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A Case Study of Senate Bill 123 Nonviolent Felony Offenders Suboxone Use

Jessica Scott
Walden University

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Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Jessica J. Scott

has been found to be complete and satisfactory in all respects,
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Walden University
2022

Abstract

A Case Study of Senate Bill 123 Nonviolent Felony Offenders Suboxone Use

by

Jessica Scott

MA, University of Phoenix, 2019

BS, University of Phoenix, 2016

Professional Administrative Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Public Administration

Walden University

February 2022

Abstract

In 2003, a midwestern state passed legislation implementing a program with the goal of treating nonviolent felony offenders leaving prison sentences for more severe crimes. The current study examined legislation focusing on substance abuse treatment rather than incarceration. The purpose of this was to bridge this gap in knowledge by investigating the legislative session's actions to aid members in the provision of services related to the Senate Bill 123 program. The central research question of this study examined the experiences of healthcare practitioners and addiction counselors associated with SB 123 nonviolent adult offenders requiring drug and alcohol treatment concerning Suboxone treatment regimens. The theoretical framework for this study was Mohr's program theory, which served as the interpretive lens to explore the experiences of healthcare practitioners and addiction counselors associated with SB 123 nonviolent offenders remanded to felony probation concerning Suboxone treatment regimens. Thematic coding and information syntheses were used in this qualitative case study design to integrate the findings about addiction counselors' and health care practitioners' perspectives on treatment success in nonviolent felony offenders. Results indicated that lack of training, too high federal statutes and regulations in the state, and not utilizing historical data when collaborating with stakeholders. Participants expressed a statistically higher success rate among clients coming off opioids if they were prescribed Suboxone, versus those who are not because of the terrible withdrawals and cravings. The implications for positive social change will focus on continual program improvements such as contemporary criminal correction approaches attempting to rehabilitate nonviolent felony offenders under the SB 123 program back into their communities.

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Dedication

This work is dedicated to God that kept me. Without God, I would not be the person I am today. To my parents, Nathaniel and Kasha Himes, who were the first ones to show me unconditional love. My mother always said, "Don't let folks count you out," and I believed her. My parents provided me the example of preserving through the struggle and love. I am who I am because of the love my mother poured into me and the desire to stick together with my siblings. My siblings, Keria and Ina, always believed that I would accomplish this goal, and I am eternally appreciative of their love and support. My children, Denae and Grayson, you are my motivation and inspiration. To my husband, Nikko, you have been with and stuck by my side from the first day with support and encouragement and for that, I love you and thank you forever.

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BUT GOD! Lord, You have done it again. God, I thank You for everything you have done and for pushing me to the finish line despite the roadblocks. Thank You for Your Grace and Mercy that kept me through this journey.

To my family, Nikko, Denaë, Grayson, Nat, Kasha, Keria, and Ina, who have been my biggest supporters. I cannot put into words how much I love and appreciate every one of you.

To my chair, Dr. Richard Worch, thank you for your guidance.

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Section 1: Introduction to the Problem

In 2003, the Kansas Sentencing Commission (KSC) investigated nonviolent felony offenders with drug possession and drug manufacturing related charges. The results revealed that offenders with the aforementioned charges have substance abuse addictions (KSC, n.d.). This research relates to nonviolent felony offenders under the Kansas Senate Bill 123 (SB 123) remanded to community corrections to reduce recidivism and addiction (Kansas Sentencing Commission, 2019).

There are numerous intervention programs suitable for the treatment of substance abuse addicts. According to Park et al. (2009), development of intervention programs for at-risk substance abusers is sufficient if the problematic criteria of addiction are met. Intervening in substance abuse addictions is pertinent to reduce the likelihood of disconnection of children from their parents (Park et al., 2009). I conducted this case study as it relates to the need for support for the use of Suboxone, made available through SB 123, and how that public policy is or is not efficacious in the eyes of healthcare practitioners who are authorized to prescribe and addiction counselors who are managing treatment. Additionally, conducting a single case study enabled me to explore the experience and perspectives of addiction counselors and health care practitioners about the effectiveness of Suboxone use in managing drug addiction through interventions, communities, and programs.

Beletsky (2018) reported that the estimated cost to the United States resulting from the opioid crisis in 2015 was at least half a trillion dollars. The lack of control over the opioid crisis has led to increases in drug overdoses. I selected this research because it

relates to opioid monitoring programs put into place for SB 123 offenders to maintain sobriety and reduce drug overdose.

In their 2010 study, Wesson and Smith found that prescribing buprenorphine, as an opiate receptor and antagonists, is useful for opiate dependence treatment. The research suggests that buprenorphine is an antagonist for opioid substance addiction to temporarily suppress symptoms. Buprenorphine offers some potential pharmacologic advantages due to it being a partial agonist. According to Welsh and Valadez-Meltzer (2005), advantages include decreased respiratory depression, less sedation, and fewer withdrawal symptoms. I selected this research as it relates to SB 123 nonviolent felony offenders prescribed buprenorphine to assist with their treatment for opioid addiction.

Reichert and Gleicher (2019) explored chemical dependency and the gap between evidence-based treatment with medications for opioid use disorders. Counselors and healthcare professionals recommend substance abuse treatment programs when chemical dependency becomes excessive, but the use of treatment programs also depend on how severe the probationers' problem and needs are (Reichert & Gleicher, 2019). These study findings revealed that the placement of appropriate treatment is based on the offenders' needs identified during their SB 123 evaluation. This research relates to the prescription of appropriate treatment depending on the identified needs of the offenders during their SB 123 evaluation.

I selected the case study as a research design to explore the importance of Suboxone use in SB 123 offenders to remain in drug and alcohol treatment for success. Furthermore, conducting a single case study enabled me to gather data from counselors

and healthcare professionals regarding common issues among substance abusers and addicts who undergo numerous attempts at substance abstinence, yet often result in relapse.

Problem Statement

Current estimates provided by the Substance Abuse and Mental Health Services Administration (SAMHSA, 2020) reveal that 20.3 million individuals 12 years or older are addicted to licit and illicit substances. The data show that correlation exists between chemical dependency and crime (SAMHSA, 2020). Håkansson and Jesionowska (2018) noted that drug and alcohol treatment programs are effective in reducing and managing drug addiction, making it possible to break a revolving cycle of crimes committed to fund addictions.

According to Velander (2018), at least 1.9 million people were taking an opioid-based pain reliever in 2014. Velander estimated that 586,000 of opioid-using persons have an opioid disorder specifically related to heroin use. Approved for use in 2002 by the U.S. Food and Drug Administration (FDA), buprenorphine became a preferred drug treatment choice for individuals addicted to opiate-derived narcotics; however, treatment results varied (SAMHSA, 2020). With the advancement of treatment experiences, it became evident that patients who were prescribed a combination of buprenorphine and naloxone, brand name Suboxone, tolerated the drug well and had fewer treatment withdrawal side effects while maintaining therapeutic needs for pain control (SAMHSA, 2020). Additionally, research data have illustrated that Suboxone is safer for use and an effective alternative to methadone, a standard opiate withdrawal medical regime, with

fewer federal and state regulations for dispensing and use in therapeutic treatment programs (SAMHSA, 2020).

Molfenter et al. (2015) stated that Suboxone can be an adjunct therapeutic treatment addition for treating drug addiction; however, there is not yet physician consensus on the efficacy of Suboxone. Molfenter et al. reported that physicians' concerns related to Suboxone were in relation to cost U.S. Drug Enforcement Administration (DEA) regulations, which limit Suboxone prescribers to specially trained practitioners. Additionally, municipal governments funding buprenorphine and Suboxone in drug treatment programs cited negative attitudes from practitioners in relation to the use of withdrawal agonists and overall drug costs and payment structures as additional barriers (Molfenter et al., 2015). Municipal governments where high treatment with buprenorphine and Suboxone was present had dedicated funding sources with the noted challenge of physician prescribing capacity (Molfenter et al., 2015).

Velander (2018) reported that patients who initiated buprenorphine therapy and treated with Suboxone were more likely to break their addiction cycle, continue employment, and remain active in 12-step groups. Velander concluded that Suboxone remains an underutilized opioid treatment therapy and highlighted the need for professionally trained community physicians and other qualified health care practitioners beyond the DEA restricted prescribing physicians. Finally, Hutchinson et al. (2014) found that the barriers in primary care physicians' prescribing practices related to Suboxone included lack of psychosocial support (64%, $n = 50$), time constraints (54%, n

= 42), the ability to manage opioid addiction (41%, $n = 32$), and lack of institutional support (36%, $n = 22$).

The use of controlled or uncontrolled chemical substances in relation to criminal acts is a topic of concern for probation officials in Kansas. The Kansas Bureau of Investigation (n.d.) determined that the total reported index crimes in 2014 were at 1.1% below the 10-year average. However, the Kansas Bureau of Investigation (2018) showed a 7.5% crime increase since then. Currently, the crime index rate statistics illustrate a slight drop from 31.5 per 1,000 population in 2017 to 31.4 per 1,000 population in 2018 (Kansas Bureau of Investigation, n.d.). Legislation focusing on drug addiction treatment rather than incarceration is a viable solution to break recidivism rates.

In 2003, Kansas SB 123 was enacted to provide mandatory community-based substance abuse treatment programs to first and second offenders convicted of nonviolent drug possession charges under K.S.A. 21–5706. With SB 123, judges use sentencing guidelines that entail up to 18 months of supervised community intervention in order to address substance abuse to reduce recidivism for felony offenders remanded to community corrections programs and to reduce correctional system overcrowding for nonviolent drug offenses (KSC, 2019). Eligible offenders enrolled in or remanded to community-based substance abuse programs receive treatment funding through SB 123. In 2018, treatment funding for opioids was 7.45% of all eligible cases with amphetamine case funding, consuming 71.75% of the funding resources (KSC, 2019). Overall, SB 123 FY 2017 outcomes ($n = 1,285$) illustrated a 57% success rate for program completion

across all program payments; however, information specific to opioid treatment success was not separately reported (KSC, 2019).

Organizational Relevance

Similar to the findings of Molfenter et al. (2015) in regard to physician access barriers and Suboxone funding, little is known about the treatment practices and offender success experiences in the Suboxone addiction treatment network in Wichita, Kansas. This case study enabled me to explore the *how* and *why* as it relates to health care practitioners and addiction counselors who administer SB 123 treatment programs where Suboxone is in treatment use. Conducting a case study research enabled me to explore the experience and perspectives of addiction counselors and health care practitioners regarding the effectiveness of Suboxone in managing drug addiction through interventions, communities, and programs. Conducting a case study allowed me to gather data to understand the multiple facets of the phenomenon. Baxter and Jack (2008) noted that treatment successes and potential issues cannot be explored through one lens, but rather a variety of lenses is needed.

Significance to Public Policy

Public policy is significant in the government. It is best described as laws, regulations, court decisions, and local ordinances. Since policy is made in response to some sort of issue or problem requiring attention, the results from my study on Suboxone use in nonviolent felony offenders remanded to community corrections may offer meaningful information for policy evaluation to the SB 123 program. This study allowed the exploration of the experiences of health care practitioners and addiction counselors,

which are currently unknown as it relates to treatment success. Public policy SB 123 specifically stems from the fact that no public activity can be attempted without the stipulation of clear objectives and a proper policy in place for treatment success. The SB 123 public policies related to Suboxone use in nonviolent felony offenders are, therefore, significant.

Purpose Statement

When professionals treat felony offenders' substance abuse appropriately, their sobriety tends to be active and prosperous (Marlowe, 2003). Those who use contemporary criminal correction approaches view offenders as consumers attempting to rehabilitate back into their communities. A perspective commonly argued is that consumers perform better if effective therapy is in alliance with treatment counselors (Marlowe, 2003). To further investigate this issue, my study enabled me to investigate in depth the implementation of SB 123 policy by health care practitioners at Treatment Provider 1 and addiction counselors at Treatment Provider 2 associated with SB 123 in Wichita, Kansas.

Data gathering consisted of interviews from my participants of interest and documents and archival records related to various aspects of the SB 123 program. Archival records taken for record-keeping purposes consisted of accessible public files made available by the federal, state, and local governments. Interviews are the foundation of data and allow other sources to validate information obtained from the participants (Hancock & Algozzine, 2011). As such, interview transcriptions and thematic coding

helped to isolate and identify common themes related to SB 123 program implementation in the Wichita-based community rehabilitation programs.

Research Question

What are the experiences of healthcare practitioners and addiction counselors associated with SB 123 nonviolent adult offenders requiring drug and alcohol treatment concerning Suboxone treatment regimens?

Addressing the Gap

This administrative study has the potential to address policy effects on health care practitioners' and addiction counselors' experiences. Remarkable progress is needed to develop treatment interventions for a broad range of opioid addicted individuals. Addressing experiences and challenges is thus essential to health care practitioners and addiction counselors because of their diverse disciplines. Additionally, health care practitioners and addiction counselors' philosophical underpinnings can help create a variety of approaches (Welsh & Valadez-Meltzer, 2005). As a result, advice on key considerations for achieving the policy effects shall be successful.

Nature of the Administrative Study

The three research methods are quantitative, qualitative, and mixed (Saunders et al., 2016). I selected the qualitative research method. Merriam and Tisdell (2014) posited that qualitative researchers focus on discovery, insight, and understanding from the experiences and perspectives of participants. In addition, researchers who conduct qualitative research studies ask open-ended questions during interviews to elicit participants' experiences, perceptions, beliefs, attitudes, and opinions about a

phenomenon (Ingham-Broomfield, 2016). Researchers using the quantitative method attempt to investigate the answers to the questions starting with “how many,” “how much,” and “to what extent” (Rahman, 2017). The quantitative method also consists of collected data expressed in the numerical form and includes statistical hypothesis testing (National Institute on Drug Abuse [NIDA], 2019). I did not test a hypothesis; therefore, the quantitative method was not appropriate to use in this study.

To explore human creation of meaning, a case study approach within context is a preferred choice for qualitative researchers to reflect on the interest, involvement, and personal commitment of participants (Moustakas, 2018). Corbin and Strauss (2007) noted that a case study design is effective in collecting data about general, action, or interaction processes in participants who have experienced unique phenomena. Common sources of data collection in qualitative research include interviews, observations, focus groups, and reviews of documents (Patton, 2015). I conducted a bounded system in-depth interview that was studied in context by using open-ended questions to gain a better understanding of the unknown and to go beyond observable contextual factors using multiple sources of evidence. A case study approach of a detailed investigation with empirical material to connect the lack of information to the anticipated findings from that analysis is vital to analyze the context and processes involved. A reflexive technique pivotal to credibility and the research process provided intrinsic fieldwork to healthcare practitioners’ and addiction counselors Suboxone use in nonviolent felony offenders. The SB 123 policy practices in Wichita in relation to program success with nonviolent felony offenders

remanded to community corrections encompassed a system of connections of perspectives in health care practitioners and addiction counselors.

Conceptual Framework

Mohr's program theory served as the conceptual framework and interpretive lens for my research. Mohr (1995) posited that the impacts from a program might be beneficial or detrimental. Smith and Larimer (1995) further described Mohr's program theory as a framework illustrating a set of beliefs underlying action with logical flow and measurable outcomes. Such beliefs are derived from generalizable, single programs, or policies under consideration. Smith and Larimer further described the program theory concepts as beliefs that underlie an action specific to a program or policy under consideration. They further explained that under the assumption of existing policy theory representation, causal beliefs link inputs to outputs.

The objective outcome of program theory is the measurement of program criterion, when used in qualitative research, or the dependent variable of interest when used within a quantitative approach for impact analysis. Mohr (1995) noted that philosophical treatments of causation are unsatisfactory but are viewed often when studying human regularity and necessary conditions. The relationship between health care practitioners, addiction counselors, and felony offenders under SB 123 remanded to drug and alcohol treatment is one such example where program logic and treatment success is not fully explored or understood. Examining relationships, even when done qualitatively, is a fundamental concept involving relationships between a force on an object and the motion of the same object; Mohr labeled this as "impact." Creating an

initial logic model and then examining aspects of that model using program theory filled an information gap related to the real-life experiences of health care practitioners and addiction counselors using Suboxone in their treatment plans and overall SB 123 program success for opioid addicted offenders.

Background

The lack of control over the opioid crisis has resulted in the increase in drug overdoses (Beletsky, 2018). The KSC (n.d.) studied nonviolent felony offenders with charges related to drug possession and drug manufacturing and found that offenders with such charges have substance abuse addictions. The NIDA (2011) studied individuals dependent on drugs and alcohol and determined that individuals with substance addiction identify drugs and alcohol use as having a positive effect on their life. In addition, the individuals reported that the use of drugs and alcohol resulted in their lack of ability to manage their addictive behavior. Recognizing that the consequences of these addictive behaviors may be long lasting, the NIDA made treatment recommendations. The findings from the NIDA study are important because the results reveal that while substance abusers and addicts undergo numerous attempts at substance abstinence, they often relapse.

Kazerovska et al. (2008) discussed different approaches for the management of chemical substances, underscored the need for reforming chemicals policy regarding integrating registration, evaluation, authorization, and restriction of chemicals (REACH) regulations, and identified various combinations of treatment components with a continuing care approach to provide the best results. Some of the approaches involve

intervention programs and some medication. Park et al. (2009) noted that consideration of the development of intervention programs for at-risk substance abusers is sufficient if the problematic criteria of addiction are met. Intervening in substance abuse addictions is pertinent if the likelihood of disconnection of substance abusers from their parents exists (Park et al., 2009). Intervention programs, if successful, can have a positive impact on the community in which people live. Jackson (2018) explored the opioid crisis that consumes communities, the judicial embracement, and offenders with substance abuse addictions that are successful in achieving and maintaining substance abusers' sobriety. According to the Kansas Conference Report (2019), the cycle of the opioid crisis is difficult to reduce in SB 123 offenders on community corrections because SB 123 offenders have a crime issue as well as substance abuse addiction.

Reichert and Gleicher (2019) offered that the placement of appropriate treatment is based on the offenders' needs identified during their SB 123 evaluation. Wolf and Colyer (2001) noted that the sooner the offenders are offered a treatment therapy, the higher the likelihood of positive outcomes and success in sobriety. The SB 123 offenders lack a lot of community necessities because their ongoing drug addiction becomes a barrier. There is evidence that the barrier to community necessities for SB 123 offenders antagonizes their substance addiction and sobriety (Wolf & Colyer, 2001).

Miller et al. (2016) explored drug policy reform, recipients of the criminal justice system, and failures regarding program performance. Intensified opiate enforcement is necessary to increase the demand for treatment to reduce recidivism among SB 123 offenders (Miller et al., 2016). The findings from Miller et al.'s study underscore the

importance of developing a mechanism to tether correctional resources and policies to combat substance abuse addictions. There is some evidence for the effectiveness of buprenorphine, as an opiate receptor and antagonists, in treatment of opiate dependence. Buprenorphine is an antagonist for opioid substance addiction to temporarily suppress symptoms. However, Suboxone is another effective medication to treat opioid substance abuse addiction. Individuals who have been prescribed Suboxone, which is often prescribed to SB 123 offenders to remain in drug and alcohol treatment for success, have treatment plans for their addiction (Kazerovska et al., 2008). According to Kazerovska et al. (2008), there are different approaches for the management of chemical substances, reforming chemicals policy regarding integrating REACH regulations, and various combinations of treatment components with a continuing care approach to provide the best results. Individuals who have been prescribed Suboxone have treatment plans for their addiction. My study relates to the importance of SB 123 offenders being prescribed Suboxone to remain in drug and alcohol treatment for success.

Sources of Information

Mohr (1995) described the necessity to obtain information from a variety of sources, including documents, people, histories, or relevant events, in order to fully understand program logic and adequately evaluate program outcomes. My study's initial data collection was interviews, via the Zoom videoconferencing platform, with health care practitioners and addiction counselors in Wichita, Kansas, who are involved with nonviolent felony offenders under the SB 123 program in which Suboxone is a prescribed therapy. This group of health care practitioners and addiction counselors have firsthand

knowledge and experience in Suboxone use and its management for SB 123 nonviolent felony offenders remanded into community corrections. Data from at least one other source is required for qualitative case studies. The second data collection technique was a document review, including government corrections reports, which provided various useful crime statistics describing nonviolent felony offenders in the SB 123 program. I also used official statistics from the KSC to gather information on offender eligibility, statistical analysis, and SB 123 topic-specific reports.

Significance

Chen et al. (2014) opined that little is known about the treatment process and policy implementation experiences of health care practitioners when prescribing Suboxone to opioid-addicted offenders. Furthermore, even less is known about health care practitioners' and addiction counselors' perspective on Suboxone treatment for opioid-addicted offenders remanded to drug and alcohol treatment in Wichita, Kansas, and this needs to be explored. My study is significant in that it contributes to closing the information gap on whether the complexities of Suboxone use in opioid addiction is worth SB 123 treatment funding in nonviolent felony offenders remanded to Kansas community corrections.

How This Study Can Fill the Gap

Overall, my research goal was to explore the health care practitioners' and addiction counselors' perspectives on trends as well as various sources that suggest problematic areas and relevant evidence to practice and policy of Suboxone experiences in nonviolent felony offenders on probation. Identifying patterns after analyzing

interview data was the objective of thematic analysis. Thematic analysis is a flexible method that can qualitative researchers use for explorative studies when patterns that are searched for are not transparent. Braun and Clarke (2006) argued that thematic analysis is the foundational method for qualitative data analysis and that it provides core skills for conducting qualitative analysis. Thematic analysis has advantages in qualitative studies that include providing flexible approaches that can be modified depending on the needs and providing rich and detailed yet complex data. Examining different participants' perspectives, highlighting similarities and differences, and generating unanticipated insights of Suboxone use in nonviolent felony offenders were useful for summarizing the key features of the data set.

Wider Potential Contributions to Public Policy

Within the broader context of the political system, public policy positions several elements aiming at achieving specific interests. As it is continually reformulated and adapted based on experience, research, and changing circumstances, public policy needs to be based on facts and knowledge (Gormley, 2007). In contrast, public policy can influence factors that push policy in different directions if not reformulated properly. Influencing factors tend to counteract each other, slowing the development and implementation that lead to incremental changes rather than radical changes in public policy (Clickner, 2019). A better understanding of health care practitioners' and addiction counselors' experiences and motivation in Suboxone use conditions in opioid-dependent nonviolent felony offenders remanded to the 21-day modality of intermediate residential treatment stipulation of community corrections can contribute to public policy.

Consequently, the formal decision of public policy embraces distinct aspects to guide and enlighten all involved in implementing perspectives of health care practitioners and addiction counselors regarding Suboxone use.

Potential Implications to Positive Social Change

Positive social change may be accomplished through leaders of the SB 123 program by applying strategies to improve the treatment process and SB 123 policy implementation. The treatment process may increase positive social change by applying proven strategies to succeed in developing and maintaining positive results from health care professionals, family, friends, and community support. Specifically, clinicians and the way they interact with opioid-addicted nonviolent felony offenders have a crucial impact on how the clinicians respond and whether treatment is successful. Policy implementation may not lead to the desired result if the policy process is omitted from consideration. The need for health care practitioners' and addiction counselors' perspectives on public policies has the potential to produce social change.

Summary

Section 1 laid the foundation for the main arguments of my research and introduces the topic of Suboxone use in nonviolent felony offenders remanded to the SB 123 program and positive social change implications. Section 1 also introduced the research's main elements to include the topic background, the problem and purpose statements, and the research question. Section 1 also provided a description of the case study approach to explore and examine Suboxone use associated by health care practitioners and addiction counselors when treating nonviolent felony offenders on

probation. Section 2 focuses on reviewed literature in relation to Suboxone use in nonviolent felony offenders remanded to inpatient and outpatient drug treatment, the SB 123 program, both conceptual and methodological models to address my research question, operational definitions, and application of my study to public policy. In Section 3, I will focus on the research methodology to specifically include techniques that I adopted in my research process to collect, assemble, and interpret my case study data streams.

Section 2: Conceptual Approach and Background

I assessed health care practitioners' and addiction counselors' perspectives on using Suboxone as part of the treatment modality for minimizing nonviolent felony offenders' drug abuse recidivism in Wichita, Kansas. I conducted an in-depth and detailed investigation of authorized health care practitioners' and addiction counselors' views on treatment modalities in using Suboxone to reduce substance abuse recidivism in nonviolent-classified felony offenders. I focused on the perspectives of health care practitioners and addiction counselors in accordance with the SB 123 program for nonviolent felony offenders remanded to drug and alcohol treatment because of the existing information gap considering their perspectives of treatment success. With this case study, I critically explored the phenomenon (i.e., Suboxone use for nonviolent felony offenders in accordance with the SB 123 program) that poses a problem (i.e., inconsistent practitioner' support), suggested solutions, and made recommendations for avoiding similar future inconsistency problems.

Yin (2008) defined a case study as exploratory, descriptive, and explanatory, and researchers use it whenever the focus is on answering *how* and *why* questions. Using a case study approach was appropriate for my investigation of Suboxone use in nonviolent felony offenders in a historical and problem-oriented manner. In addition, a case study approach allowed me to connect knowledge in daily situations to complex phenomena within their context.

In Section 2, I present relevant literature about the SB 123 program and policies related to the use of Suboxone for nonviolent felony offenders. This section includes

discussion of (a) case study and program theory, (b) the literature search strategy, (c) terminology, (d) the relevance to public organizations, (e) the FDA, (f) the DEA, (g) the organization background and context, and (h) the role of the DPA researcher. To build a strong framework, I begin with an in-depth analysis of the study model and framework.

Concepts, Models, and Theories

In this research, I assessed the use of Suboxone in the overall treatment planning and program success for those meeting SB 123 probation conditions. I explored the perspectives of health care practitioners and addiction counselors' modalities using Suboxone as a part of the SB 123 program treatment planning to reduce opioid addiction. Reduction of such drug abuse recidivism could subsequently result in reduced drug-related crimes. Exploring the perspectives of health care practitioners and addiction counselors is relevant to apply their learning experiences utilizing Suboxone for nonviolent felony offenders to reduce drug abuse recidivism. Challenges and incidents that health care practitioners and addiction counselors experience with using Suboxone under the SB 123 program highlight the drug-abuse recidivism rates in nonviolent felony offenders.

Therefore, I used Mohr's (1995) program theory as the framework providing a platform for research. The case study approach enabled me to identify information associated with understanding the issues of treatment success in SB 123 nonviolent felony offenders. The case study approach allowed complex analysis based on comprehensive data review (see Yin, 2008). Mohr's program theory provided a logical model for data collection and analysis in this qualitative approach.

Qualitative Approach

To investigate the use of Suboxone in nonviolent felony offenders, I selected the case study design. Qualitative research is characterized by an interpretative paradigm of how individuals experience aspects of their lives (Teherani et al., 2015). To provide a better understanding of a qualitative approach, classifications with several advantages and disadvantages provide ontological substantiation (Baxter & Jack, 2008). For example, connecting everyday life and individual elements could provide logical classifications, allowing data analysis and identification of emerging trends and patterns. Focusing on the assessment of Suboxone use in nonviolent felony offenders allowed the outcome of the overall treatment planning and program success from perspectives of healthcare practitioners and addiction counselors, and it shed light on data that were missing in qualitative research. Obtaining data that provide direction on how to end opioid addiction using Suboxone to reduce recidivism could help resolve the problem in SB 123 nonviolent felony offenders.

Case Study

The case study research design was most appropriate for examining the real-life context in the overall treatment planning and program success using Suboxone to nonviolent felony offenders. According to Crowe et al. (2011), a case study framework provides a foundation encompassing knowledge and experience toward analyzing a problem. Yin (2008) posited that the *how* and *why* of contemporary events, problems, and situations do not require control over those events or problems. Thus, Yin demonstrated that a case-based research method is appropriate to capture the richness of actual cases,

understanding the moral of the story, staying to naturalistic events, exploring new areas, and discovering new phenomena. Phenomena of interest affect experiences (Yin, 2008). According to Yin, when the boundaries between a phenomenon and the context are unclear, the researcher conducts an in-depth investigation to discern context.

Prior to delving into an investigation, it is important to make a transparent distinction in how a case study is viewed, thus establishing the interpretive paradigm for the research (Yin, 2008). The case study was an appropriate qualitative research design because of the data collection and analysis that generates material suitable for a rich and contextual description from prescribing health care practitioners and addiction counselors associated with Suboxone use in nonviolent felony offenders. Allowing differing perspectives of health care practitioners and addiction counselors, a bounded system of contextualization is needed for the process. Patton (2015) described a case study as a bounded system in that the researcher makes very clear statements about the focus and the extent of the research. A bounded system is also exclusive for my case study because of the collaboration with the health care practitioners and addiction counselors in Wichita, Kansas, to carry out community-based research.

Primary Contributors to Case Study

There are numerous contributors to case study research. Stake (1995) is a methodologist who provided procedures to follow when conducting case study research. Stake's perspective is that qualitative researchers should expect higher levels of reality or knowledge. Patton (2015) also noted that a case study is an appropriate design for qualitative researchers to explore processes regarding an individual, group, or event to

gain in-depth insight on a phenomenon within a natural environment. In conclusion, Stake believed that there are multiple perspectives or views of a case that needs representation with no way of establishing it beyond contention. Health care practitioners and addiction counselors shall orient and inform their perspective on Suboxone use in nonviolent felony offenders on felony probation under the SB 123 program.

Program Theory

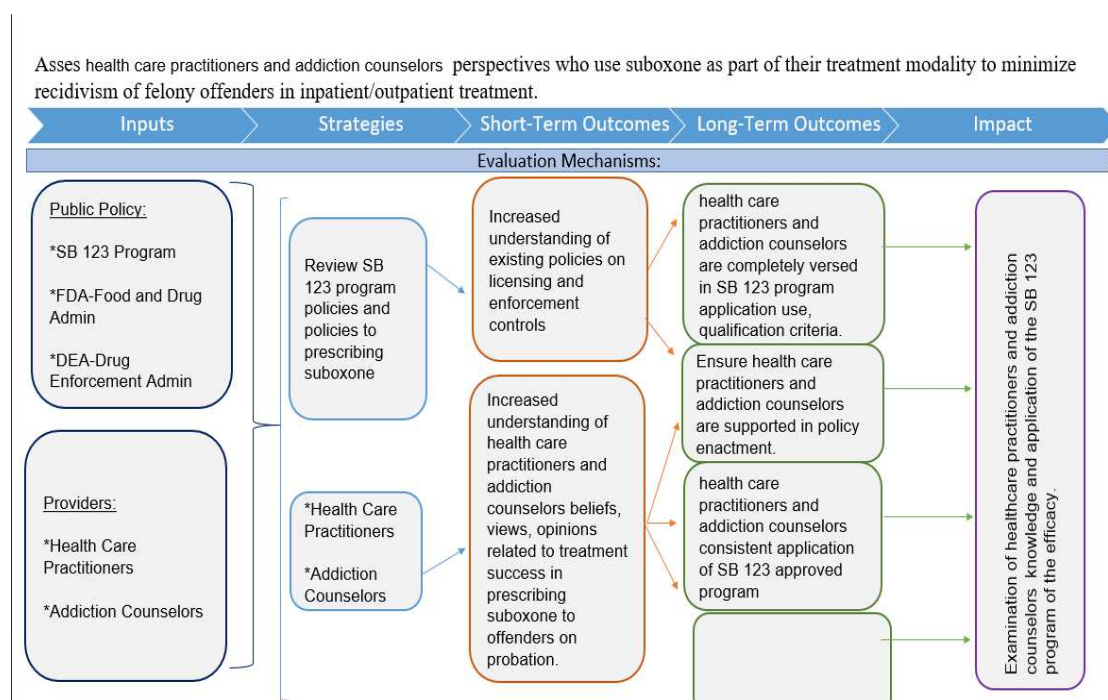
Social inquiry focuses on the way addiction counselors and health care practitioners interpret and make sense of their experience with Suboxone use, which was the reason using the interpretive approach as the base was necessary. I selected Mohr's (1995) program theory as the interpretive lens for my research because of the relevance of beliefs underlying action according to logical flow and critical outcomes in correlation to my study. According to Mohr, a set of beliefs does not have to be generalizable but specific to the single program or policy under consideration. Mohr posited that program theory impacts could be beneficial or detrimental to an organization because of the involvement of decision-making in policies to fulfill organizational needs.

Program theory is a theoretical model helpful in measuring program criteria through impact analysis (Mohr, 1995). According to Mohr, while philosophical treatments of causation are unsatisfactory, they are useful when studying human regularity and necessary conditions. Mohr labeled these interactions as impacts and explained that an impact refers to the examination of the relationship between an object and its motion. The relationship between health care practitioners, addiction counselors, and felony offenders remanded to drug and alcohol treatment under SB 123 is an example

wherein program logic and treatment success has not been explored or understood. I created a case study style diagrammatical logic model representing the shared relationship among the SB 123 activities and intended effects of the program using program theory as the foundational framework (see Figure 1). Examining the data using program theory in conjunction with the logic model helped me explore the perspectives and modalities of health care practitioners and addiction counselors administering Suboxone in their SB 123 treatments for opioid addicted offenders.

Figure 1

Logic Model



Understanding results that produce impacts is beneficial in both a positive and negative way (Mohr, 1995). Once the outcome and causal beliefs are identified and connected, making a formal assessment on whether variable X impacts Y becomes

counterfactual (Smith & Larimer, 1995). With program theory, Mohr (1995) assumed that the existing policy represented expected outcome beliefs based on exposure to program services, assuming objectives will act as the catalyst that achieves desired policy outcomes. According to both Mohr and Smith and Larimer (1995), three distinct elements are fundamental in program theory: (a) impact analysis is based on a logical understanding of causality that takes advantage of the interest measure outcome for public policies and programs before/after they are adopted, (b) research design is the system or means used to estimate a counterfactual experience, and (c) dissection is defined as validated outcomes.

Reducing the amount of opioid addiction in nonviolent felony offenders on probation and increasing the amount of Suboxone might be subobjectives in the SB 123 program intended to reduce recidivism. Subobjectives are effective when the outcome is achieved (Mohr, 1995). Mohr defined subobjectives as “formative impact analysis” (p. 2). Mohr explained that anytime program theory is incorporated, the desired outcome presents an accurate image of the perceived impact. Thus, program theory is a framework that often reflects a standard depiction of a process; thereby, creating a normative association (Mohr, 1995). Considering that normative behavior represents a standard norm derived from a plethora of behavior (Elsenbroich & Xenitidou, 2012), the program theory was applicable to qualitative study.

The qualitative approach to program theory relates to logic flow, achieving program outcomes (Mohr, 1995). Mohr (1995) offered plausible linkages between logic model steps not measured using quantitative methods, a causation conclusion. Mohr

noted that, while questionable, causation conclusion is acceptable for analyses. Mohr further offered that a qualitative approach to impact analysis relies on inferred causality, often labeled factual causation. Thus, a qualitative approach applies to the design idea when considering the impact of relying on something other than evidence for counterfactual inferences. Causal inference is qualitative in that it rests on demonstrating quality (Mohr, 1995). According to Mohr, if a study includes two empirical observations, one shows the proposed cause and effect occurring together, while the other shows when the cause did not occur.

Primary Contributors to Program Theory

Program theory consists of a set of statements describing a specific program and explaining why, how, and under what condition the program effects occur (Sidani & Sechrest, 1999). One purpose of a theory-based evaluation is testing the model to explain the program and mechanism used to reach the intended outcome (Rogers et al., 2004). Rogers et al. further noted that establishing a program theory allows a researcher to conduct theory-based program evaluations to ensure that program aspects are aligned to effect change. When there is an outcome of evaluation methodology, factors are specified through program theory. Consequently, a complex model is necessary for individuals who have decision-making power, but little background information regarding the program (Rogers et al., 2004). According to Lipsey and Cordray (2000), considering the variability in all aspects of a program, including the participants, causal mechanisms include moderators and mediators with observable outcomes and program effects.

In addition to constructs and variables, research design is based on outcomes to treatment and outcomes attributed to treatment. Additionally, those outcomes attributed to treatment must be explored and interpretable with practical implications (Lipsey and Cordray, 2000). Lipsey and Cordray (2000) noted that researchers must determine how to represent the technique evaluation technique utilized. As a result, there is additional research in numerous databases on the outcomes to treatment.

Published Outcomes and Research

Although there is abundant literature on substance abuse addiction, nonviolent felony offenders, and treatment therapies, there is a paucity of literature regarding the perspectives of health care practitioners and addiction counselors in Wichita, Kansas. In my search for literature for this case study, I focused on substance abuse addiction, addiction counselors, SB 123 nonviolent felony offenders, and health care practitioners' perspectives. I searched for peer-reviewed journal articles and books in the following databases: ProQuest, SAGE publications, Conference Reports, PubMed, Walden University Library, and Google Scholar, in addition to U.S. government agency websites and search engines. In my database searches, I used the following key terms: *addiction counselor, alcohol abuse, evidence-based programs, drug abuse, drug grid, felony offenders, health care practitioner, intensive supervision probation, low level supervision probation, prior convictions, probation, regular probation, revocation, sanctions, and Suboxone.*

Terminology

Addiction counselor: The utilization of special skills to assist persons with addictions, and to assist such persons' families and friends to achieve resolution of addiction (Kansas Revised Sentencing Guidelines Act, 2017).

Alcohol abuse: Nordlund (2008) described alcohol abuse by three-dimensional levels including frequency, quantity, and context. Velander (2018) further defined alcohol abuse as a chronic brain disorder characterized by an impaired ability to stop or control alcohol usage despite consequences.

Drug abuse: A chronic disease characterized by drug seeking. The action of an individual taking a drug intended for a specific medical diagnosis that is compulsive, a habit-forming drug because of its toxicity or difficult to control, despite other potentiality for harmful consequences (NIDA, 2019).

Drug grid: An act concerning crimes, punishment, and criminal procedure relating to sentencing (Kansas Revised Sentencing Guidelines Act (2017)).

Evidence-based programs: Rely on research that demonstrates program effectiveness to guide policy and practice decisions (KSC, 2020).

Felony offenders: Severe criminal offenses divided into several classes that attract penalties of more than 1 year and up to life imprisonment depending on the crime committed (Kansas Criminal Records, 2020).

Health care practitioner: An individual licensed or otherwise authorized by a state to provide health care services, or any individual who, without authority, holds

himself or herself out to be so licensed or authorized (National Practitioner Data Bank, 2020).

Intensive supervision probation: Noninstitutional measure that allows clients sentenced by the court to live at home under rigorous intensive supervision (SCWFY, 2020).

Low level supervision: Requires one personal contact every 3-months; offenders shall report and provide information to the probation officer on a monthly basis (Kansas Department of Corrections, 2014).

Moderate supervision level: Requires one personal contact per month made using a variety of sources and methods, to gain information about offenders' supervision and progress in different aspects of their lives (Kansas Department of Corrections, 2014).

Prior convictions: Any conviction, other than another count in the current case, which was brought in the same information or complaint or which was joined for trial with other counts in the current case Kansas Revised Sentencing Guidelines Act (2017).

Probation: The court may impose any conditions of probation, suspension of sentence or assignment to a community correctional services program that the court deems proper Kansas Revised Sentencing Guidelines Act (2017).

Revocation: Allows the court to revoke probation, assignment to a community corrections program, suspension of a sentence, or nonprison sanction of an offender without having previously imposed an intermediate sanction (Kansas Revocation State Act, 2017).

Sanctions: Arrest for violating condition probation (Kansas Sentencing Act, 2017).

Suboxone: A mixture of two ingredients, buprenorphine and naloxone, that diminishes the effect of physical dependency to opioids, such as withdrawal symptoms and cravings (SAMHSA, 2020). Classified as a DEA Schedule III controlled substance with medical value carrying risks for addiction (Yerby, 2020).

Relevance to Public Administration Organizations

Many organizations are involved in the policy-making processes. Public policy is a tool used in the process of decision-making within or close to the government and other political institutions, producing public actions intended to have an impact outside of the political system (John, 2012). According to John (2012), public policy researchers explore how public decision-making works, the rationale behind societal policy reasoning, and the difference in policy outputs and outcomes. Established by the government, public policies are created in public and private institutions for institutional use (Porter et al., 2018). Private institutions do not carry the force of law, and public policies differ in the United States.

In the United States, public policies are enacted by federal, state, or local government stakeholders. Normally, public policies are created by the lower level of the government, which requires comports with policies created by a higher level of government (Porter et al., 2018). Additionally, the higher level of government is preempting, or prevents, the lower level of government from passing laws in particular areas, known as ceiling preemption (Porter et al., 2018). Ceiling preemption stifles policy

innovation at the local level of the government (Porter et al., 2018). Public policies fall into three different categories in the government such as local, state, and federal levels (Porter et al., 2018).

The three levels of government at the local, state, and federal level bind public policy into three categories. The three categories include legislation, regulation, and litigation. Legislation is also known as statutory law, which was created by a legislative body that compromised of elected representatives from U.S. Congress. Regulations are promulgated by local, state, or federal administrative agencies, adding to the policies that are associated with legislation. Finally, there is litigation. Litigation is the body of public policy that creates opinions of the judicial (Porter et al., 2018). Numerous emerging trends for policy change form by the government's laws and regulations.

SB 123 Program

Senate Bill Statutes

The SB 123 plan requires specific regulations to be followed when convicting nonviolent felony offenders. The list of regulations provided below does not constitute a complete list of all relevant regulations related to the SB 123 program. Some Kansas statutes related to the SB 123 program are as follows:

- K.S.A. 21-5706: Unlawful acts that are related to possession; penalties.
- K.S.A. 21-6604: Authorized dispositions and crimes committed on or after July 1, 1993.

- K.S.A. 21–6805: Sentencing guidelines; the grid for crimes that are applied to felony cases under uniform controlled substances act. Authority and responsibility of sentencing court and presumptive disposition.
- K.S.A. 21–6813: Presentence investigation reports with information included part of court records. Confidential information, disclosure to certain stakeholders, and report format.
- K.S.A. 22–3716: Arrest for violating conditions of probation, assignments to community corrections, suspension of sentences or nonperson sanctions, procedures, time limitations on issuing a warrant, limitations on service sentences in department of corrections, facilitating or serving period of post release supervision, exceptions.
- K.S.A. 65–4105(e), 65–4107(e), 65–4109(b) or (c), or 65–4111(b) Depressants.
- K.S.A. 65–4105(f), 65–4107(d)(4), (d)(5) or (f)(2), or 65–4109(e) Stimulants.
- K.S.A. 65–4105(d), 65–4107(g), or 65–4109(g) Hallucinogens.
- K.S.A. 65–4109(f) Anabolic steroids.
- K.S.A. 75–5291 Community correction services, grants to counties, placement of offenders, limitations, community corrections advisory committee, membership, and duties.
- K.S.A. 75–52–144 Certified drug abuse treatment programs, presentence criminal risk needs assessment, certified treatment providers, cost of programs. (KSC, 2020)

Sentencing Considerations

Sentencing considerations are considered in the courts. According to the SB 123 plan, the judicial system has considered many serious offenders (KSC, 2020). Under K.S.A. 21–5706, the felony offender must have a conviction of possession of a controlled substance. Provisions of several provisions for convicting felons are due to the mandatory drug grid. The Drug Grid is used to categorize the defendants according to their previous criminal records and information provided by the judicial system in each case (KSC, 2020). In addition, the drug grid is put forth to sentencing defendants to community corrections, the alternative to prison.

Criminal records with certain convictions, arrest records, and diversion agreements are followed by severity level subsections. For example, subsections include (b), (c), (d), (e), and (f). Any individual convicted of a traffic infraction, cigarette, or tobacco infraction is sentenced under a misdemeanor, class D or E felony in the state of Kansas (KSC, 2003). Nondrug crimes committed on or after July 1, 2012 are categorized as severity level of 4 (KSC, 2003). Severity levels 6 through 10 are for crimes committed on or after July 1, 1993, but not prior to July 1, 2012. Subsection (a) satisfies the sentence that is imposed or (b) was discharged from probation, a community correctional service program (KSC, 2003).

If felony offenders currently have a 5-A or 5-B criminal record and have no previous convictions, they are eligible for drug abuse treatment if the treatment process does not endanger public safety. The defendant must have a felony with a felony level of 8, 9, or 10, or a non-grid crime (KSC, 2020). Furthermore, the drug grid includes current

possession convictions with 5 E–I criminal histories, excluding prior convictions for drug trafficking, drug manufacturing, or drug possession with the intent to sell (KSC, 2020).

Next, the sentence of the offender who first committed a felony conviction with a severity of 8, 9, 10, or not guilty, shall be subject to the outgoing sentence.

Imposition of a sentence outside the sentencing guidelines exists for a variety of reasons. Unless otherwise prohibited by law, sentencing may consider without limiting information considering the background, conduct, and character of the offender.

Departure sentencing procedures authorize adjustments to the sentencing range within the sentence (KSC, 2020). Departures authorize adjustments of the sentencing range and help the court system with a way to impose appropriate sentences in exceptional circumstances (KSC, 2020). Maintaining the statutory mandate of flexibility to permit individualized sentences whenever warranted can be considered if the aggravating or mitigating factors are not considered vital. The court system will commit offenders under K.S.A. 21–6824 to participate in a certified drug abuse treatment program and community supervision through community corrections until it is determined that the offenders are suitable for discharge (KSC, 2020). Upon completing drug abuse treatment, the nonviolent felony offender may be discharged and not subject to a period of post-release supervision (KSC, 2020). The offender will remain in a certified substance abuse program and on community corrections for a period not exceeding 18 months. If treatment exceeds the 18 months, then the SB 123 nonviolent felony offender will no longer be eligible for funded treatment. Upon completing the drug abuse treatment, there

is a possibility that the nonviolent felony offender will not be subject to a period of post-release supervision (KSC, 2020).

Sometimes, but not often, the offender will refuse to participate in the conditions ordered by the judge. If the offender refuses to participate or has established a pattern of intentional conduct, demonstrating a refusal to comply with, or participate ordered conditions by the judge in the treatment program, then the defendant will be subject to a sanction or revocation of probation. According to the provisions of K.S.A. 22-3716 and amendments thereto, a probationer's revocation will result in serving the underlying prison sentence. The sentencing courts will define substantial and compelling reasons for the imposition of the underlying prison sentence.

Senate Bill Sentencing Rules

The SB 123 program requires rules and regulations for each offender sentenced under SB 123. Offenders to be sentenced for a third or subsequent conviction will qualify under K.S.A. 21-5706 (KSC, 2020). Once the offender violates either K.S.A. 21-5706 or 65-4162, they are required (i.e., it is mandatory) to serve a presumptive term of imprisonment (KSC, 2020). Instances of imposition of imprisonment inferences vary from situation to situation, and these situations may include at least three things when used as presumptions. An example of imposition of imprisonment inference would be the case in which the nonviolent felony offender previously completed a certified drug abuse treatment plan, and then withdrew from the certified drug abuse treatment provided in K.S.A. 75-52,144, or refuse to participate and participate in the certified drug abuse treatment plan provided by K.S.A. 75-52,144 (KSC, 2020). Another example would be if

the offender did not show a deliberate pattern of refusing to obey, in which case the offender should be bound by other provisions of the judicial investigation results.

Assessment Process

A presentence investigation is conducted on every offender. The presentence investigation will be available to nonviolent felony offenders once the judicial system sentences them to community corrections under K.S.A. 21-6824 (KSC, 2020). Offenders who meet requirements of statute K.S.A. 21-6824 are subject to a substance abuse assessment and a standardized risk assessment (KSC, 2020). The drug abuse assessment is used to measure the nonviolent felony offenders' level of substance abuse addiction, while the standardized risk assessment is used to measure the risk of committing additional crimes (KSC, 2020). There is an SB 123 Drug Abuse Assessment Package (DAAP) conducted by an approved substance abuse treatment agency certified by the Kansas Department of Corrections (KSC, 2020). Certified affiliated treatment agencies affiliated with the SB 123 that is certified will perform assessments for qualified SB 123 offenders. There is a Substance Abuse Screening Inventory (SASSI) portion of the DAAP, administered by the probation officers that can assist in managing the presentence risk assessment (KSC, 2020). The probation officers will complete the presentence investigations prior to the felony offender sentencing hearing.

SB 123 Assessment

The SB 123 assessment is standard and contains pertinent information on felony offenders. For example, the Level of Service Inventory (LSI-R) is used to determine the nonviolent felony offenders' risk of reoffending (KSC, 2020). The DAAP shall include

the SASSI, which is the substance abuse screening (KSC, 2020). Along with the SASSI, a clinical interview shall be utilized by the American Society of Addiction Medicine criteria that outlines the social history and determines the recommended level of care and treatment (KSC, 2020). Lastly, the SB 123 assessment summary form shall include offenders' demographics, identifying the community corrections organization's information, and the certified treatment provider (KSC, 2020). Additionally, the SASSI scores are used to recommend a certain level of care from the treatment provider and the mental health screening to assess individuals' discretion (KSC, 2020). All assessments are available to all stakeholders.

SB 123 Eligibility

Offenders who meet the standard eligibility requirements must meet various SB 123 program requirements. The source of funding source comes from the State General Fund (SGF), specifically for criminals sentenced to SB Senate No. 123 (KSC, 2020). The KSC contracts payments for services with the supervising agency from funds appropriate for such purpose. Statutory regulations require compliance, and a memorandum of agreement is signed by KSSC with each community corrections jurisdiction (KSC, 2020). If a nonviolent felony offender does not meet specific requirements, the offender can treat their substance abuse treatment disorder, but the courses of treatment are not funded by SB 123.

Current State of Practice

Currently, the SB 123 program outlines and has changes to improve the program and provisions for all stakeholders. For example, outpatient group treatment has been

added to the outpatient group modality (KSC, 2020). The outpatient group modality is used for auditing and examining purposes to ensure compliance with treatment standards are met (KSC, 2020). Additionally, peer mentorship modality is added to the approved treatment modality. The peer mentorship provider must implement plans that reflect the intent to bill for services prior to rendering services (KSC, 2020). Enforcing these changes predictively leads to more effective prison recidivism for substance abuse crimes.

Probation System

Probation is a court-imposed sanction given in lieu of imprisonment rather than a form of post release supervision (Phelps, 2013). Probation substitutes intelligence and humanity for brutality and ignorance in offender treatments (Phelps, 2018). Phelps noted that, receiving a probationary sentence encompasses one of three probation types:

Low level supervision, which requires little, if any, formal reporting by the offender. Regular probation, wherein the offender reports to a probation officer on a recurring basis. Adult Intensive supervision probation (AISP), which is more stringent reporting required with other conditions placed on the offender. (p. 1)

The classification system consists of three component goals in mind for success. The three goals include: (a) the public's need for protection along with community safety, (b) identifying and matching offender needs for treatment and management, and (c) improving correctional operations and performance while reducing the cost of recidivism (Lauren, 1997).

Significant development has occurred in the offender assessment process. For example, the level of service inventory-revised (LSI-R) is theoretically based on offender risk needs. The LSI-R assessment tool contains the most embracing research literature there is among offender assessments (Andrews & Bonta, 2003). As an assessment tool, the LSI-R contains 54 items divided into 10 subscales for the assessment of criminal history, education/employment, offender finances, family/marital conditions, accommodation, leisure and recreation, and attitude/orientation (Andrews & Bonta, 2003). The scores from each item on the LSI-R are summed to provide a total score; the higher the score, the greater the offender's risk for criminal behavior. In the state of Kansas, the LSI-R has its own cutoff score for supervision. For example, the cutoff scores for risk levels may be: (a) 29 or higher = maximum risk, (b) 19-28 = medium risk, or (c) 0-18 = minimum risk (Andrews & Bonta, 2003). The components of the LSI-R assessment have advantages to the offender and ensure effectiveness of supervision program standards.

With the exceptions of parole offenders, sex offenders, and offenders deemed high needs, most low-level supervision probation assignments include charges of shoplifting, theft, and check-fraud (Rogers, 2016). Regular probation supervision is authorized when a judge has granted the offender probation in lieu of prison. Probation officers who supervise the offenders are required to abide by stringent terms. The main goal of probation is to motivate the offender to trail a law-abiding lifestyle (Phelps, 2013). Probation and specialized terms vary statewide based on the jurisdiction but may be modified with court approval.

Intensive supervision (ISP) includes reducing caseloads, random urinalysis testing, close surveillance, treatment, and employment (Phelps, 2013). Nonviolent felony offenders remanded under the SB 123 program are considered ISP. A highly structured prison diversion program, ISP is for high-risk offenders sentenced to felony probation as an alternative to incarceration (Phelps, 2013). SB 123 nonviolent felony offenders fall under ISP probation; a community-based rehabilitation program to reduce the likelihood of the offender re-offending shall assist with reducing recidivism. As levels of probation increase, the likelihood of recidivism in nonviolent felony offenders decreases. It is achievable through reducing caseloads for the probation officer, increasing direct contacts of the probationer, and numerous required participation activities including community service, probation supervision fees, electronic monitoring, and substance abuse treatment (Phelps, 2013). According to Phelps, substance abuse treatment for nonviolent felony offenders specifically relates to opioid addiction in the community.

Opioid Addiction

Substance abuse users habituate substances including herbs, alcohol, and drugs (Herman & Roberto, 2015). Initially, many relish the utilization of drugs recreationally while some increase the habit (Herman & Roberto, 2015). As consumption increases, users become physically dependent on their drugs to the extent that they get sick if they decide not to take them (Herman & Roberto, 2015). Drug addiction comprises three stages: (a) preoccupation/anticipation, (b) binge/intoxication, and (c) withdrawal/negative affect (Herman & Roberto, 2015). Over time, these three stages become more intensive and ineluctably lead to a pathological state of addiction.

Not all drugs have the same effect on a person. Different drugs engender conspicuous patterns of addiction that engage in different components of the addiction cycle. A person's addiction shifts because positive reinforcement incentivizes a person's demeanor. Recuperation can be a long-term process involving complicated endeavors, with relapse being a component of the process. Throughout the treatment process, some medications accommodate illicit substances for successful outcomes of breaking drug addiction. For example, buprenorphine is an evidence-based treatment accommodation and reflects a best practice treatment regimen for reduction of opioid dependencies.

Suboxone

SB 123 nonviolent felony offenders need assistance with stabilization because of their opioid addiction. When an individual needs stabilization from withdrawals, medical detoxification for maintenance treatment promotes recovery from an opioid use disorder (Hardey, 2020). Substance abuse addiction depends on medications to assist with opioid addiction withdrawal. A medication with the potential to reduce the symptoms of opiate addiction and withdrawals is Suboxone and it is used in the correctional system often. Suboxone is a combination of two different drugs, buprenorphine and naloxone that intends to treat opioid dependence (Hardey, 2020). Buprenorphine's main goal is to deliver diminished opioid doses that provide a path for nonviolent felony offenders on probation to gradually wean off their pre-existing substance abuse addiction (Hardey, 2020). As an agonist, Suboxone activates receptors that are located within the brain. For example, heroin is a full opioid agonist that nonviolent felony offenders are addicted to and when used, the receptors are triggered, resulting in severe addictiveness (Hardey,

2020). Using buprenorphine and naloxone is effective for nonviolent felony SB 123 offenders because it helps offenders gradually return to their pre-existing substance abuse addition.

Naloxone is the other drug used in Suboxone. Naloxone is a pure opioid antagonist that shuts off opioid receptors and signals in the body because it blocks the agonists from reaching the receptor (Hardey, 2020). Not only does naloxone block the agonists, but it also reverses the effect of opioid agonists. As a result, signals that are meant to be sent to the nervous system are intercepted. For individuals currently using opioids, naloxone abruptly blocks opioid receptors, which may trigger physiologic body responses ranging from agitation, irritability, mood swings, insomnia, nausea, and vomiting (Hardey, 2020). Henceforth, risks can be prevented as long as naloxone is combined with buprenorphine.

Suboxone is known as the most abused prescription drug. It is indeed an irony that a miracle drug to treat opioid abuse can be a source of opioid abuse itself (Hardey, 2020). Suboxone abuse come with consequences with some being more extreme than others. For example, death is the most extreme consequence of Suboxone abuse. There are numerous physical and psychological effects of Suboxone abuse that can suggest that a person is misusing the medication (Hardey, 2020). Noticing the signs of misuse in the right context can be crucial in assisting the nonviolent felony offender to get the proper help needed to wean off Suboxone. With most cases of opioid abuse, detoxification is the first step to allow the nonviolent felony offender to be controlled and supervised while withdrawing from Suboxone (Hardey, 2020). Although this will inevitably trigger the

symptoms of it, is imperative that detoxification be conducted in an approved SB 123 treatment facility, in the presence of healthcare professionals. Detoxing in a treatment facility with healthcare professionals reduces the risk of an individual's relapse into deeper drug use because the withdrawal effects are unbearable (Hardey, 2020). Once a relapse occurs in nonviolent felony offenders, it then becomes a deeper issue than just a legal problem.

In the United States, opioid epidemics occur. The legal and medical framework of opioid epidemics is necessary to examine for the reason of prior misuse. According to Velander (2018), in the late 19th and 20th century, laudanum treatment used for pain and opium dens that were associated with Chinese immigrants led to alarm and racist hysteria because the physicians attempted to detoxify the patients with opioid medications. For this reason, numerous restrictions were put into place. A restriction led by the Harrison Narcotics Tax Act of 1914 occurred because the use of opioids to treat pain outlawed their use for addiction management (Velandar, 2018). As a result, some physicians engaged in unethical practice, while others did not, and were prosecuted under the Harrison Narcotics Tax Act of 1914. Since then, opioid addiction has remained a difficult to treat problem, with low recovery rates. In Wichita, Kansas, the opioid epidemic in SB 123 nonviolent felony offender treatment success is unknown.

Suboxone therapy and aftercare support are necessary to understand the outcome of substance abuse addiction. Similarly, while in therapy, the nonviolent felony offender can learn how to repair their lives following the devastation of Suboxone addiction. Suboxone addiction, allows the individual to recognize the learning keys to unlock their

issues of what lead them to abusing Suboxone (Hardey, 2020). If the nonviolent felony offender is released from therapy, the next step in the process provides a support group setting for different reasons. It is necessary for the SB 123 nonviolent felony offenders to successfully complete a 12-step group or aftercare support program so that they can maintain the concepts and protocols of treatment. There are challenges of maintaining abstinence, and it can be overwhelming if prior to aftercare support they have the cravings that align with Suboxone. For example, nonviolent felony offenders in the aftercare support program become aware of how to say no, how to recognize their triggers, and how to insist with moving forward in the event of a relapse. For that reason, SB 123 nonviolent felony offender's aftercare groups are vital parts of the treatment paradigm. Such effects of the triggers make buprenorphine the best first step in treating opioid abuse.

Buprenorphine

Buprenorphine is a semisynthetic opioid receptor agonist used to manage opioid dependence (Velandar, 2018). Restrictions of the utilization of opioids for treating pain are under the Harrison Narcotic Tax Act of 1914, which labeled substance abuse opioid dependence as malefactors and moral issues rather than a medical issue. Avoiding withdrawals, maintaining appetite, and stabilizing moods are the goals of buprenorphine being involved in a person's substance abuse addiction. Buprenorphine has more preponderant oral bioavailability regardless of the distribution method with approbation from the FDA for treatment (Velandar, 2018). Buprenorphine is associated with naloxone when utilized for pain management in a sublingual film or tablet form (Velandar, 2018).

In 2004, 118,000 opioid dependent individuals used heroin for the first time, to the extent that the use of heroin became an opioid analgesic abuse (Welsh & Valadez-Meltzer, 2005). Opioids can produce analgesic abuse because of an individual's addiction to drugs, including heroin (Welsh & Valadez-Meltzer, 2005). According to Welsh and Valadez-Meltzer, federal regulations warn that it is illegal for certain doctors to manage opioid addictions in an office-designated setting. The Drug Addiction Treatment Act of 2000 makes it possible to prescribe buprenorphine to patients in office-predicated settings.

As a common therapy maintenance in treatment programs, methadone and buprenorphine are not substitutes for heroin and opioid. Buprenorphine has potential pharmacologic advantages over methadone in managing opioid addiction. A number of pharmacologic advantages include reducing respiratory depression, reducing sedation, reducing risk of metastasis, and reducing withdrawal symptoms (Velandar, 2018). Unique pharmacologic properties distinguish buprenorphine from methadone and other medications to treat opioid dependence (Velandar, 2018). Given the aforementioned advantages, maintenance programs offer numerous trades for treating this heroin and opioid addiction.

Inpatient and Outpatient Drug Treatment

Individuals struggling with drug and alcohol disorders can participate in inpatient or outpatient treatment programs, depending on their addiction severity. The difference between inpatient or outpatient treatment plans is that in outpatient programs, individuals receive treatment to function outside the treatment setting (NIDA, 2019). While equally

focused on rehabilitation, both types of treatment offer unique attributes and benefits for substance abuse addicts.

Inpatient or residential treatment is effective for severe and co-occurring disorders (NIDA, 2019). Licensed residential treatment facilities offer participants 24-hour structured and intensive care that includes housing and medical attention. Residential facilities can use various therapeutic approaches that help the individual live a drug-free, crime-free lifestyle after treatment (NIDA, 2019). For example, therapeutic approaches in inpatient or residential treatment include detoxification, recovery housing, group counseling, cognitive behavioral therapy, and many more (NIDA, 2019). As a whole, both inpatient and or residential treatment sustain the mission of change. Treatment facilities' main goal is to influence the patients' attitude, act as a critical agent of change, provide understanding, and help participants avoid behaviors associated with their drug use (NIDA, 2019). Shorter-term residential treatment focuses on detoxification and ensures initial intensive counseling and treatment preparation in a community-based setting (NIDA, 2019). Effective treatment is necessary while following specific principles. Focusing on recovery of residential treatment is intense with less disruptive to the individual's personal life issues.

Rehabilitation housing provides supervised short-term housing for individuals who often receive different hospitalizations or hospitalizations (NIDA, 2019). Rehabilitation housing facilitates the transition to independent living (NIDA, 2019). Another name related to restorative housing is sober residential housing. A sober residential house acts as a bridge between hospitalization (inpatient facility) and the real

world (NIDA, 2019). While transitioning into daily life, sober living homes are a recovery option that allows rehabilitation knowledge reinforcement.

Outpatient treatment offers various programs for individuals who visit behavioral health counseling on a regularly scheduled basis. Many of the programs involve individual or group drug counseling, but sometimes both (NIDA, 2019). The program usually provides a form of behavioral therapy, including counseling services, recurrence prevention education and a 12-step rehabilitation group (NIDA, 2019).

Recommendations for outpatient treatment are for individuals suffering from substance abuse disorders, not requiring medically supervised detoxification.

Cognitive-behavioral therapy helps the opioid addict recognize, avoid, and cope with difficult situations in which they will most likely use drugs (NIDA, 2019).

Discussions with professionals' help and understanding of practical situations can help facilitate discussions about personal needs, valuable education, and advice on addiction issues from peers (NIDA, 2019). In an environment involving people in similar situations, peer-to-peer support is reliable and accepted. In addition, the therapist will also determine specific negative thinking patterns and behavioral responses (NIDA, 2019). Balanced and structured ways attempt to minimize challenging, stressful situations.

Multidimensional family therapy is for adolescents, specifically with drug abuse problems and their families. Multidimensional family therapy addresses the family's drug abuse pattern, which will improve overall family functioning (NIDA, 2019). Not all treatment facilities offer multidimensional family therapy services, but some allow it to

increase sobriety (NIDA, 2019). As proven, when family members understand substance abuse addiction, an in-depth understanding occurs (NIDA, 2019). The use of family-focused techniques during treatment increases the likelihood of family cohesion while decreasing family conflict.

Usually, intensive treatment is required first, and everyone must attend multiple outpatient treatments a week. After completing intensive treatment, individuals will transition to regular outpatient treatment, which means they will meet less often and fewer hours per week to sustain their recovery (NIDA, 2019). Combined with inpatient programs, intensive outpatient can adapt back into their families and communities.

Treatment Modality for Criminal Justice Populations

The SB 123 plan requires that offenders who require hospitalization or hospitalization within 21 days of the cost limit notify the community corrections jurisdiction (KSC, 2020). Although compulsory drug dependence treatments occur, systematic review of its effectiveness is unknown. Once the jurisdiction knows, a continued stay review will be reviewed for medical necessity by a clinician with approval or denial (KSC, 2020).

Studies show that drug abuse treatment can help many drug users change their attitudes, beliefs, and behaviors towards drug abuse. Many principles for the treatment of drug addiction are like those in the criminal justice population (NIDA, 2019). General principles of treatment, with some considerations specific to offenders, include treatment planning. Treatment planning utilizes tailored services within community-based treatment upon release from probation (NIDA, 2019).

Many things can trigger the individuals' drug cravings, so they must learn how to recognize, avoid, and cope with the triggers they are exposed to after the treatment process (NIDA, 2019). Ongoing coordination between treatment providers, courts, and probation officials addresses the complex needs of criminals to reintegrate into society (NIDA, 2019). There are challenges of re-entry for substance abuse offenders because of substances that change the brain's functionality.

Certain modalities challenge the SB 123 program and community corrections. The modalities listed in the SB 123 Approved Treatment Modalities and Cost Caps are for treatment providers approved through the Department of Corrections through certifications (KSC, 2020). Certifications through SB 123 Client Placement Agreement (CPA) are provided under SB 123. Service components, at minimum, require components of each treatment modality. All SB 123 modalities are in cognitive behavioral methodology with exceptions to social detox, assessment, and drug abuse education (KSC, 2020). Treatment providers are not required to complete a KCPC, nor does SB 123 program require the treatment provider to input data into the system regarding offenders (KSC, 2020). Successful discharge in SB 123 nonviolent felony offenders occurs most of the time, but not always. Once offenders meet all substance abuse treatment requirements and supervision requirements, they are deemed eligible by relevant stakeholders such as their probation officer, addiction counselor, and the courts. Should a nonviolent felony offender be discharged before completing treatment and community corrections, all relevant stakeholders are notified promptly with statute components observed.

The FDA

Protection of public health is the key. The FDA organization within the Department of Health and Human Services reflects the commitment to modernizing structures to protect and promote public health (FDA, 2018). In addition, meeting the challenges of rapid innovations in industries regulated by the FDA is the primary goal of the Department of Health and Human Services. This reorganization realigns several entities to promote strategic priorities that will elevate centers, offices, and field forces (FDA, 2018). Since 1848, the federal government uses chemical analysis that monitored the safety of agricultural products (FDA, 2018). The responsibility was inheritable by the Department of Agriculture and later by the FDA (FDA, 2018). Initially, the FDA had the name of the Pure Food and Drugs Act until 1930 (FDA, 2018). Then, it changed, with modern regulatory functions making that prohibited interstate commerce that alloy and misbranded food and drugs (FDA, 2018). Since then, the FDA has made changes in the United States with social, economic, political, and legal implications.

The DEA

The DEA's origin began in 1915 with the Bureau of Internal Revenue and advanced in both policy and administrative duties in subsequent years (DEA, 1970). By the 1960s, major changes took place in the United States, such as the introduction of drugs into American culture and efforts to normalize drugs (DEA, 1970). During that time, four million Americans tried drugs. By 1973, President Richard Nixon declared an all-out global war on the drug menace because this number has increased to 121 million due to the stories of countless families, communities, and individuals adversely affected

by drug abuse and drug trafficking (DEA, 1970). After the 1970s, many offenses with the drug enforcement administration were discovered.

From 1975 to 1980, the drug use escalated, and there were new challenges on the drug front. By September 1975, President Ford implemented the Domestic Council Drug Abuse Task Force chaired by Vice President Nelson Rockefeller in response to an increase in drug use (DEA, 1970). The purpose of the Domestic Council Drug Abuse Task Force is to assess the extent of substance abuse in America and make advocating solutions. Presenting solutions to the DEA and U.S. Customs Service will deemphasize marijuana and cocaine smuggling investigations but give higher priority to heroin trafficking (DEA, 1970). The policymakers made a will shift in enforcement efforts, resources, and manpower towards heroin. Policymakers were primarily concerned with heroin and not so much with amphetamines and barbiturates.

The mission of the DEA is to enforce controlled substance laws and regulations in the United States. In addition, the purpose of the DEA is to bring the criminal and civil justice system, or any other competent jurisdiction involved in growing, manufacturing, or distributing of drugs (DEA, 2020). One of the recommendations is for the DEA to provide support for nonenforcement programs to reduce the supply of illegally controlled drugs on the domestic and international markets after the mission. The rule of law includes a dedication to upholding the Constitution of the United States (DEA, 1970) When the mission is enforced, success of laws and regulations are effective.

Furthermore, the DEA has implemented strategies and fostering key partnerships over the course of its 45-year history. For example, the DEA 360 strategy takes an

innovative three-pronged approach to combating heroin/opioid use. The DEA coordinates heroin/opioid use through law enforcement, diversion, and community outreach. Law enforcement operations target all levels of drug trafficking organizations and violent gangs that supply drugs to the community (DEA, 2020). The diversion engaged drug manufacturers, pharmacists, and practitioners to increase awareness of the opioid epidemic and encourage responsible prescribing practices (DEA, 2020). Lastly, community outreach is through local partnerships to empower communities affected to prevent the same problems from occurring again (DEA, 2020).

The DEA enacts laws for licensed MDs or advanced practitioners and through these enacted laws the DEA has created specific licensing categories specific to the writing of controlled substance prescriptions, which includes, among many other drugs, both buprenorphine and Suboxone. As noted, buprenorphine is a medication with approval by the FDA to treat those with opioid disorders. Physicians best suited for prescribing buprenorphine shall receive a practitioner waiver to administer and dispense (SAMHSA, 2020). The practitioners will go through a specific process to obtain a license. This license to prescribe buprenorphine is available to specific individuals in certain entities. Qualified practitioners are physicians, nurse practitioners, physician assistants, clinical nurse specialists, certified registered nurse anesthetists, and certified nurse–midwives (SAMHSA, 2020). They must notify the Center for Substance Abuse Treatment and Division of Pharmacologic Therapies of their intent to practice medication-assisted treatment. Finally, the last step includes the notification of intent (NOI). The NOI requires submission to SAMHSA prior to the initial dispensing or

prescribing of opioid disorder treatment medication (SAMHSA, 2020). There are many qualified practitioners' requirements and conditions, and qualified practitioners will meet one of two conditions in their first year of prescribing to 100 patients only. Once the data items are obtained, completing the process of the buprenorphine waiver notification is necessary.

Notification of Intent

The NOI must include certain information, which must include qualification certificates and other certifications of the practitioner. The DEA's capacity that allows them to refer patients for counseling and other services is included. The practitioner does not receive more approved patients at one time regardless of the practice location, so this must be confirmed. Once the SAMHSA has reviewed the application within 45 days of receipt, and is approved, an approval email is sent (SAMHSA, 2020). This email contains information indicating their certification date and should be received within 7 to 10 business days from the DEA (SAMHSA, 2020). Federal laws and regulations permit physicians and other qualifying practitioners to administer only medications that are approved by the FDA (SAMHSA, 2020). A buprenorphine waiver is not necessary for medications that are approved by the FDA for treating opioid use disorders.

Prior Strategies and Practices

There are several potential mechanisms by which medications may interrupt addictive behaviors. This can include withdrawal symptoms and targeting risk factors specifically to subgroups such as family history of addiction. Buprenorphine has been used widely to treat opiate addiction in office-based practice to bring pharmacotherapy

patients into drug and alcohol treatment (Bearn et al., 2005). For example, a cross-sectional and longitudinal analysis to study clinical characteristics and treatment outcomes of 96 patients has been tested for actual experience to date. Sullivan et al. (2005) entered 96 patients in a clinical trial of buprenorphine in a primary care clinic that compared to 94 patients receiving methadone maintenance in an opioid treatment program. According to Sullivan's findings, patients in the new-to-treatment primary care clinic group were younger than their opioid treatment program counterparts that received prior methadone treatment. These patients were likely to be White over other race/ethnicities (77% versus 57%), and to have a shorter history of opiate addiction (7 versus 14 years). Significantly, abstinence and treatment retention rates were comparable, and strategies were encouraged by more physicians to use buprenorphine in office-based treatments of addiction. In other areas of prescribing, current approaches focus on systematic barriers. For example, to change and align with economic and noneconomic incentives, deploying information to clinicians and other decision makers (Naylor, 2004).

Organization Background and Context

Treatment Provider 1

Treatment Provider 1 is in Wichita, Kansas, servicing individuals needing help overcoming substance abuse addiction and provides medication-assisted outpatient treatment for opioid addiction. Treatment Provider 1 has been successful with individuals achieve long-lasting sobriety by tailoring their treatment program to meet each need by treating both addiction and underlying mood disorders (Treatment Provider 1, 2020). Results are based on an integrative team approach, where experienced providers,

including health care practitioners and addiction counselors, work collaboratively with each substance abuser. The Treatment Provider 1 believes every opioid prescription does not lead to addiction. Opioid addiction emerges from a pattern of over usage and, as a result, the Treatment Provider 1 outpatient treatment programs focus on providing comprehensive care to those who exhibit opioid addictive behaviors.

Seventh Direction

Seventh Direction is a nonprofit organization created to assist individuals suffering from substance abuse disorders to revive their inner physical and spiritual strength. The organization's initial goal is to use evidence-based treatments to meet the needs of those with substance abuse disorders. The approach that Seventh Direction uses is not systematic; rather, it encompasses care and compassion that support individuals during the recovery process. Seventh Direction provides evidence-based drug and alcohol treatment for adolescents, adults, and their families using tailored treatment and learning programs that are built for the healing of the mind, body, and soul together (Seventh Direction, 2020).

Role of the DPA Researcher

I was the only researcher involved in this proposed study. As a researcher in this descriptive case study, my role included being the primary instrument for collecting and analyzing data. In a qualitative study, the researcher study things in their natural setting to make sense of, or interpret, phenomena (McLeod, 2019). As the researcher, my role was to collect data from the participants and analyze the data without bias and distortions (see McLeod, 2019).

Researcher Biases

Interviews create space for actively listening and engaging with the participants who share their personal stories and experiences. I understood that my role as a researcher and a participant observer was to ask open-ended questions to reduce the likelihood of interjecting personal biases while conducting interviews. Developing good rapport is a criterion for being an effective interviewer (Kawulich, 2005). Furthermore, during the interviews, my role was to remove myself from the process and listen actively to what was being communicated rather than weighing in on my responses and creating biases. I also asked open-ended questions to grant the participant the opportunity to express themselves freely without feeling pressured.

My involvement with the Treatment Provider 1 and Treatment Provider 2 involved a full-time stakeholder involved in nonviolent felony probation. As a probation officer, intensive supervision officer, I assessed the nonviolent felony offender's behavior and developed many solutions to reduce recidivism. As a solution was determined, I also acted in regard to reducing reoffending in nonviolent felony offenders to change their behavior. I also dealt with reducing the likelihood of crimes criminal activity that may lead the offenders to commit more additional crimes. Additionally, during the interviews, my role was to listen to the interview portions of the case study as these interviews were part of the multiple data streams required in case study design as it differentiates this method from phenomenology. Reducing biases helped to make sure that the questions being asked were thoughtfully posed and delivered in a way that allowed the respondents to reveal their personal feelings without distortions. According to Polit and Beck (2014),

bias is commonly present in all qualitative research and is a potential area yielding a distortion in the result interpretations. Potential biases as the researcher that I may have possessed included but were not limited to confirmation bias and leading questions and wording bias. Confirmation biases is used when the researcher has formed a hypothesis or belief and the researchers' information is confirmed by that belief while in the moment (Sarniak, 2015). Steps taken to minimize confirmation bias, the researcher shall continually reevaluate impressions of respondents and challenge the preexisting assumptions and hypotheses. Challenges and complexities of evidence-based movements for understanding potential contributions of qualitative research can help identify a way forward (Galdas, 2017). To minimize leading questions and wording bias, asking questions that used the participants language and inquire about the implications of the participants feeling and a behavior was vital.

Researcher Motivations and Perspectives

The impact of this research was based on my professional and personal experience in government departments and my desire for a more comprehensive understanding of the Sedgwick County Department of Corrections itself. As an intensive supervision officer, I worked primarily with the nonviolent felony offenders on the SB 123 team. My main motivation was to explore the personal experience of health care practitioners and addiction counselor and focus on their experience in the SB 123 program to help the organization build overall analysis capabilities and sustainability. I was interested in providing support because the SB 123 program is solving a real-world problem to improve the lives of the Wichita, Kansas, community.

Researcher Biases

In managing biases to sampling the perspectives of health care practitioners and addiction counselor, I conducted direct communication with each participant prior to the process for transparency about the process, purpose, and time commitment. I also identified open-ended questions to grant the participants the opportunity to express themselves freely without feeling pressured. The goal of the SB 123 was to create positive social change for all SB 123 nonviolent felony offenders remanded to community corrections. The professionals in the program created a vision, mission, and short-term goals, but there was no comprehensive overview for strategies used to develop organizational infrastructure. I also recorded notes from the interviews while observing the participants during the interview. In addition, I engaged in bracketing, which involves making personal bias and perception notes before conducting the interviews. Bracketing, through keeping a reflective journal, assists researchers with recording the research process and capturing thick descriptions, such as reactions to interviews or descriptions of the interview setting. It also allows the researchers in a qualitative study not to be swayed by the personal experiences or biases of the researcher (Newman & Tufford, 2012).

Role of the Project Team

Informing the Team

I included a statement in the participant information email advising the participant of the study's process and their role I sought to have them have. Participants were assured that the information provided during the process was held in confidence, and they had

opportunities to ask me for topic clarifications, if needed. Finally, each interviewee could request to stop the interview or decline to respond to any question, at any time, and for any reason.

Team Member Contributions

Participants at Treatment Provider 1 and Treatment Provider 2 in Wichita, Kansas, have different backgrounds. My current and past professional relationships with them differed because of their limited roles. The experiences of the addiction counselor with the SB 123 program administration differs from health care practitioners in the overall treatment plans/setting of nonviolent felony offenders remanded to the SB 123 program. During my tenure as an intensive supervision officer, I encountered one participant who was a Wichita provider who prescribed Suboxone to opioid-addicted individuals, and they were instrumental in proving policy data. The second participant I worked hand in hand was an SB 123 program provider that offered treatment therapy for offenders and provided treatment counts under SB 123 and success rate data.

Team Timeline and Responsibilities

The semi structured interview answers were recorded on a digital recording device with handwritten notes. Conducting semi structured interviews facilitated the individual's freedom to express personal views. These interviews lasted approximately 90 minutes and were conducted using open-ended questions and discussions to provide reliable and comparable qualitative data with one participant at a time. I appeared in a general knowledgeable, humble, open-minded way but not to pose as more expert than the addiction counselor and health care practitioner (see Leech, 2002). Additionally, the

responsibility of the addiction counselor and health care practitioner was to provide any documents they wanted to include for information on the SB 123 program. Anytime during their interview, if the addiction counselor or health care practitioner referred to certain documents that were not been included, a list of such documents that are of interest were collected with their permission. Using reflexive restating of participants' sentences, using their own words was important interview tool for me. This technique of active listening helps to reinforce that I did, in fact, understand a point of the addiction counselor and health care practitioner. After any unrecognized lingo or acronym, I prompted the addiction counselor and health care practitioner to elaborate or provide an example for a better understanding. At the conclusion of each interview, I posed a short, program-related question related to the interviewee's perspectives on the future of the SB 123 program.

Summary

Section 2 addressed topics around policy efficacy in the SB 123 program success and assessing the use of Suboxone in the overall treatment planning for those meeting SB 123 probation conditions and authorized health care practitioners assessing the use of Suboxone in the overall treatment planning and program success for those meeting SB 123 probation conditions. My research study's primary focus was to gauge contemporary experiences of authorized health care practitioners' treatment use of Suboxone in nonviolent felony offenders in inpatient/outpatient treatment remanded to community corrections in real-life context. The perceived impact of examining authorized health care

practitioners' knowledge and applying the SB 123 program efficacy will be discussed in Section 3.

Section 3: Data Collection Process and Analysis

In regard to physician access barriers and Suboxone funding, little is known about the treatment practices and offender success experiences in the Suboxone addiction treatment network in Wichita, Kansas. I conducted an in-depth multifaceted exploration of SB 123 policy implementation among health care practitioners at Treatment Provider 1 and addiction counselors at Treatment Provider 2 associated with SB 123 in Wichita, Kansas, specific to Suboxone use in reducing recidivism in nonviolent criminal offenders remanded to drug treatment as a condition of probation.

I used two data collection techniques. The primary data collection technique was semi structured interviews and the secondary data collection technique included archival document reviews and publicly available government websites specific to SB 123 program aspects. To recruit participants, I used purposeful sampling. Sampling and single significant case sampling strategies are the most effective to access informant-rich cases (Palinkas et al., 2015). I conducted a single-session interview with individuals who have experiences in prescribing or managing Suboxone for nonviolent felony offenders remanded to community corrections. During interviews, I explored a variety of lenses that revealed multiple facets of Suboxone use in nonviolent felony offenders. Lastly, I prepared a list of potential participants using SB 123 treatment providers and known connections. I contacted at least five approved SB 123 treatment providers via email and invited them to take part in my study.

My role as the researcher varied depending on specifications of research procedures and fieldworks. I was responsible for conducting my study in a way that

ensured achieving the interviews efficiently and abiding by the Institutional Review Board's (IRB, n.d.) policies of ethical research. I took both formal and practical measures to control ethical issues, including the protection of the research participants.

Practice-Focused Question

What are the experiences of healthcare practitioners and addiction counselors associated with SB 123 nonviolent adult offenders requiring drug and alcohol treatment concerning Suboxone treatment regimens? I investigated complex issues in a time- and space-bound phenomenon of SB 123 policy implementation among health care practitioners at Treatment Provider 1 and addiction counselors at Treatment Provider 2 associated with SB 123 in Wichita, Kansas, specific to Suboxone use in reducing recidivism in nonviolent criminal offenders remanded to drug treatment as a condition of probation.

Sources of Evidence

Multiple data sources contribute to the quality of qualitative studies (Patton, 2015). As aforementioned, the primary data collection technique was semi structured interviews and the secondary data came from document reviews of publicly available archival data related to aspects of the SB 123 program to enhance the historical program aspects (see Mohr & Ventresca, 2002). Semi structured interviews were based on an interview guide (see Appendix) that presents schematic questions designed using key constructs of Mohr's program theory in relation to Suboxone use in SB 123 nonviolent felony offenders.

Relationship of the Evidence to the Purpose

The experience of participants constitutes an essential piece of information in qualitative case studies. The empirical qualitative approach implies investigating cases addressing *why* and *how* questions concerning the phenomenon of interest (Yin, 2002). There is a relationship of this evidence between Suboxone use and SB 123 nonviolent felony offenders on felony probation. Utilizing this evidence offered additional insights into what gaps exist, which can turn into developing or refining the theory of perceptions of the participants regarding their experiences and the impact of treatment use in SB 123 nonviolent felony offenders.

How the Evidence Addresses the Question

My primary interview data addressed the perceptions of the participants regarding (a) experiences of health care practitioners' and addiction counselors' context-specific experience of Suboxone treatment used with Kansas SB 123 nonviolent felony offenders and (b) the impact of treatment use with Kansas SB 123 nonviolent felony offenders. Key questions determined whether perceptions of the participants and the impact of treatment use were desirable or indeed possible to undertake. Simultaneously, key questions obtained a more naturalistic understanding of experience of health care practitioners and treatment use.

Published Outcomes and Research

Although there is abundant literature on substance abuse addiction, nonviolent felony offenders, and treatment therapies, there is a paucity of literature regarding the perspectives of health care practitioners and addiction counselors in Wichita, Kansas, that

is program specific to their involvement with SB 123. In my search for literature for this case study, I focused on substance abuse addiction, addiction counselors, SB 123 nonviolent felony offenders, and health care practitioners' perspectives. I searched for peer-reviewed journal articles and books in the following databases: ProQuest, SAGE publications, Conference Reports, PubMed, Walden University Library, and Google Scholar in addition to U.S. government agency websites and search engines. In my database searches, I used the following key terms: *addiction counselor, alcohol abuse, evidence-based programs, drug abuse, drug grid, felony offenders, health care practitioner, intensive supervision probation, low level supervision probation, prior convictions, probation, regular probation, revocation, sanctions, and Suboxone*. In searching for relevant literature, I used Boolean combinations. The total numbers of references I reviewed included 14 books, 65 journals articles, and 16 government websites. Of these 95 sources, 78 were from scholarly peer-reviewed sources published within the past 51 years (1970–2020).

How Original Data Were Collected

Once I conducted the interviews, I structurally organized the data from the interviews with the participants. The interview data included not only participants' responses to the interview questions but also my notes on observation. To ensure ethical research, I began to collect the primary data after obtaining Walden University IRB approval (see IRB, n.d; Patton, 2015). To corroborate the data collected during the interviews, I used secondary data collection technique from publicly available government websites specific to my topic of interest. Gathering data from more than one

source is a requirement for methodological triangulation, credibility, and ease achieving data saturation (Patton, 2015). The secondary data came from a review of documents, which in this case were SB 123 conference reports. From the review of documents, I expected to gather information on the SB 123 program, including its mission, policies and procedures, and program requirements. Various conference reports targeted prison recidivism by providing community-based substance abuse treatment information to treat nonviolent felony offenders and reserving prison sentences for offenders committing serious, violent crimes.

Instrumentation for Data Collection

In the course of my study, I conducted five semi structured interviews to understand why, from the point of view of the participants, they use Suboxone for treatment of SB 123 nonviolent felony offenders on community corrections and how the participants view the effectiveness of Suboxone treatment for nonviolent SB 123 felony offenders remanded to community corrections. The main objective of all planned interviews was to capture the contemporary experiences of health care practitioners and addiction counselors related to their processes associated with prescribing or managing Suboxone to nonviolent felony offenders remanded to community corrections. This data collection approach helped to enhance information specific to a given program and improved discovery regarding previously unknown or undisclosed information. Conducting semi structured face-to-face and Zoom interviews with open-ended questions was best suited to obtain my primary content (see Moustakas, 1994). Structuring the interview means using a set of shared questions, and it allows the researcher to focus on

the research purpose guaranteeing alignment in the research questions with the interview questions (Bevan, 2014).

Bevan (2014) suggested that researchers structure interview by using questions needed for contextualization (i.e., to explore bibliographic data), apprehending (i.e., focusing on the phenomenon under study), and clarifying (i.e., clarifications related to specific elements participants' experience). Researchers can use probing questions to ensure an in-depth understanding of the information being shared by participants (Patton, 2015). Pessoa et al. (2019) proposed the use of a wide range of interview questions, including confirmatory questions, questions to organize chronological events, and questions that explain contradictions. I asked two sets of questions that consisted of (a) general questions for all participants and (b) specific questions for a particular group of participants depending on their job title. I used broad and open-ended questions that were directly related to the research questions to gain access to information relevant to my research purpose. I then used additional questions to ensure accurate interpretation of the essence of participants' experience in the use of Suboxone in nonviolent felony offenders remanded to community corrections.

In developing the interview questions, I aligned their development with my proposed research question while incorporating key constructs of Mohr's program theory and Yin's case study approach. Patton (2015) noted that to collect data effectively during interviews a researcher must develop the interview guide (i.e., the first instrumentation). My interview guide and questions are available in the Appendix.

Evidence Generated for the Study

In the section below, I describe the steps that I took to collect data. In particular, I include a discussion about the participant selection (i.e., how participants were selected, how many participants were selected, and the relevance of the participants). Additionally, a description and justification of the selected sampling strategy, a rationale for participants' eligibility criteria, as well as justification for the selected sample size are provided.

Participants

Sampling Strategy

I used a purposive sampling technique to recruit participants. Purposeful sampling enables researchers to select participants who fit the criteria of a study (Palinkas et al., 2015). Patton (2015) noted that researchers use purposeful sampling when the goal is to gather rich data from a case related to the phenomenon of interest and when there is a need for decidedly relevant material. The participants were adults interested in the subject of transpersonal experiences. The participants were healthcare professionals with transpersonal experiences specifically related to the SB 123 program in their professional work settings. Interviewing participants who are recognized in the field of transpersonal counselor or health care life therapy was important for understanding the problem under exploration. All participant interviews were open-ended, nondirective, and designed as an investigation tool to learn subjective experiences, philosophy, and impact on SB 123 and nonviolent felony offenders under their care.

Sampling Size

Sample sizes in case studies are often small. Yin (2008) noted that two or three cases are sufficient for the exploration of a straightforward phenomenon. According to Yin, collecting data from knowledgeable people about the case under exploration candidates or collecting and documentation about the problem is important. While interviewing at least five participants for a case study was an appropriate sample size, I recognized the importance of reaching data saturation. Thus, I continued to interview participants until I reached data saturation. Data saturation occurs when data becomes repetitive, and no new information is obtained (Yin, 2018).

Procedure Instrumentation

Common sources of data collection in qualitative research include interviews, observations, focus groups, and reviews of documents (Patton, 2015). The data collection instruments that I used were semi structured interviews and public document reviews. Constructed interview questions (see Appendix) have been generated in line with Mohr's program theory and the SB 123 program. Throughout the interviews, I used note taking as a secondary data source that accompanied digital audio recordings. Note taking is important and critical to in-depth interview methods as that tool helps with focus and emphasis surrounding comments and responses to the interviewer's questions. There are clearly advantages to taking notes. During the interviews, I engaged in bracketing, which involves making personal bias and perception notes before conducting the interviews. Bracketing allows the participants in a qualitative study not to be swayed by the personal experiences or biases of the researcher (Newman & Tufford, 2012).

In conjunction with semi structured interviews, I collected archival data. Archival data provides information on a wide array of empirical materials created by individuals for their purposes or on behalf of organizations (Yin, 2018). The documents that I reviewed were SB 123 conference reports. Because the SB 123 conference reports are publicly available, I did not need to obtain permission to obtain and review the aforementioned reports.

Recording Instruments

To record the responses of participants to the interview questions, I used the integrated Zoom recording feature and saved all files to my password protected computer. Before the commencement of the interview process, I described the interview process to the participants, and I confirmed again their permission to be audio recorded. Once they verbally acknowledged their acceptance to be recorded, I activated the Zoom recording feature.

Interview Protocol

I interviewed the participants after receiving Walden IRB approval. The interviews were conducted via Zoom due to the current public health restrictions regarding in person meetings. Jacob and Furgeson (2015) posited that interviews with the study participants should take place in an appropriate setting consisting of conference rooms or a comfortable and quiet environment. In addition, Jacob and Furgeson noted that choosing a reserved, semiprivate area such as a library, is another option for researchers who wish to conduct face-to-face interviews. Interviews via Zoom were not a significant deviation from my original data collection design to interview participants

face to face. During the interviews, I followed the prepared interview protocol (see Appendix). The interview protocol is a set of rules and guidelines for use for the conducting of the interviews and comprises pre- and post-interview guidelines and a set of questions used during the interview (Dikko, 2016). The use of an interview protocol is essential because it helps ensure that researchers ask the same questions when interviewing (Yin, 2018).

Question Development

To ensure that the interviews are effective in collecting data, I only asked open-ended questions related to the research question. Semi structured interviews offer a means for researchers to gain an understanding of how others view their life, the environment, and the world (Patton, 2015). In addition, semi structured interviews provide a flexible approach to the interview process because the method permits for unexpected responses and concerns to surface in the course of using open-ended questions (Palinkas et al., 2015). To focus attention on key issues and objects of the investigation with respect to the specific problem, I developed interview questions that are thought provoking as well as clear and concise. As Rossetto (2014) noted, open-ended interview questions encourage dialogue and encourage participants to provide more insights into the phenomenon.

Software

Several qualitative software analysis methods are available to researchers conducting qualitative studies, including NVivo, Atlas.ti, MAXQDA, Transana, and Excel. My intent was to use NVivo (Version 12) to analyze the data. Woods et al. (2015)

noted that researchers use NVivo software as a data organization, analysis, and coding application. NVivo software also enables researchers to code and interpret data and uncover emerging themes (Woods et al., 2015). Using a qualitative data analysis software enabled me to store, code, and analyze the data more efficiently. NVivo transcription is an automated transcription service integrated into NVivo 12. NVivo was used to be transcribe the interviews verbatim. The process for this included three different steps including tracing the interview on the transcription website, importing the transcripts into NVivo manually, lastly manually importing the transcripts.

Protections

Recruitment Procedures

Poulis et al. (2013) noted that researchers should carefully select the most suitable population for exploratory research. As a former probation officer on the SB 123 team, I prepared a list of potential participants using SB 123 treatment providers and known connections. I contacted at least five approved SB 123 treatment providers via email and invited (see Appendices C and D) them to take part in my study. During the time of the first contact via email, I provided prospective participants with information about the purpose of my research, informed them that their participation in the research is voluntarily, and that their identity would remain confidential. I contacted five individuals who accepted the invitation to discuss the best date, time, and location of the interviews. One of the five individuals who did not express interest in participating due to the pandemic did and enough time did not receive further information about this project. It is important to note that interviewees had the option to withdraw from a research study

without retaliation (see Jamshed, 2014). Thus, invited participants were free to decline participation or withdraw from the research after agreeing to participate in the interviews. Additionally, they may freely choose to not answer one or more posed questions.

Duration and Frequency of Data Collection

The data collection involved face-to-face or video interviews and secondary data collection from publicly available data sources. The interviews took place at a time and location convenient for the participants. During the first meeting, I conducted the interviews and member checking. Member checking is a validation technique that qualitative researchers use to ensure accurate interpretation of the participant's responses (Patton, 2015). Through member checking, I shared the context from the participant's recording to ensure each answered in a manner that they intended. Taking part in member checking can cause distress or be a therapeutic process for participants. According to Carlson (2010), returning verbatim transcribed data can cause embarrassment or distress. If a treatment participant was unwilling to meet a second time or verbally stated they did not wish to participate in member checking transcript review. An appropriate method to adopt within a subtle realist approach includes enabling a triangulation.

The collection of the secondary data was not be time consuming. Secondary data are the preexisting information that researchers use to enhance methodological understandings (Irvine et al., 2013). The use of a second data source in qualitative case studies is necessary, and the collection of secondary data enhances the understanding of the problem under investigation and broadens the range of findings related to the

experience of a health care practitioners in prescribing or managing Suboxone to nonviolent felony offenders remanded to community corrections.

Recording and Storage of Data

As aforementioned, participant audio records were requested and included in the informed consenting process. For interviews conducted via Zoom, I used the integrated audio recording feature with content storage on my password protected computer. Before the commencement of the interview process, I described the interview process to the participants. I turned the recorder on before the participant begins to speak about his or her transpersonal experience with limited questioning by me for any clarification and to maintain focus on the research questions. All interview data transcripts, field notes, and data archive content will be secured for 5 years per Walden University IRB data security requirements. At the conclusion of the 5 year storage process, all paper notes will be destroyed by shredding and all audio and other data files will be encrypted and deleted from all storage devices.

How Participants Exited the Study

Debriefing is a procedure that occurs at the conclusion of human subject study participation, through which the participants have the opportunity to discuss with the researcher the details of the research (Palinkas et al., 2015). After completing the interview phase of my research, I thanked the participants for their time and information contribution. Each participant had the opportunity to ask any questions they had about the research study. I also informed participants that I would prepare a study summary document for distribution to them and their respective treatment settings.

Follow-Up Procedures

Once the interviews were completed, it was essential for reflection immediately following. I reflected on both the process and the content of the interview. I used reflexivity for content knowledge every step of the research process. The general process for analyzing and interpreting interviews involves reviewing the data in transcripts and audio recordings (DeJonckheere & Vaughn, 2019). I imported each participant's audio digital file from the interview recordings to be transcribed as necessary (see NVivo, n.d.). Transcribing the audio files in a NVivo ready format allows necessary changes to be made and having the ability to tag speakers to ensure the transcription is formatted properly will assist with the reflection process (NVivo, n.d.).

Analysis and Synthesis

Qualitative data require reflection on the part of researchers, both before and during the research process (Morse, 2015). Researcher reflexivity is a process whereby a researcher reflects on thoughts and decisions about the data collected (Patton, 2015). To be engaged in reflexivity means that the researcher is able reflect upon and clearly articulate their position and subjectivities, so that transparency of world view, perspectives, and biases can be understood through filters such as the type of questions being asked, the type of data being gathered and analyzed, and the findings being reported. Bias and subjectivity are not inherently negative but unavoidable (Yin, 2018). Synthesis is the aim of the final stage of qualitative research. The synthesis of data that the researcher presents is of crucial significance where the story of the participants can be distilled, summarized, and told in a manner that is respectful (Sutton & Austin, 2015).

There are many ways that researchers can synthesize and present their findings and the synthesis will take place only after the completion of the data analysis.

Data Analysis

When conducting qualitative data analysis, Yin (2008) recommended a five-step process that includes compiling, disassembling, reassembling, interpreting, and concluding. The analysis begins by compiling and sorting the field notes amassed from the researcher's fieldwork and other data collection. As Yin (2008) recommended, I turned any short notes to full notes. Preceding note-taking practices pertain to notes taken during fieldwork or when actually doing an interview. Field notes are often constrained by a shortness of time and attention because the main attention of the researcher is devoted to doing the fieldwork or conducting the interview. As a result, these notes, sometimes considered jottings, can be fragmentary, incomplete, or cryptic. Therefore, the field notes needed to be revised and converted into a more formal set of notes that eventually became part of the qualitative research study's database. While I compiled notes from archival data as well, the notes were not be in order. Thus, the first step, compiling, involved neatly organizing and refining the notes and secondary data collected for the study in some order.

The second phase involved breaking down the compiled data into smaller fragments or pieces, which may be considered a disassembling procedure. Yin (2008) noted that the procedure may (but does not have to) involve assigning new labels, or codes, to the fragments or pieces. Each study is unique, but the disassembling procedure may be repeated many times as part of a trial-and-error process of testing codes,

accounting for the two-way arrow between these first two phases. The second phase then was followed by using substantive themes (or even codes or clusters of codes) to reorganize the disassembled fragments or pieces into different groupings and sequences than might have been in the original notes. This third step is called reassembling. The assembling and disassembling phases may be repeated several or more times in alternating fashion.

Following Yin's model, the fourth phase involved using the reassembled material to create a new narrative, with accompanying tables and graphics where relevant, that became the key analytic portion of the draft. The fourth phase was one of interpreting the reassembled data. Initial interpretations may lead to the desire to recompile the database in some fresh way, or to disassemble or reassemble the data differently, all of these sequences represented by the respective one-way and two-way arrows. The fifth and final phase is the concluding phase. It calls for drawing the conclusions from the entire study. The conclusions were related to the interpretation in the fourth phase and through it to all of the other phases of the cycle.

Coding Procedures

Coding is part of the data analysis process. Researchers enter data into spreadsheet or data analysis software to visualize and organize data (Palinkas et al., 2015). Once I transcribed all of the interviews and had all other data from the interview notes, and document reviews, I implement coding procedures to maintain the confidentiality of the participants' words and experiences using NVivo 12 qualitative data analysis application. When conducting qualitative research, transcribing interviews

and audio files is essential. Although transcribing interviews and audio files is essential, it can also be time-consuming. Using NVivo 12 allowed the freedom to focus on analyzing the data. NVivo 12 allowed importing of each participant's audio digital file from interview recordings to be transcribed and organized from the structured interview with the playback ability for instances in the interview to easily be transcribed (see NVivo, n.d.). Grouping of the individual codes with the data from the secondary data and interview notes enabled me to develop themes centered on the central research inquiry. NVivo 12 is a flexible transcription tool with desirable features. For example, transcribing the audio files in a NVivo ready format directly the project, having a NVivo editor that allows necessary changes to be made, and having the ability to tag speakers to ensure the transcription is formatted properly (NVivo, n.d.). NVivo 12 is the only transcription tool with a 90% verbatim accuracy rate from quality audio and supports 28 languages in research (NVIVO, N.D.).

Issues of Trustworthiness

Questions that often arise in qualitative research are related to the reliability and validity of the study findings. In qualitative research, researchers establish reliability and validity by addressing Lincoln and Guba's (1985) commonly accepted criteria of dependability, credibility, transferability, and confirmability. Collectively, many researchers refer to these four criteria as trustworthiness (Patton, 2015). Ensuring a qualitative study's trustworthiness is essential for establishing the study findings' reliability and validity in qualitative research.

Credibility

Credibility is the means of truthfulness (Harvey, 2015). Elo et al. (2014) posited that participant selection and recruitment process integrity were vital for credibility. Patton (2015) underscored the importance of proper identification and description of participants to establish credibility. Additionally, the interview questions' appropriateness to answering the overarching research question was another consideration for establishing credibility (Elo et al., 2014). I followed all credibility strategies outlined. Credibility is accomplishable through member checking when ensuring meaning and word choice are accurate (Harvey, 2015). According to Harvey, researchers choose to use member checking as a credible way to ensure data interpretations are accurate and valid in meaning is sufficient. Specifically, purposive selection of the health care practitioners and addiction counselors experience of Suboxone use in nonviolent felony offenders is a critical component of the credibility.

Triangulation

There are four types of triangulation that include: (a) data, (b) investigator, (c) theory, and (d) methodological (Yin, 2018). Methodological triangulation refers to the use of more than one data source, such as interviews and documentary review (Patton, 2015). By triangulating data, the researcher explores a phenomenon from different perspectives and levels such as interview data and documentary review (Palinkas et al., 2015). I used methodological triangulation to analyze collected data. Applying methodological triangulation allows the researcher to display the richness and depth of the data (Patton, 2015).

Transferability

Nowell et al. (2017) noted that transferability refers to the applicability of study findings to other contexts. Transferability is the ability to draw conclusions and inferences, and the application of the results of research to similar situations. According to Marshall and Rossman (2016), readers determine the transferability of the research study's findings. Providing a rich description of the research context helps readers determine whether the findings of a particular study are transferable to another research (Yin, 2018). Thus, I provided a detailed description of the data analysis process, participants, and research context. Transferability shows the findings having applicability in other contexts.

Dependability

Dependability refers to replicating similar findings with the same target population (Yin, 2018). To enhance dependability, Yin (2008) recommended that scholars use member checking. I used NVivo 12 to transcribe the participants' responses from the interviews for accuracy and those transcripts, which were then be shared using member checking with each interviewed participant to evaluate their agreement with their recorded content. Word and phrases changes were accepted and incorporated into the final transcripts. Participants who did not wish to participate in member checking or who did not respond within 7 days to the request to participant in member checking processes had their transcriptions accepted as written.

Confirmability

Confirmability is the extent to which the findings of a study are shaped by the respondents and not the researchers' bias, motivation, or interest (Sutton & Austin, 2015). To ensure confirmability throughout the study, I focused on maintaining an audit trail and reflexivity. To ensure confirmability of the findings, I used a journal to keep copious notes to allow me to engage in reflection and introspection (see Cypress, 2017). I utilized NVivo12 to transcribe the responses from the interviews accurately so that the data could be explored, analyzed, interpreted and the conclusions presented to validate the research question (see Elo et al., 2014). To ensure reflexivity and strengthen confirmability, I ensured that the data collection was free of bias, perspectives, or preferences (see Elo et al., 2014). I strived to be objective in carrying out the study where in-depth interviews with participants are free of personal and professional prejudices.

Ethical Procedures

As the researcher, I was responsible for ethically conducting the research study. Data collection did not commence before obtaining approval from Walden University's IRB. After receiving IRB approval, I contacted potential participants via email to invite them to participate. Participants who expressed interest in participating received further information about the date, time, and location of the interviews. The participants also received an informed consent form in which I provided details regarding specific information. Information included the nature, the benefits, along with detailed information about the voluntary nature of their participation, and their right to withdraw from the study.

Treatment of Human Participants

I treated the participants with the utmost respect. To ensure ethical research, many researchers follow the guidelines outlined in the Belmont Report (1979). The Belmont Report summarizes the basic ethical principles' scholars must live by when conducting research. These principles are: (a) respect of persons, (b) beneficence, and (c) justice (The Belmont Report, 1979). Respect for persons refers to protecting the participants' autonomy in a study; beneficence involves treating participants with dignity, protecting them from harm, and making efforts to secure their well-being; justice refers to treating individuals in a way that minimizes potential harm (The Belmont Report, 1979).

Participant Privacy

Providing prospective participants with informed consent means that the participants gain information about their rights to voluntarily participate and withdraw from the research at any time. The informed consent consists of information regarding the research purpose and nature of the study, and it demonstrates the researcher's effort to ensure confidentiality (Nachmias & Nachmias, 2008). Informed consents have one key objective, and that is to ensure voluntary participation in the study. Withdrawing from the study did not have negative consequences for the participants.

Vulnerable Population

Participants who were considered vulnerable were not specifically be a part of my recruitment strategy. The phrase *vulnerable populations* refers to a wide range of persons who may be at risk in a research setting because of their intrinsic characteristics and life situation or circumstances (The Belmont Report, 1979). For instance, persons may be

vulnerable because of a medical condition, a particular setting, a baseline limitation of intellectual function, a psychosocial stressor, stigma, or an illness that compromises comprehension and decision-making abilities (The Belmont Report, 1979).

Informed Consent

To protect the research participants, I used an informed consent process. The informed consent consists of information regarding the research purpose and nature of the study, and it demonstrates the researcher's effort to ensure confidentiality (Nachmias & Nachmias, 2008). Informed consent has one key objective to ensure voluntary participation (Brear, 2018; Nachmias & Nachmias, 2008). Providing prospective participants with informed consent means that the participants gain information about their rights to participate voluntarily and withdraw from the research at any time and that their decision to withdraw from the study will not have negative consequences for the participants (Brear, 2018; Nachmias & Nachmias, 2008).

The participants received the informed consent form before interviewing (for review and asking questions if necessary). As is evident from the interview protocol (see Appendix), the study participants were asked to reply with "I consent" before the interviews. They received the consent before the interviews to allow me to demonstrate that the participants' participation in my research was voluntary and that each participant had a chance to make an informed decision. I developed an informed consent sample including essential points. Using the consent sample that I developed allowed me to build trust with the participants.

Recruitment Materials and Processes

My goal was to recruit at least five participants who met the eligibility criteria. The targeted population was professionals within the SB 123 program from the Treatment Provider 1 and Treatment Provider 2 treatment facility. To recruit participants, I contacted healthcare professionals eligible to participate via direct email. During the initial contact, I provided information about the study's purpose and nature. Also, I provided potential participants with an informed consent form, which they had to sign up on agreement to participate. Individuals who agreed to participate were provided with further information about the date, time, and location or virtual process for interviewing.

Data Collection and Intervention

As aforementioned, the data collection involved semi structured, face-to-face or Zoom interviews with open-ended interview questions. I also used secondary data and took field notes during the interviews. The usage of field notes complemented the Zoom interview. Field notes allow the researcher to maintain and comment upon impressions, behaviors, environmental contexts, and nonverbal cues that may not be adequately captured (Yin, 2018). Field notes shall provide important context to the semi structured interviews and interpretation of Zoom meetings to remind me of important situational factors during data analysis.

The participants had the option to withdraw from the interviews at any time and they could have declined to answer questions. Giving the interviewees the option to withdraw from a study signifies that the researcher is complying with ethical principles (Palinkas et al., 2015). Frequently individuals declined to participate in research studies

because they did not wish to reveal their identity. Thus, promising potential participants that their identity will not be revealed and that they have the option to withdraw from the study at any time is vital in gaining the participants' trust (Saunders et al., 2015). To withdraw from the study, the participants had the option to inform me of their withdrawal via email or phone. If they wished to withdraw during the interview process, they could do so by stating the same, and the interview process concluded at that time and any recorded audio was erased.

Data Storage

As the researcher, taking the appropriate steps to store and protect the data collected during the interviews with the health care practitioner and addiction counselor is vital. There are many ways to store data securely. The first step in storing my case study data was keeping all notes, documents, narratives, and other materials organized and maintaining a physical and electronic file system. I also took great care to secure the collected data immediately after the completion of the study. Walden IRB protocol requires all data be securely stored for 5 years. After 5 years, I will safely dispose of all field notes by shredding and encrypting audio and other digital files and deleting from all digital storage devices.

Dissemination

Data dissemination aims to promote behavior change and share new information or insights from health care practitioners and addiction counselors. To promote my study findings, dissemination will occur through several methods. The participants will receive a two page summary of the findings to disseminate among peers and other business

managers and leaders. My study will also be available through the ProQuest/UMI dissertation database for future scholars and other organizations. I will also seek opportunities to share findings with business-related forums, organizational training, and professional conferences.

Other Ethical Issues

The sources for ethical issues in research can vary. However, abiding by the ethical principles outlined in the Belmont Report (1997) can help researchers avoid ethical issues associated with researching human subjects. Several known ethical issues are the research problem under exploration, data collection methods, and the research participants' relationship with the research or participating organization (Brear, 2018; Nachmias & Nachmias, 2008). To protect the study participants, I expressed my commitment to maintaining confidentiality. Confidentiality refers to maintaining the information participants share with researchers secret from everyone but the researchers (Saunders et al., 2014). I maintained trust with the participants and destroyed their information with the expectation that it will not be divulged to others by using pseudonyms names.

Summary

In Section 3, I provided a justification for selecting the qualitative research method and the case study design. I described many aspects as they relate to this qualitative research such as strategies to identify participants, data collection techniques, sample technique, and strategies to gain access to research participants. I described the varied nature of my role as the researcher, including my responsibilities. To ensure my

study's validity and reliability, I used at least two sources of information. Thus, in Section 3, I identified and described the proposed sources of information and justified the proposed data collection instrumentation to collect both primary and secondary data and the interview guide.

Section 4: Results of the Study

The SB 123 program legislation was passed in 2004 for nonviolent felony offenders remanded to community corrections. The program focuses on the substance abuse efforts of providers in the area. The SB 123 program has a significant presence in the region, improving the lives of felony offenders for 17 years now. The purpose of my study was to explore real-life contexts of health care practitioners and addiction counselors prescribing Suboxone to nonviolent felony offenders remanded to community corrections. To further investigate this issue, my goal was to explore the health care practitioners' and addiction counselors' perspectives on trends in the field as well as various sources that suggest problematic areas and relevant evidence to practice and policy of Suboxone experiences in nonviolent felony offenders on probation. Furthermore, conducting this study enabled me to investigate the implementation of the SB 123 policy by health care practitioners and addiction counselors associated with SB 123 in Wichita, Kansas. I chose the qualitative case study approach to answer the following research question: What are the experiences of healthcare practitioners and addiction counselors associated with SB 123 nonviolent adult offenders requiring drug and alcohol treatment concerning Suboxone treatment regimens?

This section consists of detailed descriptions of implementing the field stage of my study, including the research setting. A case study framework provides a foundation encompassing knowledge and experience toward analyzing a problem. The primary data collection technique I utilized involved semi structured interviews. The semi structured interviews were based on an interview guide that presents schematic questions

concerning Suboxone used in SB 123 nonviolent felony offenders. I started my data collection stage after the IRB's approval dated July 7, 2021.

Whether the complexities of Suboxone use in opioid addiction is worth SB 123 treatment funding in nonviolent felony offenders remanded to Kansas community corrections is the gap in knowledge related to the SB 123 program. Since the policy was made in response to some issue or problem requiring attention, the results from my study on Suboxone use in nonviolent felony offenders remanded to community corrections may offer meaningful information for policy evaluation to the SB 123 program. Examining the addiction counselor and health care practitioners' perspectives, highlighting similarities and differences, and generating surprising insights of Suboxone use in nonviolent felony offenders made it helpful in summarizing the key features of the data set to the SB 123 program director.

Qualitative data collection involves purposive sampling and semi structured data collection instruments. Because of the ongoing technical difficulties with Zoom during the first interview, all five interviews were conducted via telephone in Wichita, Kansas, in my home office. The advantage of conducting the five telephone interviews in my home office is that I had easy access to anyone who utilizes a telephone with a higher response rate (see Leedy & Ormrod, 2001). Additional benefits associated with conducting qualitative interviews via phone are convenience, perceived anonymity, privacy for participants, and reduced distractions. I conducted the interviews via Zoom and phone in my home office in Wichita, Kansas, to prevent my participants or myself from contracting COVID-19. This data collection plan alteration did not deviate

significantly from my original data collection design of face-to-face interviews and online technology modes. The secondary data collection technique included archival document reviews and publicly available government websites specific to SB 123 program. The interviews took place between July 9 and August 13, 2021, with the first two scheduled 2 days apart. The next interview was conducted at least 3 weeks later.

The interviews were more than 1 month apart, and participation in the interviews was confirmed via email. The length of the interviews ranged from 5 to 30 minutes. Interviews were recorded with a recorder, and each recording was labeled with the participant's name and the date the interviews took place. All interview recordings were then stored in a secured location within my home office and were not shared with anyone. Notes were taken during the interview regarding the participant's enthusiasm and other information that was considered relevant.

The first interview took place one-on-one via Zoom in my home office, with no other participants present during the interviews. The recording feature on Zoom was utilized for accurate results. An overview of the interview process related to the research questions that would be asked was provided to the participant. The recorder was turned on, and the participant began speaking about their transpersonal experience concerning Suboxone treatment regimens and conditions of probation success with limited questioning or interruptions from me for any clarification and to ensure that the participant maintains focus on the research questions. I used a private Zoom meeting code for the first participant. During the first and only Zoom meeting, I turned on the waiting room to prevent new participants from joining in. I also locked the Zoom meeting

once the participant entered, which did not allow new participants to join. During the first interview, the connection was lost multiple times, losing valuable information concerning the perspectives of addiction counselors and health care practitioners on Suboxone use among nonviolent felony offenders. Specifically, the first interview required a phone call after the Zoom connection failure for accurate reporting of the health care practitioner's experience with the SB 123 program. Because of the connectivity issue with Zoom during the first interview, I conducted the remaining four interviews via phone with the portable recorder.

Purposive sampling is the most common sampling technique in qualitative research. Researchers can choose the sample size before collecting data, but it depends on the resources, study objective, and availability (Palinkas et al., 2015). From the target population of approved SB 123 treatment providers as described in Section 3, I identified the potential participants by applying single sufficient case sampling methods to collect primary data. Single sufficient case sampling was determined on the basis of theoretical saturation. In this case study, the participants were addiction counselors and healthcare practitioners who demonstrated interest in taking part in the study. Every interview was transcribed verbatim into a Microsoft Word document. Transcribing the participants' responses to the interview questions is essential for the member checking protocol as it ensures trustworthiness in the data collection process (Creswell, 1998). After the first interview, I suspected that the outcome would also be different because of the different perspectives from each addiction counselor and health care practitioner of the SB 123 program. Measuring each interview based on the addiction counselors' and health care

practitioners' perspective allowed me to collect adequate live data. Because of the ongoing global pandemic, mandatory quarantine was a reality for many people during the data collection process of this study. Thus, video or telephone interviews with each participant were the only option to keep everyone safe.

Findings and Implications

Interview Summary 1

The first interview was conducted with an addiction counselor via Zoom and telephone on July 9, 2021, at 10:28 a.m. The addiction counselor shared their perspective regarding how they are affiliated with the SB 123 program, level of care, Suboxone use among clients, and improvements made for a better success rate as long as the patient is prescribed Suboxone. The addiction counselor learned about the SB 123 program because their organization participates in the program, and half of the participant's client population success rate has improved the effectiveness of the participant organization's programs and services.

I asked the addiction counselor how they would describe Suboxone use in nonviolent felony offenders remanded to felony probation. The addiction counselor talked about clients who use Suboxone as part of their treatment modality to minimize recidivism if the level of care changes and using Suboxone as a safeguard to allow the clients not to experience withdrawals and cravings. Additionally, the addiction counselor shared that the SB 123 program allows close collaboration between the probation officers, addiction counselors, and peer mentors.

When asked the question “How are you as the addiction counselor supported in the SB 123 program?,” the addiction counselor discussed probation officers receiving Suboxone training for an in-depth understanding of its effectiveness and the overall support from the SB 123 program. The addiction counselor also described what their organization has accomplished by participating in the SB 123 program, including allowing offenders to live in recovery homes to manage their level of care. The addiction counselor continued with the discussion of their perception and understanding of the SB 123 program.

The participant was then asked the following question “What is the SB 123 policy to prescribe Suboxone?” The participant shared that they were unsure of the policy to prescribe Suboxone since they did not prescribe Suboxone.

However, their perception of the effectiveness of Suboxone was compelling, seeing a higher success rate among clients coming off opioids if they are prescribed Suboxone versus those who are not because the withdrawals and cravings are terrible. The addiction counselor stated that opioid users go back to using drugs because they cannot handle the withdrawal and cravings that come with it. The addiction counselor also noted that Suboxone helps the clients get clean because they are terrified of going through that and feeling sick. In the words of the first interviewee, some clients would not get clean if they are not prescribed Suboxone because it helps them maintain their addiction a lot better than those who do not use Suboxone.

Based on the response to the question about problems identified in the SB 123 program, the addiction counselor identified uncontrollable relapses as a problem in the

program if the client is not treated with Suboxone. To address the problem of relapse because Suboxone is not adequate, their organization reevaluates the patient's level of care. For example, if the patients are in Level 1 care and need to go to Level 2 or outpatient treatment but need inpatient treatment instead, their organization, which has recovery homes, suggests those if the recovery environment is not conducive to staying clean. Concerning the recovery homes, the addiction counselor stated that they would recommend a client moving into their recovery homes or different ones located in Wichita, Kansas. The addiction counselor also stated that many recovery homes do not take medically assisted treatment clients, but their organization does.

Regarding the SB 123 program process, the addiction counselor noted that their organization is supported by talking regularly to the director of the SB 123 program. The addiction counselor also works closely with the probation officers, has numerous trainings, has a set curriculum and dedicated groups, talks about recovery homes regularly in staff groups, ensures that everything is being covered in the SB 123 program, and stays in contact to ensure they are covered on track. The addiction counselor shared that they are observed in their groups and audited from the SB 123 program. The addiction counselor was asked to talk about the program reimbursement and whether it is worth the added regulatory effort. It is important to note that the program reimbursement for a considerable chunk of the adult population is SB 123 and their top revenue over Medicaid. The addiction counselor stated that the SB 123 program is worth it because they would be in prison if the client was not in treatment. The addiction counselor stated that if clients can rehabilitate, then that is considered good reimbursement. Lastly, the

addiction counselor noted that the SB 123 program is highly effective in meeting the conditions of reducing recidivism in offenders remanded to felony probation with the proper management of Suboxone.

Many interesting findings emerged from the first interview that aligned with the affiliation of the SB 123 program and conditions that support Suboxone use, including growth in the overall addiction treatment population, maintaining the withdrawals, partnerships, and collaboration between the SB 123 program stakeholders and in staff meeting outcomes for a successful SB 123 program. Furthermore, there was meaning in changing the rules and systems for additional assistance in the SB 123 program. The addiction counselor indicated that their experience and perception aligned with the reported outcome of Suboxone use. These findings suggest that Suboxone is effective in rehabilitating opioid use disorders in nonviolent felony offenders remanded to probation, supports the addiction counselors and patients, and meets the community and system-level needs of the Wichita, Kansas, region.

When qualitative data are analyzed, researchers often use a thematic analysis. Using the thematic analysis, the researcher closely examined the data to identify common ideas, patterns of repeatedly meaning, topics, and common themes in the first interview. Based on the responses to the specific interview questions, the first theme that emerged from the data analysis was that Suboxone is a success when dealing with opioid users. The participant expressed that Suboxone use is essential for an effective transition to reduce substance addiction. Voiced at least five times throughout the interview was a point about success. Utilizing Suboxone to reduce recidivism has been successful for the

addiction counselor and their provider. Similarly, recovery was mentioned at least five times. The particular idea attempting to deliver by this addiction counselor is that Suboxone is a success when reducing the relapse rate in opioid abusers.

Interview Summary 2

The second interview was conducted via phone using a portable recorder on July 11, 2021, with a healthcare practitioner who prescribes Suboxone at all levels of programming. The health care practitioner discussed their experiences with the SB 123 program by first noting that they learned about it by receiving different requests and informational materials online answering the first interview question. Additionally, they received materials about the program from different agencies or associations and the legislature that sending it out to the addiction practitioners like himself.

To the second question regarding affiliation with the SB 123 program, the health care practitioner stated that their responsibility is to treat both inpatient and outpatient patients for different types of addiction. The health care practitioner did not distinguish between nonviolent offenders because they are treated the same as a patient with addictive behaviors would be treated. The response to the next question addressed his organization's review of the SB 123 program and what problem they can identify. Their organization's problem with the SB 123 agency regarding Suboxone treatment for opioid use disorder includes continuing with accessibility, reducing paperwork, and reducing requirements regarding redundant paperwork and applications trying to make treatment timelier for patients. These things typically inhibit fast access to treatment as well as

paying providers promptly. Historically, dealing with payers has been a barrier to quick and easy medication-assisted treatment.

In responding to the question how are you as the health care practitioner supported in the SB 123 process. The health care practitioner stated that their organization is not directly supported but indirectly by focusing on outpatient opioid use disorder or MAT, part of addiction. The health care practitioner shared that the facilities they go to as a physician are efficient and effective. Furthermore, the response to the question of how the offenders are supported in the process revealed that “clients are supported, but there are misconceptions, and that probation and parole are involved and case managers.” The health care practitioner underscored the importance of education regarding outpatient medical assistant treatment, Suboxone, and how probation and parole needs to be more active in it.

The interviewee stated that the Drug Court program turnover rate in the court system and probation and parole have fewer relapses if the substance abuse addiction is managed correctly. Education from health care providers, based on evidence, will determine what works and what does not. The health care practitioner stated that sometimes to be effective is a process because of the misconceptions in probation and parole and the courts’ misconception on what is effective and what is not. The health care practitioner was also asked how the physicians are brought in. Their reply indicated that the physicians are contacted by outside agencies, even though most physicians have their own practice already.

As the interview continued, the health care practitioner was asked to tell me about the past 2 years and their impressions of the effectiveness of Suboxone treatment in individuals with a substance abuse addiction on felony probation. The health care practitioner stated that in the past 2 years, the effectiveness of Suboxone was undoubtedly a safer medication and effective medication for opioid use disorder and other disorders. Moreover, for opioid use disorders, mild to moderate tolerance is effective because of its long life and promotion of mood stabilization for anxiety, depression, and bipolar disorder. The health care practitioner stated that at least 6 months to 1 year of Suboxone use is effective if the patient has an underlying disorder because you have to treat their mood before treating their addiction.

The health care practitioner noted that among patients with a high tolerance, Suboxone is a partial antagonist; thus Methadone might be the better medication to initiate treatment long-house wise. The health care practitioner also described Suboxone as a full agonist that will stop the withdrawals. Further, the participant noted that to induce a high opioid, the patient will not undergo enough withdrawal to make Suboxone a medicated assisted treatment. From the response of the second interviewee, it became clear that he Suboxone is a good way of treatment that is safe and effective, but it is not for highly tolerated patients.

The next question that I asked the second participant was: How are physicians brought in was answered by the health care practitioner? The response was that suitable medical staff is difficult in Kansas because few licensed addiction counselor programs graduate licensed addiction counselors. The health care practitioner stated the board

processes need to be more relaxed, primarily due to the current opioid crisis. The health care practitioner's hope is that the state legislature can relax the standards making more oversight and counselors available to patients. The health care practitioner shared that some inpatient programs allow for peer mentors, but if only in the outpatient treatment; they can only be licensed addiction counselors with a cap of 50. The health care practitioner stated that there is a long waiting list for patients needing treatment and patients requesting treatment, but the availability of licensed addition counselors is not there, which leads to frequent overdoses. The health care practitioner revealed that they had lost patients who wanted the treatment, but they could not wait 2 weeks or 2 months into the treatment program and overdosed in the meantime. The health care practitioner called the lack of qualified counselors discouraging.

Regarding the participants prescribing of Suboxone perspective, the health care practitioner identified the program reimbursement, from what they understood, as one reason they have not ventured into SB 123, which is the result of the overwhelming requirements. When counted, the participant noted, all the regulatory requirements of the different agencies and the paperwork that needs to be filled out for one more set of documentation is overwhelming to the counselors and programs. They also shared that they become disappointed when they hear about quarterly data being sent in, and there are no changes, reports, and real data analyst who understand the feeling so often that the data that are produced are not reviewed practically and helpfully. Part of the reason for the turnover at the state level and regulatory agencies is not having qualified people with

experience in that field, which is the reason why health care practitioners are somewhat discouraged but always hopeful.

Several important findings emerged from the second interview that aligned with the affiliation of the SB 123 program and conditions that support effective collaboration of Suboxone use. For example, there were significant counts for communication, external and internal stakeholder relationships, partnerships, dominant resources, and collaborative outcomes for a successful SB 123 program. Furthermore, there was meaning in changing the rules and systems for additional assistance in the SB 123 collaborative model. The health care practitioner indicated that their experience and perception aligned with the outcome of Suboxone use and the desired SB 123 program outcomes. These findings suggest that Suboxone is effective in rehabilitating individuals with opioid use disorders in nonviolent felony offenders remanded to probation, supports the addiction counselors and patients, and meets the community and system-level needs of the Wichita, Kansas, region.

A number of themes emerged from the second interview. The most significant factors of collaboration and the program that emerged in this interview included fewer restrictions on licensing and the historical data put to use. These factors are all critical for effective collaboration and collaborative outcomes between health care practitioners, probation officers, and the courts. The data collected during the interview also provided insights into what they perceived as effective concerning Suboxone uses. Licensing restrictions played an important role in demonstrating benefits and challenges of adopting Suboxone use in nonviolent felony offenders by this participant. Reducing the licensing

restrictions will allow understanding of new processes, mitigating risks, recovering from offenders that relapsed, and sharing knowledge with other substance abuse treatment centers. During the interview, the participant identified gaps and inefficiencies in the areas of historical data not being used amongst regarding Suboxone. Experienced treatment providers are prepared to adjust to the emerging issues of historical data disguised after losing qualified employees to reduce the number of relapses.

The second interviewee stated,

They get disappointed when they hear quarterly data has been sent in and no changes, no reports, no real data analyst that understands the feeling so often that what data is produced isn't reviewed practically and helpfully. Part of the state and regulatory agencies' turnover rate is having qualified people with experience in that field.

The health care practitioner stated they are somewhat discouraged but always hopeful.

Interview Summary 3

The third interview with an addiction counselor was conducted on August 5, 2021, at 5:30 p.m. via telephone. This addiction counselor was asked how they are directly affiliated with the SB 123 program. The response was that they have been affiliated with the SB 123 program since being a practicum student and working with SB 123 clients at the time. The addiction counselor is still affiliated with the SB 123 program. In the past, discussions on a case-by-case basis were discussed with probation officers regarding SB 123 program policy but not Suboxone specifically. The addiction counselor was asked how they would describe Suboxone use in nonviolent felony

offenders remanded to felony probation. They noted that they were not knowledgeable about Suboxone use but that they knew that offenders have done well while on Suboxone as long as they are serious about stopping their drug use.

I also asked the addiction counselor what was the most important problem that her organization is facing with SB 123 nonviolent felony offenders. Problems identified included the lack of consistency from county to county, the focus of probation officers on improving the offender's life, and the struggle to contact some probation officers with vital information regarding the mutual offender. The guidelines that are put into place also do not seem to cover the entire SB 123 program depending on the county that one works with.

The most significant problem with SB 123 is limitations to treatment stay. SB 123 offenders are only allotted 21 days, but occasionally the addiction counselor will request an additional 7 days if the counselor feels that it is warranted. If the offender has already used up some of their funding and needs additional stay, it is already used up to where they cannot stay. I asked the addiction counselor how they would recommend the treatment agency address this problem. Recommendations for addressing this problem include: (a) keep voicing concerns about the issues and (b) talking with probation officers about limitations and how the limitations impact the client directly.

The participant was confident that they are not sure how to address the issues when they are not getting an answer. Their response was based on the question of how you (addiction counselor) are supported in the SB 123 process, in which they noted that addiction counselors are supported in the process depending on the probation officer they

are working with. Some probation officers are focused on helping the client to do well and be successful. There are some you cannot get in touch with, and it is a struggle. Its more beneficial whenever the probation officers are involved with the clients and addiction counselors.

Next, the participant was asked about their impressions of the effectiveness of Suboxone treatment use in individuals with a substance abuse addiction on felony probation in the past 2 years. According to the addiction counselor, Suboxone has been beneficial for all clients except for one client who did not want to quit their substance abuse addiction. Since this occurred, the engagement process in Suboxone treatment should not have been implemented. Suboxone treatment helps clients and gives them more opportunities to be successful when they have something to deal with their cravings.

Overall, some of the problems noted were heavy lean on Cannabidiol treatment and not being able to change clients that want to change. Since there are certain requirements of SB 123 program, Cannabidiol treatment is sometimes not beneficial and limits the addiction counselors' use of the drug. Clients come from other counties and when they come to Wichita, Kansas, and have to be sent back to another county due to violating their probation, they do not continue with the same treatment access and it is risky engaging into certain things. This can be damaging and harmful to clients because certain things will not be addressed. Information can sometimes be relayed to probation officers such as mental health treatment for trauma stuff but there are limitations, so they do not know if things are followed up on. The SB 123 program makes it easier to get

clients in versus standard probation or correction because of the funding source, which is a huge benefit. There are pros and cons to this from a clinical standpoint as opposed to from an implementation standpoint.

Qualitative data have become increasingly recognized, valued, and imperative because qualitative studies are conducted in a rigorously and a methodically manner. Thematic analysis is relevant and often used in qualitative research because it generates knowledge grounded in human experience (Sandelowski, 2004). Common themes discussed in the health care practitioners' human experience prescribing Suboxone to clients include health, Suboxone, treatment, effectiveness, and addiction. As a result, these common themes were useful for examining the perspective of a health care practitioner, highlighting similarities and differences from addiction counselors.

Interview Summary 4

Interview number 4 was conducted with an addiction counselor via telephone on August 10, 2021, at 10:30 a.m. The participant answered the first question: "How did you learn about the SB 123 program for nonviolent felony offenders in Wichita, Kansas?" They learned about the SB 123 program through an employer in 2003. The addiction counselor shared that they attended a workshop lasting 5 days, learning about the SB 123 program. The next question asked was: "How are you affiliated with the SB 123 program?" The addition counselor is directly affiliated with the SB 123 program by providing drug and alcohol treatments via community corrections referrals. The participant believed that the offenders were given an option to not go to prison or go to treatment because of a substance abuse problem. They also shared that full participation

is required with classwork and scenarios. The addiction counselor was then asked: How you would describe Suboxone use in nonviolent felony offenders remanded to felony probation? Their response was that Suboxone use in offenders remanded to felony probation works for people who want it to work. It is also addictive, and a lot of clients become addicted to Suboxone, and Suboxone is very expensive.

When asked the question “Tell me about the program reimbursement and is it worth the added regulatory effort?,” the interviewee responded that the SB 123 program does not pay for the treatment for Suboxone even though they were referred for treatment. When you trade one addiction for another, it only helps if it does not include criminal behaviors. Most of them will not steal to get Suboxone, but it varies. To share her view of the SB 123 program, the addiction counselor was asked to tell me about the past 2 years and their impressions of the effectiveness of Suboxone treatment use in individuals with a substance abuse addiction on felony probation. Her response was that some of the problems are that prior clients are not telling the truth to addiction counselors about not using any while the urine analysis is showing a positive test for Methamphetamine.

It is not so much the program; just more of the deceit and lying to the addiction counselor so that the probation officer will believe that the addiction counselor did not do the urine analysis correctly. The addiction counselor was asked the question: “How would you recommend the treatment agency address this problem with this intention?” The recommendations were that the treatment agency addresses the problem in staff meetings in a way they could understand. The addiction counselor would ask while in

groups that when a client needs to go to the restroom, they are approved to do so as long as they do not go outside. This recommendation is made because clients are using faltered urine analysis. The offenders would then report to leadership with false accusations toward the addiction counselor. Also, support from leadership is needed to improve the people in the organizations' feelings of competence, which will increase their level of interest in their work. I asked the addiction counselor how they are directly supported in the SB 123 process. The addiction counselor stated that their supervisor directly provide support by filling out a monthly report, stating different things about the client, whether positive or negative, physical health issues, mental health issues, etc. The addiction counselor must report the prepared monthly report and relay it to the corrections officer to assist with enforcing or advising the clients to do whatever it is needed. If they sign a release, medical attention is requested to assist with the offenders as well.

Similarly, the addiction counselor was asked how the offenders are directly supported. They shared that the offenders are supported with the availability of correctional officers and by looking for things to help them along their journey to not be in the SB 123 program. The last question asked was: Tell me about the program reimbursement and is it worth the added regulatory effort? The effectiveness of Suboxone use in felony offenders does not last for 2 years for one person. It is because of not having the financial means available. Having clients on Suboxone is beneficial not only for the addiction counselor because they could counsel them to be willing but for the offender as well. If they are not on it, it is agitation and a constant battle. Some people

have used drugs since they were 8 or 9 years old and come to treatment as 30-year-old individuals using it all their life, so getting back to their normal is difficult.

Given these points, the addiction counselor was asked to tell about the program reimbursement and if it is worth the added regulatory effect. Their response was that the reimbursement is worth it because some clients were given 12 weeks of treatment, maybe two times a week, but not for all individuals; sometimes they need more than that. It differs from patient to patient because some need inpatient residential living because when they stay sober long enough, they will do better when they get out. They should require that drug abusers do a narcotics anonymous or cocaine anonymous group to help along the way.

Interview Summary 5

The last interview was conducted via phone on August 13, 2021 at 10:30 a.m. with an addiction counselor. First, the interview started with the question: “How did you learn about the SB 123 program for nonviolent felony offenders in Wichita, Kansas?” The addiction counselor learned about the SB 123 program because it was part of their funding for clients and do treatments such as outpatient, intensive outpatient, etcetera. The researcher also asked the how the addiction counselor was directly affiliated with the program is because of their employer. The program is directly affiliated when an individual comes for treatment and is referred by their corrections officer, a process that is already set up.

Clients have already had their assessments in the SB 123 system before they come to the office. When determined by their funding source, treatment recommendations

levels are entered into treatment then billed to the SB 123 program for services rendered. The counselors' perspective on Suboxone use in nonviolent felony offenders remanded to felony probation was that being left up to the medical staff due to factors involved and the addiction counselor does not deal directly with Suboxone. With new programs, problems will continue to rise until the needs of the stakeholders are met properly. The next question asked was based on the review of the SB 123 program. I asked specifically about the problems that they could identify. The addition counselor identified three problems with the SB 123 program including: (a) high recidivism, (b) clients who stay on SB funding, and (c) repeat offenders. When asked how they are supported in the SB 123 process, the response was that the support is only from the SB 123 process by the correction officers only. Furthermore, they were asked how the offenders are supported in the SB 123 process, to which they responded by stating that their counselors, community support, and corrections officer support the offenders in the process.

Finally, the participant was asked to tell me about the program reimbursement and if it is worth the added regulatory effort. They stated that the program reimbursement is released after the treatment is completed. Billing concerning SB 123 has changed so that there is more accountability and less repeated services. Common themes that emerged from the data analysis included reliable support for the offender. Those with known drug problems and mandated drug and alcohol treatment as a condition of probation have a more favorable outcome as to those who enter treatment willingly. Probation officers refers the SB 123 offender to drug and alcohol treatment through a variety of mechanisms, such as stipulating treatment as one of their conditions, convening

specialized mentoring and cognitive programs. The judicial system's job is to mandate and arrange for treatment as an alternative to incarceration. Methods to achieve better coordination for supporting the offenders, the probation officers need to refocus their mandating techniques that help the offenders' addiction at the same time.

Case study interviews are affected, but influenced by personality, interest (or lack of interest), and the researcher's acceptance (or lack of acceptance). The main intention of me conducting the interviews was to gather vital information about the participants' subjective experiences so as to learn about the effect upon one's life and philosophy. Gathering vital information from the participants might contribute to improvement of practices and strategies for approved treatment providers and nonviolent felony offenders that are cared for in this process.

According to Rogers (1951), clients respond in ways to obtain the regard of others; they had to feel and act in ways that distort or submerged what they were like and denied certain feelings and inclinations to be accepted by their peers. Observations were important to Rogers (1951) when conducting interviews that relate to transpersonal experiences, especially viewing the fact that such experiences are not a part of the norm in society. Interviews were in an informal, relaxed manner, encouraging communication that relates to the experience. According to the addiction counselor and health care practitioner's results, both have agreed that the SB 123 program needs additional resources to fill the knowledge gap. Both agree that there is misinformation in Wichita, Kansas, that has allowed additional separation in continuing Suboxone use.

Figure 2

The Problem

The Problem

Training	Historical Data/Licensing	Probation Officers
Lack of vital information of Suboxone use in the judicial system and treatment providers.	Too high of a standard for licensing requirements and can't meet the needs of patients.	The focus is mainly on staying out of prison verse working on their addiction to reduce recidivism.

Figure 3

Challenges

Challenges



Figure 4*Solutions*

Solution

*Lower federal statutes and regulations in Kansas to prescribe Suboxone.

*Better access to treatment to reduce opioid addiction deaths.

*Mandatory Trainings and Conferences with practical data included-Corrective Action Program information.

*Use historical data to examine the influence of Suboxone use of the past and naturally experiment with modern economic theories of Suboxone.

*Better collaboration between treatment providers and probation officers to address the importance of addiction before treating prison statistics.

The sample consisted of one health care practitioner who is male and four addiction counselors who are female. All are adults interested in the subject of transpersonal experiences. Subjects were selected according to my access to colleagues who have had transpersonal experiences for this case study; the phenomenon consisted of the Suboxone use in nonviolent felony offenders remanded to probation. The study's research questions provided applicable criteria for collecting relevant data and discussing the findings. Raw data were collected using interviews with addiction counselors and health care practitioners and archival documents of the SB 123 program. After the participants confirmed the accuracy of the interview responses in the interview transcript, the coding process occurred using NVivo. Thematic analysis and pattern matching are

common forms of qualitative data. I used this strategy to identify and interpret meaning from the raw data. A common approach of qualitative coding and analysis is developing a deep, rich descriptive narrative. Each code contained a description and an area for notes. The code “SB 123” and success appeared to be the significant identifier and the basis of the analytical process. The data extracted preliminary codes from data filtered to obtain a more accurate, precise, and concise code.

In this study, I described findings from case studies conducted on Suboxone use in nonviolent felony offenders. For example, the interviewed participants are recognized names of transpersonal addiction counselors or health care life practitioners. All interviews consisted of open-ended and nondirective interview questions. My intent for conducting the interviews was to learn about the subjective experiences of the participants as they relate to the problem under exploration.

The interview responses were transcribed before conducting thematic analysis using NVivo for data analysis. The data analysis process began after, I prepared and organized the data by gathering all notes. I used the Yin’s five step model. When conducting qualitative data analysis, Yin (2002) recommended a five steps process that includes compiling, disassembling, reassembling, interpreting, and concluding. The analysis begins by compiling and sorting the field notes amassed from the researcher’s fieldwork and other data collection. As Yin (2002) recommended, I turned any short notes to full notes. Preceding note-taking practices pertain to notes taken during fieldwork or when actually doing an interview. Field notes are often constrained by a shortness of time and attention because the main attention of the researcher is devoted to

doing the fieldwork or conducting the interview. As a result, these notes, sometimes considered jottings, can be fragmentary, incomplete, or cryptic. Therefore, the field notes need to be revised and converted into a more formal set of notes, which I did that eventually became part of the qualitative research study's database.

The second phase involved breaking down the compiled data into smaller fragments or pieces, which may be considered a disassembling procedure. Yin (2002) noted that the procedure may (but does not have to) involve assigning new labels, or codes, to the fragments or pieces. Each study is unique, but the disassembling procedure may be repeated many times as part of a trial-and-error process of testing codes, accounting for the two-way arrow between these first two phases. The second phase was then followed by using substantive themes (or even codes or clusters of codes) to reorganize the disassembled fragments or pieces into different groupings and sequences than might have been in the original notes. This third step is called reassembling. Following Yin's model, the fourth phase involves using the reassembled material to create a new narrative, with accompanying tables and graphics where relevant, that will become the key analytic portion of the draft. The fourth phase was one of interpreting the reassembled data. The fifth and final phase was the concluding phase. It called for drawing the conclusions from the entire study.

Nonviolent felony offenders involved in the SB 123 program not using Suboxone to interfere with their substance addiction could continue their addiction and not be successful. These nonviolent felony offenders involved in substance abuse addiction could die from addiction, relapse, recommence committing crimes as well as bring

hardships to their families and negatively impact the community. The addiction counselor participant had this to say, “Moreover, the probation agencies are accused of not collaborating appropriately and efficiently to include the success of the offender with the treatment providers.” This issue relates to the purpose of this study, which is that when professionals treat felony offenders’ substance abuse appropriately, their sobriety tends to be active and prosperous (see Marlowe, 2003).

Nonviolent felony offenders on probation look up to certain individuals for support. Such individuals are their addiction counselors, probation officers, peer mentors, and family. The death or continued relapse of these individuals deters family members and leads to giving up because of the lack of support in their sobriety. The health care practitioner participant had this to say, “They have lost patients that wanted it, but the patients could not wait 2 weeks or 2 months, got into the treatment program and overdosed in the meantime.” This issue of not receiving treatment and support is another reason why this study is significant to public policy. Public policy is made in response to issues requiring attention that needs evaluation.

Study results showed that the majority of the people in the probation system are not aware of the SB 123 program as stipulated by the program executives because of the lack of participation with the treatment providers. Overall, professionals in the judicial system are not knowledgeable about Suboxone, which leaves a negative effect on the usage in felony offenders remanded to probation. The judicial system is accused of not effectively accepting of Suboxone, although the end goal is for the offender to rehabilitate back into the community successfully. Moreover, probation agencies are

accused of not collaborating appropriately and efficiently to include the offenders' success with the treatment providers. Opioid crisis has led to increase of the drug overdoses in the Wichita, Kansas, community and the number of users is increasing. Being aware of how the community is being affected is critical to not just the community but the judicial system, mental health services, etc. Section 5 includes a summary of the critical analysis and a discussion on the five different themes that emerged.

Case sampling aims to elaborate, modify, or refine a theory (LeCompte & Preissle, 1993). Case sampling aims to deliberately choose cases that might modify an emerging theory but not completely refute it. Generally speaking, case sampling is used after data have been collected and analyzed (Hackett, 2010). In this case, addiction counselors and health care practitioners' perspectives allowed more subtle and nuanced analysis. Negative cases support the argument in which the participants experience or viewpoints differ from the primary evidence. For example, it was discovered from the addiction counselors and health care practitioners that the approved providers of the SB 123 program support Suboxone use in offenders on felony probation. More importantly, the use of Suboxone is helpful in the treatment process and reduces recidivism in the community. More interviews from the additional addiction counselors and health care practitioner's perspectives before and after completing the SB 123 program drew firmer conclusions, not only about what is typical to expect while utilizing Suboxone while on felony probation but more importantly what factors make Suboxone use typical or typical.

The problems with the SB 123 program are factors to ensure real life contexts of health care practitioners and addiction counselors affiliated with the SB 123 program achieve their intended outcomes of Suboxone use in nonviolent felony offenders remanded to community corrections. All participants discussed the outcomes their agency has been able to achieve because of their affiliation with the program or because of the overall knowledge of the program. One example Suboxone is being a dependent to avoid withdrawal effects. The KSC (n.d.) investigated nonviolent felony offenders with drug possession and drug manufacturing related charges. The results revealed that offenders with the aforementioned charges have substance abuse addictions (KSC, n.d.). This research relates to nonviolent felony offenders under Senate Bill 123 (SB 123) remanded to community corrections to reduce recidivism and addiction (Kansas Sentencing Commission, 2019). Themes included Suboxone being relevant in opioid users' recovery to decrease the number of relapses that occur and increase the success rates.

The first participant discussed what their organization has accomplished by participating in the program and noted that "at least half our adult population is SB 123 patients." In addition, the participant discussed the importance of lowering the requirements because of the lack of support and stated, "Part of the turnover rate at the state level and regulatory agencies is having qualified people with experience in that field. The health care practitioner stated they are somewhat discouraged but always hopeful." Based on the study findings, one recommendation would be to address the myths regarding Suboxone and provide training to practitioners in mental and substance use disorders. Many resources provide information and statistics related to Suboxone use.

An additional recommendation is to provide accessible data for every provider to access as the turnover rate increases in the state. Implementing a system that includes and stores live data will allow for easy access to helpful information for any provider who seeks a back history of the offender. Lastly, the federal statutes, regulations, and guidelines that are current for Suboxone licensing are set too high. The current standards in place are affecting the amount of population able to prescribe because they are exhausted. Health care practitioners are strained because of the turnover rate, excessive paperwork, and the overall reporting requirements for each offender. Thus, opportunities for program improvements following live experiences should be conducted to assess the responses. Developing and implementing best practices and instructional guidance by approved SB 123 providers might close the gaps and deficiencies identified during the interviews and addressed through a corrective action program within SB 123.

Secondary data consisted of archival document reviews and publicly available government website specific to the SB 123 program. Secondary data form the core of research and allows me to build on existing research leading to better results. Yearly SB 123 program conferences are held yearly to ensure public safety in the communities and address recidivism for targeted nonviolent drug offenders with substance abuse addictions. Data in the yearly held conferences provides real information for those who are not knowledgeable of the program and enables them to understand how effective the program is. Accurate results were obtained from switching the interviews from Zoom to telephone, so this section is not applicable to my study.

At the beginning of the research process, a vision of interviewing five individuals affiliated with the SB 123 program at different treatment facilities was ideal until it came time to implement this process. Different treatment providers originally agreed to participate, making it a smoother process until it came time to volunteer. If different addiction counselors at the same facility were able to volunteer their time and share perspectives for the study, I would have had the anticipated five participants that I originally wanted. Not being able to collect data from participants in the same facility affected my interviews because it made it difficult for me, and I scrambled to find approved addiction counselors and health care practitioners, which left me with only one health care practitioner. As the researcher, my goal was to find a balance in how many addiction counselors and healthcare practitioners participated in the study. Being able to analyze data from one health care practitioner and four addiction counselors, as opposed to a more balanced mix of professionals was a limitation.

Thematic analysis is used when analyzing large qualitative data sets. Although there are many advantages using thematic analysis, acknowledging the disadvantages of this method is also crucial.

Recommendations

Positive social change may be accomplished through leaders of the SB 123 program by applying strategies to improve the treatment process and SB 123 policy implementation. As a result, the treatment process may increase lead to a positive social change by applying proven strategies to succeed in developing and maintaining positive results from health care professionals, family, friends, and community support.

Additionally, applying proven strategies such as prescribing Suboxone to opioid offenders and managing their recovery appropriately might lead to increased number of additional providers who want to affiliate themselves in the SB 123 program.

Specifically, clinicians and their interaction with opioid addict nonviolent felony offenders have a crucial impact on how the clinicians respond and whether treatment is successful. Thus, policy implementation may not lead to the desired result if the policy process is omitted from consideration.

The findings of this research can serve as a framework platform for research to formulate adequate policies for the agencies and probation officers, respectively. For example, implementing additional trainings and conferences with information associated with understanding common issues of treatment success in SB 123 nonviolent felony offenders. Additional conferences held will allow comprehensive data boundaries for stakeholders searching for improvement strategies in offenders. Health care practitioners would be more willing to resume their duties prescribing/managing Suboxone use in nonviolent felony offenders if state requirements were more lenient on certifications. This section focused on interpreting the findings, the applicable theoretical framework, recommendations for the study, and implications for positive social change.

Secondary products are not applicable in this case study because of knowledgeable trainings and conferences being enough for those not educated on the SB 123 program. Trainings and conferences are enough to begin with and continue with once data are provided for the leadership team. Without having the knowledge first, no other product should be proposed. Additional steps to consider for program improvement

would be consistent visits and/or more communication from the SB 123 executive team. Having the executive team involved in every step will keep the program aligned with the organization's strategy and direction.

To address the challenges and administrative concerns of the SB 123 program, the program must be constantly monitored, evaluated, and adjust to its strategic initiatives. Whenever new strategies need to be implemented for a higher success rate in nonviolent felony offenders, it is typically up to the executives to ensure it is successful. Some necessary steps that apply to the SB 123 executive team will include setting clear goals and defining the critical variables of nonviolent felony offender success. The process should be straightforward by identifying the goals that should be achieved are relevant. Without being transparent about what is trying to be accomplished can be challenging to establish the result. To avoid inadvertently causing a low success rate, reviewing current outcomes and the effectiveness of Suboxone will determine what is realistic. Determining the roles, responsibilities, and relationship variables should build a roadmap for achieving the SB 123 goals, including the nonviolent felony offenders and approved treatment providers involved. Outlining a clear picture of which resource is responsible for their specific achievement and establishing a communication process that everyone should adhere to is vital to get the work done. While determining the roles and responsibilities of the SB 123 program, strategic plans require strong relationships for unforeseen issues that might arise. Delegating training or conferences for the judicial system to understand better how effective Suboxone is in opioid-addicted offenders.

Once the executive team of the SB 123 executes the training or conferences, they will be able to monitor the progress and performance successfully. When pertinent data are shown, that might address challenges they may be experiencing. Relevant data then become sufficient to show non-approved providers its success. Furthermore, implementation is an iterative process because the work does not stop once data the goal of Suboxone use in nonviolent felony offenders has been reached. Unforeseen issues or challenges can arise, and corrective action will need to be taken. At his time, the executive team periodically checks in with approved SB 123 providers to report information, details, and results to leadership. Lastly, looking back on the SB 123 process and evaluating how things went will provide closure. Conducting a retrospective or review of how the training or conference went will decrease an unsuccessful or flawed strategy because the implementation can provide valuable experiences.

The project team consisted of approved SB 123 program addiction counselors and a health care practitioner since they were directly involved with this study. The project team consisted of individuals from different backgrounds but with precise knowledge or with the required skills set. The experiences of the addiction counselor with the SB 123 program administration differ from health care practitioners in the overall treatment plans setting of nonviolent felony offenders remanded to the SB 123 program. I included a statement in the participant information email advising the participant about the study's process and the role I sought to contribute. Participants were assured that the information provided during the process would be held in confidence, and they would have opportunities to ask me for clarification on the topic if needed.

This study supported an assertion made by addiction counselors and health care practitioners that the SB 123 program is helpful for the Wichita community. Addiction counselors and health care practitioners will do their job if they believe, perceive, and conclude that the probation officers are provided with additional training on the effectiveness of Suboxone use in opioid abusers. Gaining knowledge means professionally training the probation officers on how Suboxone works in opioid abusers, which results from them not being prescribed Suboxone when attempting to treat addiction and much more.

Typically, all projects are successful due to result of careful planning, talent, and collaboration of the project team. This study would not have moved forward without the addiction counselor and health care practitioner's perspectives and their role in my study. All the participants had a positive perception of the SB 123 program in terms of effectiveness, and half of the population is using the program.

Strengths and Limitations of the Project

Combining and comparing results from the addiction counselor and health care practitioner's results will provide a narrower, more informative program. For example, this gives the executive stakeholders an idea of how well the program is going. Additionally, the issues identified by the addiction counselors and health care practitioners will help to improve operational development. The health care practitioner mentioned that not every treatment facility in Wichita, Kansas, is affiliated with the SB 123 program for their opposing reason, and since their perspective is unknown, it could be something valuable hindering their participation. The opinions of the participants' live

experiences associated with the SB 123 program were informative, and the participants were better understood over time. Without having the addiction counselors and health care practitioners, perspectives regarding the SB 123 program restrict attention to observational patterns that arise with positive probability. Building and maintaining treatment facilities is vital for the judicial side of Wichita, Kansas. With the crime rate rising daily because of untreated mental illnesses that are triggering their substance abuse, addiction is a barrier that could be overcome. Successful research cannot take place without each of its key team members, in this case, the addiction counselors and health care practitioners. The addiction counselors and health care practitioner roles varied. Both addiction counselors and health care practitioners involved are approved external stakeholders affiliated with the SB 123 program as a requirement of the federal regulations and SB 123 program statute. The addiction counselors and health care practitioners' role in this research was to contribute to the overall objective of exploring Suboxone treatment use with Kansas SB 123 nonviolent felony offenders.

There are factors about the study that are worthy of discussing due to the potential impact or limitations. The addiction counselor and health care practitioner in Wichita, Kansas, have different backgrounds. My current and past professional relationships with them differ because of their limited roles, which is a strength. The experiences of the addiction counselor with the SB 123 program administration differs from the experience of the health care practitioners in the overall treatment plans/setting of nonviolent felony offenders remanded to the SB 123 program. During my tenure as an intensive supervision officer, I encountered one participant who prescribed Suboxone to opioid-addicted

individuals, and they were instrumental in providing policy data. Providing valuable policy data and data analytics is a proof of value. Without such information, the SB 123 program would not be able to increase their operational tasks required by the treatment facilities.

Inpatient and outpatient treatment is effective sometimes but not always. The number one theme mentioned was “All the patient wants is to feel better.” A recommended inpatient/residential treatment being extended an additional 7 days after the required 21 days would have a better success rate of offenders. The patient is only worried about feeling better and if the needs are met, then the external stakeholders could continue making improvements where eventually the policy would be changed. Mood stability is the goal of opioid users and the only way to get back into reasoning is to stop the portion of the brain that enables the offender to relapse.

Furthermore, this program can increase treatment providers and probation officers in the Wichita, Kansas, community. Most importantly, the addiction counselors reiterated that the SB 123 program is needed and will assist with recidivism. This can happen with the right policy that does not create a loophole for certified health care practitioners and addiction counselors. Inpatient and outpatient treatments being effective is all the patient is worried about. The patient is only worried about feeling better. Mood stability is the goal of opioid users. The only way to get back into reasoning is to stop the portion of the brain from stopping the show.

As an organization that is not affiliated with the SB 123 program, the participant provided feedback regarding the SB 123 program, noting how the requirements are

overwhelming which is the reason they have not ventured into this program. Lastly, the participant discussed the importance of how much patients rely on being prescribed Suboxone to accomplish the goal of ending their addiction, but there are not enough resources before an overdose occurs.

Section 5: Dissemination Plan

Dissemination Plan

Little is known about the treatment process and policy implementation experiences of health care practitioners when prescribing Suboxone to opioid-addicted offenders. Furthermore, even less is known about health care practitioners' and addiction counselors' perspective on Suboxone treatment for opioid-addicted offenders remanded to drug and alcohol treatment in Wichita, Kansas, and this needs to be explored to address the unknown. Suboxone is used to break the addiction cycle by decreasing the individual's desire for opioids and should only be used under the direct supervision of clinically trained addiction specialists. Based on the increase in enrollment to 50% of the adult population in a drug and alcohol treatment facility, the success of the SB 123 program is well documented. It is imperative that this information is shared with the (incarcerated) drug treatment community during sentencing, intake, and follow-up treatment and made an integral part of discharge planning. The judicial system will be more effective for offenders if they are provided the knowledge tools of Suboxone use based on the effectiveness of the program among the target population.

The purpose of this qualitative case study was to better understand the perceptions and beliefs of addiction counselors and health care practitioners from different backgrounds and viewpoints about Suboxone use in nonviolent felony offenders remanded to probation under the SB 123 program. To complete this task, answers were needed for questions that had not been asked by the providers themselves. This includes factors that are of concern to affiliated SB 123 providers. These factors pertain to the use

of Suboxone used in SB 123 nonviolent felony offenders remanded to community corrections. The following research question was designed to enable me to achieve the study purpose: What are the real-life contexts of health care practitioners and addiction counselors associated with the SB 123 program nonviolent felony offenders requiring residential or outpatient drug treatment and remanded to Wichita, Kansas, felony community corrections system concerning Suboxone treatment regimens and conditions of probation success?

Summary

This study reveals similarities and differences between the perspectives of an addiction counselor and those of a health care practitioner. A similarity identified was that both participants spoke about how Suboxone use in felony offenders helped with opioid users is adequate, and the probability of their addiction ending is very likely. As long as the offender is managed with Suboxone while stopping the addiction, it is highly recommended that Suboxone use is implemented.

When appropriate, communicating and interacting with other treatment providers with broader policy in the Wichita, Kansas, community will service to uptake decision-making processes. When considering addiction counselors or health care practitioners who are affiliated with the SB 123 program, it is vital to determine who would take interest. In this case, approved treatment providers affiliated with the SB 123 program and Suboxone use in addictions expressed enthusiastic interest in volunteering. This study would be beneficial for outpatient addiction counselors, inpatient addiction counselors, and stakeholders at the state and national level. State policymakers would be

a viable audience because they are the representatives who should be receptive to hearing from constituents on SB 123 policy issues. Although every treatment facility is not currently affiliated, they would be inquisitive and engaged public stakeholders that could represent a possible audience for this study.

This study may inspire other studies, more comprehensive research on the effectiveness of the SB 123 program, and further investigations into this topic. The use of SB 123 programs can be highly effective in more structured settings; however, compliance with treatment protocols can be challenging for nonviolent felony offenders. The use of Suboxone among nonviolent felony offenders has both negative and positive effects. Further, the predominant population of SB 123 nonviolent felony offenders include higher success rate in rehabilitating into the community. As a result, the individual's decision to forego taking Suboxone as an antagonist to help them cease addicted behaviors has ramifications for their addiction counselor, health care practitioner, family, community, and government.

While SB 123 is an effective program on a smaller scale, achieving wider success requires definitive actions within the judicial systems. Improving the knowledge within the Wichita, Kansas, community will help the recovery process of ending substance abuse in the offenders while they successfully work through the SB 123 program to improve their life. Also, a policy of extending the required 21-day inpatient/residential treatment by 7 additional days should be adopted by the SB 123 program to increase the addiction to ensure more consistency in substance abuse addiction prevention. Improving substance abuse addiction recovery in Wichita, Kansas, should be supported to enforce

the laws and regulations without interference from the judicial leaders due to a lack of knowledge about Suboxone use. This section presented an interpretation of the qualitative data collected during the structured face-to-face interviews with addiction counselors and health care practitioners to help answer the research question related to Suboxone use in nonviolent felony offenders. The findings largely demonstrated that the decision regarding Suboxone adherence is multifaceted, and themes include (a) health, (b) Suboxone, (c) treatment, (d) effectiveness, (e) addiction, and (f) support.

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Appendix: Interview Questions

I'm attempting to explore health care practitioners' and addiction counselors' perspectives on using Suboxone as part of the treatment modality for minimizing nonviolent felony offenders drug abuse recidivism in Wichita, Kansas.

1. How did you learn about the SB 123 program for nonviolent felony offenders in Wichita, Kansas?
2. How are you affiliated with the SB 123 program?
3. What is the SB 123 policy to prescribe Suboxone?
4. How would you describe Suboxone use in nonviolent felony offenders remanded to felony probation?
5. Based on your review of the SB 123 program, what problems can you identify?
6. What is the most important problem the Treatment Provider 1 [or Treatment Provider 2] is facing with SB 123 nonviolent felony offenders?
7. How would you recommend the treatment agency address this problem?
8. How are you (the addiction counselor) supported in the SB 123 process?
9. How are you (the health care practitioner) supported in the SB 123 process?
10. How are the offenders supported in the process?
11. How are the physicians brought in? (By the probation officer, Treatment provider, etc.)
12. Tell me about the past 2 years and your impressions of the effectiveness of Suboxone treatment use in individuals with a substance abuse addiction on felony probation.

13. What is the likelihood of locating suitable medical staff to order, monitor, and follow up?
14. Tell me about the program reimbursement and is it worth the added regulatory effort?