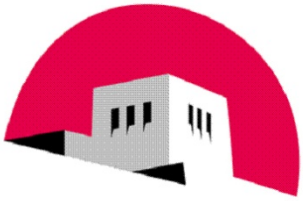

The University of New Mexico

Bernalillo County Department of Substance Abuse Programs (DSAP) Implementation Research

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INTRODUCTION

The mission of The Bernalillo County Department of Substance Abuse Programs (DSAP) is to provide programming and services that reduce the impact of alcoholism, alcohol abuse, drug dependence, and drug abuse on the individuals, the community, the criminal justice systems, and the healthcare system in Bernalillo County. DSAP provides and funds a variety of services as part of a continuum of care that includes enforcement, prevention, treatment, alternative sentencing, and tracking. The purpose of this study is to determine how well the various programs adhere to their program design and how well programs follow known best practices and/or science based practices. The majority of the DSAP programs and DSAP funded programs have not been studied to determine how these programs operate. This study reviews a selection of programs that deal with the prevention, treatment, and alternative sentencing programs including: Safe Teen New Mexico; the Milagro Mariposa Program; the New Mexico Highland University (NMHU) Community Clinical Treatment Program; the Supportive Aftercare Community Program (SAC); the Public Inebriate Intervention Program; the Addiction Treatment Program (ATP); the Mothers Against Drunk Driving (MADD) Protecting You Protecting Me (PYPM) program; the Community Addiction Program (CAP); the Public Safety Psychology Group (PSPG) – All Star Program; the Detoxification and Treatment Program; and Medical Observation and Treatment Unit (MOTU).

Currently it is not known if these programs adhere to the models and known best practices specific to each type of program. Any evaluations that may have been completed in the past are not available to us, and/or have not been provided by DSAP. A cross program study will provide the most consistent evaluation and this study seeks to provide information that will be useful for describing the different programs and documenting adherence to the different program designs, models and known best or science based practices. This study is designed as a process evaluation. Process evaluations are conducted to measure service enhancement implementation. Implementing a program according to its design (and best practices) will improve outcomes more than if the program is not implemented according to the proposed design. Programs often do not produce expected outcomes because they vary in their emphasis on process and the length and detail of the planning and implementation. Process evaluations are aimed at understanding the internal dynamics of how the program operates. Process data permits judgments to be made about the extent to which the program is operating the way it is supposed to be operating. Process evaluations also reveal areas in which relationships can be improved as well as highlighting strengths of programs that should be preserved. Process descriptions are also useful in permitting people not intimately involved in a program, for example: external funding sources, public officials, external agencies, to understand how the program operates. By conducting a process evaluation we will be able to document implementation and adherence to design fidelity and known best practices.

Bernalillo County Department of Substance Abuse Programs (DSAP)

DSAP operates on an approximate budget of $9.6 million dollars that is largely funded from state DWI and Detoxification grant funds. Other sources of funding include UNM Hospital, Molina Healthcare, and Optum Health New Mexico. DSAP serves Bernalillo County.

DSAP provides a number of services including out-patient programs, a jail-based inpatient program, alternative sentencing programs, enforcement, and prevention programs. These services are described in more detail later. Services are offered at a number of locations including at the Metropolitan Assessment

and Treatment Services (MATS) campus, the Bernalillo County Metropolitan Detention Center (MDC), the Bernalillo County Public Safety Center (PSC), and at public school sites.

Bernalillo County

Bernalillo County is the geographic and economic center of the state and covers 1,169 square miles. With an estimated population of 675,551 in 2014, including approximately 515,000 adults over the age of 18, Bernalillo County accounts for almost one-third of the population in New Mexico (United States Census Bureau http://quickfacts.census.gov/qfd/states/35/35001.html). The County seat is Albuquerque, the most populous city in New Mexico.

Bernalillo County has a need for behavioral health services. New Mexico's rates of dependence or abuse of illicit drugs and alcohol have remained above national rates since 2002, according to federal data (LFC, 2014). Although the alcohol related death rate in Bernalillo County (49.0 per 100,000 population) is below the New Mexico rate of 52.3 Bernalillo County accounts for 30.4% of all alcohol-related deaths between 2008 and 2012. In 2008-12 there were 2,416 deaths due to drug overdose in New Mexico and 961 (39%) were in Bernalillo County. Bernalillo County bears the highest burden of drug overdose death in terms of total numbers of deaths. New Mexico has the second highest drug overdose death rate in the nation, and the consequences of drug use continue to burden New Mexico communities (NMDOH, 2011).

This report contains several sections. This introduction is followed by a literature review. Because a large portion of the population served by DSAP is involved in the criminal justice or at risk for involvement in the criminal justice system we include some literature on the connection between drug/alcohol use and crime. We also include some literature on prevention because DSAP has a large prevention component focused to juveniles. The largest section of the literature review is on substance abuse treatment literature and best practices.

LITERATURE REVIEW

This literature review contains a brief review of substance abuse treatment and crime literature followed by a section for each type of service offered by DSAP to Bernalillo County citizens. This review focuses on a review of best practices and it is not meant to be exhaustive.

According to a federal Center for Substance Abuse Treatment (CSAT) Treatment Improvement Protocol (TIP) publication (2005) there has been strong, consistent empirical evidence over the past few decades that has shown that substance abuse treatment reduces crime. For many people who need alcohol and drug treatment, contact with the criminal justice system is their first opportunity for treatment. This may be the first opportunity to be diagnosed with a substance abuse problem and legal incentives may be useful in motivating individuals to begin treatment. For other offenders, arrest and jail is part of a recurring cycle of drug abuse and crime. These individuals may require more intensive treatment including case management.

A review of evidence-based corrections programs by the Washington State Institute for Public Policy (Aos, et al, 2006) with a proven ability to affect crime rates found five adult jail based programs with a demonstrated ability to reduce crime. One of these studies by Peters, et al (1993) found that inmates participating in a six-week jail treatment program remained statistically significantly longer in the community until re-arrest, had fewer arrests and spent less time in jail compared to a group of untreated

inmates. A study of a six-month modified therapeutic community (Knight, Simpson and Heller, 2003) found that the program had a limited impact on recidivism. Another study, funded by the National Institute of Justice (1997) found lower infraction rates for program participants who were housed in separate living units and a smaller percentage of program participants were reconvicted within the one-year follow-up period. Further, this study noted the importance of "integrated post-custody services" and that formal aftercare was limited. The authors noted that other studies have found aftercare programs preserve or extend treatment effects.

Enforcement

Some research (Fell and Tippets, 2008) has shown that a variety of media and enforcement procedures that supplement ongoing statewide efforts can yield meaningful crash reduction effects among alcohol-impaired drivers. According to Fell, Lacey and Voas (2005) research has consistently shown that highly publicized, highly visible, and frequent sobriety checkpoints reduce impaired driving fatal crashes.

Alternative Sentencing

Alternative sentencing programs in this study are defined as programs that can serve as an alternative to jail. The historical response of the criminal justice system has been incarceration and more recently, for a variety of reasons, the criminal justice system has been willing to consider alternatives to traditional sentences focused to incarceration. Alternative sentencing programs have implemented across the country in various forms. The goal of alternative sentencing programs is to reduce the likelihood of re-offending. Alternative sentencing programs typically include things like life skills training, job skills training, and alcohol and drug treatment.

While alternative sentencing programs vary widely across the United States options include work release and weekend sentencing, shock incarceration (sometimes called boot camps), community service programs, day fines, day reporting centers, electronic monitoring and house arrest, residential community corrections, and diversionary treatment programs. There is also more variation in the availability of other types of alternative sentencing options, such as mediation and restitution (http://www.libraryindex.com/pages/2553/Sentencing-ALTERNATIVE-SENTENCING.html).

Martin (2003) in a review of alternative forms of sentencing and recidivism using data from the state of Oregon found that alternative programs including community service programs, work release, and electronic monitoring were less expensive than incarceration and produced lower levels of recidivism after twelve months. The addition of a treatment component to the community-based option (e.g. a drug treatment program), produced an additional 10% decrease in recidivism.

Screening, Compliance, Monitoring and Tracking

AOD screening provides an indication of whether or not an individual appears to be at risk for a given condition or behavior associated with substance use. AOD screening does not clinically determine substance abuse; nor does it assess the depth of AOD addiction. Prevention providers screen for potential issues; treatment providers conduct formal assessments for diagnosis (NIH, 2005). Screening can occur in a variety of settings including primary care, emergency room departments, prenatal care settings, college populations, and in the criminal justice system. Each setting has its own challenges.

In the criminal justice system alcohol misuse is particularly involved in DWI and domestic violence offenses. Routine alcohol screening in the criminal justice system helps identify people at greatest risk for alcohol problems (NIH, 2005). One challenge is that most instruments rely on self-reports and were not developed for DWI populations. These factors may make it difficult to obtain accurate ratings of use and severity and suggest the need to adequately trained staff to conduct screenings to help limit under-reporting (NIH, 2005).

Several commonly used screening instruments include the 4 question CAGE, the 5 question CAGE AID (Adapted to Include Drugs), the 25 question ADS (Alcohol Dependence Scale, the 53 item BSI (Brief Symptoms Inventory), the 28 item DAST (Drug Abuse Screening Test), the 10 or 30 item DAI (Drug Attitude Inventory), the 159 item DUSI-R (Drug Use Screening Inventory – Revised), the 24 item MAST (Michigan Alcoholism Screening Test), and the 10 item AUDIT (Alcohol Use Disorders Identification Test).

Prevention

This section focuses on best practice prevention focused to juveniles. The prevention programs funded by DSAP are primarily focused to juveniles and school settings (Tavern Taxi is focused to adults). According to the National Institute on Drug Abuse (NIDA) long-term research studies on the origins of drug abuse behaviors and the common elements of effective prevention programs have provided a number of principles (NIDA, 2003). These research based principles are useful in helping practitioners address drug use among children, adolescents and young adults and can help guide the "… thinking, planning, selection, and delivery of drug abuse prevention programs at the community level." Research has shown early intervention can prevent adolescent risk behaviors like drug use. Appendix F lists these prevention principles.

The principles are separated into risk factors and protective factors (Principle 1 thru Principle 4), family programs (Principle 5), school programs (Principle 6 thru Principle 8), community programs (Principle 9 thru Principle 11), and prevention program delivery (Principle 12 thru Principle 16).

According to the risk factor and protective factor principles prevention programs should enhance protective factors and reduce risk factors. The principles note the risk of becoming a drug abuser includes the relationship between the number and type of risk factors (e.g. deviant attitudes and behaviors and protective factors (e.g. parental support) and the potential impact of these factors change with age. Research has also shown early intervention often has a greater impact than later intervention and there are different effects by age, gender, ethnicity, culture and environment. Prevention programs should also address all forms of drug abuse, the use of illegal drugs and the inappropriate use of legal substances. Further, prevention programs should be specific to the community and tailored to the target population.

Two of these principles deal with school-based prevention programs, one specific to elementary school children and a second that is specific to middle/junior high and high school age students. This includes:

Principle 7— Prevention programs for elementary school children should target improving academic and social-emotional learning to address risk factors for drug abuse, such as early aggression, academic failure, and school dropout. Education should focus on the following skills (Lalongo et al. 2001; Conduct Problems Prevention Work Group 2002b):

• self-control;
• emotional awareness;
• communication;
• social problem-solving; and
• academic support, especially in reading.

Principle 8— Prevention programs for middle or junior high and high school students should increase academic and social competence with the following skills (Botvin et al.1995; Scheier et al. 1999):

• study habits and academic support;
• communication;
• peer relationships;
• self-efficacy and assertiveness;
• drug resistance skills;
• reinforcement of antidrug attitudes; and
• strengthening of personal commitments against drug abuse.

The last five principles deal with prevention program delivery. Programs should be long-term with repeated interventions to reinforce the original prevention goals. Programs should include teacher training such as rewarding appropriate student behavior and are most effective when they use interactive techniques that allow of active learning involvement. Finally, research-based prevention programs can be cost-effective.

Treatment and Detoxification

This section focuses on best practices for treatment and detoxification for adults with some emphasis on individuals associated with the criminal justice system. This review covers both alcohol and other drugs (AOD).

Treatment within Jails

Research indicates that AOD treatment does not need to be voluntary to be effective (NIDA, 2000). A combination of both behavioral therapies and medications can be of critical importance for AOD clients who are incarcerated and/or have co-occurring mental disorders. Within the criminal justice system, treatments should target factors that are associated with criminal behavior. For example, effective treatment helps the drug abuser break free of old patterns of thinking and behaving. This includes addressing the "criminal thinking," which is defined as a combination of attitudes and beliefs that support a criminal lifestyle and behavior (NIDA, 2009).

When working with individuals involved in the criminal justice system it is especially critical that criminal justice supervision incorporate treatment planning for drug abusing offenders, and those treatment providers are aware of the external correctional supervision requirements. For example, coordinated planning should facilitate the transition to community-based treatment and post-release services to aid the success of both drug treatment and community reentry. When providing correctional supervision to individuals participating in drug abuse treatment, it is important to reinforce positive behavior. Nonmonetary "social reinforcers" such as recognition for progress can also be effective, as can

graduated sanctions that are consistent, predictable, and are clear responses to noncompliant behavior (NIDA, 2009).

Follow-up is especially important when working with criminal justice involved populations. Continuity of AOD treatment helps the recently released offender deal with problems that are only relevant at the point of re-entry, including learning how to respond to situations that may lead to relapse, learning how to live drug-free in the community, and learning how to develop a drug-free peer support network. Studies of offender populations have shown that cessation of and continued abstinence from drug use is linked to reduced rates of re-offending and re-arrest. Because most users of illegal drugs do not commit crimes, reducing the number of casual and sporadic users of illegal drugs is unlikely to greatly reduce crime. For this reason, it might be worthwhile for criminal justice programs to focus their limited resources on preventing addicted high-rate offenders from continuing to abuse drugs. Research suggests that addicted offenders commit fewer crimes during periods of non-use. Further, research on serious, violent juvenile offenders identifies substance use as a risk factor for delinquency and future adult criminality. In 1998, 29% of eighth graders and 54% of twelfth graders had used an illicit drug at some time in their life (CSAT, 2005).

Models and Approaches

Research has shown that effective AOD programs utilize both behavioral therapies and medications.

Alcohol and Other Drug (AOD) Treatment

The AOD treatment process usually begins with the process of detoxification – not everyone needs to be detoxified. Detoxification is a set of interventions aimed at managing acute intoxication and withdrawal. Detoxification refers to a "clearing of toxins from the body of a patient who is acutely intoxicated and/or dependent on substances of abuse" (SAMHSA/CSAT Treatment Improvement Protocols 45, 2006). Detoxification is not itself treatment, but acute care. The process is considered to be distinct from treatment because detoxification does not resolve longstanding psychological, social, and behavioral problems associated with AOD addiction. Rather, detoxification is designed to reduce the intensity of an AOD disorder for individuals who want to abstain or who are required to observe mandatory abstinence as a result of legal involvement or hospitalization (SAMHSA/CSAT Treatment Improvement Protocols 45, 2006).

There are three key components to the detoxification process, including evaluation, stabilization, and fostering the patient's entry into treatment. The initial evaluation prior to detoxification serves as the basis for later treatment. The evaluation component entails testing for the presence of addictive substances in the bloodstream of the client, measuring concentrations, and screening for co-occurring mental and physical conditions. These factors help to determine appropriate levels of treatment following the detoxification process. Additionally, stabilization is also a critical component of the process and often takes place with the aid of medications. Stabilization includes all the medical and psychosocial processes of assisting the client through acute intoxication and withdrawal to a point of medical stability, fully supported, and substance free condition (SAMHSA/CSAT Treatment Improvement Protocols 45, 2006).

Detoxification also prepares the client for entry into a full treatment regimen. For example, some detoxification programs encourage clients to sign nonbinding contracts stating they agree to participate in continuing care following detoxification (SAMHSA/CSAT Treatment Improvement Protocols 45, 2006).

Other programs rely on therapeutic relationships with treatment staff and/or other patients to expose the client to alternatives to a substance abusing lifestyle (SAMHSA/CSAT Treatment Improvement Protocols 19, 1995). Treatment providers use a myriad of methods to improve client retention in the detoxification setting. Strategies to improve retention include educating AOD clients about the withdrawal process, engaging support systems, maintaining a drug-free environment, and considering the use of alliterative approaches such as acupuncture (SAMHSA/CSAT Treatment Improvement Protocols 45, 2006).

Medications play a critical role in the detoxification process. Several acceptable regimens for treating alcohol withdrawal make use of benzodiazepines. These drugs remain the medication of choice for treating withdrawal symptoms of alcohol abuse. Three other medications may be used as adjuncts to AOD treatment and recovery: naltrexone (Trexan), disulfiram (Antabuse), and Vivitrol.

Disulfiram therapy rests on the theory that the medication helps to provide external controls on drinking until the individual can develop internal controls. Disulfiram is an alcohol-sensitizing medication; it produces unpleasant symptoms if the person taking it also drinks alcohol.

Naltrexone (Narcan) has also been shown to reduce cravings for alcohol among people who have stopped drinking. Clients who are most likely to benefit from naltrexone therapy include people who have substantial social support for sobriety and who are well motivated for recovery (SAMHSA/CSAT Treatment Improvement Protocols 15, 1995).

The Vivitrol website (http://www.vivitrol.com) advises that Vivitrol is extended release naltrexone. A physician administers Vivitrol once a month through injection, which is a benefit as competing oral treatments, can be administered up to three times per day. Vivitrol has been shown effective in reducing the craving for alcohol.

Withdrawal from opioids is commonly accomplished through the use of methadone treatment. Despite its widespread use, methadone is highly regulated and can only be prescribed for withdrawal symptoms by a doctor at a Substance Abuse and Mental Health Services Administration (SAMHSA) certified methadone clinic or if the patient is being hospitalized for another medical condition (SAMHSA/CSAT Treatment Improvement Protocols 45, 2006). Most recently, the FDA approved the use of buprenorphine for opioid maintenance treatment as an alternative to regular methadone treatment.

Buprenorphine is available in oral form as Subutex, which contains only buprenorphine and is meant for patients who are starting treatment for drug dependence. Suboxone, contains both buprenorphine and naltrexone, and is meant for individuals who are dependent on opioids and have already started or are continuing medication therapy (SAMHSA/CSAT Treatment Improvement Protocols 45, 2006). Effective AOD treatment also operates under the principle that detoxification is only the first stage of addiction treatment and alone does little to change long-term outcomes for AOD clients.

Cognitive-Behavioral Therapy (CBT)

CBT is a form of psychotherapy that emphasizes the important role of thinking in how we feel and what we do. Cognitive-behavioral therapy does not exist as a distinct therapeutic technique. The term "cognitive-behavioral therapy (CBT)" is a very general term for a classification of therapies with similarities. There are several approaches to cognitive-behavioral therapy, including Rational Emotive Behavior Therapy, Rational Behavior Therapy, Rational Living Therapy, Cognitive Therapy, and

Dialectic Behavior Therapy. However, most cognitive-behavioral therapies have certain characteristics including 1. CBT is based on the Cognitive Model of Emotional Response.

Cognitive-behavioral therapy is based on the idea that thoughts cause feelings and behaviors, behaviors are not caused by external things, like people, situations, and events. The benefit of this idea is that one can change the way one thinks, to feel and act better even if the situation does not change. 2. CBT is brief and time-limited. Cognitive-behavioral therapy is considered among the most rapid in terms of obtaining results. The average number of sessions clients receive (across all types of problems and approaches to CBT) is only 16. Other forms of therapy, like psychoanalysis, can take years. CBT has a shorter time to impact because of its highly instructive nature and the fact that it makes use of homework assignments. CBT clients understand at the beginning of the therapy process that there will be a point when the formal therapy will end. The ending of the formal therapy is a decision made by the therapist and client. Therefore, CBT is not an open-ended process *(http://www.nacbt.org/whatiscbt.htm).*

The Community Reinforcement Approach (CRA)

CRA consists of a broad range of treatment components with the aim of engineering the service user's social environment (including the family and vocational environment) so that sobriety is rewarded and intoxication unrewarded. The CRA was originally developed by Hunt and Azrin (1973) for use with inpatients but over the years has been modified for use with outpatients. During this time, supervised disulfiram has been increasingly used as a program component.

Modern forms of CRA (Smith and Meyers, 1995; Myers and Miller, 2001) can include all the following:

- Disulfiram with monitored compliance
- Communication skills training
- Problem-solving training
- Drink-refusal training
- Job finding
- Social and recreational counseling
- Behavioral marital therapy
- Muscle relaxation training
- Relapse prevention
- Motivational counseling

Myers and Miller (2001) accept that, in many ways, the CRA can be seen as good cognitive-behavioral therapy (CBT) in general. However, they argue that the systematic functional analysis of the service user's drinking and the modification of reinforcement contingencies derived from its origins in Skinner's (1953) behavioral theory make the CRA a distinctive treatment approach. "CRA has been empirically supported with inpatients (Azrin, 1976; Hunt and Azrin, 1973), outpatients (Azrin, Sisson, Meyers, and Godley, 1982; Mallams, Godley, Hall, and Meyers, 1982; Meyers and Miller, 2001), and homeless populations (Smith, Meyers, and Delaney, 1998). In addition, three recent meta-analytic reviews cited it as one of the most cost-effective alcohol treatment programs currently available (Finney and Monahan, 1996; Holder, Longbaugh, Miller, and Rubonis, 1991; Miller et al., 1995) (http://casaa.unm.edu/crainfo.html).

The Gorski-CENAPS Model

The Gorski-CENAPS Model is recognized as a well-known relapse prevention treatment approach in the United States by The National Institute of Drug Abuse (NIDA) (Carroll, 2000). This model is a comprehensive system for diagnosing and treating substance use disorders and coexisting mental disorders, personality disorders, and situational life problems. The model is based on a bio-psychosocial model of addiction, a developmental model of recovery, and a relapse prevention model. The model

integrates addiction-specific treatment methods with cognitive, affective, behavioral, and social therapies. The Gorski-CENAPS relapse prevention planning process contains nine basic principles.

Each principle is complemented with a procedure or clinical technique that can be used to operationalize that principle with patients: the first principle of self-regulation is operationalized with a procedure for physical, psychological, and social stabilization; the second principle of integration is operationalized by the technique of self-assessment; the third principle of understanding is operationalized by a relapse education procedure; the fourth principle of self-knowledge is operationalized with a procedure of relapse warning-sign identification; the fifth principle of coping skills is operationalized through a procedure of warning-sign management; the sixth principle of change is operationalized in a procedure for reviewing the recovery plan; the seventh principle of awareness is operationalized by a procedure of inventory training; the eighth principle of support is operationalized by the involvement of significant others; and the ninth principle is maintenance, which is operationalized by a comprehensive follow-up plan (Gorski, 1990).

The Matrix Model

The Matrix Model, developed by the University of California Los Angeles (UCLA), is designed to treat substance abusers in an intensive outpatient setting. It is endorsed by federal National Institute of Drug Abuse (NIDA) and the federal Center for Substance Abuse Treatment (CSAT). The Matrix Model is a 16-week intensive outpatient treatment approach for stimulant abuse and dependence that was developed through 20 years of experience in real-world treatment settings. The intervention consists of relapse-prevention groups, education groups, social-support groups, individual counseling, and urine and breath testing delivered over a 16-week period. Patients learn about issues critical to addiction and relapse, receive direction and support from a trained therapist, become familiar with self-help programs, and are monitored for drug use by urine testing.

The program includes education for family members affected by the addiction. The therapist functions simultaneously as teacher and coach, fostering a positive, encouraging relationship with the patient and using that relationship to reinforce positive behavior change. The interaction between the therapist and the patient is realistic and direct, but not confrontational or parental. Therapists are trained to conduct treatment sessions in a way that promotes the patient's self-esteem, dignity, and self-worth (http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=87).

DSAP PROGRAMS

This section includes a description of the DSAP programs included in this research. Programs that are not funded at least partly from state DWI and Detoxification grant funds are not included in this research. Not all of the DSAP programs discussed below are included is this study and report.

Enforcement

This component provides activities with APD and BCSO including checkpoints, saturation patrols, party patrols, underage drinking activities, joint operations, and community events. Some research (Fell and Tippets, 2008) has shown that a variety of media and enforcement procedures that supplement ongoing statewide efforts can yield meaningful crash reduction effects among alcohol-impaired drivers. According to Fell, Lacey and Voas (2005) research has consistently shown that highly publicized, highly visible, and frequent sobriety checkpoints reduce impaired driving fatal crashes.

Alternative Sentencing

Bernalillo County Assisting Youth Under the Influence of Drugs and Alcohol (AYUDA) Program— AYUDA is located at the Bernalillo County Youth Services Center. It is a non-electronic community-monitoring program for juvenile DWI and Minor in Possession offenders. Youth are most often court ordered into the program in which a juvenile probation officer is involved. The aim of AYUDA is to prevent recidivism for the juvenile detention population. Services include an acute screening during the initial intake with an assessment, with the SASSI A-2 screen. Services also include 8 weekly 1.5-hour group sessions, individual counseling, the Experimental Ropes Challenge Course Program, and parent skills program. AYUDA was developed locally.

A study of AYUDA by the ISR was completed in 2006. The study found statistically significantly more comparison group members were arrested for a new DWI during the study period when compared to AYUDA program participants. The ISR noted that though this finding was preliminary, this was an important and encouraging finding. We could not determine the number of clients AYUDA is designed to serve. AYUDA utilizes the Gorski CENAPS model of relapse prevention (Gorski, 1990).

Bernalillo County Community Custody Program (CCP)—CCP is the largest county run jail-based program in New Mexico using electronic monitoring. CCP uses electronically based monitoring to track adult offenders who are being supervised in the community and maybe receiving treatment (33-3-24 NMSA 1978). The treatment component is provided by DSAP's Community Addiction Outpatient Program (CAP) or through an Intensive 16-week Outpatient program provided by New Mexico Highlands University Community Clinical Treatment Program. Electronic monitoring (EM) provides an alternative to incarceration by tracking the offender's movement, using GPS navigation. Electronic monitoring can be used in a variety of ways, such as enforcing curfew, house arrest, and stay-away conditions. In short, it can be an effective method to reduce the potential risk for defendants to engage in criminal behavior, by limiting when, how, with whom, and where they go within the community (VanNostrand, 2011). Although research findings are mixed, there are some general implications discussed in various reports (Aungst, 2012). First, defendants released on electronic monitoring conditions tend to be assessed as a higher-risk offender; this can be viewed as either an advantage or disadvantage. Additionally, findings suggest that defendants on EM tend to have higher failure-to-appear (FTA) rates for court and are more likely to be rearrested, specifically in terms of technical violations, than defendants not on EM. This is explained to be the result of many collective factors, such as the sensitivity of the GPS monitoring, (VanNostrand, 2011).The CCP can handle a varied number of participants based on the number of eligible participants incarcerated in the Metropolitan Detention Center (MDC).

Screening, Compliance Monitoring and Tracking

ADE-Tracking DWI offenders—Through ADE Incorporated, offenders can be assessed using the adult evaluation instrument known as the NEEDS, which is an extension of the Substance Abuse Life Circumstance Evaluation (SALCE). The NEEDS is a copyrighted computer assisted, self-administered 130 questions adult substance abuse assessment instrument. According to information on the ADE website the NEEDS has been found to be a valid and reliable assessment instrument in a variety of university and governmental agency studies, consistently showing a 90%-98% agreement with professional personal interview results (http://www.adeincorp.com/substanceabuse.htm).

Prevention

DWI Media Campaign—This initiative disseminates information through local community events, alternative prevention activities through sponsorship of University of New Mexico (UNM) athletic events, visual billboards, and audio / visual public service announcements. Specifically, the DWI Media Campaign sponsors commercials targeting adults who consume alcohol at liquor establishments, gives away items, and sponsors public service announcements during UNM home football and basketball games. School-based preventive services contracts one Certified Prevention Specialist (CPS). Research has shown media campaigns can be effective in reducing (Elder, Shults, et. al., 2004) alcohol impaired driving (AID) and alcohol-related crashes. The DWI Media Campaign claims to reach a minimum of 1,072,850 (51%) of the residents of the State, making it an extremely successful marketing program.

Be Above the Influence – The Be "Above the Influence" Campaign is a local health and wellness social marketing campaign modeled after the national "Above the Influence" program from the Office of the National Drug Control Policy (ONDCP.

MADD Protecting You Protecting Me—Protecting You Protecting Me (PYPM) is a classroom-based alcohol use prevention and vehicle safety program for elementary school students in grades 1-5 (ages 6-11) and high school students in grades 11 and 12. MADD is contracted to conduct train the trainer sessions in which teachers and other appropriate school staff are trained to conduct the program. The program aims to reduce alcohol-related injuries and death among children and youth due to underage alcohol use and riding in vehicles with drivers who are not alcohol free. PYPM consists of a series of 40 science- and health-based lessons, with 8 lessons per year for grades 1-5. All lessons are correlated with educational achievement objectives.

PYPM lessons and activities focus on teaching children about (1) the brain--how it continues to develop throughout childhood and adolescence, what alcohol does to the developing brain, and why it is important for children to protect their brains; (2) vehicle safety, particularly what children can do to protect themselves if they have to ride with someone who is not alcohol free; and (3) life skills, including decision making, stress management, media awareness, resistance strategies, and communication. Lessons are taught weekly and are 20-25 minutes or 45-50 minutes in duration, depending on the grade level. A variety of ownership activities promote students' ownership of the information and reinforces the skills taught during the lesson. Parent take-home activities are offered for all 40 lessons.

PYPM's interactive and affective teaching processes include role-playing, small group and classroom discussions, reading, writing, storytelling, art, and music. School staff or prevention specialists can teach the curriculum. PYPM also has a high school component for students in grades 11 and 12. The youth-led implementation model involves delivery of the PYPM curriculum to elementary students by trained high school students who are enrolled in a peer mentoring, family and consumer science, or leadership course for credit. The program's benefits to high school students are derived from learning about the brain and how alcohol use can impact adolescents, serving as role models to the elementary school participants, and taking coursework in preparation for delivering the curriculum (Protecting You Protecting Me, 2013).

PYPM has been designated as a model prevention program by the Center for Substance Prevention (CSAP) (Holleran, Lewis, Bohman, 2002). PYPM is intended to fill a gap in current prevention programs

that have not yet incorporated the latest research on human brain development and the risks associated with exposure to alcohol before age 21.

According to a study of PYPM (Bell, et.al, 2005) results indicated that, relative to comparison students from matched schools, PYPM students increased their knowledge of alcohol's effect on development; gained decision-making, stress-management, and vehicle safety skills; and demonstrated changes in attitudes toward underage alcohol use and its harm. Further, students retained lessons learned in previous years and their scores improved with increased exposure to PYPM. "The Power of Parents, It's Your Influence" offers research-proven strategies (http://www.madd.org/about-us/madd-goals.html).MADD conducts a minimum of 61 activities during the school year and reaches approximately 7,725 elementary school students.

Public Safety Psychology Group-All Star Program—An after school middle-school program, the All Star Program is designed for use in a non-classroom setting to engage students in small group activities, group discussions, worksheet activities, videotaping, and games and art activities on a weekly basis for a two-year period. The program provides participants with a personalized certificate of participation. Program lessons include seven 60-minute group meetings for the "booster" program, optional one-on-one meetings with individual students, a celebration ceremony at the end of the program, parent / child take-home lessons, and parent information sharing sessions.

The All Star program used for middle-school youth is on the national registry of evidence based programs for SAMHSA and part of the federal Office of Juvenile Justice and Delinquency Prevention (OJJDP) model programs (http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=28) and is recognized by the U.S. Department of Education as a promising program. A study by Hansen and Giles (2004) found that All Stars achieved reductions in substance use and postponed sexual activity when teachers were successful at altering targeted mediators: normative beliefs, lifestyle incongruence, and manifest commitment to not use drugs. All Stars Evidence Based Youth Prevention Program-SAMHSA.

All Stars is a school-based program for middle school students (11-14 years old) designed to prevent and delay the onset of high-risk behaviors such as drug use, violence, and premature sexual activity.

The program focuses on five topics important to preventing high-risk behaviors: (1) developing positive ideals that do not fit with high-risk behavior; (2) creating a belief in conventional norms; (3) building strong personal commitments to avoid high-risk behaviors; (4) bonding with school, pro-social institutions, and family; and (5) increasing positive parental attentiveness such as positive communication and parental monitoring. The All Stars curriculum includes highly interactive group activities, games and art projects, small group discussions, one-on-one sessions, a parent component, optional online activities and worksheets, and a celebration ceremony. All Stars Core consists of thirteen 45-minute class sessions delivered on a weekly basis by teachers, prevention specialists, or social workers.

All Stars Booster is an optional program designed to be delivered 1 year after the core program and includes nine 45-minute sessions reinforcing lessons learned in the previous year. All Stars Plus includes twelve 45-minute lessons designed to expand instruction to include three additional topics—decision making, goal setting, and peer pressure resistance skills training--and is intended as an option for the third year of the intervention. Multiple packages of student materials are available to support implementation by either regular teachers or prevention specialists.

SafeTeen New Mexico Program—is a youth driven non-profit organization focusing on creating programs that educate teens and parents about critical issues facing youth. SafeTeen programs include both In-School Assemblies as well as broadcast based Social Marketing Campaigns. Programs have included: distracted driving, underage drinking, drug abuse, date violence, body image, addiction, and suicide. SafeTeen includes programs about a variety of teen safety issues, depending on the school's needs, including underage drinking, drug use, date violence, and mental health issues.

Each school controls the content and delivery of their particular message. Some use the full school assembly format, some create community meetings in the evening to involve parents and other schools prefer a more intimate setting with smaller groups viewing presentations during specific classes during school.

SafeTeen creates a social marketing campaign each year around a youth safety issue. With topics selected in conjunction with the SafeTeen Youth Advisory Board, the campaign usually consists of a television broadcast documentary and statewide town hall meeting, other electronic and print media partnerships, as well as innovative outreach efforts including text messaging and internet components. The programs are designed for parents and teens to watch together or for use in school classrooms and with other youth organizations. An accompanying viewer guide helps open discussion about teen choices and healthy decision-making (SafeTeen New Mexico, 2013).The school assembly activities are designed to reach a large number of students at a time and the County estimates more than 7,800 students participate in seven activities.

Tavern Taxi—Provides a safe ride home to intoxicated individuals from local bars/restaurants in the Bernalillo County area from 10:00 pm to 3:00 am on Friday's and Saturday's and 8:00 pm to midnight on Sunday's at no charge. It is also in operation for special events and holidays with prior authorization. During some recent time period the Tavern Taxi conducted 107 activities and provided 6,630 rides. At the time of this report staff for the Tavern Taxi are licensed drivers working for the Albuquerque Cab Company, which was selected through a request for proposals solicitation process.

In FY 2010 the County implemented a "Pick Me Up, Take Me Home Program" as an addition to the Tavern Taxi program. This addition provides a means for individuals to be taken to the establishment of their choosing and once completed with their evening festivities be taken home by the existing Tavern Taxi program. This prevention activity is based on the idea that those who we are sure will be drinking will not have their car accessible to them in order to potentially drive and will therefore not be on the road influenced.

This program is designed to reduce the number of individuals who drink and drive and is supported by a New Mexico Department of Health (NMDOH) 2009 DWI offender characteristics and recidivism report. This report showed that the most frequent liquor source of DWI offenders convicted in 2006 was self-reported as being from a bar (32.2%). Further, the report notes this has been a trend going back to at least calendar year 2000. Further, a cost study by ISR (Guerin and Quinn, 2006) focused on a crash avoidance analysis found the program prevented approximately four alcohol-related crashes in calendar year 2004. Further, the ISR estimated a program cost saving of $287,203 in 2004.

Treatment and Detoxification

MATS: Detoxification and Treatment Program—Supported with LDWI funds, MATS is a social model detoxification service for stays ranging from 3 to 5 days and up to 10 days. The length of stay depends upon the client's detoxification need. Slightly longer stays occur with clients seeking further assistance in accessing treatment services after their detoxification. The services include an introduction to cognitive and behavioral therapy using the Community Reinforcement Approach (CRA). MATS Detox offers preliminary service needs assessment, crisis stabilization, and referral services to clients to access available and appropriate resources in and outside of Bernalillo County. Services are delivered 24 hours a day, 7 days a week. Evidence-based cognitive behavioral therapy using CRA is part of the MATS protocol. Additionally, Acudetox services are provided in the detoxification program.

MATS: Public Inebriate Intervention Program (PIIP)— The Public Inebriate Intervention Program or PIIP, is a partnership between the University of New Mexico, the Albuquerque Police Department and the Albuquerque Fire Department.
Bernalillo County government is in negotiation with the Hospital Association to fund the PIIP, formerly known as the Sobriety Option Pilot Project-MATS. The purpose of the program is to relieve congestion in local hospital emergency rooms particularly UNM's Hospital Emergency Room and Psychiatric Emergency Services and to reduce the number of bookings at the MDC for adult public inebriates. The program provides stabilization, observation, and placement support services at the Metropolitan Assessment and Treatment Services location (MATS) to adult public inebriates. Services are available throughout the year including during major community events in Bernalillo County that may precipitate a brief rise in the number of public inebriates.

PIIP clients typically do not stay for longer than 12 hours unless they choose to participate in the longer MATS Detox program services. PIIP clients receive a sack meal and a safe place to sit or rest during their short stay at the MATS facility. Services includes observation and stabilization. Assigned staff have experience in substance abuse detoxification and treatment services. PIIP has a 30-bed capacity. Little evidence or best practices exist to inform the PIIP protocol. "Drunk tanks" have been replaced by detoxification centers in cities around the country. Detoxification centers can be based on medical or non-medical models. The PIIP is a non-medical model.

MATS: Supportive Aftercare Community Program (SAC)—SAC allows clients to remain in a supportive recovery environment after completing alcohol and drug detoxification and/or rehabilitative services. This service provides clients with the opportunity to reintegrate back into the community as productive drug-free members with up to nine months of recovery time and a wealth of tools in preventing relapse episodes. The program provides a structured living environment that emphasizes drug-free daily living skills and long-term management of recovery through life skills training geared for substance recovery clients. Depending on the individual's needs, the program length ranges from 30 days to 180 days. SAC follows the department-wide modality of the Community Reinforcement Approach.

MATS: Addiction Treatment Program (ATP)—ATP is a four-week inpatient jail-based treatment program treating DWI offenders with addictions to alcohol and/or other drugs. The ATP program utilizes the Community Reinforcement Approach (CRA) as its treatment modality. Each ATP participant receives a week of structured assessment by a licensed clinical staff member to clinically ascertain the level of interference substance abuse plays within an individual's life. This understanding is used to develop a

service plan that will guide the treatment recipient along a course of action geared toward discouraging reinforcers of substance use while building reinforcers that support substance abstinence.

The week of assessment is followed by three weeks of curriculum designed to provide a core of knowledge and skills that can aid clients in maintaining a substance free existence. Participating clients released from the jail treatment service and placed into the CCP are allowed to continue services without interruption from their point of release as services provided in the jail-based setting are mirrored and offered at the department's Community Addiction Program (CAP). The ATP at MDC has a design capacity up to 144 active treatment beds (72 males, 72 females).

Evidence-based cognitive behavioral therapy is provided using the Community Reinforcement Approach (CRA). CRA was adopted by DSAP due to its evidence-based treatment of Alcohol and Other Drug Use (AOD). CRA provides a broad-spectrum behavioral program for treating substance abuse problems in a variety of settings through core skills training. The material developed by DSAP staff to provide CRA treatment covers all CRA core concepts and includes supplementary instruction for up to 26 weeks, which accommodates the needs of programs throughout DSAP.

CRA is based on the belief that environmental contingencies can play a powerful role in encouraging or discouraging drinking or drug use. It utilizes social, recreational, familial, and vocational reinforces to assist clients in the recovery process. Since 2005 the ISR, has conducted several assessments of the ATP. The latest assessment was completed in January 2011. A number of recommendations focused on improving and revising admission criteria, screening criteria, and assessment criteria.

Other recommendation included improving data collection and considering ways to the number of clients who transition from the Jail-Based component to the Aftercare component, 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.

MATS: Community Addiction Program (CAP)—The goal of this program is to provide clients who have been identified to have addiction treatment needs with evidence-based addiction treatment services after their release from the Bernalillo County Metropolitan Detention Center (MDC) to the Community Custody Program (CCP) or clients who have been referred from other DSAP programs for support as part of a continuum of care for those requiring further assistance with maintaining a substance-abuse-free lifestyle.

CAP is an American Society of Addiction Medicine Level I outpatient program. CAP Level I outpatient service can provide up to 24 weeks of structured treatment that increases in intensity the longer a participant is assigned to services. The CAP offers a tiered system that provides one of four participant levels to individuals based upon the Assessment Center recommendation of treatment need. Level I treatment consists of 6 weeks of programming, Level II consists of 12 weeks, Level III consists of 18 weeks, and Level IV consists of a full 24 weeks of programming. The CAP program utilizes CRA as its treatment modality.

The ability to match an individual's treatment need to their treatment intensity makes CAP an efficient and cost effective service. CRA is the treatment modality utilized by DSAP for all its programming. CRA

is an evidence-based, broad spectrum, comprehensive behavioral program for treating alcohol or drug abuse problems. DSAP has developed curriculum and supporting materials for up to 26 weeks of programming which have been reviewed and approved by Dr. Robert Meyers, a leader in CRA. CAP has a design capacity of 200 clients.

MATS: Medical Observation and Treatment Unit (MOTU)—Employees from the New Mexico Department of Health and Turquoise Lodge staff the MOTU. The program admits intoxicated patients brought in by city or county Emergency Medical Services, who would otherwise be taken to a local hospital emergency room. Patients are evaluated in the MOTU staff acute care is provided, and patients are referred to either social detoxification services or to medical detox services in the community.

MOTU was a new concept started by Bernalillo County to bridge the gap between medically based detoxification services (ASAM Level III.7-D / Level IV-D) and clinically managed detoxification services (ASAM Level III.2D).

Medically based services require physician clearance to admission. Clinically managed programs are non-medically staffed. MOTU serves three purposes:

1. Aiding individuals who deteriorate in a clinically managed setting.
2. Quickly stabilizing by medical intervention patients who cannot otherwise afford medically based services.
3. Reliving local hospital emergency rooms from individuals with substance related medical emergencies.

No additional information is available describing this program, or it's adherence to promising best practices or evidence based practices. MOTU has a 12-bed capacity and funding is provided through the MATS program, which in turn is supported by LDWI funds.

New Mexico Highlands University (NMHU) Community Clinical Treatment Program—NMHU provides an evidence based substance abuse treatment service to 100 DWI offenders incarcerated during the year in the CCP through a 16-week intensive outpatient program (IOP) using the Matrix Model. Services include: individual intake and assessment services, relapse prevention, psycho-educational group therapy and individual therapy through an individual treatment plan. In May 2010-2013, CCTP became the only IOP Matrix program certified by the Matrix Institute in the State of NM.

Matrix IOP Model and an integration of other evidence based practices: Seeking Safety, Brief Interventions, Behavioral Contracting, Motivational Interviewing, Stages of Change Theory, Contingency Management and Motivational Enhancement, Sequence of Recovery Stages, 12-step facilitation, CRA, Case Management, and Systems Treatments

MATS: Milagro Mariposa Program—In collaboration with the Department of Health (DOH) and the UNM Health Sciences Center, the Department of Substance Abuse Programs (DSAP) operates the 10-room Milagro Mariposa Program on the MATS campus. The Milagro Mariposa program provides medical services, specifically perinatal care, case management, and drug rehabilitation services to Pregnant/Post-Partum Women and their infants. The Milagro program provides services for women in the community and those transitioning from the Metropolitan Detention Center (MDC). Additionally, through

the Mariposa component of the program, housing services are provided. Treatment for women focuses on improving the health and recovery of the mother, facilitating safe deliveries of healthy babies, and providing a successful transition into the community. According to the program, the concept is a harm-reduction model that is well supported in the literature. Other documented programs exist similar to Milagro, for example the Hawaii Harm-Reduction Model.

METHODOLOGY

Overview

This study is being completed in four phases. The completion of each phase is important in helping us better understand how well the practices of the DSAP programs and DSAP funded programs are implemented; serve clients in need, and how the implementation of the various programs improves client outcomes. Collectively the completion of the four phases tells us more than any phase by itself. This report completes Phase One, Phase Two and Phase Three for the majority of DSAP programs funded using State of New Mexico DWI and Detoxification grant funds.

Phase One

Phase One focuses on completing a literature review of the program types under review to determine best practices. A literature review of the DSAP programs and DSAP funded programs provides us with useful information that describes in general how these projects should operate and what components they should include. Importantly, we found that in general there is a limited body of literature on departments and their programs that have the breadth of services provided by DSAP. This report completes this phase.

Phase Two and Three

Phase Two and Three focuses on interviewing program administrators and staff who are or have recently been employed at DSAP programs and DSAP funded programs. Phase Two interviews will be conducted with program administrators and Phase Three consists of interviewing program staff in order to document how the program operates from their perspective. Because some of the programs may be small and have few staff members and in some cases the administrator may be the lone program staff, it was not always possible to interview additional program staff. The twelve programs under DSAP will be evaluated for staffing to determine if they are appropriate for Phase Three interviews.

Due to the wide range of programs and services, all surveys with both administrators and staff included two parts. The first part included general information, program information, client information (such as questions about the target client population in general), services, outcomes, and the respondent's perspectives. This section includes specific questions about the program and services and general questions about the client population.

The second part of the survey included a section that was specific to the program that the individual is employed with in in order to more specifically look at how programs are implemented. These questions are tailored to the program and ask more detailed questions about the program, including treatment models, philosophies, training materials, and specific service questions.

The purpose of interviewing line staff members as well as administrative staff is to enhance and expand the information gathered. We expect, for the most part, the administrators' and line staff members'

interviews will agree on how the programs functioned with occasional discrepancies between the administrators and the line staff members on how the programs function. This report encompasses both interviews and summarizes the functioning of the programs. In the cases where a discrepancy occurs between an administrator's interview and a line staff personnel's interview, the discrepancy is noted.

Phase Four

Phase Four will consist of a review of program client records and is not part of this current study and report. The purpose of Phase Four is to provide client level information that will inform our understanding of how the various programs operate and serve clients. This includes information on how clients are enrolled, referred, the services they receive, how clients progress through and complete the different programs, and how the program is completed and/or exited. Depending on the organization, different types of outcome data will need to be collected. Some organizations may conduct workshops and have documents such as workshop records and sign in sheets to demonstrate their outcome. Others may have a significant number of client files. In these cases, staff may opt to sample a relatively small number of files from phase four sites. The file review is designed to collect information in the client files which included client demographic information (age, race/ethnicity, gender, city living in, and parent/guardian currently living with), grade in school, intake date, referral source, subsequent referral, recent criminal data, discharge status, and any program service dates with what services were offered on those dates.

Recruitment

Phase Two and Three

Individuals were eligible because they were current or recent administrators or staff of either a Bernalillo County Department of Substance Abuse program or a program funded by the Bernalillo County Department of Substance Abuse. Should a program have a large number of staff, a sample of these individuals will be selected for inclusion. We will not include any individuals who are not current or recent administrators or staff. This study does not include adults unable to consent, minors, pregnant women or prisoners.

Potential study group members will be identified by research staff because they are currently or have recently been an administrator or staff person of either a Bernalillo County Department of Substance Abuse program or a program funded by the Bernalillo County Department of Substance Abuse. The programs will be contacted in order to identify employees. Consent may be obtained in different settings including the DSAP or funded program offices and the ISR offices using private office space.

INTERVIEWS

Overview

A total of 39 interviews were completed. Of the 39 interviewees, 6 declined audio recording. The remaining 33 interviewees consented to audio recording. These 33 interviews were transcribed.

Interviews were organized based upon several factors. First, the interviews were sorted by interview type, as either a staff interview or an administrator interview. A total of 29 staff interviews and 10 administrator interviews were completed. The administrator interview contained one additional section not included in

the staff interview, titled program information—this is discussed in more detail in the section reporting administrator data.

Both staff and administrator interviews covered the following topics: general information, client information, services, outcomes, final perspectives, comments, and program specific questions. Table 1 presents the interview topics and the number of questions within each section.

Table 1 Administrator Interview Section Topics and Questions

Section Topic	Administrator Interview Number of Questions	Staff Interview Number of Questions
Section G. General Information	13	12
Section A. Program Information	14	7
Section B. Client Information	4	6
Section C. Services	6	4
Section D. Outcomes	4	3
Section E. Final Perspectives	3	N/A
Section G-Section E Total	44	32

Second, the interviews were sorted by program, which included the Public Safety Psychology Group All Star Program, CAP, CAP-ATP, MATS, NMHU, SafeTeen, and MADD. Of these, one administrator interview from the SafeTeen program was excluded from analysis. Additionally, during the interviewing process there was a transition from one interview instrument to a second version that was more detailed and captured program information more quantitatively. Before the transition however, interviews with staff and administrators from MADD were completed. Because of this, the MADD interviews lack the Outcomes portion of the interview. All of the other information collected during those interviews were included in the analyses and are presented in this report. The MATS program consisted of several nested programs, which included Milagro Mariposa, Detox, MOTU, PIIP and SAC. Table 2 presents the type of interviews that were completed for administrators and staff for each program.

Table 2 Interviews Completed by Program and Interview Type

Program	Staff	Administrator	Total Count
All Star	5	1	6
CAP	5	1	6
CAP-ATP	3	0	3
MATS	9	4	13
NMHU	4	1	5
SafeTeen	0	2	2
MADD PYPM	3	1	4
Total	29	10	39

Analysis of the staff and administrator interviews focused on several components and perspectives. First, we reviewed the Program Information Section within the administrator interview. The 14 questions within the section concentrate on how the program functions on a day to day basis from the perspective of the administrator. It is intended to enhance the information that is collected from the program specific questions. Of the 14 questions, 13 are included in the following tables.

Second, we reviewed the General Information Section and the Outcomes Section within the administrator and staff interview for each program. The staff interview contained 10 questions in the General Information Section, while the administrator interview contained 13 questions. The Outcomes Section for both the staff and administrator interviews contained 4 questions.

Finally, we reviewed and coded qualitative interview questions for each program. The qualitative questions were coded and scored in order to provide more detail. Each question was scored as either Good, worth 5 points, Marginal, worth 3 points or Poor worth 1 point, based upon the number of key words or answers. Staff and administrator interviews contained a total of 10 overlapping qualitative questions, which included 4 questions from the Client Information Section, 5 questions from the Services Section, and 1 question from the Final Perspectives Section.

For tabling and future discussion purposes, these 10 qualitative questions will be referred to as the *Main Ten*. In addition to the Main Ten, the Program Specific Questions were also included within the qualitative data scoring.

The administrator interview and staff interview consisted of the same number of program specific questions. This included 7 questions for CAP-ATP and NMHU, 6 questions for CAP, MADD, and SAC, 5 questions for All-Star, MATS Detox, and MOTU, 4 questions for PIIP, and 3 questions for SafeTeen, and Milagro Mariposa.

Table 3 presents the total number of qualitative questions for each program and the total maximum points that could be scored per interview; the bottom portion of the table presents the total number of program specific questions for the programs that fall within MATS, including Milagro Mariposa, SAC, PIIP and MOTU.

Table 3 Program Specific Questions and Points

Program	Program Specific Questions	Program Specific Maximum Points	Overall Maximum Points
All Star	5	25	75
CAP	6	30	80
CAP-ATP	7	35	85
MADD	6	30	80
NMHU	7	35	85
SafeTeen	3	15	65
MATS (Detox, Milagro Mariposa, SAC, PIIP, and MOTU):			
Detox	5	25	
Milagro Mariposa	3	15	
SAC	7	35	
PIIP	4	20	
MOTU	5	25	
MATS Total	24	120	170

Table 4 presents the total maximum points per interview, the total number of interviews for each program, and the total maximum points each program could score.

Table 4 Total Points per Interview and Program

Program	Maximum Points Per Interview	Total Interviews	Maximum Points Per Program
All Star	75	6	450
CAP	80	6	480
CAP-ATP	85	3	255
MADD	80	4	320
NMHU	85	5	425
SafeTeen	65	1	65
MATS, Milagro Mariposa, SAC, PIIP, MOTU	170	13	2210

Public Safety Psychology Group All-Star Program

The following three sections of this report discuss the interview findings for the Public Safety Psychology Group All-Star program information, general information, outcomes, and program specific interview sections.

Administrator—Program Information Section

The purpose of this interview section was to get an overall description of the program from the perspective of the administrator. The intent was to first gain a broad understanding of the programs' internal workings. In doing so, our researchers were able to use that knowledge as a baseline for comparison and analysis after the completion of staff interviews. It was reported that program goals include preventing and/or delaying the onset of high-risk behaviors such as drug use, violence and premature sexual activity. Data yielded from the All-Star program information section suggested the program does provide services and activities that are aligned with such goals. This includes following the appropriately tailored curriculum when conducting a classroom session, oftentimes utilizing art projects, small group discussions, one-on-one sessions, and a final 'completion' ceremony.

Table 5 Program Information

Question	Response
Does this program have a policies and procedures manual?	Yes
What is the capacity of this program?	Not Applicable
How long is the program designed to last in days?	Not Applicable
What are the eligibility criteria for this program?	Youth enrolled in Bernalillo Schools
Are there reasons for excluding certain individuals?	No
Under what circumstances is a participant removed from the program?	Not Applicable-If students' are disruptive in class, it is the teachers' decision to send them to the principals' office; however, they're never removed from the program itself.
Who makes the determination to remove someone from the program?	Not Applicable-See Above
What conditions must be met to complete the program?	Must attend the class, and at the end, they watch a 'commitment video' and they receive a certificate
Is this program an alternative to detention?/How would you define 'alternative to detention'	No-Not Applicable
What days of the week and what hours is this program open?	Monday-Friday, 8:00 AM-3:00 PM; Newly added afterschool program at the YMCA Monday-Friday 3:30 PM-5:30 PM.
Does your program have a client management information system?	Yes

Administrator and Staff—General Information Section

Of the 6 interviewee's, 1 (16%) had been certified as a prevention specialist (CPS), and had their license as a mental health counselor (LMHC). All interviewee's had received or were in the process of receiving their bachelors' degree. Several interviewees' had one or more master degrees. All interviewee's reported their job was intended to be part-time, but many reported it was closer to full-time.

Table 6 Administrator and Staff General Information

General Information	Range	Average
Number of Years and months as a member of the agency	1.79 Years-10 Years	5.79 Years
Highest level of education completed	15 Years-20 Years	17.5 Years
Total years of professional work experience in this field	1.79 Years-20 Years	10.37 Years

Administrator and Staff—Outcome Section

For the outcomes section, administrators and staff were asked to indicate how much they agreed or disagreed with four statements based upon a scale where 1= Strongly Agree, 2=Agree, 3=Agree Somewhat, 4=Disagree Somewhat, 5=Disagree, and 6=Strongly Disagree. For the 6 All Star interviews, 100% strongly agreed that clients benefit from their program.

Eighty-three percent strongly agreed their program was successful in retaining participants, while one interviewee (17%) indicated they felt the question was not applicable. The majority of interviewees (83%) indicated they felt the third question was not applicable, while one (17%) indicated they agreed.

Lastly, 67% of the interviewees indicated they strongly agreed the program has succeeded in enhancing participant's capacity to function in the community; the remaining 33% indicated they agreed.

Table 7 Administrator and Staff Outcomes

Question	Statement	Scale								Total	Average
		1	2	3	4	5	6	NA	MD		
One	Clients benefit from this program	6								6	6
Two	This program is successful in retaining participants	5						1		6	3
Three	This program impacts recidivism rates for those clients who are involved with the criminal justice system		1					5		6	3
Four	The program has succeeded in enhancing participant's capacity to function in the community	4	2							6	3

Administrator and Staff—Qualitative Data Scores

Interviewee's received an overall score of 372 points out of 450 points, or the equivalent of 83%. Overall, interviewees had a good understanding of their program, this included the populations they served, how they were served, the material they provided, and ways in which their processes could be improved. Interviewee's clearly understood the curriculum that the All Stars program was based upon, the ways in which they deviated from it, and the reasons for the deviation. For example, the program may include additional topics or exclude specific topics depending on the needs of the students and the requests of parents and/or educators. The flexibility of the curriculum allows the program to tailor the material to the needs of individual middle schools.

Three questions which received the lowest scores were somewhat similar in that they involved the logistical aspects of service provision. This includes when services are provided, the frequency in which they are provided, and where they're provided. There were some variations as to the number of middle schools that were being served, as well as which specific middle schools those included. Interviewees reported serving the following middle schools: Cleveland Middle School, Emmanual Lutheran Middle School, Garfield Middle School, Jimmy Carter Middle School, La Resolana Leadership Academy, McKinley Middle School, San Felipe Middle School, and Taylor Middle School. Additionally, interviewees reported that a YMCA after-school program would be starting at Grant Middle School.

Table 8 Administrator and Staff Qualitative Data Scores

Question	Points	Percent
Do you feel this program is reaching and serving the most appropriate population?	30	100%
Is the population being served by this program benefiting from this program?	30	100%
Is there room for improvement in the services provided to your clients	30	100%
Does the program follow the curriculum?	30	100%
Can you describe the All Star curriculum?	28	93%
Is there a target population for this program?	26	87%
Are there other populations that could benefit from this program?	26	87%
What services does this program provide?	26	87%
How are clients referred to this program?	24	80%
What do you feel are the most accurate measure of effectiveness of the program?	24	80%
What ages and grades does the program serve?	24	80%
Are ancillary services available?	20	67%

How often are services provided to clients?	18	60%
When is the program offered?	18	60%
Where is the program offered?	18	60%

Community Addiction Program (CAP) and Addiction Treatment Program (ATP) CAP and CAP-ATP:

The following three sections of this report discuss the interview findings for the CAP and ATP-CAP program information, general information, outcomes, and program specific interview sections.

CAP and ATP: Administrator—Program Information Section

The purpose of this interview section was to get an overall description of the program from the perspective of the administrator. The intent was to first gain a broad understanding of the programs' internal workings. In doing so, our researchers were able to use that knowledge as a baseline for future interviews and data analysis. Data from this section suggested that this program is a highly utilized resource for the Bernalillo County. Procedures and policies have been established and are most often followed. The CAP program ultimately strives for successful completion and because of this, they try and avoid discharging clients. Because clients do commonly get discharged for a number of reasons, they have implemented a process which allows for re-entry for a window of time.

Table 9 Program Information

Question	Response
In your own words, what is the main goal of this program?	Provide services to clients and communicate with any referring agencies.
Does this program have a policies and procedures manual?	Yes
What is the capacity of this program?	CAP: 72
How long is the program designed to last?	CAP: 6 Weeks-24 Weeks ATP: 4 Weeks
What are the eligibility criteria for this program?	DWI conviction within the last five years or court ordered treatment by a judge
Are there reasons for excluding certain individuals?	If they are not court ordered by a judge and/or do not have a DWI conviction within the last five years
Under what circumstances is a participant removed from the program?	Individuals' can be discharged for several reasons. One, they have successfully completed the program. Two, they have violated program rules and are administratively discharged. An example of a program violation is if the client has two unexcused absences. And three, the supervising agent has sent an email stating that the client no longer needs to attend their services.
Who makes the determination to remove someone from the program?	The clients' counselor
What conditions must be met to complete the program?	Attendance of all their required groups and adequate participation.
Is this program an alternative to detention?/How would you define 'alternative to detention'	Unsure
What days of the week and what hours is this program open?	CAP: Monday-Thursday, 8:30 AM-8:15 PM, Friday's 8:00 AM-5:00 PM/ ATP: Monday-Friday, 10:00 AM-4:00 PM
Does your program have a client management information system?	No

CAP: Administrator and Staff—General Information Section

All of the interviewee's had received at least one of the following certifications and/or licensures: Licensed Alcohol and Drug Abuse Counselor (LADAC), Licensed Substance Abuse Associate (LSAA), and Certified Alcoholism and Drug Abuse Counselor (CADAC).

Table 10 Administrator and Staff General Information

General Information	Range	Average
Number of Years and months as a member of the agency	2.5 Years-12 Years	7.29 Years
Highest level of education completed	12 Years-18 Years	13.33 Years
Total years of professional work experience in this field	6 Years-31 Years	16.5 Years

CAP: Administrator and Staff—Outcome Section

For the outcomes section, administrators and staff were asked to indicate how much they agreed or disagreed with four statements based upon a scale where 1= Strongly Agree, 2=Agree, 3=Agree Somewhat, 4=Disagree Somewhat, 5=Disagree, and 6=Strongly Disagree. All interviewees indicated they agreed clients benefit from their program, with 50% agreeing, 33% strongly agreeing, and 17% agreeing somewhat.

Again, all the interviewees agreed their program was successful in retaining participants, with 33% indicating they strongly agreed, 33% indicating they agreed, and 33% indicating they agreed somewhat.

Responses were somewhat scattered for the third question, with 33% indicating they agreed somewhat, 17% indicating they strongly agreed, 17% indicating they agreed, 17% indicating they disagreed somewhat, and 17% indicating they felt the question was not applicable.

For the fourth question, all the interviewees agreed the program has succeeded in enhancing participant's capacity to function in the community; with 50% agreeing, 33% strongly agreeing, and 17% agreeing somewhat.

Table 11 Administrator and Staff Outcomes

Question	Statement	Scale								Total	Average
		1	2	3	4	5	6	NA	MD		
One	Clients benefit from this program	2	3	1						6	2
Two	This program is successful in retaining participants	2	2	2						6	2
Three	This program impacts recidivism rates for those clients who are involved with the criminal justice system	1	1	2	1				1	6	1.2
Four	The program has succeeded in enhancing participant's capacity to function in the community	2	3	1							2

CAP: Administrator and Staff—Qualitative Data Scores

Interviewee's scored a total of 438 points out of 480 total points, thus scoring 91% overall. The number of points earned per question ranged from 20 points to 30 points, with an average of 25.7 points.

The highest scoring questions involved the programs target population—what the target population was, if the program was reaching the target population, and whether they believed other populations could benefit from the program as well. Other high scoring questions involved perceived areas of program

improvement and certification requirements for CRA. Interviewees also scored high (87%) on questions regarding the utilized treatment model and philosophy, as well as the ancillary services offered.

The lowest scores (67%) involved the different levels of participation and ways of progressing through the program.

Table 12 Administrator and Staff Qualitative Data Scores

Question	Points	Percent
Is there a target population for this program?	30	100%
Do you feel this program is reaching and serving the most appropriate population?	30	100%
Are there other populations that could benefit from this program?	30	100%
Is there room for improvement in the services provided to your clients	30	100%
Are certifications or licensures of some sort required for CRA?	30	100%
Are ancillary services available?	28	93%
Is the population being served by this program benefiting from this program?	26	87%
Is your program based on a particular treatment model?	26	87%
Can you describe CRA? What is the curriculum?	26	87%
What is the treatment philosophy of this program?	26	87%
How many hours per week are services provided?	26	87%
How are clients referred to this program?	24	80%
What services does this program provide?	24	80%
How often are services provided to clients?	22	73%
What do you feel are the most accurate measure of effectiveness of the program?	20	67%
Can you describe how clients progress through the program?	20	67%
Does the program have different levels of participation?	20	67%

ATP: Administrator and Staff—General Information Section

Interviewee's reported being members of the agency between 7.5 years to 10 years, with an average of 9.1 years. All interviewee's reported working full-time. Many interviewees' were Licensed Alcohol and Drug Abuse Counselors (LADAC) or Certified Prevention Specialists (CPS).

Table 13 Administrator and Staff General Information

General Information	Range	Average
Number of Years and months as a member of the agency	7.5 Years-10 Years	9.05 Years
Highest level of education completed	12 Years-18 Years	14.66 Years
Total years of professional work experience in this field	13 Years-22 Years	17.66 Years

ATP: Administrator and Staff—Outcome Section

For the outcomes section, administrators and staff were asked to indicate how much they agreed or disagreed with four statements based upon a scale where 1= Strongly Agree, 2=Agree, 3=Agree Somewhat, 4=Disagree Somewhat, 5=Disagree, and 6=Strongly Disagree.

Of the 3 interviewees, one indicated they agreed clients benefit from their program, one indicated they agreed somewhat, and one did not answer. This is also the case for the third question regarding their program impacting recidivism rates for those clients involved in the criminal justice system.

In contrast, two indicated they agreed their program was successful in retaining participants, while one indicated they strongly agreed.

One staff member (33%) indicated they strongly agreed the program has succeeded in enhancing participant's capacity to function in the community; one (33%) indicated they agreed, and one (33%) indicated they agreed somewhat.

Table 14 Administrator and Staff Outcomes

Question	Statement	Scale								Total	Average
		1	2	3	4	5	6	NA	MD		
One	Clients benefit from this program		1	1					1	3	1
Two	This program is successful in retaining participants	1	2							3	1.5
Three	This program impacts recidivism rates for those clients who are involved with the criminal justice system		1	1					1	3	1
Four	The program has succeeded in enhancing participant's capacity to function in the community	1	1	1						3	1

ATP: Administrator and Staff—Qualitative Data Scores

Interviewee's scored 229 total points out of 255 possible points, for a score of 90%.
Similar to CAP, the majority of questions scored very high. Approximately 88% of the 17 questions received a score of 87% or higher— with almost half (47%) scoring 87% and 41% scoring 100%.
The lowest scoring question (60%) asked how clients progress through the program.

Table 15 Administrator and Staff Qualitative Data Scores

Question	Points	Percent
Is there a target population for this program?	15	100%
Is the population being served by this program benefiting from this program?	15	100%
Are there other populations that could benefit from this program?	15	100%
Is there room for improvement in the services provided to your clients	15	100%
Is your program based on a particular treatment model(s)? Can you describe the model(s)? What are the key components of the model(s)?	15	100%
Are certifications or licensures of some sort required for CRA?	15	100%
Do you offer referrals?	15	100%
Do you feel this program is reaching and serving the most appropriate population?	13	87%
How are clients referred to this program?	13	87%
What services does this program provide?	13	87%
Are ancillary services available?	13	87%
What do you feel are the most accurate measure of effectiveness of the program?	13	87%
What is the treatment philosophy of this program?	13	87%
Does this program have different levels of participation?	13	87%
How many hours per week are services provided?	13	87%

How often are services provided to clients?	11	73%
Can you describe how the clients progress through the program?	9	60%

New Mexico Highlands University (NMHU) Community Clinical Treatment Program

The following three sections of this report discuss the interview findings for the NMHU Community Clinical Treatment program information, general information, outcomes, and program specific interview sections.

Administrator—Program Information Section

The purpose of this interview section was to get an overall description of the program from the perspective of the administrator. The intent was to first gain a broad understanding of the programs' internal workings. In doing so, our researchers were able to use that knowledge as a baseline for future interviews and data analysis. Data from the program information section suggests that the program utilizes the CRA model, and follows a tailored curriculum that allows for individualized treatment plans.

Table 16 Program Information

Question	Response
In your own words, what is the main goal of this program?	There are several goals, this includes: 1. Assist individuals' that suffer from alcohol and substance abuse and their families by engaging them in treatment and recovery activities. 2. Train mental health practitioners in social work 3. Work with community agencies to help them understand drug and alcohol addiction and treatment issues. To collaborate with outside agencies to make sure that they have continuing care for patients.
Does this program have a policies and procedures manual?	Yes
What is the capacity of this program?	70
How long is the program designed to last?	16 Weeks
What are the eligibility criteria for this program?	Suffering from alcohol and/or drug problem and psychiatrically stable
Are there reasons for excluding certain individuals?	Yes, individuals who are unstable, either psychologically, for example violent or suicidal, or physically, for example detoxing under medical supervision.
Under what circumstances is a participant removed from the program?	Yes, if for any reason the individual has become unstable, either psychologically or physically. Also, if the individual has committed any violence or criminal activity on the premises.
Who makes the determination to remove someone from the program?	The decision is a team effort—which includes the clinical supervisor, the clients' therapist, and if applicable, individuals within the law enforcement.
What conditions must be met to complete the program?	Complete and participant in all the 'Modules'—Modules include Early Recover (8 Sessions), Relapse Prevention (32 Sessions), Family Education (12 Sessions), Mapping Recovery (14 Sessions), Anger Management (12-16 Sessions), and Individual Sessions (Relative to the client need).
Is this program an alternative to detention?/How would you define 'alternative to detention'	Yes—It is a program that will assist individuals to conduct activities in the community rather than being in detention.

	It is working with the clients and their legal supervisors, probation, parole, pre-trial services, CYFD, etc.
What days of the week and what hours is this program open?	Monday-Thursday, 8:00 AM-9:00 PM; Friday, 8:00 AM-5:00 PM
Does your program have a client management information system?	Yes

Administrator and Staff—General Information Section

Interviewee's reported being a member at their agency for an average of 3.1 years; ranging from less than 6 months to 6.5 years. Additionally, all interviewees reported working full-time. The average number of years of education was 18.4 years—the equivalent of a Master's degree. Moreover, 100% of interviewee's were Licensed Mental Social Workers (LMSW). Interviewee's reported an average of 10.9 years of professional work experience; ranging from less than 1 year (6 months) to 40 years. This is an experienced staff.

Table 17 Administrator and Staff General Information

General Information	Range	Average
Number of Years and months as a member of the agency	0.83 Years-6.5 Years	3.08 Years
Highest level of education completed	18 Years-20 Years	18.4 Years
Total years of professional work experience in this field	0.5 Years-40 Years	10.9 Years

Administrator and Staff—Outcome Section

For the outcomes section, administrators and staff were asked to indicate how much they agreed or disagreed with four statements based upon a scale where 1= Strongly Agree, 2=Agree, 3=Agree Somewhat, 4=Disagree Somewhat, 5=Disagree, and 6=Strongly Disagree. Of the five interviewees, all agreed clients benefit from their program, with 80% strongly agreeing and 20% agreeing.

The majority (60%) indicated they strongly agreed their program was successful in retaining participants, while 40% indicated they agreed.

Like the second question, 60% indicated they strongly agreed and 40% indicated they agreed their program impacted recidivism rates for those clients who are involved with the criminal justice system.

Finally, 60% strongly agreed the program has succeeded in enhancing participant's capacity to function in the community; 20% agreed and 20% agreed somewhat.

Table 18 Administrator and Staff Outcomes

Question	Statement	Scale								Total	Average
		1	2	3	4	5	6	NA	MD		
One	Clients benefit from this program	4	1							5	2.5
Two	This program is successful in retaining participants	3	2							5	2.5
Three	This program impacts recidivism rates for those clients who are involved with the criminal justice system	3	2							5	2.5
Four	The program has succeeded in enhancing participant's capacity to function in the community	3	1	1						5	1.66

Administrator and Staff—Qualitative Data Scores

Interviewee's scored 351 total points out of 425 possible points, achieving an overall score of 83%. The scoring ranged from 15 points (60%) to 25 points (100%). Of the 17 questions, approximately 65% scored at least 84% or higher—they involved the target population, the perceived benefits for the target population, other potential target populations, the frequency of the program, and the duration of the program. Additionally, interviewees scored well on questions involving the training they received and whether they believed there was room for program improvement.

Table 19 Administrator and Staff Qualitative Data Scores

Question	Points	Percent
Do you feel this program is reaching and serving the most appropriate population?	25	100%
Was the training on-site or off-site?	25	100%
Is the population being served by this program benefiting from this program?	23	92%
Are there other populations that could benefit from this program?	23	92%
Is there room for improvement in the services provided to your clients	23	92%
Are ancillary services available?	23	92%
Have you received the advanced Key Supervisor training?	23	92%
Is there a target population for this program?	21	84%
How are clients referred to this program?	21	84%
How often are services provided to clients?	21	84%
How long is your program?	21	84%
What services does this program provide?	19	76%
Does the program incorporate family members in treatment? If so, how?	19	76%
Have you been trained to use the Matrix model? Can you describe the training? When were you trained?	17	68%
Is there on-going training?	17	68%
What do you feel are the most accurate measure of effectiveness of the program?	15	60%
Does the program include a continuing care or aftercare component? If yes, can you describe how this component works?	15	60%

Mothers Against Drunk Driving (MADD) Protecting Me Protecting You

The following three sections of this report discuss the interview findings for the Mothers Against Drunk Driving (MADD) PYPM program information, general information, and program specific interview sections.

Administrator—Program Information Section

The purpose of this interview section was to get an overall description of the program from the perspective of the administrator. The intent was to first gain a broad understanding of the programs' internal workings. In doing so, our researchers were able to use that knowledge as a baseline for future interviews and data analysis.

It was reported that staff provide services for youth under the age of 21 years old. Services include a variety of activities and events, including information booths, and celebrations, that fall under the MADD

curriculum. It was reported that the staff also provide lesson plans to teachers for their classes. While the staff can't guarantee that teachers teach their students in a consistent and reliable manner, they do report teaching the teachers in a consistent and complete manner.

Table 20 Program Information

Question	Response
In your own words, what is the main goal of this program?	Support victims, prevent underage drinking, and change social norms
Does this program have a policies and procedures manual?	Yes
What is the capacity of this program?	Not Applicable
How long is the program designed to last in days?	Not Applicable
What are the eligibility criteria for this program?	Youth under the age of 21
Are there reasons for excluding certain individuals?	No
Under what circumstances is a participant removed from the program?	Not Applicable
Who makes the determination to remove someone from the program?	Not Applicable
What conditions must be met to complete the program?	Not Applicable
Is this program an alternative to detention?/How would you define 'alternative to detention'	No/Not Applicable
What days of the week and what hours is this program open?	Monday-Friday, 8:00 AM-4:30 PM
Does your program have a client management information system?	No

Administrator and Staff—General Information Section

The number of years interviewee's had been members of the MADD agency ranged from 1.5 months to 60 months, with an average of 17.85 months, or 1.5 years. Almost all interviewee's (75%) reported working full-time, while the remaining 25% reported working part-time. Additionally, 75% of the interviewee's had 18 years of education, or the equivalent of a Master's Degree; 25% had 16 years of education, or the equivalent of a Bachelor's Degree. Of the interviewee's, 25% had been certified as a prevention specialist. The total professional experience ranged from less than 1 year to 14 years, with an average of 7.87 years.

Table 21 Administrator and Staff General Information

General Information	Range	Average
Number of Years and months as a member of the agency	0.116 Years-5 Years	1.48 Years
Highest level of education completed	16 Years-18 Years	17.5 Years
Total years of professional work experience in this field	0.5 Years-14 Years	7.87 Years

Administrator and Staff—Qualitative Data Scores

Interviewee's scored 273 points out of 320 total possible points, receiving an overall score of 85%. Similar to all the previous programs described, MADDs' overall score suggests a good understanding of the program target population, the perceived benefits, and other potential populations that could benefit from the program. Unlike all of the other programs described all the MADD interviewees scored 100% when describing the specific services their program offered, as well as ancillary services the program offered. Interviewees had a strong understanding of what the program desired the students to learn, and described the various skills the program provides to those students. In contrast, the last two or three

lowest scoring questions involved the PYPM curriculum, whether their program deviated from it, and the location where services were provided.

Table 22 Administrator and Staff Qualitative Data Scores

Question	Points	Percent
Do you feel this program is reaching and serving the most appropriate population?	20	100%
Is the population being served by this program benefiting from this program?	20	100%
Are there other populations that could benefit from this program?	20	100%
What services does this program provide?	20	100%
Are ancillary services available?	20	100%
Can you describe the skills students learn?	20	100%
What do you feel are the most accurate measure of effectiveness of the program?	19	95%
Is there a target population for this program?	18	90%
How often are services provided to clients?	18	90%
Is there room for improvement in the services provided to your clients	18	90%
Can you describe the activities you provide?	18	90%
How are clients referred to this program?	16	80%
What ages and grades does the program serve?	16	80%
Can you describe the PYPM curriculum?	14	70%
Does the program follow the curriculum? If no, describe how the curriculum is adjusted?	12	60%
What are the program locations?	4	20%

MATS (Detox, Milagro Mariposa, PIIP, SAC and MOTU)

The following three sections of this report discuss the interview findings on general information, outcomes and program specific interview sections for MATS-Detoxification and Treatment, Milagro Mariposa, PIIP, SAC, and MOTU.

Administrator and Staff—General Information Section

All of the interviewee's reported they worked full-time, and across several different sub-programs within MATS. Interviewee's reported a wide range of job responsibilities and roles at MATS, some of which include Tech Lead, Substance Abuse Tech, and Case Manager. All of the various job positions necessitated specific certifications and/or licensures, some of which included LADAC's, MSW's, CPS's, LMHC's, and other degrees. Interviewee's described some of their responsibilities include supervising the flow across all programs from a staffing perspective, organizing and supervising patient activities, such as group meetings and individual sessions, creating treatment plans, dispensing medications, and doing room checks to ensure patients are safe and following rules.

Table 23 Administrator and Staff General Information

General Information	Range	Average
Number of Years and months as a member of the agency	0.166 Years-14 Years	3.64 Years
Highest level of education completed	12 Years-18 Years	15.23 Years

Total years of professional work experience in this field	2 Years-20 Years	9.03 Years

Administrator and Staff—Outcome Section

For the outcomes section, administrators and staff were asked to indicate how much they agreed or disagreed with four statements based upon a scale where 1= Strongly Agree, 2=Agree, 3=Agree Somewhat, 4=Disagree Somewhat, 5=Disagree, and 6=Strongly Disagree. All interviewees (13) agreed clients benefit from their program, with the majority (54%) strongly agreeing, 38% agreeing, and 8% agreeing somewhat. For the second question, 54% agreed, 23% strongly agreed, and 15% somewhat agreed their program was successful in retaining participants. The remaining 8% disagreed somewhat.

Only one (8%) interviewee indicated they felt the third question was not applicable, with the remaining 38% indicating they agreed somewhat, 38% indicating they agreed, and 15% indicating they strongly agreed their program impacts recidivism rates for those clients who are involved with the criminal justice system.

Almost half (46%) strongly agreed the program has succeeded in enhancing participant's capacity to function in the community; the remaining 38% agreed, and 15% somewhat agreed.

Table 24 Administrator and Staff Outcomes

Question	Statement	Scale								Total	Average
		1	2	3	4	5	6	NA	MD		
One	Clients benefit from this program	7	5	1						13	4.3
Two	This program is successful in retaining participants	3	7	2	1					13	3.25
Three	This program impacts recidivism rates for those clients who are involved with the criminal justice system	2	5	5				1		13	4.3
Four	The program has succeeded in enhancing participant's capacity to function in the community	6	5	2						13	3.25

Administrator and Staff—Qualitative Data Scores

Interviewee's scored a total of 1912 points out of 2210 total possible points, thus receiving an overall score of 86%. Additionally, the programs individual scores ranged from 78% to 89%, a 9% difference.

We found PIIP scored a total of 232 points out of 260 points (89%), with scores ranging from 85% to 94%. Following, Milagro Mariposa scored a total of 173 points out of 195 points (89%), with scores ranging from 72% to 100%.

MOTU scored a total of 287 points out of 325 (88%), with scores ranging from 85% to 94%, while MATS Detox scored a total of 283 points out of 325 points (87%), with scores ranging from 78% to 94%. Finally, SAC scored 371 points out of 455 points (82%), with scores ranging from 69% to 100%.

The Main Ten question scores ranged from 45 points (69%) to 65 points (100%), with an average of 87.2%.

Table 25 Administrators and Staff Qualitative Data Scores

Question	Points	Percent
Is there room for improvement in the services provided to your clients	65	100%
Is the population being served by this program benefiting from this program?	63	97%
Are there other populations that could benefit from this program?	61	94%
Are ancillary services available?	61	94%
Is there a target population for this program?	59	91%
How often are services provided to clients?	55	85%
What services does this program provide?	55	85%
What do you feel are the most accurate measure of effectiveness of the program?	55	85%
How are clients referred to this program?	47	72%
Do you feel this program is reaching and serving the most appropriate population?	45	69%
Milagro Mariposa		
Is the treatment medically monitored?	65	100%
Does your program offer services on a 24-hour basis?	61	94%
Can you describe the treatment phases?	47	72%
Supportive Aftercare Community Program (SAC)		
Do you provide links to community resources? If yes, can you describe how you provide links to community resources?	65	100%
What training have you received?	59	91%
Do you have individual service plans for clients? If yes, how are individual service plans for clients developed?	55	85%
Do you offer group meetings? If yes, what are the group meetings about?	51	78%
Do you have individual service plans for clients? If yes, how often are individual service plans updated?	49	75%
Is your program based upon a particular treatment model? Can you describe the treatment model(s)? What are the key components of the treatment model(s)?	47	72%
Can you describe the program?	45	69%
PIIP		
How long can someone remain in PIIP?	61	94%
What are the criteria for entering PIIP?	59	91%
Can you describe what services you offer?	57	88%
Do you offer referrals? If yes, what kind of referrals?	55	85%
MATS Detoxification and Treatment Program		
Are services provided 24 hours a day?	61	94%
Are clients medically monitored? If yes, how does this happen?	59	91%
Do you offer community referrals?	57	88%
How long can someone stay?	55	85%
Can you describe the type and range of staff?	51	78%
Medical Observation and Treatment Unit (MOTU)		
Does the MOTU provide medications?	61	94%
How long can someone stay?	59	91%
How does someone get sent to MOTU?	57	88%
Can you describe what happens at MOTU?	55	85%
What is the goal of MOTU?	55	85%

SafeTeen

Administrator and Staff—General Information Section

Of the two SafeTeen interviews, only one was used for analysis. The interviewee reported the lack of staff, noting that just he and his partner manage and present SafeTeen on a day to day basis. In sum, the interviewee had over 15 years of education, and over 20 years of professional experience.

Table 26 Administrator and Staff General Information

General Information	Range	Average
Number of Years and months as a member of the agency	13 Years	NA
Full or Part time	Part-Time	NA
Highest level of education completed	16 Years	NA
Certifications and/or licensures	Insurance Counseling	NA
Total years of professional work experience in this field	21 Years	NA

Administrator and Staff—Outcome Section

For the outcomes section, administrators and staff were asked to indicate how much they agreed or disagreed with four statements based upon a scale where 1= Strongly Agree, 2=Agree, 3=Agree Somewhat, 4=Disagree Somewhat, 5=Disagree, and 6=Strongly Disagree.

Table 27 Administrator and Staff Outcomes

Question	Statement	Scale								Total	Average
		1	2	3	4	5	6	NA	MD		
One	Clients benefit from this program	1								1	1
Two	This program is successful in retaining participants	1								1	1
Three	This program impacts recidivism rates for those clients who are involved with the criminal justice system							1		1	1
Four	The program has succeeded in enhancing participant's capacity to function in the community		1							1	1

Administrator and Staff—Qualitative Data Scores

Interviewee scored a total of 61 points out of 65 total possible points, leaving an overall score of 94%. The interviewee had a clear understanding of the target population, as all of the other DSAP programs did. Of the 13 questions, only two questions (15%) did not receive the total maximum points. The two lowest scores (60%) involved the referral proves of clients and how often services were provided to clients. In addition, the interviewee had a strong understanding of the perceived benefits for the population, other potential populations that could benefit, the services and ancillary services the program provides. Moreover, the interviewee had been trained and was certified as a coordinator. The interviewee described their involvement in the planning and execution of events with his partner, the other

administrator of the program. Interestingly, the interviewee had a strong understanding of quantitative outcomes and ways in which to calculate and/or use them.

Table 28 Administrators and Staff Qualitative Data Scores

Question	Points	Percent
Is there a target population for this program?	5	100%
Do you feel this program is reaching and serving the most appropriate population?	5	100%
Is the population being served by this program benefiting from this program?	5	100%
Are there other populations that could benefit from this program?	5	100%
What services does this program provide?	5	100%
Is there room for improvement in the services provided to your clients	5	100%
Are ancillary services available?	5	100%
What do you feel are the most accurate measure of effectiveness of the program?	5	100%
Have you been to a certified coordinators training?	5	100%
Do you use the Every 15 Minutes How-To Manual?	5	100%
Can you describe your involvement in an event?	5	100%
How are clients referred to this program?	3	60%
How often are services provided to clients?	3	60%

DISCUSSION AND CONCLUSION

As discussed in the introduction, the purpose of this study was to determine how well the various DSAP programs adhere to their program design and how well programs follow known best practices and/or science based practices. This study was designed as a process evaluation, is part of a multi-phase study, and is part of a longer-term and comprehensive research plan of DSAP programs. As noted earlier this process evaluation is valuable because it is designed to provide information to understand the internal dynamics of how DSAP operated and funded programs are implemented. Additionally, because the majority of DSAP programs and DSAP funded programs had not been studied prior to this research, the process evaluation provided information regarding the extent to which the programs should be operating, as well as how they actually operated.

Our study included several research tasks, specifically the completion of literature reviews, and completion of administrator and staff interviews. Administrator and staff interviews were completed from a selection of programs that deal with the prevention, treatment, and alternative sentencing programs that are part of the DSAP portfolio of programs in Bernalillo County and primarily funded using state DWI and Detoxification grant funds. The programs include: Safe Teen New Mexico; the Milagro Mariposa Program; NMHU Community Clinical Treatment Program; Supportive Aftercare Community Program (SAC)-MATS; Public Inebriate Intervention Program (PIIP); Addiction Treatment Program (ATP); Community Addiction Program (CAP)-MATS; MADD Protecting You Protecting Me (PYPM); Public Safety Psychology Group – All Star Program; MATS – Detoxification and Treatment Program; and Medical Observation and Treatment Unit (MOTU).

The next section is a review of how DSAP program operations and implementations compare to the best practices and evidence-based models' and approaches discussed within the Literature Review section of

this report. This followed by a discussion of the main findings of the administrator and staff interviews—this includes the scored qualitative data, general program and staffing information, and final concluding thoughts.

DSAP Programs and Best Practices

This section briefly discusses the main findings for DSAP programs' Prevention and Treatment and Detoxification components in relation to best practices and evidence-based models and approaches. This includes Protecting You Protecting Me-MADD, Public Safety Psychology Group All Star Program, NMHU Community Clinical Treatment Program (CCTP), and programs within MATS and the Public Safety Center including: MOTU, Detox, ATP, CAP, and SAC. Existing literature for such specific programs like SafeTeen, PIIP, MOTU, and Milagro Mariposa is limited—our findings suggest that these programs followed some generalizable best practices. This includes SafeTeens' use of various program material delivery, such as in-school assemblies and televised broadcasts of their documentary. Our findings also showed PIIP and MOTU both provide services to intoxicated clients in a non-medical setting. Best practices suggest that other similar programs help alleviate local hospital emergency rooms, and have shown large-cost savings. PIIP research, which is not part of this study, but is part of the larger DSAP research plan, has shown cost savings to local Bernalillo County hospital emergency rooms.

In addition to being established evidence-based programs, our findings suggest that the Public Safety Psychology Group's All Star program and the Protecting You Protecting Me-MADD program follow evidence-based practices outlined by NIDA. Both programs follow several of the prevention principles outlined by NIDA, including Principle 7 and Principle 8, which focus of acquiring specific skills related to reducing risk factors and increasing protective factors. The Public Safety Psychology Group All Star Program follows the research-based Prevention Principles, specifically Principle 8, outlined by NIDA. The primary five topics focused on in the All Star program closely relate to the skills described in the 8th prevention principle. For example, the first topic (developing positive ideals that do not fit with high-risk behavior) and third topic (building strong personal commitments to avoid high-risk behaviors) focus on strengthening drug resistance skills, reinforcement of antidrug attitude skills, and strengthening of personal commitments against drug use skills.

The PYPM MADD program provides services for elementary school students in grade 1-5 that align with Principle 7, as well as services for high-school students in grade 11-12 that align with Principle 8. The curriculum focuses on teaching the students about brain development, vehicle safety, and essential life skills. Some of the life skills include media awareness, decision making, stress management, resistance strategies, and communication. Such skills directly relate to the skills described in principle 8, including emotional awareness, social problem-solving, and communication. Lastly, both programs follow the last five principles in their delivery of the curriculum. This includes repeated program delivery to reinforce the prevention goals, rewarding appropriate student behavior, and including interactive techniques that allow for an active learning environment.

The NMHU Community Clinical Treatment Program (CCTP), and the treatment and detoxification programs at the MATS location (MATS Detox, ATP, CAP, SAC, PIIP, and MOTU) also follow evidence-based practices. Specifically, MATS Detox, ATP, CAP, and SAC were found to follow evidence-based practices through the utilization of the Community Reinforcement Approach (CRA). As

discussed in the beginning of this report, CRA is an evidence-based cognitive behavioral therapy that focuses on the environmental factors that influence drinking or drug use. CRA aims to increase positive reinforcement for sobriety and decrease or eliminate any positive reinforcement to drink or use drugs. Specifically, SAC and CAP provide supportive rehabilitation and treatment services through the utilization of CRA and individualized treatment plans. ATP, a jail-based treatment, also follows the CRA model, which includes heavy emphasis on client assessment, treatment and correctional supervision planning, and post-release services to aid in community re-entry. Best practices emphasize the importance of identifying individual factors and patterns of criminal thinking and behaviors, as well as using that information to formulate and implement positive reinforcers.

The MATS detox program follows best practices specific to the detoxification process, in which three components are involved—evaluation, stabilization, and fosters the patient's entry into treatment. MATS detox program offers preliminary needs assessment (evaluation), crisis stabilization (stabilization), and referral services to clients to access available and appropriate resources (fosters the patient's entry into treatment).

NMHU-CCTP utilizes the Matrix IOP model and other integrated evidence-based approaches, such as CRA. Our findings suggest that NMHU-CCTP follows the curriculum which covers Seeking Safety, Brief Interventions, Behavioral Contracting, Motivational Interviewing, Stages of Change Theory, Contingency Management and Motivational Enhancement, and Sequence of Recovery Stages through group and individual therapy sessions. The next section will describe findings from the scored qualitative data.

DSAP Administrator and Staff Interview Findings

The scored qualitative data was an essential element in our analysis of DSAP programs. Our analysis revealed data trends within the DSAP programs and across the DSAP programs. The distributions of scores suggested that all of the DSAP programs have at least a good, if not strong understanding of certain program aspects.

First and in particular, all of the DSAP programs scored highest on similar questions concentrated on each programs' target population, this includes:

1. Do you feel this program is reaching and serving the most appropriate population?
2. Is the population being served by this program benefiting from this program?
3. Are there other populations that could benefit from this program?
4. Does your program have a target population?

Moreover, they reported they felt the programs were targeting the right populations and that the populations were benefiting from the services. Finally, they believed more populations could benefit from the programs. Many staff explained they thought expanding the programs to other counties would be beneficial and offering programs to all age groups, rather than just one. On the other hand, staff also recognized that by broadening their target population or eligibility criteria, the program may become less successful or beneficial.

Staff and administrators from the Public Safety Psychology Group All-Star program, CAP and ATP-CAP programs reported and demonstrated a good understanding of their program materials, specifically their curriculums.

Other programs, such as MADD, NMHU, and MATS scored high in demonstrating their understanding of the programs' services and ancillary services. For instance, MATS Detox, SAC and PIIP all scored high on their understanding of the process of giving referrals to community and/or other professional resources. Overall, staff and administrators agreed the programs could be improved, many simply stating there is always room for improvement. Others went further in explaining specifically what could be improved, for example, more funding and more staffing.

The small sample sizes are primarily related to the size of the programs. The majority of the programs have few staff and we either interviewed all available staff or large samples of staff from programs with more staff (e.g. ATP and CAP). Specific measures were taken during the analysis of administrator and staff interviews to account for variables that would skew the data—this included reviewing the ranges, modes, means, and averages of all samples and data.

With that said, the research presented in this report is useful for many reasons, some of which include gaining a better understanding of how such programs should function based upon established best practices, how the DSAP programs state they function, and how they actually function. By gaining a better understanding of the larger picture of DSAP, such as program goals and outcomes, we gain a more in depth understanding of the working parts within each DSAP program.

This study is designed as part of a larger, more complete, and complex study focused on the program design; relationship to best practices, implementation and impact of DSAP operated and funded programs. This study serves as a jumping-off point for further questions, specifically ones concentrated on outcomes and quality improvement. For example, programs often do not produce expected outcomes because they vary in their emphasis on process and the length and detail of the planning and implementation. With the completion of this study, program operation and implementation is now understood—allowing focus to be shifted onto improving program elements, highlighting program strengths, and promoting the program to external funding agencies, public officials, other external agencies and the community as a whole.

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APPENDICES

A. Assessment Plan Schedule
B. Administrator Consent Form
C. Administrator Interview
D. Staff Consent Form
E. Staff Interview
F. Glossary

Appendix A. Assessment Plan Schedule

Assessment Schedule

The following is a preliminary assessment schedule that could be used to help further discussions and organize a long-term plan to routinely evaluate DSAP programs. It will be important to ensure that all these programs have adequate monitoring processes in place in FY 2014.

Program	Assessment Type	Schedule	Notes
ENFORCEMENT			
Enforcement	Performance	FY 2014 and ongoing	This type of activity involves the ongoing collection of information on whether the Enforcement program is meeting its goals and objectives.
ALTERNATIVE SENTENCING			
Assisting Youth Using Drugs and Alcohol (AYUDA)	Process	FY 2016	Because the last evaluation was completed in 2006 it is necessary to conduct a new process evaluation
Community Custody Program	Process	FY 2015	Because the last evaluation was completed in 2006 it is necessary to conduct a new process evaluation
DETOXIFICATION			
Public Inebriate Intervention Program (PIIP)	Process	FY 2015	
PREVENTION			
DWI Media Campaign	Performance		
Public Safety Psychology Group All Star Program	Process	FY 2014	
MADD Protecting You Protecting Me Program	Process	FY 2015	
Safe Teen NM Program	Process	FY 2016	
Tavern Taxi	Process and Cost	FY 2016	Because the last evaluation was completed in 2006 it is necessary to conduct a new process evaluation
SCREENING, COMPLIANCE, MONITORING AND TRACKING			
ADE Tracking DWI Offenders	Performance	FY 2014 and ongoing	
TREATMENT			
Addiction Treatment Program (ATP)	Process	FY 2014	
Community Addiction Program (CAP)	Process	FY 2014	
MATS Detoxification and Treatment Program	Process	TBD	To be determined in collaboration with DSAP.
Medical Observation and Treatment Unit (MOTU)	Process	TBD	To be determined in collaboration with DSAP.
Milagro Mariposa Program (Casitas de	Process	TBD	To be determined in collaboration with DSAP.

Milagro)			
New Mexico Highlands University Clinical Treatment Program	Process	TBD	To be determined in collaboration with DSAP.
Renee's Project	Process	TBD	To be determined in collaboration with DSAP.
Supportive Aftercare Community Program (SAC)	Process	TBD	To be determined in collaboration with DSAP.
Assessment Center	Process	TBD	To be determined in collaboration with DSAP.

Appendix B. Administrator Interview Consent Form

Bernalillo County
Department of Substance Abuse Programs (DSAP)
Program Administrator Interview

CONSENT TO PARTICIPATE IN RESEARCH:

Introduction

You are being asked to participate in a research study that is being done by Paul Guerin, who is the Principal Investigator and associates, from the Institute for Social Research at the University of New Mexico. This research is studying the public benefit of the Bernalillo County Department of Substance Abuse Programs in Albuquerque, New Mexico. You are being asked to participate in this study because you currently are or have recently been an administrator or manager of either a Bernalillo County Department of Substance Abuse program or a program funded by the Bernalillo County Department of Substance Abuse. The Bernalillo County Department of Substance Abuse Programs (DSAP) is funding this study.

This form will explain the research study, and will also explain the possible risks as well as the possible benefits to you. We encourage you to talk with your family and friends before you decide to take part in this research study. Please read the consent form carefully. If you have any questions, please ask one of the study investigators.

What will happen if I decide to participate?

If you agree to participate in this study, you will be asked to read and sign this Consent Form. After you sign the Consent Form, the following things will happen:

You will be asked to participate in an interview in which we will ask you questions about: your background and training, general information about the clients you serve, services you provide, how clients benefit from the program, and any issues. Participation in the interview will take approximately 60 minutes.

Audiorecording:
We would like to digitally audio record your interview session. The purpose of this is to adequately capture all the information from the interview to be used as data.

- At any time you may choose to stop being recorded. If you choose to not be recorded, you can still be in this study. Recordings of an ongoing interview can be destroyed, but once a recording has been submitted for transcribing or quality monitoring it cannot be recalled.

- All study recordings will be kept in locked file cabinets and/or on password-protected computers. Only study staff will have access to them. All recordings will be destroyed after the study is completed.

Making your choice

I agree to have interview session recorded. _____
Initial here.

I decline to have interview session recorded. _____
Initial here.

How long will I be in this study?

Participation in this study will take a total of approximately 60 minutes.

What are the risks or side effects of being in this study?

Every precaution will be taken to protect the information you have given us. However, there is a small risk of loss of confidentiality that may result in a risk of stress, emotional distress, inconvenience, and possible loss of privacy and confidentiality associated with participating in this study.

For more information about risks and side effects, ask the investigator.

What are the benefits to being in this study?

There may or may not be direct benefits to you from being in this study. However, your participation may help find out the benefit to the public of this program and DSAP. We hope that information gained from this study will help the Bernalillo County Department of Substance Abuse Programs better implement their programs and programs they fund, thus the results may indirectly benefit you.

What other choices do I have if I do not want to be in this study?

Taking part in this study is voluntary so you can choose not to participate.

How will my information be kept confidential?

We will take measures to protect the security of all your personal information, but we cannot guarantee confidentiality of all study data.

Information contained in your study records is used by study staff and, in some cases it will be shared with the sponsor of the study. The University of New Mexico Institutional Review Board (IRB) that oversees human subject research and/or other entities may be permitted to access your

records. There may be times when we are required by law to share your information. However, your name will not be used in any published reports about this study.

Your name and other identifying information will not be collected. Information from your participation in this study may be reviewed by study staff, federal and state regulatory agencies, and by the UNM IRB which provides regulatory and ethical oversight of human research.

What are the costs of taking part in this study?

There are no costs associated with participation in this study.

Will I be paid for taking part in this study?

You will no be compensated for your participation in the interview.

How will I know if you learn something new that may change my mind about participating?

You will be informed of any significant new findings that become available during the course of the study, such as changes in the risks or benefits resulting from participating in the research or new alternatives to participation that might change your mind about participating.

Can I stop being in the study once I begin?

Your participation in this study is completely voluntary. You have the right to choose not to participate or to withdraw your participation at any point in this study without affecting your future health care or other services to which you are entitled.

The investigators have the right to end your participation in this study if they determine that you no longer qualify to take part, if you do not follow study procedures, or if it is in your best interest or the study's best interest to stop your participation. The Sponsor may stop the study at any time.

Whom can I call with questions or complaints about this study?

If you have any questions, concerns or complaints at any time about the research study, Paul Guerin, or his/her associates will be glad to answer them at 505-350-7193. . If you have questions regarding your legal rights as a research subject, you may call the UNM Human Research Protections Office at (505) 272-1129.

CONSENT

You are making a decision whether to participate in this study. Your signature below indicates that you read the information provided. By signing this consent form, you are not waiving any of your legal rights as a research participant.

I have had an opportunity to ask questions and all questions have been answered to my satisfaction. By signing this consent form, I agree to in this study. A copy of this consent form will be provided to you.

_____	_____/_____
Name of Adult Participant (print)	Signature of Adult Participant Date

I have explained the research to the subject and answered all of his/her questions. I believe that he/she understands the information in this consent form and freely consents to participate.

_____	_____/ _____
Name of Research Team Member	Signature of Research Team Member

Appendix C. Administrator Interview

Bernalillo County Department of Substance Abuse Programs (DSAP) Program Administrator Interview

General Information

1. Interview Date:_____/_____/_____

2. Interviewer: _____

3. Program Name:_____
(*Program name should be completed prior to the interview*.)

4. Program Type:_____
(*Program type should be completed prior to the interview.*)

5. Person's Name Completing Interview:_____

6. Position or Job Title:_____

7. Number of years and months as a member of this agency/program: _____/_____
YY MM

8. Briefly describe your role in the agency/program (i.e. what is your job):_____
_____
_____
_____

9. Do you currently work full-time or part-time? _____
   1. Full-Time
   2. Part-Time
   3. Don't Know
   4. Something Else (please specify):_____

10. What is the highest level of education you have completed? _____
(*high school/GED = 12, list years of college [BA = 16, MA= 18, PhD = 20*)

11. Please list any certifications and/or licenses:_____
_____
_____

12. How many total years of professional work experience in this field do you have? _____

13. How many total years of administrative work experience do you have? _____
(*Administrative work experience is defined as overseeing and making decisions on behalf of the program and/or agency. This should not include professional work experience time unless the respondent was performing both tasks. This does not include clerical work.*)

Section A: Program Information

1. In your own words what is the main goal of this program?_____
_____
_____
_____

2. Does the programs have any other goals? If so what are they?_____
_____
_____

3. Does this program have a policies and procedures manual? Yes_____ No_____
(*Probe for any type of written documentation that describes the programs and how it works. This could include pamphlets, formal memos, web-site information, etc. If, during the course of the interview, you discover the program uses a manualized treatment approach ask for a copy of any manuals*.)

If yes, please ask for copies and list the different types of documentation here:
(*This could include a web-site address, etc.*)
_____
_____
_____

4. What is the capacity of this program? (*How many clients can be served at any one time*):_____

5. How long is the program designed to last in days?_____
(*Convert weeks and months into days, if an estimate, note this is an estimate.*)

6. What is the eligibility criteria for this program?:_____
_____
_____
_____

7. Are there reasons for excluding certain individuals? Yes_____ No_____
(If yes, specify) _____
_____

8. Under what circumstances is a participant removed from the program? _____
_____

9. Who makes the determination to remove someone from the program?_____
_____

10. What conditions must be met to complete the program? _____
_____
_____

11. Is this program an alternative to detention? Yes_____ No_____

12. How would you define 'alternative to detention'?_____
_____
_____
_____

13. What days of the week and what hours is this program open?_____
_____

14. Does your program have a client management information system?:
Yes_____ No_____

If yes, can you describe the system:_____
_____

If no, can you describe how the program stores client information?:_____
_____

Ask for clean copies of any forms used to collect client information. (sign in sheets, assessment forms, screening forms, referral forms, service forms, discharge forms, etc.)

Section B: Client Information

_____
_____
_____
_____

1. Is there a target population for this program? Yes_____ No_____

If yes, can you describe the target population? (*i.e. age range, gender, type of pathways, other demographic characteristics, criminal history, family history, etc.*)?
_____
_____
_____

2. Do you feel this program is reaching and serving the most appropriate population?
Yes_____ No_____
If no, why:_____
_____

3. In your opinion, is the population being served by this program benefiting from the program?
Yes_____ No_____

If no, why:_____
_____
_____

4 Do you believe there are other populations that could benefit from this program?
Yes_____ No_____
If yes, who:_____
_____
_____

Section C: Services

1. How are clients referred to this program? (*probe: police, family, schools, etc*.) _____
_____
_____

2. How often are services provided to clients? (*probe: daily, weekly, days per week, hours per day*)
_____
_____

3. What services does this program provide? (*probe: educational, substance abuse treatment, educational, prevention*)(*Service information should be collected in sufficient detail that would allow us to know, as an example, if groups are offered the types of groups, if drug tests are performed how (type of test, if alcohol is tested) they are performed and frequency (daily, weekly).*)
_____
_____
_____

4. Briefly describe any similar types of programs you feel are effective and why?_____
_____
_____
_____
_____

5. Is there room for improvement in the services provided to your clients?
Yes_____ No_____

If so, how would you change this program to make it more effective?_____
_____
_____
_____

6. Are ancillary services available? (*For example: job training, employment assistance, medical care, and after care*.)
Yes_____ No_____

If yes, please list some examples of these services:_____
_____
_____

Section E: Final Perspectives

1. What do you feel is the most accurate measure of the effectiveness of the program?
_____
_____
_____

2. Have any unanticipated issues arisen since the implementation of the program?
Yes_____ No_____

If so, please briefly explain these issues:_____
_____

_____

Were these issues resolved? How were they resolved or not resolved?

_____
_____
_____

3. Has this office incurred any extra costs due to the implementation or operation of the program?
Yes_____ No_____

If so, please explain the sources of these extra costs?_____
_____
_____

Section F: Comments

Interviewer Notes:

Appendix D. Staff Interview Consent Form

Bernalillo County
Department of Substance Abuse Programs (DSAP)
Program Staff Interview

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Introduction

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This form will explain the research study, and will also explain the possible risks as well as the possible benefits to you. We encourage you to talk with your family and friends before you decide to take part in this research study. Please read the consent form carefully. If you have any questions, please ask one of the study investigators.

What will happen if I decide to participate?

If you agree to participate in this study, you will be asked to read and sign this Consent Form. After you sign the Consent Form, the following things will happen:

You will be asked to participate in an interview in which we will ask you questions about: your background and training, general information about the clients you serve, services you provide, how clients benefit from the program, and any issues. Participation in the interview will take approximately 60 minutes.

Audiorecording:
We would like to digitally audio record your interview session. The purpose of this is to adequately capture all the information from the interview to be used as data.

- At any time you may choose to stop being recorded. If you choose to not be recorded, you can still be in this study. Recordings of an ongoing interview can be destroyed, but once a recording has been submitted for transcribing or quality monitoring it cannot be recalled.
- All study recordings will be kept in locked file cabinets and/or on password-protected computers. Only study staff will have access to them. All recordings will be destroyed after the study is completed.

Making your choice

I agree to have interview session recorded. _____
Initial here.

I decline to have interview session recorded. _____
Initial here.

How long will I be in this study?

Participation in this study will take a total of approximately 60 minutes.

What are the risks or side effects of being in this study?

Every precaution will be taken to protect the information you have given us. However, there is a small risk of loss of confidentiality that may result in a risk of stress, emotional distress, inconvenience, and possible loss of privacy and confidentiality associated with participating in this study.

For more information about risks and side effects, ask the investigator.

What are the benefits to being in this study?

There may or may not be direct benefits to you from being in this study. However, your participation may help find out the benefit to the public of this program and DSAP. We hope that information gained from this study will help the Bernalillo County Department of Substance Abuse Programs better implement their programs and programs they fund, thus the results may indirectly benefit you.

What other choices do I have if I do not want to be in this study?

Taking part in this study is voluntary so you can choose not to participate.

How will my information be kept confidential?

We will take measures to protect the security of all your personal information, but we cannot guarantee confidentiality of all study data.

Information contained in your study records is used by study staff and, in some cases it will be shared with the sponsor of the study. The University of New Mexico Institutional Review Board (IRB) that oversees human subject research and/or other entities may be permitted to access your records. There may be times when we are required by law to share your information. However, your name will not be used in any published reports about this study.

Your name and other identifying information will not be collected. Information from your participation in this study may be reviewed by study staff, federal and state regulatory agencies, and by the UNM IRB which provides regulatory and ethical oversight of human research.

What are the costs of taking part in this study?

There are no costs associated with participation in this study.

Will I be paid for taking part in this study?

You will no be compensated for your participation in the interview.

How will I know if you learn something new that may change my mind about participating?

You will be informed of any significant new findings that become available during the course of the study, such as changes in the risks or benefits resulting from participating in the research or new alternatives to participation that might change your mind about participating.

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The investigators have the right to end your participation in this study if they determine that you no longer qualify to take part, if you do not follow study procedures, or if it is in your best interest or the study's best interest to stop your participation. The Sponsor may stop the study at any time.

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CONSENT

You are making a decision whether to participate in this study. Your signature below indicates that you read the information provided. By signing this consent form, you are not waiving any of your legal rights as a research participant.

I have had an opportunity to ask questions and all questions have been answered to my satisfaction. By signing this consent form, I agree to in this study. A copy of this consent form will be provided to you.

_____ _____/_____

Name of Adult Participant (print) Signature of Adult Participant Date

I have explained the research to the subject and answered all of his/her questions. I believe that he/she understands the information in this consent form and freely consents to participate.

_____ _____/ _____

Name of Research Team Member Signature of Research Team Member

Appendix E. Staff Interview

Bernalillo County Department of Substance Abuse Programs (DSAP) Program Staff Interview

General Information

1. Interview Date:_____/_____/_____

2. Interviewer: _____

3. Program Name:_____
(*Program name should be completed prior to the interview*.)

4. Program Type:_____
(*Program type should be completed prior to the interview.*)

5. Person's Name Completing Interview:_____

6. Position or Job Title:_____

7. Number of years and months as a member of this agency/program: _____/_____
YY MM

8. Briefly describe your role in the agency/program (i.e. what is your job):_____
_____
_____
_____

9. Do you currently work full-time or part-time? _____
   5. Full-Time
   6. Part-Time
   7. Don't Know
   8. Something Else (please specify):_____

10. What is the highest level of education you have completed? _____
(*high school/GED = 12, list years of college [BA = 16, MA= 18, PhD = 20*)

11. Please list any certifications and/or licenses:_____
_____
_____

12. How many total years of professional work experience in this field do you have? _____

Section A : Client Information

1. Is there a target population for this program? Yes_____ No_____

If yes, what are the major characteristics of this program's target population (*i.e. age range, gender, school grade, other demographic characteristics, criminal history, family history, etc.*)?

_____
_____
_____

2. Do you feel this program is reaching and serving the most appropriate population?
Yes_____ No_____
If no, why:_____
_____

3. In your opinion, is the population being served by this program benefiting from the program?
Yes_____ No_____

If no, why:_____
_____
_____

4. Do you believe there are other populations that could benefit from this program?
Yes_____ No_____
If yes, who:_____
_____
_____

5. Do you feel your program is succeeding in identifying eligible participants early and admitting these clients into the program rapidly?
Yes_____ No_____
If no, how do you feel this process could be improved?_____
_____
_____

6. Is there a particular client profile that seems to do best in the program?
Yes_____ No_____
If so, what are the characteristics of these clients?_____
_____
_____

7. Is there a particular client profile that does not appear to do well in the program?
Yes_____ No_____
If so, what are the characteristics of these clients?_____
_____
_____

Section B : Services

1. How are clients referred to this program? (*probe: police, family, schools, etc.*) _____
_____
_____

2. How often are services provided to clients? (*probe: daily, weekly, days per week, hours per day*)
_____
_____

3. What services does this program provide? (*probe: educational, substance abuse treatment, educational, prevention. Service information should be collected in sufficient detail that would allow us to know, as an example, if groups are offered the types of groups, if drug tests are performed how (type of test, if alcohol is tested) they are performed and frequency (daily, weekly).)*

_____
_____
_____

4. Briefly describe any similar types of programs you feel are effective and why?_____
_____
_____
_____
_____

5. Is there room for improvement in the services provided to your clients?
Yes_____ No_____

If so, how would you change this program to make it more effective?_____
_____
_____
_____

6. Are ancillary services available? (*For example: job training, employment assistance, medical care, and after care.*)
Yes_____ No_____

If yes, please list some examples of these services:_____
_____
_____

Section C : Outcomes

1. . Clients benefit from this program.
1. Strongly Agree
2. Agree
3. Agree Somewhat
4. Disagree Somewhat
5. Disagree
6. Strongly Disagree

1a. Why do you feel this
way?_____

_____
_____

2. . This program is successful in retaining participants.

1. Strongly Agree
2. Agree
3. Agree Somewhat
4. Disagree Somewhat
5. Disagree
6. Strongly Disagree

2a. Why do you feel this way?

_____
_____
_____

3. This program impacts recidivism rates for those clients who are involved with the criminal justice system.

1. Strongly Agree
2. Agree
3. Agree Somewhat
4. Disagree Somewhat
5. Disagree
6. Strongly Disagree

3a. Why do you feel this way?

_____
_____

4. The program has succeeded in enhancing participant's capacity to function in the community (*i.e. reduced contact with the criminal justice system, education, job skills, employment, housing and health*.)

1. Strongly Agree
2. Agree
3. Agree Somewhat
4. Disagree Somewhat
5. Disagree
6. Strongly Disagree

Why do you feel this way: _____
_____
_____

Section D : Final Perspectives

1. What do you feel is the most accurate measure of the effectiveness of the program?

_____
_____
_____

2. Have any unanticipated issues arisen since the implementation of the program (or since you have been working with this program)?

Yes_____ No_____

If so, please briefly explain these issues:_____
_____
_____

Were these issues resolved? How were they resolved or not resolved?

_____
_____
_____

3. Has this office incurred any extra costs due to the implementation or operation of the program?

Yes_____ No_____

If so, please explain the sources of these extra costs?_____
_____
_____

Section E : Comments

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Interviewer Notes:

Appendix F. National Institute on Drug Abuse (NIDA) Prevention Principles

Prevention Principles

These revised prevention principles have emerged from research studies funded by NIDA on the origins of drug abuse behaviors and the common elements found in research on effective prevention programs. Parents, educators, and community leaders can use these principles to help guide their thinking, planning, selection, and delivery of drug abuse prevention programs at the community level. The references following each principle are representative of current research.

Risk Factors and Protective Factors

PRINCIPLE 1 Prevention programs should enhance protective factors and reverse or reduce risk factors (Hawkins et al. 2002).

- The risk of becoming a drug abuser involves the relationship among the number and type of risk factors (e.g., deviant attitudes and behaviors) and protective factors (e.g., parental support) (Wills and McNamara et al. 1996).
- The potential impact of specific risk and protective factors changes with age. For example, risk factors within the family have greater impact on a younger child, while association with drug-abusing peers may be a more significant risk factor for an adolescent (Gerstein and Green 1993; Kumpfer et al. 1998).
- Early intervention with risk factors (e.g., aggressive behavior and poor self-control) often has a greater impact than later intervention by changing a child's life path (trajectory) away from problems and toward positive behaviors (Ialongo et al. 2001).
- While risk and protective factors can affect people of all groups, these factors can have a different effect depending on a person's age, gender, ethnicity, culture, and environment (Beauvais et al. 1996; Moon et al. 1999).

PRINCIPLE 2 Prevention programs should address all forms of drug abuse, alone or in combination, including the underage use of legal drugs (e.g., tobacco or alcohol); the use of illegal drugs (e.g., marijuana or heroin); and the inappropriate use of legally obtained substances (e.g., inhalants), prescription medications, or over-the-counter drugs (Johnston et al. 2002).

PRINCIPLE 3 Prevention programs should address the type of drug abuse problem in the local community, target modifiable risk factors, and strengthen identified protective factors (Hawkins et al. 2002).

PRINCIPLE 4 Prevention programs should be tailored to address risks specific to population or audience characteristics, such as age, gender, and ethnicity, to improve program effectiveness (Oetting et al. 1997).

Prevention Planning

Family Programs

PRINCIPLE 5 Family-based prevention programs should enhance family bonding and relationships and include parenting skills; practice in developing, discussing, and enforcing family policies on substance abuse; and training in drug education and information (Ashery et al. 1998).

Family bonding is the bedrock of the relationship between parents and children. Bonding can be strengthened through skills training on parent supportiveness of children, parent-child communication, and parental involvement (Kosterman et al. 1997).

- Parental monitoring and supervision are critical for drug abuse prevention. These skills can be enhanced with training on rule-setting; techniques for monitoring activities; praise for appropriate behavior; and moderate, consistent discipline that enforces defined family rules (Kosterman et al. 2001).
- Drug education and information for parents or caregivers reinforces what children are learning about the harmful effects of drugs and opens opportunities for family discussions about the abuse of legal and illegal substances (Bauman et al. 2001).
- Brief, family-focused interventions for the general population can positively change specific parenting behavior that can reduce later risks of drug abuse (Spoth et al. 2002b).

School Programs

PRINCIPLE 6 Prevention programs can be designed to intervene as early as *preschool* to address risk factors for drug abuse, such as aggressive behavior, poor social skills, and academic difficulties (Webster-Stratton 1998; Webster-Stratton et al. 2001).

PRINCIPLE 7 Prevention programs for *elementary school children* should target improving academic and social-emotional learning to address risk factors for drug abuse, such as early aggression, academic failure, and school dropout. Education should focus on the following skills (Ialongo et al. 2001; Conduct Problems Prevention Work Group 2002b):

- self-control;
- emotional awareness;
- communication;
- social problem-solving; and
- academic support, especially in reading.

PRINCIPLE 8 Prevention programs for *middle* or *junior high* and *high school students* should increase academic and social competence with the following skills (Botvin et al.1995; Scheier et al. 1999):

- study habits and academic support;
- communication;
- peer relationships;
- self-efficacy and assertiveness;
- drug resistance skills;
- reinforcement of antidrug attitudes; and
- strengthening of personal commitments against drug abuse.

Community Programs

PRINCIPLE 9 Prevention programs aimed at general populations at key transition points, such as the transition to middle school, can produce beneficial effects even among high-risk families and children. Such interventions do not single out risk populations and, therefore, reduce labeling and promote bonding to school and community (Botvin et al. 1995; Dishion et al. 2002).

PRINCIPLE 10 Community prevention programs that combine two or more effective programs, such as family-based and school-based programs, can be more effective than a single program alone (Battistich et al. 1997).

PRINCIPLE 11 Community prevention programs reaching populations in multiple settings—for example, schools, clubs, faith-based organizations, and the media—are most effective when they present consistent, community-wide messages in each setting (Chou et al. 1998).

Prevention Program Delivery

PRINCIPLE 12 When communities adapt programs to match their needs, community norms, or differing cultural requirements, they should retain core elements of the original research-based intervention (Spoth et al. 2002b), which include:

- **Structure** (how the program is organized and constructed);
- **Content** (the information, skills, and strategies of the program); and
- **Delivery** (how the program is adapted, implemented, and evaluated).

PRINCIPLE 13 Prevention programs should be long-term with repeated interventions (i.e., booster programs) to reinforce the original prevention goals. Research shows that the benefits from middle school prevention programs diminish without followup programs in high school (Scheier et al. 1999).

PRINCIPLE 14 Prevention programs should include teacher training on good classroom management practices, such as rewarding appropriate student behavior. Such techniques help to foster students' positive behavior, achievement, academic motivation, and school bonding (Ialongo et al. 2001).

PRINCIPLE 15 Prevention programs are most effective when they employ interactive techniques, such as peer discussion groups and parent role-playing, that allow for active involvement in learning about drug abuse and reinforcing skills (Botvin et al. 1995).

PRINCIPLE 16 Research-based prevention programs can be cost-effective. Similar to earlier research, recent research shows that for each dollar invested in prevention, a savings of up to $10 in treatment for alcohol or other substance abuse can be seen (Pentz 1998; Hawkins 1999; Aos et al. 2001; Spoth et al. 2002a).