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A Process and Preliminary Outcome Evaluation of Bernalillo County's Addiction Treatment Program

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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 reducing the incidence of crisis and substance use disorder in the community and 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 seven 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 include an evaluation component.

In FY 2023, the Center for Applied Research and Analysis (CARA) 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 four-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.

The report, completed in June 2023, reviewed 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, significantly reducing the total number of participants in the study time frame. With available data, the evaluation comprised a review of surveys completed by ATP staff, a review of court data, a review of inmate jail record data, and a review of data collected and maintained by ATP staff, including demographic information, admission date, discharge date, and discharge reason were collected. The survey was designed to understand how they perceive rehabilitation and their experience working within the jail system. Bookings into the MDC and New Mexico court data were used 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.

This study was extended in FY 2024 to enhance and expand the evaluation of the Community Custody Program (CCP). The study was expanded by extending the period of time to review recidivism, jail booking data, and DBHS data from August 2021 through March 2024 for an additional 32 months and from 17 months to 49 months. This is important for two reasons. First, as mentioned above, the program was interrupted by the COVID-19 pandemic and was suspended. Second, and related to the first, our initial study occurred during the COVID-19 pandemic, and this expansion extends the study period beyond the pandemic and increases the study population by 32 months. We also proposed to enhance the study by matching study group members with health data using Health Information Exchange (HIE) data, and matching study group members to Bernalillo County Reentry Resource Center (RRC) data and MDC receiving screening data that includes risk scores.

Up to the point, CARA staff had not evaluated the ATP since 2006. This review is designed as a process evaluation and a preliminary outcome evaluation. Process evaluations are designed to measure program implementation, 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.

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 the 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 the 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 et al., 2007). Each of these best practices can be placed into one of three core categories that are viewed as the foundation for how jail-based rehabilitation programs can be executed successfully:

- Assessment and treatment;
- Program services and content;

- 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 & 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 as sobriety sampling, which involves 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 & Squire, 2001).

Individuals with alcohol abuse or drug abuse have increased rates of emergency department utilization (Huynh et al., 2016). In 2020-2021, 103.8 per 10,000 emergency department visits by adults had "a primary diagnosis of a substance use disorder" (O'Jiaku-Okorie et al., 2023). Individuals with a substance use disorder have increased rates of return visits to the emergency department within 72 hours of their previous visit and have an increased likelihood of being admitted to the hospital and the intensive care units (Zhang et al., 2021). There are significant costs associated with emergency department utilization for substance use disorders. In 2017, it was estimated that the annual medical costs resulting from substance abuse disorders in hospitals were $13.2 billion (Peterson et al., 2021). As such, substance abuse treatment may help reduce costs by reducing substance abuse. It is important to note that other factors may contribute to high rates of medical service use. Poor physical health and the "severity of psychiatric symptoms" are highly determinative of whether an individual will experience a poor health status after substance abuse treatment (Friedmann et al., 2003).

Short-term jail-based substance abuse treatment can reduce an individual's new criminal activity as well as their amount of drug use (Bahr et al., 2012). Lowered rates of drug relapses are positively correlated with lowered rates of recidivism after drug abuse treatment (Mitchell et al., 2007). However, abstaining from substance use is not the only way in which substance abuse treatment programs may prove effective. Reducing, but not eliminating, substance use still tends to be associated with lowered

criminal activity. (Boyum et al., 2011). As such, the key factor in a substance abuse treatment program's reduction in recidivism is the amount that it reduces drug use (Boyum et al., 2011).

Program Design

The Addiction 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 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. Clients are discharged when they complete the program, and can be removed for security reasons or other reasons, as well as when program rules are not followed.

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, and 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 attitudes 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.

Results

Staff Survey

Staff surveys were conducted in August 2022, and all six staff members completed the survey. As noted earlier, the staff survey assessed ATP staff's perceptions and understanding of clients, organizational climate, policy and procedure, and the ATP program.

Staff Demographics

Two respondents reported having a bachelor's degree, and four respondents obtained a master's degree. Half of the survey respondents reported they were certified or licensed at the time of the survey. Staff worked for the ATP for an average of 1.8 years, ranging from 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.

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 assess 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 indicate positive perceptions of offenders.

Results from these two scales 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 the ATP staff's PATOMI scale score was 0.33 and 0.63 points lower than that of the ATP staff's Attitude towards Prisoners scale score, with a confidence coefficient of 0.95. 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.

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 in 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. However, 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.

Rehabilitation Orientation Scale (ROC)

The Rehabilitation Orientation Scale (ROC), which consisted of nine items on a 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 respondents' satisfaction working for their current institution compared to other institutions (Saylor & Wright, 1992). In this case, the ISC scale measured respondents' 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 with which individuals experience in working with inmates" (Saylor & Wright, 1992). The seven-point scale Saylor and Wright (1992) used 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 adopting and using 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 calculated. These scores are presented in Table 5.

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

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

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 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. Low levels of disagreement, on average, were present for whether ATP staff were aware of MDC's emergency policies and procedures. On average, ATP staff neither agreeing nor disagreeing with MDC's emergency policies could be attributed to a lack of awareness of these policies.

ATP staff were asked twelve questions regarding ATP's adherence to its policies and procedures, which were scored on a five-point scale 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 polices, 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 aftercare service plan 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. Most 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.

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 indicate a belief among ATP staff that MDC staff could be better trained in their duties related to ATP.

COVID-19 Impact

Four questions assessed respondents' 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 COVID procedures have disrupted the ATP, 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 could still complete ATP despite COVID-19 procedures

in MDC. Despite ATP clients' 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. In comparison, 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 were strongly impacted by COVID-19 procedures. Although staff did not believe that COVID-19 had limited clients' ability to complete the ATP, COVID-19 procedures had negatively impacted the ATP's programming delivery. One staff member later described COVID-19 as 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 the organization, as well as moderately high levels of adherence to the mission, autonomy given to staff members, communication within the organization, and ability to change. Staff showed moderate levels of stress in their jobs.

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, with one indicating strong disagreement and five indicating strong agreement with the statements 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 indicates 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.

Strengths and Weaknesses of the ATP

Half of all ATP staff felt the program had succeeded in enhancing participants' 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 participants' 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 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 that was exacerbated by the large number of ATP clients in group sessions. Staff members stated, "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 the 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 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 sometimes prohibited ATP from holding group sessions due to lacking MDC staff.

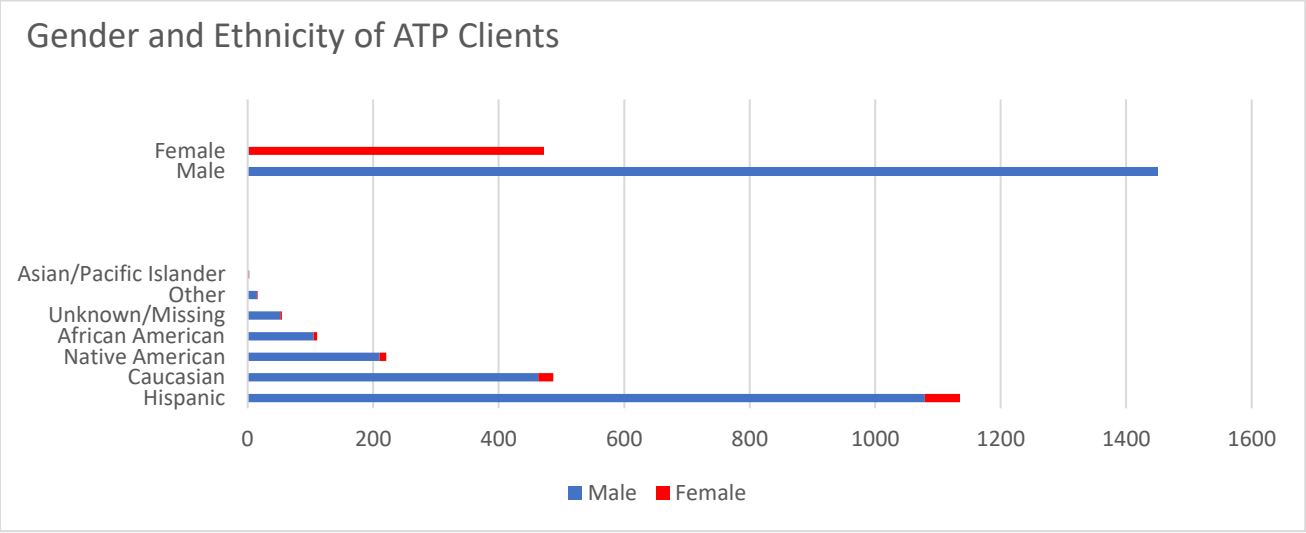
Other challenges identified by the ATP staff included "the [ATP] pods are mixed with the general population and ATP clients." Having mixed pods also prevented staff from conducting ATP sessions within the pod, or, if they did, "it [got] very noisy." Pods that are both ATP clients and non-ATP inmates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

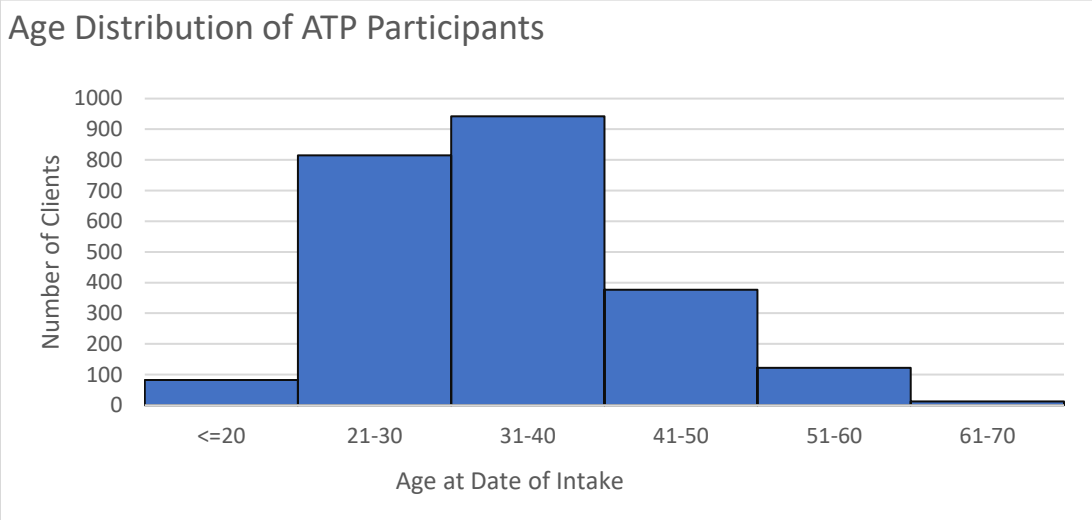
From January 1, 2019, to February 13, 2024, there were 2,351 admissions to the ATP, representing 2,131 unique clients. There were 191 clients admitted into the ATP twice, 13 admitted three times, and one admitted four times. The gender distribution of ATP participants was roughly 75% male and 25% female. Six clients were identified as transgender. For ethnicity, 56% identified as Hispanic, 24% as White, 11% as Native American, 5% as African American, and the remaining 4% were Asian or unknown. Figure 1 shows this distribution.

Figure 1. *Gender and Ethnicity of ATP Participants*



The participants' ages ranged from 18 to 69, with a mean of 33.7 and a median of 32. Figure 2 shows the distribution of participants' ages.

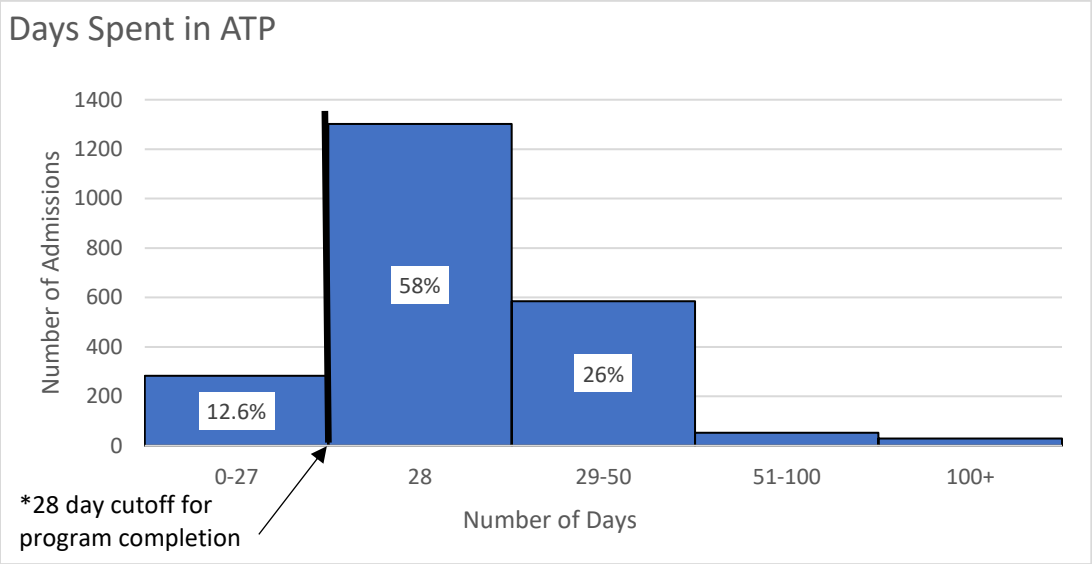
Figure 2. *Age of ATP Participants*



Length of Time in ATP

Figure 3 reports the length of stay in the program. ATP policy notes that the program is a 28-day program. Twenty-four clients had no record of being discharged from ATP – these were all admitted between June 30, 2021, and August 4, 2021. An additional 76 clients were still in ATP when we received the data. Of the remaining 2,251 admissions, 283 (12.6%) did not stay the full 28 days, 386 stayed exactly 28 days, and 280 stayed longer. The minimum number of days in ATP was 0, and the maximum was 428.

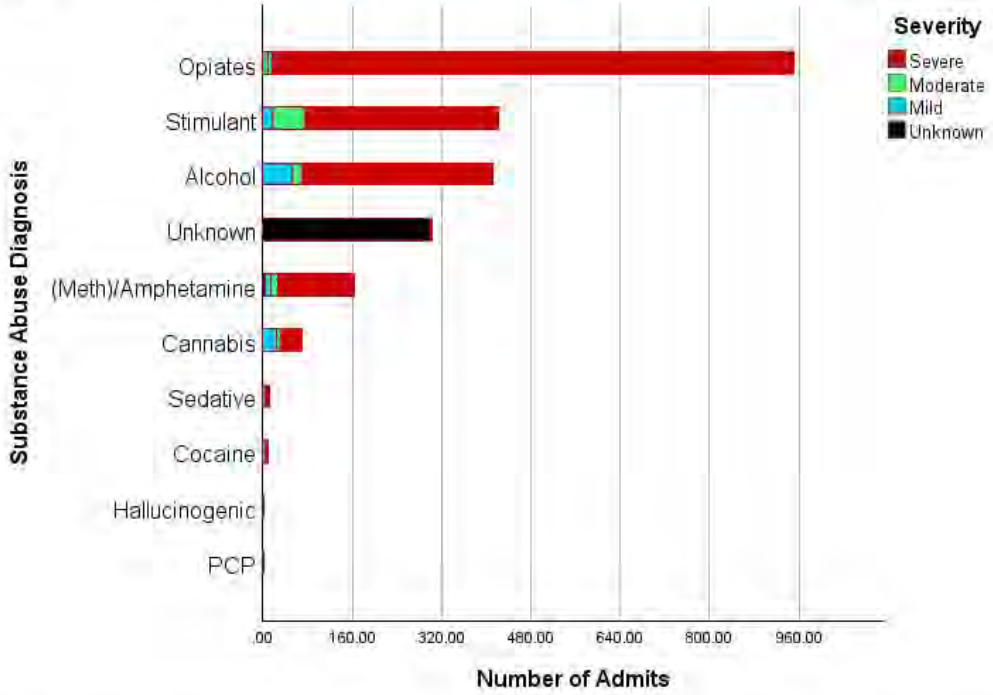
Figure 3. *Days in ATP Stay*



Drug of Choice and Substance Abuse Severity

For the 2,351 ATP admissions, there were a few unique substance abuse diagnoses; one was admitted for mild PCP use, one for severe hallucinogenic use, and one had the diagnosis of “autism”. Additionally, 236 had no diagnosis listed. Some inmates were diagnosed with multiple drugs (13.1%), with the most common being severe stimulant and amphetamine use at 10.4%. The most common single substance abuse diagnosis was opioid use (39.4%) followed by severe alcohol abuse (14.4%), and severe amphetamine abuse (5.5%). Another 12.8% were recorded as suffering from an “unknown” substance abuse disorder. Severe diagnoses comprised 77.3% of diagnoses, 4.6% were moderate, 5.1% were mild, and the remaining 13% were of unknown severity. Figure 4 shows these diagnoses.

Figure 4. *Drug of Choice and Severity of Substance Abuse Diagnosis in ATP Clients*



Most ATP admissions were ordered by the Second Judicial District Court (81.4%). Bernalillo Metropolitan Detention Center ordered 14.1%, County Metropolitan District Court ordered 1.4%, and 3% of ATP treatments do not list a referring source. Finally, 2 inmates were referred by themselves or a relative, and APD referred to one. ATP participants listed with an address were primarily residents of Bernalillo County (73.9%,) while 21.3% had no address listed. The remaining 4.8% came from 17 other New Mexico counties – primarily Sandoval and Valencia.

Discharges From ATP

Discharge data is presented below for the 2,251 ATP admissions that listed release dates from the program. ATP was considered complete for 90.1% of the admissions. 3.9% had an external entity rescind ATP as a requirement for release, and 6% did not complete ATP for another reason. The discharge types for ATP are presented in Table 1.

Table 1. *ATP Discharge Types*

Discharge Type	Frequency	Percentage
Completed ATP/Transferred to Jail General Population	2,029	90.1
Service Requirement Rescinded by External Entity	89	3.9
Court Released	69	3.1
Client Elected to End/Refuse Service	43	1.9
Client Violated Program Service Structure	16	0.7
Referred to an Inpatient Program	3	0.1
Referred to a Community Resource	2	0.1

ATP Recidivism

Recidivism data were collected for ATP participants between January 1, 2019, and December 31, 2023. Recidivism was measured using booking data from the MDC and court data from New Mexico's court system as proxies for arrest data. To identify what effect ATP has had on participants' recidivism, a pre-post exposure time was created for each participant. The pre-post exposure time was created for each individual by calculating the number of days after release from MDC (during which they attended ATP) to December 31, 2023. The exact number of days was then subtracted from their intake date into MDC (for that same booking). Each individual had an identical number of days before and after the booking during which they attended MDC. This method allows us to see if participants' frequency of arrests and the seriousness of those arrests decreased after release from ATP, relative to that same time period before ATP.

Several ATP admissions and/or participants had to be dropped from this analysis. For those who had multiple ATP admissions, we chose to keep only the first instance, as this gave us the largest amount of pre- and post-exposure data to work with. In total, 220 readmissions were dropped for this reason. Another 258 admissions were dropped due to the participants still being incarcerated and thus having no post-exposure time frame.

We wanted a minimum pre- and post-exposure time of one year to allow for adequate time to capture recidivism occurrences. Eighty admissions were dropped because they had been released from MDC too recently and did not have at least one year of post-exposure time. Similarly, while we are including participants who did not finish the full 28 days required to complete the ATP, we dropped all admissions (54 total) that lasted less than seven days, as this short of an intervention is unlikely to result in any meaningful change.

For whatever reason, 54 admissions did not list a discharge date and were dropped from the analysis. Lastly, 22 clients were under the age of 18 during either all or a significant part of their pre-exposure period, meaning their pre- and post-exposure

times were not analogous; these were also dropped. Of the 2,351 total admissions, 1,660 were kept for the following analysis. Table 2 summarizes this process.

Table 2. *Reasons for Omission from Study*

	Count	Percent
Less Than 1 Year Pre-Post	80	11.6%
Readmission	220	31.8%
Under 18 During Portion of Pre-Period	22	3.2%
No Discharge Date	57	8.2%
Less Than 7 Days in ATP	54	7.8%
Still Incarcerated/No Post Period	258	37.4%
Total	691	100.0%

Bookings

Pre- and post-program analysis periods ranged from a minimum of 365 days to a maximum of 1,981 days. Both the mean and median lengths were 1,270 days. The data pools at the ends of the ranges suggest a dip in ATP admissions between the last two to five years, and are increasing back to prior numbers. The largest number of participants for whom we collected data had a pre-post exposure length of between one and two years (28.3%) followed by those with more than five years (26.7%). The distribution of pre-post exposure time in years is presented in Table 3.

Table 3. *Duration of Pre- and Post-Program Periods for Booking Data Collection*

	N	%
1 to 2 Years	469	28.3%
2 to 3 Years	261	15.7%
3 to 4 Years	156	9.4%
4 to 5 Years	330	19.9%
More Than 5 Years	444	26.7%

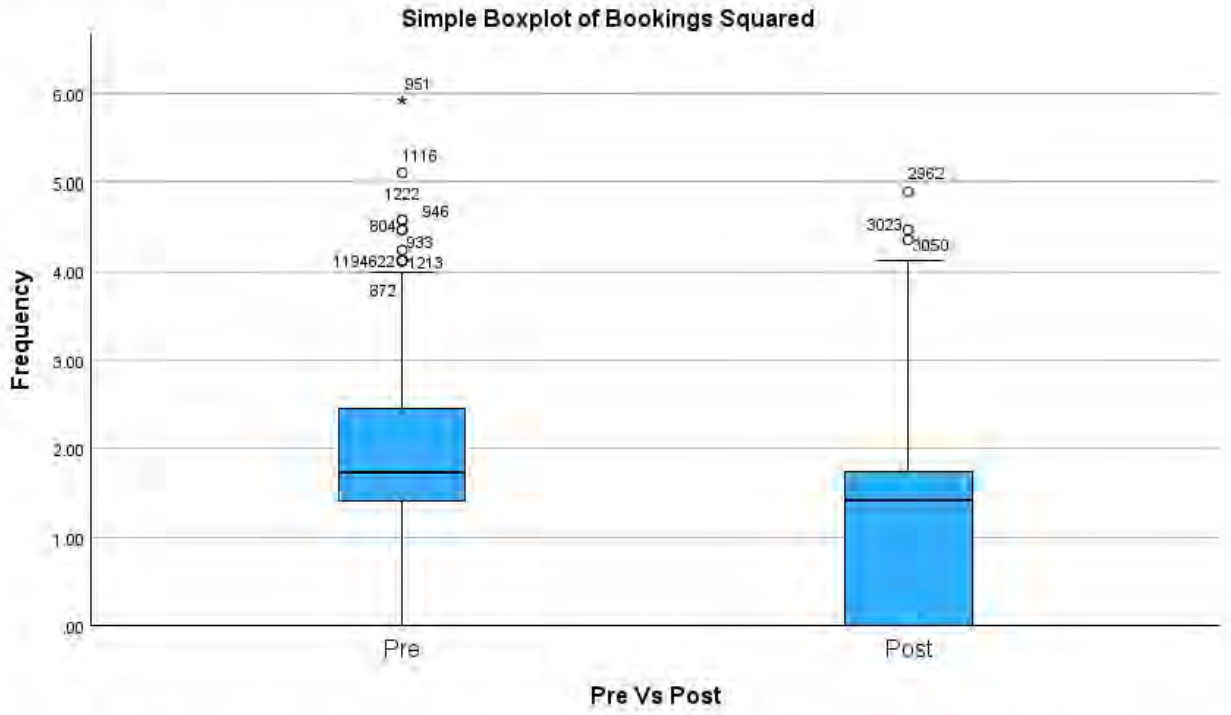
ATP clients had an average of 4.2 bookings in the pre-period, compared to an average of 2.5 bookings in the post-period, as presented in Table 4. However, both had large standard deviations, indicating these values fluctuated largely between individuals. This is supported by a range of 35 and 24 for the pre- and post-period, respectively. The existence of a few outliers is partly responsible for the size of the deviations. Figure 5 shows the spread of pre- and post-bookings, with more outliers existing in the pre-period.

Table 4. *Average Number and Severity of Bookings Pre and Post ATP*

		Mean	Std. Deviation
Pair 1	Pre Bookings	4.2	3.4
	Post Bookings	2.5	2.9
Pair 2	Pre Felony 1	0.02	0.1
	Post Felony 1	0.01	0.1
Pair 3	Pre Felony 2	0.2	0.5
	Post Felony 2	0.1	0.3
Pair 4	Pre Felony 3	0.2	0.5
	Post Felony 3	0.1	0.4
Pair 5	Pre Felony 4	1.3	1.5
	Post Felony 4	0.8	1.2
Pair 6	Pre Misdemeanor	0.5	0.9
	Post Misdemeanor	0.2	0.6
Pair 7	Pre Petty M.	0.1	0.5
	Post Petty M.	0.1	0.2
Pair 8	Pre Other	1.7	1.9
	Post Other	1.2	1.6

Figure 5 provides another more detailed review. Looking at these boxplots, it appears that the mean number of bookings in the pre and post periods may not be statistically different. A paired sample t-test was conducted, however, and it did show a statistical difference at $p < 0.001$. The difference in means between the two groups was 1.6, indicating that on average after completing ATP these individuals had 1.6 less bookings when compared to the same number of days prior to ATP.

Figure 5. *Squared Spread of Bookings Pre and Post*



Second-, third-, and fourth-degree felonies, misdemeanors, petty misdemeanors, and other bookings all showed statistically significant decreases (all with a p-value below 0.001) in the post-period compared to the pre-period. Only first-degree felonies showed no significant change. A possible explanation is that there were very few total first-degree felony bookings within this sample, only 27 during the pre-period and 22 during the post-period. This result should not mean that ATP does not affect first-degree felonies, only that additional data is needed.

These improvements may be affected by the varying length of pre- and post-exposure time. To further test, the data was grouped by length of exposure time. Repeated paired sample t-tests on these groups separately resulted in virtually identical findings. Table 5 shows all groups' mean changes from the pre- to post-period for bookings, both in total and by severity. A positive number is a *decrease* in that booking category during the post period – a favorable result. An asterisk indicates that the change was statistically significant ($p < 0.5$), while a double asterisk indicates a more robust statistically significant change ($p < 0.001$). Predictably but importantly, the changes between pre and post were more substantial the further out the analysis stretched. This indicates that while the pre- and post-changes in the first few pre-post groups are not as dramatic, these changes are likely to become more pronounced over time.

Table 5. *Mean Change in Bookings Between Pre and Post ATP, Split by Pre-Post Analysis Time Frame*

	1 - 2 Year Group Mean Change (n = 469)	2 - 3 Year Group Mean Change (n = 226)	3 - 4 Year Group Mean Change (n = 156)	4 - 5 Year Group Mean Change (n = 330)	5 or More Year Group Change (n = 444)
All Bookings	0.73**	1.06**	1.90**	2.24**	2.44**
First-degree Felonies	0.00	0.01	-0.01	0.02	0.00
Second-degree Felonies	0.41*	0.07*	0.08	0.17**	0.14**
Third-degree Felonies	0.07*	0.10*	0.12*	0.17**	0.14**
4th-degree Felonies	0.46**	0.46**	0.64**	0.56**	0.66**
Misdemeanors	0.06	0.22*	0.35**	0.33**	0.49**
Petty Misdemeanors	0.03*	0.04	0.20**	0.11**	0.12**
Other	0.10	0.17	0.52*	0.88**	0.89**

Reference Bookings

A participant's reference booking is when they were assigned to and participated in the ATP. For whatever reason, 19 of the 2,351 participants had no bookings that matched their time in ATP and do not have a reference booking. Interestingly, 10 of these also had no records of being discharged from ATP – 9 were admitted into ATP between 1/23/24 and 2/13/24. A plurality of reference bookings were for fourth-degree felonies at 32.6%, followed by felony warrants at 18.5%.

Table 6. *Severity of Reference Bookings*

Reference Booking Charge	Count	Percent
Felony 1	43	1.8%
Felony 2	229	9.8%
Felony 3	267	11.4%
Felony 4	760	32.6%
Felony Warrant	432	18.5%
Felony Parole/Probation Violation	283	12.1%
Misdemeanor	198	8.5%
Misdemeanor Probation Violation	13	0.6%
Petty Misdemeanor	26	1.1%
Other	81	3.6%

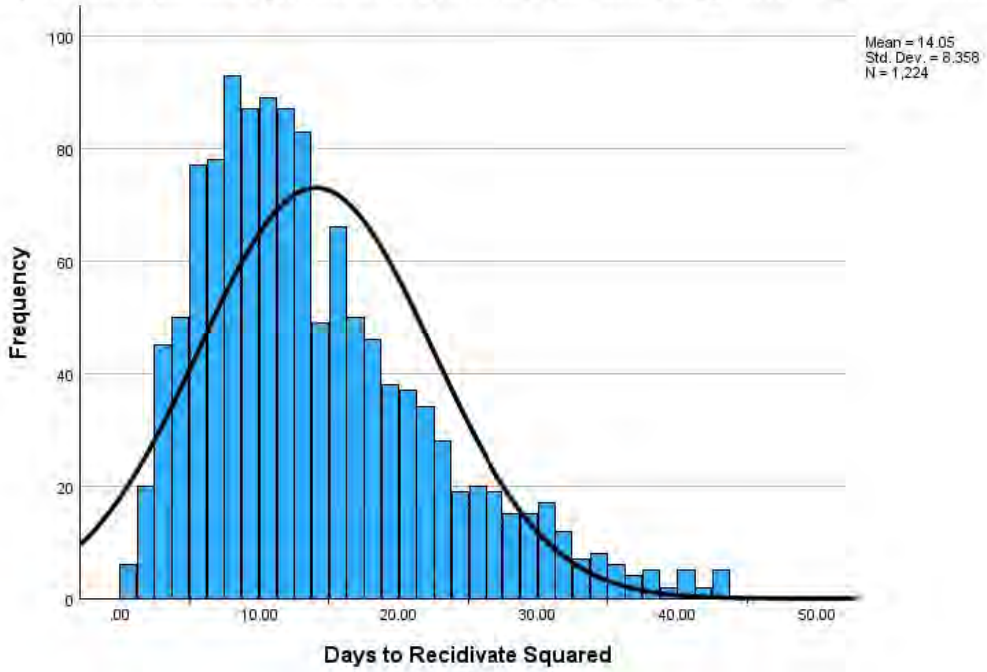
Time Until Recidivism and Between Bookings

Of the 1,660 participants in the recidivism data set, 154 had no bookings prior to their reference booking *within our established pre-post time frame*, while 226 had exactly one prior booking, and 1,280 had more than one. For post-ATP bookings, 436 had no bookings after their reference book, 355 had exactly one, and 869 had more than one. In total 1,159 of these participants had at least one booking in both their pre and post

periods, 347 only had a booking or bookings during their pre period, and 65 only had bookings during their post period. Lastly, 88 individuals had their only bookings within their pre-post time frame being their reference booking.

Time until recidivating is measured from the number of days after a participant's release from their reference booking until their next booking. Two individuals were immediately rebooked after release, another 3 were booked the day after, and 8 were booked two days after. The median number of days to recidivate – which is the point at which half of participants had more and half had less – is 149 days. The spread is heavily skewed to the left with the maximum number of days to recidivate being 1,906 days. A square root transformation was performed to visually display the spread of recidivism time in Figure 6.

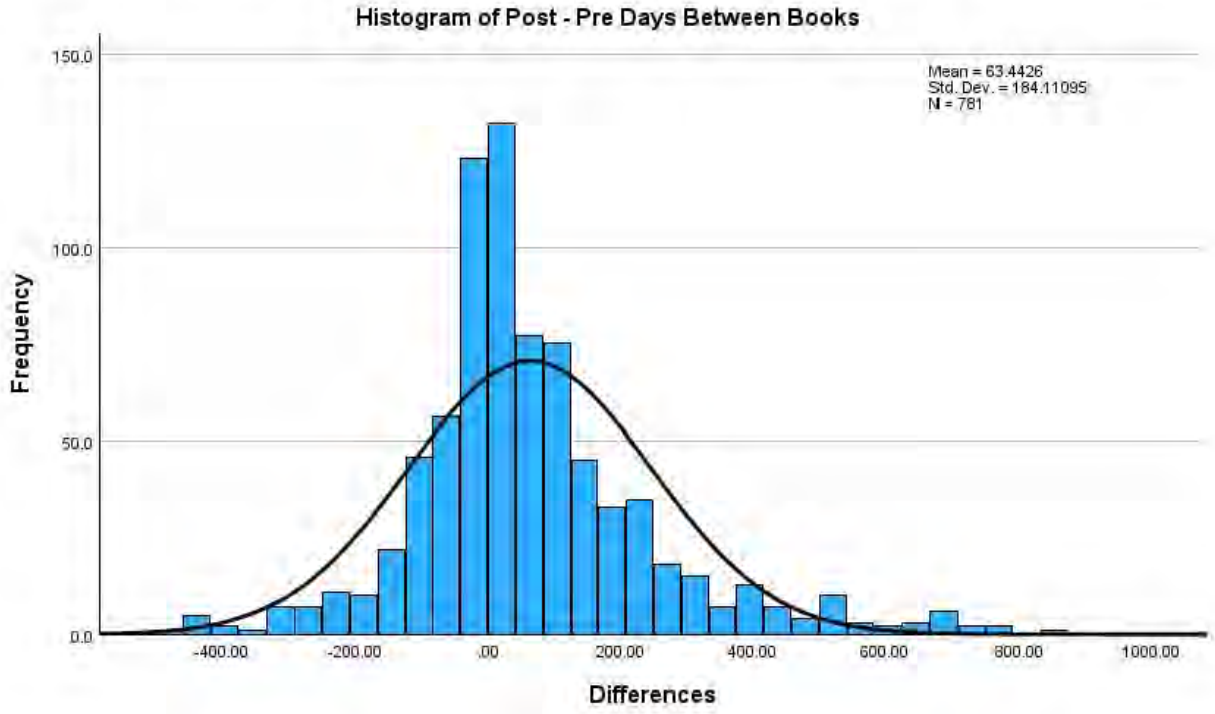
Figure 6. *Squared Spread of Days Until Recidivating After Release from ATP*



Another insight into recidivism reduction would be to examine the number of days between bookings (arrests). To measure this, the data was filtered to only include those who had multiple (more than one) bookings, both before *and* after their reference booking. There were 781 individuals who fit this criterion. The median average number of days between arrests in this group's pre-period was 129, and during the post-period it was 163 days. These averages were non-normal, so a Wilcoxon Signed-Ranks Test was performed instead of a paired-sample t test. The results were that the length of time between arrests was more often longer in the post period than in the pre period, and these findings are statistically significant at $p < 0.001$. In 490 instances, there was improvement in the post-period, while in 291 instances, the reverse was the case.

Figure 7 shows a histogram of the differences between the post and pre-average days between arrests. The mean of these differences was 63 days. These differences were derived by subtracting each pre-average from each post-average, meaning that positive integers are favorable on the histogram. Negatives represent the instances when an individual's post-average was less than their pre-average. The slight skewing supports our finding that there was a statistical difference, backing up the Wilcoxon Signed-Ranks Test. Calculating the r value, which measures the effect size for this test, results in a score of 0.32, equating to a moderate effect size.

Figure 7. *Histogram of Differences in Average Days Between Bookings*



Days in ATP

Not all 1,660 individuals in this recidivism data set completed the full 28 days required to "complete" the program—145 of these individuals did not. Some individuals were also in the program for *longer* than 28 days, up to a maximum of 429 days. The majority, however, did spend 28 days in the program (n = 1,078 / 64.9%) or 29 days (n = 214 / 12.9%). Table 7 shows the frequency of days in ATP.

Table 7. *Number of Days Spent in ATP*

	Number of Individuals	Percent
8 to 27 days	145	8.8%
28 days	1078	64.9%
29 days	214	12.9%
30 + days	223	13.4%

To verify if those who did not complete the program had any undue effect on our findings thus far, all analyses were redone, and those 145 cases were removed. All bookings – separated by severity and then by pre-post exposure time – showed statistically significant decreases virtually identical to those above. Likewise, first-degree felonies were the only group that showed no significant change in every instance, but this is likely due to their small sample size. Further, the days between arrests also showed improvements that were not dissimilar to those above. This indicates that the inclusion of those individuals who did not complete the program did not influence our findings.

From here, we analyzed just those 145 individuals who did not complete the 28 days of the program. Table 8 shows the average number of bookings in total and separated by severity during the pre- and post-periods for this sample. Most of these bookings were *not* for felonies or misdemeanors. The lack of severity of these books was considered as a possible explanation. However, an analysis of variance showed no correlation existed between reference book charge and length in the program. Still, on average, these reference bookings lasted 91 days compared to the 153-day average of those reference books for individuals who completed the program.

Table 8. *Average Number and Severity of Bookings Pre and Post (Failing) ATP*

		Mean	Std. Deviation
Pair 1	Pre-Bookings	4.2	3.0
	Post-Bookings	2.6	2.8
Pair 2	Pre-Felony 1	0.0	0.0
	Post-Felony 1	0.0	0.2
Pair 3	Pre-Felony 2	0.2	0.4
	Post-Felony 2	0.1	0.4
Pair 4	Pre-Felony 3	0.2	0.5
	Post-Felony 3	0.1	0.4
Pair 5	Pre-Felony 4	1.3	1.3
	Post-Felony 4	0.8	1.2
Pair 6	Pre-Misdemeanor	0.6	1.0
	Post - Misdemeanor	0.3	0.7
Pair 7	Pre-Petty M.	0.2	0.5
	Post-Petty M.	0.0	0.2
Pair 8	Pre-Other	1.8	1.8
	Post-Other	1.2	1.6

Table 9 below shows the pre- and post-means of this sample split up by pre- and post-period, similarly to above. As a reminder, positive integers indicate a decrease in the post period and are the favorable result. Predictably, most of these changes were not statistically significant, especially in the short term. We are hesitant to conclude this small of a sample. However, when paired with the analysis of those who did complete the program, it appears that completion of ATP does result in a moderate reduction in recidivism rates when compared to those who participated but did not complete the program.

Table 9. *Mean Change in Bookings Between Pre and Post ATP, Split by Pre-Post Analysis Time Frame, Failed ATP*

	1 - 2 Year Group Mean Change (n = 46)	2 - 3 Year Group Mean Change (n =18)	3 - 4 Year Group Mean Change (n = 20)	4 - 5 Year Group Mean Change (n = 24)	5 or More Year Group Change (n = 37)
All Bookings	0.4	1.6*	1.5	2.5*	2.8**
First-degree Felonies	0.0	0.1	0.0	0.0	-0.1
Second-degree Felonies	-0.1	0.3	-0.2	0.1	0.4*
Third-degree Felonies	0.0	0.6	0.4	0.2	0.1
4th-degree Felonies	0.6*	0.1	1.1	0.5	0.5
Misdemeanors	0.0	0.2	0.2*	0.5*	0.4*
Petty Misdemeanors	0.0	0.3	0.0	0.4*	0.1
Other	0.0	1.6	1.5	0.9	1.5*

Court Cases

An analysis of court cases, both pre- and post-ATP, is also included here. While court cases and bookings both serve the purpose of being proxies for arrest data, they do not tell the same story. To illustrate, not all arrests necessarily lead to an individual being booked. Likewise, some bookings occur without a formal arrest, such as warrants and turn-ins. Inversely, using strictly court cases as a proxy would not capture all arrests or bookings in the case of dropped cases. Combined and split cases also might not match arrest data. In short, bookings are a better indicator of police activity and arrests, while court cases give us a view of prosecution patterns and charges.

The same sample used for the booking analysis was used in this section. Our records of court cases only stretch back to January 2017, compared to our booking records, which ran to 2014. As such, 4 of the 1,660 cases had to be dropped from this portion of the study since their pre-post period was less than 365 days. The pre-post period for court cases ranged from a minimum of 365 to a maximum of 1,981, with a mean of 1,272 and a median of 1,273. Table 10 summarizes this.

Table 10. *Duration of Pre- and Post-Program Periods for Court Case Data Collection*

	N	%
1 to 2 Years	465	28.1%
2 to 3 Years	261	15.8%
3 to 4 Years	156	9.4%
4 to 5 Years	327	19.8%
More Than 5 Years	447	27%

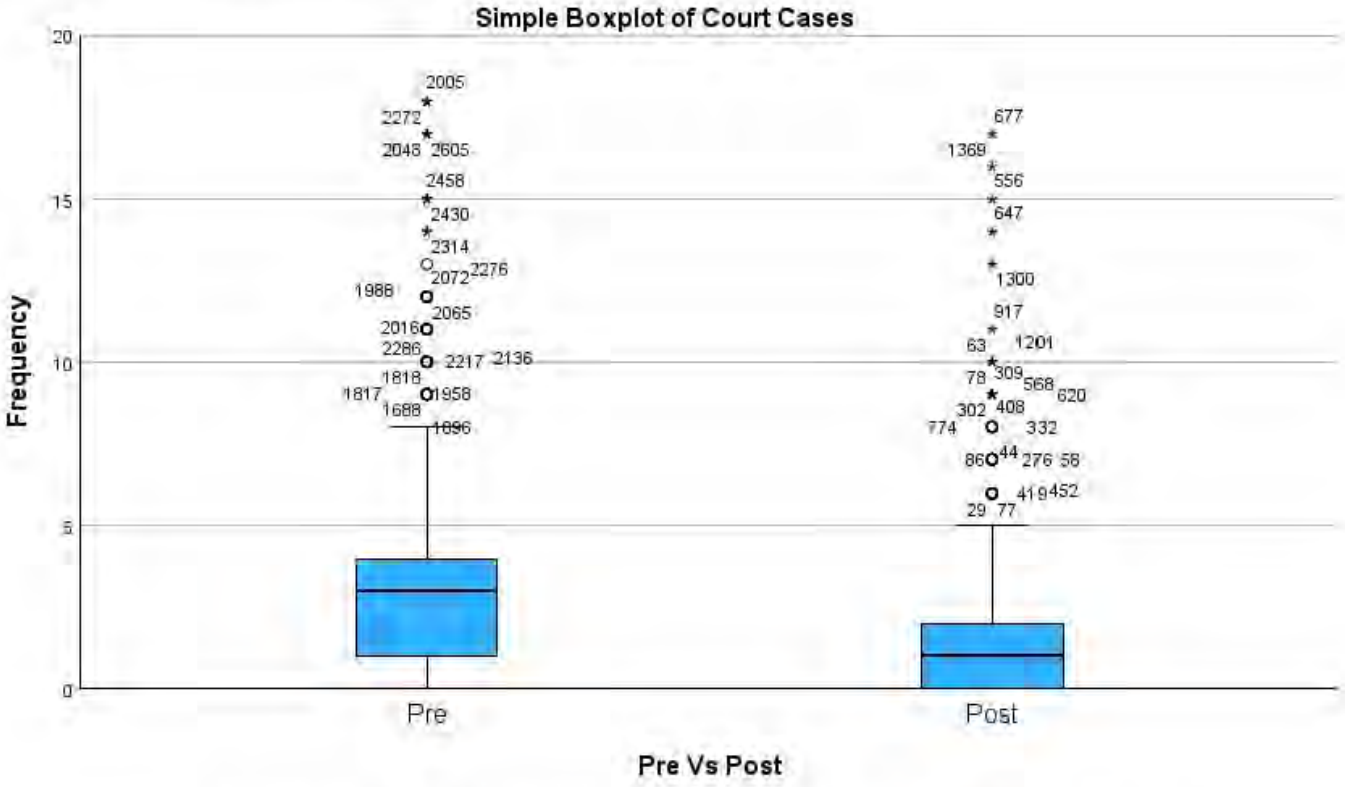
A single court case will often lead to multiple bookings. This, paired with the more limited time frame we have for court cases, means there are fewer court cases overall than bookings for this analysis. That said, initial results are, perhaps predictably, functionally the same as for court cases as they were for bookings. The average of all court cases and of all charges split by severity decreased in the post period compared to the pre period. All decreases were statistically significant at $p < 0.001$, apart from first-degree felonies, which were significant at $p = 0.02$.

Table 11. *Average Number and Severity of Court Cases Pre and Post ATP*

		Mean	Std. Deviation
Pair 1	Pre-Court Cases	3.2	2.5
	Post-Court Cases	1.2	1.8
Pair 2	Pre Felony 1	0.02	0.1
	Post Felony 1	0.01	0.1
Pair 3	Pre Felony 2	0.2	0.5
	Post Felony 2	0.1	0.3
Pair 4	Pre Felony 3	0.4	0.6
	Post Felony 3	0.1	0.4
Pair 5	Pre Felony 4	1.4	1.4
	Post Felony 4	0.5	0.9
Pair 6	Pre Misdemeanor	0.8	1.4
	Post Misdemeanor	0.4	0.9
Pair 7	Pre Petty M.	0.4	0.8
	Post Petty M.	0.1	0.5

The most significant observed changes were for total court cases and fourth-degree felonies. Figure 8 shows the spread of total court cases.

Figure 8. *Spread of Court Cases Pre and Post*



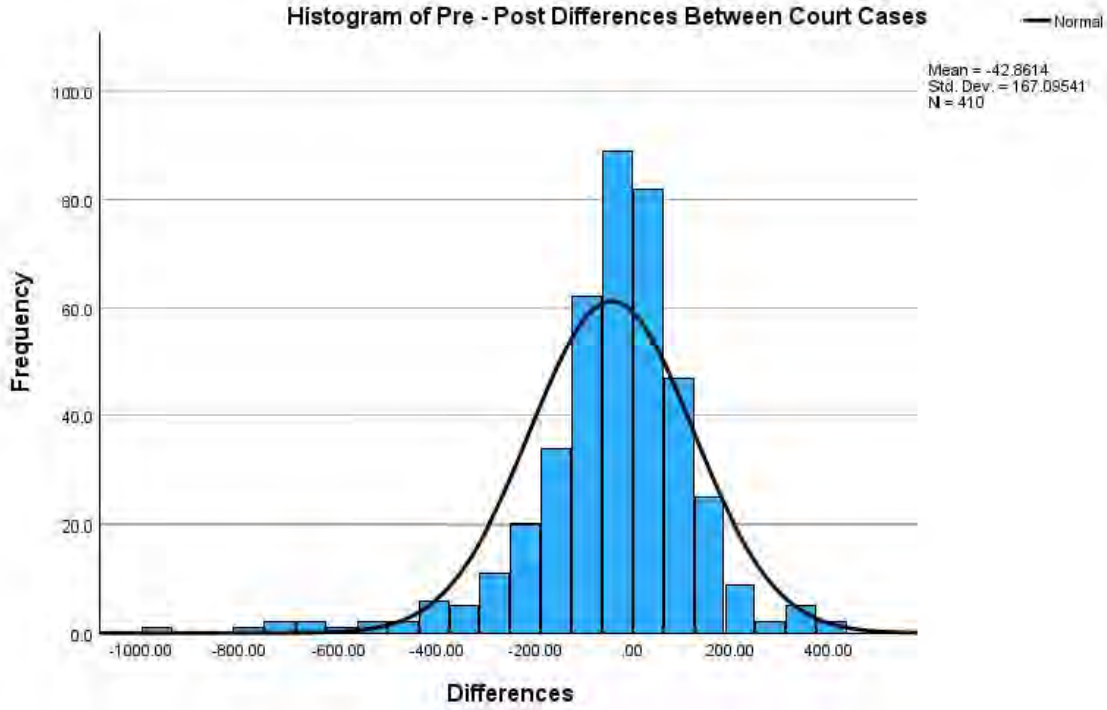
To assess any changes in the average time between court cases, a subsample of only those individuals who had multiple court cases before and after ATP had to be used. Of the 1,656 individuals in this original sample, 368 (22.2%) had one or fewer court cases both before and after ATP, 814 (49.2%) only had multiple cases during the pre-period, and 64 (3.9%) only during the post period; leaving 410 (24.8%) as the applicable subsample of individuals who had multiple court cases during both periods.

In contrast to bookings, the average times between court cases were longer in the pre-period for this sample than in the post-period. The pre-period had an average of 164 days with a standard deviation of 141 days, and the post-period average was 121 days with a standard deviation of 93 days. This change was statistically significant ($p < 0.001$). However, the Cohen's D or effect size was equal to 0.26, indicating only a modest effect.

A Wilcoxon Signed-Ranks Test was conducted to compare each individual's pre- and post-period. The negative ranks, where the average time between court cases was longer in the pre-period compared to the post, equaled 238, compared to positive ranks, where the opposite is true, equaled 171 (there was also one tie). The effect size r is approximately -0.23, indicating (similarly to above) a modest effect.

Figure 9 below shows the histogram of differences between the average pre- and post-periods. There are some obvious outliers, but removing them did not influence our findings, so they have been kept in the data set.

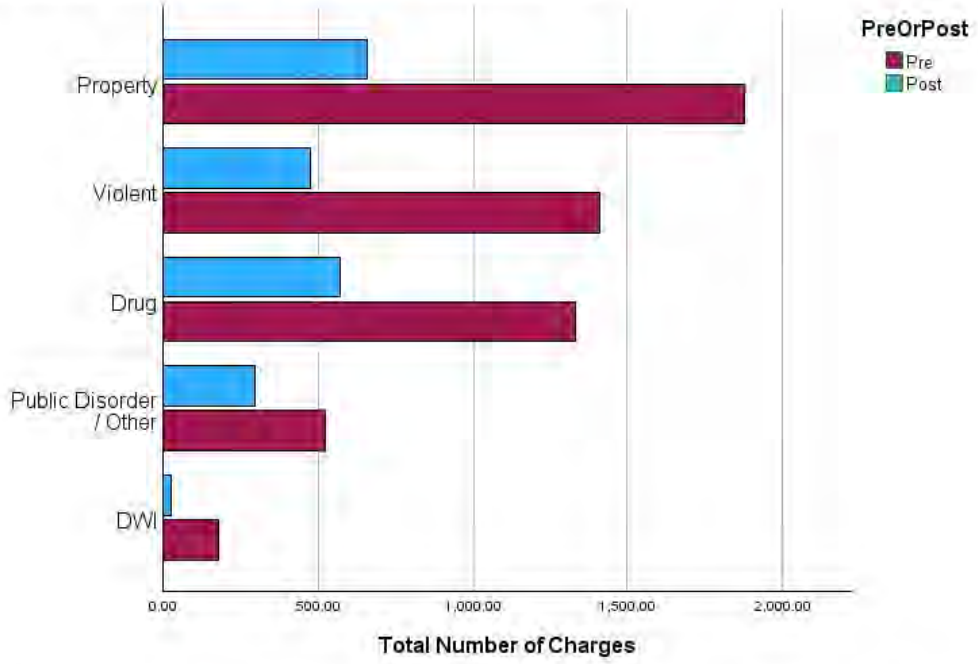
Figure 9. *Spread of Individual Differences Between Pre and Post*



Charge Type of Court Cases

The most common type of court case in the pre- and post-periods was property offenses, followed by violent offenses, drug offenses, public disorder or other cases, and finally DWIs. The post-period followed a similar pattern, with property offenses being the most common. However, drug offenses were more common than violent offenses, which were likewise followed by public disorder or other cases, and finally DWIs. However, all these cases saw a reduction in the post-period, as shown in Figure 10.

Figure 10. *Pre and Post-Court Case Charges*



Wilcoxon signed-rank tests were performed on all five of the charge types. Results indicated that all reductions were statistically significant at $p < 0.001$. Table 12 summarizes the changes in charge categories between the pre- and post-periods. Negative ranks are favorable results where the individual saw a reduction in that specific change category after ATP, while positive ranks indicate the opposite. The "mean rank" represents the average change between the pre- and post-period, meaning a larger mean rank represents a larger change. For example, for violent offenses, 683 individuals had less violent offense charges in the post period, while 136 had more, but the changes were larger for the 683 who saw improvement.

The two most significant improvements are seen in violent crimes and property crimes, followed by drug crimes, public disorder, and lastly, DWI. Included in Table 11 are also the counts of true ties and Zero ties. Zero ties are instances where the individual had no charges of that type within their pre-post time frame. So, while these individuals did not "improve" in that category, this was still the best possible result. True ties are instances where an individual had at least one charge of that type in their pre-period and had the same number in their post-period.

For violent offenses, 42% of individuals had a decrease in their post-period, and 8% had an increase. For drug offenses, 39% of individuals had a decrease compared to 10% who had an increase. For property offenses, 43% had a decrease, and 10% had an increase. For DWI, 8% had a decrease, and 1% had an increase. Lastly, for public disorder and other charges, 19% had a decrease and 9% had an increase.

Table 11. *Wilcoxon Signed-Rank Test of Charges Pre and Post ATP*

		N	Mean Rank
Post Violent - Pre Violent	Negative Ranks	683	416.16
	Positive Ranks	136	379.08
	True Ties	73	
	Zero Ties	764	
Post Drug - Pre Drug	Negative Ranks	641	413.27
	Positive Ranks	172	383.63
	True Ties	120	
	Zero Ties	723	
Post Property - Pre Property	Negative Ranks	711	457.02
	Positive Ranks	165	358.69
	True Ties	96	
	Zero Ties	684	
Post DWI - Pre DWI	Negative Ranks	127	73.63
	Positive Ranks	15	53.50
	True Ties	8	
	Zero Ties	1506	
Post Public Disorder / Other - Pre Public Disorder / Other	Negative Ranks	307	236.19
	Positive Ranks	151	215.90
	True Ties	54	
	Zero Ties	1144	

Discussion

The results of this study indicate that clients who participated in ATP experienced reductions in criminal justice system contact following ATP. We caution against forming firm conclusions from the recidivism data, as this study was conducted without a control group; as such, it does not consider the potential effects of changes in the general operation of MDC, the court system, or APD. In other words, other factors may explain these reductions in recidivism beyond ATP that would be better captured or disproven with the inclusion of a control group. Still, we had a sizeable sample and a large time frame, so we believe these findings support the continued implementation of ATP.

In the future, we may be able to expand further 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 could complete further research on the effect of program completion or non-completion, as well as program attendance and participation using data from the County's DBHS NetSmart

CareManager database, on 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 inmates and encourage their access to services that aid in rehabilitation. Results indicated a lack of awareness surrounding the MDC emergency policies and procedures, which is assumed to 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 divert certain types of offenders. However, 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 inmates' ability to complete or participate in the program to the full extent. While some sections showed collective consensus in responses, some sections indicated incongruence among staff perceptions, indicating that ATP staff disagreed on specific 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. Most ATP staff (67%) agreed that four weeks was not adequate time for inmates to complete the program.

Half of the ATP staff members felt the program had successfully rehabilitated inmates and prepared them for reintegration into society. This is supported by their belief that ATP connected participants with community resources and taught 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, with the inmate population significantly outnumbering the 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 the staff's ability to deliver the program effectively.

Of the ATP participants included in our recidivism analysis, approximately 26% had no new bookings following ATP, and 57% did not pick up a new charge/court case. In terms of raw bookings, 61% had a reduction (improvement) after ATP, 22% had an increase, and 17% had no change, 5% of whom had zero pre and post bookings. For court cases, 76% had a reduction after ATP, 14% had an increase, and 10% had no change. Beyond this, we identified statistically significant reductions in both

bookings and court cases across all charge levels after participating in ATP, except for first-degree felonies – and this was likely due to the relatively small number of first-degree felonies within this sample.

We also identified an increase in the average time between bookings, suggesting a decrease in the frequency of arrests. We found the opposite for the average time between court cases. These two findings together lead us to speculate that while some participants were charged more frequently, the decrease in bookings indicates that the severity of these charges was less. This is supported by the finding that violent offenses and property offenses showed the largest improvement, at 41% and 42% improvement, respectively.

References

Aarons, G.A. Mental Health Provider Attitudes Toward Adoption of Evidence-Based Practice: The Evidence-Based Practice Attitude Scale (EBPAS). Ment Health Serv Res 6, 61–74 (2004). https://doi.org/10.1023/B:MHSR.0000024351.12294.65

Bahr, S. J., Harris, P. E., Strobell, J. H., & Taylor, B. M. (2012). An evaluation of a short-term drug treatment for jail inmates. *International Journal of Offender Therapy and Comparative Criminology*, *57*(10), 1275–1296. https://doi.org/10.1177/0306624x12448650

Banks, D., & Gottfredson, D. C. (2003). The Effects of Drug Treatment and Supervision on Time to Rearrest Among Drug Treatment Court Participants. *JOURNAL OF DRUG ISSUES*, *33*(2), 385–412.

Bennett, T., Holloway, K., & Farrington, D. (2008). The statistical association between drug misuse and crime: A meta-analysis. *Aggression and Violent Behavior*, *13*(2), 107–118. https://doi.org/10.1016/j.avb.2008.02.001

Boyum, D. A., Caulkins, J. P., & Kleiman, M. A. R. (2011). Drugs, Crime, and Public Policy. In J. Q. Wilson & J. Petersilia (Eds.), *Crime and public policy* (pp. 368–411). essay, Oxford University Press.

Castle, T. L. (2008). Satisfied in the jail? Criminal Justice Review, 33(1), 48–63. https://doi.org/10.1177/0734016808315586

Cullen, F. T., Clark, G. A., Cullen, J. B., & Mathers, R. A. (1985). Attribution, salience, and attitudes toward criminal sanctioning. Criminal Justice and Behavior, 12(3), 305-332.

Cullen, F. T., Lutze, F. E., Link, B. G., & Wolfe, N. T. (1989). The Correctional Orientation of Prison Guards: Do Officers Support Rehabilitation. *Federal Probation*, *53*(1), 33–42.

Department of Substance Abuse Programs (2013, December 11). ATP Policy. Department of Substance Abuse Programs.

Friedmann, P. D., Lemon, S. C., Anderson, B. J., & Stein, M. D. (2003). Predictors of follow-up health status in the Drug Abuse Treatment Outcome Study (Datos). *Drug and Alcohol Dependence*, *69*(3), 243–251. https://doi.org/10.1016/s0376-8716(02)00323-x

Friedmann, P. D., Taxman, F. S., & Henderson, C. E. (2007). Evidence-based treatment practices for drug-involved adults in the criminal justice system. *Journal of Substance Abuse Treatment*, *32*(3), 267–277. https://doi.org/10.1016/j.jsat.2006.12.020

Home | New Mexico Department of Finance and Administration. (n.d.). www.nmdfa.state.nm.us/local-government/special-programs-bureau/ldwi-annual-reports/.

Huynh, C., Ferland, F., Blanchette-Martin, N., Ménard, J.-M., & Fleury, M.-J. (2016). Factors influencing the frequency of emergency department utilization by individuals with Substance Use Disorders. *Psychiatric Quarterly*, *87*(4), 713–728. https://doi.org/10.1007/s11126-016-9422-6

Institute of Behavioral Research. (2004). *TCU CJ Organizational Readiness for Change Program Staff Version (TCU CJ ORC-S)*. Fort Worth: Texas Christian University, Institute of Behavioral Research. Available at ibr.tcu.edu

Melvin, K. B., Gramling, L. K., & Gardner, W. M. (1985). scale to measure attitudes toward prisoners. Criminal Justice and Behavior, 12(2), 241-254.

Meyers, R. J., & Squires, D. D. (2001). *The community reinforcement approach: a guideline developed for the Behavioral Health Recovery Management Project.* Www.drugsandalcohol.ie. https://www.drugsandalcohol.ie/13609/.

Mitchell, O., Wilson, D. B., & MacKenzie, D. L. (2007). Does incarceration-based drug treatment reduce recidivism? A meta-analytic synthesis of the research. *Journal of Experimental Criminology*, *3*(4), 353–375. https://doi.org/10.1007/s11292-007-9040-2

O'Jiaku-Okorie, A., Yin, X., & Lucas, C. (2023). Quickstats: Rate of Emergency Department Visits*for substance use disorders§ among adults aged ≥18 years, by age group — National Hospital Ambulatory Medical Care Survey, United States, 2018–2019 and 2020–2021. *MMWR. Morbidity and Mortality Weekly Report*, *72*(39), 1073–1073. https://doi.org/10.15585/mmwr.mm7239a6

Peterson, C., Li, M., Xu, L., Mikosz, C. A., & Luo, F. (2021). Assessment of annual cost of substance use disorder in US hospitals. *JAMA Network Open*, *4*(3). https://doi.org/10.1001/jamanetworkopen.2021.0242

Saylor, W. G., & Wright, K. N. (1992). Status, Longevity, and Perceptions of the Work Environment among Federal Prison Employees. Journal of Offender Rehabilitation, 17(3-4), 133-160.

Swartz, J. A., Lurigio, A. J., & Slomka, S. A. (1996). The Impact of IMPACT: An Assessment of the Effectiveness of a Jail-Based Treatment Program. *Crime and Delinquency*, *42*(4), 553–573.

LDWI Annual Reports | New Mexico Department of Finance and Administration. (n.d.). https://www.nmdfa.state.nm.us/local-government/special-programs-bureau/ldwi-annual-reports/

Walkden, S. M., Rogerson, M., & Kola-Palmer, D. (2021). Public Attitudes Towards Offenders with Mental Illness Scale (PATOMI): Establishing a Valid Tool to Measure Public Perceptions. *Community mental health journal*, *57*(2), 349–356. https://doi.org/10.1007/s10597-020-00653-0

Zhang, X., Wang, N., Hou, F., Ali, Y., Dora-Laskey, A., Dahlem, C., & McCabe, S. (2021). Emergency department visits by patients with substance use disorder in the United States. *Western Journal of Emergency Medicine*, *22*(5), 1076–1085. https://doi.org/10.5811/westjem.2021.3.50839