

South Dakota Intensive Methamphetamine (IMT) Program

Technical Assistance Project Report



A Force for Positive 
CHANGE.

Written By:

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Introduction

The Council of State Governments/American Probation and Parole Association (APPA) was awarded a Cooperative Agreement from the Bureau of Justice Assistance (BJA) to assist community corrections agencies to develop, implement, and enhance effective supervision and programming strategies for addressing issues faced by methamphetamine addicted offenders returning to the community from jail, prisons, or other institutions. The main objectives of this project were to:

- Research and identify effective supervision and programming strategies for addressing the issues faced by methamphetamine addicted offenders returning to the community.
- Develop a tool that will help community corrections agencies assess their supervision and programming strategies for addressing the needs of methamphetamine addicted offenders returning to the community to determine technical assistance needs.
- Provide technical assistance to up to three sites.
- Disseminate project information.

Site Selection

A major component of this project was the provision of technical assistance to three sites for the purpose of enhancing their programming strategies in working with methamphetamine addicted offenders in the reentry process. To aid in the selection of potential technical assistance sites, a Technical Assistance Tool was developed by APPA staff with input from the APPA Executive Director and BJA staff (Appendix A). The tool was designed to help community corrections agencies assess their supervision and programming strategies for addressing the needs of methamphetamine addicted offenders returning to the community. The five-page Technical Assistance Tool was electronically distributed on August 7, 2007 to a total of 2,500 individuals including focus group members, DiscussMeth Listserve, APPA Institute methamphetamine workshop participants, APPA's Executive Board and select APPA members. A total of 36 Technical Assistance Tools were completed and returned, primarily from states west of the Mississippi River. APPA staff independently reviewed and rated each of the requests received. Based on the returned tools, three sites were selected by APPA staff and approved by BJA in October of 2007: (1) Maricopa County Adult Probation, Phoenix, AZ; (2) Colorado State Court Administrators Office-Division of Probation Services; and (3) South Dakota Board of Pardons and Parole: Intensive Methamphetamine Treatment (IMT) Program.

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Methodology for the Intensive Methamphetamine Treatment (IMT) Program Technical Assistance

An independent consultant, Michael Shafer, Ph.D., from Arizona State University, Center for Applied Behavior Health Center was contracted with to assist with the provision of technical assistance to all three sites. Dr. Shafer has a substantial background in the treatment of chemically dependent individuals; APPA staff felt he could bring merit and invaluable knowledge and experience to the technical assistance offered to the selected sites.

The methodology designed for the IMT program included a series of telephone interviews coupled with a one day on-site action planning meeting. The telephone interviews were designed for the purpose of identifying potential gaps in the IMT program's current system of operation, specifically in the processing of IMT program participants through its phase structure. Doug Clark, Director of Parole Services, and Ed Lightenberg, Executive Director of the Board of Pardons and Paroles, with assistance from Jeff Bathke, the Program Administrator for Correctional Programs for the Division of Alcohol and Drug Abuse, identified the individuals involved in the IMT program they felt would be most beneficial for us to interview (including individuals from the three halfway houses accepting IMT clients, parole agents with IMT clients on their caseloads, Division of Alcohol and Drug Abuse, and the correctional case manager for IMT program within the Department of Corrections). A total of nine individuals were identified and eight interviews were completed (a compatible day/time could not be established to complete the final telephone interview). Each interview was approximately one hour in duration. Each respondent was aware that their comments to us were confidential and that a summary report would be drafted synthesizing the information from all the interviews; however, care would be taken to extract any identifiable information/comments from the report. A copy of the interviewing tool is attached to this report as Appendix B.

Upon the conclusion of the final telephone interview, a summary document was drafted which outlined the key findings. These key findings included a discussion of the strengths and targeted areas for improvement of the IMT program as identified through the telephone interviews as well as recommendations to address noted areas for improvement. This summary document is attached to this report in Appendix C.

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On-Site Technical Assistance Logistics

The on-site technical assistance meeting was held on October 23rd, 2008 at Cedar Shores resort in Oacoma, South Dakota. This site was selected because it provided a central meeting location in the state of South Dakota; participants were driving in from various parts of the state for the meeting. The meeting was facilitated by Dr. Mike Shafer, Ph.D. with assistance from Kimberly Cobb, Research Associate with the American Probation & Parole Association.

Those attending the technical assistance meeting were from various agencies involved with the Intensive Methamphetamine Treatment (IMT) program and comprised primarily the individuals interviewed by Michael Shafer, Ph.D. and Kimberly Cobb. Those in attendance included:

Name	Agency	Name	Agency
Stephen Allard	Dept. of Corrections, South Dakota Women’s Prison	Rick Leslie	Dept. of Corrections; Transfer & Classification
Linda Atkinson	Glory House/Halfway House	Brad Lewandowski	Parole
Jeff Bathke	Division of Alcohol & Drug Abuse; Corrections Substance Abuse	Janae Oetken	Stepping Stones/Halfway House
Larry Beezley	Parole	Cindy Ryan	Division of Alcohol & Drug Abuse; Parole Transition
Brenda Boetel	City/County Alcohol & Drug Program	Sally Siedel	Glory House/Halfway House
Doug Clark	Director of Parole Services	Ryan Thornell	Parole
Laurie Feiler	Dept. of Corrections—Administration	Karen VonEye	Stepping Stones/Halfway House
Steve Fodness	Changes & Choices/Halfway House	Ed Ligtenberg	Executive Director, Division of Pardons and Parole
Amy Hartman	Change & Choices/Halfway House	Roland Loudenburg	Mountain Plains Evaluation

Meeting Agenda

APPA developed the agenda for the on-site technical assistance meeting. Based upon the results of the telephone interviews and documents review, three core elements were deemed essential to include on the proposed agenda. The first core element was to inform the group of the strengths and areas of needed improvement identified through the course of the telephone interviews and documents review. Many of the individuals at the technical assistance meeting had participated on behalf of their agency as respondents in those interviews. The second core element was to provide information pertaining to the process/outcome evaluation being conducted on the IMT program by Mountain Plains Evaluation Center. During the telephone interviews, a number of

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respondents had indicated that while they were aware an evaluation of the IMT program was being conducted, they were not aware of any outcomes or findings pertaining to that evaluation. The third core element of the agenda was to facilitate a discussion on action planning to address the needed programmatic improvements identified through the telephone interviews and documents review. These areas included information flow/sharing, eligibility criteria, and case management/supervision. The agenda is attached to this report in Appendix D. Each individual received a participant folder which included a copy of the agenda, a copy of the Technical Assistance Summary document, a copy of APPA's journal *Perspectives*, and some informational brochures and printed materials pertaining to APPA.

Core Element One

Ed Ligtenberg, the Executive Director of the South Dakota Board of Pardons and Paroles, welcomed the group to the meeting. Kimberly Cobb, Research Associate for APPA then offered a second welcoming to the group and gave a brief overview of the American Probation & Parole Association as well as a synopsis of how the technical assistance for the IMT program came to fruition. Kimberly also gave a brief overview of the methodology used for this project. Dr. Shafer gave a brief opening remark to the group, stating that the IMT program is extraordinarily unique; the interagency dynamic of this program was clearly one of its greatest strengths. Dr. Shafer indicated that the purpose of the day's meeting was to facilitate discussions that would make "this good program...great". Dr. Shafer also emphasized that APPA coordinated this assistance to help them locate where the disconnects of their program are; but it was really up to them what they were able and willing to do to connect those dots that will move the program forward.

Dr. Shafer explained that when a program's very nature relies on interagency cooperation, unless each responsibility is clearly defined, articulated, and understood, each entity is lead into making assumptions and that these assumptions tend to accumulate over time which then leads to misconceptions.

Dr. Shafer next began to review the "Technical Assistance Summary Document" which each person received in their participant folder. This document summarized the strengths and areas in need of improvement recognized after careful synthesis of the telephone interviews and documents review. Additionally, this document detailed specific targets for improvement which directly correlated to each identified issue area.

Dr. Shafer and Kimberly Cobb chose not to distribute the summary document to the participants prior to the on-site meeting for various reasons. First, because the telephone interviews were independent and respondents were not aware of how each other responded, we felt it was an important piece of the project to gauge primary reactions to the strengths and areas in need of improvement identified; this would not have been possible if distributed prior to the on-site meeting. Secondly, we felt it important for participants to respond to the inquiries made at the on-site meeting without "over-thinking" their responses. Because this is an inter-agency collaborative project, it would be futile to propose a solution to a posed area in need of

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improvement without the consultation of the other involved agencies; the bringing of these entities together in one room allowed for the areas in need of improvement to be presented and solutions discussed that were realistic and practical within the constraints and possibilities that each agency brought to the table. This process worked well for this group.

Initial reaction to some of the identified areas in need of improvement was defensive. One participant even suggested that “my immediate reaction is to be defensive; some of the issues you’ve indicated are things we can explain away”. Specifically, the participant was referring to the suggestion in the summary document of a lack of cohesive and clear understanding pertaining to specific roles and responsibilities. He indicated that the program has documents detailing these and perhaps there has been a breakdown in distributing those documents to the appropriate individuals. To rectify this identified problem area, he purported that the documents could be uploaded to the DOC and DHS websites, which house information pertaining to the IMT program. He stated that the documents exist, but perhaps they just aren’t being communicated.

Dr. Shafer briefly turned the meeting over to Roland Loudenburg, MPH from Mountain Plains Evaluation Center, the agency responsible for conducting the on-going process/outcome evaluation for the IMT program.

Core Element Two

Roland Loudenburg from Mountain Plains Evaluation was invited and eagerly accepted APPA’s invitation to present the process/outcome findings for South Dakota’s Intensive Methamphetamine Treatment (IMT) program. Roland prepared a brief PowerPoint presentation for the group detailing the various types of data that are collected and their importance, what that data is used for, and provided a snapshot of the type of analysis being run via summary report graphs. The participants asked many questions of Roland, expressing a keen interest in how the data they supply (or don’t supply) has an impact on the results. One agency indicated that it does not currently provide adverse events reports to Roland, but after seeing how that data is used in the overall analysis of the program, they offered their assistance in providing that information to Roland from now on. Overall, the group was grateful for the information Roland provided; they felt that as a result of him being there, they were more informed of what the evaluation’s purpose was and how the data they supply is being used. Furthermore, they felt that making the personal contact with Roland will open future opportunities for communication in the event they have specific questions pertaining to his requests for data. Likewise, Roland expressed his availability to answer any questions they may have as well as his willingness to respond to agency-specific data queries. A copy of Roland’s presentation is attached to this report in Appendix E.

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Core Element Three

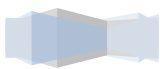
Dr. Shafer started off this final element by asking the group to go around the room and share one programmatic area they would like to address at this meeting. Suggestions included assessment procedures, release planning, managing the program without having a central point of contact, amount of time spent supervising parolees versus doing paperwork, improving transitional services, improving communication, improving case management, and many more. While the list was long, there were obvious areas of overlap and similarity in the responses. The next step was to consolidate the list by identifying the suggestions with common themes and collapse them into smaller, more manageable discussion categories. Due to the limited amount of time Dr. Shafer and Kimberly Cobb were scheduled to be on-site, it was suggested that the group agree upon two to three categories they would like to focus their discussions on.

Release Planning

The first category the group chose to tackle was that of release planning. Each agency had its own issues surrounding the improvement of how release planning is currently handled.

Discussion of the Issue: Because this program is essentially housed within the Department of Corrections, the institutional case manager is the person responsible for scheduling inmates appropriate for the IMT program (as determined by a CD assessment), developing their case plan from the point of program entrance to release to halfway house, and is responsible for collecting and communicating programmatic information to all involved parties, including phase transition dates, parole dates, program completion dates, treatment information, drug screen information, mental/physical health information, etc. Currently, the institutional case manager strives to send an exit report to the halfway houses two weeks in advance for each IMT participant they are receiving in the form of a letter. This report details all the dates pertaining to phase transition, anticipated parole date, program release date as well as summary information of all core components including education, medical, mental health, treatment, etc. Representatives from parole indicated that they do not currently receive these notifications from the institutional case manager. While it is agreed that most of this information is uploaded into a shared data system that parole has access to, parole maintains that there is so much information contained in that system, they do not have the time to sort through daily to find out who may or may not be released and where they are going.

The group agreed that this program is easier to manage with those with fixed parole dates. However, for those with discretionary parole dates (i.e. those who have had their fixed parole date revoked for any number of possible reasons and they then have to go before the Parole Board to have their release granted), there is no way to predict what the Parole Board will do. This makes release planning very difficult and puts an extraordinary burden on parole agents. In some situations, parole plans are developed, even so far as the IMT client putting monetary deposits on apartments, utilities, etc. only to have their parole denied. Conversely, there are situations where discretionary parole is granted and parole agents rush to formulate and approve



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plans due to parole release being scheduled in a short time period. Many of the parole representatives stressed that in these cases, they often times approve parole plans that they don't necessarily agree with, but they are the best they could do in a short amount of time. This discretionary parole status includes about 50% of the IMT participants.

The parole representatives stated that the institution sends them active notifications of general inmates getting released from prison, and they didn't understand why they couldn't receive the same type of notifications when the IMT clients were getting released.

Solution: Based upon all these issues, the institutional unit manager agreed that during the 2nd month of Phase II (typically about 45 days prior to an inmate's move to a halfway house), an active notification will be sent to the parole supervisor indicating who will be released to the halfway house from the South Dakota Women's Prison IMT facility. Additionally, the institutional unit manager agreed that he will copy the parole supervisor on the information being sent to the halfway house representatives with the understanding that some form of action will result from that. Parole stipulated that once they receive the information that an IMT client is being released to an area of their jurisdiction, they will then assign a parole agent to begin working with that client in the development of their parole release plan. They understand that until the client is officially released on parole they have no supervisory responsibilities; their role at this stage will only be to begin working with the client on developing and approving plans for when the IMT client is ready to leave the halfway house environment. Parole commented that the release plan made from the institution to the halfway house is always a good plan, they did not need to necessarily approve that plan, but it takes time for these women clients to work through a plan and have a parole agent approve the plan for their release back to independent community living. Additionally, parole indicated that they can use the information contained in the summary documents to present to the Parole Board on IMT discretionary parole cases. This information will alert the Parole Board to the fact that the IMT client has a plan of action that is approved by the parole office and thus will more than likely increase the chances of the IMT client being granted discretionary parole.

The halfway house representatives stated that they felt earlier parole notification/involvement would be beneficial to the IMT clients. One participant stated that "parole agents can be motivators for change for these ladies. They serve as a community contact and can be positive forces for helping the client succeed when released to the community". They also communicated how the literature shows that community connections are key ingredients to successful reentry.

Task to be completed: It was noted that because IMT participants may be residing in a halfway house facility as either an inmate or a parolee depending on their IMT program phase status, a necessary task to be completed is to clearly define the role of parole agents in cases where the client is still on inmate status. There are fundamental differences in the way the institution and parole supervise their clients; specifically, what behavior each entity will tolerate. Parole agrees that they are not, cannot and should not perform supervisory functions while an IMT client is still on inmate status. The rationale of assigning a parole agent earlier in the process is only for the purpose of beginning the development of their release plan when they are ready to leave the halfway house and return to the community. Definitions of these roles and responsibilities should be clearly developed and communicated to all individuals working with IMT clients.

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Eligibility Criteria

Discussion of the Issue: During the course of the telephone interviews, it became apparent that the eligibility criteria that the Department of Corrections uses to enroll inmates in the IMT program were not universally clear to all respondents. Respondents indicated that they were either unsure of what the eligibility criteria was for the program or that they thought they accepted clients addicted to stimulants in general and not necessarily limited to methamphetamine.

The Division of Alcohol and Drug Abuse coordinator responded to this issue by sharing with the group that every inmate is assessed at the time of intake into the women's facility. To be considered for the IMT program, a participant must have a methamphetamine abuse/dependence diagnosis. Caveats are that abuse/dependence includes a three-year time window and the methamphetamine abuse/dependence diagnosis does not have to be their primary diagnosis.

Solution: The Division of Alcohol and Drug Abuse indicated that the criteria are currently not clearly articulated in the IMT program brochure; however, that wording can be and will be changed before the brochure goes to print again. Any language on the website will be amended to clearly state the eligibility requirements as well. Deputy Secretary Laurie Feiler stated that the South Dakota Legislature "is very sensitive that this program not "widen the net" referring to participants admitted into the IMT program. The Legislature is very clear that program monies are to be used for methamphetamine-involved offenders only.

Program Governance

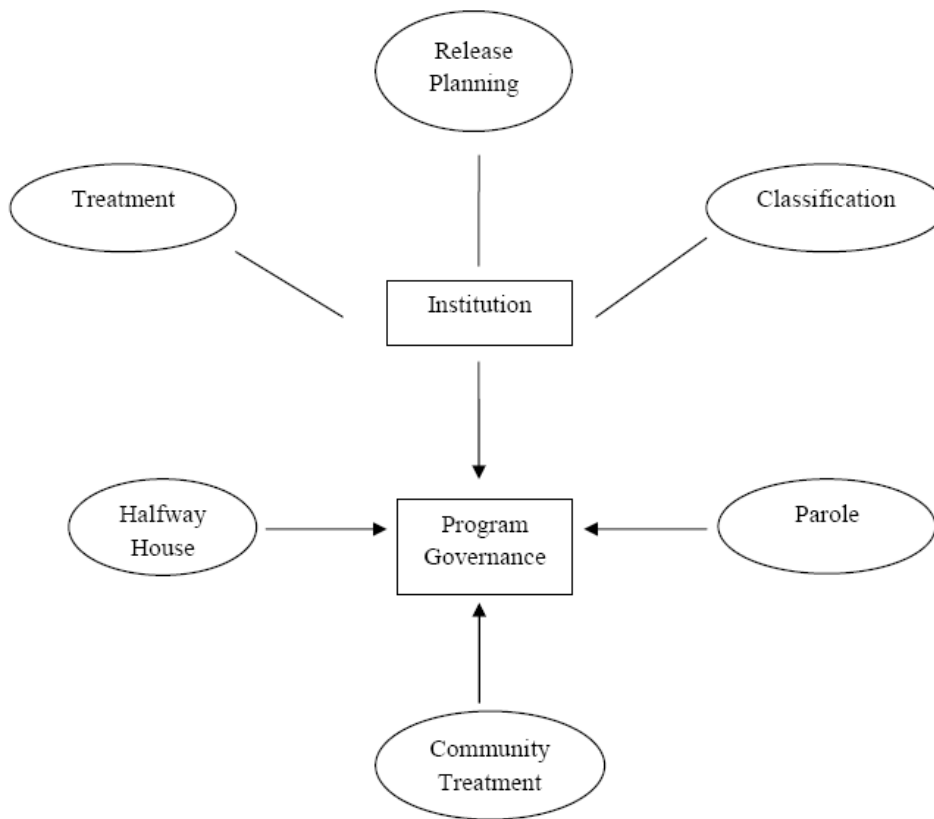
Discussion of the Issue: One barrier this program is facing is the lack of a central person coordinating or governing this program. Each entity found that they struggled with who they should contact for specific questions (e.g. funding issues, supervision issues, etc.). The South Dakota Legislature did not include a source of funding for employing one person to oversee the management of the program, and according to Deputy Secretary Feiler, that was not going to be appropriated in the future. So, the program faces the challenge of developing chains of command to field questions or issues that arise based upon the underlying issue. Specifically, in respect to the halfway house providers, it may not always be clear who they need to contact (the institutional case manager, the parole agent, or the Division of Alcohol and Substance Abuse) pertaining to each individual issue/IMT client. A specific example would be if the halfway house needed to extend housing for an IMT client who did not have housing established in the community but was ready to be released from their halfway housing assignment. Another example would be who they would need to contact in the event of a positive drug screen or an adverse event.

Solution: One solution to the question of who should be contacted based upon the issue in question is to develop a list which includes names, agency, contact information, and issues each person should be contacted for. This would provide a quick guide for those working with the IMT clients to get responses to their questions quickly and easily. In essence, since there isn't a "go-to" person, a list dictating a "go-to person for a specific issue" will be developed. Jeff

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Bathke, the supervisor for the Division of Alcohol and Substance Abuse offered his services to develop this list and distribute it to all agencies working with IMT clients.

To address the nonexistence of a central point of contact responsible for the overall management of the IMT program, it was suggested that one solution to oversee the governance of the program more effectively should include a process of quarterly meetings with all key players in the IMT program. These meetings could identify and address issues each agency is facing, talk about outcome measures and program sustainability, and the current and future direction of the program. The group was in agreement that such a strategy would help manage the program more effectively. Dr. Shafer provided a rough illustration of how the IMT program is currently structured:



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Tasks/Next Steps

At the conclusion of the meeting, the group seemed to be committed to keep the lines of communication open and discussions concerning the future of the IMT program moving forward. Various topics were thrown around that necessitated some further discussion.

Issue: The halfway houses felt that the current daily rate they received for servicing IMT clients was not adequate. Specifically, the halfway house representatives cited substantial paperwork, intensive services and programming (including transportation services, employment specialist services, IOP, etc.), inability of IMT clients to pay for services for a longer period of time than initially anticipated, and a large percentage of IMT clients often requiring stays longer than what is currently projected in the phase structure/budget. Additionally, salary/benefit cost increases have not been taken into account in the monies allotted for the halfway houses.

Solution: It was stated that perhaps there was a need to revisit the financial plan pertaining to the monies allotted Halfway Houses.

Issue: The halfway houses also felt like there was an enormous amount of paperwork required for the IMT clients, particularly for evaluation purposes. Additionally, they stated they would like to have periodic updates, including explanations of the data, on the process/outcome evaluation.

Solution: It was suggested that a solution may be to request Mr. Loudenburg to come in and do a workshop/training on what information needs to be included, particularly on the dosage and adverse events forms submitted to him. Additionally, Mr. Loudenburg may be able to provide, either in written or verbal form, periodic updates to the group regarding the process/outcome evaluation.

This was a very action-oriented meeting and the group rallied together to ensure that the issues identified and discussed had realistic solutions and that the solutions met each individual agency's needs and capabilities. In order to ensure that the solutions discussed during this meeting did not fall through cracks, verbal commitments were made to be acted upon:

- The Department of Corrections Institutional Case Manager will begin immediately to notify the Division of Pardons and Paroles supervisor 45 days prior to an IMT client's release to a halfway house. They will also include the Division of Pardons and Paroles staff in receiving a copy of the exit file sent to the halfway house approximately two weeks prior to the inmates release to the halfway house.
- The Division of Pardons and Paroles supervisor will assign a parole agent to an IMT client immediately upon receiving notification. This agent will begin working with the IMT client to develop a solid release plan for implementation once the IMT client is released from the halfway house to the community or once the IMT client is officially paroled. The parole agent will not

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incur supervision responsibilities until the IMT client is released from inmate status to parole status.

- The Division of Alcohol and Drug Abuse will take the lead in developing an informational sheet listing name, agency, contact information, and issues that person should be contacted for and distributing that list to all individuals working with IMT clients.
- The Division of Alcohol and Drug Abuse will ensure that the IMT program brochure, as well as other materials, is updated to include more specific language pertaining to the eligibility criteria for the IMT program. This language will specifically state that a methamphetamine abuse/dependence diagnosis is required.
- The Division of Alcohol and Drug Abuse will update the website containing IMT program information.
- The Division of Pardons and Paroles will train the parole agents working with IMT clients on the new early notification process and what their roles, responsibilities, and limitations are in working with IMT clients.
- APPA will have a draft technical assistance report developed and circulated to the group during the first week of November for review and comment.
- The Department of Corrections Deputy Secretary scheduled a meeting to review/discuss the APPA technical assistance document and to discuss tasks/issues that need to be addressed. The Division of Pardons and Parole and the Department of Corrections commented that this will also give them time to implement the new notification system and identify any issues/barriers that need to be addressed. A conference call was scheduled for December 3rd, 2008 at 9:00 am Central Time.

One task that was not specifically assigned during the course of the meeting was who would take on the role of drafting the specific roles and responsibilities of each agency pertaining to the new early notification system. This should be a topic discussed on the conference call on December 3rd.

At the Time of this Report...

At the time of this report, several tasks had already been completed as a result of this technical assistance meeting, indicating the commitment on the part of agencies/individuals involved with IMT program to strive to improve their program.

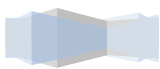
- **COMPLETED.** The Division of Alcohol and Drug Abuse will take the lead in developing an informational sheet listing name, agency, contact information, and issues that person should be contacted for and distributing that list to all individuals working with IMT clients.
- **COMPLETED.** The Division of Alcohol and Drug Abuse will update the website containing IMT program information. The following information has been identified as documents to be added:
 - IMT Brochure with amended language stipulating eligibility criteria must include a methamphetamine abuse/dependence diagnosis
 - IMT Program Manual

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- Approved IMT Program Status Reports to the South Dakota Legislature
 - Contract attachment
 - IMT Program Agreement
 - Prescription plan from DOH
 - Mountain Plains Research & Evaluation Center official forms (including sample illustrations) and directions for use.
 - Contact List of staff involved in IMT Program and their responsibilities.
 - Link all of this to DOC's website.
- **COMPLETED:** The Division of Alcohol and Drug Abuse has begun making inquiries to each halfway house provider seeking their suggestions for daily rates for servicing IMT clients.

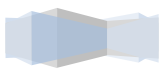
Conclusion

This document summarizes the technical assistance provided to the Intensive Methamphetamine Treatment (IMT) program in South Dakota to date by the American Probation & Parole Association, with funding from the Bureau of Justice Assistance, U.S. Department of Justice. As stated previously, the IMT program presents a unique organizational and operating structure encompassing the South Dakota Department of Corrections, the Division of Pardons and Paroles, Halfway Houses, and the Division of Alcohol and Drug Abuse. These organizations have come together under this program to deliver comprehensive and targeted reentry programming for women offenders identified as having a methamphetamine abuse/dependence diagnosis. The program has overcome initial “growing pains” and by applying for the technical assistance offered through this project, has begun to take strides to work together to improve their program and the services they provide to their participants.



APPENDIX A

Technical Assistance Tool



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APPA Reentry of Methamphetamine Addicted Offenders
Community Corrections Agency Technical Assistance Assessment Checklist

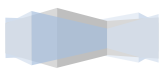
Agency Information

Date:

Name:	<i>If different from information at left.</i>
Title:	Head of Agency:
Agency:	Title:
Address:	Address:
City/State/Zip:	City/State/Zip:
Telephone Number:	Telephone Number:
Fax Number:	Fax Number:
Email Address:	Email Address:
APPA Staff:	Type of Contact:
Scope of Request:	

Please return your completed form by **08-22-2007**. You can mail, email or fax the form to:

Michelle Metts
American Probation and Parole Association
P.O. Box 1190
Lexington, KY 40578
Phone: (859) 244-8058
Fax: (859) 244-8001
Email: mmetts@csg.org



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This four-page technical assistance assessment checklist is designed to guide Community Corrections staff in their assessment and planning for the implementation of effective strategies with Methamphetamine (Meth) Addicted Offenders returning to the community.

JURISDICTIONAL INFORMATION			
Is your agency local, state, or private?			
		Yes	No
		N/A	
Is your agency currently involved in a Meth Task Force or Advisory Group?		<input type="checkbox"/>	<input type="checkbox"/>
If yes, to what extent?			
Has your agency staff received any type of meth training?		<input type="checkbox"/>	<input type="checkbox"/>
If so, what type of training? (Signs/symptoms of use, treatment strategies, relapse rates, common household products used to manufacture meth, lab recognition and safety, etc.)			
Please list the frequency/number of hours. Is there any cross-training with agency partners?			
Is this training part of an annual mandatory in-service?			
Do your officers have arrest powers?		<input type="checkbox"/>	<input type="checkbox"/>
Does your agency have an Intensive Supervision unit or other type of unit tasked with supervising substance abusing or other high risk offenders?		<input type="checkbox"/>	<input type="checkbox"/>
Many meth offenders are prone to violence, including domestic violence. If your agency has a DV unit, has this unit also received any type of meth training?		<input type="checkbox"/>	<input type="checkbox"/>
Does your agency handle pre-trial supervision?		<input type="checkbox"/>	<input type="checkbox"/>
Does your agency have a separate unit that completes pre-sentence reports?		<input type="checkbox"/>	<input type="checkbox"/>
During the pre-sentence investigation, are the offender's drug history, prior mental health or drug abuse treatment, and readiness for treatment addressed by the officer?		<input type="checkbox"/>	<input type="checkbox"/>
If so, in what way?			
Prior to jail or prison release, is a mental health assessment completed for the offender?		<input type="checkbox"/>	<input type="checkbox"/>
Does your agency check prescription drugs, prescribing physician and the offender's Medicaid eligibility?		<input type="checkbox"/>	<input type="checkbox"/>
AGENCY PARTNERSHIPS		Yes	No
Do you work with local law enforcement on a regular basis?		<input type="checkbox"/>	<input type="checkbox"/>
If so, to what extent?			
Does your agency have an established working relationship with substance abuse treatment facilities or staff?		<input type="checkbox"/>	<input type="checkbox"/>
If yes, are you working separately, or is there active collaboration?			
Does your agency have an established working relationship with mental health facilities or staff?		<input type="checkbox"/>	<input type="checkbox"/>
Does your agency work with a local drug task force or meth partnership?		<input type="checkbox"/>	<input type="checkbox"/>

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Does your agency have a working relationship with meth lab first responders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is there a protocol or clearly defined role of notification of a suspected meth lab? Please explain.			
Do you work with any federal agencies such as DEA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, to what extent?			
AGENCY PARTNERSHIPS (cont.)	Yes	No	N/A
Do you work with community agencies and faith-based organizations on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, what type of agencies and to what extent?			
Does your agency have a working relationship with local Child Protective Services and Domestic Violence agencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your agency involve health care &/or mental health providers in reentry planning for meth offenders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain:			
Does your agency work with specialized courts (Drug Courts, Treatment Courts, etc)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are these inter-agency partnerships formal or informal?			
Please explain (Interagency agreements, MOU's, contracts, etc.)			
Does your agency participate in victim notification prior to offender's release?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUPERVISION ISSUES	Yes	No	N/A
Does your agency have standardized conditions for all offenders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you conduct unscheduled home visits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how often are home visits conducted?			
Does your agency require drug testing of meth offenders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what types of drug tests are used?			
If yes, how often are drug tests conducted?			
Does your agency have drug testing procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your agency have a protocol that addresses offender's return to drug use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there "treatment-sensitive" conditions for offenders involved in substance abuse treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are your officers familiar with the offender's drug using "triggers" and relapse indicators?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your agency conduct searches of the offender's person, residence or vehicle upon reasonable suspicion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, does your agency have a written search policy?			
If your agency conducts a search of an offender's residence is it with the assistance of law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your agency assign officer caseloads that are in a certain geographic area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, by what means are cases assigned?			

South Dakota Intensive Methamphetamine Program

Are high risk felons in any way “red flagged” by your agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how?			
Does your agency partner with local law enforcement to focus on high risk offenders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes to the preceding question, do the agencies conduct probation “sweeps” to simultaneously focus on the highest risk offenders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a police officer questions an offender, a field interview, is this information forwarded to your agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, in what format?			
Does your agency’s meth training include meth treatment strategies and meth relapse rates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUPERVISION ISSUES (cont.)	Yes	No	N/A
Is the offender’s family involved in reentry planning or the pre-sentence investigation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your agency assist in addressing health care needs of meth offenders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a condition of bail, are defendants prohibited from possessing illegal drugs, alcohol, prescription drugs, drug manufacturing supplies and equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are offenders prohibited from the items listed above as a sentencing condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your agency have a working relationship with area physicians and dentists to address offender’s health care needs and Medicaid eligibility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain:			

Reentry of Meth Offenders Technical Assistance Needs

(Please answer only the questions that are applicable to your agency)

With what specific areas of response to returning meth addicted offenders to the community would your agency like technical assistance?

Does your agency already have an internal systematic response (developing policies, procedures, protocols) for meth offenders? If not, does your agency need assistance with developing an internal systematic response for meth offenders?

Does your agency already participate in meth community response teams or partnerships? If not, does your agency need assistance with developing effective partnerships with courts, treatment community, law enforcement and others?

What are the foreseeable obstacles or challenges that may be encountered in implementing recommendations for technical assistance?

What resources does your agency have available to support technical assistance efforts?

Who are the stakeholders in your organization that need to be involved in TA?



South Dakota Intensive Methamphetamine Program

Do you know of any stakeholders from outside organizations that need or want to be involved in TA?

On average, how many years experience do potential TA participants have in your organization?

What do you think participants would want to know or be able to do as a result of receiving TA?

What kind of information and/or outcomes would the agency/organization expect as a result of the TA?

Do you think the potential participants would want to attend a training program regarding Meth? If so, what specific topic areas?

What do you think are your agency's strengths in regards to being able to participate in effective strategies with meth-addicted offenders?

What do you think are your agency's weakest areas in regards to being able to participate in meth-addicted offender initiatives?

What kind of timeframes do you have in mind regarding the scheduling of this technical assistance?

Are there any particular technical assistance needs for meth-addicted offenders in your district that have not been addressed by this checklist?

Any additional comments you'd like to share?

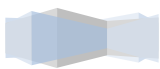
***Note:** This Meth Reentry Project includes on-site technical assistance visits for 3 sites. If your agency is interested in site visit consideration, please check: Interested in Site Visit Consideration, if not interested, please check: Not Interested.



South Dakota Intensive Methamphetamine Program

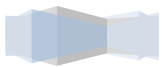
Thank you for taking the time to complete this meth technical assistance checklist. **Please return the completed checklist** by no later than **08-22-2007**. You may return the survey by email, fax, or regular mail to:

Michelle Metts
American Probation and Parole Association
c/o Council of State Governments
P.O. Box 11910
Lexington, KY 40578
Fax: 859-244-8001 Email: mmetts@csg.org



APPENDIX B

Telephone Interview Tool

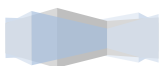


South Dakota Intensive Methamphetamine Program

**APPA Meth Technical Assistance Project
Telephone Interview Data Collection Form
INTERNAL DOCUMENT: DO NOT CIRCULATE**

Name of Interviewee:	Date:
Title and Agency Affiliation:	Start Time:
Others on the Call:	End Time:

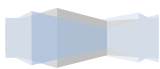
Roles and Responsibilities
<ul style="list-style-type: none"> What do constituents identify to be their role and responsibility on meeting the needs of offenders with methamphetamine and other substance use disorders?
<ul style="list-style-type: none"> What do constituents identify to be the role of other system partners in meeting the needs of offenders with methamphetamine and other substance use disorders?
Referral Processing
<ul style="list-style-type: none"> For the purposes of the IMT program, what are constituents' understandings of eligibility/ineligibility characteristics of appropriate referrals?
<ul style="list-style-type: none"> What information is required, by whom, and sent to whom, to make a referral?
<ul style="list-style-type: none"> What would you change to improve the current referral process?
Case Planning and Monitoring
<ul style="list-style-type: none"> For each constituent's perspective, how is a case plan developed? What role does each constituent identify in the development of the case plan?
<ul style="list-style-type: none"> How is the case plan communicated? Monitored?
<ul style="list-style-type: none"> What would you change to improve the current case planning process?



South Dakota Intensive Methamphetamine Program

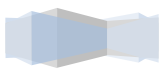
**APPA Meth Technical Assistance Project
Telephone Interview Data Collection Form**
INTERNAL DOCUMENT: DO NOT CIRCULATE

Information Flow
<ul style="list-style-type: none">• What information, either of individual cases or program monitoring, is you required to provide? To whom? Frequency?
<ul style="list-style-type: none">• What information, either of individual cases or program monitoring are you provided? From whom? Frequency?
<ul style="list-style-type: none">• What would you change to improve the current flow o f information?



APPENDIX C

Summary Document



South Dakota Intensive Methamphetamine Program

American Probation & Parole Association

Reentry of Methamphetamine Addicted Offenders Project

South Dakota Board of Pardons & Parole Technical Assistance Summary

October 23, 2008

Technical Assistance Request:

The purpose of this technical assistance project is to provide clarity in the case management processes associated with Intensive Methamphetamine Treatment (IMT) program in South Dakota. The result of this project will be a one-day meeting to facilitate the development of a procedural manual that specifies timelines, roles and responsibilities, information flow, and decision making processes for the case management of offenders with methamphetamine use disorders who are under the joint jurisdiction of the South Dakota Department of Corrections and the South Dakota Board of Pardons and Parole.

Key Findings

Strengths

1. Interagency Coordination (SD Department of Corrections, SD Board of Pardons and Parole, SD Division of Alcohol and Drug Abuse, and community based providers) is impressive and was cited as enhancing the quality and amount of communication between the prison based and community based programs.
2. The prison based IMT program prepares offenders well for community re-entry; community based providers' report these offenders come to treatment with an enhanced sense of self-awareness.
3. The structure and focus within the release planning process is well grounded and supported by best practice.

Areas for Improvement

1. Intra-agency Coordination (ADOC institutional and ADOC parole) does not appear to be cohesive and clear on specific roles and responsibilities.
2. Intra-agency treatment coordination (Medical, Chemical Dependency, and Mental Health) within the prisons could be enhanced.
3. Eligibility criteria are not universally clear, or there have been some "creep" in eligibility criteria.
4. Offenders with methamphetamine use disorders are not be identified in a timely enough manner to ensure adequate parole time to allow for program completion.

This project is supported by Award No. 2006-RE-CX-K102, awarded by the Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice to the Council of State Governments/American Probation & Parole Association.

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Reentry of Methamphetamine Addicted Offenders Project

South Dakota Board of Pardons & Parole Technical Assistance Summary

October 23, 2008

Areas for Improvement (cont'd)

5. Focus on gender-based issues and especially long term community-based housing access for women with children could be enhanced.
6. Coordination between ADOC and ADAD with regard to programmatic transfer of offenders between systems and the assignment of fiscal responsibility for aftercare services does not appear to be well established.
7. Assessment, planning, and monitoring processes during Phase IV of the program were repeatedly identified as areas for improvement.

Recommendations

1. ADOC needs to strengthen the engagement of parole officers in the transitional release planning earlier and in a more meaningful manner.
 - a. Parole Officer assignments should occur prior to community release as an inmate; this would require change in PO Supervisor procedures.
 - b. Assigning POs prior to release will enhance the role of the POs in the case planning process and the identification of appropriate residential and housing options for offenders.
 - c. Stakeholders identified "weak" parole placement plans as an area for improvement.
2. ADOC and ADAD need to focus greater attention, structure, and resources toward the processes of re-entry services provision.
 - a. Lack of community based resources identified by a number of respondents
 - b. Lack of follow-up data collected during Phase IV and continuing care identified as a needed area of attention
 - c. Ambiguity exists among community based providers, ADAD and ADOC on fund source responsibility for released participants in Phase III and Phase IV.
 - d. One interviewee noted that program participants are more likely to recidivate during the transition from Phase III to Phase IV, suggesting a need to examine the level of supports available at this juncture
 - e. Lack of housing options in the community for pregnant/post-partum women identified as an area of need

This project is supported by Award No. 2006-RE-CX-K102, awarded by the Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice to the Council of State Governments/American Probation & Parole Association.

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Recommendations (cont'd)

3. ADOC and ADAD need to critically examine the human resource assets and informational resource requirements of the IMP program
 - a. Client: staff ratios were identified to be too high for both Parole Officers and Case Managers
 - b. Stakeholders expressed concern with excessive paperwork and computer data entry to the detriment of personal contact time with program participants.

4. ADOC and ADAD need to focus efforts to ensure greater coordination in the course of assessment and treatment planning for offenders while at prison and greater coordination and communication with community based systems of care.
 - a. Clinically valid assessments of methamphetamine use disorders do not appear to be in place. Utilization of a standardized substance abuse assessment, such as the GAIN or the ASI should be considered.
 - b. Additional efforts should be directed toward the individualization of the treatment planning process; a number of informants cited the lack of individualization in parole functions during Phase III and IV and a "cookie cutter" treatment planning process.
 - c. Lack of intra-agency coordination between chemical dependency and mental health treatment components leads to disjointed care; women with a history of methamphetamine use at elevate risk of comorbidity.
 - d. Community based provider identified the lack of psychosocial history information contained in discharge packets as a critical issue.
 - e. Lack of coordination on psychotropic and other medication script information in the discharge planning processes identified as an area of need.

South Dakota Intensive Methamphetamine Program

American Probation & Parole Association

Reentry of Methamphetamine Addicted Offenders Project

South Dakota Board of Pardons & Parole Technical Assistance Summary

October 23, 2008

Methodology of Technical Assistance:

Key Informant Interviews:

Semi-structured telephone interviews were conducted with key constituents representing institutional services, parole, institutional drug and alcohol treatment program, community-based drug & alcohol treatment program, and community-based halfway houses. A total of nine (9) telephone interviews conducted during the period of April and August 2008. Field notes from interviews were typed and reviewed by two individuals to identify common themes and issues.

Review of Agency Records and Documents: A number of agency records and reports were provided by the state and were reviewed for the preparation of this report.

Source Documents:

South Dakota Department of Corrections. (undated). *White Paper: Intensive Methamphetamine Treatment Program*. Pierre: Author.

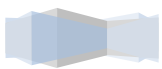
Center for Substance Abuse Treatment (2005). *Guidelines for Patient Placement of Methamphetamine Users in South Dakota Substance Abuse System*. (Contract # 270-99-7070). Rockville, MD: SAMHSA.

SD Division of Alcohol and Drug Abuse, Correctional Substance Abuse Programs. (January 2008). *Annual Report*. Pierre: Author.

SD Division of Alcohol and Drug Abuse (2008). *SD Women's Prison Accreditation Survey Worksheets, ARSD 46:05*. Pierre: Author.

APPENDIX D

Meeting Agenda



Technical Assistance Project Report

South Dakota Intensive Methamphetamine Program

Methamphetamine Technical Assistance Project

A Focus on the South Dakota Intensive Methamphetamine Treatment (IMT) Program

October 23, 2008

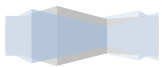
Chamberlain, SD

10:00 – 10:10	Welcoming and Introductions	<p>Doug Clark Director of Parole Services South Dakota Board of Pardons & Parole</p> <p>Ed Lightenberg Executive Director South Dakota Board of Pardons & Parole</p>
10:10 – 10:20	Overview of the American Probation and Parole Association and the Methamphetamine Technical Assistance Project	<p>Kimberly Cobb Research Associate American Probation & Parole Association</p>
10:20 – 10:40	Evaluation of the South Dakota Meth Project: Interim Findings	<p>Roland Loudenburg, M.P.H. Mountain Plains Evaluation, LLC</p>
10:40 – 11:00	<p>Orientation to the South Dakota Technical Assistance Request, Methods, Finding and Recommendations</p> <p>Reactions, Questions, and Prioritization of Action Steps</p>	<p>Michael Shafer, Ph.D. Arizona State University Center for Applied Behavioral Health Policy</p> <p>Group</p>
11:00 – 12:00	Facilitated Action Planning: Based upon Prioritization of Action Steps Identified Previously, Utilize Group Consensus Building Techniques to Create Draft Procedures and Policies in Support of the Action Steps	<p>Michael Shafer & Kim Cobb, Facilitators</p>
12:00 – 1:00	Lunch: Viewing of the recently released video: Meth Inside Out	<p>http://www.eyesoftheworldproductions.com</p>
1:00 – 3:30	Continue Facilitated Action Planning: Based upon Prioritization of Action Steps Identified Previously, Utilize Group Consensus Building Techniques to Create Draft Procedures and Policies in Support of the Action Steps	<p>Michael Shafer & Kim Cobb, Facilitators</p>
3:30 - ?	Wrap-Up, Next Steps, Adjournment	<p>Michael Shafer & Kim Cobb</p>

This project is supported by Award No. 2006-RE-CX-K102, awarded by the Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice to the Council of State Governments/American Probation & Parole Association.

APPENDIX E

PowerPoint Presentation: Mountain Plains Evaluation



South Dakota Intensive Methamphetamine Program

Summary of SDWP IMT Program Interim Evaluation Findings

Roland Loudenburg, M.P.H. ABD
Mountain Plains Evaluation, LLC
Salem, SD

October 2008 1

Example of Program Design and Evaluation Assessments

Phase I Time: Varies	Phase II 90 days	Phase III 90 days (Optional)	Phase IV 180 days (Optional)
Detox/ Withdrawal Cognitive- Stabilization	Intensive SA Treatment (comparable to inpatient)	Nesby House	Outpatient SA Treatment
Intake Assessment Battery	Begin Phase II Assessment Battery	End Phase III Assessment Battery	End Phase IV Assessment Battery

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Overlapping the IMT Treatment Model with Stages of Recovery for Stimulant Users

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Evaluation Assessments

- Data is collected at Intake and completion of Phase II, III, and IV
- Areas assessed in addition to substance use include:
 - Mental Health – (CESD)
 - Family Functioning – (Family APGAR)
 - Social Support – (ISEL)
 - Self-Efficacy/Readiness for Change – (MASE/URICA)
- Other data
 - Track UAs, Adverse Events, and Program Status

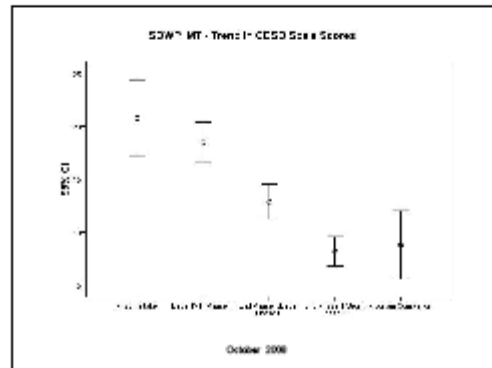
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Depression Symptoms

- Overall, participants in the program report a reduction in depression symptoms through out the program as measured by the CES-D.

	Mean	Std. Deviation
Phase Intake	23.76	13.842
Begin IMT (Phase I)	19.46	10.887
End Phase II (Begin Phase II)	12.96	6.626
End Phase III (Begin Phase IV)	9.17	6.836
Program Completion	8.90	7.876

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South Dakota Intensive Methamphetamine Program

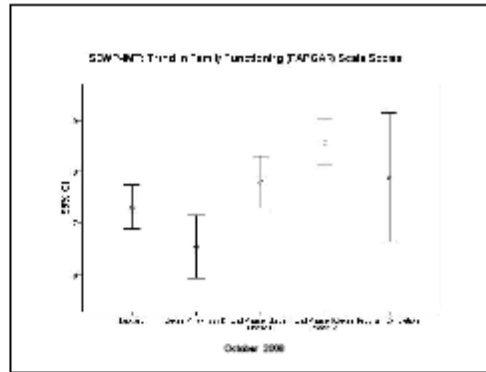
Family Functioning Scale Scores

- Program participants report on average an increase in family functioning during the course of the program.

	Mean	Std. Deviation
Prison Intake	7.35	3.048
Begin IMT (Phase I)	6.54	3.348
End Phase III/Begin Phase II	7.90	2.445
End Phase III/Begin Phase IV	8.57	2.075

FFFCAT Score Range from 0 to 16, a score of 4 or less indicates concern in family functioning

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Readiness to Change

- Overall, program participants are progressing along the Stages of Change continuum as they progress through the program.

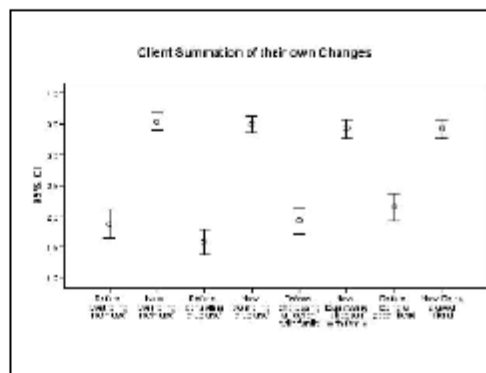
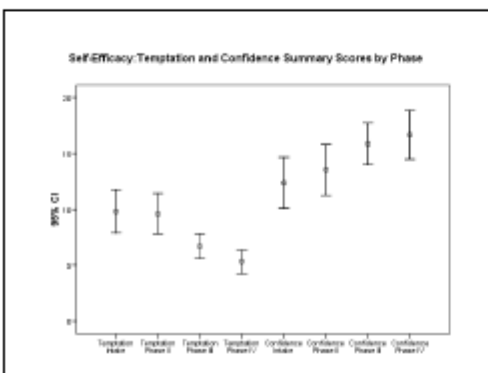
	N	Minimum	Maximum	Mean	Std. Deviation
Begin IMT (Phase I)	135	38.00	112.00	66.2537	14.88159
End Phase III/Begin Phase II	106	65.00	109.00	85.8235	10.81106
End Phase III/Begin Phase IV	84	57.00	108.00	82.1672	12.15823
Completion	26	59.00	95.00	77.3022	10.14284
Valid N (listwise)	21				

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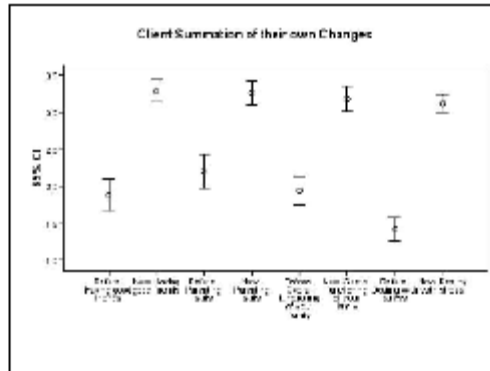
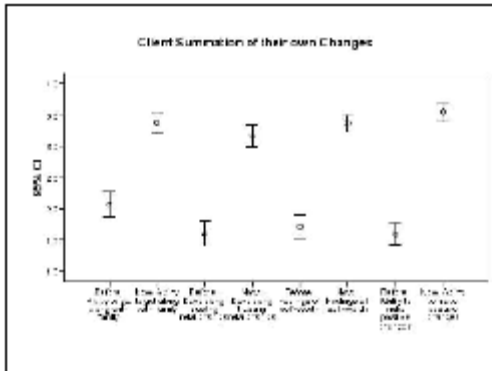
Temptation and Confidence

- Program participants report a reduction in temptation to use and an increase in their confidence to not use methamphetamine as they move through the program.

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South Dakota Intensive Methamphetamine Program



Status of All Program Participants

Event				
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	47	27.3	27.3	27.3
Completed	44	25.3	25.3	52.3
Continues	83	47.7	47.7	100.0
Total	174	100.0	100.0	

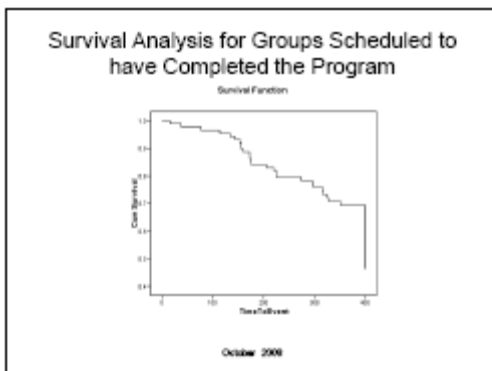
Note: There is a approximately one month lag time before adverse events, violations, or completions are recorded in the database.

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Status of Group Participants Scheduled to Complete as of beginning of October 2008

Group	Valid	Status			Total
		Valid	Completed	Continues	
1	100%	11.1%	0%	89%	100%
2	100%	62.5%	37.5%	0%	100%
3	100%	11.1%	88.9%	0%	100%
4	100%	11.1%	88.9%	0%	100%
5	100%	11.1%	88.9%	0%	100%
6	100%	11.1%	88.9%	0%	100%
7	100%	11.1%	88.9%	0%	100%
8	100%	11.1%	88.9%	0%	100%
9	100%	11.1%	88.9%	0%	100%
10	100%	11.1%	88.9%	0%	100%
11	100%	11.1%	88.9%	0%	100%
12	100%	11.1%	88.9%	0%	100%
Total	100%	11.1%	88.9%	0%	100%

October 2008

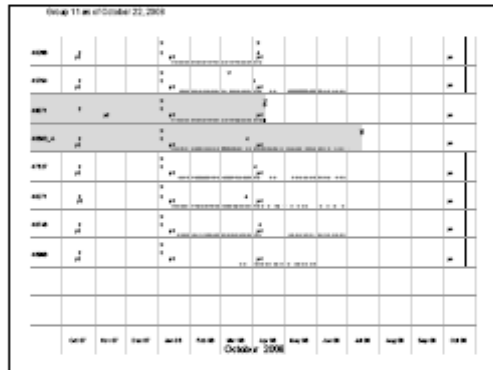
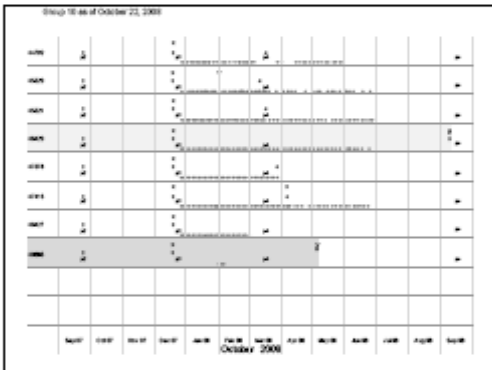
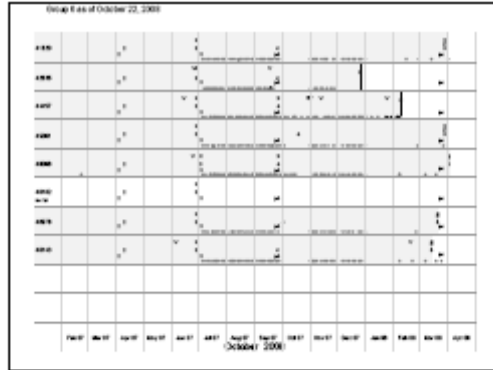
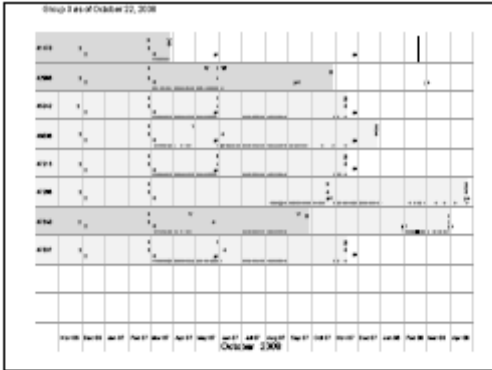


The following slides provide an illustration of program participation of four randomly selected program groups progression through the program.

- = passed IIA
- = not passed IIA
- = Passed ICA
- = Not Passed ICA
- = Adverse Event
- = Predicted date of the next time phase
- = Completed
- = Disposed
- 2, 3, 4 = Received test/assessment items for corresponding phase
- X = not started

October 2008

South Dakota Intensive Methamphetamine Program



National Research Benchmarks

From Matrix Model Outpatient Study of 420 individuals

- 87.1% of the sample remaining in treatment longer than 2 weeks
- 56% remained in treatment longer than 1 month
- Average length of treatment stay averaged 7.87 (+/- 6.6 weeks)
- Retention as indicated by a treatment stay of 90 days or longer was 35%

Source: *Addiction*, April 2007

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National Research Benchmarks (cont)

- Mean number of meth-free urine samples collected was 4.79 (+/- 5.86)
- The percentage of participants who provided three consecutive (in weeks) drug-free urine samples during the course of treatment was 45%
- 16-week treatment regimen (i.e. treatment completers) was 33.3%

Source: *Addiction*, April 2007

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South Dakota Intensive Methamphetamine Program

Comparison to National Benchmarks

National Benchmark	SDWP IMT Data
<ul style="list-style-type: none">Average length of treatment stay averaged 7.87 (+/- 6.6 weeks)Retention as indicated by a treatment stay of 90 days or longer was 35%Mean number of meth-free urine samples collected was 4.79 (+/- 5.86)	<ul style="list-style-type: none">The average length of treatment recorded for participants completing Phase III is 12 weeksApproximately 70% remain active in program or have completed the programUA data available for analysis for Phase III and IV combined provided an average number of 40.3 drug free urine samples per client.

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