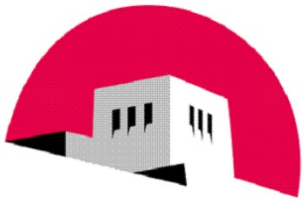

The University of New Mexico

Review of the Bernalillo County Addiction Treatment Program (ATP)

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UNIVERSITY OF NEW MEXICO, INSTITUTE FOR SOCIAL RESEARCH

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INTRODUCTION

The Institute for Social Research (ISR) was contracted by Bernalillo County in September 2009 to provide research services for the County's Department of Substance Abuse Programs (DSAP). Among the list of tasks was the completion of process evaluations for each of the DSAP's component programs. This report is an evaluation of the Bernalillo County Addiction Treatment Program (ATP). The Addiction Treatment Program is part of the Bernalillo County Department of Substance Abuse Programs (DSAP). ATP is a single program with two components. The first is the Jail-Based component (ATP/JB), housed in the Bernalillo County Metropolitan Detention Center, 18 miles west of downtown Albuquerque. The second component is the Aftercare component (ATP/AC) located in downtown Albuquerque, New Mexico, at the Bernalillo County Public Safety Center.

This report is the second in a series completed by the ISR during FY2009 focusing on the DSAP and its components. The first report provided a review of the DSAP continuum of care and a determination of the completeness of the continuum. Included in the first report was a flow chart of the DSAP component programs. The purpose of this report is to assess whether the processes of the ATP Jail-Based and Aftercare components have been fully implemented.

The mission of the ATP program is to provide clients who have been identified to have alcohol and or other drug treatment needs with quality addiction treatment services. The ATP has a dedicated focus on DWI offenders. The first component of ATP is the Jail-Based component, treating clients while they are incarcerated at the Bernalillo County Metropolitan Detention Center. The second component is an extension of the first and is the ATP Aftercare component for clients who have been in the Jail-Based component and have been released to the community.

Following this introduction is a more complete description of the ATP components. The description of ATP is followed by an outline of the methodology we used for this study, followed by an analysis focusing on profiling ATP clients. The profile is useful to better understand the types of clients served in this program and who are most likely to complete the program. The ATP client profile is followed by a discussion of the ATP program.

In addition to the description of our methodology, we present a description of the events leading up to accomplishing this study. The task of data collection took longer than we anticipated. Following a presentation to DSAP staff in a meeting in April 2010 we agreed to conduct some additional data collection to confirm and complement what we had already collected. This report is the product of the additional work ISR staff did collecting data, matching the hard copy file information to the database, finding missing data, and analyzing and reporting the data.

DESCRIPTION

ADDICTION TREATMENT PROGRAM JAIL-BASED (ATP/JB)

ATP/JB assists individuals who are incarcerated in the Metropolitan Detention Center (MDC) and who are in need of addiction services, focusing on alcohol. ATP/JB accepts referrals made by jail staff, the courts, or self-referred individuals. According to current ATP literature, admission into ATP/JB requires an individual to have current multiple DWI offenses, or a DWI conviction within the past five years, or a drug court sanction, or be an inmate who self refers and volunteers to be in the program. Referrals are also made to the program on the judge's order. Prospective clients are moved to one of several housing pods designated for the program. The program has a matrix of 175 clients and serves approximately 1,600 clients per year. All referrals are screened and assessed by ATP case managers. Occasionally, if an inmate is under administrative segregation and cannot be moved due to their status or the nature of their charge(s), they may be "wait-listed" pending a change in their status or their referral might be rejected.

Clients are screened by program staff using the CAGE and Drug Abuse Screening Test (DAST) screening instruments. The CAGE is designed to identify lifetime alcohol problems and two positive answers are considered a positive test indicating the need for a further assessment. The DAST, which focuses on non-alcohol drugs, is a 28-item self-report scale consisting of items concerning drug involvement. The CAGE is one of the most well-known and widely used alcohol screens (http://pathwayscourses.samhsa.gov/vawp/vawp_7_pg7.htm). The CAGE has proven to be valid for detecting alcohol abuse and dependence in medical patients and psychiatric inpatients. It has had varied performance in primary care patients and has not performed well in white women, prenatal women, and college students. Importantly, it is not an appropriate screening test for less severe forms of drinking (Kopec, 2007). Kopec (2007) noted a positive screen should be followed by a proper diagnostic evaluation using standard clinical criteria.

While the DAST has been found to yield satisfactory measures of reliability and validity in a variety of populations and is easy to administer (Yudco et al, 2007) the DAST, as noted earlier, is not designed to screen for alcohol abuse. The DAST is designed to help determine if the client has a problem with drug abuse and the level of abuse occurring if any.

After being screened and accepted, clients are assigned a case manager and given program materials. Clients are also assigned a resident mentor – a person who has successfully completed the program - and immediately begin the 28-day In-Patient Treatment Program. Not all offenders complete the programs for various reasons including because they bond out of MDC, are released from MDC, and are moved from ATP for security reasons. Clients can also be removed from the program for breaking the rules or they can be removed for a period-of-time and allowed back into the program if there is bed space in the ATP pods. The curriculum is comprised of the first three steps of Moral Reconation Therapy (MRT).

MRT is recognized by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) as an evidence-based program. According to the National Registry of Evidence-based Programs and Practices (NREPP), a service of SAMHSA, the MRT workbook is structured around 16 objectively defined steps or units. The units focus on eight basic treatment issues:

- confrontation of beliefs
- attitudes, and behaviors
- assessment of current relationships
- reinforcement of positive behavior and habits
- positive identity formation
- enhancement of self-concept
- decrease in hedonism and development of frustration tolerance and
- development of higher stages of moral reasoning.

We asked staff from Correctional Counseling, Inc., (CCI) developers of MRT, for specific information on the use of MRT in a jail setting. We also reviewed MRT literature on the CCI website. We found that typically MRT participants meet in groups, inside or outside of a jail setting, once or twice weekly, sessions run 1 hour to 1 1/2 hours each, and all steps of the MRT program can be completed in a minimum of 3 months but usually takes 6 months to complete (http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=34). The MRT website reports that in

jail settings most jail inmates complete the first 12 MRT steps in 20-32 group sessions and program completion rates vary between 60%-99%. The mean completion rate for programs is about 80% (http://moral-reconation-therapy.com/mrtforjails.html). This differs from the ATP program model where only the first three steps are required to complete the 28-day Jail-Based component of the program. Additionally, there are 16 steps to the program, 12 of which are typically completed in group sessions. Since MRT is a lifelong process, CCI suggests that clients work on steps 13-16 on their own as independent study.

After successfully completing the 28-day In-Patient Treatment Program, several options may be available to the resident client. The client can be moved into the general population to serve the remainder of their sentence or, if unsentenced, to await their judgment and sentence hearing, or they can be released from the jail, they can be moved to the Community Custody Program (CCP), or they can bond out. A limited number of successful participants after being approved by ATP staff become resident mentors. Otherwise, there is not a means for successful clients to remain in the ATP pod while awaiting release from MDC. Sanctions can be imposed on clients for breaking ATP rules, which can include termination from ATP/JB. We were told by DSAP staff that the ATP/JB component meets the ASAM Treatment Services Level III.3 criteria as a Clinically Managed Medium-Intensity Residential Treatment.

Some ATP/JB clients are released out of the MDC facility upon completion or soon thereafter and placed in the custody of the Community Custody Program (CCP). ATP clients who are released from MDC into the custody of the CCP are eligible to participate in the ATP/AC component. The majority of ATP/JB clients do not enter the ATP/AC program and so do not receive the next 9 steps. Frequently ATP/JB clients are released from MDC with a recommendation to, "seek further treatment." Most clients are urged to go to the City of Albuquerque Metropolitan Central Intake (AMCI) for further treatment. AMCI offers a voucher program for substance abuse treatment. Most ATP/JB clients do not seek AMCI services. This is discussed in more detail later.

ADDICTION TREATMENT PROGRAM AFTERCARE (ATP/AC)

According to ATP materials, the ATP/AC admission criterion requires the individual to have completed the ATP Jail-Based component within the past 2 years and currently be in the care of the CCP. During interviews with ATP managers we learned it is possible for recently released

MDC residents -- not only ATP/JB clients -- to make an appointment with an ATP/AC counselor for a screening as soon as the resident is transported by jail staff to the drop off point in downtown Albuquerque and released to CCP. ATP managers told us this scenario affects less than 1% of clients in the ATP/AC. After being dropped off at the CCP office, individuals are advised about the ATP/AC program by CCP staff. A counselor screens the client using a Psychological/Sociological questionnaire designed by ATP program staff (Appendix A). The ATP/AC cycle continues for 30-days up to one year depending on client needs, and during that time the client works the MRT Step Program beginning at Step Four. Individuals who it is felt do not remember the first three steps begin at Step One.

ATP/AC counselors facilitate MRT groups as well as recovery groups, relapse prevention, relationships and spirituality sessions. Counselors also have limited individual contacts with clients. Our review of client files found, the hours identified as individual treatment are often used by the counselors to write progress notes to the client file and are not spent with or counseling the client. During group sessions, counselors allow the groups to explore topics that arise out of the MRT sessions but which are not specific to MRT. Clients can be sanctioned for not attending group sessions. The sanction can be as severe as returning the client to the MDC facility, if they are part of CCP. The ATP/AC Case Manager may refer the client to therapy services outside the services provided by the DSAP to an affiliated agency, such as Turquoise Lodge, Renee's House, or Peanut Butter and Jelly. DSAP managers told us that ATP/AC adheres to the ASAM Treatment Services Level II.1 as an Intensive Outpatient Treatment, which includes at *least* 6 hours of structured programming per week.

Table 1 ATP Component Capacity and Staff Specifications

	Specifications
Capacity	• Males = 125 • Spanish speaking males = 25 • Women = 50 • Total = 175 • 1,600 clients minimum
Staffing*	• Program Supervisor = 1 FTE • Counselors = 4 FTE • Spanish only = 1 FTE • Case managers = 1 FTE • Records Specialist = .75 FTE • Admin Staff = 2 FTE
Involved in the Criminal Justice System*	• 100% of ATP Clients

* As of 5/14/10, reported by DSAP management staff.

For administrative and reporting purposes ATP Administrative staff use a database to enter client information. The database is a standalone Microsoft Access system that is not part of the MDC's larger management information system. ATP counselors at the jail do not have access to the MDC management information system. The database is used to collect demographic, charge, referral, and treatment information on each client in the ATP program. While the database allows ATP staff to follow a client's progress through the program the data is not easily extracted for reporting purposes. There are no reports and individual queries have to be created and executed by staff. ATP Administrative staff provided us a copy of the database and we were able to extract available data we needed for this study.

METHODOLOGY

At different times, DSAP administrative staff provided us copies of the ATP database. Each time we found the database was missing data. To fill-in the gaps and to verify data stored in the database we decided to collect data from ATP hard copy records and scanned files. We selected a sample of 482 (95% confidence level +/- 4.5%) cases closed between January 1, 2008 and June 30, 2009. Because we drew our sample from the entire ATP database, it provided us with a group of clients either who were in the Jail-Based component, or who were in the Aftercare component, or were in both components. Because of the structure of the database and missing data, we could not easily identify clients who were in both programs. After reviewing the hardcopy and scanned files, we identified four client groupings. The four groups were 1) ATP Jail Based Only, clients that were only in the Jail-Based program during 2008-2009, 2) ATP Aftercare only, clients who we were only able to locate in the Aftercare program files, 3) ATP Jail-Based and Aftercare within 60 days or less of completing the Jail-Based program, and 4) ATP Jail-Based and Aftercare greater than 60 days of completing the Jail-Based Program. Because we had access to the entire ATP population in the Access database, we were able to search all the records for each individual in our sample. In this report, we decided to not use clients in the Aftercare component who we could not find in the Jail-Based files, or whose Aftercare component admission date was prior to their Jail-Based treatment or whose Aftercare admission date was more than 60 days after their ATP Jail-Based discharge date.

Clients in the Aftercare component who could not be found in our review of either electronic records or hard copy records were excluded from analyses because we could not be certain whether or not we could simply not locate their file (despite several attempts), their file was

missing or if they were really only in the Aftercare component. Because we were told by program staff that in rare cases (less than 1%) clients could enter the Aftercare component without having first been in the Jail-Based component and we found this happened in 8.5% of the cases we could not accurately determine the circumstances of these study group members. We also decided to exclude clients with Aftercare admission dates more than 60 days from their Jail-Based discharge date because we could not be certain the two components were connected.

We made an exception to this rule for three clients with ATP Aftercare Admit dates very close to the cutoff. These rules gave us two groups to examine, Group 1) ATP Jail-Based Only and Group 3) ATP Jail-Based and Aftercare within 60 days or less of completing the Jail-Based program. Table 2 shows the four groups and the number of clients in each group.

Table 2 Distribution of Study Sample

Program Groups	Count	Percent
1) ATP Jail Based Only	380	78.8%
2) ATP Aftercare Only	41	8.5%
3) ATP Jail Based and Aftercare <= 60 days	48	10%
4) ATP Jail Based and Aftercare > 60 days	13	2.7%
Total	482	100.0%

Between March 17, and April 7, 2010 we collected data from the ATP treatment files. During our data collection period, the County was in the process of scanning all the ATP hard copy treatment files. All of the 2008 case files were scanned and were available only in electronic format. Cases from calendar year 2009 were available in hardcopy form at the beginning of our study and were stored in file cabinets at the Public Safety Center. Each client hardcopy file folder was separated into two sections. One section contained consent forms, letters, and checklists. The other section contained the information we were most interested in, screening forms, intake and assessment forms, treatment plans, progress notes, and treatment goals. During data collection, we discovered that ATP Jail Based program files are separate from ATP Aftercare program files. A client who has attended both programs has two file folders – one for each component program - and the folders for each program are stored in separate file cabinets. We created two collection instruments targeting specific information stored in each type of file. We collected information from the referral screening forms, offender booking sheet, previous

treatment programs, alcohol abuse assessment, addiction treatment program master treatment plan, addiction treatment program master group, and the addiction treatment program notes. The Aftercare component instrument included aftercare admission/discharge dates, reasons for discharge, status at discharge, date client last seen by provider, need for further treatment, number of days in ATP/AC, improvements in nine defined areas, and prognosis. (See Appendix B for a copy of these instruments)

ATP PROGRAM CLIENT PROFILE

The majority of ATP clients were male (74.3%) and Hispanics made up the majority of program participants in the sample (57.2%), followed by Whites (23.4%). The minimum age of clients in the Program was 18 and the oldest person was 68. The median age was 31, meaning half the clients in our sample were younger and half were older than 31 years. The majority of clients were convicted of DWI (263, 61.4%) and the next highest charge count was a merged category of all other Felonies (71 and 16.6%). Additionally, we found the average number of prior DWI arrests was 2 and the average number of prior DWI convictions was 1.4. Referrals to the Program came mostly from Metropolitan Court judges (68%) compared to 32% from District Court judges.

Individuals referred to the Program were given the DAST and CAGE during the screening process in the jail. Our review of DAST scores showed that clients reported their drug abuse severity relatively evenly across the five dimensions of the DAST, with low and substantial levels being reported most often (22.9% and 23.9%). The CAGE Alcohol Addiction Test constitutes four questions. Individual item responses are scored 0 if the person answers "no" and 1 if the person answers "yes". The total score can range from 0 to 4. In our sample, 90.7% of the clients took the CAGE and 88.4% had at least an 80% chance of being addicted to alcohol, 11.6% scored "0", perceived not to have an alcohol addiction. A large majority (64.4%) of clients entering the program in the jail reported alcohol as their drug of choice, followed by marijuana at 11.0%. A large majority of clients were given a diagnosis for alcohol dependence (49.4%) or alcohol abuse (15.7%). This indicates that 65.1% of the sample primary problem was alcohol. The next highest client diagnoses were cannabis dependence at 8% and cocaine dependence at 7.5%. Just 21.9% of our sample reported a diagnosed psychiatric problem. The majority of clients in our study (72.7%) were first-time ATP participants. The number of clients in our sample that successfully

completed the Program -- from jail through aftercare -- was very small (N= 14). Clients in our sample spent an average of 30.3 days in the Program and a median of 27 days.

ATP CLIENT REVIEW

In this section, we describe the clients in our sample. Recall that the majority of clients only attend the ATP/Jail-Based component. Table 3 shows the gender of participants in our sample. Men were the predominate gender with 74.3%.

Table 3 Gender of Program Participants

Program		Gender		Total
		Female	Male	
Total	Count	110	318	428
	Percent	25.7%	74.3%	100.0%

Table 4 reports the ethnicity of clients in the sample. Hispanics were the majority ethnic group, 57.2%, whites were the next highest ethnic group (23.4%) followed by Native Americans (15.9%) and African Americans at 3.0%.

Table 4 Ethnicity of Program Participants

Program		Ethnicity					Total
		African American	Asian	White	Hispanic	Native American	
Total	Count	13	2	100	245	68	428
	Percent	3.0%	0.5%	23.4%	57.2%	15.9%	100.0%

In Table 5 we find 328 (77.2%) of ATP clients in our sample had a current or a prior DWI, 22.8% did not have a DWI charge or a record of the DWI was not reported.

Table 5 Does the Client have a current or prior DWI?

	Yes	No	Total*
Count	328	97	425
Percent	77.2%	22.8%	100.0%

*Missing = 3

Table 6 shows the charges of participants attending ATP. A high percentage of clients had DWI charges, 61.4%. Clients with an assortment of 'Other Felony' charges were the next highest charge group (16.6%) followed by assault charges (11%).

Table 6 Charges of Program Participants								
Program		Charge						Total
		Assault	Burglary	DWI	Other Felony	Other Misd	Violation of Court Order	
Total	Count	47	9	263	71	11	27	428
	Percent	11.0%	2.1%	61.4%	16.6%	2.6%	6.3%	100.0%

Table 7 reports the number of prior DWI arrests. Almost 79% of participants reported having been arrested for DWI at least one time in the past. The mean number of arrests per client was 2.0.

Table 7 Number of Prior DWI Arrests for Program Participants		
Prior DWI Arrests	Total*	
	Count	Percent
0	75	21.5%
1	84	24.1%
2	84	24.1%
3	48	13.8%
4	32	9.2%
5	9	2.6%
6	8	2.3%
7	4	1.1%
8	1	0.3%
9	1	0.3%
10	2	0.6%
14	1	0.3%
Total	**349**	**100.0%**
Mean	2.0	

*Missing = 79

Table 8 reports the number of prior DWI convictions committed by program participants in our sample. We found 68% of the participants in our sample had one or more DWI conviction in the past. The mean number of convictions was 1.4.

Table 8 Number of Prior DWI Convictions for Program Participates		
Prior DWI Convictions	**Total***	
	Count	**Percent**
0	112	32.0%
1	110	31.4%
2	67	19.1%
3	38	10.8%
4	14	4.0%
5	1	0.3%
6	3	0.9%
7	2	0.6%
8	1	0.3%
9	1	0.3%
10	1	0.3%
Total	**350**	**100.0%**
Mean	1.4	

*Missing = 78

Table 9 shows the number of referrals made by the District Court and Metropolitan Court to ATP. Metropolitan Court judges referred a higher percentage of clients to ATP than District Court (68% vs. 32%). Two Judges accounted for 16% of the referrals from Metropolitan Court.

Table 9 Referrals By Court to ATP				
Program		**Court**		
		Metro	District	Total
Total	Count	279	131	410
	Percent	68.0%	32.0%	100.0%

*Missing = 18

Table 10 reports the results of the DAST taken by clients in our sample. The table shows that clients screen somewhat evenly across the five dimensions of the DAST, with low and substantial levels being reported most often (22.9% and 23.9%).

Table 10 Drug Abuse Screening Test (DAST) for Program Participants							
Program		**DAST Score**					
		None Reported	Low Level	Moderate Level	Substantial Level	Severe Level	Total
Total	Count	63	89	73	93	71	389
	Percent	16.2%	22.9%	18.8%	23.9%	18.3%	100.0%

*Missing = 39

Table 11 shows the results of the CAGE alcohol screening. Sixty-seven percent of the participants scored a 3 or 4 which indicated at least a 99% chance of being addicted to alcohol.

Forty-five participants (10.5%) scored "0" on the CAGE and had no alcohol addiction. Interestingly, these individuals were still accepted into the program.

Table 11 CAGE Alcohol Test for Program Participants

Program		CAGE Score					
		0	1 80% chance	2 89% chance	3 99% chance	4 100% chance	Total
Total	Count	45	29	53	111	150	388
	Percent	11.6%	7.5%	13.7%	28.6%	38.7%	100.0%

*Missing = 40

Before admission to the Jail-Based program, clients are asked about their drug of choice Table 12 shows alcohol was overwhelmingly the most frequently reported drug of choice by program participants (64.4%), followed by marijuana at 11.0%.

Table 12 First Drug of Choice for Program Participants

Program	Drug of Choice								
	Alcohol	Cocaine	Crack	Heroin	Marijuana	Meth	Prescription Drug	Poly Substance	Total
Total	270	19	20	31	46	28	3	2	419
	64.4%	4.5%	4.8%	7.4%	11.0%	6.7%	0.7%	0.5%	100.0%

*Missing = 9

Table 13 shows the count and percent of clients for each International Statistical Classification of Disease (ICD) code used in the ATP data describing the clinical substance abuse diagnosis for each client. A large majority of clients were given a diagnosis for alcohol dependence (49.4%) and alcohol abuse (15.7%), 8.0% received cannabis dependence diagnosis and 7.5% were given cocaine dependent diagnosis.

Table 13 Client Substance Abuse Diagnosis for Program Participants		
Substance Abuse Diagnosis	Total Program	
	Count	Percent
303.90 Alcohol Dependant	205	49.4%
304.00 Opioid Dependant	25	6.0%
304.20 Cocaine Dependant	31	7.5%
304.30 Cannabis Dependant	33	8.0%
304.40 Amphetamine Dependant	27	6.5%
304.80 Combination Drug Dependant	19	4.6%
305.00 Alcohol Abuse	65	15.7%
305.20 Cannabis Abuse	6	1.4%
305.50 Opioid Abuse	1	0.2%
305.60 Cocaine Abuse	2	0.5%
305.70 Amphetamine Abuse	1	0.2%
TOTAL	415	100.0%

*Missing = 13

Table 14 shows the number of clients in our sample at the time of referral to ATP Jail-Based that disclosed a clinical diagnosis for anxiety (7.2%) or depression (14.7%). Depression and anxiety were the most frequently reported mental health problems, however, more than 85% of clients reported not having a clinically diagnosed mental health problem.

Table 14 Clients With Mental Health Diagnosis of Anxiety or Depression				
Program		Diagnosis		Total
		Yes	No	
Anxiety	Count	31	397	428
	Percent	7.2%	92.8%	100.0%
Depression	Count	63	365	428
	Percent	14.7%	85.3%	100.0%

Table 15 shows the number of study group members who self-reported they attended a DSAP program in the past. One hundred and seventeen (27.3%) study group members reported having participated in any County DSAP program in the past. Of the 117 study group members, a large majority (81.2%) reported previous experience in the ATP/JB program. Almost 13% reported having attended a DSAP program in the past; excluding ATP, and 6.0% reported having participated in the ATP/Aftercare program in the past.

Table 15 Past Participation in a DSAP Program					
Program	Program Participation in the Past				
		DSAP	ATP/JB	ATP/Aftercare	Total
Total	Count	15	95	7	117
	Percent	12.8%	81.2%	6.0%	100.0%

Table 16 shows the agency study group members were referred to most often at discharge from the Jail-Based program. Most frequently, clients were referred back to the Jail-Based program (44.6%). Clients were referred to the AMCI program – a community treatment program 33.9% of the time. We found 24 clients (5.6%) were referred to the ATP/Aftercare component at discharge and 15 clients were referred to the DSAP Case Management Program (CMP). Because CMP is designed to provide case management services for all the DSAP components, we expected this number to be higher. We presume the 3 clients referred to the US Immigration Customs Enforcement agency did not receive treatment but were sent out of the country by that agency.

Table 16 Client Referrals For Treatment at Time of Discharge from Jail-Based Component		
Referral Program		
	Count	Percent
AMCI	145	33.9%
US Immigration Customs Enforcement	3	0.7%
ATP/AC	24	5.6%
ATP/JB	191	44.6%
DSAP CMP	15	3.5%
No Referral	50	11.7%
Total	428	100.0%

Table 17 reports the discharge status from the ATP/Jail-Based program for clients in our sample. A large majority of clients (77.4%) successfully discharged from the Jail-Based component, 7.3% were unsuccessful, 1.9% violated the program before discharge, and 13.4% received an administrative discharge.

Table 17 ATP/ Jail Based Discharge Status for Program Participants						
Program		Jail Based Discharge Status				
		Administrative Discharge	Successful	Unsuccessful	Violated/DWI ATP	Total
Total	Count	57	328	31	8	424
	Percent	13.4%	77.4%	7.3%	1.9%	100.0%

*Missing = 4

ATP AFTERCARE COMPONENT REVIEW

In this section, we describe the set of clients in our sample that attended the Full Program, i.e., ATP Jail Based component and attended the Aftercare component within 60 days of being release from the jail. Table 18 shows the gender of participants in our sample who attended the Full Program. Men were the predominate gender at 66.7% of the sample.

Table 18 Gender of Full Program Participants				
Program		Gender		Total
		Female	Male	
Full Program	Count	16	32	48
	Percent	33.3%	66.7%	100.0%

Table 19 reports the ethnicity of clients that completed the Full Program. Hispanics were the majority ethnic group, 55.6%, Whites were the next highest ethnic group (31.1%) followed by Native Americans (11.1%) and African Americans at 2.2%.

Table 19 Ethnicity of Clients Completing the Full Program							
Program		Ethnicity					Total*
		African American	Asian	White	Hispanic	Native American	
Full Program	Count	1	0	14	25	5	45
	Percent	2.2%	0.0%	31.1%	55.6%	11.1%	100.0%

*Missing = 3

Tables 20, 21, and 22 confirm the ATP Full Program was treating predominately DWI involved individuals. Table 20 shows the charges of participants attending ATP. A high percentage of clients (70.8%) had DWI charges. Assault charges were the next highest crime category, with

10.4%. Clients with an assortment of 'Court Order Violations' were the next highest charge category with 8.3% of the total.

Table 20 Full Program Participants Charges								
Program		Charge						
		Assault	Burglary	DWI	Other Felony	Other Misd	Violation of Court Order	Total
Full Program	Count	5	1	34	3	1	4	48
	Percent	10.4%	2.1%	70.8%	6.3%	2.1%	8.3%	100.0%

Table 21 reports the number of prior DWI arrests of Full Program participants. Approximately 88% of participants disclosed having been arrested for DWI at least one time in the past. The mean number of arrests per client was 2.45.

Table 21 Number of Prior DWI Arrests for Full Program Participants		
Prior DWI Arrests	Count	Percent
0	5	12.5%
1	7	17.5%
2	8	20.0%
3	10	25.0%
4	7	17.5%
5	1	2.5%
6	2	5.0%
Total*	**40**	**100.0%**
Mean	2.45	

*Missing = 8

Table 22 reports the number of prior DWI convictions committed by Full Program participants in our sample. We found 82.5% of the participants in our sample had one or more DWI conviction in the past. The mean number of convictions was 1.68.

Table 22 Number of Prior DWI Convictions for Full Program Participates		
Prior DWI Convictions	Count	Percent
0	7	17.5%
1	14	35.0%
2	7	17.5%
3	9	22.5%
4	3	7.5%
Total*	**40**	**100.0%**
Mean	1.68	

*Missing = 8

We found that the majority of Full Program clients (61.4%) were in jail or had been in jail and were participating in the ATP because they had been charged with a DWI. Most (73%) had been arrested more than once for a DWI and about 69% had been convicted of more than one DWI. These findings show the clients finishing the Full ATP Program are in ATP due to a charge for DWI and often times the clients had gone to court more than once for a DWI.

Individuals take the DAST before being accepted into the ATP Jail-Based component. Table 23 reports the results of the DAST taken by Full Program clients in our sample. The table shows that DAST scores were missing for more than a third of the Full Program clients. Of those clients tested, approximately 77% reported their drug abuse severity from low to substantial. A small percent reported having a severe level score.

Table 23 Drug Abuse Screening Test (DAST) for Full Program Clients

Program		DAST Score					
		None Reported	Low Level	Moderate Level	Substantial Level	Severe Level	Total
Full Program	Count	5	11	4	8	2	30
	Percent	16.7%	36.7%	13.3%	26.7%	6.7%	100.0%

*Missing = 18

Table 24 shows the results of the CAGE Alcohol Test taken by Full Program clients in our sample. Approximately 67% of the participants have at least a 99% chance of being addicted to alcohol.

Table 24 CAGE Alcohol Test for Full Program Participants

		CAGE Score					
		0	1 80% chance	2 89% chance	3 99% chance	4 100% chance	Total
Full Program	Count	2	4	4	8	12	30
	Percent	6.7%	13.3%	13.3%	26.7%	40.0%	100.0%

*Missing = 18

Before admission to the Jail-Based program, clients are asked their choice of drug. Most clients in our two-group sample responded to this screening question. Table 25 shows alcohol was overwhelmingly the most frequently reported drug of choice by 64.4% of clients in the Full Program, followed by marijuana (13.3%).

Table 25 First Drug of Choice by Full Program Participants							
Program	Drug of Choice						Total*
	Alcohol	Cocaine	Crack	Heroin	Marijuana	Meth	
Full Program	29	3	2	2	6	3	45
	64.4%	6.7%	4.4%	4.4%	13.3%	6.7%	100.0%

*Missing = 3.

Table 26 shows the number of Full Program clients who attended a DSAP, ATP/JB, or ATP/Aftercare program in the past. Only 50% of the Full Program clients reported having participated in any County DSAP program in the past. A very large portion (91.7%) of those that had participated in our Full Program sample had participated in the Jail-Based program.

Table 26 Participation in the Past in ATP/JB Only or ATP/AC by Full Program Clients					
Program	Program Participation in the Past				
		DSAP	ATP/JB	ATP/Aftercare	Total*
Full Program	Count	2	22	0	24
	Percent	8.3%	91.7%	00.0%	100.0%

*Missing = 24

Table 27 shows the agency the Full Program clients were referred to most often at the time of discharge from the Jail-Based program. Frequently, Full Program clients appear to have been referred back to the Jail-Based program (37.5%). Full Program clients were referred to ATP/Aftercare 33.3% of the time at discharge from the ATP/Jail-Based program and referred to AMCI 12.5% of the time. Only one client in our sample was referred to the DSAP Case Management Program (CMP).

Table 27 Treatment Referral for Full Program Clients at the Time of Discharge From the Jail-Based Component		
Referral Program	Count	Percent
AMCI	6	12.5%
ATP/AC	16	33.3%
ATP/JB	18	37.5%
DSAP CMP	1	2.1%
No Referral	7	14.6%
Total	48	100.0%

Table 28 reports the discharge status of Full Program clients from the ATP Jail-Based component. Approximately half of the Full Program clients received a successful discharge

(45.6%) another 43.5% received an administrative discharge, meaning they were released from the jail facility to CCP prior to completing the Jail-Based program.

Table 28 Full Program Clients Discharge Status From the ATP/ Jail Based Program

Program		Jail Based Discharge Status				
		Administrative Discharge	Successful	Unsuccessful	Violated/DWI ATP	Total*
Full Program	Count	20	21	4	1	46
	Percent	43.5%	45.6%	8.7%	2.2%	100.0%

*Missing = 2

Table 29 shows the reason Full Program clients were discharged from the ATP Aftercare component. More than 40% (19) of these clients completed treatment. The same amount (40%) were discharged for 'other' reasons, e.g., credit for time served, released from CCP, violated a CCP order, or AWOL from CCP. Approximately 19% were remanded back to jail or were non-compliant in the program.

Table 29 Full Program Clients Discharged from ATP/Aftercare

Reason for Discharge	Count	Percent
Completed Treatment	19	40.4%
Non-Compliant	1	2.2%
Other	19	40.4%
Remand	8	17.0%
Total	47	100.0%

*Missing = 1

Table 30 reports the percentage of treatment completed by Full Program clients at the time of discharge from ATP Aftercare. The table shows a majority of participants (69.5%) completed less than 75% of the program and only 54.2% completed more than 50% of the Aftercare treatment before being discharged from the program. The lack of treatment completed by Full Program clients agrees with the information shown in Table 29 where only 40% of the Full Program clients in the sample completed the Aftercare program.

Table 30 Percent of Treatment Completed at Discharge by ATP/AC Clients		
Percent of Treatment Completed	**Count**	**Percent**
0-25%	14	30.4%
26-50%	7	15.2%
51-75%	11	23.9%
76-100%	14	30.3%
Total	46	100.0%

*Missing = 2

Table 31 shows the prognosis reported by the ATP/Aftercare counselors for each Full Program client at discharge from the Aftercare program. In our sample, 38.3% of the Full Program clients received a prognosis higher than 'Fair' and 61.7% received a 'Good' to 'Poor' prognosis. The median prognosis was 'Good' at 3.0.

Table 31 Full Program Clients Prognosis at Discharge from Aftercare		
Prognosis	**Count**	**Percent**
Excellent	6	12.8%
Fair	12	25.5%
Good	16	34.0%
Poor	13	27.7%
Total	47	100.0%

*Missing = 1

Chart 1 below shows the percentage of improvement in seven areas judged by the ATP staff at the time Full Program clients were discharged from ATP/Aftercare. These are subjective measures made by the ATP staff. Alcohol Usage improved the greatest amount (70.8%) and Family/Social Housing had the next largest improvement (66.7%).

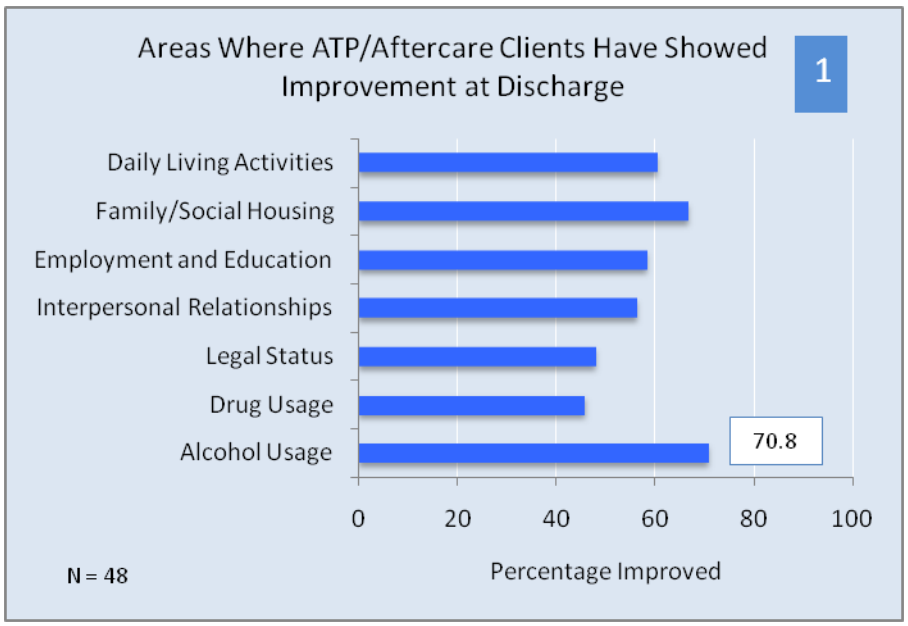

Table 32 reports the number of days completed by participants in our sample. The median for Jail-Based only clients was 27 days, which is approximately the length of the 28-day Jail-Based component. Full Program clients attended the Jail-Based component for an average of 19 days and followed an average of 54.6 days in the Aftercare component.

Table 32 Number of Days Clients Attended Treatment			
Program		**Days in ATP/JB**	**Days in ATP/Aftercare**
ATP/JB Only	*Min - Max* *Mean* *Median*	1 - 102 24.9 27.0	N/A
Full Program	*Min-Max* *Mean* *Median*	1 - 43 19.02 20.0	4 - 158 54.6 46.5

Table 33 shows the number of treatment hours completed by participants in the ATP components. We examined client files, and found the 'Individual' hours are not given to treatment but to staff note writing and documentation. Clients participating in both components of the ATP spend hours working in 12-step Moral Reconation Therapy manuals, Group hours, and Education hours. Despite the additional time in the Aftercare program, Full Program clients averaged less time in all categories except the group hours than the Jail-Based Only clients did. The Jail-Based Only clients had more than twice the number of MRT hours than the Full Program clients. The fewer

number of MRT Hours for Full Program clients is likely a consequence of the fewer number of days these clients participated in the Jail-Based component.

Table 33 Treatment Hours of Program Participants					
Program		**Individual Hours**	**MRT Hours**	**Group Hours**	**Education Hours**
ATP/JB Only	*Min - Max* *Mean* *Median*	0 -7 2.4 2.0	0-72 27.6 30.0	0 -96 18.9 15.0	0-59 16.2 14.0
Full Program	*Min - Max* *Mean* *Median*	0-20 2.8 2.0	0-56 12.4 0.0	0-90 21.0 16.0	0-51 12.0 10.0

DISCUSSION AND RECOMMENDATIONS

This evaluation of the ATP was based upon research and evaluation methods we have used in the past with similar programs involving individuals with substance abuse problems. Our process evaluation is focused on how the program operates and how current practices impact the delivery of the program.

We collected data from 482 randomly selected ATP cases closed in 2008 and 2009. This number gave us a 95% level of confidence with a margin of error of +/- 4%. We collected program level information from the electronic database maintained by program staff and used hard copy and digitized hard copy records to supplement and confirm data from the database. This was necessary because of the volume of data missing from the database. Treatment data was collected from hardcopy files and digitized files because these data were not available in the electronic database. In our sample of 482 ATP clients, 428 attended the ATP Jail-Based component, and 48 of these clients attended both the Jail Based component and Aftercare component and so received the entire program. Importantly, only about 11.2% of the clients in the sample attended the entire program.

We found the ATP program is comprised primarily of men (74% males, 26% females) and the majority of clients were Hispanic (57%). ATP treats predominately alcohol involved clients adjudicated for DWI and Metropolitan Court judges refer the majority of the clients to the program. The majority of clients (61.4%) had a current DWI charge followed by 'Other Felonies' (16.6%). The majority of the clients in our study (73.8%) were first-time ATP

participants. Most clients in our sample discharged successfully from the Jail-Based component (77.4%) and 48 or 11.2% entered the Aftercare component of the program and so became clients in the complete program. Approximately, 46% of the 48 clients who attended the complete Program discharged successfully from the Jail-Based component and 43.5% received an administrative discharge from the ATP Jail-Based program.

The percentage of clients who attended the full Program and who successfully discharged from the ATP Aftercare program was not as high. In our sample of Full Program clients who finished the Jail-Based component and entered the Aftercare component, only 40.4% completed Aftercare and 54.2% completed more than half of the Aftercare program. The median prognosis rating for Full Program clients was in the 'Good' range at 3.0 and 38.3% scored in the 'Excellent' to 'Fair' range. At discharge from the Aftercare component staff reported approximately 70.8% of the Full Program clients reduced their use of alcohol and 66.7% improved their family and housing situation. Approximately 40% of the Full Program clients completed treatment. The same number of clients were discharged for various reasons, (e.g., released by the court, released by CCP, violated court order) and 17% were remanded back to the MDC Jail facility before completing the Aftercare component.

According to ATP program materials, ATP is a seamless program with two components. We found that 11.2% of the clients in our study actually moved from the Jail-Based component to the Aftercare component. Further, according to program records, 54.3% of the clients who did transition to the aftercare component did not complete the jail-based component. Just 40% of the 48 clients who began the aftercare component completed. This means the majority of group members who spent time working the first three MRT steps in jail never received the next nine steps. According to MRT materials, the MRT 12-step program is typically started and finished by clients while in jail in 3 to 6 months. The MRT website reports, in jail settings most jail inmates complete all MRT steps in 20-32 group sessions**.** As noted elsewhere the program is designed for clients to complete the first three steps of MRT in the jail-based component and then the next nine MRT steps in the aftercare-component. **The County should consider various ways to increase the number of clients who transition from the Jail-Based component to the Aftercare component or consider implementing a Jail-Based MRT schedule in which all 12 steps are completed while clients are in Jail.**

According to information we were able to collect 77.2% of study group members either were in the program on a current DWI charge or had an arrest for DWI in their history. Ninety-seven (22.8%) of the study group members did not have a current DWI charge or a reported arrest for DWI in their history. These study group members had charges for assault, burglary, other felony charges, other misdemeanor charges, and violations of a court order. According to program materials, the program only accepts clients with a current DWI charge, an arrest history with a DWI, a DWI-Drug Court sanction, or an arrestee who self refers to the program**. It would be useful for the program to more completely develop admission criteria, adhere to these criteria, and document this information in client records.**

In ATP, screening is accomplished using the DAST and the CAGE. The DAST is not meant to be used to screen for alcohol abuse. The CAGE is a valid tool for detecting alcohol abuse and dependence in medical and surgical inpatients, ambulatory medical patients, and psychiatric inpatients. Its performance in primary care patients has been varied, while it has not performed well in white women, prenatal women, and college students. It is also not an appropriate screening test for less severe forms of drinking. Clinicians have been urged to be aware of its limitations when interpreting the results. A positive screen should be followed by a proper diagnostic evaluation using standard clinical criteria (Dhalla & Kopec, 2007). **Because the ATP focuses on alcohol related offenders and specifically DWI offenders, it would be useful to consider screening instruments other than the DAST and CAGE. Because the DAST and CAGE are only screening instruments and the DAST only screens for drug use it would be useful to further assess clients after they are accepted into the program. There should be a clear policy for accepting clients who do not screen positive for alcohol abuse or dependency.**

Additionally, ATP staff should enter all client information into the program database and this information should be reviewed routinely by ATP managers for completeness and accuracy. Hardcopy files should follow the client from the Jail component through the Aftercare component. One file, not two or multiple files should chart the client's progress through the ATP program. Currently, the files or charting system contains more than one file per client, one or more files for the Jail component and one or more for the Aftercare component. In addition to the existence of more than one file, the current database sequences the client's participation in each ATP component but it is very difficult to follow the client's progress through ATP using the

database. Data entry errors and missing information occur throughout the client database. DSAP managers have advised that a new database is going to be installed soon and will connect all DSAP programs. They feel the new software will correct some of the problems with the program documentation.

We found that Full Program clients left the Jail component after approximately 20 days and only 38% of Full Program clients received a successful prognosis (i.e., Good or Excellent) at the end of the Aftercare component. We also found, at the time of discharge ATP counselors referred 44% of their Jail component clients back to the Jail component. They also referred 37.5% of Full Program clients back to the Jail component at the end of the Aftercare component. Additionally at discharge, counselors offered no referral for 14.6% of Full Program clients. **It might be useful for ATP to require clients to successfully complete the Jail component before moving into the Aftercare component. Additionally, improved communication with other agencies (i.e., CCP, the Courts, and other components of the County DSAP programs) and familiarity with other treatment agencies might increase the benefit and value of referrals by ATP counselors.**

Our report documents how ATP functions and offers insights to the types of clients served by the program, and clients who are most likely to complete the program. We discovered the ATP is not a seamless program with two components. Most frequently, clients who begin the MRT treatment program in the jail do not transition into the Aftercare component. Consequently, less than 15% of ATP clients successfully complete the Jail component, transition to Aftercare, and successfully complete the Aftercare component. We also discovered the ATP screening and admission procedure does not utilize appropriate assessment instruments. Additionally, members of the court do not understand the principles of the ATP program and its requirement for a successful transition from Jail treatment to Aftercare. As a result, very few clients successfully leave the Jail component and complete the Aftercare component.

ATP is properly positioned in the community to be an asset in the New Mexico criminal justice system and positively impact the lives of adults who abuse alcohol. Since ATP began, managers and staff have attempted to make the program better. We realize ATP has a long history and a place in the community. We hope our report is used as a guide by ATP administrators to address issues in the program and improve ATP in the future.

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APPENDIX A.

ADDI ION TREATMENT PROGRAM

Intake Assessment

Last Name Master ID Number: 129815	MI: B First Name: [redacted]
Assessment Date: 12-30-05	DOB: 12/21/68 Age: 40
Gender: Male	SSN: [redacted]
Race/Ethnicity: African American	Currently Employed: Y (N) How long: Employer:
Marital Status: Married	Veteran Status: Y (N) Discharge Date: Type of Discharge:
Address: Homeless City: — State: — Zip Code: —	Primary or Preferred Language: English Religious Preference: Baptist
Living arrangements Prior to Incarceration: with wife	Level of Education: (Completed) 12
Annual Income Level: (Please Circle) $0 $1-9,999 10,000-19,999 20,000+	Have you ever participated in a DSAP Program: (Y) N MATS (ATP/ MDC) ATP/AFTERCARE CCM METH (CIRCLE) When: Jan. 2003
Emergency Phone Contact: Name: Cyanthia Reed Relationship to Contact: (wife)	Phone Number: 203 6222 Secondary Number:
Diagnosed Psychiatric Problems: no When given Diagnosis: Where given Diagnosis: Current Psychiatric disability: Y (N) Type & Accommodation needed: Are you currently seeing a Psychiatrist Y (N) If yes, Name: Current Psychiatric Medications: —	
Attempted Suicide: Y (N) Current Suicidal Ideations: Y (N) If yes when: —	
***If yes to current ideations, assessment must be conducted and call to PSU must be made for immediate help.	
Current Medical Problems: — Current Medical disability: Y (N) Type & Accommodation needed: Usual Hospital for Medical Treatment: Conelace Name of primary care doctor: — Phone Number: — Any current Medications: —	

Currently Pregnant: Y (N) Due Date:

How many children do you have under the age of 18: 2 Ages: 7 yr old, 10 yr old

Who do they live with: Their grandmothers (2)

Who will care for minors while in treatment: grandmothers (2)

Hepatitis Tested	(Y) N	When: 1996	Result: Pos.	Type: B	
HIV Tested:	(Y) N	When: Dec. 2008	Result: Neg.		
TB Tested:	(Y) N	When: June, 2008	Result: pos. Exposed To Germ		

Any known Allergies: Ø

Do you currently experience or have a history of:

Blackouts:	Y (N)	Date of last:	Endocarditis: (heart Valve Infection)	Y (N)	Date:
Tremors:	Y (N)	Date of last:	Heart Disease: (heart attack, angina, bypass)	Y (N)	Current Symptoms:
Seizures:	Y (N)	Date of last:	Stroke:	Y (N)	Date:
Hallucinations:	Y (N)	Date of last:	Aneurysm	Y (N)	
Current Open sores or abscesses:	Y (N)	Describe:			
Gastrointestinal bleeding:	Y (N)	Last Active Bleed:			

If you do not use your primary drug for a 24 hour period have you experienced:

Nausea/vomiting:	Y	(N)
Tremors:	Y	(N)
Seizures:	Y	(N)
Anxiety:	Y	(N)
Any other symptoms:		

Current Health Insurance: Y (N)

Ins Company: / Policy #: / Contact Number:

Number of Prior 's DWI's Ø Convictions: Ø

Prior treatment (s) for chemical abuse:	Inpatient or Outpatient:	Length of Sobriety after each treatment:	Year of prior treatment:
DWI-RTP	In pt.	1 day	Jan Dec 30, 2008

Primary Drug of use: "Crack" Secondary Drug of Use: Alcohol

Drug Type	1st Use	Last 12 months	Amount	Last Use	Route
Alcohol	16 yr old	4 days week	Varie	10-24-08	oral
Benzodiazepines					
Heroin					
Methamphetamine					
Crack	18 yr old	daily	Varie	10-24-08	Smoke
Cocaine					
Marijuana	12 yr old	once in while	Varie	Oct. 2008	Smoke
Methadone					
Inhalants					
Hallucinogens					
Prescription Meds.					
Other					

How do you handle your anger: Get High

What would you consider to be your triggers to use: Anger, Relationship

What has worked in the past to keep you from using: Keep Busy & meetings & Sponser

Did your parents use any substance(s) while you were growing up: Y (N)

How many siblings in your immediate family: 5 Your Birth Order: 1

Were you ever abused: (Y) N 5yr old

In what way: Emotional (Physical) Sexual

Referral Type:

Court Ordered: (Y) N Judge: shepherd Self Referred: Y N

(If yes circle below)

(District Court) Metro Court PV

Clinical Assessment: Client scored 2 on CAGE and 15 on DAST-10. Client presents as 40 yr old African American Male. Client reports "Crack" as drug of choice, No meds at time of Intake.
Dx, Cocaine Dependce 304.20

Motivation for Treatment: "I want it and need it" expressed by client
Legal/self

Admission Statement:
Is all the information you have given to me today true to the best of your knowledge? Please be aware that the giving of false, misleading, or incomplete information may result in you being terminated from the program.

Do you understand this statement? (Y) N

Program Participant: [redacted]
PRINT NAME

Signature: Peter Valencia LADAC
Peter A. Valencia, LADAC Lic. #006279

Signature: [redacted]

[redacted]

Revised 12/8/2007 MG

W

Substance Abuse Assessment

C	Have you ever felt you should cut down on your drinking:	(Yes)	No
A	Have people annoyed you by criticizing your drinking:	Yes	(No)
G	Have you ever felt bad or guilty about your drinking:	(Yes)	No
E	Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover:	Yes	(No)

2

DAST (Drug Abuse Screening Test)

Author, Harvey A. Skinner, 1982

Please check the one response to each item that best describes how you have felt over the past 12 months.

1. Have you used drugs other than those required for medical reasons?	(Yes)	No
2. Have you abused prescription drugs?	Yes	(No)
3. Do you abuse more than one drug at a time?	Yes	(No)
4. Can you get through the week without using drugs (other than those required for medical reasons)?	(Yes)	No
5. Are you always able to stop using drugs when you want to?	Yes	(No)
6. Have you had "blackouts" or "flashbacks" as a result of drug use?	Yes	(No)
7. Do you ever feel bad about your drug abuse?	(Yes)	No
8. Does your spouse (or parents) ever complain about your involvement with drugs?	(Yes)	No
9. Has drug abuse ever created problems between you and your spouse?	(Yes)	No
10. Have you ever lost friends because of your use of drugs?	(Yes)	No
11. Have you ever neglected your family or missed work because of your use of drugs?	(Yes)	No
12. Have you ever been in trouble at work because of drug abuse?	(Yes)	No
13. Have you ever lost a job because of drug abuse?	(Yes)	No
14. Have you gotten into fights when under the influence of drugs?	Yes	(No)
15. Have you engaged in illegal activities to obtain drugs?	(Yes)	No
16. Have you ever been arrested for possession of illegal drugs?	(Yes)	No
17. Have you ever experienced withdrawal symptoms as a result of heavy drug intake?	(Yes)	No
18. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, or bleeding)?	(Yes)	No
19. Have you ever gone to anyone for help for a drug problem?	(Yes)	No
20. Have you ever been involved in a treatment program specifically related to drug use?	(Yes)	No

Scoring: Each 'yes' = 1 point with the exception of questions 4 and 5. In questions 4 and 5 each 'No' = 1 point

6 or more points = substance use problem (abuse or dependence)

Score: 15

Interpretation...
0 None reported 1 - 5 Low level 6 - 10 Moderate level 11 - 15 Substantial level 16 - 20 Severe level

History of Violence in current home: Y (N) Will Explain -

Were you the Victim: Y (N)

Were you the Perpetrator: Y (N)

APPENDIX B.

DWI/ATP AFTERCARE

600 First St. NW Suite # 100
Albuquerque, N.M. 87102

Discharge Summary

To: Mario Rodriguez, CCP Tracker **AGENCY: CCP**
ADDRESS: 600 First St. N.W. Suite #100 Albuquerque, NM 87120
NAME [redacted] DOB: 07/04/1986 ID#62173
ADDRESS: [redacted] Albuqerque, NM 87110
PHONE (Home #) [redacted] (wk#) 000-0000 SS# [redacted]
DATE of ADMISSION: 03/25/08 **DATE of DISCHARGE: 05/01/08**

TYPE of TREATMENT: XX **Aftercare/ Outpatient** _____ **Other**

REASON for DISCHARGE: __ Completed Treatment ____ Non-Compliant ___ Client Dropped Out
___Remand X Other (Specify)**Released from CCP Credit Time Serve**

STATUS at DISCHARGE: Treatment Goal x 0-25% ___26-50% _ 51-75% ___76-100%
DATE CLIENT WAS LAST SEEN BY PROVIDER: 04/30/08
DOES CLIENT NEED FURTHER TREATMENT AT THIS TIME? x **YES** ___ **NO**
SPECIFY RECOMMENDATIONS and REFERRALS: Mr. Dodge, participated 35 days of Aftercare/Intense Outpatient completed Step 4 & 5 of 12 Steps of Moral Reconation Therapy. Client quiet prefers to observe, will address his concerns regarding his long history of alcohol dependence. Please identify the areas in the list below where client has demonstrated significant improvements:

x Alcohol Usage	__Medical/Dental	x Employment/Education
_ Drug Usage	x Legal Status	x Family/Social/Housing
___Psychiatric	___Interpersonal	_ Activities of Daily Living

PROGNOSIS: x **Poor** _**Fair** ___**Good** ___ **Excellent**
Comments: Mr. Dodge, will benefit from 12 step meetings, for added support, counseling referral was offered to client which he declined, stated interest in staying active @ Aftercare, where he learning trust with peers. If you should need further information please call 468-1642

Counselor Aurora R. Cata **Date** 5·1·08
Aurora R. Cata, Program Supervisor