N=13
Associate's degree	4%	N=14
Bachelor's degree	3%	N=10
Master's degree	1%	N=4
Professional degree	1%	N=1
Referral Source[1]		
Self-referral	44%	N=59
Addictions receiving facility	22%	N=30
Other/court order/recognized legal entity	10%	N=13
Substance abuse treatment agency	12%	N=17
Mental health treatment agency	7%	N=9
Probation/Parole/Controlled Release	3%	N=4
Other	2%	N=3
Residential Status at Admission		
Homeless	92%	N=290
Independent living w/relatives	2.5%	N=8
Supported housing	2.5%	N=8
Independent living w/non-relatives	2%	N=2
Independent living alone	<1%	N=1
Dependent living w/relatives	<1%	N=1

Employment Status at Admission		
Unemployed	80%	N=248
Not in labor force (disabled, student, jail, etc.)	13%	N=41
Employed	6%	N=20
Retired	1%	N=3
Admission Type (total sample, N = 314)		
Marchman Act Involuntary	13%	N=32
Admission Type (non-Marchman Act clients, N = 271)		
Voluntary competent	92%	N=246
Involuntary competent	8%	N=20
Co-occurring Disorder at Admission		
Yes	30%	N=41
No	70%	N=94

[1]VIP-ER groups #13-21.

Table 2. Substance Abuse Reported at Admission to VIP-ER Program

Primary Substance Use at Admission		
Alcohol	48%	N=149
Cocaine/Crack	36%	N=112
Heroin	4%	N=13
Marijuana/Hash	4%	N=12
Oxycodone/Oxycontin	3%	N=11
Other opiates and synthetics	2%	N=6
Other cocaine	1%	N=3
Morphine sulfate	1%	N=3
Non-prescription methadone	<1%	N=1
Methamphetamine	<1%	N=2
Secondary Substance Use at Admission		
None	24%	N=76
Cocaine/Crack	23%	N=73
Alcohol	17%	N=53
Marijuana/Hash	14%	N=43
Other cocaine	5%	N=15
Other opiates and synthetics	4.5%	N=14
Heroin	3%	N=9
Oxycodone/Oxycontin	3%	N=8

Methamphetamine	1%	N=5
Methadone	1%	N=3
Non-prescription methadone	1%	N=3
Hydrocodone/Acetaminophen	1%	N=4
Benzodiazepine	1%	N=2
Other Hallucinogens	<1%	N=1
Other stimulants	<1%	N=1
Hydromorphine	<1%	N=1
Use of Primary Drug at Admission		
No past month use	44%	N=135
Daily	36%	N=109
1 to 3 times in past month	7%	N=21
1 to 2 times per week	5%	N=15
3 to 6 times per week	8%	N=26

Table 3. VIP-ER Program Discharge Status

Discharge Status[2]		
Completed espisode of care—No substance use	77%	N=225
Complete episode of care—Some substance use	2%	N=5
Left before program completion	14%	N=39
Did not complete due to non-compliance w/agency rules	7%	N=21
Residential Status at Discharge		
Homeless	58%	N=159
Independent living w/non-relatives	18%	N=50
Independent living w/relatives	9%	N=24
Independent living alone	2%	N=4
Supported housing	6%	N=18
Dependent living w/relative	1%	N=2
Group home	5%	N=14
Assisted living facility	1%	N=3
Employment Status at Discharge		
Not in labor force (disabled, student, jail, etc.)	37%	N=108
Employed	32%	N=93
Unemployed	30%	N=88
Retired	1%	N=1

Intention of Future Use (successful graduates)		
No intention of future use	100%	N=229
Intention of Future Use (non-graduates)		
No intention of future use	83%	N=49
Intend to use in future	8.5%	N=5
Currently using drugs	8.5%	N=6

[2]Through first 19 classes, N=290

Table 4. Sobriety, Vocational Activities and Housing Status during Follow-up among Successful Graduates

Follow-up Sobriety		
Sober at 3 month follow-up	56%	N=95 (of 169)
Sober at 6 month follow-up	53%	N=63 (of 120)
Sober at 12 month follow-up	44%	N=30 (of 69)
Follow-up Attempts at Vocational Activities		
Vocational activities at 3 month follow-up	62%	N=63 (of 102)
Vocational activities at 6 month follow-up	59%	N=47 (of 80)
Vocational activities at 12 month follow-up	52%	N=11 (of 21)
Follow-up Housing Status		
Housed at 3 month follow-up	61%	N=63 (of 103)
Housed at 6 month follow-up	56%	N=45 (of 80)
Housed at 12 month follow-up	52%	N=11 (of 21)

Table 5. Criminal Involvement in Sarasota County

Prior Arrests and Convictions	61%	N=181 (of 299)
1 Year Pre-Post Comparison		
Arrested/convicted in year prior to program admission	25%	N=33 (of 134)
Arrested/convicted in year following program discharge-all participants[3]	22%	N=30 (of 134)
Arrested/convicted in year following program discharge-graduates[4]	18%	N=18 (of 103)
18 Month Pre-Post Comparison		
Arrested/convicted in the 18 months prior to program admission	29%	N=17 (of 59)
Arrested/convicted in the 18 months following discharge from program-all participants[5]	27%	N=16 (of 59)
Arrested/convicted in 18 months following discharge from program- graduates[6]	18%	N=8 (of 44)

[3]All who began program through class 9, N=134
[4]Successful graduates through class 9 only, N=103
[5]All who began program through class 4, N=59
[6]Successful graduates through class 4 only, N=44

Table 6. ARF Referrals-Background and Demographic Characteristics[7]

Age		
Mean	45	
Range	18-63	
Race		
Caucasian	87%	N=26
African American	13%	N=4
Gender		
Male	87%	N=26
Female	13%	N=7
Education Level		
High school diploma/GED	33%	N=10
Less than a high school diploma/GED	33%	N=10
1 or more years of college w/no degree	28%	N=8
Associate's degree	3%	N=1
Master's degree	3%	N=1
Residential Status at Admission		
Homeless	97%	N=29
Independent living alone	3%	N=1
Employment Status at Admission		
Unemployed	90%	N=27
Not in labor force (disabled, student, jail, etc.)	10%	N=3
Admission Type (total sample, N=30)		
Marchman Act involuntary	90%	N=27
Admission Type (non-Marchman Act, N=3)		
Voluntary competent	100%	N=3
Co-occurring Disorder at Admission		
Yes	23%	N=7
No	77%	N=23

[7] Analyses are based on ARF referrals from classes 13-21.

Table 7. ARF Referrals - Substance Abuse Reported at VIP-ER Admission[8]

Primary Substance Use at Admission		
Alcohol	80%	N=24
Oxycodone/Oxycontin	8%	N=2
Cocaine/Crack	3%	N=1
Heroin	3%	N=1
Marijuana/Hash	3%	N=1
Other Cocaine	3%	N=1
Secondary Substance Use at Admission		
None	44%	N=13
Marijuana/Hash	20%	N=6
Other Cocaine	14%	N=4
Cocaine/Crack	10%	N=3
Alcohol	3%	N=1
Other opiates and synthetics	3%	N=1
Methamphetamine	3%	N=1
Hydrocodone/Acetaminophen	3%	N=1
Use of Primary Drug at Admission		
No past month use	47%	N=14
Daily	37%	N=11
1 to 3 times in past month	3%	N=1
1 to 2 times per week	13%	N=4

[8]Analyses are based on ARF referrals from classes 13-21.

Table 8. ARF Referrals - VIP-ER Program Discharge Status[9]

Discharge Status		
Completed episode of care—no Substance use	75%	N=18
Left before program completion	8%	N=2
Did not complete due to non-compliance w/agency rules	17%	N=4
Residential status at discharge		
Homeless	9%	N=2
Independent living w/non-relatives	48%	N=10
Independent living w/relatives	20%	N=4
Supported Housing	9%	N=2
Group home	14%	N=3
Employment status at discharge		
Not in labor force (disabled, student, jail, etc.)	59%	N=14
Unemployed	25%	N=6
Employed	16%	N=4
Intention of future use (for program graduates)		
No intention of future use	100%	N=18
Intention of future use (for non-graduates)		
No intention of future use	51%	N=3
Intended to use in future	33%	N=2
Currently using drugs	16%	N=1

[9]Analyses are based on ARF referrals from classes 13-21.

Table 9. ARF Referrals, Sobriety, Vocational Activities, and Housing at Follow-up for Program Graduates[10]

Follow –up Sobriety		
Sober at 3 month follow-up	39%	N=5 (of 13)
Follow-up Attempts at Vocational Activities		
Vocational activities at 3 month follow-up	50%	N=2 (of 4)
Follow-up Housing Status		
Housed at 3 month follow-up	50%	N=2 (of 4)

[10]Analyses are based on ARF referrals from classes 13-21.