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Safety and Justice Program

Substance Use Treatment and Reentry (STAR) Program

Final Evaluation Report

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The research described in this report was sponsored by Homeboy Industries and the Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, and was conducted in the Safety and Justice Program within RAND Justice, Infrastructure, and Environment.

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Preface

Providing substance use treatment and support for young offenders reentering communities following incarceration is a critical public health and safety need. In order to address this need, the Center for Substance Abuse Treatment (CSAT)[1], awarded community based organizations with three-year grants to provide substance abuse treatment and recovery support to recently released, formerly incarcerated young offenders. Homeboy Industries, Inc., in collaboration with Behavioral Health Services and the RAND Corporation, was awarded one of these grants for its "Substance Use Treatment and Reentry (STAR)" program.[2] RAND's role on the project was to evaluate the STAR program. This report should provide Homeboy Industries, Behavioral Health Services, and the CSAT with information about the performance of the project over the three-year period.

The RAND Safety and Justice Program

The research reported here was conducted in the RAND Safety and Justice Program, which addresses all aspects of public safety and the criminal justice system, including violence, policing, corrections, courts and criminal law, substance abuse, occupational safety, and public integrity. This program is part of RAND Justice, Infrastructure, and Environment, a division of the RAND Corporation dedicated to improving policy and decision making in a wide range of policy domains, including civil and criminal justice, infrastructure protection and homeland security, transportation and energy policy, and environmental and natural resource policy.

The opinions, findings, and conclusions or recommendations expressed in this publication are those of the authors and do not necessarily reflect the views of Homeboy Industries, Behavioral Health Services, or the U.S. Department of Health and Human Services. Questions or comments about this report should be sent to the project leader, Sarah Hunter

[1] CSAT is a center of the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services.

[2] CSAT/SAMHSA grant number TI022609. Homeboy Industries, Inc. is a 501(c)3 nonprofit community based organization located in downtown Los Angeles that provides job training and placement along with related support services to historically low-income, gang-involved, formerly incarcerated and at risk populations; Behavioral Health Services is a not-for-profit community-based healthcare organization providing substance abuse, mental health, drug-free transitional living, older adult services, HIV/AIDS education and prevention, and other related health services to the residents of Southern California.

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Summary

Substance use disorders are common among juvenile justice populations, and few resources exist to address this problem as young offenders are transitioning into the community after being released. In order to address this need, in October 2010, the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), awarded three-year grants to community-based organizations to expand and/or enhance substance abuse treatment and related recovery and reentry services to sentenced offenders returning to the community from incarceration. Homeboy Industries, Inc. in collaboration with Behavioral Health Services, Inc., and the RAND Corporation were awarded a grant to serve up to 220 16–25-year-olds who were recently released from juvenile detention to receive substance use treatment and recovery services at Homeboy Industries located in downtown Los Angeles. This report represents the evaluation of that program, entitled the "Substance Use Treatment and Reentry" (STAR) Program. The results from the evaluation demonstrate the need to address substance use and the success in delivering the proposed treatment to the target population. Ninety-four percent of the proposed population (i.e., 207 out of the 220 targeted) was enrolled into the program. Ninety percent of participants received at least one substance use treatment session and 73 percent successfully completed the five-session treatment by six months. An analysis of the client outcome data following participation in the program demonstrated fairly positive improvements or stability over time in housing and social connectedness. Over 70 percent of participants who completed a 12-month interview reported still being employed, and self-reported arrests were less than 15 percent. Abstinence rates did not change much throughout the project (about 30 percent); however, those reporting use at intake showed reductions in use over time. In sum, these findings reveal a continued need among the population for substance use treatment and recovery support.

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Abbreviations

ABS	Assessment Building System
ACRA	Adolescent Community Reinforcement Approach
ACC	Assertive Continuing Care
BHS	Behavioral Health Services, Inc.
CITI	Collaborative Institution Training Initiative
CSAT	Center for Substance Abuse Treatment
GAIN	Global Appraisal of Individual Needs
GAIN-I	Global Appraisal of Individual Needs–Initial
GAIN-Q	Global Appraisal of Individual Needs–Quick
GAIN-SS	Global Appraisal of Individual Needs–Short Screener
GED	General Educational Development
GPRA	Government Performance Reporting Act
HBI	Homeboy Industries, Inc.
JMATE	Joint Meeting on Adolescent Treatment Effectiveness
MET/CBT-5	Motivational Enhancement Therapy/Cognitive Behavioral Therapy-5
OJJDP	Office of Juvenile Justice and Delinquency Prevention
ORP	Offender Reentry Program
RFA	Request for Applications
SAIS	Services Accountability Improvement System
SAMHSA	Substance Abuse and Mental Health Services Administration
STAR	Substance Use Treatment and Reentry
SUD	Substance Use Disorder
TAY	Transitional Aged Youth
TLC	Transitional Living Center
TOT	Training of Trainers

Chapter 1: Introduction

Substance use disorders are the second most common psychiatric disorder in the juvenile justice system, with over 60 percent of juvenile justice youth receiving a substance use disorder diagnosis (Teplin et al., 2002; Vincent, 2012). Youth in the juvenile justice system have three times the rate of substance use disorders of the general juvenile population (Office of Applied Studies, 2003), demonstrating the need to address substance use among this population.

The connection between substance use and crime is becoming increasingly well documented. Sustained abstinence from substance use is associated with a 40–70 percent reduction in crime (e.g., Harrell and Roman, 2001). Among drug involved offenders who receive substance use treatment while incarcerated, the absence of follow-up treatment when transitioning into the community after release results in outcomes similar to drug involved offenders who did not receive treatment while incarcerated (e.g., Marlowe, 2002; Martin et al., 1999). Other barriers to successful community reentry include mental health issues such as post-traumatic stress disorder, unemployment, lack of consistent housing, and lack of social support.

In spite of the prevalence of substance use disorders among offenders, only 15–20 percent of individuals involved with the criminal justice system who are in need of substance use treatment receive it as part of their justice system supervision (Chandler, Fletcher, and Volkow, 2009). For the quarter million juveniles and youth identified as needing substance use treatment in the corrections system (Taxman et al., 2007), there are very few substance use treatment options dedicated to those who have just been released—precisely when relapse is most likely. The U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP) indicates that nearly 6 in 10 juvenile offenders return to court before the age of 18 (Snyder and Sickmund, 2006).

In response to the need to provide substance use treatment to previously incarcerated individuals, the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) supported discretionary service grants initiated in federal fiscal year 2010 to expand and/or enhance substance use treatment and related recovery and reentry services to sentenced juvenile and adult offenders returning to the community from incarceration (U.S. Department of Health and Human Services, 2009). The program was entitled the "Offender Reentry Program" (hereafter referred to as ORP) and provided up to $400,000

per year for up to three years to form stakeholder partnerships to plan, develop, and provide a transition from incarceration to community-based substance use treatment and related reentry services for the targeted populations.

The grant was designed to serve one of two offender populations, either juvenile or adult offenders as defined by state law, who had been sentenced to incarceration. According to the Request for Application (RFA), participants in the program were also required to meet the following criteria: assessed as substance-using/abusing or diagnosed as having a substance use disorder; sentenced to and serving at least one year in a correctional institution (jail/prison/detention center); being within four months of scheduled release to the community; and upon release from the correctional facility to the community, being referred to community-based treatment. The RFA specified that grant funds be used to conduct outreach within the correctional institution so that detainees transitioned back into the community with substance use treatment resources.

With the grant support, SAMHSA encouraged communities to use evidence-based substance use treatment models and the Global Appraisal of Individual Needs (GAIN) as an assessment tool. The grant was designed to provide the support necessary to train staff to implement these approaches in the project. These SAMHSA-supported service grants were developed to primarily support direct services; however, up to 15 percent of the total grant award could be used for infrastructure changes, and up to 20 percent could support data collection and performance measurement and assessment. In addition, grant funds were used to support staff attendance at annual grantee meetings and relevant trainings.

In the following chapters of this report, we provide an overview of the proposed project (Chapter 2), the methods used to evaluate the project (Chapter 3), the findings from the evaluation including how the project was implemented (Chapter 4), and finally conclusions, limitations of the evaluation, and recommendations for future projects (Chapter 5). Additional information about the project and evaluation is provided in appendixes at the end of this report.

Chapter 2: Program Overview

In response to the SAMHSA/CSAT grant opportunity, a partnership was proposed between Homeboy Industries (HBI), Behavioral Health Services, Inc. (BHS), and RAND Corporation to create the STAR Program (Substance use Treatment And Reentry) to provide substance use and other reentry-related services for 220 young offenders aged 16–25 at HBI. The project award began in October 2010.

The program was in direct response to the need for support services for formerly incarcerated youth between the ages of 16 and 25 who returned to Los Angeles and were in need of substance use treatment services. Of the over 58,000 youth arrested in 2003, almost 20,000 have spent time in Los Angeles County's juvenile halls and camps (McCroskey, 2006). Risk for recidivism in California is higher than in other areas; recent analyses found that 58 percent of adult offenders there return to state prison within three years of their release compared to 40 percent of offenders in other states (Pew Center, 2011), and youth three-year recidivism rates in California are similar to adult rates (56.5 percent; California Department of Corrections and Rehabilitation, 2010).

Program Goals

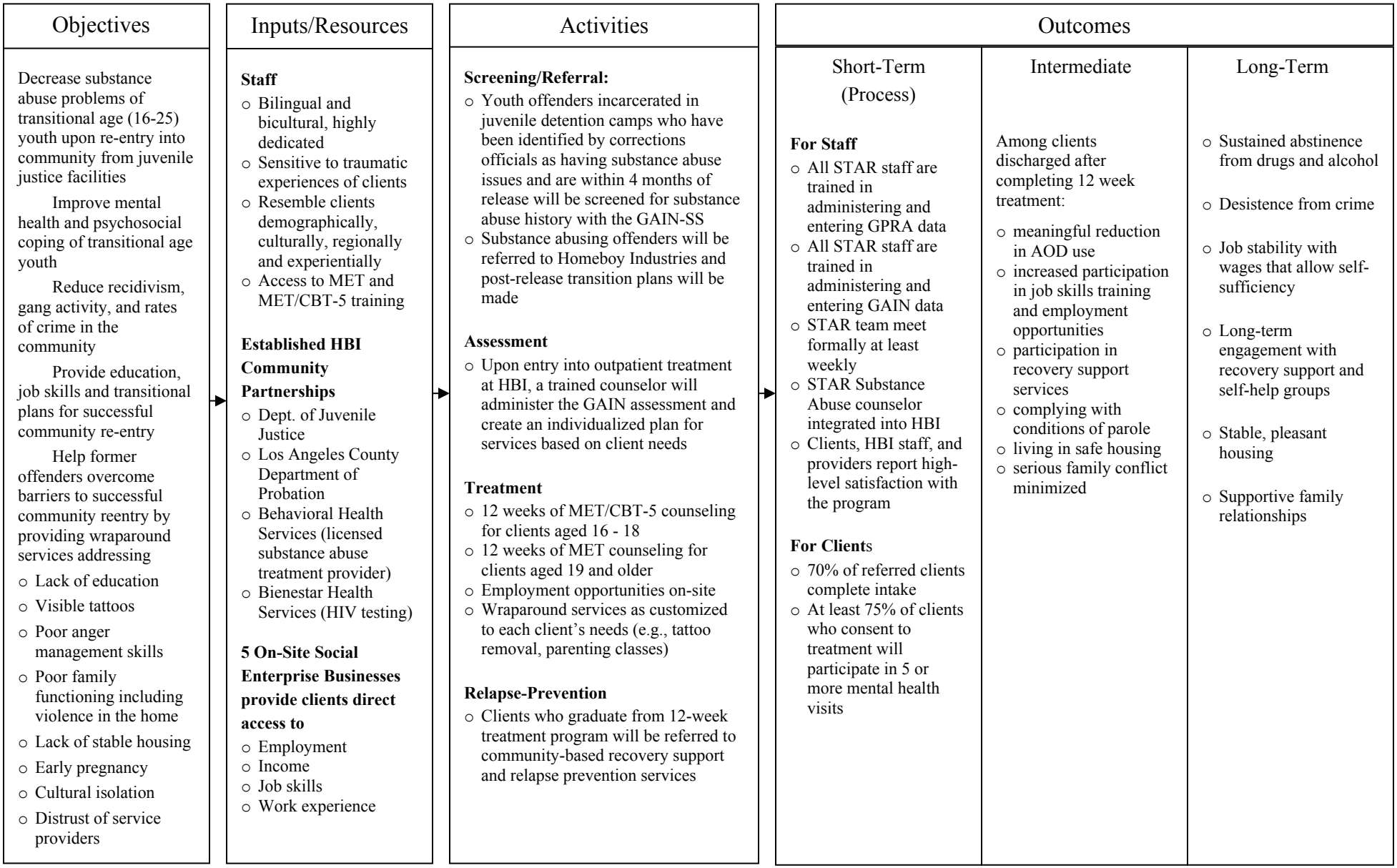
The proposed program logic model is displayed in Figure 1. The logic model was developed by HBI as part of its proposal to SAMHSA (i.e., prior to receipt of funding). The proposed project was designed to expand services to incorporate a new structured, evidence-based substance use treatment model for incarcerated youth upon release and expand existing wraparound services at HBI, including case management, job training/placement and/or access to GED/high school, mental health counseling, parenting classes, and tattoo removal. While HBI already provided many of these services, additional staffing would be needed to serve the clients recruited for this project. By expanding and enhancing existing substance use treatment services and linking them to onsite wraparound support services—including case management, job training/placement and/or access to GED/high school, mental health counseling, parenting classes, and tattoo removal—the program was designed to address the SAMHSA's goals of reducing the health and social costs of substance abuse and dependence to the public, and increasing the safety of communities by reducing substance use related crime and violence.

The program was specifically designed to provide Motivational Enhancement Therapy/Cognitive Behavioral Therapy-5 (MET/CBT5), an evidence-supported treatment that SAMHSA/CSAT encouraged grantees to consider using for juvenile populations in its Request for Applications. The MET/CBT-5 treatment model is in the public domain, allowing for cost-effective training. Grant funds could be used to provide training to staff to implement the treatment. Motivational Enhancement Therapy (Miller et al., 1994) was proposed for use with the older population (19–25), as MET/CBT-5 has not been well tested with this older population. Also, Seeking Safety (Najavits, 2002) groups, which provide evidence-supported trauma-informed care, were proposed for use with female participants. Treatment services were to be delivered on site at the HBI Headquarters, located at 130 West Bruno Street in downtown Los Angeles. This location is three blocks from Union Station and across the street from the Metro gold line in the Chinatown district.

Target Population

The proposed target population was juvenile offenders who were exiting from Los Angeles County Juvenile Probation Camps Scott, Scudder, and Gonzalez and the Department of Juvenile Justice Camp Norwalk; had been identified as having substance use issues; and were preparing for release within four months. California is one of only four states to retain juveniles up until age 25. Transitional Age Youth (TAY) aged 16–25 were targeted to participate in the project. A key issue that needed to be addressed as part of the screening for project participation was whether the youth would be able to access services at HBI following release. The camps serve youth from across Los Angeles County, a county that has an area of 469 miles, and therefore, it was not always feasible to expect that all of the released youths would be able and willing to access services at HBI's downtown Los Angeles location. Moreover, many youth did not report having a stable housing option upon release to help them plan their transition back into the community. All participants in the project were offered employment at HBI before entering the program, as HBI's primary mission is to provide job training. Only youth that had agreed to work at HBI were approached to participate in the project, as HBI planned to offer substance use treatment services to those enrolled in its job training program.

Figure 1. STAR Program Logic Model



Chapter 3: Evaluation Methods

The project was designed to employ a participatory performance assessment process based on the Getting to Outcomes® framework (Chinman et al., 2004) to determine whether the project objectives and outcomes were being achieved. Based on established theories of traditional evaluation, empowerment evaluation, results-based accountability, and continuous quality improvement, this framework builds practitioners' existing capacity, empowering them to address aspects of planning, implementation, and evaluation of their programs rather than relying on external resources and evaluators. The process is designed to ensure regular reporting within the project team and to funders regarding progress achievements, barriers encountered, and quality improvement strategies to overcome barriers. In order to build practitioner capacity around evaluation, the lead evaluator worked collaboratively with the Project Leader to create a regular project team meeting so that staff could review the program goals regarding recruitment, enrollment, program delivery, and data collection. The meetings were held weekly during the first year of implementation (that is, during the second half of Year 1 and first half of Year 2) and biweekly thereafter. The evaluator and Project Leader worked collaboratively on establishing an agenda prior to each meeting that met the project needs at the time of the meeting.

The team utilized both process and outcome evaluation elements to measure the impact of the project. The main objectives of the evaluation were to: (1) monitor outreach and recruitment efforts to meet the goal of enrolling the target of 220 16–25-year-old formerly incarcerated youth (i.e., 60 in the first year and 80 in years 2 and 3); (2) monitor delivery of the planned intervention, MET/CBT-5, to ensure participants had an opportunity to participate in the treatment, and (3) assess client changes from before to after program participation in the following domains: a) substance use, b) housing stability, c) employment, d) social connectedness, e) substance use recovery activities (including self-help), and f) criminal justice involvement. Note that the project did not implement some of the other treatment elements noted in the proposed logic model; that is, MET was not delivered to the older population (rather, all participants were assigned to receive MET/CBT-5), and Seeking Safety groups were never implemented.

Staff training in the data collection activities and the treatment protocol (i.e., MET/CBT-5) were documented to assess the capacity to meet the evaluation objectives.

Next, we discuss how each of these three evaluation objectives was monitored throughout the project.

Outreach and Recruitment

At the project team meetings, the outreach and recruitment staff were asked to provide an update on the number of young offenders that they had met, the number that they had screened for the project, and the number that were eligible and interested in the project. A reporting tool was created for this project to capture this information (see Appendix A: Outreach/Recruitment Tool). These numbers were compared to the proposed values to determine whether the project was on schedule in terms of meeting its recruitment efforts. The outreach and recruitment staff discussed at the meeting the reasons they were or were not able to meet the recruitment goals, and other team members provided input and support to them. Changes in the processes were documented in the project team meeting notes. Follow-up occurred by phone or email between relevant staff or in the successive project team meetings to keep on target in terms of achieving the outreach and recruitment goals.

MET/CBT-5 Delivery

Following training in the MET/CBT-5 model, the treatment counselor kept documentation on each individual receiving treatment, the date(s) and number of sessions attended, and treatment disposition (i.e., complete, in progress, or incomplete, and reasons for incomplete: death, incarceration, unemployment, no longer attending treatment). A reporting tool was created for this project to capture this information (see Appendix B: STAR Treatment Progress Log, containing a couple sample entries). A tally of the number of treatment completions was reported on the log to help the project team monitor progress. At each project team meeting, the treatment counselor would present this information. The meeting provided a venue to ask other staff about the status of participants in progress or with incompletes, for example, if a participant had missed an appointment, or if there were efforts under way to reengage a participant who had left the program before completing treatment.

Participant Outcomes

The project used the CSAT Government Performance Reporting Act (GPRA) Client Outcome Measures for Discretionary Programs to assess client outcomes (see Appendix C: CSAT GPRA Client Outcome Instrument). This interview tool was used at

the time of enrollment into the program (i.e., baseline or intake), and at three, six, and 12 months following the baseline or intake assessment. The CSAT GPRA Client Measures contained interview questions that asked about substance use in the past 30 days, family and living conditions, employment status, social connectedness, recovery support participation, and criminal justice status.

Client outcomes were assessed using a pre-post evaluation design. Although there are limits to this approach (e.g., historical biases, uncontrolled third variable effects), it was an optimal approach given the purpose of the proposed project and the costs and logistical issues involved with an alternative, such as an experimental design, which could better provide unbiased program effect estimates. As described earlier, the assessments from the baseline and the follow-up time points were used to detect changes over time in participants' outcomes. We used data only from clients who completed both an intake and follow-up assessment in our main outcome analyses presented in Chapter 4. We also examined how the outcomes were related to MET/CBT-5 completion rates to enhance understanding about the impact of the treatment.

Considerable efforts were put into ensuring adequate response rates at the three, six, and 12-month follow-up time points. The Request for Applications specified a goal of an 80 percent response rate for the six-month time point. Participants were compensated with a $20 gift card for participating in the follow-up interviews. Detailed participant tracking and locating information was collected at the time of the baseline interview (see Appendix D: STAR Locator Form). Field interviewer staff were provided with additional tools to document their efforts to contact participants for the follow-up interviews (see Appendix E: Case Tracking Log). The data collection manager, field interviewers and RAND Survey Research staff met on a weekly basis throughout the data collection period to identify participants who needed follow-up, assign these cases to the field interviewers, discuss progress, troubleshoot on difficult cases, manage incentive payments, collect hard copies of any collected data, and handle related business. Reports from the interviewer meetings were prepared for presentation at the larger project team meetings.

Chapter 4: Findings

We use the program logic model to organize the findings from the project's process and outcome evaluation.

Inputs and Resources

Staff

A significant number of staff across the three organizations participated in this project. The Project Director position was held by a licensed marriage and family therapist employed as a mental health counselor at HBI. The Project Data Manager was also a HBI employee who worked in the mental health department, primarily in an administrative role. The case management and intake coordinators (who provided outreach and recruitment efforts) and field interviewers were mainly former clients who had worked at HBI for over one year. All of the staff from HBI involved in this project were bilingual in Spanish and English, and the majority were of Hispanic descent. Case management and assessment staff were about 50 percent male and 50 percent female, and over half had been previously incarcerated. The certified addiction treatment counselor provided by BHS was male, and the treatment sessions he conducted were in English. His clinical supervisor and the administrative director (who was female and of Hispanic descent) also played a role in the project. The RAND staff, all female, included the Program Evaluator, a survey coordinator to train and assist with data collection, and a field interviewer to assist with follow-up interviews. Appendix F displays the training opportunities and which staff participated in them. Although BHS staff were primarily responsible for delivering the MET/CBT-5 treatment, as shown in the training appendix, HBI staff also participated in the MET/CBT-5 training to build capacity of their organization to deliver evidence-based substance use treatment.

Community Partnerships

The project was contingent upon gaining entry to the juvenile probation camps, where potential participants were recruited. Staff at HBI already had a relationship with Los Angeles County Juvenile Probation that allowed for staff to visit Camps Scott, Scudder, and Gonzalez. The Department of Juvenile Justice's Camp Norwalk was closed during the first year of the project.

HBI collaborated with BHS (a licensed substance use treatment provider) in order to provide the substance use treatment (i.e., MET/CBT-5) to participants on site at HBI during the project. One of BHS's treatment counselors with previous experience treating adolescents was housed at HBI full time during the project period in order to provide treatment to program participants. The clinical supervisor and administrator of this BHS employee also participated in the MET/CBT-5 training.

Although a collaboration with Bienestar Health Services for HIV testing was initially planned as part of the Year 1 activities, we were advised by our CSAT Program Officer at that time to focus resources elsewhere on the project. HBI reported referring participants to Bienestar Health Services if participants expressed a need in receiving HIV testing, but this was not formally monitored during the project.

On-Site Businesses

During the project period, HBI operated a number of businesses that provided employment, income, job skills, and work experience to participants. These employment/job training opportunities included: the Homeboy Bakery, the Homegirl Café and Catering, the Homeboy Farmer's Markets, the Homeboy Diner, the Homeboy and Homegirl Merchandise/Store, the Homeboy Silkscreen and Embroidery, and the in-house facility maintenance department. In addition to these employment opportunities, HBI also supported increased education and job training through an onsite charter high school, high school equivalency preparation classes, one-on-one tutoring, and tuition support for the Photovoltaic Training (i.e., Solar Panel Installation) program at the East Los Angeles Skills Center.

Activities

Screening/Referral

HBI staff members were responsible for screening and referral to the program. Outreach and referral are part of HBI's normal day-to-day operations. Since its inception, Father Greg Boyle, the Executive Director of HBI, has made regular visits to many Los Angeles detention facilities, primarily juvenile camps, to connect with young offenders and encourage them to seek services at HBI upon their release. During the project period, Father Greg, along with Father Mark Torres, made regular visits to these facilities (i.e., conducting Mass on the weekends); however, this effort and their contact with individuals was not documented as part of this project. In addition to this effort and

consistent with the goals of the RFA, during the first year of the project, two pre-release case managers at HBI were assigned to the project for conducting the outreach, screening, and referral activities at the juvenile camps. This work entailed visiting the camps to first meet with staff that had identified youth that were within three months of completing their sentences and appeared appropriate for the STAR program (past substance use or risk for substance use). The pre-release case managers were responsible for implementing the GAIN-Short Screener with youth to identify those who were at risk for developing a substance use disorder and to ask them about their plans once they left camp, such as where they planned to live and if they had school or employment opportunities, in order to assess their interest in and ability to participate in the STAR program. Staff were instructed to capture this information using the Outreach/Recruitment Tool; see Appendix A. During the first six months of the project, we learned that these staff persons were not successful at referring enough eligible candidates (i.e., youth at risk for substance use, aged 16–25, who had been sentenced to at least six months and released within the last four months) for a number of reasons. First, staff turnover at the camps during Year 1 required the team to spend additional time forming new relationships to gain access; second, many youth referred to the STAR program were not enrolled, as they reported to pre-release staff that they were not able or had no support to attend the program. More specifically, many youth were not planning to reside within a feasible distance to attend the program. Lack of support reasons included social or legal pressures (e.g., probation officer, friends or family not supportive of HBI due to its reputation as a gang rehabilitation program). As a result, many youth who were enrolled into the program were youth not referred through the pre-release staff, but through other means (i.e., family, probation, community, other service providers). At time of intake on site at the HBI employment support program, potential participants were screened for past incarceration history and substance use. Youth and young adults (aged 16–25) who met the criteria for the program at the time they were being enrolled into the HBI employment support program were invited to participate in STAR. In addition to this in-house referral process, in the latter half of Year 2 and in Year 3, a new pre-release case manager was hired to make monthly visits to the youth detention facilities to screen and refer youth. This manager was able to assist in referring over half the participants in that time period. We believe the improved performance in referral rates from the detention facilities during the latter period of the project as compared to the project start-up was due to increased understanding and access to the

detainees by this particular case manager, as well as a better understanding about the program requirements than the initial staff assigned to this responsibility.

Assessment

As stated in the logic model, eligible youth who agreed to participate in Project STAR were initially assessed using the Global Appraisal of Individual Needs (GAIN; Dennis et al., 2008). The GAIN is a bio-psycho-social clinical assessment tool that identifies substance use disorders (SUD), co-occurring mental health disorders, and family support and functioning. Initially the project used the GAIN-Initial (GAIN-I; "Initial" refers to baseline or intake) version, but it was quickly recognized that the data were being compromised by the length and complexity of the instrument. With approval from our Project Officer and Chestnut Health Systems, the organization that developed the GAIN instruments and provided support for their use during the grant period, we were able to access training in the GAIN-Quick (GAIN-Q) assessment tools, and we used those versions for the majority of the project period. Chestnut Health Systems reports that the average length of time to implement the GAIN-Q is 25-35 minutes as compared to 90 to 150 minutes for the GAIN-I (the variation in implementation time is based on respondent symptom severity and interviewer experience). The questions from the CSAT GPRA client outcomes measures are embedded into the GAIN instruments; therefore, we were able to retain information from all clients, regardless of what instrument was used at baseline, on the CSAT GPRA client outcome measures. Trained HBI staff (i.e., intake coordinators) assisted in implementation of the intake assessments with supervision and additional support provided by the HBI Data Manager and the RAND Survey Coordinator. Field interviewers, also trained HBI staff, assisted with the follow-up assessments. The intake coordinators and field interviewers included formerly incarcerated individuals who had successfully completed a job training program at HBI and were successively trained in human subjects protection and data collection as part of this project. In addition to these staff, a RAND field interviewer provided support to conduct the follow-up interviews with participants who were detained at follow-up, as the formerly incarcerated field interviewers were not able to visit participants who were incarcerated.

Treatment

As mentioned previously, the substance use treatment that was delivered in this project was MET/CBT-5, which is a five-session treatment. It is an evidence-supported

approach and was recommended for use with juvenile offenders in the RFA. The treatment is designed as a combination of two motivational enhancement sessions and three cognitive behavioral treatment sessions; it does not require family involvement. Although the proposed logic model specified delivery of MET for those 19–25 years old, all participants, regardless of age, were referred to MET/CBT-5. All participants were screened for additional needs that HBI could meet, e.g., mental health, education/job training, tattoo removal, parenting classes, and were referred and assisted in accessing those on-site services by their assigned case manager as part of the typical intake process for the employment program conducted at HBI. For example, the information from the GAIN-Q intake assessment was entered into the GAIN/ABS (Assessment Building System) database which generated a report that scored participants at risk for suicide and other mental health concerns. Any participant that scored at-risk was immediately scheduled to meet with a licensed mental health therapist. HBI employs several licensed mental health therapists, one of whom served as the STAR Project Director. Also Seeking Safety (Najavits, 2002) groups were suggested as part of this project, but due to resource constraints, the groups were not offered.

Relapse Prevention

As part of the project, on-site Relapse Prevention groups were offered to graduates of the MET/CBT-5 program. The groups were offered on a weekly basis starting at the end of Year 1 by a facilitator employed at HBI. No documentation was kept about participation in these groups.

Outcomes

Short-Term (Process)

Staff. A significant number of individuals received training as part of this project. A summary of trainings attended by the different staff on the project is displayed in Appendix F. Trainings included sessions in the MET/CBT-5 treatment, attended by the both the BHS and HBI staff. There were several trainings in the GAIN and CSAT GPRA client outcome assessment instruments attended by staff primarily responsible for data collection and entry. All staff responsible for primary data collection from clients also participated in an online Human Subjects Protection Training course. A broader set of project staff were trained in the GAIN-Q as part of a site visit by Chestnut Health Systems in August 2011. Specific trainings in trauma-informed care, using the GAIN

data for evaluation purposes, adolescent treatment effectiveness, and offender reentry challenges were provided as part of the annual grantee meetings that were required by the Project Director, Program Evaluator and Data Manager during the three-year grant period. In addition, HBI and BHS staff attended trainings in Seeking Safety and Treating a Minority Population. As shown, many of the training opportunities were accessed by HBI employees, many of whom reflect the population targeted by the treatment program (i.e., the formerly incarcerated). Also, not noted in the Appendix, a STAR participant attended and was part of a plenary opening session at the annual grantee conference in the second year of the project.

In addition to these formal trainings, and as stated previously, key staff attended project team meetings for the three-year period facilitated by the Program Director. Staff from HBI, the treatment provider (BHS), and evaluation team (RAND) participated in these project team meetings. The typical agenda items included: Outreach/Recruitment, Admissions and Enrollment, MET/CBT-5 Treatment Updates, and Interview Follow-up Progress. Other agenda items were added based on current issues, for example, discussion in preparation for or following a site visit, conference, or training event.

Satisfaction. Due to resource limitations, a formal study of staff and client satisfaction was not conducted. Attendance at the project team meetings was high, indicating that staff were engaged and interested in the project. The Project Manager, Data Manager, Program Evaluator, intake coordinator, and treatment counselor attended over 90 percent of the meetings over the three-year period. Other project representatives, including the case management staff, Survey Coordinator, treatment supervisor, and field interviewers attended as needed. The Survey Coordinator and case management staff attended about half of the meetings, and the meetings were less frequently attended by other staff. Staff attrition was low for the key personnel on the project; for example, there was no turnover among the Data Manager, Treatment Counselor, and evaluation staff positions. The Project Director turned over only once during the first six months of the project. Among staff that were responsible for data collection, many were formerly HBI clients who were actively engaged in finding employment external to HBI as part of their rehabilitation and therefore left the project when they had successfully found employment in the community.

Clients. Due to project capacity limits, we were unable to systematically track the number of referred clients that successfully completed an intake interview. A total of 207 participants were enrolled in the program over the three-year project period, therefore

achieving 94 percent of the target enrollment goal. Participants were mostly male (79 percent), Hispanic/Latino[3] (74 percent), and, on average, 19 years old at intake. For a full list of characteristics, see Table 1. These data are from the CSAT GPRA client outcomes measure that asks about behaviors during the past 30 days, unless otherwise specified.

One-quarter (26 percent) of individuals reported completely abstaining from any substance use (i.e., alcohol or drugs) at the beginning of the program. Note that many participants were enrolled after recently exiting a confined setting where their use may have been muted because of the lack of availability and monitoring. The majority (66 percent) of individuals reported drinking alcohol. Binge drinking, defined as five or more drinks in one sitting, was endorsed by almost half (46 percent) of drinking individuals. Two-fifths (40 percent) of participants reported using illegal drugs. Marijuana was the most common drug, with one-quarter (26 percent) of individuals reporting marijuana only or marijuana and alcohol use. Few individuals (15–22 percent) reported any impact of their substance use on feeling stress, affecting activities, or causing emotional problems.

Most individuals rated their overall health as "Good" or better (87 percent); however, half of the participants indicated one or more psychological or emotional problem(s) in the past 30 days. Most commonly reported problems included trouble with understanding, concentrating, or remembering (27 percent); anxiety (25 percent); serious depression (24 percent); and trouble controlling violent behavior (21 percent). Of those with at least one problem (that is, approximately half the sample), 59 percent reported that they were not bothered or only slightly bothered by these problems. Almost all individuals who were asked about lifetime violence[4] reported experiencing or witnessing a violent or traumatic event, and most of these experienced symptoms afterward such as nightmares (69 percent). Individuals were mostly housed (76 percent). Half of individuals turned to family members (54 percent) when in trouble, although a quarter (23 percent) felt they had no one to turn to.

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[3] The CSAT GPRA Client Outcomes measure includes one question about ethnicity (Hispanic/Non-Hispanic) and one question about race (white, black, Asian, American Indian, Alaska Native, Native Hawaiian). At intake, most individuals who indicated Hispanic ethnicity had missing race information.

[4] An updated version of the CSAT GPRA Client Outcomes measure included questions on lifetime violence and physical harm in the past 30 days. One hundred sixteen participants were asked these questions.

Although the arrest rate was low (8 percent), one-third of individuals (32 percent) had spent time in a confined setting (i.e., juvenile camp, jail, or prison) during the past 30 days, which was consistent with the grant goals, as we targeted those that were recently released. Of those, the average number of days confined was 16 days. Half of individuals (56 percent) reported committing a crime, which included illegal drug use. For those breaking the law, the median number of crimes reported was five during the past 30 days.

Table 1. Individual characteristics at intake, Homeboy STAR Program, 2010-2013

	N	%	N	Mean	SD	Median	Range
DEMOGRAPHICS							
Gender							
Male	163	78.7					
Female	44	21.3					
Age			206	19.1	2.50	18	16 to 28
16 to 18	132	63.8					
19 to 25	73	35.3					
Other*	2	1.0					
Race/Ethnicity							
Hispanic – white	154	74.4					
Hispanic – other race	10	4.8					
Non-Hispanic black	32	15.5					
Non-Hispanic other	5	2.4					
Unknown	6	2.9					
Employment							
FT training	25	12.1					
PT training	84	40.6					
FT employment	43	20.8					
PT employment	46	22.2					
Unemployed	7	3.4					
Unknown	2	1.0					
Education							
Unknown	1	0.5					
Less than ninth grade	9	4.3					
Some high school	127	61.4					
High school graduate	62	30.0					
Some college	8	3.9					

*Other category includes one participant older than 25 and one participant with missing age information.

	N	%	N	Mean	SD	Median	Range
DRUG AND ALCOHOL USE							
Alcohol use (percentage of available days)			136	22.8	24.68	13	3 to 100%
None	71	34.3					
1 to 30%	103	49.8					
31 to 49%	12	5.8					
50 to 66%	10	4.8					
67 to 100%	11	5.3					
Alcohol binge (percentage of available days)			95	22.1	24.32	13	3 to 100%
None	112	54.1					
1 to 30%	71	34.3					
31 to 49%	11	5.3					
50 to 66%	6	2.9					
67 to 100%	7	3.4					
Drug use (percentage of available days)			82	25.8	30.63	10	3 to 100%
None	125	60.4					
1 to 30%	59	28.5					
31 to 49%	8	3.9					
50 to 66%	4	1.9					
67 to 100%	11	5.3					
Same day alcohol/drug use (percentage of available days)			46	17.4	19.80	10	3 to 100%
None	161	77.8					
1 to 30%	39	18.8					
31 to 49%	2	1.0					
50 to 66%	3	1.5					
67 to 100%	2	1.0					
Substance preferences (hierarchical)							
None	54	26.1					
Alcohol	71	34.3					
Marijuana	53	25.6					
Cocaine/crack	7	3.4					
Methamphetamines	16	7.7					
Other drug	6	2.9					
Impact from drug use – feelings of stress							
Not at all	122	78.2					
Somewhat	24	15.4					
Considerably	8	5.1					
Extremely	2	1.3					
Impact from drug use – affected activities							
Not at all	126	80.8					
Somewhat	26	16.7					
Considerably	1	0.6					
Extremely	3	1.9					

	N	%	N	Mean	SD	Median	Range
Impact from drug use emotional problems							
Not at all	136	86.6					
Somewhat	18	11.5					
Considerably	1	0.6					
Extremely	2	1.3					
MENTAL AND PHYSICAL HEALTH							
Self-reported health							
Excellent	45	21.7					
Very good	58	28.0					
Good	78	37.7					
Fair	26	12.6					
Poor	0	0.0					
Psychological or emotional problems							
Serious depression	50	24.2					
Serious anxiety or tension	52	25.1					
Hallucinations	9	4.3					
Brain functions	55	26.6					
Violent behavior	44	21.3					
Attempted suicide	2	1.0					
Prescribed medication	7	3.4					
Number of problems							
0	102	49.3					
1	39	18.8					
2	31	15.0					
3	17	8.2					
4 or more	10	5.3					
Bothered by problems (n=103)							
Not at all	25	24.3					
Slightly	36	35.0					
Moderately	21	20.4					
Considerably	10	9.7					
Extremely	12	11.7					
Ever experienced violence in lifetime (n=116)*	107	92.2					
Had nightmares	74	69.2					
Tried not to think about	71	66.4					
Constantly on guard	61	57.0					
Felt numb and detached	40	37.4					
Been physically hurt (n=116)*							
Never	89	83.2					
A few times	21	19.6					
More than a few times	6	5.6					

*Included in new version of assessment tool

	N	%	N	Mean	SD	Median	Range
LIVING CONDITIONS							
Housing situation							
Shelter	37	17.9					
Street	1	0.5					
Institution	9	4.4					
Own/Rent	74	35.8					
Someone else	83	40.1					
Halfway house / Residential	2	1.0					
Other	1	0.5					
SOCIAL CONNECTEDNESS							
Attendance of voluntary self-help groups			100	7.5	0.80	4	1 to 30
Non-religious	88	42.5					
Religious	5	2.4					
Other	31	15.0					
Interaction – supportive	144	69.6					
Whom turn to when in trouble							
No one	48	23.2					
Family	112	54.1					
Friends	24	11.6					
Other	23	11.1					
CRIME AND CRIMINAL JUSTICE							
Arrests	16	7.7	16	1.3	0.60	1	1 to 3
Confinement	67	32.4	67	15.7	8.60	16	1 to 30
Self-reported crime	115	55.6	115	12.1	14.70	5	1 to 90

Of those that consented to treatment, 90 percent participated in at least one MET/CBT-5 treatment session, and 73 percent successfully completed the five-session treatment within six months (see Table 2).

Table 2. MET/CBT-5 Treatment Attendance Rates

Number of sessions	Number of individuals	Percent of individuals
0	20	9.7
1	16	7.7
2	6	2.9
3	6	2.9
4	9	4.4
5	150	72.5

The median time to treatment completion was 47 days from the intake date. The average time to treatment completion was 72 days from the intake date, due to a small number of individuals (n=12) who took more than six months to complete treatment. Of individuals with an assessment, most had completed treatment by the time of the follow-up interviews. The percentages of participants who had completed treatment at the time of each interview was:

- 3 months: 69 percent
- 6 months: 73 percent
- 12 months: 80 percent.

We also examined whether there were any differences between those who completed treatment and those who did not. We did not find any demographic differences (i.e., age, gender, race/ethnicity) related to treatment completion, suggesting that the treatment appeared acceptable across groups. Moreover, treatment completers and noncompleters had similar characteristics on the primary indicators of interest (i.e., housing, employment, social connectedness, recovery support participation, and criminal justice) at intake. Alcohol use patterns were also similar; however, each additional percentage of days using drugs at baseline decreased the odds of completing treatment (OR=0.99, 95% CI: 0.976, 0.999, $p < .05$). The reasons for treatment noncompletion were not consistently documented. Based on internal case management notes for the 58 clients who did not complete treatment, 40 (69 percent) had additional notes regarding the reasons for noncompletion that indicated 32 (55 percent of

noncompleters) were no longer employed, 6 (10 percent) were incarcerated, 1 participant had died, and 1 had stopped attending due to physician orders.

Intermediate

To examine the intermediate impact of the program, we examined the data from baseline and compared them to the follow-up data. Evaluation of the STAR program included six primary indicators related to substance use, housing, employment, social connectedness, recovery support services, and criminal justice status. Results are presented in relation to the specific objectives as outlined in the proposal. Six-month results are primarily discussed, as the goal of the project was to obtain 80 percent response rates at the six-month time point, and the six-month time point would represent outcomes following treatment for most participants (i.e., 73 percent of participants had completed treatment by six months). The outcomes are summarized in Tables 3 and 4. Table 3 presents the data from all participants who completed both an intake and six-month assessment, and Table 4 displays data from participants who completed both assessments and all five sessions of MET/CBT-5. Because the program was ongoing throughout the entire three-year period, there were some participants enrolled in the final year who were not yet eligible for a six-month interview and therefore not followed up (n = 48; 23.2% of the 207 participants). Of those that were eligible for a six-month interview (n = 159), few were lost to follow up (n = 20; 12.6%) and not included in the outcome analyses.

Table 3. Percentage of participants demonstrating desirable outcomes

	Participants with 6-month assessment (n=139)		
	Intake	6-month	
Substance use abstinence or reduction (1)			
Alcohol	41.7	52.5	
Alcohol – binge	56.8	69.8	*
Drugs	68.3	63.3	
Drugs – marijuana	74.1	66.2	
Same day use	81.3	76.3	
Housing			
Stable housing	36.7	36.7	
Any housing	85.6	88.5	
Employment/training			
Full time or part time	98.6	71.9	*
Social connectedness			
Supportive Interaction	66.9	74.8	
Someone to turn to	77.0	79.1	
Either	87.8	91.4	
Recovery support			
Any attendance	47.5	30.2	*
Criminal behavior avoidance or reduction (1)			
No Arrests	92.8	89.9	
No Confinement	74.6	86.1	*
No Crimes	52.5	49.6	

(1) Intake percentage reflects those with zero days/times of the behavior; 6-month percentages reflect zero days/times OR a decrease in days/time.

* Indicates statistically significant difference between intake and 6-month ($p<0.05$)

Table 4. Percentage of participants demonstrating desirable outcomes by treatment completion

	Treatment completers with 6-month assessment (n=113)		Noncompleters with 6-month assessment (n=26)		
	Intake	6-month	Intake	6-month	
Substance use abstinence or reduction (1)					
Alcohol	40.7	49.6	46.2	65.4	
Alcohol – binge	57.5	68.1	53.8	76.9	
Drugs	67.3	67.3	73.1	46.2	ǂ
Drugs – marijuana	72.6	69.9	80.8	50.0 *	
Same day use	77.9	77.9	96.2	69.2 *	
Housing					
Stable housing	36.3	39.8	38.5	23.1	
Any housing	88.5	87.6	73.1	92.3	
Employment/training					
Full time or part time	99.1	81.4 *	96.2	30.8 *	ǂ
Social connectedness					
Supportive Interaction	67.3	75.2	65.4	73.1	
Someone to turn to	74.3	77.0	88.5	88.5	
Either	85.8	89.4	96.2	100.0	
Recovery support					
Any attendance	46.0	32.7 *	53.8	19.2 *	
Criminal behavior avoidance or reduction (1)					
No Arrests	92.9	92.0	92.3	80.8	
No Confinement	76.8	87.4 *	65.4	80.8	
No Crimes	53.1	52.2	50.0	38.5	

(1) Intake percentage reflects those with zero days/times of the behavior; 6-month percentages reflect zero days/times OR a decrease in days/time.

* Indicates statistically significant difference between intake and 6-month ($p < 0.05$)

ǂ Indicates statistically significant difference between 6-month outcomes of completers and noncompleters ($p < 0.05$)

Tables that show data from the total interviewed sample are presented in Appendix G. Since participants who complete the interviews may be different from participants who did not complete the interviews, we recommend only comparing across those that have completed both a intake and follow-up interview; therefore, we display the data from those who completed the three-, six-, and 12-month assessments (i.e., the "matched" sample, n = 64) and the data from the three-month and six-month time periods for only those that completed those particular assessments (n = 154 and n =127, respectively). As can be seen, the size of the sample that completed all assessments is much smaller than the sample that completed fewer assessments, so there is a trade-off when comparing the matched samples from the full sample. The matched sample allows one to be more confident in comparing changes over time, because it is the same set of individuals whose data are being compared over time, and therefore we used the matched sample at the six-month time point in our main outcome analyses presented in this chapter. It is more difficult to interpret the differences across time in the full sample of all individuals because the data at baseline describe a different, larger group of people than the data shown at each of the follow-up periods. Therefore, to better understand changes over time, it is best to examine the matched samples. In order to understand how the full sample of individuals in the project reported on these indicators, one can examine the columns representing "all individuals" in Appendix G.

There were few differences in baseline behaviors (substance use, housing, employment, social connectedness, recovery support, and criminal behavior) between clients who completed the follow-up assessments and those who did not. The differences we found were (also shown in Table 5): 1) participants who reported that they were employed at baseline were more likely to complete the three- and six-month assessments; 2) an increased proportion of days of alcohol use and binge drinking at baseline trended towards a lower likelihood of completing the 12-month assessment.

Table 5. Statistically significant differences among the follow-up respondent and nonrespondent groups

Assessment	Demographics (1)	Behaviors (2)*
Three month	No differences	Employed (OR=13.9, p=0.002)
Six month	No differences	Employed (OR=8.2, p=0.018) Housed (OR=2.29, p=0.077)
12 month	No differences	Alcohol days (OR=0.25, p=0.070) Binge days (OR=0.12, p=0.032)

Notes: (1) Age, gender, and race/ethnicity; (2) Substance use (alcohol, binge alcohol, drugs, marijuana, same day drug/alcohol use); housing (stable, any); employment, social connectedness (supportive interaction, someone to turn to, either); recovery support; and criminal behavior (arrests, confinement, crimes); OR <1 indicates more of the behavior is less likely to have appropriate follow-up; OR > 1 indicates more of the behavior is more likely to have appropriate follow-up.

Next we present the results in relation to the six outcomes and the proposed objectives.

a) **Outcome: Reduction in substance use.** This outcome was measured by responses to GPRA Section B.1–2:

During the past 30 days how many days have you used the following: Any alcohol.

During the past 30 days how many days have you used the following: Illegal drugs.

Objective: 50 percent of individuals engaged in this program will demonstrate a reduction in alcohol and drug use.

Substance use was calculated as the proportion of days using out of available days. "Available days" was calculated as 30 days minus the number of days in confinement (i.e., jail or prison). We found (see Table 3):

- 53% of individuals had improved or maintained alcohol abstinence at six months
- 63% of individuals had improved or maintained drug abstinence at six months.

We also examined whether outcomes differed for those completing both the intake and three- or 12-month assessments (see Appendix G). The three-month assessment would be consistent with when most participants had recently completed MET/CBT-5. Outcomes were typically better at the three-month assessment, with fewer effects apparent at either the six- or 12-month assessments. These changes at three months were statistically significant for individuals who had completed the MET/CBT-5 treatment (see Appendix G). Improvements in drug use were mirrored by improvements in marijuana use, which was the most common drug of choice.

Among those who reported alcohol use at intake and completed the three- and six-month assessments (n=72):

- Average alcohol use at intake was on 26 percent of available days
- Average alcohol use at three months was on 16 percent of available days; this is a marginally statistically significant difference from use reported at intake ($p<0.01$)
- Average alcohol use at six months was on 26 percent of available days.

Among those who reported drug use at intake and completed the three- and six-month assessments (n=40):

- Average drug use at intake was on 27 percent of available days
- Average drug use at three months was on 20 percent of available days
- Average drug use at six months was on 20 percent of available days.

As can be seen in the results presented in Appendix G, the findings were qualitatively similar when limited to individuals with matched three-month data and matched 12-month data.

b) **Outcome: Improved housing stability.** This outcome was measured by responses to GPRA Section C.1:

In the past 30 days, where have you been living most of the time?

Objective: 80 percent of individuals enrolled in this program will access and maintain secure and supportive housing by six-month follow-up.

We examined housing in two ways. First, we examined "stable housing" as defined as living in own/rent apartment, room, or house if 18 years or older. If less than 18 years old, "housed" is defined as living in own/rent apartment, room, or house OR someone else's apartment, room, or house. This definition included living in a room, boarding house, public or subsidized housing, hotel/motel, room at the YMCA/YWCA, and living in an RV or trailer. Using this definition, we found that:

- 37 percent of individuals accessed or maintained stable housing at six months.

Next, we examined housing using a broader definition that included the previous definition plus living in someone else's apartment, room, or house for those aged 18–25, living in a room, boarding house, public or subsidized housing, group home, trailer, hotel, dorm, or barracks. Basically any living environment *other than* living in a shelter/TLC (transitional living center), street, or institution (hospitalization, incarceration or correctional boot camp) was counted in this second definition. This is a broader measure than "stability in housing," as it includes being housed in a place that may not be one's

own (for those 18 and over) or in a group or supervised setting. Using this criterion, we found that:

- 88 percent of individuals were housed at six months.

The average housing rates tended to be fairly stable over time, although the distribution changed (i.e., some people lost housing while a similar number of people gained it). Stability in housing was one of the measures that had consistently positive outcomes across the different time points and samples.

c) **Outcome: Increased employment.** This outcome was measured by responses to GPRA Section D.3–4:

Are you currently employed? Full or part time?

Are you currently enrolled in school or a job training program?

Objective: 70 percent of individuals engaged in this program will be employed in a stable job at six-month follow-up.

This outcome was written in response to the finding that many formerly incarcerated individuals are not employed following reentry into the community. In order to increase employment among this population, HBI provides jobs or job training opportunities to all of the participants that were enrolled in the program. Due to HBI's primary mission to provide "jobs over jails," almost all individuals reported being employed at intake. This measure tended to decline over time because the rate at intake was very high (95–97 percent) (i.e., demonstrating a "ceiling effect").

As a result, the objective and measure that we examined was the percentage employed at six months rather than changes over time. "Employed" was defined as any response of full or part time to either employment or school/training. We found that:

- 72 percent of individuals were employed at six months.

d) **Outcome: Increased social connectedness.** This outcome was measured by responses to GPRA Section G.4–5:

In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery?

To whom do you turn to when you are having trouble?

Objective: 70 percent of individuals engaged in this program will display increased social connectedness.

We defined "social connectedness" as having supportive interaction in past 30 days OR reporting having someone to turn to.[5] We found:

- 91 percent of individuals reported social connectedness at six months
- 75 percent of individuals reported a recent supportive interaction at six months
- 79 percent of individuals reported having someone they could turn to at six months.

Immediate improvements were seen on the "social connectedness" variable at three months, and these levels improved or were maintained over time. Changes in social connectedness were most closely linked to improvements in having someone to turn to when in trouble.

e) **Outcome: Increased participation in substance use recovery support activities (including self-help).** This outcome was measured by responses to GPRA Section G.1–3:

In the past 30 days, did you attend any voluntary self-help groups for recovery that were not affiliated with a religious or faith-based organization?

In the past 30 days, did you attend any religious/faith affiliated recovery self-help groups?

In the past 30 days, did you attend any meetings of organizations that support recovery other than the organizations described above?

Objective: 70 percent of individuals engaged in this program will have accessed recovery support activities in the last 30 days.

"Participation" is defined as attending one or more of the listed support recovery activities. We found:

- 42 percent of individuals accessed one or more recovery support activities at three months
- 30 percent of individuals accessed one or more recovery support activities at six months
- 21 percent of individuals accessed one or more recovery support activities at 12 months.

[5] This definition differs from the definition used to compare ORP grantees in GPRA SAIS Dashboard.

Participation in recovery activities began at a high level (49 percent of all individuals) but declined over time. Note that we do not know which recovery support activities respondents participated in (i.e., the on-site relapse prevention groups provided through this project or other self-help groups). In some analyses, improvements were seen at three months but decreased at subsequent assessment time points.

f) **Outcome: Decreased criminal justice involvement.** This outcome was measured by responses to GPRA Section E:

In the past 30 days, how many times have you been arrested?

In the past 30 days, how many nights have you spent in jail/prison?

In the past 30 days, how many times have you committed a crime?

Objective: 70 percent of individuals engaged in this program will report decreased involvement with the criminal justice system (including reduced self-reported offending, in addition to arrests, incarceration, and probation/parole supervision). We found:

- 90 percent of individuals had no arrests at six months.

Arrests were uncommon in this population across all time points. Of those who reported being arrested in the past 30 days, few had more than one arrest. We also found that:

- 83 percent of individuals had not been confined in the past 30 days at six months.

Confinement was also uncommon in this population. Most individuals reported no confinement at each assessment. For those who had been confined, the average number of days of confinement was between 14 and 18 days at each assessment. The arrest that may have led to confinement may have occurred outside of the 30-day window in which participants were asked to report; therefore, the percentage arrested and confined are not equivalent. (It is also possible to be arrested and not confined.) In terms of self-reported criminal activity, we found:

- 50 percent of individuals reported committing no crimes in the past 30 days at six months.

"Committed crimes" is defined as any unlawful act and includes obtaining, using, or possessing illegal drugs. The responses were coded yes or no for any unlawful act; we do not know how many specifically included illegal drug use. As such, about half of the participants reported acts of crime across all time points.

Treatment Completers versus Noncompleters

Without having a control group, differences in outcomes cannot be attributed to the STAR program. Comparing outcomes between those who successfully completed treatment and those who did not may be helpful for program planning, as the added value of offering MET/CBT-5 to this population can be observed by examining whether the outcomes achieved by those who completed treatment were different from those who did not. The comparisons between the completers and noncompleters, however, should be interpreted with caution, as some analyses were relevant for only a small number of individuals, as can be seen in Table 6. Also note, as described earlier, we did not find any demographic differences between the completers and noncompleters or differences on most of the main outcome indicators (i.e., alcohol use, housing stability, employment status, social connectedness, recovery support, and criminal justice involvement) as reported at intake, except that initial drug use appeared to be related to completion in that those using more were less likely to complete treatment.

Table 6. The number (percentage) of MET/CBT-5 completers and noncompleters who were assessed

	Number of completers (percent)	Number of noncompleters (percent)
Participants		
Intake	150 (72.5)	57 (27.5)
Three-month	126 (81.8)	28 (18.2)
Six-month	113 (81.3)	26 (18.7)
12-month	61 (81.3)	14 (18.7)
Individuals with three-, six-, and 12-month assessments (N=64)	55 (85.9)	9 (14.1)
Individuals with three- and six-month assessments (N=127)	107 (84.3)	20 (15.7)
Individuals with three-month assessments (N=154)	126 (81.8)	28 (18.2)

Treatment completers consistently had better outcomes in employment, recovery support, and confinement avoidance/reduction, compared to noncompleters (Table 4). The high level of employment is likely a reflection of HBI's organizational focus. Individuals who are on site for involvement in HBI's job training program are likely to have fewer barriers to treatment completion, as the treatment was offered at the same location as the job training program. Treatment completers also had more participation in recovery support activities at the three-month assessment. This may be explained by participants reporting attendance in groups during the treatment period (MET/CBT-5 is designed to be completed within 5–12 weeks). Lack

of statistically significant differences at later assessments may be due to the small sample sizes, especially among the noncompleter sample. Recall that over 70 percent of participants successfully completed the MET/CBT-5 treatment. Individuals who did not complete treatment had more days of confinement in jail or prison than those who finished. These findings are reasonable given that individuals would not have been able to attend treatment sessions during their confinement time.

Differences by demographic characteristics among treatment completers

We also examined the subset of participants who completed treatment to examine whether any characteristics helped to explain changes in substance use. Of the demographic variables of gender, age, and race/ethnicity, only age predicted substance use outcomes. Among those who completed treatment and had three- and six-month follow-up data, each additional year of age increased the likelihood of maintaining abstinence/reducing substance use at both assessment points (a factor of 1.21–1.29). Results were similar among treatment completers with three-month follow-up data. We did not conduct the statistical analyses of the 55 individuals with three-, six-, and 12-month follow-up data because of the small sample size (i.e., there would be limited power to detect a statistically significant effect).

Comparison to other ORP awardees

In order to examine how well the HBI project did in meeting its goals, we also examined clients' performance on the main indicators in comparison to the other ORP grantees. These data were available through the database where the GPRA data are entered (Services Accountability Improvement System or SAIS, located at: https://www.samhsa-gpra.samhsa.gov/). Using the dashboard function, we were able to compare the client outcomes reported at six months compared to the other ORP grantees. The database does not keep track of treatment completion rates, so only comparisons among all those who completed an interview at six months can be compared. It should also be noted that the other ORP programs targeted formerly incarcerated individuals, including both youth and adults, and the treatment offered in other programs varied. For example, the Request for Applications also encouraged the use of the Adolescent Community Reinforcement Approach (ACRA) coupled with Assertive Continuing Care (ACRA-ACC). ACRA-ACC is a longer, more intensive treatment than MET/CBT-5; it is recommended to last for at least 12 sessions over a 90-day period. The database does not allow us to determine the number of youth versus adults served by the other ORP grantees or the type or amount of treatment that the ORP participants received. We also

do not know how representative the data from the other ORP grantees are, although all grantees were encouraged to obtain an 80 percent follow-up rate at six months.

Figures 2 and 3 display the data from the STAR project in comparison to the aggregate of other ORP grantees. Figure 2 shows that fewer STAR participants report abstinence from substances at intake, potentially indicating more serious substance problems than participants in the other ORP projects, and the STAR participants did not experience abstinence gains at the same rate as the participants from the other ORP projects. More specifically, STAR participants' abstinence rates for alcohol remained essentially flat, hovering at a little less than 40 percent at the intake and the six-month time points. Reported abstinence rates from drugs was 68 percent at intake and 55 percent at the six-month time point. Figure 3 emphasizes the high employment rates among STAR participants as compared to the other ORP grantees. Supportive interactions and recovery activities do not change over time for the other ORP grantees but seem slightly higher than those found among the STAR participants. STAR participants appear to have higher housing stability than the participants in the other ORP projects.

Figure 2. Intake and six-month follow-up data regarding substance use for the STAR and other ORP grantee participants

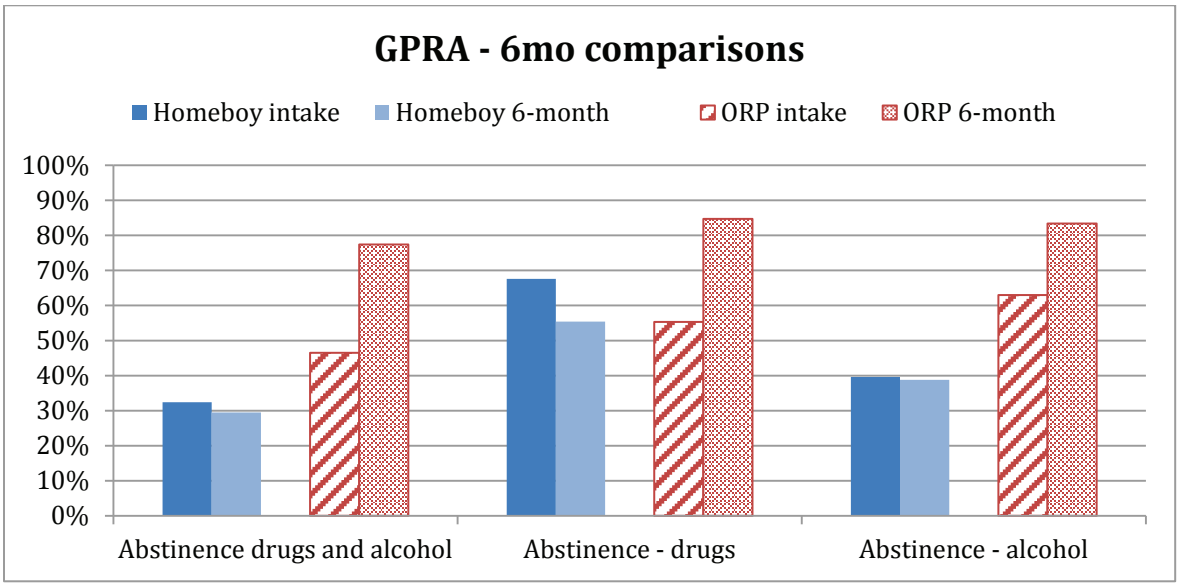
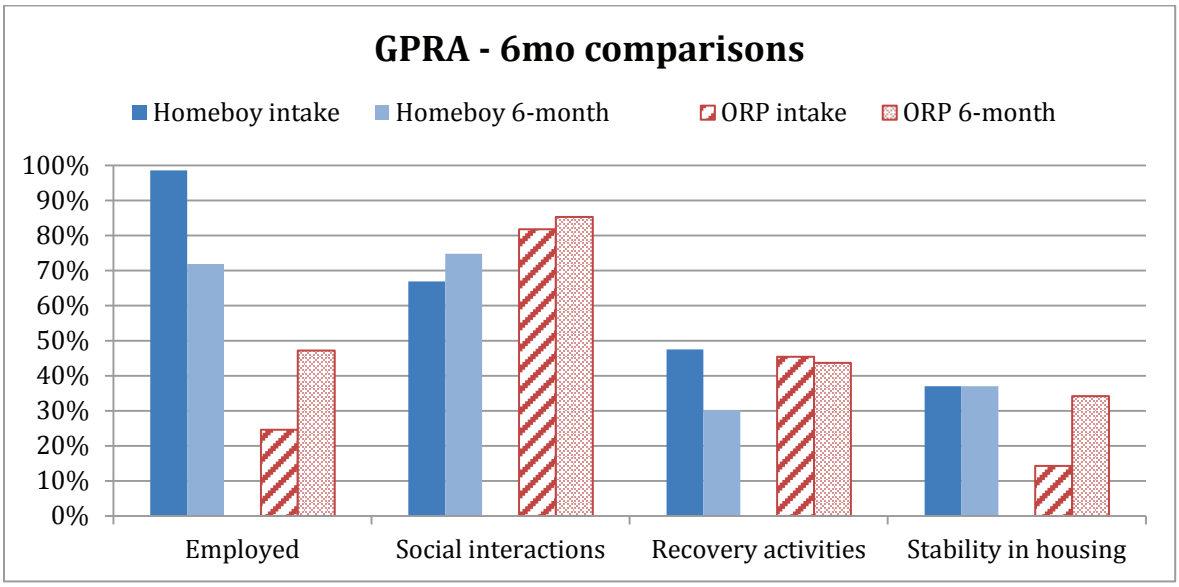


Figure 3. Intake and six-month follow-up data regarding employment, supportive interactions, recovery activities, and housing stability for the STAR and other ORP grantee participants



Chapter 5: Conclusions and Recommendations

In October 2010, HBI, BHS, and the RAND Corporation initiated a collaboration in order to provide substance use treatment and wrap-around care to formerly incarcerated young offenders aged 16–25 who sought services at HBI, located in downtown Los Angeles, Calif.. Over the three-year period, the team successfully engaged 207 participants into the STAR program. During that period, over 70 percent of the participants successfully completed MET/CBT-5, an evidence-supported substance use treatment program. In addition to the MET/CBT-5, all participants were employed in a job-training program at HBI and were screened for other needs. Although not formally tracked, many received additional services at HBI including case management, education support, mental health counseling, parenting classes, and tattoo removal. These findings demonstrate the team's success in expanding access to and receipt of substance use treatment services at HBI to formerly incarcerated young offenders.

Among the project's objectives were to monitor and follow up with participants at three, six, and 12 months following their initial intake interview, so that changes over time in six major indicators could be realized: substance use, housing stability, employment status, social connectedness, recovery support, and criminal justice involvement. For the baseline and follow-up interviews with participants, veteran HBI employees, many whom were formerly incarcerated young offenders themselves, were recruited to conduct the interviews. These staff persons received extensive interview training and weekly supervision throughout their participation in the project, equipping them with an advanced, specialized skill set following the project. Detailed tracking and locating information was collected at intake, and the staff responsible for following up with participants met weekly with the Data Manager and Survey Coordinator to assist them and help troubleshoot. The project achieved over an 80 percent response rate at six months, demonstrating the field interviewers' persistence and dedication to the project. The response rate of 80 percent is highly commendable among a difficult-to-track sample of formerly incarcerated young offenders who are likely to experience instability in many areas of their lives.

The data collected from participants at the intake interview showed that the population was representative of the community HBI serves and is of high risk for substance use and related consequences. Almost 80 percent of the sample was male and Hispanic. Fifteen percent of the participants were African-American. The average age was 19 years old. Most participants reported experiencing violence, and the majority reported symptoms related to post-traumatic stress disorder (e.g., having nightmares, trying not to think about event, and feeling constantly guarded). About a quarter of participants reported symptoms of serious depression and/or

anxiety, and/or experienced trouble understanding, concentrating, or remembering. Although there was substantial alcohol and drug use reported at the time of admission—for example, participants reported, on average, binge drinking 20 percent of the days that they were living in the community—the majority did not report experiencing negative consequences from their use, which suggests that their use may not yet have escalated to the level of a substance use disorder or they had yet to recognize their use as a problem. High rates of crime were also reported at the baseline assessment.

An analysis of the client outcome data was conducted to examine whether changes occurred among the participants on six key outcome indicators. The findings demonstrated fairly positive improvements or stability over time in STAR participants' housing situation and social connectedness. Employment rates were extremely high at intake due to the structure of the program (i.e., all participants were offered employment at HBI), and over 70 percent reported still being employed at 12 months. Although no significant changes were shown over time, self-reported arrests at 12 months were less than 15 percent. Changes over time in substance use were not substantial. Rates of abstinence were pretty similar across time (approximately 30 percent); however, there was demonstration of reduced use among those reporting use at intake. It is important to keep in mind that previous populations that have been offered MET/CBT-5 have demonstrated similar recovery rates as shown by the HBI population at 12 months. For example, in the field experiment of MET/CBT-5, about one-quarter of participants were in recovery at 12 months, which was defined as living in the community, abstinent for the past 30 days and reporting no substance-related problems at the time of the 12-month interview (Dennis et al., 2004). In this previous field study, over 90 percent of the youth who received treatment participated in the 12-month interview, suggesting that the recovery rates are representative of the population served. In this study, youth between the ages of 13 and 18 were enrolled, and over 70 percent of the sample reported weekly or daily substance use at intake. In a second study examining participants receiving MET/CBT-5 in community-based programs that obtained a similar CSAT grant as HBI, recovery rates were 50 percent at the 12-month follow-up, with about 54 percent of enrolled youth participating in the follow-up interview (Hunter et al., 2012). Conclusions about recovery rates among this CSAT grant sample are less apparent given the lower response rates at 12 months among participants (Griffin et al., 2012). The age range of participants in this previous CSAT study was 11–18 and baseline substance use similar to the HBI population, in that about 34 percent reported abstinence. It is important to note that these previous projects did not focus specifically on formerly incarcerated populations or youth aged 16–25, so substance use and risk may not have been as high as observed

among the STAR participants, as the previous studies focused on younger populations in substance use treatment settings. Participation in recovery support activities was reported to be around 50 percent at intake and decreased over time to about 20 percent at the 12-month time point, suggesting that more work may be needed to continue to engage this population in substance use–related care.

Study Limitations

There are several limitations to this work that should be noted. First, there was a "selection" effect in that the participants enrolled in the program were individuals who sought services at HBI. Unlike stand-alone substance use treatment programs, participants in this project were primarily seeking employment opportunities, not substance use treatment, so the results may appear different from those conducted in more traditional substance use treatment settings. We did not systematically document whether participants learned about the program while incarcerated or were "walk-ins" who fit the program criteria, so we cannot examine how participants may have differed based on referral source or whether referral source influenced program participation and outcomes.

The project was also limited in terms of the amount of process evaluation data that was collected. Although the project team met regularly to discuss recruitment and treatment participation, there was no formal data gathering from staff (e.g., surveys, focus groups, in-depth interviews) about their perspectives on project implementation, such as how the project was experienced by staff and participants. Regarding the participants, we did not formally track the type of wrap-around services they received (e.g., mental health services, recovery support) or their length of employment at HBI, so we do not know whether other service provision was related to treatment participation or the outcomes. Also, we did not systematically track the reasons lost to follow-up (e.g., refused or unable to locate), so we do not have any information about participants who did not complete the interviews.

There were many implementation challenges encountered during the project period that the team attempted to address through discussions at the team meetings, ongoing trainings and supervision. Next, we outline several implementation challenges that we faced and how they were addressed during the project. Where relevant, we provide future recommendations for similar projects.

Implementation Challenges

1. The program as designed (i.e., initiate program screening and recruitment during the detention phase) was not efficient. Following the guidelines of the RFA, outreach at juvenile

detention facilities was conducted in order to screen and recruit potential STAR participants. Designated staff were assigned to assist eligible and interested young offenders to access services at HBI after they were released from the camps. Many of the young offenders that were identified at the camps as meeting the program requirements and expressing interest in participating never visited HBI upon release or attended only once or twice. Although it was not formally documented, the main reasons that identified young offenders did not access services as reported by the pre-release case management staff was uncertainty about their living situation, inability to find transportation to HBI, or lack of support from family and/or probation/parole officer to participate in the program. At the same time, many individuals who met eligibility criteria for the program (i.e., formerly incarcerated, recently reentering the community, and at risk for the development of a substance use disorder) were visiting HBI (as walk-ins) to access services. Therefore many participants who were enrolled in the program during the first year of implementation were approached to participate at the time they were employed at HBI rather than when they were still being detained at a juvenile facility. Upon request from the CSAT Project Officer, in Year 2 we reinstalled a staff person to visit the camps, screen for eligibility, and encourage their participation in the program. We believe this approach did help increase awareness of the program; however, it was more cost efficient to formally recruit at the time individuals visited HBI, as it demonstrated the participant's commitment and ability to access services. Perhaps in smaller geographical regions, the outreach in the detention facilities would be more successful, but in a county as large as Los Angeles, it proved inefficient to formally screen and recruit at the detention phase.

2. The data collection required for the project was burdensome for a services grant. Both staff and clients perceived the initial assessments as lengthy, complicated, and awkward to administer. Some of the GAIN-I assessments were taking in excess of four hours to be conducted, and interviewers perceived there were problems with accurate reporting due to interview length. CSAT was responsive to this concern, and we obtained permission during the first year of implementation to use a shorter version of the GAIN instrument. Chestnut Health Systems visited HBI and trained staff in using the GAIN-Q instrument. However, because of the change in instruments over time, we did not have access in the database that stores the GAIN data (i.e., GAIN ABS available at: https://www.gainabs.org) to the complete dataset of all participants and therefore were unable to produce any findings that represented the full population of participants using the GAIN dataset. Rather, we had complete data only from the GPRA Client Outcomes Measures tool that was entered into a different database. Therefore, a

lot of project resources were spent on data collection that did not prove useful for evaluation purposes due to the limitations in the database requirements.

3. The MET/CBT-5 treatment was perceived as too short and not intensive enough to address substance use and other co-occurring mental health and related issues that the targeted population faced. The analyses of the outcome data echo this perspective. Weekly recovery support groups were offered to participants upon completion of MET/CBT-5; however, it was not a required component of the program, and the self-report data suggest that many participants did not take advantage of this service. Future projects serving similar populations in this context may want to examine the reasons for lack of recovery support participation and what aspects should change to make it more attractive. For example, future projects may want to build in the expectation to participants that they attend recovery support (rather than that it be "optional") and develop more opportunities, such as peer mentors or on-site 12-step facilitation groups.

4. It was difficult to compare our findings to those of other grantees because we served a different population, and the data management was not designed for us to be able to compare with grantees that used a different version of the GAIN. Although extensive resources were spent on tracking and following up with participants, information about other grantees was not easily accessible to help inform the project.

Conclusions

The STAR project provided evidence-supported substance use treatment to over 200 formerly incarcerated young offenders transitioning back into the Los Angeles community over a three-year period. The project served those most likely to be represented in the juvenile justice system in California, youth and men of color. There is evidence that programs specializing in serving minority communities are successful in encouraging minorities to enter and remain in treatment (U.S. Department of Health and Human Services, 1999), and this project is a testament to that, with over 70 percent of the largely Hispanic and African-American male participants completing treatment. We were also successful in tracking participants for the follow-up interviews by formally training and supervising HBI employees, many of whom were formerly incarcerated. Moreover, the program appears to assist participants in making a successful transition into the community, with the majority of those followed up at 12 months reporting being employed, and only around 15 percent reporting a rearrest. More attention may be needed, however, to address substance use and associated consequences among this population and to promote ongoing recovery support services.

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Appendix A: Outreach/Recruitment Tool

Site Visit Log for: [site name]

	Client LAST Name	Client FIRST Name	Official release date (mm/dd/yy)	Early release date (mm/dd/yy)	GAIN SS Complete ? (Check box)	Date GAIN-SS completed (mm/dd/yy)	Subst. Abuse issues? (Y/N)	Inside HBI 20 mi radius? (Y/N)	Interest in STAR? (Y/N)	Age	Referral Source (DMH, parole/ probation, New Roads, etc.)
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

Appendix B: Treatment Progress Log

ID	Last	First	MET #1	MET #2	CBT #3	CBT #4	CBT #5	Current Tx Status	Notes	Casemanager	Final Tx Status
								IP = In progress VF = Verified final PND = Pending WTR = Working to re-engage	**Deceased Incarcerated Not employed**		**1 = Complete 0 = Incomplete**
1	Smith	Joe	4/18/11	4/25/11	5/9/11	5/17/11	6/9/11	**VF**			1
2	Jones	Bob	4/24/11	5/2/11	5/9/11	5/17/11		**IP**			
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

Appendix C: GPRA Client Outcome Instrument

Form Approved
OMB No. 0930-0208
Expiration Date 04/30/2012

CSAT GPRA Client Outcome Measures for Discretionary Programs

Revised 9/13/2010

SAIS_GPRA_Client_Outcome_Instrument_v2.6.doc

A. RECORD MANAGEMENT

Client ID |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Client Type:

- ○ Treatment client
- ○ Client in recovery

Contract/Grant ID |___|___|___|___|___|___|___|___|___|___|

Interview Type ***[CIRCLE ONLY ONE TYPE.]***

Intake [GO TO INTERVIEW DATE]

6 month follow-up →→→ Did you conduct a follow-up interview? ○ Yes ○ No
[IF NO, GO DIRECTLY TO SECTION I.]

3 month follow-up ***[FOR SELECT GFAs ONLY]*** →
Did you conduct a follow-up interview? ○ Yes ○ No ***[IF NO, GO DIRECTLY TO SECTION I.]***

Discharge →→→ Did you conduct a discharge interview? ○ Yes ○ No
[IF NO, GO DIRECTLY TO SECTION J.]

Interview Date |___|___| / |___|___| / |___|___|___|___|
Month Day Year

[FOLLOW-UP AND DISCHARGE INTERVIEWS: SKIP TO SECTION B.]

1. Was the client screened by your program for co-occurring mental health and substance use disorders?

- ○ YES
- ○ NO [SKIP 1a.]

1a. [IF YES] Did the client screen positive for co-occurring mental health and substance use disorders?

- ○ YES
- ○ NO

SBIRT AND CAMPUS SBI CONTINUE. ALL OTHERS GO TO SECTION A "PLANNED SERVICES."

A. RECORD MANAGEMENT - DEMOGRAPHICS ***[ASKED ONLY AT INTAKE/BASELINE]***

1. What is your gender?

- ○ MALE
- ○ FEMALE
- ○ TRANSGENDER
- ○ OTHER (SPECIFY) _____
- ○ REFUSED

2. Are you Hispanic or Latino?

- ○ YES
- ○ NO
- ○ REFUSED

[IF YES] **What ethnic group do you consider yourself? Please answer yes or no for each of the following. You may say yes to more than one.**

	Yes	No	Refused
Central American	Y	N	REFUSED
Cuban	Y	N	REFUSED
Dominican	Y	N	REFUSED
Mexican	Y	N	REFUSED
Puerto Rican	Y	N	REFUSED
South American	Y	N	REFUSED
Other	Y	N	REFUSED *[IF YES, SPECIFY BELOW]*
	(Specify) _____		

3. What is your race? Please answer yes or no for each of the following. You may say yes to more than one.

	Yes	No	Refused
Black or African American	Y	N	REFUSED
Asian	Y	N	REFUSED
Native Hawaiian or other Pacific Islander	Y	N	REFUSED
Alaska Native	Y	N	REFUSED
White	Y	N	REFUSED
American Indian	Y	N	REFUSED

4. What is your date of birth?*

|__|__|/|__|__|/ ***[*THE SYSTEM WILL ONLY SAVE MONTH AND YEAR. TO MAINTAIN CONFIDENTIALITY DAY IS NOT SAVED.]***
MONTH DAY

|__|__|__|__|
YEAR

- ○ REFUSED

5. Are you a veteran?

- ○ YES
- ○ NO
- ○ REFUSED
- ○ DON'T KNOW

B. DRUG AND ALCOHOL USE

		Number of Days	REFUSED	DON'T KNOW
1.	**During the past 30 days, how many days have you used the following:**			
a.	Any alcohol *[IF ZERO, SKIP TO ITEM B1c.]*	_____	O	O
b1.	Alcohol to intoxication (5+ drinks in one sitting)	_____	O	O
b2.	Alcohol to intoxication (4 or fewer drinks in one sitting and felt high)	_____	O	O
c.	Illegal drugs *[IF B1a OR B1c = 0, RF, DK, THEN SKIP TO ITEM B2.]*	_____	O	O
d.	Both alcohol and drugs (on the same day)	_____	O	O

Route of Administration Types:
1. Oral 2. Nasal 3. Smoking 4. Non-IV injection 5. IV
*NOTE THE USUAL ROUTE. FOR MORE THAN ONE ROUTE, CHOOSE THE MOST SEVERE. THE ROUTES ARE LISTED FROM LEAST SEVERE (1) TO MOST SEVERE (5).

			Number of Days	RF	DK	Route*	RF	DK
2.	**During the past 30 days, how many days have you used any of the following:** *[IF THE VALUE IN ANY ITEM B2a THROUGH B2i > 0, THEN THE VALUE IN B1c MUST BE > 0.]*							
a.	Cocaine/Crack		_____	O	O	____	O	O
b.	Marijuana/Hashish (Pot, Joints, Blunts, Chronic, Weed, Mary Jane)		_____	O	O	____	O	O
c.	Opiates:							
	1.	Heroin (Smack, H, Junk, Skag)	_____	O	O	____	O	O
	2.	Morphine	_____	O	O	____	O	O
	3.	Diluadid	_____	O	O	____	O	O
	4.	Demerol	_____	O	O	____	O	O
	5.	Percocet	_____	O	O	____	O	O
	6.	Darvon	_____	O	O	____	O	O
	7.	Codeine	_____	O	O	____	O	O
	8.	Tylenol 2,3,4	_____	O	O	____	O	O
	9.	Oxycontin/Oxycodone	_____	O	O	____	O	O
d.	Non-prescription methadone		_____	O	O	____	O	O
e.	Hallucinogens/psychedelics, PCP (Angel Dust, Ozone, Wack, Rocket Fuel) MDMA (Ecstasy, XTC, X, Adam), LSD (Acid, Boomers, Yellow Sunshine), Mushrooms or Mescaline		_____	O	O	____	O	O
f.	Methamphetamine or other amphetamines (Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank)		_____	O	O	____	O	O

B. DRUG AND ALCOHOL USE (Continued)

Route of Administration Types:
1. Oral 2. Nasal 3. Smoking 4. Non-IV injection 5. IV
*NOTE THE USUAL ROUTE. FOR MORE THAN ONE ROUTE, CHOOSE THE MOST SEVERE. THE ROUTES ARE LISTED FROM LEAST SEVERE (1) TO MOST SEVERE (5).

2. During the past 30 days, how many days have you used any of the following: ***[IF THE VALUE IN ANY ITEM B2a THROUGH B2i > 0, THEN THE VALUE IN B1c MUST BE > 0.]***

			Number of Days	RF	DK	Route*	RF	DK
g.	1.	Benzodiazepines: Diazepam (Valium); Alprazolam (Xanax); Triazolam (Halcion); and Estasolam (Prosom and Rohypnol–also known as roofies, roche, and cope)	____	○	○	____	○	○
	2.	Barbiturates: Mephobarbital (Mebacut); and pentobarbital sodium (Nembutal)	____	○	○	____	○	○
	3.	Non-prescription GHB (known as Grievous Bodily Harm; Liquid Ecstasy; and Georgia Home Boy)	____	○	○	____	○	○
	4.	Ketamine (known as Special K or Vitamin K)	____	○	○	____	○	○
	5.	Other tranquilizers, downers, sedatives or hypnotics	____	○	○	____	○	○
h.		Inhalants (poppers, snappers, rush, whippets)	____	○	○	____	○	○
i.		Other illegal drugs (Specify) _____	____	○	○	____	○	○

3. In the past 30 days have you injected drugs? ***[IF ANY ROUTE OF ADMINISTRATION IN B2a THROUGH B2i = 4 or 5, THEN B3 MUST = YES.]***

○ YES
○ NO
○ REFUSED
○ DON'T KNOW

[IF NO, REFUSED, OR DON'T KNOW SKIP TO SECTION C.]

4. In the past 30 days, how often did you use a syringe/needle, cooker, cotton or water that someone else used?

○ Always
○ More than half the time
○ Half the time
○ Less than half the time
○ Never
○ REFUSED
○ DON'T KNOW

C. FAMILY AND LIVING CONDITIONS

1. In the past 30 days, where have you been living most of the time? ***[DO NOT READ RESPONSE OPTIONS TO CLIENT.]***

- ○ SHELTER (SAFE HAVENS, TRANSITIONAL LIVING CENTER [TLC], LOW DEMAND FACILITIES, RECEPTION CENTERS, OTHER TEMPORARY DAY OR EVENING FACILITY)
- ○ STREET/OUTDOORS (SIDEWALK, DOORWAY, PARK, PUBLIC OR ABANDONED BUILDING)
- ○ INSTITUTION (HOSPITAL, NURSING HOME, JAIL/PRISON)
- ○ HOUSED: ***[IF HOUSED, CHECK APPROPRIATE SUBCATEGORY:]***
  - ○ OWN/RENT APARTMENT, ROOM, OR HOUSE
  - ○ SOMEONE ELSE'S APARTMENT, ROOM OR HOUSE
  - ○ DORMITORY/COLLEGE RESIDENCE
  - ○ HALFWAY HOUSE
  - ○ RESIDENTIAL TREATMENT
  - ○ OTHER HOUSED (SPECIFY) _____
- ○ REFUSED
- ○ DON'T KNOW

2. During the past 30 days, how stressful have things been for you because of your use of alcohol or other drugs? ***[IF B1a OR B1c > 0, THEN C2 CANNOT = "NOT APPLICABLE".]***

- ○ Not at all
- ○ Somewhat
- ○ Considerably
- ○ Extremely
- ○ NOT APPLICABLE ***[USE ONLY IF B1a AND B1c = 0.]***
- ○ REFUSED
- ○ DON'T KNOW

3. During the past 30 days, has your use of alcohol or other drugs caused you to reduce or give up important activities? ***[IF B1a OR B1c > 0, THEN C3 CANNOT = "NOT APPLICABLE".]***

- ○ Not at all
- ○ Somewhat
- ○ Considerably
- ○ Extremely
- ○ NOT APPLICABLE ***[USE ONLY IF B1a AND B1c = 0.]***
- ○ REFUSED
- ○ DON'T KNOW

C. FAMILY AND LIVING CONDITIONS (Continued)

4. During the past 30 days, has your use of alcohol or other drugs caused you to have emotional problems? ***[IF B1a OR B1c > 0, THEN C4 CANNOT = " NOT APPLICABLE".]***

- ○ Not at all
- ○ Somewhat
- ○ Considerably
- ○ Extremely
- ○ NOT APPLICABLE *[USE ONLY IF B1a AND B1c = 0.]*
- ○ REFUSED
- ○ DON'T KNOW

5. ***[IF NOT MALE,]*** **Are you currently pregnant?**

- ○ YES
- ○ NO
- ○ REFUSED
- ○ DON'T KNOW

6. Do you have children?

- ○ YES
- ○ NO
- ○ REFUSED
- ○ DON'T KNOW

[IF NO, REFUSED, OR DON'T KNOW SKIP TO SECTION D.]

a. How many children do you have? ***[IF C6 = YES, THEN A VALUE IN C6a MUST BE > 0.]***

|___|___| ○ REFUSED ○ DON'T KNOW

b. Are any of your children living with someone else due to a child protection court order?

- ○ YES
- ○ NO
- ○ REFUSED
- ○ DON'T KNOW

[IF NO, REFUSED, OR DON'T KNOW SKIP TO ITEM C6d.]

c. ***[IF YES,]*** **How many of your children are living with someone else due to a child protection court order?** ***[THE VALUE IN C6c CANNOT EXCEED THE VALUE IN C6a.]***

|___|___| ○ REFUSED ○ DON'T KNOW

C. **FAMILY AND LIVING CONDITIONS (Continued)**

d. **For how many of your children have you lost parental rights?** ***[THE CLIENT'S PARENTAL RIGHTS WERE TERMINATED.][THE VALUE IN ITEM C6d CANNOT EXCEED THE VALUE IN C6a.]***

|___|___| O REFUSED O DON'T KNOW

D. **EDUCATION, EMPLOYMENT, AND INCOME**

1. **Are you currently enrolled in school or a job training program?** ***[IF ENROLLED,]*** **Is that full time or part time?** ***[IF CLIENT IS INCARCERATED CODE D1 AS "NOT ENROLLED."]***

O NOT ENROLLED
O ENROLLED, FULL TIME
O ENROLLED, PART TIME
O OTHER (SPECIFY) _____
O REFUSED
O DON'T KNOW

2. **What is the highest level of education you have finished, whether or not you received a degree?**

O NEVER ATTENDED
O 1ST GRADE
O 2ND GRADE
O 3RD GRADE
O 4TH GRADE
O 5TH GRADE
O 6TH GRADE
O 7TH GRADE
O 8TH GRADE
O 9TH GRADE
O 10TH GRADE
O 11TH GRADE
O 12TH GRADE/HIGH SCHOOL DIPLOMA/EQUIVALENT
O COLLEGE OR UNIVERSITY/1st YEAR COMPLETED
O COLLEGE OR UNIVERSITY/2nd YEAR COMPLETED/ASSOCIATES DEGREE (AA, AS)
O COLLEGE OR UNIVERSITY/3rd YEAR COMPLETED
O BACHELOR'S DEGREE (BA, BS) OR HIGHER
O VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA
O VOC/TECH DIPLOMA AFTER HIGH SCHOOL
O REFUSED
O DON'T KNOW

D. EDUCATION, EMPLOYMENT, AND INCOME (Continued)

3. Are you currently employed? ***[CLARIFY BY FOCUSING ON STATUS DURING MOST OF THE PREVIOUS WEEK, DETERMINING WHETHER CLIENT WORKED AT ALL OR HAD A REGULAR JOB BUT WAS OFF WORK. [IF CLIENT IS "ENROLLED, FULL TIME" IN D1 AND INDICATES "EMPLOYED FULL TIME" IN D3, ASK FOR CLARIFICATION. IF CLIENT IS INCARCERATED AND HAS NO WORK OUTSIDE OF JAIL, CODE D3 AS "UNEMPLOYED, NOT LOOKING FOR WORK."]***

- ○ EMPLOYED FULL TIME (35+ HOURS PER WEEK, OR WOULD HAVE BEEN)
- ○ EMPLOYED PART TIME
- ○ UNEMPLOYED, LOOKING FOR WORK
- ○ UNEMPLOYED, DISABLED
- ○ UNEMPLOYED, VOLUNTEER WORK
- ○ UNEMPLOYED, RETIRED
- ○ UNEMPLOYED, NOT LOOKING FOR WORK
- ○ OTHER (SPECIFY) _____
- ○ REFUSED
- ○ DON'T KNOW

4. Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from… ***[IF D3 DOES NOT = "EMPLOYED" AND THE VALUE IN D4a IS GREATER THAN ZERO, PROBE. IF D3 = "UNEMPLOYED, LOOKING FOR WORK" AND THE VALUE IN D4b = 0, PROBE. IF D3 = "UNEMPLOYED, RETIRED" AND THE VALUE IN D4c = 0, PROBE. IF D3 = "UNEMPLOYED, DISABLED" AND THE VALUE IN D4d = 0, PROBE.]***

			RF	DK
a.	Wages	$ |__|__|__| , |__|__|__|	○	○
b.	Public assistance	$ |__|__|__| , |__|__|__|	○	○
c.	Retirement	$ |__|__|__| , |__|__|__|	○	○
d.	Disability	$ |__|__|__| , |__|__|__|	○	○
e.	Non-legal income	$ |__|__|__| , |__|__|__|	○	○
f.	Family and/or friends	$ |__|__|__| , |__|__|__|	○	○
g.	Other (Specify) _____	$ |__|__|__| , |__|__|__|	○	○

E. CRIME AND CRIMINAL JUSTICE STATUS

1. In the past 30 days, how many times have you been arrested?

|____|____| TIMES ○ REFUSED ○ DON'T KNOW

[IF NO ARRESTS, SKIP TO ITEM E3.]

2. In the past 30 days, how many times have you been arrested for drug-related offenses? ***[THE VALUE IN E2 CANNOT BE GREATER THAN THE VALUE IN E1.]***

|____|____| TIMES ○ REFUSED ○ DON'T KNOW

E. CRIME AND CRIMINAL JUSTICE STATUS (Continued)

3. In the past 30 days, how many nights have you spent in jail/prison? ***[IF THE VALUE IN E3 IS GREATER THAN 15, THEN C1 MUST = INSTITUTION (JAIL/PRISON). IF C1 = INSTITUTION (JAIL/PRISON), THEN THE VALUE IN E3 MUST BE GREATER THAN OR EQUAL TO 15.]***

|___|___| NIGHTS O REFUSED O DON'T KNOW

4. In the past 30 days, how many times have you committed a crime? ***[CHECK NUMBER OF DAYS USED ILLEGAL DRUGS IN ITEM B1c ON PAGE 4. ANSWER HERE IN E4 SHOULD BE EQUAL TO OR GREATER THAN NUMBER IN B1c BECAUSE USING ILLEGAL DRUGS IS A CRIME.]***

|___|___|___| TIMES O REFUSED O DON'T KNOW

5. Are you currently awaiting charges, trial, or sentencing?

O YES
O NO
O REFUSED
O DON'T KNOW

6. Are you currently on parole or probation?

O YES
O NO
O REFUSED
O DON'T KNOW

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY

1. How would you rate your overall health right now?

O Excellent
O Very good
O Good
O Fair
O Poor
O REFUSED
O DON'T KNOW

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY (Cont.)

2. During the past 30 days, did you receive:

a. Inpatient Treatment for:

	YES	*[IF YES]* Altogether for how many nights	NO	RF	DK
i. Physical complaint	O	_____ nights	O	O	O
ii. Mental or emotional difficulties	O	_____ nights	O	O	O
iii. Alcohol or substance abuse	O	_____ nights	O	O	O

b. Outpatient Treatment for:

	YES	*[IF YES]* Altogether for how many times	NO	RF	DK
i. Physical complaint	O	_____ times	O	O	O
ii. Mental or emotional difficulties	O	_____ times	O	O	O
iii. Alcohol or substance abuse	O	_____ times	O	O	O

c. Emergency Room Treatment for:

	YES	*[IF YES]* Altogether for how many times	NO	RF	DK
i. Physical complaint	O	_____ times	O	O	O
ii. Mental or emotional difficulties	O	_____ times	O	O	O
iii. Alcohol or substance abuse	O	_____ times	O	O	O

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY (Cont.)

3. During the past 30 days, did you engage in sexual activity?

- ○ Yes
- ○ No → *[SKIP TO F4.]*
- ○ NOT PERMITTED TO ASK → *[SKIP TO F4.]*
- ○ REFUSED → *[SKIP TO F4.]*
- ○ DON'T KNOW → *[SKIP TO F4.]*

***[IF YES]* Altogether, how many:**

		Contacts	RF	DK
a.	Sexual contacts (vaginal, oral, or anal) did you have?	_____	○	○
b.	Unprotected sexual contacts did you have? *[THE VALUE IN F3b SHOULD NOT BE GREATER THAN THE VALUE IN F3a.] [IF ZERO, SKIP TO F4.]*	_____	○	○
c.	Unprotected sexual contacts were with an individual who is or was: *[NONE OF THE VALUES IN F3c1 THROUGH F3c3 CAN BE GREATER THAN THE VALUE IN F3b.]*			
	1. HIV positive or has AIDS	_____	○	○
	2. An injection drug user	_____	○	○
	3. High on some substance	_____	○	○

4. Have you ever been tested for HIV?

- ○ Yes ..... [GO TO F4a.]
- ○ No ..... [SKIP TO F5.]
- ○ REFUSED ..... [SKIP TO F5]
- ○ DON'T KNOW ..... [SKIP TO F5.]

4a. Do you know the results of your HIV testing?

- ○ Yes
- ○ No

5. In the past 30 days, not due to your use of alcohol or drugs, how many days have you:

		Days	RF	DK
a.	Experienced serious depression	_____	○	○
b.	Experienced serious anxiety or tension	_____	○	○
c.	Experienced hallucinations	_____	○	○
d.	Experienced trouble understanding, concentrating, or remembering	_____	○	○
e.	Experienced trouble controlling violent behavior	_____	○	○
f.	Attempted suicide	_____	○	○
g.	Been prescribed medication for psychological/emotional problem	_____	○	○

[IF CLIENT REPORTS ZERO DAYS, RF OR DK TO ALL ITEMS IN QUESTION 5, SKIP TO SECTION G.]

6. How much have you been bothered by these psychological or emotional problems in the past 30 days?

- ○ Not at all
- ○ Slightly
- ○ Moderately
- ○ Considerably
- ○ Extremely
- ○ REFUSED
- ○ DON'T KNOW

G. SOCIAL CONNECTEDNESS

1. In the past 30 days, did you attend any voluntary self-help groups for recovery that were not affiliated with a religious or faith-based organization? In other words, did you participate in a non-professional, peer-operated organization that is devoted to helping individuals who have addiction related problems such as: Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, or Women for Sobriety, etc.

- ○ YES *[IF YES]* SPECIFY HOW MANY TIMES _____ ○ REFUSED ○ DON'T KNOW
- ○ NO
- ○ REFUSED
- ○ DON'T KNOW

2. In the past 30 days, did you attend any religious/faith affiliated recovery self-help groups?

- ○ YES *[IF YES]* SPECIFY HOW MANY TIMES _____ ○ REFUSED ○ DON'T KNOW
- ○ NO
- ○ REFUSED
- ○ DON'T KNOW

3. In the past 30 days, did you attend meetings of organizations that support recovery other than the organizations described above?

- ○ YES *[IF YES]* SPECIFY HOW MANY TIMES _____ ○ REFUSED ○ DON'T KNOW
- ○ NO
- ○ REFUSED
- ○ DON'T KNOW

4. In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery?

- ○ YES
- ○ NO
- ○ REFUSED
- ○ DON'T KNOW

5. To whom do you turn when you are having trouble? *[SELECT ONLY ONE.]*

- ○ NO ONE
- ○ CLERGY MEMBER
- ○ FAMILY MEMBER
- ○ FRIENDS
- ○ REFUSED
- ○ DON'T KNOW
- ○ OTHER SPECIFY: _____

Appendix D: STAR Locator Form

STAR Keep in Touch Form

ID _____

Now I'd like to ask you for some information that will help us keep in contact with you. We will want to interview you again in 3 months, 6 months and 1 year. We will pay you for completing each interview. In order to make sure we know where to find you, we may contact you in between each interview. The information you give us is completely confidential and will be used only to locate you for this project. It will not be shared with the criminal justice system.

A. RESPONDENT

1 NAME: _____ _____ _____ _____
First Middle Last Date of Birth

2 NICKNAMES (or any other names you go by): _____

3 HOME ADDRESS: _____
Street

_____
City State Zip

4 HOME PHONE: ☐☐☐ - ☐☐☐ - ☐☐☐☐

5 CELL PHONE/VM: ☐☐☐ - ☐☐☐ - ☐☐☐☐

6 E-MAIL ADDRESSES: _____

SOCIAL NETWORK ACCOUNTS (Get screen/account name): Facebook _____ Twitter _____ Myspace_____

7 MAILING ADDRESS: (If same as home address, please check here: ☐ and skip to 8)

_____
Street

_____
City State Zip

8 ADDRESS ON DRIVER'S LICENSE: (If same as home address above, please check here: ☐ and skip to 9)

_____
Street

_____
City State Zip

9 WHO CAN WE LEAVE A MESSAGE WITH HERE?: _____

_____

10 NAME AND ADDRESS OF CLOSEST RELATIVE:

_____ _____
Name Relationship (Mother, Father, Sister, etc.)

_____
Street

_____
City State Zip

PHONE: ☐☐☐ - ☐☐☐ - ☐☐☐☐

11 DO YOU HAVE ANY PLANS TO MOVE? NO:☐ (If no, skip to 12) YES:☐ (If yes, please list new address/city, etc. below)

_____
Street

_____
City State Zip

12 IF YOU MOVED, WHERE MIGHT YOU GO? (City, State, Country or any other information)

_____

B. EMPLOYMENT (OTHER THAN HOMEBOY)/SCHOOL/VOLUNTEER

1

_____ _____
Company/School Name Phone Number

_____
Street

_____
City State Zip

White – Original - RAND Yellow – Homeboy STAR TL Form

ARE YOU ON PROBATION OR PAROLE? NO: ☐ YES: ☐

IF YES: IN WHAT COUNTY? _____

IF YOU GO TO MEXICO TEMPORARILY OR PERMANENTLY WHERE WOULD YOU GO?

Address: _____ Phone: _____

C. PERSONAL CONTACTS

Now I would like to get the name, address, and telephone number of friends and relatives who don't live with you, but would know how to contact you if you moved. (If we need to contact them, we will tell them that we are trying to reach you for a project you are participating in. We will only ask for information on how to contact you.)

CONTACT #1: Relationship= _____

1 NAME: _____
First Middle Last

2 HOME ADDRESS: _____
Street

_____
City State Zip

3 HOME PHONE: ☐☐☐ - ☐☐☐ - ☐☐☐☐

4 CELL PHONE/VM: ☐☐☐ - ☐☐☐ - ☐☐☐☐

5 E-MAIL ADDRESS: _____

6 WHO CAN WE LEAVE A MESSAGE WITH HERE? (If available): _____

_____

7 ADDITIONAL COMMENTS OR INFORMATION: _____

_____

CONTACT #2: Relationship= _____

1 NAME: _____
First Middle Last

2 HOME ADDRESS: _____
Street

_____
City State Zip

3 HOME PHONE: ☐☐☐ - ☐☐☐ - ☐☐☐☐

4 CELL PHONE/VM: ☐☐☐ - ☐☐☐ - ☐☐☐☐

5 E-MAIL ADDRESS: _____

6 WHO CAN WE LEAVE A MESSAGE WITH HERE? (If available): _____

_____

7 ADDITIONAL COMMENTS OR INFORMATION: _____

D. CARD

I'm going to give you this card with our toll-free number on it. Keep it with your important papers. If you move, please call our 800 number to update us with your new address, phone number or other information

1 RESPONDENT GIVEN NEXT INTERVIEW REMINDER CARD: YES: ☐ NO: ☐

LAST QUESTION: Of all the ways I just asked you about (or any way I haven't asked you about) which do you think is the best way for us to reach you for the next interview?

_____

White – Original - RAND Yellow – Homeboy STAR TL Form

Appendix E: Case Tracking Log

CLIENT NAME:

CASE MANAGER:

Active Code:

25 Disconnected number / Not In Svc
26 Wrong number
27 Directory assistance attempted
28 Left message (VM or person)
29 No message left
30 No answer / No one home
31 Talked to someone (who?) - Callback later or return later
32 Client moved - Got new info
29 Client moved - Did NOT get new info
35 Appointment made
36 Appointment broken
37 No access
38 Temporary Breakoff
39 Other (explain in comments)

Final Code:

01 Complete/Enrolled In STAR
02 Refusal
03 Unlocatable -No contact with Client
04 Field Period Ended (+4 months since detention)
05 Other (deceased, not eligible, too ill)

DATE/DAY	TIME	MODE	PHONE # CALLED or PLACE VISITED	SPOKE TO: (relation / name)	CODE	DETAILED COMMENTS
DATE: ___/___/___ M T W Th F S Su	AM /PM	1. PHONE 2. FACE TO FACE 3. TEXT		1. Client 2. Other (SPECIFY) _____ / _____		
DATE/DAY	**TIME**	**MODE**	**PHONE # CALLED / PLACE VISITED**	**SPOKE TO: (relation / name)**	**CODE:**	**DETAILED COMMENTS**

DATE: ___/___/___ M T W Th F S Su	AM /PM	1. PHONE 2. FACE TO FACE 3. TEXT		1. Client 2. Other (SPECIFY) ____________ / ____________		
DATE: ___/___/___ M T W Th F S Su	AM /PM	1. PHONE 2. FACE TO FACE 3. TEXT		1. Client 2. Other (SPECIFY) ____________ / ____________		
DATE: ___/___/___ M T W Th F S Su	AM /PM	1. PHONE 2. FACE TO FACE 3. TEXT		1. Client 2. Other (SPECIFY) ____________ / ____________		
DATE: ___/___/___ M T W Th F S Su	AM /PM	1. PHONE 2. FACE TO FACE 3. TEXT		1. Client 2. Other (SPECIFY) ____________ / ____________		
DATE: ___/___/___ M T W Th F S Su	AM /PM	1. PHONE 2. FACE TO FACE 3. TEXT		1. Client 2. Other (SPECIFY) ____________ / ____________		

Appendix F: Training Participation

Role/Position:		Project Admin	Project Director	Project Data Mgr	Case Mgr Supvr	Case Mgr 1	Case Mgr 2	Case Mgr 3	Intake Coord 1	Intake Coord 2	Field Itvwrs (n=6)	DV Gp Facil	RP Gp Facil	Prog Eval	Survey Coord	Field Intvwr	Tx Counslr	Tx Supvr	Tx Div Dir
Affiliation:		HBI	HBI	HBI	HBI	HBI	HBI	HBI	HBI	HBI	HBI	HBI	HBI	RAND	RAND	RAND	BHS	BHS	BHS
Training Type	**Date**																		
Human Subjects Protection (CITI)	varied		X	X		X	X	X	X	X	X			X	X	X			
MET/CBT-5	2/11; 12/11	X	X	X	X				X			X	X				X	X	X
GAIN Data Management	2/11			X															
National GAIN-I Institute	1/11			X		X	X								X				
GAIN-I Administrator certification	4/11			X															
GAIN-I Local Trainer certification	8/11			X					X										
GAIN-Q Coursework certification	8/11		X						X					X	X		X	X	
Onsite GAIN/GPRA Training	varied									X	X								
GPRA Tool Administration In-Person Training of Trainers (TOT)	10/11, 3/12, 12/12, 3/13			X						X	X				X				
ORP Grantee Meeting	5/11		X			X								X					
Seeking Safety	9/11		X	X					X				X				X		
Joint Meeting on Adolescent Treatment Effectiveness/Grantee Meeting	4/12		X	X										X					
Treating the Minority Population	9/12									X							X		
ORP Grantee Meeting	5/13		X	X										X					

Notes: Mgr = manager; Supvr = supervisor; Coord = coordinator; Itvwrs = interviewers; DV GP Facil = domestic violence group facilitator; RP GP Facil= relapse prevention group facilitator; Prog Eval = program evaluator; Tx = treatment

Appendix G: Percentages of participants demonstrating desirable outcomes

Percentage of participants demonstrating desirable outcomes using full sample

	All individuals completing an assessment				Individuals with 3-, 6-, and 12-month assessments				Individuals with 3- and 6-month assessments			Individuals with 3-month assessment	
	(n=207)	(n=154)	(n=139)	(n=75)	(n=64)				(n=127)			(n=154)	
	Intake	3-month	6-month	12-month	Intake	3-month	6-month	12-month	Intake	3-month	6-month	Intake	3-month
Substance use abstinence or reduction (1)													
Alcohol	34.3	56.5	52.5	48.0	50.0	64.1	54.7	50.0	41.7	59.1	50.4	36.4	56.5
Alcohol – binge	54.1	73.4	69.8	56.0	62.5	73.4	68.8	57.8	56.7	72.4	68.5	51.9	73.4
Drugs	60.4	72.1	63.3	70.7	82.8	79.7	68.8	75.0	68.5	70.9	66.1	65.6	72.1
Drugs – marijuana	68.1	76.0	66.2	73.3	85.9	82.8	68.8	75.0	74.8	75.6	68.5	72.7	76.0
Same day use (2)	77.8	82.5	76.3	84.0	90.6	87.5	73.4	84.4	80.3	82.7	75.6	78.6	82.5
Housing													
Stable housing	35.7	40.9	36.7	49.3	42.2	43.8	37.5	50.0	35.4	41.7	37.8	35.1	40.9
Any housing	77.3	86.4	88.5	80.0	90.6	84.4	85.9	78.1	85.8	88.2	88.2	80.5	86.4
Employment													
Full or part time	95.7	83.1	71.9	68.0	100.0	89.1	73.4	70.3	99.2	86.6	74.0	98.7	83.1
Social connectedness													
Interaction	69.6	73.4	74.8	73.3	54.7	75.0	70.3	71.9	66.9	75.6	77.2	68.8	73.4
Someone to turn to	76.8	84.4	79.1	85.3	54.7	75.0	70.3	71.9	66.9	75.6	77.2	68.8	84.4
Either	87.4	92.9	91.4	93.3	82.8	92.2	87.5	92.2	88.2	93.7	92.1	87.0	73.4
Recovery support													
Any attendance	49.3	41.6	30.2	21.3	45.3	45.3	32.8	23.4	46.5	44.9	30.7	47.4	41.6
Criminal behavior avoidance or reduction													
No Arrests	92.3	85.1	89.9	85.3	89.1	87.5	92.2	85.9	92.1	85.8	91.3	92.9	85.1
No Confined Days	67.5	86.9	86.1	79.7	84.1	88.9	88.9	77.8	75.4	88.9	86.4	70.6	86.9
No Crimes	44.2	55.9	49.6	50.7	68.8	65.1	46.9	54.7	52.8	57.9	50.4	49.7	55.9

(1) Intake percentage reflects those with zero days/times of the behavior; 3-, 6-, and 12-month percentages reflect zero days/times OR a decrease in days/time.

(2) Refers to reporting use of both alcohol and drugs on the same day

Percentage of participants who completed MET/CBT-5 demonstrating desirable outcomes

	All individuals				Individuals with 3-, 6-, and 12-month assessments				Individuals with 3- and 6-month assessments			Individuals with 3-month assessment	
	(n=150)	(n=126)	(n=113)	(n=61)	(n=55)				(n=84)			(n=126)	
	Intake	3-month	6-month	12-month	Intake	3-month	6-month	12-month	Intake	3-month	6-month	Intake	3-month
Substance use abstinence or reduction (1)													
Alcohol	36.0	53.2	49.6	47.5	49.1	60.0	56.4	49.1	41.1	55.1	49.5	36.5	53.2
Alcohol – binge	54.7	72.2	68.1	54.1	63.6	72.7	69.1	56.4	57.9	71.0	68.2	53.2	72.2
Drugs	64.7	73.8	67.3	72.1	83.6	81.8	70.9	74.5	66.4	72.9	68.2	65.1	73.8
Drugs – marijuana	70.7	77.0	69.9	73.8	85.5	85.5	70.9	74.5	72.0	76.6	70.1	70.6	77.0
Same day use (2)	78.7	82.5	77.9	82.0	89.1	89.1	76.4	81.8	77.6	83.2	77.6	77.0	82.5
Housing													
Stable housing	34.0	45.2	39.8	52.5	43.6	49.1	43.6	52.7	35.5	44.9	40.2	34.1	45.2
Any housing	79.3	88.9	87.6	82.0	92.7	87.3	85.5	80.0	87.9	89.7	87.9	81.0	88.9
Employment													
Full or part time	97.3	88.1	81.4	73.8	100.0	94.5	80.0	74.5	99.1	90.7	81.3	98.4	88.1
Social connectedness													
Interaction	69.3	72.2	75.2	73.8	56.4	70.9	70.9	72.7	67.3	72.9	76.6	69.8	72.2
Someone to turn to	76.0	82.5	77.0	83.6	56.4	70.9	70.9	72.7	67.3	72.9	76.6	69.8	82.5
Either	86.7	92.1	89.4	91.8	80.0	90.9	85.5	90.9	86.0	92.5	90.7	85.7	72.2
Recovery support													
Any attendance	48.7	46	32.7	24.6	43.6	49.1	32.7	27.3	44.9	49.5	32.7	46.8	46.0
Criminal behavior avoidance or reduction													
No Arrests	92.7	86.5	92.0	83.6	89.1	89.1	92.7	85.5	92.5	86.9	92.5	92.9	86.5
No Confined Days	69.1	89.6	87.4	85‡	85.2	94.4	90.7	83.3	76.4	91.5	87.6	70.4	89.6
No Crimes	48.7	55.2	52.2	49.2	67.3	63.0	49.1	52.7	52.3	56.6	53.3	49.2	55.2

(1) Intake percentage reflects those with zero days/times of the behavior; 3-, 6-, and 12-month percentages reflect zero days/times OR a decrease in days/time.

(2) Refers to reporting use of both alcohol and drugs on the same day