



THE UNIVERSITY OF  
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## **Addiction Treatment Program Evaluation**

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## **Introduction**

The Bernalillo County Department of Behavioral Health Services' (DBHS) mission is to improve behavioral health outcomes in Bernalillo County through innovative, cohesive and measurable programs, treatment services and supports aimed at preventing the incidence of crisis and substance use disorder in the community as well as in the local criminal justice system. The Department of Behavioral Health Services' three divisions are Behavioral Health (BH), Substance Abuse (SA), and Driving While Intoxicated (DWI).

The Department of Behavioral Health Services administers various grant-funded supports to the community through the New Mexico Department of Finance & Administration's (DFA) Local Government Division (LGD) Liquor Excise Tax Collections (LETC).

The Department of Finance Administration's (DFA) Local Government Division (LGD) administers the statewide Local Driving While Intoxicated (LDWI) Fund that serves all 33 New Mexico counties funded by Liquor Excise Tax Collections (LETC). The funding is allocated via three funding streams:

1. Distribution funds, which are distributed to counties quarterly
2. Competitive grants, which are awarded through an annual application process
3. Alcohol detoxification grants

Six counties, Bernalillo, Rio Arriba, Sandoval, Santa Fe, San Juan, and Socorro are eligible for the social detoxification and alcohol treatment grant funds pursuant to Section 11-6A-3(D) NMSA 1978.

Approximately 75% of the funds expended are distribution funds.

County DWI programs can fund activities and services within 7 components:

1. Prevention,
2. Law Enforcement,
3. Screening,
4. Treatment,
5. Compliance Monitoring/Tracking,
6. Coordination, Planning and Evaluation, and
7. Alternative Sentencing

DBHS administers these funds and provides coordination and planning to ensure the programs funded by the grant are implemented within funding guidelines and fidelity. The coordination and planning includes an evaluation component.

In FY 2023 the Center for Applied Research and Analysis within the Institute for Social Research (ISR) at the University of New Mexico (UNM), under the Coordination, Planning and Evaluation stream was contracted to provide research and evaluation services for a variety of DBHS programs including the Metropolitan Detention Center's (MDC) Addiction Treatment Program (ATP). The ATP is a 4-week clinically managed program that uses the Community Reinforcement Approach (CRA), relapse prevention planning, psychoeducation, and life skills training with the goal of reducing substance use and recidivism rates.

This program was last evaluated by ISR staff in 2006. This review is designed as a process evaluation and a preliminary outcome evaluation. Process evaluations are designed to measure program implementation and the internal dynamics of how a program operates, and if the program operates according to its policy and design along with determining if the design is based on best practices. Outcome evaluations are designed to measure whether and how programs have achieved their short and long-term goals.

This report reviews data from January 1, 2019, to August 4, 2021. The ATP was interrupted by the COVID-19 pandemic and operations were suspended from March 2020 to April 2021, which significantly reduced the total number of participants in the study time frame. With available data, this evaluation comprises a review of surveys completed by ATP staff, a review of court data, and a review of inmate record data. Client data collected and maintained by ATP staff, including demographic information, admission date, discharge date, and discharge reason were collected. A survey was administered to program staff to understand how they perceive rehabilitation and their experience working within the jail system. Bookings into the MDC and New Mexico court data to measure arrests, charges, time to arrest, and length of stay in jail were also collected. This data was used to measure recidivism pre- and post-participation in the program.

## **Literature Review**

Within the American criminal justice system, research has indicated a link between substance abuse and criminal engagement. Individuals who abuse drugs and alcohol are seven to eight times more likely to engage in criminal activity than those who do not (Bennett et al., 2008). Many of the individuals who abuse alcohol and other substances do not receive any kind of treatment before their incarceration; as such, jail-based rehabilitation programs may prove important to an inmate's recovery (Swartz et al., 1996). Jail-based treatment programs work with inmates to help prepare them for reintegration into society with the goal of reducing criminal justice contact upon their release from the program. When looking at individuals who enter these programs through a court ordered mandate and those who enter the program voluntarily there was no difference seen regarding outcomes, they were equally as successful (Swartz et al., 1996).

However, it is important to note that the shorter duration of most jail-based programs can cause difficulties with the administration of sustained treatment. Research has indicated that length of stay is one of the most important factors for successful treatment outcomes. When comparing the duration of rehabilitation programs for inmates, decreased recidivism rates occurred with an increased length of stay (Swartz et al., 1996). While length of stay is consistently shown to be a key factor in effective addiction treatment programs, studies of shorter-term programs have shown under what circumstances, and to what extent other factors can effectively rehabilitate offenders. While jails are an important part of the criminal justice system, rehabilitation programs in jails must contend with the short period of incarceration for most inmates which interferes with the administration of jail-based drug treatment programs (Swartz et al., 1996).

To establish successful jail-based treatment, rehabilitation programs must integrate best practices into the administration of their services. Best practices are known as "the objective, balanced, and responsible use of current research and the best available data to guide policy and practice decisions" (Guevara & Solomon, 2009). Within jail-based treatment and rehabilitation, best practices include the integration of risk assessment, substance use assessment, drug testing, and therapeutic treatment into the guidelines and

policies of the program (Friedmann, Taxman and Henderson, 2007). Other best practices that aim to help inmates reintegrate into the community include the active involvement of family, assessment of treatment outcome, and follow-up or aftercare once the inmate is no longer in a facility (Friedmann, Taxman and Henderson, 2007). Each of these best practices can be placed into one of three core categories that are viewed as the foundation for how a jail-based rehabilitation programs can be executed successfully:

- assessment and treatment,
- program services and content, and
- compliance management

It is important that facilities have trained and certified treatment staff to administer treatment to the inmates within the program. Within the best practice of therapeutic treatment, one of the most empirically supported methods for rehabilitation programs in various settings is the Community Reinforcement Approach (CRA), which has a holistic view on substance abuse. This approach is based on the idea that environmental contingencies impact whether drinking and drug use is encouraged or discouraged, and it uses social, recreational, familial, and vocational reinforcers, which are all necessary for the recovery process (Meyers and Squire, 2001). CRA uses the integration of Functional Analysis, which is the evaluation of each inmate's antecedents for their substance abuse, which ranges from a particular environment to a strong emotion, as well as the consequences of their substance use behaviors. CRA also uses methods such sobriety sampling which is brief periods of abstinence, Disulfiram use with supervision, and relapse prevention along with the skills gained through participation in therapy. The use of this approach has shown an increase in the days of employment and a decrease in the days of institutionalization which is the main purpose for jail-based rehabilitation programs (Meyers and Squire, 2001).

### **Program Design**

The Addictions Treatment Program is a court-ordered treatment program at the Metropolitan Detention Center meant to help reduce substance use and recidivism rates among low-level offenders while equipping them with the tools they need to reintegrate into the community. ATP is a 28-day jail-based program that uses CRA, relapse prevention planning, psycho-educational programming, and living skills groups to promote desistance. Clients with addiction-treatment needs who are court-ordered to ATP are required to complete ATP in order to be released from the MDC. To complete the program, clients are required to develop a recovery and after-care service plan while they are incarcerated at the MDC. The ATP provides clients with one week of structured assessment by a licensed clinical provider and three weeks of curriculum administered in a group setting where each week covers a specific topic. The topics covered include self-evaluation, self-management, healthy relationships, and the relapse process.

To participate in ATP, offenders must comply with the rules and guidelines and participate in a variety of services such as drug and alcohol testing, substance abuse treatment, and counseling. Program participants must maintain compliance throughout the duration of their participation to fulfill the court-ordered requirement of ATP.

### **Methodology**

This study is a process evaluation and preliminary outcome study of the Addiction Treatment Program. The process evaluation is designed to determine whether the program is adhering to established models

and known best practices for these types of programs. The preliminary outcome study focuses on a preliminary review of recidivism, which is defined as new bookings into MDC and new court case filings used as a proxy for arrests. The extent to which ATP implements the program following established models and best practices may impact recidivism rates, reduction of alcohol and substance abuse, and whether participants successfully integrate back into the community.

The evaluation of the Addiction Treatment Program includes a staff survey, a review of electronic client data, a review of program services and resources available for offenders, and a preliminary review of recidivism comparing program inmates pre- and post-program using jail and court data.

### ***Client Data***

Client data collected by the ATP program was analyzed to identify demographic trends, client experience in the program, and recidivism rates. Participants for the study were identified through intake records maintained by the program, which comprised a total of 1,055 admissions to the program, representing 995 unique inmates/clients from January 1, 2019, to August 4, 2021. For inmate records to be eligible for review, inmates must have had a singular intake into ATP and had a minimum of one-year post-exposure after the completion of the program. Program information was matched with MDC booking data and criminal court case data, which was used as a proxy to measure a new arrest, from the New Mexico Administrative Office of the Courts (AOC) electronic system using pre- and post-periods constructed in equal duration for each client. Using these data, descriptive statistical analyses and paired sample t-tests were conducted to report pre- and post-ATP bookings and court cases as a proxy for arrest data.

### ***Staff Survey***

The staff survey was designed to measure staff's attitudes toward rehabilitation, inmates, substance abuse, and to gather their feedback on the program. The survey included measurements from the Public Attitudes Towards Offenders with Mental Illness Scale (PATOMI), the Rehabilitation Orientation Scale (Cullen et al. 1989), the Evidence-Based Practice Attitude Scale (EBPAS) (Aarons, 2004), and others. The survey included questions measuring staff attitudes towards offenders, their attitude towards rehabilitation, their efficacy in dealing with inmates, thoughts on the program, and job satisfaction. The survey used measurements such as The Attitudes Toward Prisoners scale (Melvin et al. 1985). and the Evidence-Based Practice Scale (Aarons, 2004) to obtain feedback from staff on the program, the curriculum, and how it was delivered.

The survey was comprised of nine demographic questions, thirteen questions assessing attitudes towards inmates, five questions assessing perceptions of the role of the jail and criminal justice system, nine questions assessing rehabilitative attitudes of staff, three questions assessing institutional satisfaction and commitment, four questions assessing personal efficacy, fifteen questions assessing attitudes towards evidence-based practices, twenty-six questions assessing work environment and familiarity and agreement with policy and procedure, three questions regarding the impact of COVID-19 on ATP, thirty questions regarding organizational climate, nine questions assessing job stress and satisfaction, and seven questions assessing staff members overall perceptions of the ATP. The survey contained 133 questions and was estimated to take around 30 minutes to complete.

## **Results**

### ***Staff Survey***

Staff surveys were administered in August 2022, and all six staff members completed the survey. As noted earlier, the staff survey was designed to assess ATP staff’s perceptions and understanding of clients, organizational climate, policy and procedure, and the ATP program.

### Staff Demographics

Demographic information for all ATP staff as of August 2022 are reported in Table 1 and Table 2. Two respondents reported having a bachelor’s degree and four respondents had obtained a master’s degree. Half of the survey respondents reported that they were certified or licensed at the time of the survey. Staff had worked for the ATP for an average of 1.8 years, with a range of zero to five years. Staff had worked in the substance abuse treatment profession for an average of 7.3 years, with a range of zero to 15 years.

**Table 1**  
*Demographics of ATP Staff*

Variable	N	%
<b>Role</b>		
Supervision/Management	3	50.0
Non-Supervision Staff	3	50.0
<b>Gender</b>		
Male	3	50.0
Female	3	50.0
<b>Certification Status</b>		
Certified or licensed	3	50.0
Not certified or licensed	3	50.0
<b>Highest Education</b>		
Bachelor’s Degree	2	33.3
Master’s Degree	4	66.7
<b>Race and Ethnicity</b>		
Caucasian	1	16.7
Caucasian and African American	1	16.7
Caucasian and Latino/a and or Hispanic	2	33.3
Latino/a and or Hispanic	2	33.3

**Table 2**  
*Demographics of ATP Staff*

	N	Mean
Age	6	44.2
Years worked in Substance Abuse Treatment	6	7.3
Years worked for the ATP	6	1.8
Caseload	6	36.3

### Perceptions of Inmates

Two scales were employed to measure the ATP staff’s perceptions of offenders. Seven questions were adapted from the 36-item Attitudes Toward Prisoners scale (Melvin et al., 1985) to provide a concise assessment of attitudes towards offenders. Five questions were adapted from the Public Attitudes Towards Offenders with Mental Illness (PATOMI) scale to provide an assessment of ATP staff’s perceptions of mentally ill offenders (Walkden et al., 2021). The Attitudes Toward Prisoners scale and the PATOMI scale use a five-point Likert scale, and the items in the scales were averaged to create a total score for each scale. Scores closer to one indicate negative perceptions of offenders, while scores closer to five are indicative of positive perceptions of offenders.

Results from these two scales, reported in Table 3, indicated that ATP staff had positive perceptions of offenders and offenders with mental illness. A paired t-test found a statistically significant difference between the total scores of the two scales ( $p < .001$ ). The mean of ATP staff’s PATOMI scale score was between 0.33 and 0.63 points lower than the mean of ATP staff’s Attitude towards Prisoners scale score with a confidence coefficient of 0.95. Additionally, a Cohen’s *d* of 1.3 indicates that 1.3 standard deviations lie between the two scores. Existing differences between the two scales coupled with the fact that an adaption of a subset of these two scales was used in place of both scales may account for differences observed in the ATP staff’s mean scores of these two scales, and, as such, caution should be used in interpreting this significant difference as being a result of ATP staff holding differing perceptions of offenders. However, it is possible this difference is due to ATP staff having held slightly less favorable perceptions of offenders with mental illness than offenders in general.

**Table 3**  
*Attitudes Towards Offenders and Inmates*

Score	N	Mean	SD	Median
ATP Score	6	4.4	0.4	4.4
PATOMI Score	6	3.9	0.4	4.0

**Perceptions on the Role of the Jail/Criminal Justice System**

ATP staff were asked five questions regarding their perceptions of the role of the criminal justice system and the jail on ensuring access to services and diverting offenders. The answers to these questions were given on a five-point scale, with one indicating strong disagreement and five indicating strong agreement. The responses to these questions are presented in Table 4.

ATP staff indicated strong-to-moderate agreement with jails ensuring individuals can access services and the jail’s collaboration with community-based service providers, although, on average, staff tended to agree less strongly with specific drug addiction services. Staff ranged from neutral-to-agreement with prioritizing diverting low-level drug offenders from the criminal justice system; however, staff tended to agree with the diversion of some types of offenders.

**Table 4**  
*ATP Staff Perceptions on the Role of the Jail/Criminal Justice System*

Score	N	Mean	SD	Median
Jails Should Help Ensure Individuals Can Access Services	6	4.5	0.5	4.5
Diverting Low-Level Drug Offenders Should be a Priority	6	3.8	1.0	3.5

The Jail Should Help Ensure Individuals Can Access Drug Addiction Services	6	4.0	1.5	4.5
The Criminal Justice System Should be Involved in Diverting Some Types of Offenders from the Justice System	6	4.2	0.4	4.0
The Jail Should be Expected to Collaborate with Community-Based Service Providers	6	4.3	0.8	4.5

### **Rehabilitation Orientation Scale (ROC)**

The Rehabilitation Orientation Scale (ROC), which comprised of nine-items on seven-point scale, was developed to measure attitudes towards the effectiveness and importance of rehabilitation for offenders (Cullen et al., 1985). The items in this scale were averaged to compute a total score. Scores near one indicate a strong disagreement with adopting a rehabilitative approach towards offenders, while scores closer to seven indicate complete agreement with this approach. The ATP staff indicated strong agreement with the rehabilitative approach, with an average ROC score across all ATP staff of 6.1 and a range of scores across all staff from 5.5 to 6.9.

### **Institution Satisfaction Commitment Scale and Personal Efficacy (PE) Scale**

The Institutional Satisfaction Commitment (ISC) scale was designed to assess respondent’s satisfaction working for their current institution compared to other institutions (Saylor and Wright, 1992). In this case, the ISC scale measured respondent’s satisfaction working for the MDC compared to other correctional institutions. The Personal Efficacy (PE) scale was designed to measure staff’s perceptions of their ability to interact with incarcerated individuals, particularly their “influence, accomplishment, and ease which individuals experience in working with inmates” (Saylor and Wright, 1992). The seven-point scale used by Saylor and Wright (1992) was changed to a five-point scale. The responses to these scales were averaged to create a total score, where scores close to zero indicate low levels of the variable of interest, and scores near five indicate strong levels.

Responses to the ISC scale indicated that ATP staff held moderate to high levels of institutional satisfaction, with an average ISC scale score of 3.7 and a range from 3.0 to 4.7. The ATP staff PE scale score indicated moderate to high levels of perceived personal efficacy, with an average PE score of 3.6 and a range from 2.8 to 4.8.

### **Evidence-Based Practice Attitude (EBPA) Scale**

The Evidence-Based Practice Attitude (EBPA) Scale was designed to measure staff attitudes towards the adoption and use of evidence-based practices within their workplace (Aarons, 2004). There are four subsections to the EBPA: requirements, appeal, openness, and divergence. The appeal subsection measures, “willingness to adopt EBPs given their intuitive appeal”, the requirement subsection measures, “willingness to adopt new practices if required”, the openness subsection measures, “general openness toward new or innovative practices”, while divergence measures any perceived divergence of usual practice with academically developed or research-based practices (Aarons, 2004). The EBPA Scale uses a five-point scale where zero represents “not at all” and four represents “to a very great extent”. The divergence subsection deviates from the scoring of the other three subsections, and as such, scores closer to four indicate a lack of divergence to a large extent. Subsection scores were calculated by averaging the

responses to all items in a subscale from which a total EBPA score was averaged. These scores are presented in Table 5.

ATP staff indicated they follow evidence-based processes to a great extent. ATP staff perceived strong conformity to evidence-based practices, and a strong-to-moderate agreement with adopting new practices if they are required and willingness to adopt new practices if they are appealing. ATP staff reported slightly less openness to new practices; however, they still indicated moderate-to-strong levels of openness.

**Table 5**  
*Evidence-Based Practice Attitude (EBPA) Scale Scores*

Score	N	Mean	SD	Median
<b>EBPA Subscale</b>				
Requirements	6	2.9	0.7	3.0
Appeal	6	3.0	0.7	3.1
Openness	6	2.7	0.5	2.6
Divergence	6	3.2	0.6	3.3
<b>Total EBPA</b>	<b>6</b>	<b>2.9</b>	<b>0.5</b>	<b>3.0</b>

### **Work Environment**

ATP staff were asked four questions regarding their perceptions of their work environment, the answers to which are presented in Table 6. The answers to these questions were given on a six-point scale, with one indicating strong disagreement and six indicating strong agreement. ATP staff reported moderate-to-strong agreement with knowing what supervisors expect from them, cooperation between coworkers, and adequate training. More variation existed in the answers given to whether ATP staff believed they had access to necessary resources, and, on average, staff only somewhat agreed that this was true. However, the median score of moderate agreement indicates that the mean was influenced by one or two staff member’s reporting lower levels of agreement than the remaining four or five staff members.

**Table 6**  
*The ATP staff’s perceptions of Work Environment*

	N	Mean	SD	Median
Know what Supervisors Expect	6	5.2	0.8	5.0
Access to all Resources Necessary for Job	6	4.0	1.5	5.0
Coworkers Cooperate and Work as a Team	6	5.3	0.5	5.0
Trained to Perform my Duties	6	5.3	0.5	5.0

### **Policy and Procedures**

ATP staff were asked seven questions regarding their agreement and familiarity with ATP and MDC policy and procedure on a six-point scale ranging from strong disagreement to strong agreement. The answers to these questions are presented in Table 7. ATP staff reported moderate-to-strong agreement that they were familiar with MDC’s ATP policy and moderate levels of agreement with MDC’s ATP policy. ATP staff all reported moderate agreement with MDC’s ATP Policy as it related to inmate security. Staff

reported strong levels of agreement with being committed to the success of ATP. However, staff, on average, reported little to no agreement with being familiar with MDC’s vision for the future. Small levels of disagreement, on average, were present for whether ATP staff were aware of MDC’s emergency policies and procedures. ATP staff neither agreeing nor disagreeing with MDC’s emergency policies on average could potentially be attributed to lack of awareness of these policies.

**Table 7**  
*Agreement and Familiarity with ATP MDC Policy and Procedure*

	N	Mean	SD	Median
Familiarity with MDC’s ATP Policy	6	5.3	0.8	5.5
Agreement with MDC’s ATP Policy	6	4.7	0.5	5.0
Agreement with MDC’s ATP Policy Regarding Inmate Security	6	5.0	0	5.0
Commitment to ATP’s Success	6	5.8	0.4	6.0
Familiar with MDC’s Vision for the Future	6	3.3	1.2	4.0
Aware of MDC’s Emergency Policies and Procedures	6	2.8	0.8	3.0
Agreement with MDC’s Emergency Policies and Procedures	6	3.3	0.5	3.0

ATP staff were asked twelve questions regarding ATP’s adherence to the policies and procedures outlined by ATP on a five-point scale ranging from strong disagreement to strong agreement. The answers to these questions are presented in Table 8.

Most ATP staff strongly agreed that ATP serves the clientele outlined in its policies, inmates who have been identified as having addiction treatment needs, with evidence-based addiction treatment services. ATP staff tended to have moderate-to-strong agreement with ATP being a jail-based intensive treatment program, as well as moderate agreement that ATP is delivering services according to policy and procedure. There was moderate agreement among staff that each ATP client develops a recovery and after care service plan in order to complete the program. However, most staff disagreed with four weeks being adequate time to complete the program. There was strong agreement among staff that ATP uses the community reinforcement approach (CRA), and moderate agreement that CRA was successfully used. There was slight disagreement to neutral perceptions of clients often being discharged before completion of the program as well as largely neutral perceptions of clients being released from MDC in less than the four-week duration of the program and discharged, indicating that staff likely believed clients are not frequently or infrequently discharged before completion of the program. The majority of staff strongly believed that ATP clients are made aware of ATP’s disciplinary rules upon intake and that most clients received a verbal warning for a first disciplinary incident before being discharged from ATP.

**Table 8**  
*ATP Adherence to Policy and Procedure*

	N	Mean	SD	Median
ATP is Offered to Inmates who Have Been Identified as Having Addiction Treatment Needs	5	4.6	0.5	5.0
ATP Provides Evidence-Based Addiction Treatment Services	6	4.7	0.5	5.0
ATP is a Jail-Based Intensive Treatment Program	6	4.5	0.5	4.5
Each ATP Client Develops a Recovery and After Care Service Plan to Complete the Program	6	4.3	0.5	4.0

ATP is Delivered According to Procedure	6	4.2	0.4	4.0
Four Weeks is Sufficient Time to Deliver this Program	6	2.7	1.0	2.0
ATP uses the Community Reinforcement Approach	6	4.7	0.5	5.0
ATP successfully utilizes the Community Reinforcement Approach at MDC	6	4.2	0.8	4.0
Clients are Often Discharged Before Completion of the Program	6	2.8	1.2	3.0
Clients are Made Aware of ATP's Disciplinary Upon Intake	6	4.7	0.5	5.0
Most Clients Receive a Verbal Warning for a First Disciplinary Incident Before Being Discharged from ATP	6	4.7	0.5	5.0
Clients are Often Released from MDC in <4 weeks and Administratively Discharged from ATP	6	3.2	0.8	3.0

### Perceptions of MDC Staff

Three questions were designed to assess ATP staff's perceptions of MDC staff using a five-point scale where a response of one indicates strong disagreement and a response of five indicates strong agreement. ATP staff indicated they work very well with MDC staff and their trust in MDC staff ranges from neutral to strong levels of trust. The question assessing whether ATP staff perceived MDC staff as understanding their role in facilitating the ATP program received the lowest scores by ATP staff on average. Neutral to moderate levels of belief that MDC staff understand their role in enabling ATP indicates a belief among ATP staff that MDC staff could be better trained in their duties related to ATP.

**Table 9**

*The ATP Staff's Perceptions of MDC Staff*

	N	Mean	SD	Median
Trusts MDC Staff	6	3.8	0.8	4.0
Works Well with MDC Staff	6	4.3	0.5	4.0
MDC Staff Understand their Role Facilitating ATP	6	3.7	0.5	4.0

### COVID-19 Impact

Four questions assessed respondent's perceptions of the impact of the COVID-19 pandemic on the ATP. These questions were scored on a five-point scale on which ATP staff answered from a range of "Strongly Disagree" to "Strongly Agree" with the statements provided in the questions. All six ATP staff members strongly agreed that the ATP has been disrupted by COVID procedures, and all six ATP staff members agreed that ATP clients participated in less ATP programming due to COVID. However, all ATP staff either agreed (83.33% of respondents) or strongly agreed (16.67% of respondents) that ATP clients were still able to complete ATP despite COVID-19 procedures in MDC. Despite ATP client's ability to complete the ATP with current COVID-19 procedures, 83% of respondents agreed that ATP clients have been unable to participate in ATP programming due to COVID-19 while only 16.67% of participants believed that ATP clients participated in as much programming as they did before the COVID-19 pandemic.

ATP and its ability to provide consistent programming for clients was strongly impacted by COVID-19 procedures. Although staff did not believe that COVID-19 has limited client's ability to complete the

ATP, COVID-19 procedures had negatively impacted the ATP’s programming delivery. One staff member later described that COVID-19 was one of the main challenges associated with the ATP.

### **Organizational Climate**

The CJ Survey of Organizational Functioning (TCU CJ SOF) was designed by the Institute of Behavioral Research (2004) to assess staff perceptions of their work and their employer. The organizational climate subsection was administered to the ATP staff. This subsection measures six dimensions of organizational climate: mission, cohesion, autonomy, communication, stress, and change. Scores for all items in each section were averaged and multiplied by ten to create a score for each subsection. The total TCU CJ SOF Organizational Climate score was averaged from the scores for each subsection.

The ATP staff perceived very high levels of cohesion within ATP staff, as well as moderately high levels of adherence to mission, autonomy given to staff members, communication within the organization, and ability to change. Staff showed moderate levels of stress within their job.

**Table 10**

*CJ Survey of Organizational Functioning Organizational Climate Subsection (TCU CJ SOF OC) Scale Scores*

Score	N	Mean	SD	Median
TCU CJ SOF OC Subscale				
Mission	6	39.7	2.7	40.0
Cohesion	6	44.7	3.1	45.0
Autonomy	6	37.3	3.3	37.0
Communication	6	38.3	8.0	40.0
Stress	6	29.6	8.9	28.8
Change	6	38.3	6.7	40.0
Total TCU CJ SOF OC	6	38.0	3.5	36.9

### **Job Satisfaction and Stress**

Two sub-scales measuring job stress and job satisfaction created by Castle (2008) were administered to ATP staff, consisting of four and five questions, respectively. These scales were scored on a five-point scale in which one indicated strong disagreement and five indicated strong agreement with the statements provided in the questions. ATP staff reported low-to-moderate levels of job stress, with an average job stress scale score of 2.8 and a range of scores from 2.0 to 4.0. A score of one on the job stress scale is indicative of strong disagreement with the existence of job stress. ATP staff reported strong levels of job satisfaction, with an average job satisfaction scale score of 4.2 and a range of scores from 3.8 to 5.0.

**Table 11**

*Job Stress and Satisfaction*

Score	N	Mean	SD	Median
Job Stress	6	2.8	0.8	2.8
Job Satisfaction	6	4.2	0.5	4.0

### **Strengths and Weakness of the ATP according to staff**

Half of all ATP staff felt the program has succeeded in enhancing participant's capacity to function in the community (i.e., reduced contact with the criminal justice system, improved education, job skills, employment, housing, and health.), while the other half did not. The reasoning that those staff who believed the program enhanced participant's capacity to function in the community provided included connecting ATP clients with resources in the community and skills learned during the ATP. Staff cited key strengths of the program as being cohesion and support between ATP staff members, having a structured curriculum that employs an evidence-based program, and the tools for reducing relapse provided to clients.

The challenge to the ATP that was most identified by staff was the ratio of ATP clients to ATP staff and resource availability. The ATP staff struggled to find spaces available to conduct intake assessments and host ATP group sessions, a problem which was exacerbated by the large number of ATP clients in group sessions. Staff members stated that, "when the groups get large it is difficult to fit everyone into the classroom. At times groups are taken outside. The pods on the west side of building become hot in the afternoons. The outside areas are cold in the winter. This is especially difficult with the need for social distancing", and that the large group size resulted in, "male groups [being] large scale presentations [as opposed to] clinical group therapy". Ultimately, many staff members felt that the large group sizes of ATP clients compared to the number of staff and resources available severely limited the effectiveness of the ATP. Additionally, staffing issues at the MDC at times prohibited ATP from holding group sessions due to lack of MDC staff.

Other challenges identified by the ATP staff included the fact that, "the [ATP] pods are mixed with general population and ATP clients". Having mixed pods also prevented staff from conducting ATP sessions within the pod, or, if they did, "it [got] very noisy". Pods that are both ATP clients and non-ATP inmates result from lack of necessary staff at the MDC which limits the ability of having correctional officers to staff separate ATP and non-ATP pods.

Staff at the ATP indicated a desire to have their practices informed by research on recidivism and effectiveness on the ATP. The ATP staff "[had] not received any reports about the effectiveness of the program" and believed that "any research on recidivism or effectiveness in general may inform practices at ATP".

### **ATP Client Demographics**

From January 1, 2019, to August 4, 2021, there were 1,055 admissions to the ATP representing 995 unique individuals. There were 58 individual who were admitted into the ATP twice during this time and one individual who was admitted three times.

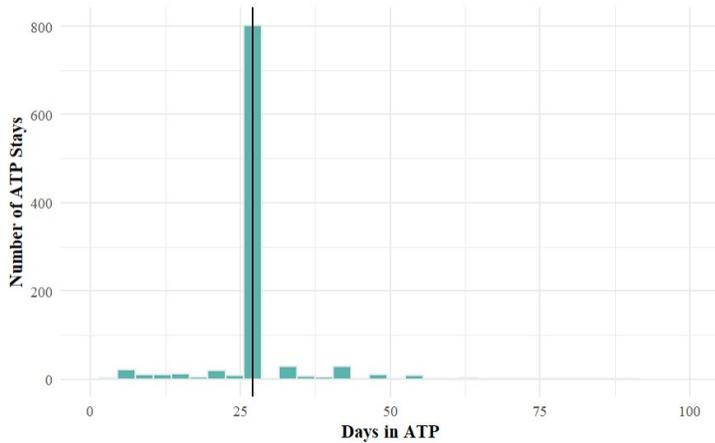
### ***Length of Time in ATP***

Of the 1,055 ATP exposures, 38 were ongoing at the time of data collection. Across all ATP stays with the exclusion of the 38 ongoing and seven ATP stays with a duration over 100 days, which were assumed to be suspicious data, the length of time in the ATP ranged from zero days, for three clients who were discharged on the same day on which they were admitted, to 90 days with a mean length of time in ATP of 27.8 days and a median length of time in ATP of 27 days. The expected duration of ATP is 28 days, leading to an expected number of 27 days between the admit date and the discharge date. The majority

(75.6%) of ATP stays were the expected 27 days in length, with 10.1% of ATP stays being less than 27 days and 14.3% being more than 27 days. The length of time spent in ATP is presented in Figure 1.

**Figure 1**

*Days in ATP Stay*



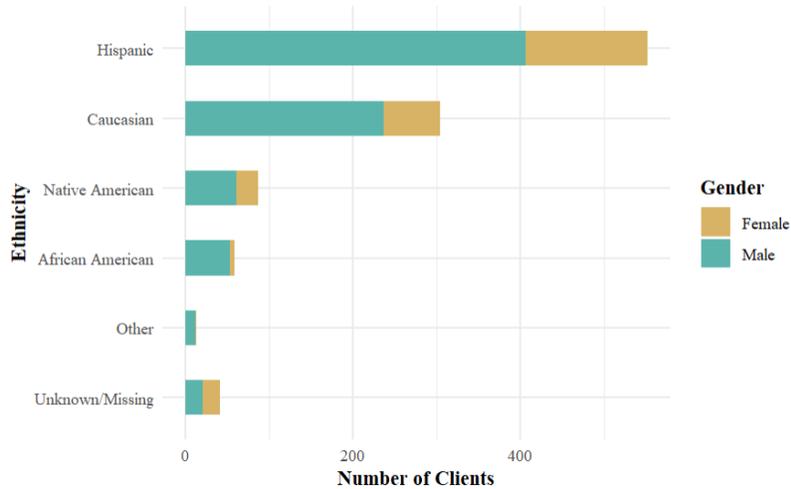
*Note. The expected number of days between admit date and discharge date is 27 days and is indicated by the black line.*

***Age, Gender, and Ethnicity***

The age of individuals ranged from 18 years old to 69 years old, with a mean age of 33.7 and a median age of 32. The majority of ATP clients were male (75.0%), with the remaining 25.0% of clients being female. Over half of ATP clients were Hispanic (52.3%), with the second most common ethnicity reported being White (28.8%). Native Americans comprised 8.2%, and African Americans comprised 5.5%. The remaining clients were classified as either other (1.2%) or had unreported ethnicities (3.9%). Ethnicity and gender as reported by ATP is presented in Figure 2.

**Figure 2**

*Race and Gender of ATP Clients*



*Note. These ethnicity categories are the ones used by ATP to classify clients.*

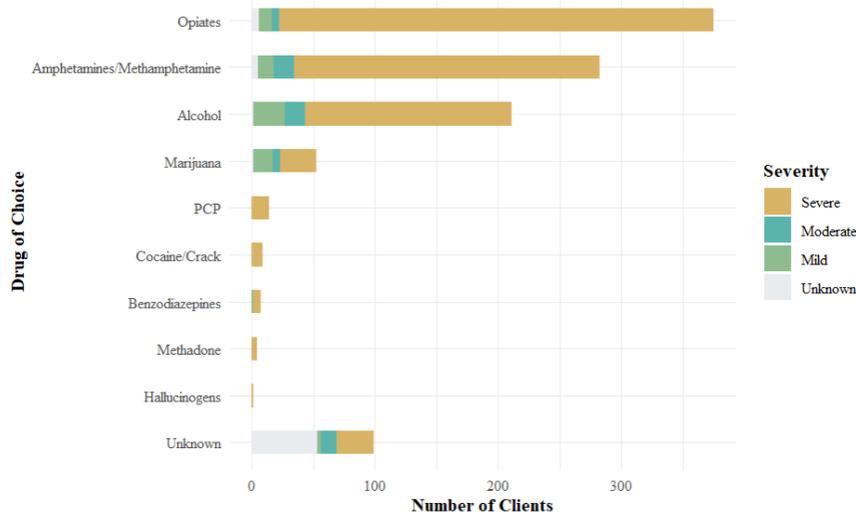
### ***Drug of Choice and Substance Abuse Severity***

Of the 1,055 ATP stays, only one had an entry type of volunteer (0.1%). The remaining 1,054 had an entry type of court ordered. The majority of ATP stays were ordered by Second Judicial District Court (98.4%), and the remaining 1.6% were ordered by Bernalillo County Metropolitan Court. ATP participants were largely residents of Bernalillo County (95.9%), 0.2% of clients had an unknown county of residence, and the other 3.9% came from 13 other counties in New Mexico.

The drug of choice for ATP clients, as well as the severity of their primary substance abuse diagnosis, is presented in Figure 3. The most common drug of choice for ATP clients was opiates (35.6%), with the second most common being amphetamines and/or methamphetamines (26.8%), and the third most common being alcohol (20.0%). Drug of choice was unknown for 9.4% of ATP clients. Most ATP clients had substance abuse diagnoses that were categorized as severe (81.8%). A minority of ATP clients had substance abuse diagnoses that were categorized as either moderate (5.4%) or mild (6.5%). The remaining 6.3% had substance abuse diagnosis of an unknown severity.

### **Figure 3**

#### *Drug of Choice and Severity of Substance Abuse Diagnosis in ATP Clients*



### Discharges From ATP

Of the 1,055 ATP stays during the time frame, 37 were in progress at the time of data collection. Discharge data is presented from the 1,018 ATP stays with completed discharges. ATP was completed for 85.3% of the discharged stays, ATP as a requirement was rescinded by an external entity for 10.5%, and 4.2% did not complete ATP for another reason. The discharge types for ATP are presented in Table 12.

**Table 12**

#### ATP Discharge Types

Discharge Type	Frequency	Percentage
Completed ATP/Transferred to Jail General Population	868	85.3
Service Requirement Rescinded by External Entity	107	10.5
Client Violated Program Service Structure	26	2.6
Client Elected to End/Refuse Service	11	1.1
Referred to a Community Resource	5	0.5
Referred to an Inpatient Program	1	0.1

*Note. These discharge types are those used by ATP.*

### ATP Recidivism

Recidivism data was collected for clients of ATP between January 1, 2019, to April 30, 2021, who had at least one-year post-exposure by April 30, 2022. One-year post-exposure to ATP was defined as 365 days since release from the MDC after their completion of ATP. Clients were also excluded from analysis for having more than one ATP exposure between January 1, 2019, to April 30, 2021, or for data integrity concerns. As such, the clients included in the samples for court data and booking data differ.

Recidivism was measured using both booking data from the MDC and from court data from New Mexico's court system as a proxy for arrest data. Pre- and post-program periods were constructed for each client. The post-program period was created by counting the number of days from a client's discharge date from the MDC booking in which they completed ATP until April 30, 2022. This duration was then subtracted from the client's date of admission for the MDC booking in which they completed ATP, which

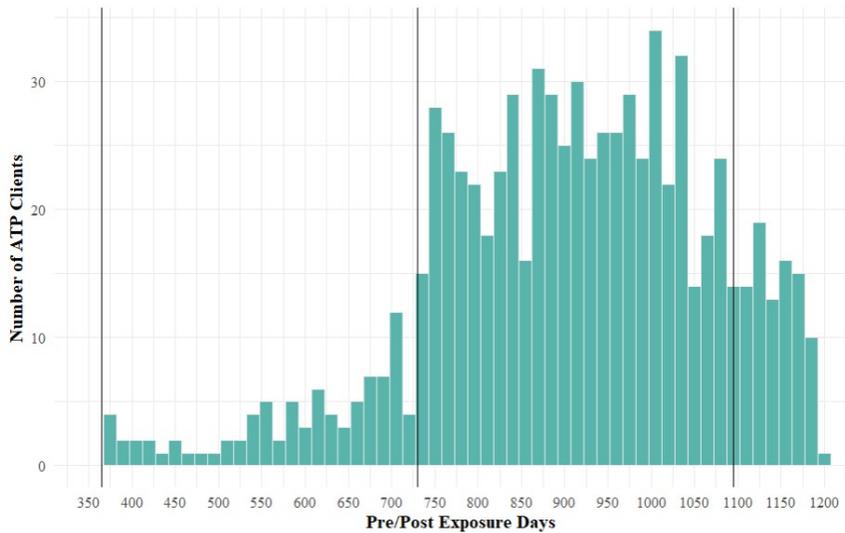
will be referred to as the reference booking, to identify a pre-program period start date, and the difference between these dates is the pre-program period. For individuals who were juveniles during a portion of the pre-program period, the pre-program period was adjusted to start on their 18<sup>th</sup> birthday, and the end-date for the post program period was changed so the post-program period would match the pre-program period in duration. By this method, every client has a pre- and post-program period of equal duration to adjust for time in the community during which to be arrested, but pre- and post-program periods may vary across individuals.

**Bookings**

Booking data from the MDC was collected for 776 ATP exposures, each representing a unique client. Pre- and post-program periods ranged from a minimum of 374 days to a maximum of 1,200 days, with a mean pre- and post-program period of 905 days and a median pre- and post-program period of 916 days. Most clients (591 clients) had a pre- and post-program period that ranged in length between two to three years, with 87 clients having a pre- and post-program period between one to two years, and 99 clients having a pre- and post-program period between three to four years. The distribution of pre- and post-program periods is presented in Figure 4.

**Figure 4**

*Duration of Pre- and Post-Program Periods for Booking Data Collection*



*Note. The black lines represent one year, two years, and three years, respectively.*

**Pre- and Post-Period Bookings**

**Table 13**

*Pre- and Post-Period Bookings by Severity*

Number of Bookings	Pre			Post		
	Min	Mean	Max	Min	Mean	Max
All Bookings	0.0	3.6	15.0	0.0	1.7	14.0

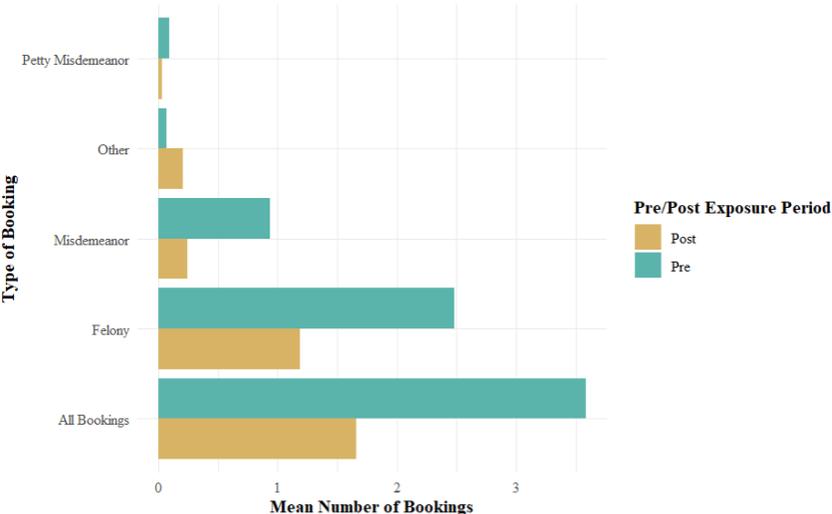
Felony	0.0	2.5	12.0	0.0	1.2	8.0
Misdemeanor	0.0	0.9	9.0	0.0	0.2	5.0
Petty Misdemeanor	0.0	0.1	3.0	0.0	0.0	2.0
Other	0.0	0.1	3.0	0.0	0.2	4.0

ATP clients had an average of 3.6 bookings in the pre-period, compared to an average of 1.7 bookings in the post-period, as presented in Table 13. The reduction in total number of bookings in the post-period as compared to the pre-period was statistically significant ( $p < .001$ ), with a mean reduction in bookings between the pre- and post-period of  $1.92 \pm 0.19$  bookings with a 0.95 confidence coefficient. Felony bookings had a statistically significant decrease ( $p < .001$ ) of  $1.29 \pm 0.15$  bookings in the post-period as compared to the pre-period with a 0.95 confidence coefficient. Misdemeanor bookings had a statistically significant decrease ( $p < .001$ ) of  $0.70 \pm 0.10$  bookings in the post-period as compared to the pre-period with a 0.95 confidence coefficient. Petty misdemeanor bookings had a statistically significant decrease ( $p = .008$ ) of  $0.06 \pm 0.03$  bookings in the post-period as compared to the pre-period with a 0.95 confidence coefficient.

Bookings classified as “Other” encompassed bookings that were reported as unknown, related to a court-appearance, or a probation violation of an unknown level. All levels of booking severity showed a statistically significant decrease in post-period bookings of that type, except for “Other” bookings, which had a statistically significant increase ( $p < .001$ ) of  $0.13 \pm 0.04$  bookings in the post-period as compared to the pre-period with a 0.95 confidence coefficient. Figure 5 presents the mean number of bookings in the pre- and post-period across all types of bookings.

**Figure 5**

*Pre- and Post-Period Bookings by Severity*



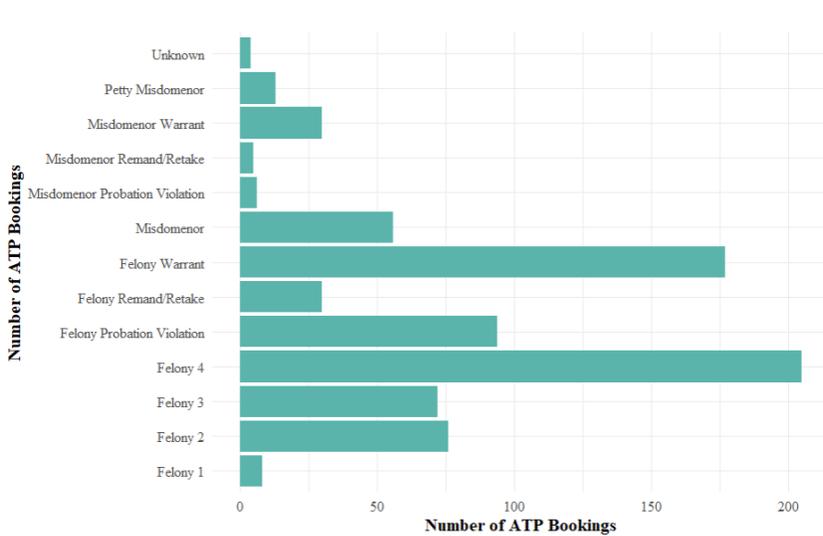
**Reference Booking**

The majority of reference bookings for ATP were for felonies (662 bookings or 85.3% of the sample), with misdemeanors comprising 97 (12.5%) of bookings, and the remaining 17 booking being either for

petty misdemeanors (1.7%) or of an unknown severity type (0.5%). Fourth-degree felonies were the most common type of booking (26.4%), felony warrants were the second most common type of booking (22.8%), and felony probation violations were the third most common (12.1%). Third-degree felonies comprised 9.3% of the bookings, second-degree felonies comprised 9.8% of the bookings, and first-degree felonies comprised 1.0% of the bookings. The number of reference bookings by severity are presented in Figure 6.

**Figure 6**

*Reference Booking by Severity*

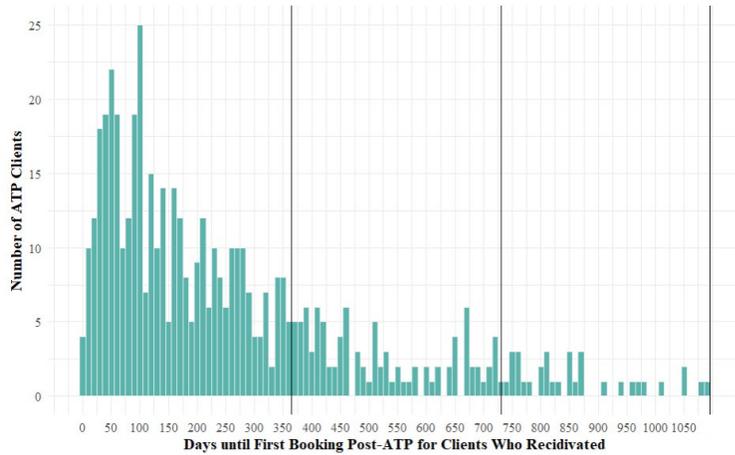


**Time Until Recidivism**

Of the 776 clients, 515 (66.4%) had at least one booking after their discharge from ATP during the post-period, while 261 (33.6%) were not booked into MDC during the post-period. Of those who had at least one booking, the days between client’s release from MDC for their reference booking and their next booking ranged from a minimum of 0.8 days to a maximum of 1089.0 days, with a mean number of days before client’s first booking into MDC post-ATP of 262.8. The distribution of days until recidivism is presented in Figure 7.

**Figure 7**

*Time Until First Booking into MDC Post-ATP by the Number of Clients Who Recidivated*



*Note. The black lines represent one year, two years, and three years, respectively.*

As presented in Table 14, clients who were booked into MDC post-ATP had a higher average of bookings in the first year, with a mean number of 1.2 bookings in the first year after their release from MDC for their reference booking. The mean number of bookings in the second year after their release from MDC for their reference booking decreased to 0.8, and the mean number of bookings in the third year after their release from MDC decreased to 0.5 bookings. The sample size decreased for each year due to the exclusion of clients whose post-period did not meet or exceed the number of years being analyzed.

**Table 14**

*Bookings Post-ATP by Year*

	N	Min	Mean	Max
Number of Bookings 0-1 Year Post ATP	515	0.0	1.2	6.0
Number of Bookings 1-2 Year Post ATP	471	0.0	0.8	8.0
Number of Bookings 2-3 Year Post ATP	80	0.0	0.5	7.0

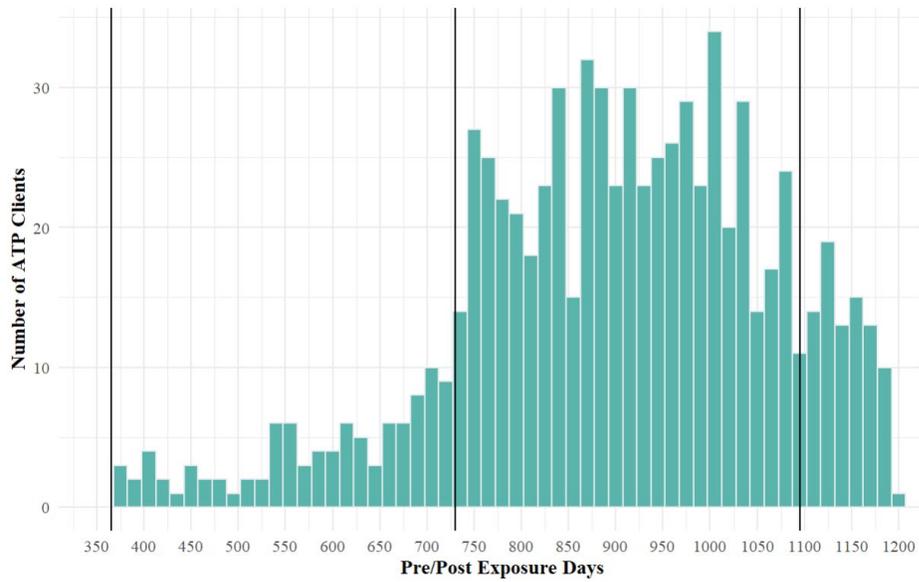
*Note. This excludes clients who did not have at least one booking in the post-period.*

**Court Cases**

Court case data from New Mexico Courts was collected for 770 ATP exposures, each representing a unique client. Pre- and post-program periods ranged from a minimum of 374 days to a maximum of 1200 days, with a mean pre- and post-program period of 897.5 days and a median pre- and post-program period of 912.1 days. Most clients (577 clients) had a pre- and post-program period that ranged in length between two to three years, with 100 clients having a pre- and post-program period between one to two years, and 93 clients having a pre- and post-program period between three to four years. The distribution of pre- and post-program periods is presented in Figure 8.

**Figure 8**

*Duration of Pre- and Post-Program Periods for Court Case Data Collection*



Note. The black lines represent one year, two years, and three years, respectively.

### Pre- and Post-Period Court Cases

**Table 15**

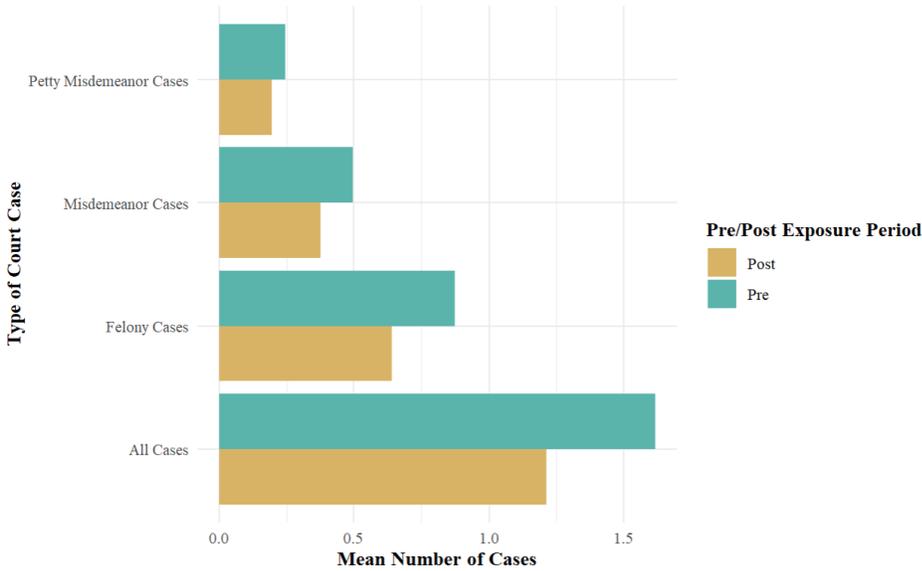
*Pre- and Post-Period Court Cases by Severity*

Number of Court Cases	Pre			Post		
	Min	Mean	Max	Min	Mean	Max
All Cases	0.0	1.6	17.0	0.0	1.2	18.0
Felony Cases	0.0	0.9	9.0	0.0	0.6	7.0
Misdemeanor Cases	0.0	0.5	9.0	0.0	0.4	8.0
Petty Misdemeanor Cases	0.0	0.2	8.0	0.0	0.2	4.0

ATP clients had an average of 1.6 court cases in the pre-period, compared to an average of 1.2 court cases in the post-period, as presented in Table 15. The reduction in total number of court cases in the post-period as compared to the pre-period was statistically significant ( $p=.001$ ), with a mean reduction in court cases between the pre- and post-period of  $0.40 \pm 0.15$  cases with a 0.95 confidence coefficient. Felony court cases had a statistically significant decrease ( $p=.008$ ) of  $0.23 \pm 0.09$  cases in the post-period as compared to the pre-period with a 0.95 confidence coefficient. Misdemeanor court cases had a statistically significant decrease ( $p=.003$ ) of  $0.12 \pm 0.08$  cases in the post-period as compared to the pre-period with a 0.95 confidence coefficient. Petty misdemeanor court cases did not have a statistically significant decrease ( $p=0.08$ ), with a mean decrease of  $0.05 \pm 0.10$  cases in the post-period as compared to the pre-period with a 0.95 confidence coefficient. All levels of court case severity showed a statistically significant decrease in post-period cases of that type, except for petty misdemeanor cases, indicating a reduction in more serious crimes in the post-period. Figure 9 presents the mean number of court cases in the pre- and post-period across all types of court cases.

**Figure 9**

*Mean Pre- and Post-Period Court Cases by Severity*



Court cases were categorized by the crime type of the most severe charge, referred to as the top charge, into four main crime categories, with a fifth, “Other”, category for cases that were not a violent charge, a DWI charge, a drug charge, a property charge, or a public order charge. The mean and range of court case crime types in pre- and post-periods are presented in Table 16.

**Table 16**

*Pre- and Post-Period Court Cases by Crime Type*

Number of Cases by Type	Pre			Post		
	Min	Mean	Max	Min	Mean	Max
Violent	0.0	0.3	5.0	0.0	0.3	8.0
DWI	0.0	0.1	2.0	0.0	0.0	1.0
Drug	0.0	0.3	4.0	0.0	0.3	5.0
Property	0.0	0.5	9.0	0.0	0.3	6.0
Public Order	0.0	0.4	11.0	0.0	0.3	7.0
Other	0.0	0.0	1.0	0.0	0.0	1.0

Court cases with a top charge that was a property crime, public order crime, or a DWI crime had a statistically significant decrease in the post-period as compared to the pre-period with a 0.95 confidence coefficient. Court cases with a top charge that was a violent crime, a drug crime, or categorized as “other” did not have a statistically significant change in the post-period as compared to the pre-period with a 0.95 confidence coefficient. The means of pre- and post-period court cases by crime type are presented in Figure 10.

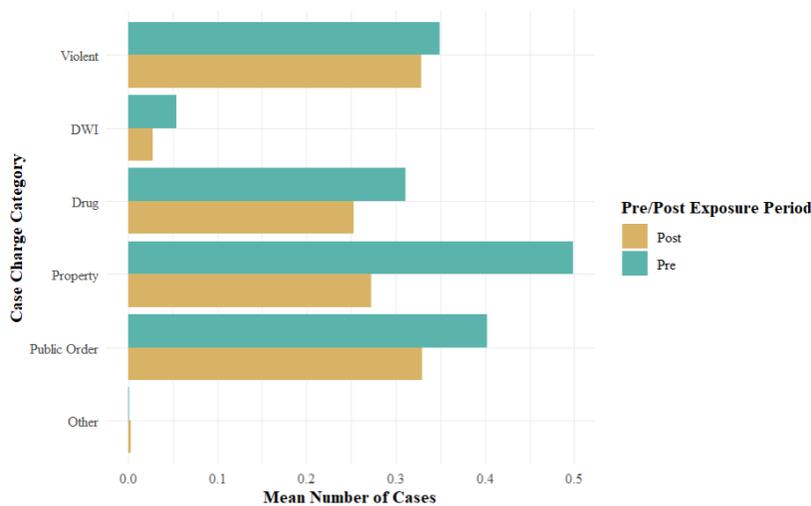
Court cases with a top charge that was a public order crime had a statistically significant decrease ( $p=0.047$ ) in the post-period as compared to the pre-period, with a mean decrease of  $0.07 \pm 0.07$  cases with a 0.95 confidence coefficient. Court cases with a top charge that was a property crime had a

statistically significant decrease ( $p < .001$ ) in the post-period as compared to the pre-period, with a mean decrease of  $0.23 \pm 0.07$  cases with a 0.95 confidence coefficient. Court cases with a top charge that was a DWI crime had a statistically significant decrease ( $p = .004$ ) in the post-period as compared to the pre-period, with a mean decrease of  $0.03 \pm 0.02$  cases with a 0.95 confidence coefficient.

Court cases with a top charge that was violent did not have a statistically significant decrease ( $p = .56$ ) in the post-period as compared to the pre-period, with a mean decrease of  $0.02 \pm 0.07$  cases with a 0.95 confidence coefficient. Court cases with a top charge that was a drug crime did not have a statistically significant decrease ( $p = .054$ ) in the post-period as compared to the pre-period, with a mean decrease of  $0.06 \pm 0.06$  cases with a 0.95 confidence coefficient. However, court cases with a top charge that was a drug crime had a statistically significant decrease in the post-period as compared to the pre-period with a 0.90 confidence coefficient. Court cases with a top charge that was categorized as “other” did not have a statistically significant decrease ( $p = 0.56$ ) in the post-period as compared to the pre-period, with a mean increase of  $0.001 \pm 0.004$  cases with a 0.95 confidence coefficient.

**Figure 10**

*Mean Pre- and Post-Period Court Cases by Crime Type*

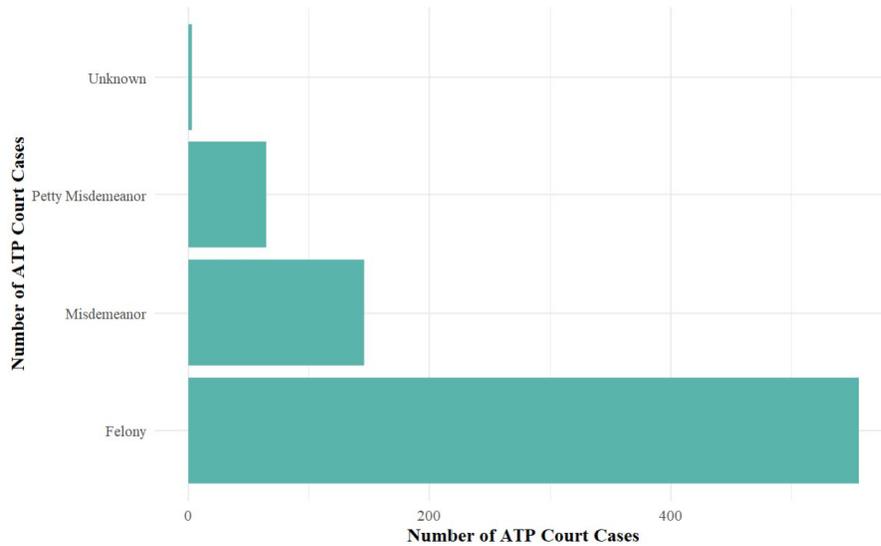


### Reference Court Case

The severity level of the top charge in the court cases that resulted in a court-order to complete ATP are presented in Figure 11. Most court cases that resulted in a court-order to complete ATP were for felony level charges (556 bookings or 72.2% of the sample), with misdemeanor level charges comprising 146 (19.0%) of court cases, and petty misdemeanors level charges comprising 65 (8.4%) of court cases. The remaining three cases (0.4%) were of an unknown severity.

**Figure 11**

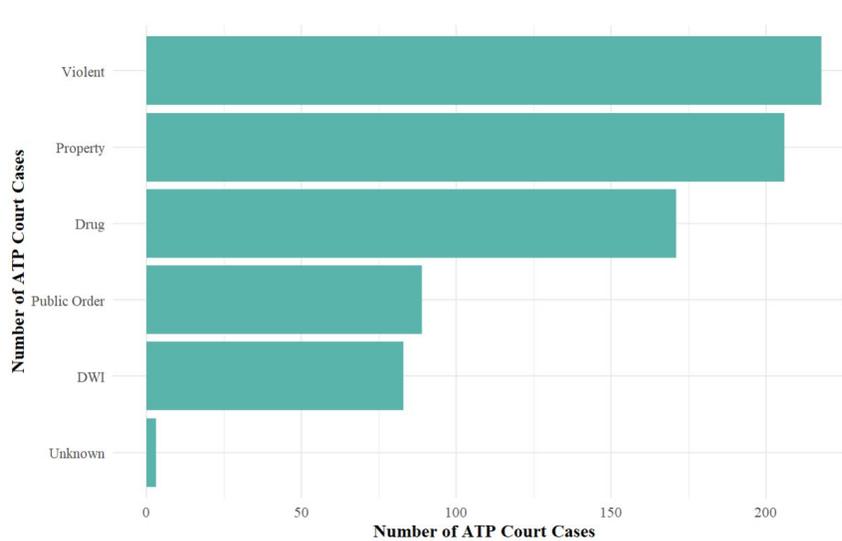
*Court Case in which ATP was Court-Ordered by Severity*



The crime type of the top charge in the court cases that resulted in a court-order to complete ATP are presented in Figure 12. The most common crime type of the top charge for reference court cases was violent crimes (218 court cases or 28.3% of the sample), the second most common crime type was property crimes comprising 206 (26.8%) court cases, and the third most common crime type was drug crimes comprising 171(22.2%) court cases. The remaining 175 court cases were comprised of public order crimes (11.6%), DWI crimes (10.8%), and unknown crime types (0.4%).

**Figure 12**

*Court Case in which ATP was Court-Ordered by Crime Type of Most Serious Charge*



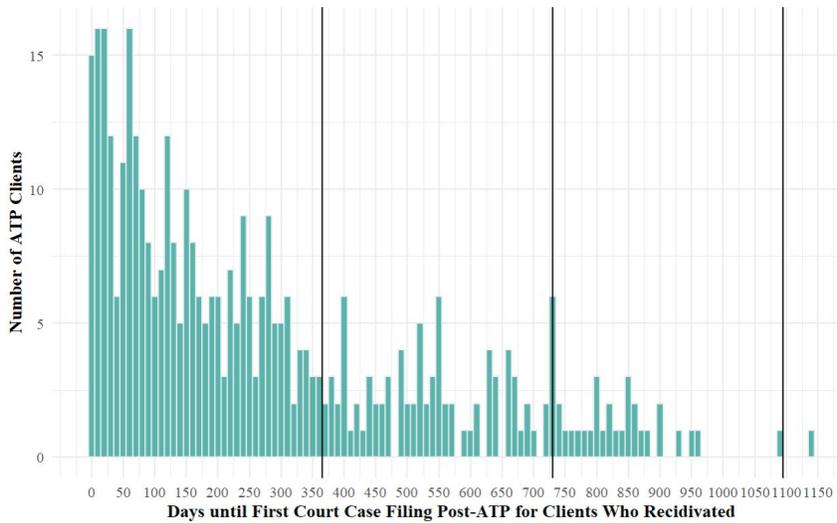
### Time Until Recidivism

Of the 770 clients, 395 (51.3%) had at least one court case after their discharge from ATP during the post-period, while 375 (48.7%) did not have a court case during the post-period. Of those who had at least one

court case, the days between client’s release from MDC for their reference booking and the first court case filing date post-ATP ranged from a minimum of zero days to a maximum of 1137 days, with a mean number of days of 277.4. The distribution of days until and the first court case filing date post-ATP is presented in Figure 13.

**Figure 13**

*Time Until First Booking into MDC Post-ATP by the Number of Clients Who Recidivated*



*Note. The black lines represent one year, two years, and three years, respectively.*

As presented in Table 17, clients who had a court case post-ATP during the post-period had a higher average of court cases in the first year, with a mean number of court cases in the first year after their release from MDC for their reference booking of 1.2. The mean number of court cases in the second year after their release from MDC for their reference booking decreased to 0.8, and the mean number of court cases in the third year after their release from MDC for their reference booking decreased again to 0.5. The sample size decreased for each year due to the exclusion of clients whose post-period did not meet or exceed the number of years being analyzed.

**Table 17**

*Court Cases Post-ATP by Year*

	N	Min	Mean	Max
Number of Cases 0-1 Year Post ATP	395	0.0	1.2	7.0
Number of Cases 1-2 Year Post ATP	351	0.0	0.8	9.0
Number of Cases 2-3 Year Post ATP	56	0.0	0.5	3.0

*Note. This excludes clients who did not have at least one court case in the post-period.*

**Discussion**

The results of this study indicate that clients who have participated in ATP experience reductions in criminal justice system contact following ATP. We caution against forming strong conclusions from the recidivism data as it does not account for (1) length of time booked into the MDC in the pre- and post-

periods, or (2) program completion and participation during a client's involvement in ATP. We aim to expand the time frame in which recidivism data is collected and to match clients with data from the Health Information Exchange (HIE) as part of CARA's evaluation of this program. Additionally, we aim to complete further research on the effect of program completion or non-completion, as well as program attendance and participation data to be collected from the NetSmart CareManager database, on recidivism and health outcomes. This may provide a more comprehensive understanding of the impact of ATP participation on reductions in criminal justice system contact and emergency healthcare services resulting from substance use.

## **Conclusion**

Multiple scales measuring staff perceptions of attitudes toward inmates illustrated that ATP staff have a generally positive perception of all inmates and encourage their access to services that aid in rehabilitation. Results indicated there is a lack of awareness surrounding the MDC emergency policies and procedures which (is assumed or could have contributed to) the general disagreement with these policies and procedures.

There were sections of the survey in which all respondents expressed the same answers and beliefs, for example, their perceptions that the criminal justice system should be diverting certain types of offenders, but that they did not necessarily view the diversion of low-level drug offenders as a priority. ATP staff also collectively expressed that COVID-19 had significantly impacted their delivery of the program and the inmate's ability to complete or participate in the program to the full extent. While some sections showed collective consensus in responses, some sections indicated that there was incongruence among staff perceptions, indicating that ATP staff were not in agreement on certain topics such as whether staff believe they have access to all the necessary resources. Staff responses to whether inmates are discharged before the completion of the program (either administratively or otherwise) were skewed. The majority of ATP staff (67%), however, agreed that four weeks was not adequate time for inmates to complete the program.

Half of the ATP staff members felt the program has been successful in rehabilitating inmates and preparing them for reintegration into society. This is supported by their belief that ATP was connecting participants with community resources and teaching them necessary life skills. All ATP staff believed the program was delivered according to policy and procedure.

Staff expressed a collective concern for the program's lack of balance regarding the inmate population significantly outnumbering staff and available resources. Also, due to a lack of necessary correctional staff at MDC, the cell pods were mixed with both ATP participants and general population inmates which limited staff's ability to effectively deliver the program.

Approximately 50% of ATP participants did not have a court case following their exposure to ATP during the post-period, and approximately 33% were not booked into the MDC following their exposure period. Inmates enrolled in ATP had a statistically significant reduction in both bookings and court cases which were used to measure arrests after involvement in the program. When comparing pre- and post-period bookings and court cases, both felony and misdemeanor level bookings had a statistically significant reduction in the post-period compared to the pre-period. This is a positive finding. Clients who

recidivated had the highest number of court cases and bookings in the first year after their time in the program, with recidivism decreasing in the second and third years following their release from ATP. The average client who recidivated did so in the last half of the first year post-ATP.

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<https://doi.org/10.1007/s10597-020-00653-0>

**Appendix A.**

Addiction Treatment Program Staff Survey

Please complete the following questions about your job.

I am: (Please select most appropriate and indicate with an 'X')

\_\_\_\_\_ Supervision/Management

\_\_\_\_\_ Non-Supervision Staff

How many years have you worked in the substance abuse treatment profession? \_\_\_\_\_ years

How many years have you worked for ATP? \_\_\_\_\_ years

Sex: Please indicate with an 'X'.

\_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Other

Which of the following best describes your race or ethnicity? Please indicate by placing an 'X' next to the category or categories (you may choose more than one) that best describes you.

\_\_\_\_\_ African American (Black)

\_\_\_\_\_ Asian American, Pacific Islander

\_\_\_\_\_ Latino/a (Latin American) or Hispanic

\_\_\_\_\_ Native American or American Indian

\_\_\_\_\_ Caucasian (White)

\_\_\_\_\_ Other (please specify: \_\_\_\_\_)

How old are you? \_\_\_\_\_

Indicate the highest level of education you have completed, or the highest degree received. Please indicate by placing an 'X' next to the category.

\_\_\_\_\_ Less than high school

\_\_\_\_\_ Some high school

\_\_\_\_\_ High school diploma or equivalent (GED)

\_\_\_\_\_ Some college

\_\_\_\_\_ Completed college, (i.e. B.A./B.S. degree)

\_\_\_\_\_ Master's degree (i.e. M.A./M.S./M.S.W degree)

\_\_\_\_\_ Professional degree/doctorate (i.e., M.D., J.D., Ph.D., Ed.D.)

Certification Status in Your Field:

\_\_\_\_\_ Not certified or licensed \_\_\_\_\_ Currently certified or licensed

\_\_\_\_\_ Previously certified or licensed, not now \_\_\_\_\_ Intern

How many inmates/clients do you directly supervise currently (i.e., your caseload)? \_\_\_\_\_

Please complete the following questions about the Addiction Treatment Program:

Below are a series of statements. Please indicate the extent to which you Agree or Disagree with the following statements. [1 = Strongly Disagree; 5 = Strongly Agree]

	<b>Strongly Disagree</b>	<b>Somewhat Disagree</b>	<b>Neither Agree nor Disagree</b>	<b>Somewhat Agree</b>	<b>Strongly Agree</b>
Trying to rehabilitate offenders is a waste of time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most offenders are generally mean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offenders never change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most offenders have the capacity for love.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offenders have feelings like the rest of us.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offenders are no better or worse than other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most offenders are victims of circumstances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offenders with a substance abuse problem and/or a mental illness are a burden on society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offenders with a substance abuse problem and/or a mental illness are far less of a danger than most people suppose.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less emphasis should be placed on protecting the public from offenders with a substance abuse problem and/or a mental illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are sufficient existing services for offenders with a substance abuse problem and/or mental illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offenders with a substance abuse problem and/or mental illness do not deserve our sympathy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<b>Strongly Disagree</b>	<b>Somewhat Disagree</b>	<b>Neither Agree nor Disagree</b>	<b>Somewhat Agree</b>	<b>Strongly Agree</b>
The jail should play a role in ensuring that individuals are able to access services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diverting low-level drug offenders should be a priority.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The jail should play a role in ensuring that individuals are able to access needed drug addiction services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The criminal justice system should be involved in diverting some types of offenders from the justice system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The jail should be expected to collaborate with community-based service providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Use a 7-point scale ranging from Very Strongly Agree (1) to Very Strongly Disagree (7).

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Somewhat Disagree</b>	<b>Neither Agree nor Disagree</b>	<b>Somewhat Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>
All rehabilitation programs have done is allow criminals who deserve to be punished to get off easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitating a criminal is just as important as making a criminal pay for his or her crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The most effective and humane cure to the crime problem in America is to make a strong effort to rehabilitate offenders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The only way to reduce crime in our society is to punish criminals, not try to rehabilitate them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We should stop viewing criminals as victims of society who deserve to be rehabilitated and start paying more attention to the victims of these criminals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would support expanding the rehabilitation programs with criminals that are now being undertaken in our jails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One of the reasons why rehabilitation programs often fail with prisoners is because they are under-funded; if enough money were available, these programs would work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The rehabilitation of adult criminals just does not work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The rehabilitation of prisoners has proven to be a failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate the following:

	<b>Strongly Disagree</b>	<b>Somewhat Disagree</b>	<b>Neither Agree nor Disagree</b>	<b>Somewhat Agree</b>	<b>Strongly Agree</b>
This facility is the best jail in the state of New Mexico.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would rather be stationed at this facility than any other I know about.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would like to continue working at this facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate how often you have experienced the following:

	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>All the Time</b>
An ability to deal very effectively with the problems of inmates.	<input type="checkbox"/>				
A feeling that you are positively influencing other people's lives through your work.	<input type="checkbox"/>				

	Never	Rarely	Sometimes	Often	All the Time
A feeling of accomplishment after working closely with inmates.	<input type="checkbox"/>				
A feeling that you can easily create a relaxed atmosphere with inmates	<input type="checkbox"/>				

Fill in the circle indicating the extent to which you agree with each item:

	Not at All	To a Slight Extent	To a Moderate Extent	To a Great Extent	To a Very Great Extent
I like to use new types of therapy/interventions to help my clients	<input type="checkbox"/>				
I am willing to try new types of therapy/interventions even if I have to follow a treatment manual	<input type="checkbox"/>				
I know better than academic researchers how to care for my clients	<input type="checkbox"/>				
I am willing to use new and different types of therapy/interventions developed by researchers	<input type="checkbox"/>				
Research based treatments/interventions are not clinically useful	<input type="checkbox"/>				
Clinical experience is more important than using manualized therapy/treatment	<input type="checkbox"/>				
I would not use manualized therapy/interventions	<input type="checkbox"/>				
I would try a new therapy/intervention even if it were very different from what I am used to doing	<input type="checkbox"/>				

If you received training in a therapy or intervention that was new to you, how likely would you be to adopt it IF:

	Not at All	To a Slight Extent	To a Moderate Extent	To a Great Extent	To a Very Great Extent
It was intuitively appealing?	<input type="checkbox"/>				
It "made sense" to you?	<input type="checkbox"/>				
It was required by your supervisor?	<input type="checkbox"/>				
It was required by your agency?	<input type="checkbox"/>				
It was required by your state?	<input type="checkbox"/>				
It was being used by colleagues who were happy with it?	<input type="checkbox"/>				
You felt you had enough training to use it correctly?	<input type="checkbox"/>				

Below are a series of statements about Addiction Treatment Program. Please indicate the extent to which you Agree or Disagree with the following statements.

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Somewhat Disagree</b>	<b>Somewhat Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>
I am familiar with the MDC ATP policy.	<input type="checkbox"/>					
In general, I agree with MDC's policies regarding ATP.	<input type="checkbox"/>					
In general, I agree with MDC's ATP policing regarding inmate security.	<input type="checkbox"/>					
I am committed to the success of ATP.	<input type="checkbox"/>					
I am familiar with MDC's vision for the future.	<input type="checkbox"/>					
I know what my supervisors expect of me.	<input type="checkbox"/>					
I have access to all the resources I need to do my job.	<input type="checkbox"/>					
The people I work with cooperate and work as a team.	<input type="checkbox"/>					
I am aware of MDC's emergency preparedness policies and procedures.	<input type="checkbox"/>					
In general, I agree with MDC's emergency preparedness policies and procedures.	<input type="checkbox"/>					
I have been trained to perform my duties.	<input type="checkbox"/>					

	<b>Strongly Disagree</b>	<b>Somewhat Disagree</b>	<b>Neither Agree nor Disagree</b>	<b>Somewhat Agree</b>	<b>Strongly Agree</b>
ATP is offered to clients/inmates who have been identified as having addiction treatment needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATP provides evidence-based addiction treatment services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATP is a jail-based intensive treatment program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Each ATP participant develops a recovery and after-care service plan to complete the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATP is delivered according to procedure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Four weeks is sufficient time to deliver this program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATP uses the Community Reinforcement Approach (CRA).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATP successfully utilizes the Community Reinforcement Approach (CRA) at MDC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clients/inmates are often discharged before completion of the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<b>Strongly Disagree</b>	<b>Somewhat Disagree</b>	<b>Neither Agree nor Disagree</b>	<b>Somewhat Agree</b>	<b>Strongly Agree</b>
Clients/inmates are made aware of ATP's disciplinary policy upon intake.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most inmates/clients receive a verbal warning for a first disciplinary incident before being discharged from ATP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clients/inmates are often released from the jail in less than four weeks and administratively discharged from ATP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<b>Strongly Disagree</b>	<b>Somewhat Disagree</b>	<b>Neither Agree nor Disagree</b>	<b>Somewhat Agree</b>	<b>Strongly Agree</b>
I work well with MDC staff,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I trust MDC staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MDC staff understand their role facilitating the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATP has been disrupted by COVID procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inmates/clients can complete ATP despite COVID procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inmates/clients have been unable to participate/complete ATP due to COVID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inmates/clients participate in less ATP programming due to COVID.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ORGANIZATIONAL CLIMATE: Response categories: 1=strongly disagree to 5=strongly agree

	<b>Strongly Disagree</b>	<b>Somewhat Disagree</b>	<b>Neither Agree nor Disagree</b>	<b>Somewhat Agree</b>	<b>Strongly Agree</b>
Some employees get confused about the main goals for this program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employees understand how this program fits as part of the criminal justice system in your community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your duties are clearly related to the goals of this program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This program operates with clear goals and objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management here has a clear plan for this program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employees here all get along very well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is too much friction among employees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The employees here always work together as a team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employees here are always quick to help one another when needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<b>Strongly Disagree</b>	<b>Somewhat Disagree</b>	<b>Neither Agree nor Disagree</b>	<b>Somewhat Agree</b>	<b>Strongly Agree</b>
Mutual trust and cooperation among employees in this agency is strong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Everybody here does their fair share of work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervision planning decisions for offenders here often have to be revised by a supervisor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management here fully trusts your professional judgment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employees here are given broad authority in supervising offenders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employees here often try out different techniques to improve their effectiveness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employees are given too many rules here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ideas and suggestions from employees get fair consideration by management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The formal and informal communication channels here work very well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employees are always kept well informed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More open discussions about agency issues are needed here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employees always feel free to ask questions and express concerns in this agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are under too many pressures to do your job effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employees often show signs of stress and strain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The heavy workload here reduces effectiveness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee frustration is common here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novel treatment ideas by employees are discouraged.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is easy to change procedures here to meet new conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You frequently hear good employee ideas for improving supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The general attitude here is to use new and changing technology.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are encouraged here to try new and different techniques.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rate the following series of statements about your job:

	<b>Strongly Disagree</b>	<b>Somewhat Disagree</b>	<b>Neither Agree nor Disagree</b>	<b>Somewhat Agree</b>	<b>Strongly Agree</b>
When I'm at work, I often feel tense or uptight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<b>Strongly Disagree</b>	<b>Somewhat Disagree</b>	<b>Neither Agree nor Disagree</b>	<b>Somewhat Agree</b>	<b>Strongly Agree</b>
A lot of times, my job makes me very frustrated or angry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most of the time when I am at work, I don't feel that I have much to worry about. I am usually calm and at ease when I am working.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually feel that I am under a lot of pressure when I am at work. There are a lot of aspects about my job that can make me pretty upset.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like the duties I perform in my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my present job assignment. I enjoy most of the work I do here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My job suits me very well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I had the chance, I would get a job in something other than what I am doing now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My job is usually worthwhile.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<b>Not important at all</b>	<b>Not that important</b>	<b>Somewhat important</b>	<b>Important</b>	<b>Very important</b>
Overall, how important do you believe the role of this program is in impacting recidivism rates for those clients who are involved with the criminal justice system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<b>Punish</b>			<b>Rehabilitate</b>	
The primary role of the criminal justice system is to:	<input type="checkbox"/>				

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

Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain: \_\_\_\_\_

This final page is provided for you to make any additional comments or suggestions about issues raised in this survey or about the survey itself. Any responses you choose to add are anonymous and will not be linked to the form you just completed.

What do you see as the key strengths of your program?

What do you see as your program's current challenges or weaknesses?

Do you have any further comments or suggestions?