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### Predictors of Probation Outcome and Recidivism Among Nonviolent Drug Offenders in Mandated Treatment

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Predictors of Probation Outcome and Recidivism Among Nonviolent Drug Offenders in  
Mandated Treatment

by

Kira Elisabeth Johnson, M.A., M.S.

Master of Science

Psychology

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Master of Art

Clinical Psychology

Washburn University

2008

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We the undersigned committee hereby approve the attached doctoral research project,  
  
Predictors of Probation Outcome and Recidivism Among Nonviolent Drug Offenders in  
  
Mandated Treatment

by

Kira Elisabeth Johnson, M.A., M.S.

---

Vida L. Tyc, Ph.D.  
Professor  
School of Psychology  
Major Advisor

---

Gary Burns, Ph.D.  
Professor  
School of Psychology

---

Julie S. Costopoulos, Ph.D.  
Associate Professor  
School of Psychology

---

Robert A. Taylor, Ph.D.  
Professor and Dean  
College of Psychology and Liberal Arts

## **Abstract**

### **Predictors of Probation Outcome and Recidivism Among Nonviolent Drug Offenders in Mandated Treatment**

By

Kira Elisabeth Johnson, M.A., M.S.

Major Advisor: Vida L. Tyc, PhD

Since the early 1990's, the criminal justice system has been attempting to address the growing numbers of drug crimes and incarcerations resulting from policy decisions meant to discourage drug use and trade. To address resulting overcrowding in the prison system, drug courts and state mandated drug programs were devised to supervise and treat offenders in the community. Many factors have been identified that affect recidivism and related outcome measures for those mandated to drug treatment programs and probation terms, including age, gender, race, duration of treatment, and dosage of treatment. The current study found that age, gender, treatment duration, and dosage of treatment were significantly predictive of probation outcome in the total sample of probationers. Gender and duration were found to be significantly predictive of recidivism within one year of successful probation completion. Limitations and future research directions were identified.

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# **Predictors of Probation Outcome and Recidivism Among Nonviolent Drug Offenders in Mandated Treatment**

## **Chapter 1 Review of the Literature**

### **Mandated Drug Treatment for Probationers**

In recent years, mandatory substance abuse treatment for drug offenders in lieu of imprisonment has become more widely used among states. Many states have developed programs, such as California's Prop 36 and Kansas' Senate Bill 123, outlining, funding, and regulating treatment for these offenders during their probation sentences. Mandatory drug treatment has become increasingly popular both due to social advocacy and in order for states to appreciate financial and prison bed space savings gained from managing offenders in the community. These probation sentences are generally 12 to 18 months in length and implement community supervision and contingency management in addition to empirically supported drug treatment requirements.

The nature of these programs is coercive, offering few if any real alternatives to treatment participation. The literature largely suggests that coercive treatment offered to probationers results in positive outcomes (Werb, et. al, 2016). Those enrolled in coerced treatment have been shown to have significantly lower drop-out rates than those in non-coerced treatment programs (Bright, 2008) and those in coerced treatment are more likely to report continued abstinence from substance use 30 days post-treatment and have lower addiction severity scores than non-coerced individuals (Burke & Gregoire, 2007). While positive criminal justice-specific outcomes are supported for these offenders, treatment specific outcomes vary when contrasted with comparison groups consisting of widely differing modalities (Bright & Martire, 2013).



## **Drug Courts**

There has been understandable confusion within state systems, in the public forum, and within the literature regarding the difference between drug courts and state mandated drug treatment programs. Despite their differences, findings from drug court studies can serve to illuminate many of the key benefits and criticisms of mandated drug treatment programs. Drug courts were initially developed in 1989 in Miami-Dade County Florida, in response to the unmanageable increase in drug convictions and incarcerations as a result of the War on Drugs, initiated in the 1980's (National Association of Drug Court Professionals, 2022). The policies intended to be hard on drug crime resulted in an exponential expansion in drug cases and an overwhelming number of nonviolent drug offenders being incarcerated, further crowding an already burdened prison system. The resulting development of drug courts allowed for regionally standardized supervision and treatment of nonviolent drug offenders in the community.

The literature largely supports the efficacy of drug court treatment programs in addressing addiction and reducing recidivism. Some meta-analyses have estimated the overall reduction in recidivism related to participation in drug court programming as approximately 10% (Shaffer, 2011). Lending additional support to the use of drug courts, a study by Gallagher (2014) examined the outcomes of 100 randomly selected male offenders sentenced to a Texas drug court. The study found that the strongest predictor of success following the term of their supervision was the completion of drug court treatment. The participants were found to be 11 times less likely to recidivate than those who received traditional probation supervision. Results that support this level of efficacy were also found in a Canadian drug court sample (Somers, et al., 2012). In 180 offenders, participation in drug court treatment significantly reduced the rates

of reoffending and decreased drug-related criminal involvement following successful completion. Additionally, multiple studies have found that those who graduate from drug court treatment programs are significantly less likely to recidivate than those who are terminated early or elect to leave treatment (Gallagher, et al., 2015; Hickert, et al., 2009; Taxman & Bouffard, 2005).

Studies have also examined the efficacy of drug court in relation to the level of risk associated with the offender population. A study of mandatory drug court treatment program participants compared the outcomes of 72 high-risk drug court offenders to 61 high-risk offenders receiving standard probation for equivalent sentences (Koetzle, et al., 2015). All offenders were determined to meet or exceed the high-risk score cutoff as determined by the Level of Services Inventory, Revised Edition (LSI-R). They found that of these high-risk offenders, those who participated in drug court treatment were significantly less likely to recidivate and demonstrated a greater time to reconviction than those sentenced to standard probation. The results indicate that even for those offenders who are at higher risk of recidivism, drug treatment can be efficacious and improve recidivism outcomes over time. Findings such as these have been instrumental in guiding state and local government policy regarding the use of mandatory drug treatment programs.

A recent study by Kearley and Gottfredson (2020) examined 235 drug offenders sentenced to drug court programs in Baltimore, Maryland, and tracked the outcomes for these offenders over a 15-year period. The study found that participation in drug court treatment resulted in fewer contacts with the legal system over time, including arrests and convictions, when compared to those who did not participate. Additionally, the study found that Circuit drug courts produced significantly better outcomes than District courts. While the study primarily

supports the use of drug court treatment, its finding highlights one of the major criticisms of drug courts, specifically that they often lack standardization and consistency in policy, funding, and availability of services. This is consistent with criticisms in the literature that attribute differences in success rates to individual court policy, rotation and election of regional judges, local resources, and inconsistent program eligibility requirements among courts (Koetzle, et al., 2015).

In contrast to the studies noted, several studies have provided conflicting or mixed results regarding the efficacy of drug courts. These studies compared drug court participants with those offenders receiving standard probation supervision and found no difference in recidivism or time to reconviction between groups (Bavon, 2001; Wolfe, et al., 2002). In these cases, the authors again attributed the lack of significant differences between groups to inconsistencies among regional courts and limitations in resources available to offenders. Notably, however, these studies did find that within the drug court participant groups, those offenders who graduated successfully from drug treatment were less likely to recidivate than those who did not complete the treatment. The variability among regional drug courts calls into question the generalization and overall efficacy of the drug court model and provides a compelling need for additional research into differences among courts and specific factors which may affect recidivism rates.

### **Differences Between Drug Courts and State Funded Mandatory Drug Treatment Programs**

While drug courts and state funded mandatory drug treatment programs share many of the same features, the same overall purpose, and much of the same offender population, there are some distinctions worthy of mention. Drug courts are typically regionally operated, under the jurisdiction of Circuit or District level courts. These courts contract directly with community

supervision agencies and treatment providers and generally possess greater flexibility to create policy and determine eligibility than state level programs. Drug courts also typically provide both contingency management and incentives while frequently monitoring compliance with treatment through drug testing and face-to-face interactions with offenders. The funding for these services and the availability of treatment providers and treatment modalities may vary greatly from region to region.

Another important distinction exists between drug courts and mental health courts. Drug treatment and mental health treatment have historically been conceptualized and siloed differently with regard to access to treatment and assumptions made about the populations for whom those services are targeted. Interestingly, mental health courts and drug courts often use similar treatment and supervision models and have significant overlap in offender concerns, despite differences in target populations and eligibility requirements (Fisler, 2015). The goal of each type of court is the same: to mandate offenders suffering from a primary addiction or mental illness to treatment and divert them from prison sentences while addressing their needs in the community. While drug courts generally have an established set of eligibility guidelines, mental health courts represent a relatively recent development in specialty courts and have a much more complex task of addressing mental health, dual diagnosis, and underlying motivations for substance use (Tyuse & Linhorst, 2005). Outcome studies for drug court and mental health court offenders have been largely parallel, providing net-positive improvements in recidivism outcomes for their respective populations (Fisler, 2015; Tyuse & Linhorst, 2005). The impact of mental health court on recidivism was demonstrated in a study by Costopoulos and Wellman (2017), which found that graduates of mental health courts experienced greater time to rearrest, committed less serious crimes, and reduced recidivism in the three years

following their sentencing term. The effectiveness and overlap in populations among these specialty courts serves to support treatment of addiction in the community in lieu of incarcerating those offenders.

State funded mandatory drug treatment programs, such as California's Substance Abuse and Crime Prevention Act (Prop 36) and Kansas' Senate Bill 123, provide standardized, inflexible sentencing guidelines, standardized funding and cost caps for treatment, and program policy for courts state-wide. These programs usually contract with larger supervision agencies and require specific training or qualifications from treatment providers. Offenders are usually offered multiple attempts to successfully utilize and complete the treatment program before more serious consequences are enacted. Overall, state funded programs offer a one-size fits most solution to address felony drug offenses from the state level, in comparison to a more tailored approach from regional courts.

There has been limited comparative literature between state and regional mandated drug treatment programs with regard to both recidivism and clinical outcomes. California's Prop 36 has had perhaps the most scrutiny in comparing outcomes between the state funded program and regional drug courts. This program, enacted in 2001, allowed offenders to elect to participate in drug treatment in lieu of imprisonment and petition for expungement of the charge after successful completion of the program requirements. It has received both praise and criticism, as it offers funding to more offenders than any regional drug court but has fewer standardized requirements and less flexibility in determining treatment eligibility and readiness (Evans, et al., 2014). Although tens of thousands of offenders are eligible to utilize funding from this program each year, the program itself has been highly criticized for high rates of

treatment noncompliance, absconding, and insufficient follow-through on the part of the probation supervisors for behavioral and drug use violations (Kleiman, et al., 2003).

A study by Evans et al. (2014) investigated the outcomes for those offenders sentenced under California's Prop 36 and for those sentenced to drug court. Using propensity matching, the authors compared 27,911 Prop 36 offenders to 1,320 drug court offenders with regard to recidivism, treatment completion, and total duration of treatment received. The study found that more Prop 36 offenders were considered successful upon completion of their treatment terms, more were treated in an outpatient setting, more reported using their drug of choice at discharge, and these offenders were found to be more likely to recidivate and with greater frequency within 12 months post-release. Additionally, it was discovered that Prop 36 offenders on average received fewer total days of treatment and attended a shorter duration of treatment overall. Both the Prop 36 and drug court groups showed significant improvements in measured outcome areas, however the duration of effect, compliance monitoring, and treatment received by each group were notably varied (Evans, et al., 2014). The results present a reflection of the common criticism of state funded programs, in that the limitations to the study include disparate sample sizes, apples to oranges treatment comparisons, under-supervision of compliance for Prop 36 offenders, and an inconsistent definition of success between groups. Results such as these highlight the need for additional research regarding comparisons of state funded treatment and drug courts, as well as within-group variables that predict recidivism outcomes.

### **Cognitive Behavioral Therapy for Substance Abuse in Mandated Populations**

Due to its empirical support, adaptability, standardized format, and ease of administration, Cognitive Behavioral Therapy (CBT) has been adopted as the standard of care for the majority of mandated substance abuse treatment programs receiving state funding across

the United States. Meta-analyses consistently indicate that CBT treatment for substance abuse in criminal populations results in a net-positive effect on criminal justice-specific outcomes (Lipsey et al., 2008). For drug offenders specifically, group CBT and contingency management have been shown to be effective in treating polysubstance abuse, cocaine, methamphetamine, opioid, and dual-diagnosis groups (Lopez, et al., 2021). Despite the popularity of CBT as applied to this population, CBT has not been consistently shown to outperform other types of treatment. A meta-analysis performed by Magill, et al. (2019), found that in over 30 studies, CBT resulted in treatment efficacy that was significantly superior to minimal or no treatment, but did not always outperform other empirically supported methods of treatment. While CBT has been employed across programs with the goal of reducing recidivism and addressing addiction, there remain a sizable number of largely unexplored moderating variables that may influence the level of effectiveness and durability of effects on reducing recidivism and improving skills.

## **Factors that Affect Recidivism**

### **Demographic factors**

#### ***Gender.***

Gender has been investigated as one of the factors that may affect recidivism rates in offenders who may otherwise be very similar. However, the results have been widely varied. Many studies have found substance abuse to be predictive of recidivism for men more so than women (Cartier, et al., 2006; Holloway, et al., 2006; Wilson, et al., 2006). Others, such as a 2012 study by Andrews et al., have found that substance abuse correlated more strongly with recidivism for female offenders than male offenders when using a large sample of women. Still

other studies have found no significant gender differences in recidivism rates for non-violent drug crimes (McCoy & Miller, 2013).

The research is especially limited for female offenders sentenced to mandated drug treatment, despite the fact that women have recently entered the criminal justice system at an alarming and historically high rate. There has been little exploration in the literature related directly to factors impacting women and recidivism, let alone practical application of gender-responsive programming and supervision considerations in mandated treatment programs. However, there is evidence to support that the use of drug court and other mandated treatment targeted specifically at female offenders significantly reduces recidivism, compared to standard probation in matched samples (Myer & Buchholz, 2016).

As evidenced by the mixed results, there is still a relative gap in the literature regarding gender and recidivism for nonviolent offenders. Many studies appear to be limited by small sample sizes or inequivalent sample sizes between genders. Additionally, many contemporary studies continue to rely on gender-neutral or majority-male assessment and treatment strategies (McCoy & Miller, 2013), which may affect the interpretation of gender's effect on recidivism. Further, the findings in those studies using mostly men are often generalized to populations of women, without comprehensive evidence supporting this generalization. Additional research regarding gender and recidivism is warranted, especially to explore differences in the way gender is addressed for nonviolent offenders in assessment, supervision, and treatment related to recidivism outcomes.



### ***Age.***

Age of offenders has also been explored as a factor that may affect recidivism rates. The majority of the literature finds that older offenders who participate in mandated drug treatment are more likely to graduate and less likely to recidivate (Hickert, et al., 2009; Krebs, et al., 2007), or conversely, that younger offenders are more likely to recidivate. While there have been some studies that did not find significant differences related to age (Gallagher, 2014), most indicate that there is a gradual decline in recidivism over time. Additionally, mandated drug treatment interventions have been demonstrated to have greater effectiveness on younger, higher risk offenders than did those targeting older, lower risk offenders (Lowencamp, et al., 2006). This relatively consistent finding may be related to the age of offenders entering mandated drug programs, which tends to be skewed toward younger individuals; the cumulative effectiveness of treatment or consequences over time; or relative lack of availability of mandated community drug treatment to those who may have accrued more cases over time.

### ***Race.***

Meta-analyses have found that race is more often than not a significant factor in predicting recidivism for nonviolent offenders mandated to drug treatment (Eisenberg, et al., 2019). A disproportionate number of minority men and women are involved in the criminal justice system and previous research has indicated that recidivism rates for these individuals differ from those of non-minority groups (Alper, et al., 2018). Additionally, barriers to successful completion of criminal justice programs and successful reentry, such as stigma, barriers to employment, economic barriers, court costs, housing, and sentencing differences have been observed for these offenders (Williams, et al., 2019).

More recently, the idea that race is directly related to recidivism has been challenged. Embedded racial disparity in assessment, sentencing, and categorizing criminal history have been identified as central to the discussion of race and recidivism. A study by Skeem and Lowenkamp (2016) directly challenged the idea of utilizing race as a predictive variable for recidivism and found that criminal history mediates the relationship between race and rearrest. This finding was attributed to differences in risk scores and sentencing guidelines among minority and nonminority offenders. This trend toward examining policy and systemic concerns related to race and racial disparity in recidivism outcomes emphasizes the importance of continuing to examine race as a predictor variable.

### ***Treatment Factors***

#### ***Duration of Treatment.***

Several factors have been implicated in improving recidivism rates in drug offenders sentenced to drug treatment programs. Perhaps most notably, duration of treatment during the 12 to 18 months of probation appears to significantly affect recidivism. A study by Sperber, Latessa, and Makarios (2013) examined the effect of duration of treatment relative to the offenders' risk level in domains assessed by the Level of Service Inventory- Revised, such as employment, criminal history, and mental health concerns, on recidivism in offenders (N = 689) who had recently completed a mandatory CBT-based substance use treatment. The study found that greater treatment duration had a positive impact on all risk groups with regard to recidivism, with the greatest impact observed in high-risk offenders who received the highest dosage of treatment (200 hours or more).

Similarly, a 2001 study by Peters, Haas, and Hunt found that the duration of treatment for offenders sentenced to treatment by a drug court was significantly related to recidivism rates within one year of completing probation. This study examined treatment and rearrest data from 226 drug court offenders, all of whom participated in CBT-based drug court programming. They found that greater time participating in the program was associated with significantly lower rates of recidivism, with the best outcomes reported for those in the “graduate” or highest number of hours participated category. Of this group of graduates, 18% were rearrested within a year. Conversely, the highest rearrest rates were seen in those offenders who left the program within the first 3 months; 72% of this group were rearrested within a year. While this study demonstrated the importance of duration of treatment, it also called into question the durability of those effects, as the rearrest rate for graduates grew to 42% over 30 months following participation in the treatment program. In a similar study, Taxman and Bouffard (2005) found that the longer a drug court offender was in substance use treatment, the greater the likelihood of successful completion of the drug court program and the lower the likelihood of recidivism.

In 2014, a study by Gifford et al. assessed the outcomes of drug court offenders (N = 3,875) and again found duration of treatment to be significantly related to rearrest rates. Of those offenders referred to a drug court program, 25% fewer of those who completed the program were rearrested within two years. Almost 75% of offenders who did not enroll in any treatment under this program were rearrested within that time; those who enrolled but did not complete treatment had a somewhat lower recidivism rate (60%). Additionally, the study found that those who enrolled or completed treatment were less likely to be arrested for violent crimes or substance related offenses in the 2 years following treatment.

A study evaluating the efficacy of California's Proposition 36, a mandatory drug treatment sentencing program, found a significant relationship between duration of treatment and recidivism for probationers (Evans, Huang, and Hser, 2011). While rearrest rates were relatively high for offenders in high-risk categories, they decreased significantly with an increase in treatment services and treatment length. Longer treatment length was associated with reduced recidivism for both high and low risk offender categories, with the lowest rearrest rates for those who were older, Caucasian, female, and having received the greatest number of services and the longest duration of treatment.

### ***Treatment Dosage.***

Treatment dosage, a term that can have a host of nuanced meanings in the literature, generally refers to the type, intensity, and access to treatment across different modalities. In the case of mandated drug treatment for probationers, the existing research is extremely limited with regard to treatment dosage, and even more limited in the exploration of clinical outcomes related to treatment programs. Several studies have found a substantial variability in treatment intensity, type of treatment available, and overall course of treatment for probationers (Krebs, 2007; Taxman & Bouffard, 2003). It has also been suggested that despite the large number of individuals in mandated drug treatment programs, few of these individuals access treatment on a regular basis or in a systematic progression through levels of care (Belenko, et al., 2013). This variability, in addition to the limited variety of data collected from providers and probation supervisors, can make assessment of treatment dosage quite difficult.

Access to treatment in general can be limited for offenders. It is estimated that fewer than 10% of offenders in mandated drug treatment programs being supervised in the community have access to services daily (Belenko, et al., 2013; Taxman, et al., 2007). While it has been

shown that offenders in drug court treatment are more likely to access substance abuse treatment services more often and more regularly than their non-drug court comparison group, the application of specific modalities of treatment may be limited, sporadic, or inappropriate (Belenko, et al., 2013; Lindquist, et al., 2009). The treatment that is available may be provided in a number of modalities by treatment providers approaching treatment from a number of theoretical frameworks (Taxman & Bouffard, 2003). Additionally, Taxman and Bouffard noted in their 2003 survey of drug treatment services for probationers that even when specific services are offered, only a certain percentage of the service time is spent rendering empirically supported service components. They found that of five drug treatment programs observed, each spent an average of 11% of a 90-minute session addressing the cognitive-behavioral components promoted as the basis of treatment.

The number of treatments received and duration of treatment has been shown to affect recidivism outcomes for mandated drug treatment offenders. One study examining the treatment characteristics of California's Prop 36, found that greater numbers of treatment services accessed and greater duration of treatment resulted in lower rearrest rates (Evans, et al., 2011). This study reported that offenders spent an average of 4.5 months engaged in treatment within a 12-month probation sentence, with offenders receiving 129.2 to 137.9 services each. Those offenders who engaged in inpatient residential treatment received almost double the services over fewer total days. These results suggest that both the number of services and the length of time over which they are administered are important factors in predicting recidivism and have significant implications for programmatic and supervision requirements.

The type and intensity of treatment also appear to affect recidivism outcomes. A study by Krebs, et al. (2008), compared probationers mandated to drug treatment who received inpatient

versus those who received outpatient services. By utilizing propensity score matching, the authors discovered that those receiving non-residential services took longer to “fail”, or to be revoked or rearrested, than their residential counterparts. Additionally, the non-residential group was successful for longer than those receiving no treatment. The residential group demonstrated no significant differences from the group receiving no treatment.

An evaluation of a New York drug court data revealed that risk scores were important in determining recidivism outcomes in conjunction with the services received by offenders (Reich, et al., 2016). This study found that residential treatment increased the likelihood of probation failure and recidivism when controlling for risk, especially when the offender fell into the low-risk category in global domains of functioning. Those offenders placed in the most appropriate, least restrictive treatment environment based on their risk-needs assessment were found to have the most successful outcomes. While the findings of these studies may appear to conflict with one another, it is likely that they are all reflective of the effect of appropriateness of treatment application and the risk levels of the populations being investigated. The programmatic and eligibility components of California’s Prop 36 most closely reflect those of the population being investigated in the current study.

### **Probation and Mandated Treatment Outcome Measures**

Due to the popularity of mandatory drug treatment programs, states have been forced to track and quantify the success of these programs to justify continued funding. However, the majority of the outcome measures are criminal justice specific, dichotomous, and provide very little information about the mechanisms that contribute to those outcomes. Additionally, very little follow-up data is collected regarding durability of treatment effect and non-criminal justice related outcomes following probation terms. As a result, the literature relies heavily on

measures such as rearrest frequency, time elapsed between contacts with law enforcement, reconviction, revocation of probation, total number of cases, and criminal history.

Outcome measures are often confounded by policy decisions, continuity of care upon discontinuing probation, and, ironically, increasing the access to treatment for more offender groups. Increasing access has been shown to sometimes have the unintended consequences of creating treatment shortages in underserved areas by displacing resources intended for the target population. Additionally, net-widening can occur which leads to involving offenders in treatment that is beyond its intended or supported purpose (Rengifo & Stemen, 2013). Finally, discrimination can occur as a result of this expansion, leading to one group gaining access while others go untreated or undertreated based on funding resources.

## **Kansas' Senate Bill 123 Drug Treatment Program for Non-Violent Drug Offenders**

### ***History and Mission Statement***

Kansas' Senate Bill 123 Program was introduced during the 2003 legislative session under K.S.A. 21-6824; the creation of the program was a direct response to the near-capacity prison system and increasing number of drug possession sentences requiring prison bed space. Under community corrections supervision, SB 123 would provide certified substance abuse treatment utilizing empirically supported treatment methods for offenders convicted of drug possession (K.S.A. 21-5706). These offenders were required to be nonviolent adult offenders with no prior convictions of drug trafficking, drug manufacturing, or drug possession with an intent to distribute. Similarly, the charges could not include attempted possession or solicitation. The Kansas Sentencing Commission was charged with providing administration, monitoring, evaluation, payment services, publications, and informational meetings for the SB 123 Program.

Prior to its adoption, only three options were available for sentencing non-violent drug offenders: prison, supervision under Court Services, and regular Community Corrections probation. Few, if any, services were offered as part of the probation sentence (Rengifo & Stemen, 2013). One of the first bills of its kind, SB 123 had dual legislative power, requiring both judges to sentence eligible offenders and to compel eligible offenders to participate in programming. This had significant impact on the operating procedures for Community Corrections, as they were now responsible for coordinating care through treatment providers selected and trained by Kansas Department of Corrections to utilize Cognitive Behavioral interventions. Additionally, as intended, a trend away from imprisonment for this offender population was observed and the turnover of eligible drug offenders through the program increased without a subsequent increase in prison bed usage.

The mission of the Senate Bill 123 Program is to ensure public safety while effectively addressing prison recidivism by providing community-based substance abuse treatment to targeted, non-violent drug offenders having substance use disorders (Kansas Sentencing Commission, 2018).

### ***Offender Eligibility***

Eligibility under the SB 123 program was established in the statute and has undergone several recent changes to include a broader offender population. For example, 2019's Senate Bill 18 provided for the inclusion of sentencing grid Level 4 offenders convicted of small sales and distribution, and 2021's House Bill 2026 created a parallel sentencing program for diversion, to be utilized at the discretion of the courts for similarly eligible offenders.



In order to be eligible to be sentenced to the SB 123 program and receive treatment funding, an offender must meet specific criteria, which would generally be confirmed prior to conviction. Offenders must be Kansas residents, lawfully present in the United States. Their criminal history must be classified on the sentencing grid as appropriate to be managed under community corrections supervision; state guidelines published by the Kansas Sentencing Commission are provided to the courts, with the goal of assisting in applying consistent and appropriate sentences by crime and criminal history. Offenders are eligible for funding on two case convictions of drug possession and one case conviction of distribution. Additionally, risk assessments and substance use disorder assessments are conducted and must meet threshold criteria for eligibility. Prior to 2021, the Level of Services Inventory- Revised Edition (LSI-R) risk-needs assessment was utilized to determine if an offender was appropriate for community corrections supervision practices; these offenders must score at or above the high-moderate risk category to be eligible. The Substance Abuse Subtle Screening Inventory, 4<sup>th</sup> Edition (SASSI 4) is used to verify the presence of a potential substance use disorder to be treated; offenders must score “high probability” to qualify for funding (Kansas Sentencing Commission, 2018).

Offenders are not eligible if their current conviction is for attempt, conspiracy, or solicitation to commit felony drug possession. Similarly, they are ineligible if they have prior convictions of unlawful manufacturing, cultivation, or distribution of controlled substances. Prior convictions of person felonies or more than 2 convictions under SB 123 previously would also disqualify offenders from receiving SB 123 funding and supervision (Kansas Sentencing Commission, 2018). Should an offender be ineligible, the court generally sentences them to regular supervision under the appropriate supervisory body or may elect a jail or prison term depending on the nature and chronicity of the criminal behavior. These sentencing and

eligibility guidelines are followed throughout the entire state of Kansas; however, it is not unusual to see departures from this sentencing structure based on district or court preference.

### ***Supervision of SB 123 Offenders on Probation***

Supervision for offenders sentenced under SB 123 is conducted by Community Corrections in 32 districts across the state of Kansas. Community Corrections agencies are independently run by district but are collectively supervised and partially funded by the Kansas Department of Corrections. Community Corrections probation supervisors, often called ISO's, are required to advocate for offenders by collaborating with treatment providers to obtain appropriate care. Monthly reports and client placement agreements are required by policy to encourage and streamline this interaction (Kansas Sentencing Commission, 2018). In 2018, the policy was changed to support level of care decision-making by treatment providers with less interference by Community Corrections staff. ISO's may advocate for early termination of probation for offenders, based on risk-needs assessment, behavior while on probation, and completion of specific treatment modalities. However, as this discretionary early termination is not standardized, the SB 123 program policy supports provision of treatment throughout the 18-month probation period.

### ***SB 123 Certified Treatment Providers***

The Kansas Sentencing Commission contracts with approximately 125 provider locations state-wide. Treatment providers are required to meet the terms of a Qualified Service Organization and agree to provide services in accordance with Kansas Sentencing Commission and Kansas Department of Corrections policies. The Kansas Sentencing Commission oversees the policy, funding, budgeting, and payment for services in concert with a third-party payor service; these entities together act as a managed care organization, distributing approximately 7

million dollars in state general funds to providers each year. The Kansas Department of Corrections provides certification and training of providers, as approved by the Secretary of Corrections. This certification process includes initial training in Cognitive Behavioral Therapy components of substance abuse treatment, verification of licensure, and approval of an implementation plan outlining service provisions. These components are reassessed annually, and recertification occurs every four years by policy (Kansas Sentencing Commission, 2018).

By Kansas Department of Corrections policy, treatment providers must utilize one of the approved curricula when treating SB 123 offenders. These include The University of Cincinnati's Cognitive Behavioral Interventions (CBI-SUA/V3) curriculum or Substance Abuse Program (SAP) materials; Thinking for a Change (T4C) Integrated Cognitive Behavioral Change Program (Bush, et al., 1998); or the Cognitive Behavioral Intervention Concepts (CBIC) curriculum (Kansas Department of Corrections, 2016). Each of these programs relies upon Cognitive Behavioral treatment principles and techniques and have been utilized and evaluated with legally involved populations (Golden, et al., 2006). Providers must provide empirically supported, evidence-based interventions and deliver each with fidelity to their source material. All of these program options rely upon cognitive restructuring, increasing problem solving skills, addressing mechanisms of addiction, and increasing adaptive coping strategies.

Thinking for a Change (Bush, et al., 1998) has become one of the standard CBT-based intervention programs for legally involved populations and has endured in a largely unchanged format for offenders housed in facilities and managed in the community. It addresses "criminal thinking", which includes pro-criminal attitudes and maladaptive thinking associated with repeated criminal behaviors. Interventions include cognitive restructuring, problem solving

strategies, emotional identification, monitoring, and role play meant to address problematic behaviors and skill deficits. Criminal thinking and substance abuse have been found to be predictive of recidivism and moderated by the severity of the substance use (Caudy et al., 2015); this relationship provides the rationale for addressing substance use and criminal thinking simultaneously in probation populations. Completion of the Thinking for a Change curriculum has been associated with a 33% reduction in reconviction within one year, compared to those who did not participate in the program, as well as a reduction in technical violations and significant improvements in interpersonal problem-solving skills compared to those who dropped out or did not participate (Golden et al., 2006).

### ***SB 123 in Research***

While SB 123 has provided treatment funding for tens of thousands of offenders across the state of Kansas, very few studies exist on its population or efficacy. One of the few existing studies (Rengifo & Stemen, 2013) compared those sentenced to SB 123 to offenders sentenced to other levels of supervision, including Community Corrections supervision, Court Services supervision, and prison terms. Those sentenced to SB 123 had a decreased likelihood of conviction on a new offense relative to all other groups. However, the SB 123 group was found to have an increased risk of revocation for their probation term, relative to those under Court Services supervision. Similarly, another study found that those sentenced to SB 123 were at an increased risk for recidivism compared to those under Court Services supervision and did not differ in risk from those receiving prison terms or receiving Community Corrections supervision (Stemen & Rengifo, 2011). This study asserted that while those sentenced to SB 123 were initially diverted from prison, over the course of their probation period only marginal prison

admission and bed savings were appreciated due to revocation. These studies reflect a critical lack of context evident within the mandated treatment population literature.

In comparing SB 123 to those receiving prison and Court Services levels of supervision, Stemen and Rengifo (2011; 2013) fail to address the manner in which the level of supervision is determined, namely by risk-needs assessment. Offenders receiving any type of sentence in the state of Kansas are required to complete the LSI-R; supervising agencies will accept offenders based on this score, with Court Services supervising the lowest risk offenders and prison sentences going to the highest risk offenders. The SB 123 eligibility requirements specify that offenders must fall within the medium-high to high-risk categories, and therefore must be supervised by Community Corrections. To compare these groups in regard to recidivism without considering the risk levels at which they are entering supervision presents a very distorted picture of both the process of probation and the impact of the SB 123 program on offenders.

In 2014, the Kansas Sentencing Commission requested an independent evaluation of the program from the University of Cincinnati's Center for Criminal Justice Research (Sullivan et al., 2014). This evaluation was intended to compare SB 123 offenders to non-SB 123 drug offenders in terms of recidivism, reconviction, and treatment participation, while outlining any cost savings appreciated by the state. The unpublished evaluation compared 4,856 SB 123 offenders with 19,855 non-SB 123 offenders sentenced to other types of probation supervision. It found that SB 123 offenders had a lower rate of reconviction (7.7%) compared to non-SB 123 offenders (10.6%). When controlling for age, gender, criminal history, and probation period, SB 123 offenders were found to have 30% lower odds of recidivism than the comparison group.

With regard to treatment, those who received substance abuse from KDOC SB 123 certified providers had lower rates of recidivism than those who did not. SB 123 offenders who received treatment consistently experienced a greater duration of compliance prior to revocation or reconviction than did non-SB 123 offenders. Additionally, the number of discrete episodes of treatment was found to be significantly negatively related to recidivism, with most offenders receiving multiple treatment episodes over a relatively short percentage of their total probation time. Results showed completion of treatment was found to be a critical variable in reducing reconviction over time (Sullivan et al., 2014).

## **Chapter 2 Methods**

### **Study Rationale and Justification**

While state sentencing guidelines that mandate drug treatment for non-violent drug offenders is becoming more common, the research on the efficacy of this approach with this population is limited. Studies which specifically examine treatment dosage and clinical outcomes in addition to criminal justice-specific outcomes are especially limited. Most studies have examined treatment from a criminal justice lens and neglected to address the critical treatment aspects that contribute to offenders' success or failure. SB 123 has had very few reviews of its efficacy and treatment policies since its inception in 2003 and the analyses that exist are largely related to state return on investment and criminal justice outcomes post-sentence. Additionally, SB 123 has been compared to other, non-SB 123 groups, but investigation has yet to be done regarding factors that contribute to the success or failure of the population itself. Analyses conducted with this program's data have also lacked context relevant to the interplay between agency stakeholders, data collection, certification requirements for treatment providers, and policy development. The present study sought to examine factors that

may affect probation outcome and recidivism, including treatment-specific factors such as duration of treatment and type of service modality utilized. The findings derived from this study may address the gaps in the current literature regarding Kansas' SB 123's population and potential predictors of probation outcome and recidivism for this population specifically. Additionally, the results may be used to inform policy and interventions applied to the program and population.

## **Objectives and Hypotheses**

Research Question: Are the factors of age, gender, race, duration of treatment, and treatment dosage predictive of probation outcome or recidivism within one year following the termination of probation?

Objective 1: To examine potential predictors of probation outcome in SB 123 offenders, including age, gender, race, duration of treatment, and treatment dosage.

*Hypothesis 1*: Age will predict probation outcome, such that older offenders are more likely to successfully complete their probation term than younger offenders.

*Hypothesis 2*: Race will predict probation outcome such that Caucasian offenders are more likely to successfully complete their probation term than minority offenders.

*Hypothesis 3*: Gender will predict probation outcome, such that women will be more likely to successfully complete their probation term than men.

*Hypothesis 4*: Duration of treatment will predict probation outcome, such that those offenders who engaged in a greater duration of treatment will be more likely to successfully complete their probation term than those who engage in shorter treatment duration.

*Hypothesis 5:* Treatment dosage will predict probation outcome, such that those offenders who engage in treatment of higher overall treatment dosage will be more likely to successfully complete their probation term than those who complete treatment of a lower overall dosage.

*Hypothesis 6:* Probation outcome will be influenced by the interaction of duration of treatment and treatment dosage. Offenders who receive a shorter duration of treatment of higher dosage will differ in their probation outcome when compared to those who received a shorter duration of treatment at a lower dosage.

Objective 2: To examine potential predictors of recidivism for those SB 123 offenders having successfully completed their probation term, including age, gender, race, duration of treatment, and treatment dosage.

*Hypothesis 1:* Age will predict recidivism, such that younger offenders are more likely to recidivate than older offenders.

*Hypothesis 2:* Race will predict recidivism such that Caucasian offenders are more likely to recidivate and to be sentenced to another probation term than minority offenders.

*Hypothesis 3:* Gender will predict recidivism, such that men will be more likely to recidivate than women.

*Hypothesis 4:* Duration of treatment will predict recidivism, such that those offenders who engaged in greater duration of treatment will be less likely to recidivate than those who engaged in shorter treatment duration.



*Hypothesis 5:* Treatment dosage will predict recidivism, such that those offenders who engaged in higher overall treatment dosage will be less likely to recidivate than those who engaged in lower overall treatment dosage.

*Hypothesis 6:* Recidivism will be influenced by the interaction of duration of treatment and treatment dosage. Offenders who receive a shorter duration of treatment of a higher dosage will differ in recidivism rates compared to those who receive a shorter duration of treatment at a lower dosage.

## **Subjects/Participants**

### **Why SB 123 offenders?**

This research sought to describe the SB 123 mandated drug treatment offender population and explore potential demographic and treatment-related predictors of probation outcome and recidivism. SB 123 has been a model for many other states' mandated drug treatment programs and has itself been a fixture of the state of Kansas' legal landscape over the past 19 years. With thousands of offenders utilizing millions of dollars in state funding, a great deal of data has been generated that may assist in understanding the impact of factors on this population. However, historically very little of the data generated from this program has been analyzed or utilized to examine the risk or protective factors for offenders sentenced to the program. SB 123 offenders represent an understudied population of vulnerable, legally involved substance users who are subject to policy creation by the state; to improve outcomes for the offenders and the state, it is imperative that this data be explored.

This study included those drug offenders sentenced to SB 123 in the state of Kansas. All offenders were convicted of felony drug possession and were eligible for a maximum of two

cases of funded treatment eligibility. Additionally, offenders in this sample met all other eligibility criteria, including moderate to high risk level, as determined by the LSI-R; high probability of substance abuse, as determined by the Substance Abuse Subtle Screening Inventory (SASSI); Kansas residency requirements; being at least 18 years of age; and sentencing eligibility standards. For the purpose of analysis, only first cases were utilized to avoid the confound of compounded treatment duration and dosage over multiple cases.

## **Data Source**

Archival data for 6,268 offenders sentenced to SB 123 from 2015 to 2019 was compiled to represent a sample of individuals subject to contemporary and consistent program policies. This date range was chosen in order to represent a comprehensive data set, reflect contemporary program policy, and to avoid data that would have been affected by COVID-19 and the resulting change in treatment and sentencing. Demographic information, probation outcome data, and reconviction history was pulled from the state of Kansas' legal journal entry database. Information detailing treatment duration and type was acquired from the Kansas Sentencing Commission's internal billing database (TPPS). Both data sources were accessed with permission from the KSSC (see Appendix A). All participants' data was matched and deidentified between systems. This data is considered public information by the state of Kansas and the study has been approved by the Kansas Sentencing Commission, the agency which maintains responsibility for housing this information. Additionally, releases of information are signed by all offenders at the outset of treatment to allow the Kansas Sentencing Commission to collect, store, and utilize their data for billing and research purposes (see Appendices B and C). All data findings will be presented in aggregate form in order to provide an additional layer of anonymity for those offenders who are represented within the study.

Participants were US citizens, residents of Kansas, and had been sentenced under SB 123. Participants were all 18 years of age or older and must have completed at least one type and at least one session of treatment to be included in the data set. Those without treatment and those who received only initial assessment were excluded. Additionally, those with private insurance covering the cost of treatment were excluded from the analysis, as the state does not maintain billing records for those individuals. Similarly, those who received only Drug Education, an offender-paid 8-hour educational class, were excluded, as this represents the lowest possible level of intervention and does not generally include any additional modalities of treatment. Those offenders who received funded therapeutic community as part of their treatment were excluded, as this service is only offered in one county and does not represent the average experience of a SB 123 offender.

In matching data from the multiple data archives, those offenders with missing key demographic data or missing data required to match them across data sets were excluded from the study. Offenders whose case data could not be sequentially ordered were removed from the data set; this omission resulted from situations such as those where an offender was sentenced to multiple drug felony cases on the same day or cases in which they were charged and sentenced out of chronological order. Finally, any cases with incomplete information, duplications, errors that could not be corrected or verified, and cases with null termination dates or termination reasons were removed from the data set. The above data cleaning resulted in a total sample of 2,187 individual, first-case offenders. Subsequent data cleaning to remove outliers and those individuals with less than one hour of service reported, resulted in a final sample of 2,171 offenders.

## Variables

Demographic information (age, race, gender) were coded as noted below:

*Age:* Offender age was recorded in whole numbers; all offenders are age 18 and over.

Age was captured as a continuous variable.

*Race:* Race was recorded per the categories reported by the state of Kansas journal entries; these categories include Black, White, Asian, American Indian, and Other. Each of these categories was assigned a coding number for the purpose of statistical analysis.

*Gender:* Male and female genders were coded (0 and 1, respectively); only two gender choices exist for entry into the state of Kansas' journal entry system at this time.

Treatment information was coded as noted below:

*Duration of treatment:* Duration was recorded in units of treatment by hour to nearest quarter hour to reflect billing practices. If billing was noted by day, eight hours were entered to reflect one day's participation. Treatment hours for all service modalities were summed for a final duration of treatment score.

*Treatment type:* Treatment service modalities include:

*Social detox-* This is an intensive inpatient service intended to medically monitor those offenders withdrawing from substances for up to five days.

*Intermediate Residential-* This is a traditional inpatient treatment modality consisting of Cognitive Behavioral Therapy-based programming for approximately 10 hours per day, with funding for up to 90 days as necessary.

*Reintegration-* Reintegration is a step-down modality, providing transitional housing and requiring a minimum of 10 hours of structured clinical treatment per week.

*Intensive Outpatient-* This modality provides a minimum of 10 hours of treatment per week, consisting of structured individual and group sessions.

*Outpatient Services-* Outpatient services include individual, group, and family modalities offered in the community. Most groups consist of two hours of manualized treatment, while individual and family services are delivered in single-hour sessions.

*Relapse Prevention-* Relapse prevention generally occurs as after a higher intensity treatment modality and serves to reinforce and modify CBT strategies introduced in prior treatment. This service is delivered in single-hour increments.

*Treatment Dosage:* For the purpose of this study, treatment dosage was defined as the number of treatments by type multiplied by the intensity score assigned to that treatment type, summed for a total dosage score. Intensity scores were assigned as values 1 through 6 to indicate the relative intensity of the treatment. Higher intensity services included those that require offenders to reside away from home or to spend more than 8 hours per week attending treatment; these services included inpatient social detox (= 6), intermediate residential treatment (= 5), reintegration (= 4), and intensive outpatient treatment (= 3). Lower intensity services included outpatient services (= 2) and relapse prevention (= 1).

Assessment, drug education, and therapeutic community were not included in the analysis as none of these modalities is appropriate to the purpose of the current study. Assessment is a single-session modality that all offenders must have in order to go forward with treatment. Drug education is an offender-paid modality that exists as a stand-alone service and

represents an 8-hour course of education on the topic of substance abuse. Finally, therapeutic community is a service that is available in only one Kansas county, and therefore does not represent the experience of the average SB 123 offender.

Outcome variables were coded as noted below:

*Probation Outcome:* Offender probation outcome were recorded as successful or unsuccessful, or 1 and 0 respectively. Successful probation is recorded by the state when an offender is able to meet the conditions of their probation term, as determined by the court and supervising officer; this does not necessarily indicate sobriety or abstinence from substance use. Offenders are considered unsuccessful on probation if they fail to meet the conditions of their probation term, die while on probation, are revoked for behavior outside of their probation requirements (i.e., drug use, failure to appear, absconding), or in any other way fail to complete the requirements to the satisfaction of the court and their probation supervisor. Unsuccessful probation and revocation outcomes may result in more severe alternative consequences, such as imprisonment.

*Recidivism After 1 Year:* This outcome was recorded as yes or no to indicate the presence or absence of a new case within that time (1 and 0, respectively); the presence of a new case is indicative of reconviction. Reconvictions were categorized and coded as drug offense and non-drug offense cases. It is assumed that a smaller number of offenders were reconvicted than were charged with crimes, as criminal charges sometimes result in alternative outcomes, such as dismissal, diversion, or plea bargaining; in order to capture specific charges, only new convictions were examined in this study.

## **Analytic Strategy**

This study utilized archival data from 2015 to 2019, pulled from the Journal Entry records for the state of Kansas and the internal billing system for SB 123. Descriptive statistics were calculated for all demographic variables, outcome variables, and covariates. Logistic regression models were constructed to determine the predictive value of the independent variables on both dichotomous outcome variables of probation outcome and recidivism. In order to capture the program's effect on recidivism outcomes, only those cases recorded as successfully completing probation were considered in the logistic regression model assessing predictive factors of recidivism. This model was selected based on the fit of the variables, the size of the sample, and the usefulness of the results of the analysis in the context of this program. Preliminary analyses were conducted to establish odds ratios and determine the size and direction of each coefficient. Data was analyzed using a combination of the Statistical Package for the Social Sciences (SPSS) Version 26.

## **Chapter 3 Results**

The study sample was screened for outliers; six outliers were identified and flagged. Running the analyses with and without these outliers did not change the pattern of results. Therefore, to best represent the sample, thirteen outliers greater than four standard deviations from the mean were removed and three individuals reported as receiving less than one hour of clinical intervention were removed; this culling process resulted in a final sample size of 2,171 individuals.

In the analyzed total sample of 2,171 probationers, 63% were men ( $n = 1,368$ ) and 37% were women ( $n = 803$ ). The mean age of probationers was 32 years with a range of 54. Ninety percent of the individuals in the sample were categorized as white ( $n = 1,959$ ), 7.8% were black

( $n = 169$ ), 1.4% were American Indian ( $n = 31$ ), 0.4% were Asian ( $n = 8$ ), and 0.2% were categorized as Other ( $n = 4$ ). Mean treatment duration was 246.2 hours ( $SD = 247.9$ ) and ranged from one to 1,308.25 hours. The mean treatment dosage score was 966.9 ( $SD = 1039.5$ ), with a range from 2 to 5,662. Of the total sample, 58.2% of probationers successfully completed their probation terms ( $n = 1,264$ ), while 41.8% did not successfully complete their terms ( $n = 907$ ).

Correlation values for the study variables are presented in Table 1. (see Table 1)

Objective 1: To examine potential predictors of probation outcome in SB 123 offenders, including age, gender, race, duration of treatment, and treatment dosage.

In order to address Objective 1 of the study, a logistic regression was performed to ascertain the effects of age, gender, race, treatment duration, and treatment dosage on the likelihood of successful probation completion for the total sample (see Table 2). The overall logistic regression model was found to be statistically significant ( $X^2(8) = 154.89, p < .0001$ ). The model explained 9.3% (Nagelkerke  $R^2$ ) of the variance in successful completion of probation and correctly classified 64.1% of cases. The results indicate that age ( $p < .001$ ), gender ( $p < .001$ ), treatment duration ( $p < .001$ ), and treatment dosage ( $p < .001$ ) contributed significantly to the predictive model; however, race ( $p = .738$ ) did not add significantly to the model. Increasing age was associated with an increased likelihood of successful completion; being female and receiving greater treatment duration were also associated with an increased likelihood of successfully completing probation terms. Increasing treatment dosage was associated with a slight decrease in likelihood of successful completion. The interaction between treatment duration and treatment dosage was added to the model and was not statistically significant ( $p = .733$ ). Therefore, hypotheses one, three, and four, were supported and hypotheses two, five, and six were not supported.



The data set from those probationers who successfully completed their probation terms was isolated for further analysis. The sample included 1,264 probationers of whom 60.4% were men (n = 764) and 39.6% were women (n = 500); race demographics were similar to the total sample, with 90.5% categorized as White (n = 1,144), 7.2% as Black (n = 91), 1.5% as American Indian (n = 19), 0.5% as Asian (n = 6), and 0.3% categorized as Other (n = 4). The mean age was 33 years with a range of 54 years. Average treatment duration for this group was 241.5 hours (SD = 244.1). The average treatment dosage score was 916.1(SD = 1,016.9).

Additional post-hoc examination of the data was performed in order to identify sub-categories of the probation outcome obtained in this study, as defined by the Kansas Sentencing Commission. Although affected by the different requirements for entry by region across the state, this data provided some additional insight into the specifics of an offender's probation outcome (see Figure 1). Of the total sample, 58.2% were categorized as "successful- probation terminated" (n = 1,263) and one individual was classified as "successful- early discharge." Of those who were unsuccessful, 17.9% were revoked for a violation of a condition of their probation term (n = 389), 12.3% were unsuccessful and the case was closed by the court (n = 267), 7.6% were revoked on a new felony charge (n = 164), 1.8% were revoked on a new misdemeanor offense (n = 40), 1.5% died during their probation term and were considered unsuccessful (n = 33), 0.5% were remanded to jail (n = 11), and 0.1% were not sentenced to Community Corrections supervision (n = 3).

As these categories were not originally intended to undergo an in-depth analysis as part of the study, the data set is not equipped to yield interpretable results beyond the reporting of descriptive information. Additionally, due to the variability of recording styles and requirements

for these categories among state agencies and the multiplicity of outcomes potentially represented by each, further analyses would be unlikely to yield meaningful results.

Data from these probationers showed that 97.8% were not convicted on a new case in the year following the successful termination of their probation ( $n = 1,236$ ), while 2.2% were convicted on a new case ( $n = 28$ ). Of those offenders who received reconviction after successful termination, 14 received drug-specific convictions while 14 others were convicted on non-drug charges. Offenders reconvicted in either category were primarily White (89%), men (89%), and had an average of 324.5 treatment hours ( $SD = 299$ , range = 1,117). Looking at each type of reconviction separately, offenders reconvicted on drug offenses had received an average of 372 hours of treatment, while offenders reconvicted on non-drug offenses had received an average of 277 hours of treatment.

Objective 2: To examine potential predictors of recidivism for those SB 123 offenders having successfully completed their probation term, including age, gender, race, duration of treatment, and treatment dosage.

Objective 2 of the study was assessed by conducting a second logistic regression using data from probationers who successfully completed their probation terms ( $n = 1,264$ ) to determine the effects of age, gender, race, treatment duration, and treatment dosage on the likelihood of recidivism within one year after completion of the probation term (see Table 3). The logistic regression model was found to be statistically significant,  $X^2(8) = 21.34$ ,  $p < .01$ . The model explained 8.7% (Nagelkerke  $R^2$ ) of the variance in recidivism within one year and correctly classified 97.8% of cases. The results indicate that gender ( $p < .01$ ) and treatment duration ( $p < .05$ ) contributed significantly to the predictive model; however, race ( $p = .99$ ), age ( $p = .14$ ), and treatment dosage ( $p = .08$ ) did not add significantly to the model. Men were 5.8

times more likely to recidivate within one year than women. Additionally, increasing treatment duration was modestly associated with an increase in the likelihood of recidivism, as defined as receiving a new conviction, within one year after probation completion. The interaction between treatment duration and treatment dosage was added to the model and was not statistically significant ( $p = .699$ ). Therefore, hypothesis three was supported; hypotheses one, two, four, five, and six were not supported.

## **Chapter 4 Discussion**

### **Predictors of Probation Outcome**

As anticipated, age was predictive of probation outcome, such that older offenders were more likely to successfully complete their probation terms. This finding is supported by much of the existing literature (Hickert, et al., 2009; Krebs, et al., 2007), however, the results have varied by study. While the average age of a probationer was still quite young for this data set (32 years), advancing age is likely associated with greater stability in living situations, an established support system, and a more comprehensive understanding of consequences for noncompliance. Advancing age may also imply significant, cumulative legal contact that would render offenders ineligible for this program. When compared to incarcerated offenders, the mean age of offenders in this sample is roughly equivalent to the mean age of the total incarcerated population of Kansas (Kansas Sentencing Commission, 2020).

Contrary to expectations, race was not significantly predictive of probation outcome in this data set. This result is likely due to the majority of this sample being classified as White. The demographic information itself is somewhat informative, despite not supporting the study's hypothesis, as the literature also demonstrates a significant trend toward granting of probation

more frequently to Caucasian offenders and providing more punitive consequences to minority offenders, such as incarceration (Alper, et al., 2018; Kansas Sentencing Commission, 2020). Under Kansas law, this may be the result of cumulative criminal history and legal contact for minority offenders resulting in harsher sentences under established determinant sentencing guidelines.

Given the disproportionate racial composition of the SB 123 sample, the distribution of the sample was compared to the racial composition of all offenders incarcerated in the state of Kansas and to the racial composition of the entire population of Kansas. Interestingly, upon further investigation of racial classification within Kansas, a disparity was observed among the percentage of probationers, categorized as White, Black, and Other for the purpose of matching the broader comparison data sets, and the incarcerated population of offenders in the state of Kansas (see Figure 2). While the proportion of offenders in each category were somewhat similar to the overall racial demographics of the Kansas Census (USAFacts, 2022), a greater percentage of offenders categorized as Black and Other were seen in the population of incarcerated offenders (Kansas Sentencing Commission, 2020). Compared to the 8% of Black probationers sentenced to SB 123 in the current study, 23% of the total incarcerated population in Kansas is categorized as Black. Those characterized as Other made up 2% of the SB 123 sample and 4% of the total incarcerated population. Those classified as White made up 17% less of the incarcerated population than the SB 123 probation sample. This problematic comparative finding is consistent with the literature indicating that people of color are disproportionately represented in prison populations and subject to more contact with the legal system and more punitive consequences (Mauer & King, 2007).

Gender was predictive of probation outcome for this sample, such that women were significantly more likely to successfully complete their probation terms. The literature generally supports this finding and has previously speculated that women receive greater lenience with regard to meeting probation term requirements and in receiving fewer incarceration sentences when compared to men (Cartier, et al., 2006). The proportion of men to women in the SB123 probation sample compared to the total incarcerated population of Kansas is consistent with the literature (See Figure 3). While women made up only 17% of the total incarcerated population in Kansas in 2019, women comprised 37% of the SB123 probation sample (Kansas Sentencing Commission, 2020). Additionally, the proportion of women to men is reflective of previous studies' available legally involved samples, with fewer women than men in the sample (Andrews, et al., 2012). However, with the rapidly increasing population of women entering the legal system, it is increasingly more difficult to identify factors that might contribute to women's success on probation. Although it does not affect this sample, the state of Kansas has elected to adopt the use of the Women's Risk Needs Assessment (WRNA) for probation evaluations as of 2021. Additional information regarding factors specifically related to women and probation outcome, treatment needs, and recidivism may be forthcoming in using a gender-specific assessment measure for this population (McCoy & Miller, 2013).

Treatment duration in total hours was found to be significantly predictive of probation outcome, such that probationers with greater total treatment hours were more likely to be successful on probation, which supported the study's hypothesis. This finding is supportive of the literature, which found a similar relationship between treatment duration and probation outcome (Evans, Huang, and Hser, 2011; Taxman & Bouffard, 2005). Treatment dosage was also found to be significantly predictive of probation outcome. However, treatment dosage

trended in the opposite direction, such that probationers with higher treatment dosage were slightly less likely to successfully complete probation, which did not support the study hypothesis. This relationship is complex due to the derivative nature of the treatment dosage score. It is likely that those offenders who attended more treatment of any type or intensity were more successful and more invested in recovery or probation compliance, or they may have had more meaningful support in obtaining appropriate services. Greater treatment dosage scores imply the need for greater intensity of treatment and potentially greater intensity and chronicity of addiction issues, which may be associated with poorer outcomes. Greater treatment dosage scores might also imply greater intensity of treatment regardless of assessed need, such as a somewhat common practice of including inpatient treatment in the sentencing conditions. The interaction of treatment duration and treatment dosage was not significant, a finding that did not support the study's hypothesis regarding the relationship between these variables. This may be a product of the derivation of dosage scores from duration in hours, and the sentencing and treatment application variabilities among districts.

Due to the nature of the data set and the manner in which the treatment was scored and collapsed prior to delivery from the Kansas Sentencing Commission, it was not possible to examine the treatment types individually for the purpose of this study. However, the large range in treatment hours and treatment dosage scores suggests that the application of treatment across this population was highly variable. Without a prescribed program generalized to every offender, a singular specific manualized treatment protocol, or consistent application of probation conditions for treatment by region, it is difficult to discern the effects of specific types of treatment within the program. The future addition of risk assessment scores and substance abuse

sub-scores to the data set as well as analysis of offenders by approved treatment type, modality, district, and provider would likely provide further insight into this population.

The results from the exploratory analyses of the probation sub-categories suggests some interesting trends. However, the probation requirements and enforcement of those requirements may vary from district to district in such a way that it has created difficulty in operationally defining successful and unsuccessful probation and treatment. For example, those cases labeled as unsuccessful in our sample and closed by the court may or may not receive additional penalties from an underlying sentence; these penalties may be monetary, community service related, or other conditions assigned by the court. Alternatively, this category may describe offenders who were deemed unsuccessful in treatment, were rendered unable to fulfil financial obligations to the court, or were terminated without set consequence despite a lack of subjective success during their probation term. Similarly, successful termination does not imply abstinence from substances, success in clinical treatment, absence of consecutive charges or legal contact, or any other form of stability. Even within the sample data set, it was evident that the same category of outcome had been recorded in several different ways by different data entry agencies and districts. For example, cases were labeled with variations of the category for condition violation including “REVOKED- CONDITION”, “Revoked- Condition Violator”, and “unsuccessful”. This variability in data entry and definitions among courts and related agencies presents one of the largest hurdles to accurately identifying discreet categories of probation outcome and creating usable data sets.

The clinical implications of these findings for the program are sizable. The significant predictive variables may provide some guidance in focusing treatment efforts for probationers and may help to inform and select specific programmatic elements. Age and gender may provide

metrics by which to assess greater or lesser likelihood of successful probation outcome; paired with the new gender-specific risk assessments being utilized by the state, these predictors may shed new light on the population and assist in directing service recommendations and improving gender responsiveness. The findings may also be used to assist in addressing social justice issues of race and incarceration for the state of Kansas, especially in regard to proportionality in sentencing.

Additional program recommendations regarding treatment duration may be appropriate, especially as this study's findings were congruent with the bulk of the existing literature (Evans, Huang, and Hser, 2011; Taxman & Bouffard, 2005). As the literature describes several treatment programs, multiple modalities of treatment, and individualization of some programmatic elements, all of which result in greater rates of successful probation completion with greater treatment hours, the use of treatment duration as a component of successful probation completion may be further emphasized to supervising agencies. Additionally, the importance of appropriate level of care assignment may be further emphasized and education provided to the court regarding the implications of treatment that is not clinically indicated. Increased attention may be paid to the recommendation patterns of specific providers, by region and treatment provider availability to determine what limitations are present with regard to dosage of treatment. The results also indicate an imperative need for the reorganization of data collection methods and further need for comprehensive data collection, attention to assessment variables, and standardization of practices across districts.

### **Predictors of Recidivism**

Of the total sample, very few probationers who successfully completed probation were reconvicted within one year (< 3%). This low rate of reconviction for those completing drug



treatment programs is congruent with the literature (Peters, et al., 2001; Taxman & Bouffard, 2003). For the current study, only reconviction was examined, as opposed to rearrests or total legal contact which might lend more detail to the understanding of offenders' paths to reconviction. Rearrest rates have been shown to increase dramatically from one year to 30 months post-probation (Peters, et al., 2001), and it is likely that if this sample were examined at two- and three-years post-probation, a similar increase in reconvictions would be observed.

When data from the subset of probationers classified as successfully completing probation was examined, age and race were not found to be significant predictors of recidivism, defined as the presence of a new conviction within one year after completion of probation. These findings are in contrast to the study's hypotheses and to the literature, which suggest that both age and race tend to play a considerable role in recidivism. The demographics of the trimmed sample were very similar to those of the total sample; while this does not account for the lack of support for the age hypothesis, the lack of significant contribution of race to the model is again likely explained by the large proportion of Caucasian probationers found in the sample. The very small percentage of offenders who were reconvicted within the one-year period after probation may also have influenced this result. Further investigation of these variables is warranted, especially as the duration of treatment effect has been shown to diminish over time in studies where race and age were identified as significantly related to recidivism (Peters, et al., 2001). Examining this sample two or more years post-probation may yield different results, as reconviction is often delayed and does not represent total legal contact.

Gender, as hypothesized, was found to be predictive of recidivism within one year of probation termination, such that men were 5.8 times more likely to recidivate than women. This relationship is supported by the majority of the literature and is in keeping with expectations for

this sample (Cartier, et al., 2006; Holloway, et al., 2006; Wilson, et al., 2006). The strength of the predictor was greater than that of gender for probation outcome, which may reflect differences in support, services, or discretionary sentencing for women (Cartier, et al., 2006). As gender was a significant predictor for both probation outcome and recidivism, it represents an important piece of the puzzle in describing this population and better targeting interventions and assessments.

Treatment duration in hours was hypothesized to predict recidivism, such that probationers who received a greater number of hours would be less likely to recidivate than those who received fewer hours. However, the predictive model showed a small, but significant predictive relationship between duration and recidivism, such that probationers receiving a greater number of hours were slightly more likely to recidivate than those who received fewer hours of treatment. Those individuals receiving more treatment may have been assessed with higher addiction severity or greater treatment needs and may have experienced lesser treatment durability after probation termination. Additionally, some individuals may have been sentenced to inpatient treatment as a condition of their probation, as is popular in some regional courts. When inappropriate to treatment need, this type of requirement has been shown to increase recidivism (Reich, et al., 2016); these practices may have affected the observed relationship of duration to recidivism in the study sample.

The hypotheses regarding treatment dosage and the interaction of treatment duration and treatment dosage were not supported, as neither contributed significantly to the predictive model of recidivism. Dosage was, however, predictive in the model assessing predictors of probation outcome. Offenders who had been categorized as successful on probation had, on average, more hours of treatment than the total sample. This difference may have influenced the dosage and

interaction terms. The small percentage of offenders who were reconvicted may also have contributed to a lack of significant findings. Examining the sample at other time intervals post-probation might affect this result as well, as dosage and durability of treatment have been shown to be related (Peters, et al., 2001).

The findings from this study have important clinical implications that can inform future treatment approaches with offenders. The predictive strength of gender indicates that the inclusion of gender-specific risk and treatment assessment is likely warranted to improve programmatic outcomes. Future examination of a sample that is subject to assessment with the newly adopted, gender responsive WRNA may yield even more illuminating results. Also, the predictive quality of treatment duration highlights the need to ensure that assignment of treatment and duration of treatment is appropriate and meaningfully tailored to the individual offender. Practices such as mandatory inpatient sentencing should be discouraged without clinical indication. Similarly, ensuring that appropriate treatment is available to offenders and is being rendered with fidelity by providers is imperative to improving clinical outcomes in this population and improving duration of treatment effect, as has been demonstrated in the literature (Belenko, et al., 2013; Sperber, et al., 2013).

### **Limitations and Future Research Directions**

While this study seeks to both fill a gap in the current research and explore a population that has not been extensively investigated, several limitations to this study have been identified. First, although the specific years used for data analysis were selected to be as consistent as possible, policy change and directives from individual agencies, provider businesses, and payor sources may have influenced treatment duration and intensity determinations. Policy changes and periodic reorganization of leadership for the program and each of the involved stakeholder

agencies may dramatically affect how services are accessed and utilized within and across counties. Additionally, in selecting this sample, those probationers whose sentences overlapped at the beginning or end of the designated time period were excluded.

Second, data sources utilized in this study proved to be difficult to access, interpret, and crossmatch. These systems were not maintained as outcome tracking systems, nor were they intended or designed to work together to any mutual benefit. While much of the reduction in sample size from the original sample was a result of eliminating those offenders who had two SB 123 cases on record for that time period, a significant reduction in sample size was due to required removal of cases with incomplete, ambiguous, redundant, or erroneous data entry. The data set provided by the Kansas Sentencing Commission is assumed to be accurate, however, any data set is only as accurate as the original data entry. The errors found in this data set during data cleaning illuminate a serious data hygiene issue within the state of Kansas' record keeping systems. Therefore, it is recommended that data analyses from these sources be interpreted with caution.

Third, the data as it is captured by these data management systems is categorized in a way that does not always thoroughly describe the probationer or their experience of probation. For example, Kansas only tracks five race categories and a binary gender category, limiting the usable information that can be gathered on individuals who do not identify as one of those categories. Additionally, the only outcome measures routinely retained by any state agency are dichotomous (e.g., successful/unsuccessful) and do not fully describe the process or experience of probation for any individual. Those individuals who died during their probation term are captured in the system as being "unsuccessful" on probation. Being categorized as successful did not imply abstinence from substances and being unsuccessful did not necessitate a drug

related transgression. Furthermore, although recidivism was defined as reconviction within a one-year window post-probation for the purpose of this study, this metric is unlikely to accurately describe the total contact an offender has with the legal system. Convictions are far rarer than arrests, plea deals, diversions, or wait time between being charged and convicted. Defining this outcome variable differently might yield a better understanding of the cumulative effect of contact with the legal system on each offender and would offer a clearer understanding of the path to probation and reconviction.

Probationers may also access different funding, based on their eligibility through other state programs. This may have masked some treatment received by probationers in this sample, as it is not recorded under the SB 123 program if the funding stream is changed. This system of categorization further complicates the understanding of the data that is captured by these systems. Outcome measures other than probation outcome were not available; measures related to clinical outcomes were conspicuously absent. No treatment readiness assessment was performed to address offender investment in treatment at any point; while research indicates that coercive treatment generally produces positive criminal justice outcomes, there is little data relative to offenders' readiness to change at the time of sentencing or its impact on clinical outcomes.

Fourth, factors outside of the data itself likely had a significant impact on the study results. In examining the data, irregularities with some sentencing practices were discovered, such as probationers being sentenced to more than the maximum number of cases, multiple SB 123 cases sentenced on the same day, early termination without explanation by the court, plea deals that did not accurately reflect the original charges, and extension of the case and funding beyond the programmatic guidelines. Similarly, factors associated with probation supervision

were identified, including limited verification of treatment outcome, inconsistent use of urine analysis to establish abstinence from substances, individual supervisor motivation and support, and inconsistent advocacy for early termination of probation by the probation supervisor.

Community Corrections sometimes advocates for level or care changes and limits to services for certain offenders and can advocate for early termination of probation or treatment funding.

Adding to these factors that further complicate assessment of the data, treatment provider factors were identified, such as varied assessment of treatment need at the time of intake, different quality and methods of service provision, differing length of treatment programs as they are defined by treatment agency, differences in effectiveness of communication with the probation supervisor, and the level of experience and education of the treatment providers. Even individual differences among probationers could contribute greatly to variability in their probation outcomes and likelihood of recidivism, especially previous treatment history, addiction severity, motivation to treatment, drug of choice, rapport with providers and supervisors, treatment readiness, and outside resources and support.

Future research with the SB 123 program population should include treatment readiness and clinical outcome measures to better assess the effect of treatment on addiction.

Additionally, data collection and analysis would be improved by better coordinating and verifying data collected by SB 123 stakeholders throughout the state of Kansas; planned interactivity among data management software systems would yield tremendous dividends in analyzing data that could become critical to state government run programs. Further research is needed to examine the relationships between variables found to be predictive of probation outcome and recidivism. This information could be used to inform sentencing, drive

programmatic requirements, and understand and enhance variables that might lead to greater success on probation for drug offenders.

## **Conclusion**

This study described and examined Kansas' SB 123 program population of nonviolent drug offenders. Age, gender, treatment duration, and treatment dosage were found to significantly predict probation outcome in the total sample. Gender and duration of treatment were found to significantly predict recidivism within one year of probation completion for those offenders who had successfully completed their probation terms. Despite highlighting some areas of improvement for data management, this study was able to identify both predictors of success for nonviolent drug offenders sentenced to mandated treatment under the SB 123 program and predictors of recidivism. Based on these findings, future research should be directed at mitigating some of the identified limitations, addressing issues of social justice and inclusive categorization of probationers, and further exploration of factors that contribute to success on probation and reduction of recidivism for nonviolent drug offenders.

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## Appendix A

### Data Contract with Kansas Sentencing Commission

Kansas Sentencing Commission  
700 SW Jackson, Suite 501  
Topeka, KS 66603  
Phone: (785) 296-0923



Honorable W. Lee Fowler, Chair  
Honorable Benjamin J. Sexton, Vice Chair  
Scott M. Schultz, Executive Director  
<http://www.sentencing.ks.gov>

Laura Kelly, Governor

#### **AGREEMENT TO PROVIDE KANSAS SENTENCING COMMISSION DATA SETS FOR FISCAL YEARS 2015 – 2019 FOR RESEARCH**

THIS AGREEMENT is entered into this 5 day of May 2022, by and between the Kansas Sentencing Commission (hereinafter “KSSC”) and Kira E. Johnson, Doctoral Student, Florida Institute of Technology, (hereinafter “Recipient”).

WHEREAS, it is the intent of the Recipient to examine data by conducting a dissertation project, analyzing data related to probation and recidivism outcome variables for the SB 123 Drug Treatment Program. Data provided by KSSC will be used exclusively by Recipient; and

WHEREAS, KSSC is qualified and capable of providing the data sets for the research specific in Recipient’s request of May 5, 2022; and

WHEREAS, Recipient is authorized agrees not to share the data sets provided by the KSSC or use the data sets for purposes other than those set forth above or that which is not expressed in the May 5, 2022, email request from Recipient, which relates to use of the data by conducting a dissertation project, analyzing data related to probation and recidivism outcome variables for the SB 123 Drug Treatment Program.

Now therefore in consideration of the above statements, KSSC and Recipient agree as follows:

1. KSSC will prepare, organize and send data sets from Kansas to Recipient. These data sets contain information in Kansas sentencing journal entries and TPPS billing system from fiscal years 2015-2019, as identified and requested by Recipient;
2. Due to projects related to KSSC’s statutory obligations and other requirements of Kansas state business, KSSC may face unavoidable delays in production of the requested information. However, KSSC will complete Recipient’s data request as expeditiously as possible;
3. Recipient shall not assign, delegate or transfer duties under this Agreement without prior written consent of KSSC;
4. Recipient is prohibited from sharing the data sets or using the data sets for purposes not expressed in this Agreement as set forth above and Recipient’s email dated May 5, 2022, which is incorporated by reference. See Attachment 1;
5. Any modifications or amendments to this Agreement shall be in writing and signed by both KSSC and Recipient;
6. The provisions found in the Contractual Provisions Attachment (Form DA-146a), which is attached hereto, is incorporated into this Agreement and made part thereof; and



7. The signatures below indicate full acceptance by both KSSC and Recipient to all of the above terms and conditions.

Date: \_\_\_\_\_ Date: 5/5/2022 \_\_\_\_\_

By: \_\_\_\_\_ By: \_\_\_\_\_

Scott M. Schultz  
Executive Director  
Kansas Sentencing Commission

Kira E. Johnson, Recipient  
Florida Institute of Technology  
150 W University Blvd.  
Melbourne, FL 32901

*Default*

<https://www.sentencing.ks.gov/Default>

New form submission

[Data Request Form](#)

Submitted on 05 May 2022

*Any agency or person who requests data from the Kansas Sentencing Commission must complete the following form. Please understand the processing time of your request will be dependent on the type of data analysis requested. Please allow ten working days for your request to be processed.*

*Please Enter the Information below and Click the Submit Button to make your request.*

Date Expected	5/23/2022
Today's Date	5/05/2022
Name of Agency	Florida Institute of Technology/Psychology Department
Full Name	Kira Elisabeth Johnson
Title	Doctoral Student
Email Address	johnsonk2019@my.fit.edu
Address	150 W. University Blvd.
City	Melbourne

State	Florida
Zip Code	32901
Contact Number (should we have any questions about the request)	7853181771
Fax Number	
Select a choice	Research / University
If other, specify	
Type of data requested	<p>This request seeks permission to utilize data from the 2022 contract with Kira E. Johnson, Florida Institute of Technology, to conduct a doctoral dissertation project. Further, as this analysis was approved by the KSSC as part of the job duties of the SB 123 Program Director, it is intended that the findings from this project be presented to KSSC and relevant sub-committees. Kira E. Johnson will be conducting a multilevel assessment of probation and recidivism outcomes in Kansas for offenders sentenced to the SB 123 Drug Treatment Program and would like to use KSSC sentencing and billing data provided in this data set for this project. The desired data set includes SB 123 offenders' entries in the JE sentencing databases for FY 2015 to 2019 with the removal of personal identifiers (i.e., KBI number, SS number, offender name, birthdate) and matched billing data from SB 123's TPPS billing system. As is customary, the researcher also requests that analysis from this project to be utilized for subsequent conference presentations and publications that are part of the dissertation.</p>
Purpose for requesting this data	<p>Conduct a dissertation project through a multilevel assessment of probation and recidivism outcomes for offenders sentenced to SB 123 in Kansas.</p>
Captcha	False

## Appendix B

### Release of Information Examples by Treatment Provider



## Seventh Direction, Inc.

212 N. Hillside,  
Wichita, KS 67214-4935

316-558-3066 Fax: 316-558-3067

226 W. Central, Suite 200  
Eldorado, KS 67042-3481

316-452-5562 Fax: 316-452-5595

seventhdirection.reliatrax.net

### Authorization for Release of Information

Julie Test

I, Julie Test, 8/17/1958, hereby authorize Seventh Direction, Inc. to receive from and/or disclose to one another the following information (nature and amount of the information as limited as possible):

Name or Agency, program or individual (if individual, identify the relationship to the client) Kansas Sentencing Commission  
Program SB123 Program  
Address 700 SW Jackson St, Suite 501 | Topeka, Kansas 66603  
Phone and Fax Number 785-296-0923

#### Client initial following information to be released:

JT	Name and presence in treatment		Progress reports
JT	Evaluation and recommendations	JT	Discharge date/summary/plan
	Diagnosis		Treatment plan
	Urinanalysis/breath test results		Attendance record
	Medical reports/medications		Emergency related information
JT	Services rendered	JT	Letter/certificate of completion
JT	Bio psychosocial assessment		

#### The purpose(s) of the disclosure (initial only those that apply):

	Assessment/Evaluation	Coordination of care with:
	Family & support network development	Treatment/Service provider
JT	Legal involvement	Employer/EAP program
JT	Billing & Reimbursement	School
	Emergency situation	Child welfare and/or custody
	Disability determination	
	Other (Specify):	

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and drug abuse Patient Records, 42 C.F.R Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPPA"), 45 C.F.R. Pts. 160 & 164.

I also understand that I may revoke this authorization at any time except to the extent that action has been taken in reliance on it and that unless an alternative date/event/ condition is stated below, this consent **expires automatically one year after date of discharge.**

Specify alternative date/event/condition upon which this consent expires (client initial)

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment, or health care operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

I have been provided a copy of this form

I have declined a copy of this form JT

Client Signature

Signed On: 5/5/2022

Signature of Agency Representative:

Signed On: 5/5/2022

# NEW CHANCE INC.



## AUTHORIZATION TO RELEASE AND/OR RECEIVE CONFIDENTIAL INFORMATION

Form 5.1.11

I, **Herman AAA-Munster**, Date of Birth **01/01/1995**,

hereby authorize the following to exchange information with each other

NEW CHANCE INC. 2500 E. WYATT EARP BLVD. PO BOX 43 DODGE CITY, KS 67801 PHONE: (620) 225-0476 Fax: (620) 225-0433	Kansas Sentencing Commission 700 19th Jackson, Suite 501 Topeka, KS 66603 Phone: (785) 296-0927 Fax:	Agency / Person Address Address Phone: Fax
Agency / Person Address Address Phone: Fax	Agency / Person Address Address Phone: Fax	Agency / Person Address Address Phone: Fax
Agency / Person Address Address Phone: Fax	Agency / Person Address Address Phone: Fax	Agency / Person Address Address Phone: Fax

### Reports and / or information to be furnished: (Must be initialed by client)

<u>HM</u> Presence in Facility	<u>      </u> Financial / Income Information	<u>      </u> Kansas Client Placement Criteria (KCPC)
<u>HM</u> Admission Information	<u>      </u> Urine Test & Results	<u>HM</u> Substance Abuse Subtle Screening Inventory (SASSI)
<u>HM</u> Progress Reports	<u>HM</u> Medical History/Current Condition	<u>      </u> Addiction Severity Index (ASI)
<u>HM</u> Discharge Planning, Summary, Release Info.	<u>HM</u> Treatment Plans	<u>      </u> Information contained on Credit/Debit Card
<u>HM</u> Personal/Social History	<u>HM</u> Assessment/Evaluation	<u>      </u> Personal Belongings
<u>HM</u> Drug & Alcohol History	<u>HM</u> Chemical History	<u>      </u> Other (If marked, must be explained below)
Other Explained: <u>      </u>		

The purpose or need for such disclosure is: (Be Specific)

**TO COMPLETE ASSESSMENT, PLACEMENT, BILLING & UTILIZATION /CASE MANAGEMENT FUNCTIONS, REPORTING TREATMENT PROGRESS**

I understand that my records are protected under the Federal Regulations governing Confidentiality and Drug Abuse Patient Records, 42 C.F.R., Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") 45 C.F.R. pgs. 160 & 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

**NINETY(90) DAYS AFTER COMPLETION OF SERVICES**  
(specify date, event, or condition terminating consents)

Client: Herman AAA-Munster

Date: 05/04/2022

Witness/Staff

Date: 05/04/2022

Parent/Guardian (if applicable)

Date: 05/04/2022

Form 5.1.11  
Revision Date: 05-03-2016

## Appendix C

### Client Placement Agreement

Kansas Sentencing Commission - Senate Bill 123 Program

#### Client Placement Agreement



Sentencing Date: mm/dd/yyyy	Scheduled Treatment Start Date: mm/dd/yyyy	KSSC Eligibility Expiration Date: mm/dd/yyyy (18 months from FIRST treatment start date)
--------------------------------	---	--

KBI number:	Court Case number:	TOADS Legacy KDOC# (if available):	ATHENA #
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This agreement entered into on \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by and between the  
\_\_\_\_\_ ("COMMUNITY CORRECTIONS") and \_\_\_\_\_

("PROVIDER") located at \_\_\_\_\_  
(Provider Street Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

for and in consideration of the treatment/modalities and responsibilities listed below and placement of:  
\_\_\_\_\_ born on \_\_\_\_\_  
(Current Legal First Name/M/Last Name) (mm/dd/yyyy)

convicted in the county of \_\_\_\_\_

supervised by \_\_\_\_\_ with the provider for the following treatment:  
Community Corrections Agency

Treatment Provider or the ISO may generate this form.

Identify ALL modalities as reflected by ASAM criteria that apply for the continuum of care:

- |   |   |
|---|---|
| <input type="checkbox"/> Assessment                         |   |
| <input type="checkbox"/> Social Detox                       | Estimated length of stay: _____<br>(Maximum: 5 days)                            |
| <input type="checkbox"/> Therapeutic Community (Jo Co only) | Estimated length of stay: _____<br>(Maximum: 180 days)                          |
| <input type="checkbox"/> Intermediate Residential           | Estimated length of stay: _____<br>(Maximum: 21 days)                           |
| <input type="checkbox"/> Intensive Outpatient               | Estimated program length: _____<br>(Maximum: 100-hour units)                    |
| <input type="checkbox"/> Outpatient Group                   | Estimated program length: _____<br>(4 (minimum)- 8 (maximum)<br>hours per week) |
| <input type="checkbox"/> Outpatient Family                  | Estimated program length: _____<br>(Maximum: 1 hour per week)                   |
| <input type="checkbox"/> Outpatient Individual              | Estimated program length: _____<br>(Maximum: 3 hours per week)                  |
| <input type="checkbox"/> Reintegration                      | Estimated length of stay: _____<br>(Maximum: 60 days)                           |
| <input type="checkbox"/> Peer Mentorship (Individual)       | Estimated length of stay: _____<br>(Maximum: 3 hours per week)                  |
| <input type="checkbox"/> Relapse Prevention/Continuing Care | Estimated program length: _____<br>(Maximum: 2 sessions per week)               |
| <input type="checkbox"/> Drug Abuse Education               | Offender pay \$100 8-hour program   |

## Kansas Sentencing Commission - Senate Bill 123 Program

### RESPONSIBILITIES OF THE PROVIDER:

1. Serve this offender in the modality of treatment marked above (services to be billed within KSSC Guidelines). Type of treatment is not to be changed without notification to offender's Intensive Supervision Officer (ISO).
2. Provide timely assessments that include: a) "SB 123 Assessment Summary Form," b) SASSI cover sheet marked with probability, and c) Clinical Interview Summary with ASAM criteria.
3. Report all violations of court order immediately to Community Corrections.
4. Provide access to assessment and treatment services within three (3) business days following initial referral.
5. Attend multi-disciplinary team meetings through the course of treatment as needed.
6. Provide timely communication to Community Corrections regarding: client attendance, client progress, treatment plan updates, discharge planning recommendations, and other significant changes in the course of treatment in the form of the Monthly Progress Report, and as needed.
7. Notify Community Corrections upon change or discharge of client from treatment modality.
8. Maintain appropriate client records that meet the Kansas Department for Aging and Disability Services (KDADS) and the Kansas Behavioral Sciences Regulatory Board (KBSRB) licensure standards.
9. Execute appropriate confidential release of information forms.
10. Provide detailed billing information in a timely fashion through Beacon Health Options Provider Connect system (within forty-five days of the date of services rendered or 45 days from EOB issuance for offenders with insurance).
11. All treatment must include a cognitive-based curriculum (excluding assessment, social detox, and drug abuse education) as approved by KDOC.
12. Provide all client UA results to Community Corrections.
13. Adhere to all SB 123 policies implemented by the KSSC, KDOC, KDADS, and as stated in the KSSC "Senate Bill 123 Alternative Sentencing Policy for Drug Offenders Operations Manual."

### RESPONSIBILITIES OF COMMUNITY CORRECTIONS:

1. Share plans, goals, reassignment of ISO, and other pertinent information concerning the client needed to provide appropriate treatment.
2. Participate in treatment and multi-disciplinary team meetings as needed and receive and retain Monthly Progress Reports.
3. Provide thirty (30) day notice before removing the client when possible. No prior notice is required if removal is court ordered.
4. Notify the provider of all pending court actions and court determinations.
5. Provide all client UA results to the provider.
6. Adhere to all SB 123 policies implemented by the KSSC, KDOC, KDADS, and as stated in the KSSC "Senate Bill 123 Alternative Sentencing Policy for Drug Offenders Operations Manual."

### Modification

This agreement may be modified, amended, or supplemented by written agreement signed by Community Corrections and the Provider. Modifications must be submitted to the KSSC.

Authorized Treatment Provider Signature: _____	Date: _____ <small>mm/dd/yyyy</small>	Phone # _____
Printed Name: _____		
Email: _____		
Community Corrections Agency: _____	Date: _____ <small>mm/dd/yyyy</small>	Phone # _____
ISO Signature: _____		Email: _____

**Safeguarding of Client Information:** The information contained on this form is confidential and not to be used or disclosed by any party, for any purpose that is not connected directly to the court's assignment of sentence or the case management responsibilities assigned by law to community corrections or by court order. Treatment providers are required to maintain confidentiality consistent with the requirements of their state license.

**\* A copy of this document must be retained by both ISO and Treatment Provider for auditing purposes.**

**Kansas Sentencing Commission - Senate Bill 123 Program**

**Insurance Verification Form**

Offender Name \_\_\_\_\_

Offender ATHENA # \_\_\_\_\_

KDOC # (if available) \_\_\_\_\_

Offender KBI# \_\_\_\_\_

**Please provide all requested information:**

☐ Offender has health insurance coverage.

Insurance Provider Name:	_____
Insurance Provider Address:	_____
Member Identification Number:	_____
Benefit Plan Name and/or Number:	_____
Effective Date of Current Plan:	_____
Expiration Date of Current Plan:	_____

Please attach a photocopy of the offender's applicable insurance card or other documentation of insurance coverage.

☐ Offender does not have health insurance coverage.

If checking this box, offender must attest to the following statement:

I, \_\_\_\_\_ (offender's name), do hereby affirm that I am not currently covered by a health insurance, Medicaid, or any other health benefit plan. I understand that failure to truthfully notify my supervising officer of any existing health insurance coverage at this time or any other time while receiving certified drug abuse treatment pursuant to K.S.A. 2012 Supp. 21-6824, and amendments thereto, shall constitute a violation of the terms of such drug treatment program and may result in sanctions as provided by law, including, but not limited to, revocation from probation.

\_\_\_\_\_  
(Supervising Officer)      \_\_\_\_\_  
(Date)      \_\_\_\_\_  
(Offender)      \_\_\_\_\_  
(Date)

**\* A copy of this document must be retained by both ISO and Treatment Provider for auditing purposes.**



## Appendix D

### Tables and Figures

**Table 1**

*Means, standard deviations, and correlations of study variables.*

Variable	<i>M</i>	<i>SD</i>	1	2	3	4	5	6
1. Age	32.13	9.36						
2. Race	3.87	0.46	-.002					
3. Gender	0.37	0.48	-.056**	.009				
4. Treatment Duration	246.19	247.90	-.044*	.023	.031			
5. Treatment Dosage	966.97	1039.49	-.060**	.019	.035	.986**		
6. Probation Outcome	0.58	0.49	.135**	.007	.063**	-.022	-.058**	
7. Recidivism	0.01	0.11	-.012	.005	-.062**	.036	.024	.097**

*Note.* N = 2,171. \*  $p < .05$ . \*\*  $p < .01$ .

**Table 2***Logistic Regression Results for Probation Outcome.*

Variable	<i>B</i>	<i>SE<sub>B</sub></i>	OR	95% CI OR	
				Lower	Upper
Age	.028*	.005	1.028	1.018	1.038
Gender	-.326*	.094	.722	.600	.868
Race1	.631	.912	1.880	.314	11.236
Race 2	-.308	.411	.735	.328	1.645
Race 3	-.150	.381	.860	.407	1.817
Race 4	20.602	19762.177	885787636.3	.000	.
Total Hours	.011*	.001	.997	1.009	1.014
Total Dosage	-.003*	.000	.756	.997	.998

*Note.* N = 2,171. OR = Odds ratio. \*p<.05. Race: 1 = American Indian, 2 = Asian, 3 = Black, 4 = White

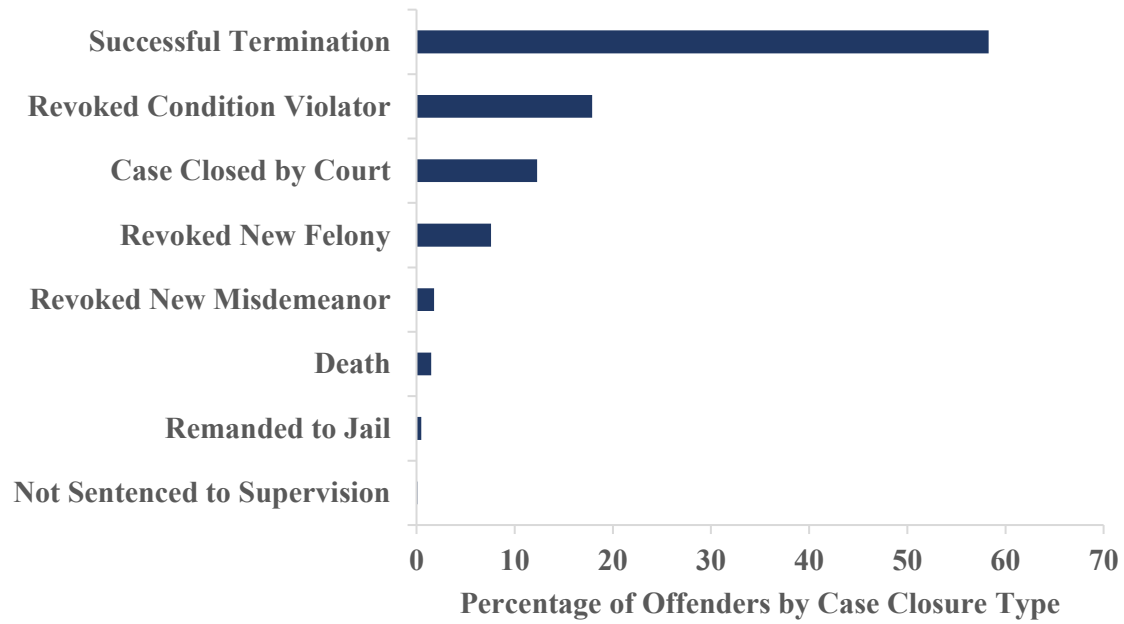
**Table 3***Logistic Regression Results for Recidivism.*

Variable	<i>B</i>	<i>SE<sub>B</sub></i>	OR	95% CI OR	
				Lower	Upper
Age	-.033	.022	.968	.926	1.001
Gender	1.765*	.618	5.842	1.741	19.607
Race1	-.588	18131.398	.555	.000	.
Race 2	17.131	8817.774	27525060.44	.000	.
Race 3	16.868	8817.773	21168499.29	.000	.
Race 4	-.047	21101.860	.954	.000	.
Total Hours	.007*	.003	1.007	1.001	1.014
Total Dosage	-.001	.001	.999	.997	1.000

*Note.* N = 1,264. OR = Odds ratio. \*p<.05. Race: 1 = American Indian, 2 = Asian, 3 = Black, 4 = White

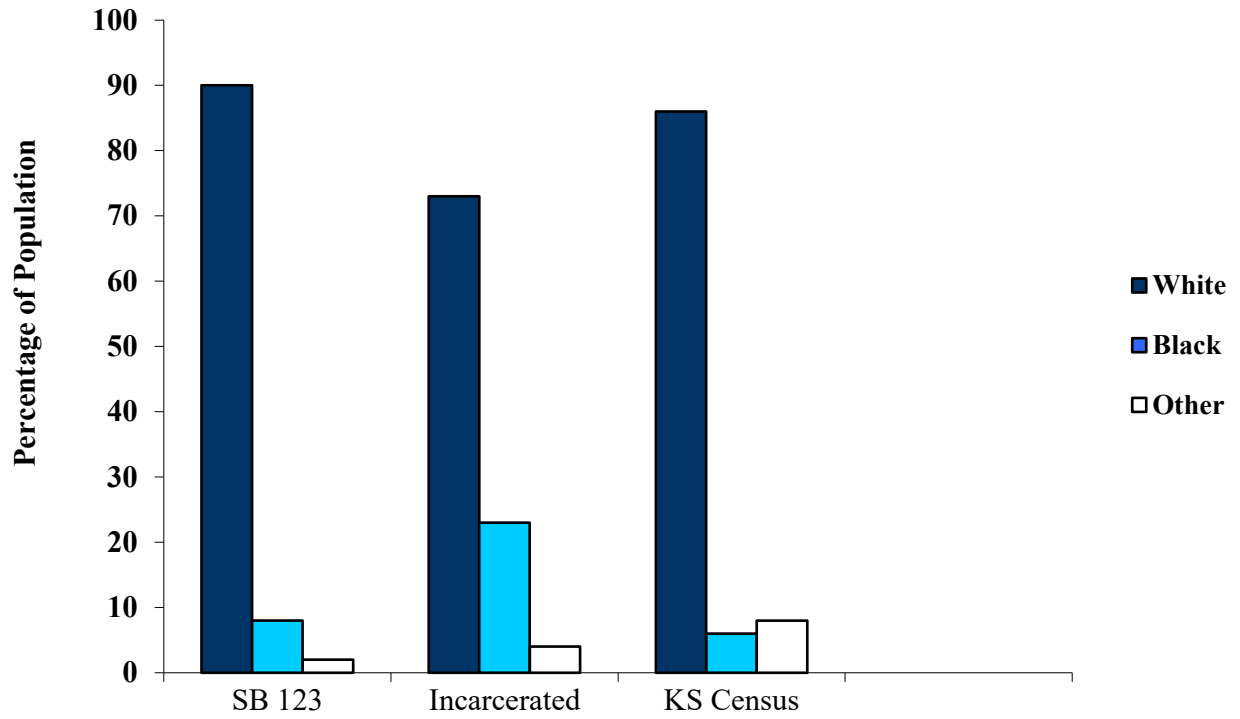
**Figure 1**

*Percentage of sample population by termination category*



**Figure 2**

*Percentage of SB 123, total incarcerated, and state of Kansas populations by race.*



**Figure 3**

*Percentage of SB 123 and total incarcerated populations by gender.*

