



Adult Kentucky Treatment Outcome Study

2015 FINDINGS AT A GLANCE

INTRODUCTION

The Kentucky Treatment Outcome Study (KTOS) includes a face-to-face interview with program staff at treatment intake to assess targeted factors such as substance use, mental health symptoms, education, employment status, living situation, and criminal justice involvement prior to entering treatment. KTOS is an important part of the Department for Behavioral Health, Developmental, and Intellectual Disabilities, Division of Behavioral Health's performance-based measurement of treatment outcomes in Kentucky's communities. Then, a follow-up interview is conducted with a selected sample of clients by a member of the University of Kentucky Center on Drug and Alcohol Research about 12 months after the intake interview is completed.

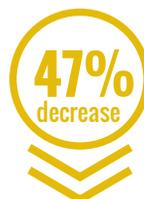
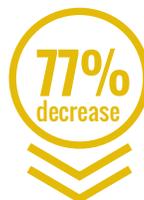
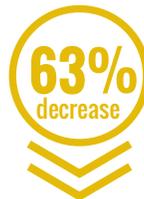
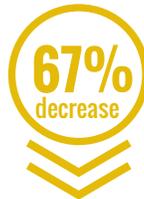
This Findings at a Glance report summarizes results from the 2015 annual outcome evaluation for the Adult Kentucky Treatment Outcome Study program. Results for this study included analysis of self-report responses for 1,286 clients who participated in publicly-funded substance abuse treatment from July 2012 through June 2013 and then completed a follow-up interview about 12 months later (an average of 350 days). There was a low refusal rate for follow-up participation (0.9%) and a high follow-up rate (76%) out of those clients who were eligible for follow-up and were randomly selected for the sample.

Of the 1,286 clients who completed a 12-month follow-up interview:

- Half (51%) were male.
- The majority of follow-up clients were White (93%). A minority were African American/Black (5%) and 2% were Hispanic, American Indian, or multiracial.
- They were an average of 34 years old at the time of the intake interview. The majority of individuals (58%) were 30 years old or older at intake.

FACTORS EXAMINED AT INTAKE AND FOLLOW-UP

PAST-12-MONTH SUBSTANCE USE



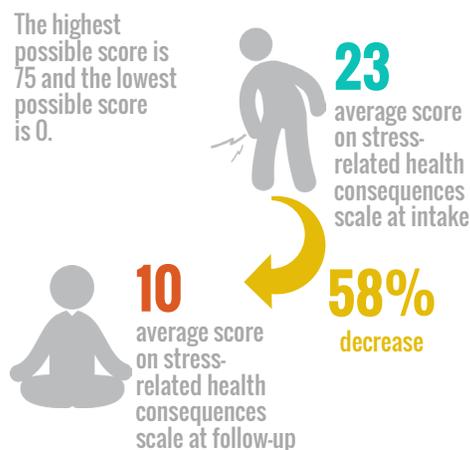
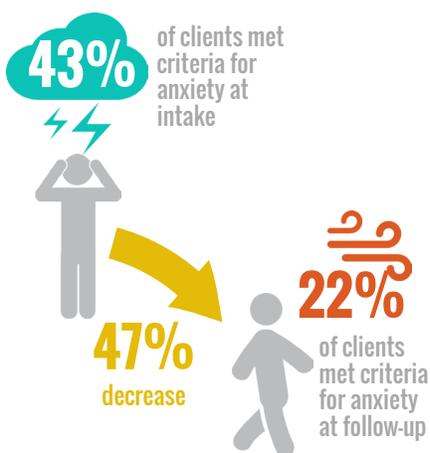
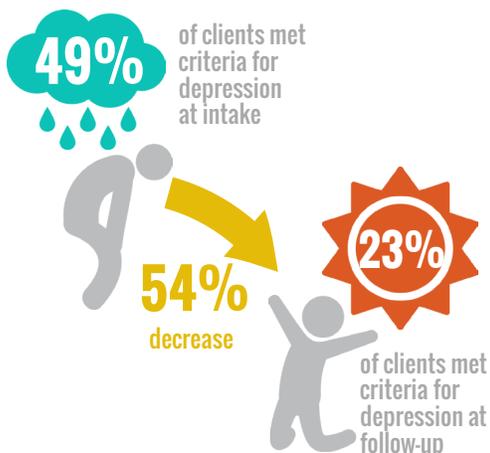
* Misuse of opioids other than heroin, including prescription opiates, methadone, and buprenorphine

MENTAL HEALTH AND STRESS

DEPRESSION

GENERALIZED ANXIETY

STRESS-RELATED HEALTH CONSEQUENCES

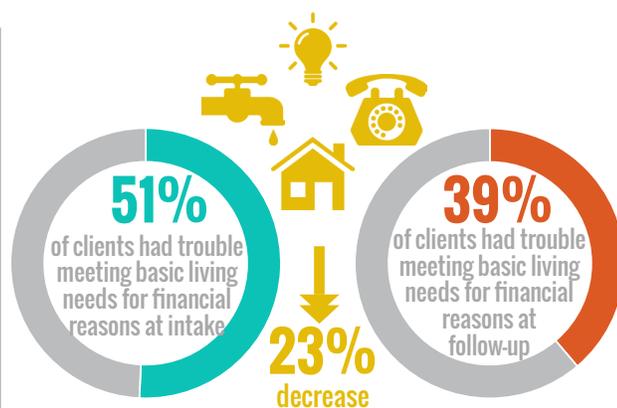


ECONOMIC INDICATORS

CURRENT EMPLOYMENT STATUS

AVERAGE NUMBER OF MONTHS EMPLOYED

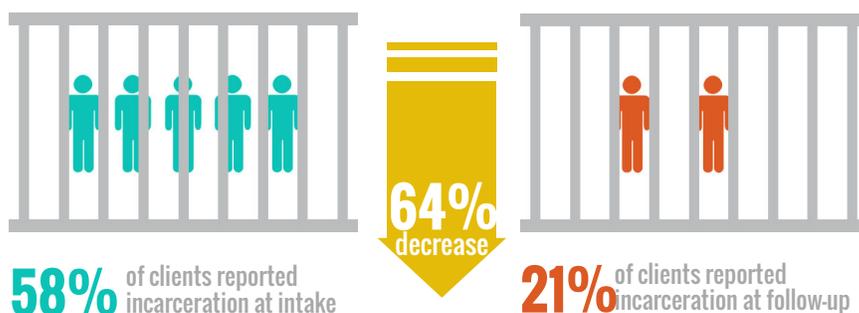
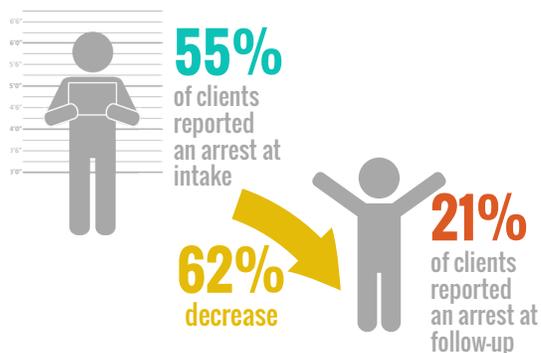
DIFFICULTY MEETING BASIC LIVING NEEDS FOR FINANCIAL REASONS



PAST-12-MONTH CRIMINAL JUSTICE SYSTEM INVOLVEMENT

ARREST

INCARCERATION



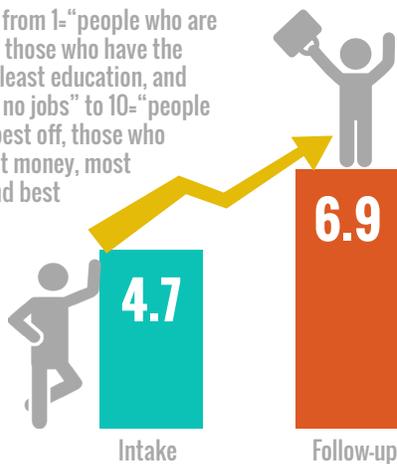
RECOVERY SUPPORTS



SOCIAL STANDING AND RATING OF PROGRAM EXPERIENCES

PERCEPTIONS OF SOCIAL STANDING

Ratings were from 1=“people who are the worst off, those who have the least money, least education, and worst jobs or no jobs” to 10=“people who are the best off, those who have the most money, most education, and best jobs.”



SATISFACTION WITH TREATMENT



COST SAVINGS OF SUBSTANCE ABUSE TREATMENT



Estimates of the cost per drug user and alcohol user were applied to the follow-up sample to examine the total costs of drug and alcohol abuse to society in relation to expenditures before and after program participation. The cost savings analysis suggests that for every dollar spent on providing publicly-funded treatment services there was a \$4.60 return in avoided costs (i.e., costs to society that would have been expected given the costs associated with drug and alcohol use).

CONCLUSION

The KTOS 2015 report provides a valuable look at the client outcomes of publicly funded substance abuse treatment in Kentucky. Overall, clients of publicly-funded substance abuse treatment made significant strides in all of the targeted outcomes. Specifically, there were significant decreases in use of alcohol and all drugs (except tobacco), a significant increase in full-time employment, decrease in depression and generalized anxiety, decrease in stress-related health consequences, decrease in arrests and incarceration, and increased recovery supports. Moreover, an estimate of the cost to society for alcohol and drug dependence in the year before treatment compared to the cost to society for alcohol and drug dependence in the year after treatment intake, while taking into account the cost of publicly-funded treatment, showed a significant cost savings.