

EVALUATION REPORT

Butler County's SAMI Court Program

Substance Abuse Resources and Disability Issues

A program within the

Center for Interventions, Treatment and Addictions Research

Wright State University School of Medicine

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Executive Summary

Butler County's SAMI Court Program

- By the nature of the program focus, clients in this program constitute what is arguably one of the most intransigent and difficult to serve populations within the behavioral healthcare-forensic-criminal justice continuum in the United States. All clients have severe and persistent mental illness, substance dependence, extensive arrest histories, and extensive co-morbidity. These attributes must be considered when evaluating program outcomes and efficacy.
- The SAMI Felony Drug Court Program appears to represent a viable programmatic initiative that is having a positive impact on those it serves. Professional orientations and skills of personnel affiliated with this program appear especially well-attuned to the rehabilitation needs of SAMI clients
- Several indicators suggest that program enrollment has contributed to positive outcomes for client sub-populations. It appears that psychiatric inpatient hospitalizations, substance use behavior, long-term incarcerations, violent outbursts, and medication compliance were all impacted for the better for a number of clients served in this program. Moreover, community key informants almost universally praised the program for its positive effects on the lives of clients.
- Program clients, as reflected by focus group participants, report that they feel more in control of their lives as a result of regular contact with Program staff. The Program also contributed to improvements in quality of life indicators for many of the clients involved.
- Although re-incarcerations occurred for just over one half of program participants, the majority of these appear to have been associated with short-term detentions arranged through the SAMI Court. As such, these sanctions are seen more as therapeutic tools than as failures of the system to avoid re-arrest. This is an especially salient consideration when considering the extensive arrest histories of most Program participants.

- Several ideas or suggestions emerged for improving or building on this SAMI program. These include paying more attention to the stage-wise treatment model as a basis for providing specific services. Information from clients and service records suggest that this was not followed in planning for service delivery.
- Similarly, staff may be retaining some clients in the program longer than is necessary for a successful transition to less intensive services.
- There appears to have been some drift from the original nursing-medication monitoring function fulfilled by the nurse/case manager. Duties in the last several months indicate more generalized case management and less focus specifically on medications. A number of key informants indicated that the medication management component of this program is especially critical to success.
- The vocational and job focus emphasis of the Dartmouth model appears to be absent from the Butler County SAMI program. The initial treatment plan, and subsequent updates, should address vocational areas, and clients should be encouraged to begin working toward employment from their initial contact with the program.
- The SAMI Court program services do not appear to be integrated with any other programs or services at Horizon Services. Efforts to integrate services or program components may extend therapeutic efficacy of the SAMI program or reduce operating costs.
- Travel time to the program is a considerable barrier for some clients, and in some cases the travel and program requirements prevented clients from otherwise becoming employed.
- Programs of this nature frequently take five years to establish and stabilize. Consider the next two years as continuing with the development stage of the Program. It is suggested that Butler County services administrators (e.g., ADAS Board, Mental Health Board, and the Court system) seek additional funding from outside sources to supplement this pilot program in order to further stabilize it over the next several years of its existence.
- A more-systematized approach to collection of follow-up and discharge data is necessary if the program is to be thoroughly evaluated in the future. To that end,

this report contains several specific suggestions to consider. These suggestions are provided with the assumption that no full time personnel would be involved with either data collection, database management, or evaluation.

EVALUATION REPORT

Butler County's SAMI Court Program

Introduction

Background. In the fall of 1999 the Butler County ADAS Board received a grant from ODADAS and ODMH to initiate a model, integrated treatment program targeted toward serving the needs of severely mentally disabled persons who also have a substance abuse problem. That model program, the Butler County SAMI Court Program, serves adult residents who have been arrested for felony offenses and who have both an Axis I disorder (limited to schizophrenia, schizoaffective disorder, bi-polar disorder or major depression, recurrent type) and a substance

use disorder. Individuals who meet these conditions must then voluntarily agree to participate in the program. Referrals are received primarily from the Butler County Common Pleas Court Judges, Butler County Probation Department, Butler County Prosecutor's Office, Butler County Pre-Trail Services and the existing Butler County Drug Court. Persons are referred whose needs cannot be adequately addressed through treatment in either the mental health or the alcohol and other drug treatment system alone.

In order to enter the program, an offender with co-existing disorders must be assessed by the SAMI Program Coordinator and the psychiatrist assigned to the project. The offender must also have his or her case transferred to the presiding SAMI Court Judge in order for the judicial monitoring component to occur. Court review meetings are held weekly with the judge and the treatment team, with the goal being that every active client is seen at least every two weeks. The program utilizes the New Hampshire-Dartmouth Model of integrated treatment and provides an extensive array of services, including case management, assertive outreach, family counseling, medication monitoring, individual counseling, and group counseling utilizing a "stages of change approach." Case management services provide linkages with community resources such as public assistance or entitlements, health care, and housing. Medication management is a key responsibility of the program nurse who monitors the clients' actual taking of their medications and communicates extensively with the psychiatrist regarding response, compliance, side-effects, etc. Stage-wise group treatment is espoused, which categorizes clients in either the engagement, persuasion, or active treatment stages of change and is designed to assist clients in addressing issues pertinent to their current stage while attempting to facilitate progression to the next stage.

Organizationally, a CORE team has been identified for the purpose of planning and program development. That team includes representatives from the County's ADAS Board, Mental Health Board, Center for Forensic Psychiatry (primary mental health provider), Horizon Services (primary chemical dependency provider), the probation department, and the SAMI Court Judge. The team meets periodically, occasionally every other week but normally monthly, and addresses program structure, policies, and other oversight-related issues. At the Program implementation level, the efforts of the CORE team are augmented by the SAMI treatment team, which is responsible for overseeing development and delivery of treatment strategies reflective of an integrated approach to meeting the multitude of needs that program clients present.

Purpose. With the preceding in mind, the purpose of the independent, third-party evaluation effort described here-in is to describe and assess the nature and relative effectiveness of the model SAMI Court Program outline above. The time period covered by the evaluation is generally the period from Fall, 1999 through December 31, 2000.

Limitations. In developing the overall evaluation plan, several critical assumptions were made, which serve to limit the results and, therefore, the “claims “ that can be made regarding the viability and potential impacts of the model Program on participating clients. Those basic assumptions include the following:

1. Since the evaluation was implemented in the second year of the SAMI Program’s implementation, it was not feasible to design or initiate new data collection measures on clients at that time - most information used in the evaluation needed to be taken from existing sources and instruments rather than from new instruments or measurements.
2. One primary interest of Butler County officials is to better understand the merits and drawbacks of the model Program’s design. This interest was seen as addressed best by approaches that elaborate on program effectiveness using qualitative data collection activities, such as key informant interviews, focus groups, and other sources of personal perspective data.
3. The evaluation needed to be completed by the end of April, 2001 in order to have its greatest utility for the Butler County ADAS Board and other involved officials, a fact that reinforced the need to use existing data rather than create new variables or measurements.
4. The relatively small client sample (e.g., an n of 21 on 9/28/00) made extensive reliance on traditional statistical techniques less relevant. Similarly, a comparable “control” group with characteristics matching persons in the SAMI Court Program was not available. A more rigorous evaluation would have involved the use of a “control” or “comparison” group, where-in clients with comparable conditions received “traditional” or “standard” treatment, while the experimental group received services delivered via the New Hampshire model. The use of such a design was not possible, however, for several reasons. The next most rigorous design called for some measurement of clients at two or more different points in time relative to their involvement in the program. This type of design was used to the extent possible in the current evaluation. In particular, to the extent possible retrospective followback on clients one year prior to their involvement in

the SAMI program was undertaken, thus serving as a built in within subjects control for the program. This approach was limited by several factors, e.g., by missing data and the fact that not all critical variables could be “tracked” using such an approach.

Audiences. As presently envisioned, there are five key audiences or groups of stakeholders who may find this report to be of direct value/interest. Those audiences include:

- X Program personnel in ODMH and ODADAS as well as the Health Foundation of Greater Cincinnati, who have provided grant funds for the model, integrated treatment Program
- X The CORE team, which has initiated, supported and guided the model Program, and will need to give consideration to its future over the next few months (e.g., the Butler County Mental Health and ADAS Boards as well as other community service agencies)
- X Personnel from the Butler County Criminal Justice System, who are directly or indirectly impacted by, if not actually involved in delivery of, the model Program and its outcomes
- X Staff of Horizon Services and the SAMI Program, per se (the SAMI treatment team), who are responsible for its day-by-day delivery, management, and success
- X Other outside agencies/organizations that may be interested in implementing similar programs in other settings

Overview of Report Contents. This document is made up of five major parts. The first is this **Introduction** or overview. The next section, **Focus of the Evaluation**, provides a summary description of the model SAMI Court Program and related evaluation objectives. That section is followed by a description of the **Evaluation Approach/Procedures** that serve to operationally define the approach used to actually conduct the evaluation effort. Next is the **Presentation of Evaluation Results** where-in the findings related to each of the specified objectives of the evaluation are summarily described. The final section, **Conclusions and Recommendations**, presents specific judgements regarding observed strengths and weaknesses observed in the model Program, along with suggestions for improving perceived concerns. The **Appendices** contain copies of the evaluation instruments, a summary of the data collected from a sample of Program clients as part of a focus group, and a compilation of interview data provided by another outside evaluation agency, QRS, Inc.

Focus of the Evaluation

As noted earlier, the purpose of this evaluation was to describe and assess the relative effectiveness of Butler County's SAMI Court Program. A brief overview of that Program, the evaluation object, was provided in the **Introduction**. For FY 2001, the Program involves the elements summarized in Exhibit 1. The specific objectives and associated questions that have been used to help guide the evaluation are as follows:

- 1) to generally describe the "process" underlying delivery of the model program, e.g., the types and "dosages" of different services provided, the characteristics of the clients served and how they influence service delivery, staff characteristics, staff training provided, and the facilities in which delivery occurred ---
 - a) How is the model SAMI Court Program organized and what agencies are involved in its implementation?
 - b) Who are the key staff responsible for implementation of the Program, what are their roles, and what are their qualifications?
 - c) Who typically refers clients to the SAMI Court Program?
 - d) Who are the SAMI clients, e.g., what are their self-reported strengths and weaknesses, Program-related goals, and background/demographic characteristics?
 - e) Are there differences between persons referred to the Program and those actually accepted as clients?
 - f) What kinds of services do the SAMI clients receive and in what "dosages"?

EXHIBIT 1

Implementation Plan for FY 2001: SAMI Court Program*

<p>Goal: Improve the overall quality of life of individuals with co-occurring disorders who are involved with the criminal justice system through the provision of integrated treatment services.</p> <p>Objective: Reduce by 50% the number of arrests which occur among program participants for up to one year after beginning the program as compared to one year prior to beginning the program.</p> <p>Objective: Reduce by 60% the number of psychiatric hospitalizations program participants have during a one year period after beginning treatment services.</p> <p>Objective: 80% of program participants will report moderate to significant improvement in at least two of the following major life areas: housing, physical health, relationships with family, social support.</p>

Programmatic Activities To Be Offered	(1) Case Management (2) Individualized treatment Plan Development (3) Individual and Family Counseling (4) Social Skills Training Group (5) Stage-Wise Group Treatment Intervention (6) Medication Monitoring
Projected Number of Participants	- 25 persons who have co-existing disorders and are involved with the criminal justice system (and meet Program entrance requirements, e.g., are not violent)
Persons Responsible:	- Consulting Psychiatrist - Service Provider Staff (Horizon Services)

* The information shown was abstracted from the Program's FY 2001 Continuation Application submitted to ODADAS.

- g) What services did clients report they received and what services would they have liked to receive, but did not?
 - h) What did clients feel were their most positive and negative experiences with the SAMI Program?
 - i) From the clients' perspective, how understanding are the staff and do the clients feel comfortable working with them?
 - j) What changes do clients feel should be made in the Program and why?
 - k) What do key informants and staff think are the major reasons why the Program has been successful/unsuccessful?
 - l) In the opinion of the key informants and staff, what client needs are being addressed best by the SAMI Court Program or would not have been addressed if the Program had not existed? What needs can be addressed better by the Program?
 - m) What barriers do the key informants and staff feel need to be overcome if the SAMI Program is to become more effective?
 - n) Where do people (i.e., key informants and staff) feel the Program is "headed" and will be 4 or 5 years in the future?
- 2) to describe the specific outcomes experienced by clients who have participated in the model program, e.g., hospitalization-related episodes, employment, training, family relationships, substance use, arrests, physical health and overall satisfaction with services received.
- a) How helpful do clients feel the SAMI Program was to them personally and would they refer others to the SAMI Program for treatment?

- b) Overall, how successful do key informants and staff feel the SAMI Program has been in addressing clients' needs?
- c) Based upon data contained in SAMI clients' case files, how is participation in the Program related to such outcomes as --- (1) client employment? (2) arrests/times charged? (3) psychiatric hospitalizations? (4) attainment of treatment (tx) goals? (5) drug/alcohol relapses? (6) case disposition? (7) incidences of violence or violent outbursts? (8) quality ratings of living arrangements?

In order to address these objectives/questions multi-faceted evaluation methodologies were employed. Those methodologies involved collection of both quantitative and qualitative data and completion of associated analyses. The data were taken from existing intake records; legal, medical and psychiatric histories; program staffing records; discharge data; structured interviews with staff; key informant interviews (e.g., judge, probation officer, psychiatrist, social worker, counselor); and a focus group (e.g., selected consumers). The sources of information used for the process evaluation included Program and other agency clinical or service records, interviews with staff connected with the SAMI Court Program, focus group results and feedback from clients. The interviews were one-on-one in nature, while the focus group involved a half dozen clients. Observations from the evaluation staff are also included, e.g., notes taken during meetings with the ADAS Board and Program staff.

Data on key outcome variables were collected from program records as a first choice and then augmented via interviews with program staff where data did not exist. This same approach has been used successfully in evaluating aspects of the Dartmouth-New Hampshire programs. Several specific sources of different outcome data were - police/court records, client intake information, ADAS client data, case management logs, client self-report instruments, short professional report forms, billing forms, records of arrests, hospitalizations, social support, living arrangements, health, family, medication compliance, services received, program attendance, missed appointments, progress toward individual plan, and significant or unusual events.

Evaluation Approach/Procedures

Operationally, the evaluation effort has been defined by seven major tasks. Those tasks and the related activities that have been completed are as follows:

- 1.1 Complete requisite design activities - Several members of the evaluation team met with the Program director (who is no longer with the Program) to discuss the specific types of information needed (e.g., process and outcome variables noted in preceding materials), their availability, and where they are located. During the same session, client folders were reviewed and a summary listing of the common data elements derived.
- 1.2 Develop needed instrumentation/forms, along with associated procedural guidelines and materials. Based on the information gleaned via Activity 1.1, three key forms were developed to help secure the requisite evaluation data. These forms were labeled (a) the SAMI Evaluative Data Summary, which served as a vehicle for collecting common data (e.g., demographic, background, and outcome data) from the clients' folders, was based directly upon the instruments and variables found in clients' folders during the earlier review; (b) the Staff/Key Informant Interview Form, which served as a means for collecting a "standardized" set of data from the different groups of interviewees; and (c) the Focus Group Interview Protocol, which was used to guide the focus group questioning and related discussions. (Copies of these various forms are provided in Appendix A.) The cited instruments and related consent forms were developed and submitted to the Institutional Review Board (IRB) at Wright State University for approval prior to their actually being employed as part of the evaluation effort.
- 1.3 Schedule/Implement required data collection activities (e.g., reviews of existing client files, conduct of focus groups, and initiation of interviews). Once IRB approval was secured for the different evaluation instruments noted, SARDI personnel initiated the collection of data from client folders. This occurred during March. Subsequently the key informant/staff interviews were scheduled and arrangements for the client focus group completed. These two data collection activities occurred in the latter part of March and early April. An effort was made to secure Program-related "dosage" estimates for billed services for SAMI clients from Program-related business records in early to mid April.
- 1.4 Complete, process, and analyze the resulting data (both qualitative and quantitative). Once the different sets of data were collected they were reviewed and readied for analysis. Follow-up activities related to the data obtained from client folders were initiated in mid April to try and "fill in gaps" in that data set. Subsequently, the data were

compiled and analyzed (e.g., summary counts of qualitative information completed, descriptive statistics generated, and statistical tests, where appropriate, undertaken).

- 1.5 Develop an initial “discussion” draft of the final report for this component, which summarizes both the “process” and “outcome” related findings regarding the County’s model “drug court” program. The current draft report, which summarizes the results of the analyses alluded to above, was prepared as part of this activity. It is to be submitted near the end of April to the CORE team for review and comment.
- 1.6 Secure feedback from the sponsor (key stakeholders) regarding the draft report. As indicated in Activity 1.5, it is assumed the desired feedback will be secured during the meeting alluded to above.
- 1.7 Finalize and submit the final report for Component #1. The feedback and related suggestions received from the CORE team will be reviewed and integrated into the final evaluation report for this component of the project. That report will be ready for formal submission on May 15, 2001.

Results of the Evaluation

Listed earlier were the two objectives and associated questions to be addressed by this component of the evaluation. In the materials that follow the results secured or observed in relation to those two objectives are summarized and presented on a question-by-question basis.

Objective 1 - To generally describe the “process” underlying delivery of the model program, e.g., the types and “dosages” of different services provided, the characteristics of the clients served and how they influence service delivery, staff characteristics, staff training provided, and the facilities in which delivery occurred.

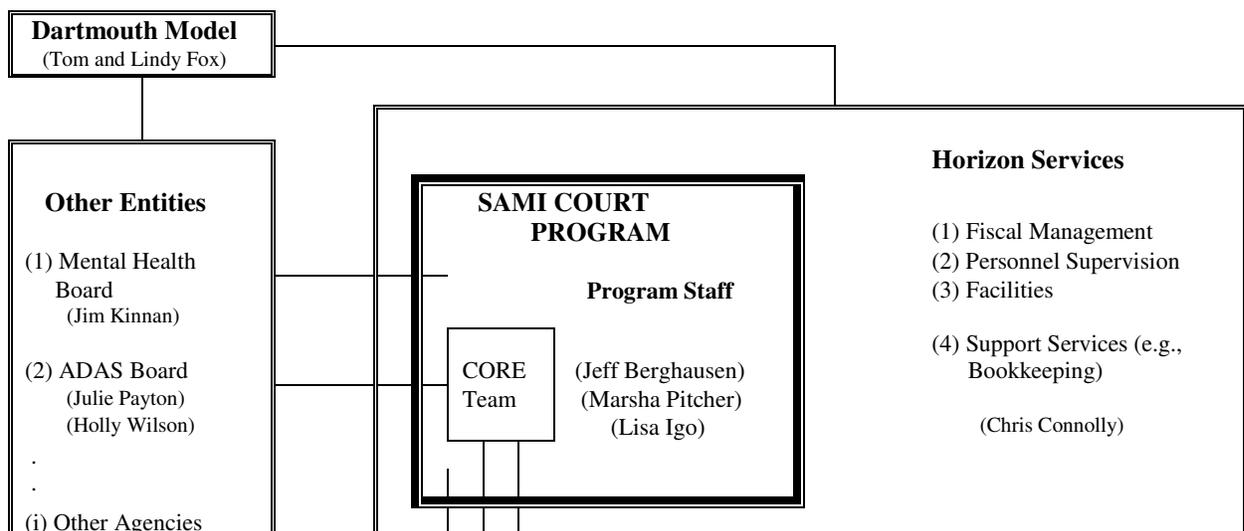
Question 1a – How is the model SAMI Court Program organized and what agencies are involved in its implementation? One strength of Butler County’s SAMI Court Model is its collaborative nature - a characteristic that underlies its inception and operations. In part, this collaboration is reflected by the roles and intimate involvement of the Model’s CORE Team, which is made up of representatives from among rehabilitation, mental health, and substance

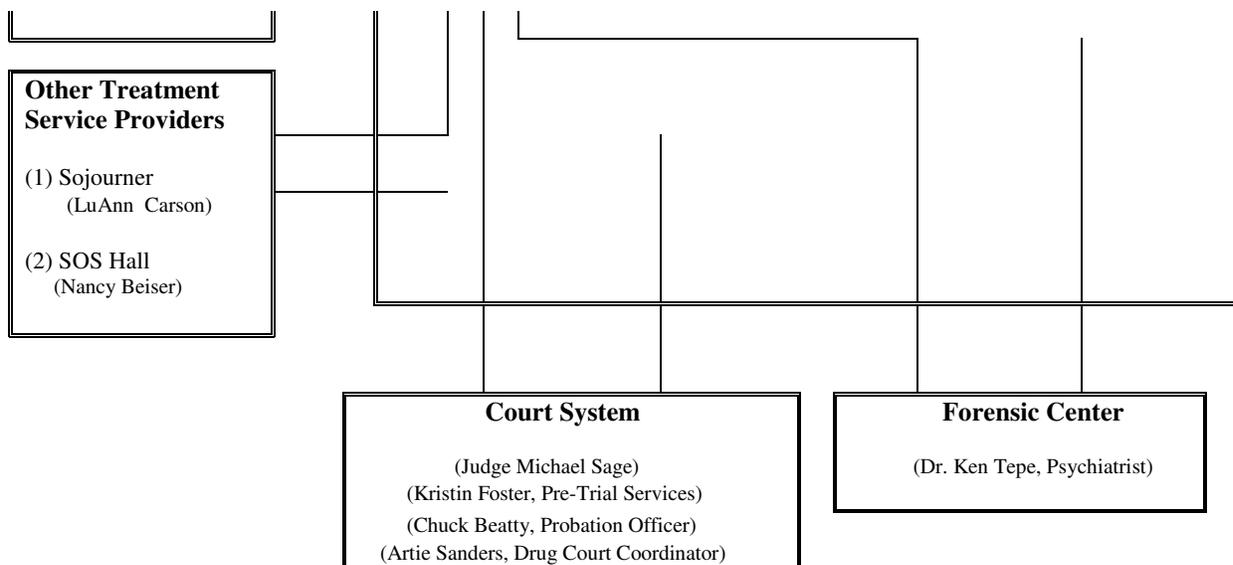
abuse treatment providers, along with the court system in the County. A graphic overview showing the different key agencies involved in the Program and its delivery is provided in Exhibit 2. As shown in that overview and noted in the **Introduction**, the SAMI Program utilizes the New Hampshire-Dartmouth Model of integrated treatment. As such, it involves provision of an array of services to clients, e.g., case management, assertive outreach, medication monitoring, individual counseling, family counseling, and group counseling utilizing a stages-of-change approach.

Question 2a – Who are the key staff responsible for implementation of the Program, what are their roles, and what are their qualifications? As shown in Exhibit 2, there are basically three staff who are responsible for the day-to-day operations of the SAMI Court Program and the delivery of services to most clients. They are the Program Coordinator, a case manager, and a nurse/case manager. The current coordinator, who just started about 3 months ago, has a masters degree in social work and over 14 years experience working with programs involving substance abuse and/or mental illness. This individual is responsible for overseeing delivery of services to Program clients and at the same time is, like the rest of the staff, involved in case management and group sessions with consumers. The case managers, both of whom have some training in social work and psychology, are primarily responsible for one-on-one delivery of case management experiences to clients, group counseling activities, and ensuring that program logistics occur smoothly (e.g., client transportation, home visits, contacts with family,

EXHIBIT 2

Overview of Key Agencies/Organizations Involved in Delivery of Butler County’s Drug Court Program*





* The individuals noted in parentheses are the key informants and staff interviewed during the evaluation.

and working with other agencies on clients' behalves). A special function of the individual who serves as the Program nurse is to oversee the administration/maintenance of clients' prescribed medication regimens. The case worker has been with the Program about 3 months, while the nurse/case manager has been with the Program since close to its inception. The fiscal, personnel, and other management issues associated with these Program staff are part of the support made available to the Program through Horizon Services.

Question 1c - Who typically refers clients to the SAMI Court Program? For the period from the fall of 1999 to December 31, 2000, the timeframe for this evaluation effort, roughly 64 potential clients were referred to the SAMI Program. Approximately 17% of those referrals were from the Common Pleas Court, 22% were from the Drug Court, 30% were from Pre-Trial Services, 23% were from the Probation Department, and 5% were referrals by individuals (e.g., private attorneys and a psychiatrist).

Question 1d - Who are the SAMI clients, e.g., what are their self-reported strengths and weaknesses, Program-related goals, and background/demographic characteristics?

During the timeframe covered by the evaluation, 34 out of the total of 64 individuals referred to the SAMI Court Program were deemed to meet the criteria established for Program entry. For those 34 clients the three most frequently self-reported personal **strengths** were: I get along well with others (70%), have a good outlook and personality (35%), and stand up for what I

believe in (30%). At the same time, out of a set of 31 perceived **weaknesses** the following two clusters emerged: interpersonal issues and related problems (56%) and poor health (mental or physical) and related consequences (37%).

The five most frequently cited goals the SAMI clients indicated that they hoped to attain during the course of the Program were:

- X Be in compliance with and complete treatment program (57%)
- X Be compliant with drug screens - in most cases court ordered (74%)
- X Be compliant with medication schedule – in most cases court ordered (74%)
- X Remain drug free – in most cases court ordered (68%)
- X Secure adequate/appropriate housing – hopefully in a “safe” area (39%)

At the same time, only about 30% of the clients’ Program plans included either securing employment or attaining additional education as a goal.

The Program participants also exhibited the following background and demographic characteristics:

- 1) **Gender** - 62% were males and 38% were females;
- 2) **Age** - participant’s Average age was 34.3 years (Standard Deviation = 9.8 Years);
- 3) **Ethnicity** - 59% were Caucasian and 41% were African American;
- 4) **Marital Status** - 11% were married, 27% were divorced, and 62% were single;
- 5) **Education Level** - participants Average education level was roughly 11.1 years (Standard Deviation = 2.3 years);
- 6) **Size of Family when Growing Up** - the Average was roughly 6.4 people (Standard Deviation = 2.2);
- 7) **Adjusted Gross Monthly Income** - the Average was about \$260 per month (Standard Deviation = \$281);
- 8) **Mental Health Diagnosis** - 59% were diagnosed with depression, 21% exhibited bipolar tendencies, and 21% were classified as having schizophrenia;
- 9) **Substance Abuse Diagnosis** – 64% were noted as being polysubstance dependent, 16% had a primary alcohol problem, 12% were cocaine dependent, and 8% were reported as not being substance dependent.

Question 1e - Are there differences between persons referred to the Program and those actually accepted as clients? Of the clients participating in the SAMI Court Program, 28% were referred to the Program by the Butler County Common Pleas Court, 34% were referred by the Probation department, 17% were referred by the Drug Court, 14% were referred at pre-Trial, and the remaining 7% were referred by other sources (e.g., private attorneys and a Psychiatrist). A comparison of these figures with those for all referrals - see **Question 1c** - suggests that referrals from the Common Pleas Court and Probation Department have a higher probability of meeting the Program's entry criteria than do referrals from either the Drug Court or Pre-Trial System. (This difference was noted by two key informants who stated some courts have more training or sensitivity to DSM axis I disorders than others.) While most of the referrals and program participants are polysubstance abusers, the specific drugs of abuse do not appear to be correlated with acceptance into the Program. Age, however, does appear to be a factor affecting acceptance - with the participants being about 3.5 years older than other referrals. As stated previously, persons gaining acceptance into this program appear to have severe and persistent mental illness, and their functionality in major life areas is in many cases impaired by one or more disabling conditions.

Question 1f - What kinds of services do the SAMI clients receive and in what "dosages"? At the operational level, there would appear to be several ways to secure relevant data regarding this question - from clients based upon their experiences with the Program (e.g., 14 clients interviewed by an outside evaluation agency, QRS, and the half dozen participants in the focus group conducted by SARDI personnel), from Program materials/reports, and from the billing records maintained by those responsible for Program accounting. Based upon the information gleaned from these four sources, there appears to be some variability in how the services provided through the SAMI Program are characterized or described, depending on the source of the description. For example, data based on client interviews provided by QRS indicate that 9 services are provided. At the same time, the focus group participants identified five services. Meanwhile, in a description of the Program's **Implementation Plan for SFY2001** five activities or services are noted. Finally, the accounting unit of Horizons Services bills the ADAS and Mental Health Boards for five types of services. The different services identified in the materials supplied by QRS, the focus group summary analysis, and the **Implementation Plan for SFY 2001** are summarized in Exhibit 3. A review of those listings, clearly suggests

EXHIBIT 3
Three Listings of the Services Provided Through the SAMI Program

QRS Interviews of 14 Participants*	Focus Group Participants	Implementation Plan for SFY 2001
(1) Group Therapy (100%)	(1) Group Counseling (about 4 Time per week)	(1) Case Management
(2) Drug/Alcohol Treatment (93%)	(2) Court (Criminal Justice) Services (at least once every 2 weeks)	(2) Individual and Family Counseling/Therapy
(3) Medication Services (93%)	(3) Housing Services (and other basic needs)	(3) Stage-Wise Group Treatment Interventions
(4) Criminal Justice Services (86%)	(4) Individual Counseling (but not as often as desired)	(4) Social Skill Training Group
(5) Case Management (79%)	(5) Transportation (to/from Program activities)	(5) Individualized Treatment Plans
(6) Individual Therapy (64%)		
(7) Housing Services (29%)		
(8) Vocational/Job Assistance (14%)		
(9) Family Therapy (7%)		

* Percentages refer to number of clients out of 14 interviewed who said they received the service indicated.

that (a) there is considerable overlap among the services specified, (b) some of the differences observed are due to variations in the terminology used by the three sources rather than to substantive differences in the actual services clients receive (e.g., the fact that Stage-Wise Group Treatment Interventions incorporates several of the services in the QRS listing), and (c) there appear to some conceptual differences in the lists (e.g., Where are Social Skills Training Group and Individualized Treatment Plans included in the QRS listing?)

The variability between the service listings in Exhibit 3, which evolved from clients perceptions and a key planning document developed by Program personnel, is even more evident when one interjects the services used for fiscal management purposes. During the evaluation period (i.e., October 1, 1999 and December 31, 2000) those responsible for Program-related accounting, billed the County’s ADAS and Mental Health Boards for the five types of services listed in Exhibit 4. Also shown in that exhibit are several statistics that help describe “dosages” of the five “billable” types of services received by SAMI clients. In general, those statistics indicate that Case Management was by far the Program-related service received most by SAMI

EXHIBIT 4
Summary of “Billable” Services Provided by the SAMI Program

Descriptive Statistics:

Type of Billable Service	No. Clients Who Received Service	Total Hours of Service Provided	Average Hours of Service Provided	Total Cost of Service
(1) Assessment	20	26.2	1.3	\$ 1,777
(2) Toxicology Screening	12	20.0	1.7	\$ 539
(3) Case Management	24	1002.6	41.8	\$ 77,230
(4) Group Counseling	20	723.0	36.2	\$ 17,301
(5) Individual Counseling	9	40.8	4.5	\$ 2,730
All Program Services	27	1812.6	67.1	\$ 99,577

clients, with Group Counseling being the second most often received. Those two services accounted for roughly 95% of the Program’s “billable” service hours and associated costs. Also provided in Exhibit 4 is an estimate of the total costs (i.e., total “billable” costs) associated with implementation of the SAMI Program. The difference between those costs and the total grant funds expended on the Program over the same period of time could serve as a very rough indicator of the amount of local support that would be needed to keep the program operational when the grant funds expire.

A comparison of the services listed in Exhibits 3 and 4 serves to illustrate some of the key differences between what clients believe are the services they are receiving, what services Program staff feel they are providing, and what services are being supported by related funding agencies. Although such disparities appear to be fairly common among treatment programs, particularly programs like SAMI that involve multiple funding boards/agencies, a concern is that the differences become so large that they can no longer be reconciled and the Program is seen as being uniquely different by each of the major stakeholders and/or participants.

Question 1g - What kinds of services did clients think they should have received, but did not? The only service client who participated in the focus group stated they were not receiving but needed is individual counseling, specifically more individual counseling. Even this concern, however, was couched as a compliment, with the clients stating, “We know that they are working on this.” The data secured as part of the QRS evaluation showed that about 14% of participants interviewed reported not receiving services they thought they needed or had requested.

Question 1h - What did clients feel were their most positive and negative

experiences with the SAMI Program? The overwhelming response of the focus group participants to the SAMI Program was very positive and the consensus was that the Program has been extremely helpful overall. For example, the majority of the participants gave the program credit for their current sobriety and period of being “clean.” Several clients described feeling more stable in general and in particular more stable mentally and emotionally. The program also has assisted individuals in becoming more positive and able to think in a clearer manner.

One of the most helpful areas of assistance reported was with medications. Clients stated that the program has educated them about the importance of medication compliance, and that they understand the necessity of continuing their medications even when they are feeling better. In regard to this issue, the QRS evaluation data showed that 69% of the participants interviewed reported being “very” to “completely” satisfied with their medication situations.

The consensus among the focus group participants was that they felt very supported, and that the staff will do anything that they are able to for their clients. They agreed that the commitment, dedication and understanding of the staff were among the most positive elements of the program. This same tenor is reflected in the QRS evaluation data, which showed that 91% of participants interviewed reported being very to completely satisfied with their case managers.

One of the negative points expressed about the program during the focus group is that the clients are wondering what phase they are in at any given time. Their understanding is that the program has four phases and that they must be in Phase Four to graduate. The problem they stated is that they are not told what phase they are in and they expressed some concern in not knowing this information.

There also was some discussion about staff turn over. The clients indicated that sometimes clients have a very difficult time adjusting to new staff members and saying goodbye to the staff with whom they are used to working.

Question 1i - From the clients’ perspective, how understanding are the staff and do the clients feel comfortable working with them? All of the focus group participants agreed that the professional staff involved with the SAMI Court Program have treated them with respect and exhibit an understanding of both substance abuse and mental illness.

When asked if they felt comfortable talking with and sharing feelings with the professional staff, the participants agreed for the most part. Several participants indicated feeling discomfort with one of the newer staff members, and stated that they would not seek out this

staff member to talk with if they could avoid doing so citing that they believed this individual would not be understanding of them and their individual needs. Another individual stated that the opposite was true for him. He expressed feeling more comfortable with this individual than with other staff members. Another two participants indicated that they felt comfortable with all of the staff members with whom they have worked so far.

Although they expressed some concerns about the program, they each readily agreed that the program has overall been a very positive experience for them and has allowed them to be successful in sobriety and avoiding additional legal problems.

Question 1j - What changes do clients feel should be made in the Program and why?

The majority of the focus group participants expressed the sentiment that the “program is backwards.” At the beginning of the program, clients attend less frequently. The expectations for their attendance increase at the time clients believe they should begin working towards becoming a little more independent from the program and staff. Two individuals indicated that the time commitment does not bother them at all.

Several participants also stated that they were starting to feel “burned out” from their required attendance. Apparently, a previous employee had periodically allowed the clients to have a break where they did not have to attend. The clients referred to this as a “bonus” for doing well in the program. They then indicated that new staff of the program did not provide this type of perk for continued success in the program.

Several of the focus group members also indicated that they would like to see more of a focus on employment. One of the participants said, “Being able to work is an issue; I had to quit jobs because of the hours at SAMI and apply for benefits.” Another individual stated that he would like to see a focus on the types of work that are available in the community and the opportunity to learn through specialized vocational programs. At least two of the clients were concerned about their abilities to survive financially while they are in the SAMI Court Program.

All of the participants indicated that they would like to have more information about how they are progressing through the different stages of the program and the approximate length of time for their involvement.

Regarding education, another suggestion was to utilize guest speakers during group and education times. Some of the suggested topics were information about specific drugs such as cocaine and heroin, different aspects of living with mental illness, and additional information

about medications. One participant is interested in having more videos, particularly ones that are more up to date.

Several participants were interested in having “free-time” groups where the clients are allowed to lead the discussions instead of always having the groups led by the staff. Some of the reasons for this suggestion included the feeling that the clients are forced to answer questions even when they have nothing to say, and the feeling that sometimes the clients are told to be quiet or are cut off when they are trying to respond. In a somewhat related vein, several of the participants also were interested in the opportunity to do less structured and more recreational activities together. When asked if they were interested in a drop-in center that would be opened on weekends, several of the clients expressed that they were not interested at all in being involved in weekend activities. Others indicated that they may be interested, but they would only participate if the weekend activities took the place of groups that occur during the week. They did not want to add more program days to their current schedules.

There seemed to be a consensus about transportation being an important issue to address. Several of the clients living in another city indicated that they frequently spend all day or at least a good portion of the day to attend one group because the van picks up everyone and then they all must wait until everyone is ready to return home before the van then drives them home. They also mentioned having some difficulty with planning other activities because of the lack of transportation.

Question 1k - What do key informants and staff think are the major reasons why the Program has been successful/unsuccessful? Overall the 11 key informants were very positive about the SAMI Program. Out of those respondents about 73% felt the Program was “successful” to “extremely successful”, 9% felt it was of “mediocre success”, and 18% felt they did not have enough information to respond adequately. The four primary reasons given for the success of the Program were:

- X the quality and commitment of (SAMI) staff and the entire team (Judge, PO, County Commissioner, etc.); the underlying team approach and related dynamics; cooperativeness among staff/personnel; the experience of personnel involved and the fact that they are attuned to the program’s target population
- X the Program model is an excellent one, e.g., it is innovative and systematic
- X the Program is comprehensive and attempts to address all of a client’s needs

- X the intensity of Program-related supervision and personal contacts

These four major indicators were supported by the belief that the Program has strong community support, involves the Justice System, and helps clients maintain their prescribed medication regimens.

Question 11 - In the opinion of key informants and staff, what client needs are being addressed best by the SAMI Court Program or would not have been addressed if the Program had not existed? What needs can be addressed better by the Program?

The key informants and staff interviewed indicated that the following four client needs were best addressed by the SAMI Program:

- X medication needs and issues, e.g., monitoring, compliance, education regarding compliance, scheduling, and side effects (64%)
- X substance abuse and addiction issues, e.g., education and relapse prevention (45%)
- X mental health issues, e.g., education, medication regimens (36%)
- X basic needs of clients, e.g., housing, food, referrals, transportation, basic skills (36%)

At the same time the interviewees indicated that they felt the following two client needs should be better addressed by the SAMI Program:

- X housing needs (45%)
- X medication issues, e.g., monitoring, money, aftercare services (27%)

Question 1m – What major barriers do the key informants and staff feel need to be overcome if the SAMI Program is to become more effective? The three most prevalent barriers identified by the 11 key informants and staff were as follows:

- X funding (55%)
- X Program staff issues, e.g., need for more staff and the problem of staff turnover and burnout (45%)
- X Clarifying basic misunderstandings and misperceptions regarding the population being served, e.g., they are high risk clients who can't really be helped (27%)

Question 1n – Where do people (i.e., key informants and staff) feel the Program is “headed” and will be 4 or 5 years in the future? Basically the key informants and staff felt the future of the SAMI Program is intimately and inexorably tied to the issue of funding. More specifically ---

- X **adequate funding commitment** = added success, expansion, model program for country, more staff more clients, more visibility in community
- X **no funding commitment** = program will not survive

In addition, the interviewees noted that they felt the Program was successful for the target population and was having a real positive impact on participant's lives; clients are doing much better than they were when they entered the Program; and the staff needs to be larger, they are quite good and dedicated, and they need additional training.

Objective 2 - To describe the specific outcomes experienced by clients who have participated in the model program, e.g., hospitalization-related episodes, employment, training, family relationships, substance use, arrests, physical health and overall satisfaction with services received.

Question 2a - How helpful do clients feel the SAMI Program was to them personally and would they refer others to the SAMI Program for treatment? The strong consensus of the focus group participants was that the Program has been extremely helpful overall. In relation to the associated questions, they indicated that one of the most helpful area of assistance provided was with medications. The majority of them also gave the Program credit for their current period of sobriety or being "clean". This positive attitude was reinforced by the fact that all of the group members stated they would refer friends or family members to the Program without reservation.

The positive attitude toward the Program expressed by the focus group members was generally supported by the results of the QRS analyses as well. More specifically, those data indicate the clients were "very satisfied" with the Case Management, Medication Assistance, Family Therapy, and Vocational/Job Assistance Services they received; "somewhat satisfied" with the Group Therapy, Alcohol/Drug Treatment, and Criminal Justice Services provided; and "not satisfied but not unsatisfied" (i.e., ambivalent) with regard to the Individual Therapy and /or Housing Services they experienced.

Question 2b - Overall, how successful do key informants and staff feel the SAMI Program has been in addressing clients' needs? As indicated earlier (**Question 1k**) the key informants were very positive about the Program and its success. Roughly 73% felt it was

“successful” to “extremely successful”, while only 9% felt it was of “Mediocre success” and 18% felt they did not know enough about its outcomes to evaluate its success.

Question 2c - Based upon data contained in SAMI clients’ case files, how is participation in the Program related to such outcomes as --- (1) client employment? (2) arrests/times charged? (3) psychiatric hospitalizations? (4) attainment of treatment (tx) goals? (5) drug/alcohol relapses? (6) case disposition? (7) incidences of violence or violent outbursts? (8) quality ratings of living arrangements?

A summary description of the results observed in relation to this question is provided in Exhibit 5. When reviewing the information presented there, several issues need to be remembered. Those issues are:

- X The available outcome data in the client records, although potentially quite extensive, is really very limited due to the incidence of missing data (e.g., the 6 month retrospective review of substance use at entry into tx has great potential as an assessment vehicle, but only about 40% of the clients had such data available in their files; and although a variety of instruments were identified for use as part of the Program, very few of them were actually used on a systematic basis).
- X The results presented will in most instances be positively biased in regard to the Program and with the data available it will be impossible to assess the magnitude of that bias. (For example, if a client was reported to be placed in jail during the period when he/she was in tx that instance is counted, but if no data were in the file for that person (i.e., they had not been sent to jail or their data were missing) then he/she would be treated as though they had not been sent to jail - missing data are not necessarily the same as “not being sent to jail”. However, given the nature of the data available it was not possible to differentiate between these two potential explanations. All that can be said is that out of the total sample some percentage of the persons dealt with were sent to jail. Thus, the results in Exhibit 5 need to be viewed with this perspective in mind.)
- X In most instances it was not possible to track and subsequently assess changes in clients’ outcome behaviors as associated with Program involvement, since comparable data collected over comparable time intervals were not available.
- X The limitations noted in the **Introduction** are related to several of the concerns raised above, and generally prohibit one from drawing causal-comparative conclusions from the outcome data available.

EXHIBIT 5
A Summary Description of Selected Outcome Data for SAMI Clients

OUTCOME VARIABLE	SUMMARY - RELATED DESCRIPTIVE STATISTICS		
(1) Employment Status		<u>Employed While in Tx</u>	<u>Not Employed in Tx</u>
	Employed Before Entry	13%	0%
	Not Employed Before Entry	9%	78%
(2) Arrests/Times Charged	Percent with Reported Arrests/Charges before Tx	91%	(Average No. = 12.0)
	Percent with Reported Arrests/Charges during Tx	43%	
(3) Psych Hospitalizations	Percent Reported Hospitalized before Tx	100%	(Average No. = 5.5)
	Percent Reported Hospitalized during Tx	20%	
(4) Tx Goal Attainment	Percent Reported as Attaining One or More Tx Goal		30%
	Percent with Nothing Reported re. Attainment of Tx Goals		70%
(5) Drug/Alcohol Relapses	Percent with at Least One + Toxicological Screen during Tx	58%	(Drugs)
	Percent with at Least One Reported Relapse during Tx	73%	(Drugs/Alcohol)
(6) Case Disposition	Percent Reported as Being Jailed Sometime during Tx		56%
	Percent Reported Hospitalized (for MI) Sometime during Tx		17%
(7) Violence /Violent Outbursts	Percent Reported as Exhibiting Violence/Violent Outbursts during Tx		20%
(8) Quality of Living Arrangements	Percent Whose Living Arrangements Were Reported as Improving during Tx		23%

The outcome statistics in Exhibit 5 indicate the following:

1. While 87% of the clients were unemployed before entering tx, during tx 9% more entered the work of work and the three employed individuals retained their jobs.
2. During tx roughly 43% of the clients were reported to have been arrested or charged again.
3. Approximately 17% of the clients were reported to have been hospitalized while undergoing tx as part of the SAMI Program.
4. Roughly 30% of the clients reportedly attained one or more of their Program-related goals while involved in tx.

5. At least 58% of the clients were reported to have experienced a relapse while participating in tx.
6. About 56% of the clients were reported to have been jailed at least once during their participation in the SAMI tx Program
7. During their participation in tx, approximately one fifth or 20% of the clients were reported to have at one or more points exhibited some form of violent behavior (most were “domestic violence”).
8. Securing improved living arrangements was reported for about 23% of the clients while they were enrolled in the SAMI Court Program.

Conclusions and Recommendations

Based on a synthesis of all data sources, including key informant, focus group, client satisfaction information, and existent client records, a number of conclusions and recommendations are provided. However, there are some underlying concepts or facts which should also be considered when evaluating this program. To the best of everyone’s knowledge (including all key informants, several with extensive knowledge of this arena), this program may be the only one of its kind in the country. No other program specifically serves the SAMI Felony population exclusively. By the nature of the program focus, clients in this program are arguably one of the most intransigent and difficult to serve populations within the behavioral healthcare-forensic-criminal justice continuum. All evidence indicates that clients in this program have severe and persistent mental illness, and their entry into the program often coincides with periods when these persons are most out of control and most dependent on mood altering substances. Multiple co-morbidity is the rule rather than the exception for clients, which further complicates their rehabilitation. Moreover, most clients appear to have extensive arrest histories, a further indication of the chronicity of their conditions.

Thanks in large part to the efforts and dedication of the personnel involved (i.e., from the CORE team and their efforts to initiate and guide the Program, and also the Program staff responsible for day-to-day delivery of services) the SAMI Felony Drug Court Program appears to represent a viable programmatic initiative that is having a positive impact on those it serves.

This statement is with the recognition that a program with such a small central staff is particularly impacted negatively, or positively, by the individual professional skills of those staff members. Aspects of the Program which appear to be particular strengths during the evaluation period include:

- Strong commitment to better serving this population by participating organizations and individuals, notably including the courts, the alcohol and drug board, and the mental health board of Butler County
- Professional orientations and skills of key players in this program which are well-attuned to the needs and communication styles of SAMI clients
- The Program is based on a well-evaluated national model, with attention to fidelity to the original model while initiating and establishing the Butler County version
- Regular CORE team meetings to discuss aspects of program implementation and function
- Extensive trainings for agencies and personnel throughout the county
- A clear vision of the nature of the client that the Program should serve, and apparent adherence to these guidelines of client selection
- A strong and viable medication monitoring component
- Willingness of program staff to go beyond their normal “9 to 5” work requirements in order to assure continuity of care to clients
- Active involvement in discussions and evaluation of the Program by persons from the Alcohol and Drug Addiction and the Mental Health Boards of Butler County
- Sustained contact with Lindy and Tom Fox, as trainers and consultants, throughout the Project period

Client Outcomes

As anticipated, the analysis of client outcomes required a heuristic approach involving both qualitative and quantitative data. A retrospective one year follow back on clients was originally suggested as the best approach to investigate the impact of program participation; however, this was not possible due to the nature of records on this period of time and the need to base so much of the analysis on recall of program staff. However, there are several indicators that suggest the program contributed to positive outcomes for the client population. Psychiatric inpatient hospitalizations were reduced in frequency after clients enrolled in the Program, based

on client data. Also, staff verified that they could frequently avoid the necessity for inpatient stays by careful monitoring of medication and the reinforcements provided by the bi-weekly visits to SAMI court. Concomitantly, medical hospitalizations appear to have been reduced, based on anecdotal data from staff. The most socially problematic behavior of these clients - violent outbursts – also appear to have been reduced as a result of program participation.

Reductions in recurrence and severity of substance abuse episodes also appear to have been achieved through program participation. Although approximately 70% of clients were recorded as experiencing at least one relapse during treatment, the reductions in hospitalizations suggest that these episodes were more manageable and less damaging than the period immediately prior to program enrollment. There also were indications that housing for clients stabilized during program enrollment. Additionally, clients reported that they felt more in control of their lives as a result of regular contact with Program staff. It is clear that they felt the staff were responsive to their needs and provided a very valuable service.

Although re-incarcerations occurred for just over one half of program participants, the majority of these appear to have been associated with short-term detentions arranged through the SAMI Court. As such, these sanctions are seen more as therapeutic tools than as failures of the system to avoid re-arrest. This is an especially salient consideration when considering the extensive arrest histories of most Program participants.

Although it is considerably beyond the scope of resources (both in available data and manpower) for this evaluation, it is likely that the SAMI Court Program in Butler County ultimately “saved” more public funds than it expended by reducing the time and amount of large ticket public resources needed by program participants, such as prisons, hospitals, and inpatient mental health or chemical dependency treatment programs. The Program also contributed to improvements in quality of life indicators for many of the clients involved.

The particular contributions of several persons in Butler County are noteworthy, and in combination can be seen as pivotal to Program success. These persons include the primary staff

at Horizons, the probation officer directly involved with the cases, Judge Sage, and Dr. Ken Tepe.

Suggestions for continued improvement:

Several ideas or suggestions emerged for improving or building on this SAMI program. They include the following:

- Programs of this nature frequently take five years to establish and stabilize. Consider the next two years as continuing with the development stage of the Program. Seek cooperative state-supported funding to continue the model. State policy and priorities frequently determine the ultimate outcomes for such programs, irrespective of their individual accomplishments or characteristics. This is because programs of this nature are difficult to justify and fund exclusively with local funds.
- Pay additional attention to the stage-wise treatment model espoused by the New Hampshire Model. Routinely inform clients of where they are in the progression of treatment, and plan for step down to less intensive treatment whenever possible. Some clients may have been maintained on the Program census beyond when they could have been discharged for other, less-intensive services.
- Maintain program flexibility on an individualized basis and link this with client needs and their personal goals. Some evening hours may be necessary. Pay attention to the transportation needs, and demands, of clients. Some individuals appear to have been quite exhausted by their full day regimen, especially when transporting to and from the program may have taken three hours in itself.
- Develop a more-systematized approach to collection of follow-up and discharge data. Although “lost-to-follow-up” issues are very common for clients in this field, maintaining a minimal dataset on outcomes will be increasingly important in the future. Integrating six, 12, and discharge data collection requirements for staff also will better assure that the treatment plan remains dynamic and applicable the client’s evolving situation.
- Investigate methods for better integrating the Program with other components of Horizon services. It may be possible to integrate SAMI clients into other programs for specific services, thereby reducing the stand-alone unit costs of the SAMI program itself.

- Investigate recreational or drop-in alternatives for Program clients. They express interest in this possibility, and it will also serve as a further enticement for traveling for longer periods of time or more frequently in order to attend Program activities.