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**Outcome Evaluation of the New Mexico Corrections Department Genesis  
Residential Substance Abuse Treatment Program for State Prisoners**

**Draft Final Project Summary Report**

**A Summary Report Prepared for:**

**the National Institute of Justice  
Office of Justice Programs  
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**Prepared by:**

**the Institute for Social Research  
University of New Mexico  
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**ACCEPTED  
FINAL REPORT**

Approved By: *[Signature]*

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## **Project Summary**

Prior research (e.g. Leukefeld and Tims 1993, Wexler and Melnick 1999, Knight and Simpson 1999) has shown that prison-based therapeutic communities can be effective in reducing recidivism and reincarceration through addressing the substance abuse problems of offenders.

Grant #99-RT-VX-K0076 was awarded to the Institute for Social Research (ISR) by the National Institute of Justice (NIJ) to explore the effectiveness and enhance the understanding of the federally funded Residential Substance Abuse Treatment for State Prisoners (RSAT) Genesis in-prison therapeutic community at the Southern New Mexico Correctional Facility (SNMCF) in the minimum restrict security wing of the Paul Oliver Unit (POU) in southern New Mexico. This study is a continuation of and builds upon a prior study that focused on the implementation of the therapeutic community.

The SNMCF is located in the southern part of the state just outside Las Cruces, which is the second largest city in New Mexico and is composed of two separate facilities. The medium security facility has a design capacity of 480 inmates and the second facility is a minimum restrict/minimum facility which has a design capacity of 180 in four housing pods of 45 beds each. The Genesis program is housed in one of the four housing pods in the minimum restrict/minimum facility.

Our study used a quasi-experimental design to match therapeutic community participants to a comparison group of individuals who met eligibility criteria for the

therapeutic community but for various reasons did not become participants. Our study examines the program's effectiveness in treating and rehabilitating participants, in successfully integrating recovering inmates into their communities, in reducing post-release substance use, and in increasing social stability. As noted in our proposal we are especially interested in the implementation of the proposed aftercare component and its impact on the successful reintegration of participants into the community.

The Genesis program uses social learning theory as its theoretical approach which views the social environment as the most important source of reinforcement.

Definitions of behavior are the moral components of social interaction that express whether something is right or wrong. According to this version of the theory these behaviors like any other are learned and that people learn both deviant behavior and the definitions that go along with it. The learning can either be direct, as through conditioning, or indirect, as through imitation and modeling. Its continued maintenance depends not only on its own reinforcement but also on the quality of the reinforcement available for alternative behavior. The Genesis program is designed to increase definitions and the quality of these definitions available for alternative behavior.

The inmates in the Genesis program are housed in the same area as other non-therapeutic community inmates. They have regular contact with other inmates in the unit, both minimum and minimum restrict, and share resources such as showers, toilets, cafeteria, gym, yard, and other recreational facilities. There are 45 beds designated for the therapeutic community program, but because during the time of our

study the program was never at capacity, the remaining beds did not stay vacant but were filled by other similarly classified inmates. These similarly classified inmates while not part of the therapeutic community were classified as "drug free". The idea is that as more inmates enroll in the program, the beds will be vacated by the other non-therapeutic community inmates. Because the system is under conditions of overcrowding it is not possible to leave the beds vacant.

As noted earlier, we use a quasi-experimental design matching a comparison group of individuals that were eligible for the Genesis program but for whatever reason did not become participants. We rely on a modified version of the Addiction Severity Index (ASI) to measure outcomes and changes in both the treatment and the comparison group. This modified version includes a small portion of an ASI criminal justice module being developed by a group of Swedish researchers that is discussed in more detail later. Additionally, several questions were included that focused upon program participant's satisfaction with the therapeutic community at discharge. Interviews were conducted with study members at intake into the therapeutic community and enrollment in the comparison group, at discharge from the therapeutic community and for the comparison group at approximately 9 months after enrollment, and at follow-up 9-12 months after the date of the discharge interview.

By asking if substance-using offenders who participate in the Genesis program and receive aftercare services in the community exhibit better outcomes than their non-participant substance-using counterparts, we hoped to contribute to nationwide efforts

to fully document the efficacy of prison-based intensive substance treatment programs such as those exemplified by therapeutic communities.

A number of factors effected our ability to complete our study as originally proposed.

Most of these factors were beyond our control and severely limited our ability to answer our research questions.

1. An aftercare component was never formally established
2. As originally planned the program did not routinely parole and transition participants to the community upon program completion
3. The proposed program model was never attained and the conditions of the therapeutic community were violated (i.e. separate living areas and set program length)
4. The population was difficult to track, study staff lacked some persistence and the budget was limited

Eventually 67 therapeutic community group individuals and 57 comparison group individuals were enrolled in the study. A total of 123 intake interviews were completed (67 treatment and 56 comparison), 69 discharge interviews (48 treatment and 21 comparison) and 36 follow-up interviews (22 treatment and 14 comparison). From intake to discharge our interview rate was 55.2% and from discharge to follow-up our interview rate was 52.2%. Our overall follow-up interview rate from intake to follow-up was a very disappointing 28.8%.

Overall, 57% of the study group members were Hispanic, the average age was 32.3 years old, and a slight majority had never been married. The next two tables provide official criminal history information and self-reported substance abuse history

information for the RSAT and comparison group and the entire study group. This information was collected from each study group member's New Mexico Corrections Department institutional file.

<b>Table 1 - Criminal History</b>			
	<b>Genesis</b>	<b>Comparison</b>	<b>Total</b>
<b>Mean Number of prior arrests</b>	6.7	11.1	8.7
<b>Mean Number of years served in prison</b>	5.9	7.5	6.6
<b>Mean Current Prison Sentence Length in Years</b>	5.6	4.8	5.2
<b>Mean Number of Convictions</b>	3.9	3.9	3.9
<b>Mean Number of Times Weapons Used During a Crime</b>	0.7	1.2	0.9

There were some differences between the two groups when considering each groups criminal history. The comparison group had on average 39.7% (4.4) more prior arrests than the treatment group. Both groups had identical averages when comparing the mean number of prior convictions. The comparison group had a higher average number of years served in prison (1.6 years or 21.3%) and had a higher average number of times they had used a weapon during a crime. The treatment group had on average longer mean current prison sentences (0.8 years). On three of the five measures of criminal history the comparison group was higher (mean prior arrests, mean years served in prison, and mean number of times weapons had been used during a crime), on one measure the two groups were identical (mean number of convictions), and on one measure the treatment group was higher (mean current prison

sentence length in years).



<b>Table 2 - Substance Abuse History</b>			
	<b>Genesis</b>	<b>Comparison</b>	<b>Total</b>
<b>Drug Use as Juvenile</b>	<b>92.3% Yes</b>	<b>96.3% Yes</b>	<b>95.0% Yes</b>
<b>Drug Use as Adult</b>	<b>98.5% Yes</b>	<b>100.0% Yes</b>	<b>99.2% Yes</b>
<b>Mean Number of Times Experienced Alcohol Withdrawl</b>	<b>0.5</b>	<b>0.4</b>	<b>0.5</b>
<b>Mean Number of Times Overdosed on Drugs</b>	<b>3.5</b>	<b>0.5</b>	<b>0.5</b>
<b>Mean Number of Times Been Detoxed</b>	<b>3.5</b>	<b>0.5</b>	<b>.45</b>
<b>Percent Ever Received Outpatient Treatment</b>	<b>56.7</b>	<b>74.0</b>	<b>64.1</b>
<b>Percent Ever Received Inpatient Treatment</b>	<b>67.2</b>	<b>54.7</b>	<b>61.7</b>
<b>Number of Family Members Using Drugs</b>	<b>8.9</b>	<b>5.8</b>	<b>7.5</b>
<b>Average Daily Dollar Amount Spent on Drugs During Greatest Six Month Period of Drug Use</b>	<b>\$188.15</b>	<b>\$336.45</b>	<b>\$256.50</b>
<b>Number of Family Members Using Alcohol</b>	<b>5.8</b>	<b>1.5</b>	<b>3.8</b>

Table 2 documents each groups self-reported substance abuse history. Almost everyone in both groups self-reported drug use as juveniles and adults. Both groups reported few alcohol withdrawl experiences and the treatment group reported 7 times more, on average, drug overdoses and 7 times more, on average, detoxification experiences. More treatment group members reported ever receiving inpatient treatment when compared to the comparison group and a smaller percent of the treatment group compared to the comparison group reported receiving outpatient treatment. Treatment group members reported a greater number of family members

using alcohol and drugs than the comparison group while the comparison group reported spending considerably more on drugs during their greatest six month period of drug use when compared to the treatment group. In the aggregate it appears the treatment group had more serious substance abuse histories than the comparison group.

To assess overall outcome, a within groups repeated measures analysis of variance (ANOVA) was performed that included ASI composite scores at all three interview points. Significant improvement occurred in two domain areas (employment  $p < .05$  and alcohol  $p < .0001$ ) for the therapeutic community group and in one of the domain areas (alcohol  $p < .05$ ) for the comparison group. Treatment outcomes did not significantly change in the majority of domains for either group indicating they were not significantly different in their outcomes.

Domain	RSAT			Comparison		
	Mean Square	F	Sig.	Mean Square	F	Sig.
Medical	.08	2.872	.076	.04	0.052	.950
Employment	.26	5.499	.013	.05	1.331	.332
Alcohol	.13	12.263	.000	.04	7.019	.027
Drug	.08	2.656	.091	.07	4.526	.063
Family	.04	1.579	.264	.03	3.161	.115
Psychiatric	.07	0.451	.642	.04	3.833	.085

A problem with the findings results from the small sample size in the ANOVA analysis.

One of the assumptions of an ANOVA is that the variances about each groups' means are not substantially different from each other, that is there is a homogeneity of variance. Because ANOVA is a robust statistical test violations of this assumption may still result in correct statistical results. For reasons noted earlier in this report the sample size used in this analysis was not large. A total of 13 cases were used in the RSAT group and 5 in the comparison group. Larger sample sizes like  $N > 10$  per group helps to minimize unequal variances.

The program was designed to meet federal RSAT program requirements but for various reasons never met a number of these requirements. For example, the federal requirement that the program be provided in residential treatment facilities set apart from the general correctional population did not happen while this study was in progress. The Genesis program was not set apart in a totally separate facility or a dedicated housing unit within a facility exclusively for use by program participants. Additionally, the program was never able to implement or require consistent, regular and ongoing urinalysis and/or other proven reliable forms of drug and alcohol testing of individuals assigned to the residential substance abuse treatment program. Finally, the program was never able to provide coordinated aftercare services to program participants. Aftercare services are meant to involve coordination between the correctional treatment program and other human service and rehabilitation programs, such as education and job training, parole supervision, halfway houses, and self-help and peer group programs that may aid in rehabilitation once an individual is released into the community.

The inability of the therapeutic community to meet some of the federal requirements was often beyond the control of program staff. For example, as explained earlier, because of housing shortages vacant beds in the RSAT housing unit were occupied by other drug free inmates who were not part of the therapeutic community. Additionally, community members shared recreational facilities, jobs and meals with non-community members. Also, though attempts were made, formal policies and procedures were never put in place that provided aftercare services for program participants. This was further exacerbated by the fact that therapeutic community members were often moved on short notice because of the NMCD's emphasis on security and program participants often did not parole upon completing the program and routinely completed the remainder of their sentence in general population prior to parole.

The inability of the program to be implemented according to its design and federal guidelines and the inability of research staff to track and locate study participants for discharge and follow-up interviews severely limits the findings from this study.

Because therapeutic community members did not receive coordinated aftercare services we were not able to answer the research question focused upon the effect of aftercare services and whether coordinated aftercare services in combination with participation in the therapeutic community produced better outcomes. Further, because individuals did not routinely parole after completing the program the use of coordinated aftercare services for these individuals would have been confounded by the delay from program completion to parole.

Therapeutic community members were not more socially stable than comparison group members when the ASI medical, family and psychiatric domains were compared. Both groups experienced significant problems with employment. Because of the various problems noted earlier this finding is not unusual or unexpected.

Regarding their drug use the groups were similar and there were no measurable statistical differences within the RSAT and comparison group from the intake interview to the follow-up interview. Additionally, on average, neither group reported large drug problems as measured by the drug domains composite scores. Both the RSAT and comparison group experienced significant declines in alcohol problems with the RSAT group experiencing a larger decline. This finding is tempered because neither group reported large problems with alcohol.

As noted in the introduction prior research (e.g. Leukefeld and Tims 1993, Wexler and Melnick 1999, Knight and Simpson 1999) has shown that prison-based therapeutic communities can be effective in reducing recidivism and reincarceration through addressing the substance abuse problems of offenders. For the reasons noted in various parts of this report this study is not able to provide additional information regarding the effectiveness of prison-based therapeutic communities in reducing recidivism and reincarceration. We had hoped to build upon an earlier study that focused on the implementation of the therapeutic community and was partially designed to lay the groundwork for an outcome study. We were not able to adequately complete the outcome study for the various reasons listed in this report.

The inability of the program to be implemented according to its design and federal guidelines and the inability of research staff to track and locate study participants for discharge and follow-up interviews severely limits the findings from this study.

Within these limitations the RSAT therapeutic community program targeted and served individuals that were appropriate and eligible for program services. Because, during the time of the data collection for this study, the program did not meet some federal guidelines concerning the design of the program outcomes are difficult to relate to the program. Because of the research team's inability to track and locate treatment group and comparison group members the size of the two groups for analyses is small, which furthers effects our ability to draw conclusions.

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**December 2002**

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## **Executive Summary**

Grant #99-RT-VX-K0076 was awarded to the Institute for Social Research (ISR) by the National Institute of Justice (NIJ) to explore the effectiveness and enhance the understanding of the federally funded Residential Substance Abuse Treatment for State Prisoners (RSAT) Genesis in-prison therapeutic community at the Southern New Mexico Correctional Facility (SNMCF) in the minimum restrict security wing of the Paul Oliver Unit (POU) in southern New Mexico. This study is a continuation of a prior study that focused on the implementation of the therapeutic community.

The SNMCF is located in the southern part of the state just outside Las Cruces, which is the second largest city in New Mexico and is composed of two separate facilities. The medium security facility has a design capacity of 480 inmates and the second facility is a minimum restrict/minimum facility with a design capacity of 180 inmates in four housing pods of 45 beds each. The Genesis program is housed in one of the four housing pods in the minimum restrict/minimum facility.

Our study used a quasi-experimental design to match therapeutic community participants to a comparison group of individuals who met eligibility criteria for the therapeutic community but for various reasons did not become participants. Our study examines the program's effectiveness in treating and rehabilitating participants, in successfully integrating recovering inmates into their communities, in reducing post-release substance use, and in increasing social stability. As noted in our proposal we are especially interested in the implementation of the proposed aftercare component

and its impact on the successful reintegration of participants into the community.

Our face to face interview is based upon the Addiction Severity Index (ASI). Interviews were conducted with study members at intake into the therapeutic community and enrollment in the comparison group, at discharge from the therapeutic community and for the comparison group at approximately 9-12 months after enrollment, and at follow-up 9-12 months after the date of the discharge interview.

By asking if substance-using offenders who participate in the Genesis program and receive aftercare services in the community exhibit better outcomes than their non-participant substance-using counterparts, we hoped to contribute to nationwide efforts to fully document the efficacy of prison-based intensive substance treatment programs such as those exemplified by therapeutic communities.

A number of factors effected our ability to complete our study as originally proposed.

Most of these factors were beyond our control and severely limited our ability to answer our research questions.

- An aftercare component was never formally established
- As originally planned the program did not routinely parole and transition participants to the community upon program completion
- The proposed program model was never attained and the conditions of the therapeutic community were violated (i.e. separate living areas and set program length)
- The population was difficult to track, study staff lacked some persistence and the budget was limited

Eventually 67 therapeutic community group individuals and 57 comparison group

individuals were enrolled in the study. A total of 123 intake interviews were completed (67 treatment and 56 comparison), 69 discharge interviews (48 treatment and 21 comparison) and 36 follow-up interviews (22 treatment and 14 comparison). From intake to discharge our interview rate was 55.2% and from discharge to follow-up our interview rate was 52.2%. Our overall follow-up interview rate from intake to follow-up was a very disappointing 28.8%.

Overall, 57% of the study group members were Hispanic, the average age was 32.3 years old, a slight majority had never been married, both groups had relatively serious criminal histories, and the therapeutic group members had more serious substance abuse histories.

To assess overall outcome, a within groups repeated measures analysis of variance (ANOVA) was performed that included ASI composite scores at all three interview points. Significant improvement occurred in two domain areas (employment  $p < .05$  and alcohol  $p < .0001$ ) for the therapeutic community group and in one of the domain areas (alcohol  $p < .05$ ) for the comparison group. Treatment outcomes did not significantly change in the majority of domains for either group indicating they were not significantly different in their outcomes.

The inability of the program to be implemented according to its design and federal guidelines and the inability of research staff to track and locate study participants for discharge and follow-up interviews severely limits the findings from this study.

Within these limitations the RSAT therapeutic community program targeted and served individuals that were appropriate and eligible for program services. Because, during the time of the data collection for this study, the program did not meet some federal guidelines concerning the design of the program outcomes are difficult to relate to the program. Because of the research team's inability to track and locate treatment group and comparison group members the size of the two groups for analyses is small, which furthers effects our ability to draw conclusions.

## **Introduction**

Prior research (e.g. Leukefeld and Tims 1993, Wexler and Melnick 1999, Knight and Simpson 1999) has shown that prison-based therapeutic communities can be effective in reducing recidivism and reincarceration through addressing the substance abuse problems of offenders. The purpose of this study is to explore the effectiveness and enhance the understanding of the federally funded Residential Substance Abuse Treatment for State Prisoners (RSAT) Genesis in-prison therapeutic community at the Southern New Mexico Correctional Facility (SNMCF) in the minimum restrict security wing of the Paul Oliver Unit (POU) in southern New Mexico. This study is a continuation of and builds upon a prior study that focused on the implementation of the therapeutic community. One of the goals of the earlier process evaluation was to help lay the groundwork for this outcome study. The research design focuses on tracking therapeutic community participants from intake into the program to exit from the program and an approximately one-year follow-up period.

Our study uses a quasi-experimental study design to match therapeutic community participants to a comparison group of individuals who met eligibility criteria for the therapeutic community but for various reasons did not become participants. Our study examines the program's effectiveness in treating and rehabilitating participants, in successfully integrating recovering inmates into their communities, in reducing post-release substance use, and in increasing social stability. As noted in our proposal we are especially interested in the implementation of the proposed aftercare component and its impact on the successful reintegration of participants into the community.

## *RSAT Program*

The Residential Substance Abuse Treatment for State Prisoners (RSAT) Formula Grant Program is intended to assist states and units of local government in developing and implementing residential substance abuse treatment programs within state and local correctional and detention facilities. The RSAT Program was created by the Violent Crime Control and Law Enforcement Act of 1994. These programs must:

- Last between 6 and 12 months. Each offender must participate in the program for not less than 6 nor more than 12 months, unless he or she drops out or is terminated.
- Be provided in residential treatment facilities set apart from the general correctional population. Set apart means a totally separate facility or a dedicated housing unit within a facility exclusively for use by program participants.
- Focus on the substance abuse problems of the inmate.
- Develop the inmate's cognitive, behavioral, social, vocational, and other skills to solve the substance abuse and related problems.
- Applicant states must agree to implement or continue to require urinalysis and/or other proven reliable forms of drug and alcohol testing of individuals assigned to residential substance abuse treatment programs in correctional facilities. Such testing must include individuals released from residential substance abuse treatment programs who remain in the custody of the state. Grant funds may be used to pay the costs of testing offenders while in a grant-supported program.

States are required to give preference to programs that provide aftercare services to program participants. Aftercare services should involve coordination between the correctional treatment program and other human service and rehabilitation programs, such as education and job training, parole supervision, halfway houses, and self-help and peer group programs that may aid in rehabilitation. Grant funds cannot be used for the aftercare component. Additionally, corrections-based treatment programs and community-based substance abuse treatment programs are required to work together to place program participants in appropriate community substance abuse treatment

when these individuals leave the correctional facility at the end of their sentence or time on parole.

### *Local RSAT Program*

This draft Final Project Report is being submitted by the Institute for Social Research (ISR), University of New Mexico in order to satisfy the requirements of award number 1999-RT-VX-K006 for the project period October 1, 1998 to June 30, 2002. The original award was for two-years from October 1, 1998 to September 30, 2000. For a number of reasons we asked for and received several no cost extensions for an additional 21 months that extended the award date through June 30, 2002. For reasons, included later in this report we were not able to completely implement our proposed research design or complete our project as originally proposed.

### *The Facility*

The SNMCF is located in the southern part of the state just outside Las Cruces, which is the second largest city in New Mexico. The SNMCF is composed of two separate facilities. The medium security facility has a design capacity of 480 inmates and an over-design capacity of 548. The second facility is a minimum restrict/minimum facility which has a design capacity of 180 in four housing pods of 45 beds each. The Genesis program is housed in one of the four housing pods in the minimum restrict/minimum facility.

At the time we began our research the Genesis program was one of four therapeutic



communities in the New Mexico Corrections Department (NMCD) and the only one receiving federal RSAT funds. One of the other therapeutic communities was also located at the Southern New Mexico Correctional Facility in the medium security facility and had thirty-two beds. The third was located at the Central New Mexico Correctional Facility (CNMCF) in the medium security facility and had thirty-two beds. The last community was located at the Women's Correctional Facility with sixty beds. This facility is privately run by the Correctional Corporation of America (CCA). In addition, New Mexico had thirty-two Drug Free Unit beds in two units all of which were located in medium security facilities. All inmates who receive any drug treatment services while in the NMCD system do so voluntarily.

Inmates eligible for the Genesis program must first meet certain institutional eligibility criteria before they can be considered for the program. Prisoners classified to this institutional risk level present a moderate risk of disruption to the safe, secure, and orderly operation of the institution or of escape. Assignments and activities are primarily limited to within the main perimeter where staff supervision and frequent staff observation is provided. The therapeutic community is staffed by the Health Services Bureau of the New Mexico Corrections Department. The New Mexico Corrections Department at the time of our study housed approximately 4900 inmates in fifteen facilities located through the state. The majority of inmates were held in medium security facilities.

All state inmates prior to being assigned to an institution first go through what is called

the Reception and Diagnostic Center (RDC) and as part of the protocol are screened for substance abuse dependency. Inmates with a substance abuse dependency diagnosis are made aware of services and are encouraged to participate when they arrive at their receiving facility. As noted earlier, inmates cannot be forced to participate in substance abuse treatment. According to the NMCD there is an approximate 62% substance abuse dependency rate among incarcerated men and women:

### *The Genesis Program*

The Genesis program uses social learning theory as its theoretical approach which views the social environment as the most important source of reinforcement. Definitions of behavior are the moral components of social interaction that express whether something is right or wrong. According to this version of the theory these behaviors like any other are learned and that people learn both deviant behavior and the definitions that go along with it. The learning can either be direct, as through conditioning, or indirect, as through imitation and modeling. Its continued maintenance depends not only on its own reinforcement but also on the quality of the reinforcement available for alternative behavior. The Genesis program is designed to increase definitions and the quality of these definitions available for alternative behavior.

The inmates in the Genesis program are housed in the same area as other non-therapeutic community inmates. They have regular contact with other inmates in the unit, both minimum and minimum restrict, and share resources such as showers, toilets, cafeteria, gym, yard, and other recreational facilities. There are 45 beds

designated for the therapeutic community program, but because during the time of our study the program was never at capacity, the remaining beds did not stay vacant but were filled by other similarly classified inmates. These similarly classified inmates while not part of the therapeutic community were classified as "drug free". The idea is that as more inmates enroll in the program, the beds will be vacated by the other non-therapeutic community inmates. Because the system is under conditions of overcrowding it is not possible to leave the beds vacant.

The program began on July 31, 1997. The period between the initial draw of funds and inmate admission, allowed for staff to be hired, trained, and program details to be developed. Inmates were recruited through mental health files, contacted through the mail and information was disseminated at the new inmate orientations held weekly at SNMCF. Flyers were also posted around the facility weeks before the program start up, during which time the inmates could begin the application process.

### *Recruitment*

All Genesis program participants volunteer for the program. As noted earlier, this occurs because the NMCD cannot mandate substance abuse treatment for inmates. A variety of methods are used to recruit new inmates for the program. Following is a listing of referral sources:

- Recruitment efforts are made at the Reception and Diagnostic Center (RDC). All incoming inmates prior to being assigned to a facility go through classification at the RDC, which is located on the grounds of one of the state prison facilities.

- Flyers posted in the different state prison facilities and information received at a weekly orientation for new prisoners at their receiving facility.
- Health providers from throughout the New Mexico Corrections Department.
- Case workers and security personnel at SNMCF and other facilities.
- Other inmates by word of mouth may assist in recruiting inmates.

### *Eligibility Standards*

Standards for eligibility for admission were adopted along two lines: inclusionary and exclusionary. The inclusionary criteria are:

- Identified substance abuse problem with a motivation for treatment.
- Projected 9-18 months to serve with good time left on the sentence. Inmates in New Mexico are eligible to receive one day good time for each day served which means inmates could serve only half of their sentence. Inmates can also lose good time for infractions of prison policy which makes exact calculations of time left to serve imprecise. For this reason projected time to serve calculates good time.
- Agreement to voluntarily engage in the TC treatment program.
- Agreement to accept regular urinalysis. In the NMCD 15% of all inmates are randomly tested each month for drugs. The Genesis program agreed to test program participants more frequently. Due to cost constraints they are only able to test participants a maximum of once per month.

The exclusionary criteria are:

- Serious mental health or cognitive problems which would limit inmates ability to fully participate in the program.
- The use of prescription psychotropic medications. Institutional policy does not allow this type of inmate in minimum restrict facilities.
- Current conviction on any sex offense.
- Current conviction that contained any violence toward children.
- Not being conducive to community living (i.e. excessive violence, disciplinary problems, inmate security threat).

Other factors considered before admission include recommendations from Security and other institutional departments regarding inmates adjustment, motivation, and potential difficulties with other program participants.

The program is staffed by the Director of Mental Health at SNMCF who serves as the overall program director. He participates in staff meetings, planning sessions, and provides overall direction and supervision for the program. He does not have an active role in the day-to-day operation of the program. One of the Senior Counselors in the program acts as the Program Coordinator. This was done to give the program staff a clear leader who would be involved in day-to-day operations. Two other full-time counselors are employed in the program. One part-time staff member is utilized to administer tests used by the program. One additional part-time staff member assists the counselors. Towards the end of our study two full-time counselors and the secretary left the program and only one counselor remained.

### *Instruments*

Instruments and tests that are administered by the staff include the Inmate Assessment Profile (IAP), the State-Trait Anger Expression Inventory (STAXI), and the Multidimensional Self-Esteem Inventory (MSEI). The Inmate Assessment Profile (IAP) was designed by SNMCF staff and is used as the primary intake instrument for the program. It is designed to assist the program in understanding factors related to criminal behavior and mental health problems and it is primarily used for creating treatment plans. The IAP is extensive and contains sections on: criminal justice history, developmental history, adult social history, drug abuse history, alcohol abuse history, physical health, mental health, and goals in prison.

The STAXI is used to assess components of anger that can be used for detailed evaluations of normal and abnormal personalities and to provide a means of measuring the contributions of various components of anger to the development of medical conditions. Program staff use this instrument to measure needs assessment and as a measure of change over time. The MSEI is also used for measuring program clients needs and as a measure of change over time. The MSEI is an objective self-report inventory which provides measures of the components of self-esteem. During the time of our study the STAXI and MSEI were not routinely administered to entering inmates or to the same inmates when they exited. Missing STAXIs and MSEIs at exit were partially a result of participants who withdrew from the program with little or no notice, were transferred, refused or did not have the opportunity to complete an exit interview.

#### *New Mexico as a Site*

There are a number of reasons why New Mexico is a particularly appropriate place in which to study the effects of substance abuse treatment upon post-release outcomes. For one thing, the state's inmate population exhibits a high level of substance abuse: according to mental health officials at the NMCD, over 80% of incoming inmates have a history of substance abuse with 62% being substance abuse dependent. During the recruitment phase of our study, less than 20% of these inmates received treatment in a therapeutic community, drug free unit, or limited treatment in the form of individual counseling, group counseling sessions, and psycho-educational programs. There are few opportunities for intensive treatment such as that offered at the SNMCF. The existing non-treated prison population provides a population from which to draw

comparison groups; in addition, the State's relatively small inmate population of 4900 should facilitate the tracking of individual participants throughout the system for follow-up interviews.

By asking if substance-using offenders who participate in the Genesis program and receive aftercare services in the community exhibit better outcomes than their non-participant substance-using counterparts, we hope to contribute to nationwide efforts to fully document the efficacy of prison-based intensive substance treatment programs such as those exemplified by therapeutic communities.

#### *Study Limitations*

A number of factors effected our ability to complete our study as originally proposed. Most of these factors were beyond our control and severely limited our ability to answer our research questions.

First, an aftercare component was never formally initiated and Genesis program clients never were formally case managed and transitioned from the prison facility to the community and case managed in the community. Second, and related to the first is that as originally planned the Genesis program does not routinely parole and transition participants to the community upon program completion. Because of the current method used to compute good time rates for inmates in the NMCD it is extremely difficult to ensure that inmates who enter the program parole upon completion. In addition, it appears that participants were accepted into the program even if they had

more than a year left to serve. Third, because the NMCD is oriented towards security, program participants were at times removed from the program and transferred to another facility resulting in their withdrawal from the program with little notice. These movements effect the orderly operation of the program and our ability to interview program participants and members of the comparison group. Literally at times inmates were transferred from the facility during odd hours and only those directly involved in the transfer were notified. The result was that program staff were made aware of the transfer after it had already occurred. Fourth, because this occurred it became difficult to track these inmates to other facilities for interviews and follow them after they paroled, if they ever paroled during our study. In order to track parolees, we requested and relied on the contact information provided in the locator form. Those individuals who unexpectedly left the facility could not complete this form. When possible we collected transfer information to other facilities and attempted to complete interviews at those facilities. These interviews were completed by phone or in person. Fifth, because the program never reached capacity, and for other reasons noted earlier, the proposed program model was never attained and the conditions of the therapeutic community were violated (i.e. separate living areas and set program length). Sixth, we underestimated the cost and complexity of completing this type of study. We found it extremely difficult to track study group members within the NMCD prison system and once they paroled, especially comparison group members. Many comparison group members were skeptical about the study and this affected the cooperation level especially when it came to providing contact information. This difficulty was partially a result of the above mentioned issues, the population we were tracking, and a lack of



persistence on the part of our research staff, in regards to those inmates who transferred to other facilities. Clearly our research plan was too ambitious and this was exacerbated by our limited budget. These problems/issues resulted in delays in completing the study, contract extensions, and a small sample. This is discussed in more detail later.

## Literature Review

### *Documenting the Linkage: Substance Use and Criminal Behavior*

There is evidence that the expressed linkage between drugs and crime is not merely a rhetorical device used to win political support for the national "War on Crime."

Research has consistently shown that substance abuse exerts a sort of multiplier effect upon antisocial behaviors, increasing the frequency and intensity of crimes, particularly violent ones (Fagan and Chin 1990; Inciardi 1990).

Goldstein (1985) has identified three models - psychopharmacological, economic compulsive, and systemic - that are used to explain violent behavior among substance users; these three models are also used to describe the antisocial behaviors of substance abusing offenders. The psychopharmacological model suggests that offenders are likely to commit crimes while they are under the influence of mood and behavior altering substances; certainly both NIJ-collected arrest data as well as inmate self-reports indicate that it is not unusual for offenders to be under the influence of one or more substances at the time they commit their offense (BJS 1994; ONDCP 1995). The economic compulsive model posits that substance users are prone to committing offenses such as burglary, robbery, trafficking, or prostitution to support their habit (BJS 1994; ONDCP 1995). While we do not address the systemic model suggested by Goldstein, we do argue that an evaluation of the Genesis program provides an opportunity to clarify the psychopharmacological and economic-compulsive links between substance abuse and crime.

### *Rehabilitate or Punish?*

The passage of the Narcotic Addict Rehabilitation Act in 1966 marked the beginning of federal efforts to address the linkage between substance use and crime. However, Martinson's famous 1974 proclamation that 'nothing works' in rehabilitating offenders and a more general conservative political climate led to a decline in rehabilitation in favor of strategies to deter criminal activity and substance abuse through punishment (Gendreau 1995). For example, by 1987, only 3 unit-based drug treatment programs remained in operation in federal prisons, down from a high of 33 such programs in 1979 (Wallace, Pelissier, McCarthy and Murray 1990).

However, severe prison overcrowding and increasing recidivism have led in recent years to a reconsideration of the deter-and-punish model of dealing with offenders, many of whom exhibit symptoms of serious substance abuse problems (Leukefeld and Tims 1993; Wexler 1994). While hardcore, chronic drug users make up only 20% of the American drug using population, they are responsible for a disproportionate level of crime (Wexler, Falkin, and Lipton 1990; ONDCP 1995). Research indicates that regular hardcore drug use frequently begins after first arrest; the incarceration of substance using offenders may galvanize latent addictive disorders, leading to a higher level of participation in criminal activity upon release (BJS 1994; Wexler 1994).

### *Prison-Based Rehabilitation*

While the late 1980s saw the early development of a body of research that demonstrated statistically significant reductions in rates of recidivism for inmates who

had participated in prison based drug treatment programs, the availability of treatment for substance using offenders remains limited (Chaiken 1989; Rouse 1991; Wexler 1994). For instance, a 1987 survey conducted by the NIJ found that over 50% of all inmates in prisons were regularly involved in using drugs before their last arrest but were receiving no programmatic help while incarcerated (Chaiken 1989).

Prison based programs are particularly appealing for a number of reasons. First, the provision of substance treatment addresses the various types of motivations that lead substance users to adopt criminal lifestyles. Second, treatment programs are particularly appropriate in prisons, where the closed setting makes it possible to identify individuals with addictive disorders and target them for treatment (ONDCP 1995). Third, substance abuse treatment in a correctional setting can provide the important benefit of controlling the behavior of offenders in prison. Inmates who had used drugs were more likely to violate prison rules; the use and possession of illicit substances accounted for about 23% of all major violations in State and Federal prisons between 1989 and 1990 (BJS 1992). Finally, the existence of a treatment program may bring unexpected managerial and administrative benefits to the institution, including better working conditions for correctional staff, and better living conditions for inmates (Chaiken 1989).

#### *Therapeutic Communities in the Prison Setting*

Rehabilitation programs that address the needs of the most persistent substance using offenders would seem to be the most efficient means of addressing the problem of

substance abuse and crime (Chaiken 1989). When properly implemented, therapeutic communities have been shown to be one of the most effective means of treating individuals with serious substance abuse histories (BJS 1992). While non-prison based therapeutic communities have been the subject of intense evaluation, prison-based therapeutic communities - which exist in at least 30 of the 50 state penal systems - have not been adequately evaluated.

When such programs have been evaluated, the findings have suggested that long-term participation in a therapeutic community may lead to substantial reductions in substance abuse and crime. For instance, studies of both New York's Stay'n Out program and Oregon's Cornerstone program have correlated long-term inmate participation with lowered rates of recidivism and reincarceration (Field 1985, 1989; Wexler, Falkin, and Lipton 1990; Lipton 1995).

One of the most crucial steps in treatment is to properly match the offender's level of substance abuse with the type and intensity of service received: research has shown that the more intensive types of treatment should only target those individuals who have been heavily involved in substance use and who have a record of frequent, serious offenses (Leukefeld and Tims 1992). Therapeutic communities which are effective with this population must attract and retain high-quality staff, must offer intervention inmates nine months to a year before eligibility for parole, should employ ex-offenders and ex-addict counselors to serve as credible role models of successful rehabilitation, and

must also provide aftercare and follow-up for participants (Chaiken 1989; Falkin and Lipton 1990; McLaren 1992; Wexler 1994).

Of particular interest in this study is the manner and extent to which participants in the Genesis therapeutic community receive aftercare services which are designed to prevent relapse after they return to the general population. Vito (1982) has suggested that the failure to implement and evaluate the aftercare component of prison-based rehabilitation programs has prevented the generation of conclusive evidence regarding the efficacy of such programs. He also points out that success is measured primarily in terms of recidivism rates: however, levels of post-release substance abuse serve as equally important indicators in assessing how well inmates have responded to prison-based treatment.

### *Research Questions*

Our study is focused on responding to the effectiveness of the Genesis program in improving the outcomes of individuals who become clients and transition through the program into the community. Specifically we are interested in:

- As compared to similar offenders in a matched comparison group who have not participated in the program and do not receive coordinated aftercare services, are program participants more socially stable? Are they less involved with alcohol and drugs?

## **Methodology**

The research methodology is fairly straight forward and follows generally accepted standards for conducting this type of study. We use a quasi-experimental design matching a comparison group of individuals that were eligible for the Genesis program but for whatever reason did not become participants. We rely on a modified version of the Addiction Severity Index (ASI) to measure outcomes and changes in both the treatment and the comparison group (Appendix A, B and C). This modified version includes a small portion of an ASI criminal justice module being developed by a group of Swedish researchers that is discussed in more detail later. Additionally, several questions were included that focused upon program participant's satisfaction with the therapeutic community at discharge. Our research design centered around interviewing study group members three times. The first interview was conducted at approximately the time individuals were accepted into therapeutic community and when the comparison group members were identified. The second interview was supposed to be conducted at the time therapeutic community members were released from the therapeutic community and approaching their parole date. For comparison group members the second interview was to be conducted at approximately 6-9 months after their intake interview and at the time they were being paroled. This was designed to approximate the length of time therapeutic community members were in the program. The final interview was designed to be administered at approximately 9-12 months after study group members had received their second interview and had been discharged from the program and/or paroled.

## *Selection of Treatment Group and Comparison Group*

### Treatment Group

Within two weeks of admittance into the therapeutic community signed consent forms were obtained from participants (Appendix D). At the same time we completed a data collection form which collected demographic information, substance use history information and their criminal history (Appendix E). Based upon the start date of the contract and study (April 1999 - though the contract was awarded in October 1998 we did not receive any funds until March 1999) 67 individuals were identified that were eligible for the study.

### Comparison Group

The comparison group was selected based on the same eligibility criteria used to identify therapeutic community participants and their projected release date.

Additionally, all members were located in the Paul Oliver Unit at the SNMCF, which is the same unit in which the therapeutic community is located. Enrollment of comparison group participants began in February 2000 and was scheduled to conclude in May 2000. Comparison group members completed consent forms similar to the therapeutic community members (Appendix D). We were not able to begin enrolling participants earlier because we had not received permission from the NMCD and had no access to potential comparison group members. Because of delays in beginning the process of enrolling comparison group members individuals within 6-9 months of paroled were selected. By May 2000, due to the limited number of comparison group members we had enrolled we extended our enrollment period through January 2001. A no-cost



extension was requested and granted. Under this time frame, to be included in the study we calculated all final interviews would have to be completed by November 2001. Our last follow-up interview was completed in October 2001.

Initially therapeutic community staff members assisted us in identifying potential comparison group members by providing us with lists of individuals who at one time were screened for the therapeutic community, but were not accepted for various reasons. The number of comparison group members identified using this process proved to be few and took too much time. In order to speed up the process and increase the size of the pool we expanded our efforts by reviewing a list of inmates in the minimum unit with projected release dates. This allowed us to identify potential members who appeared to meet eligibility criteria and who would be released in the designated time frame. In another effort to identify potential comparison group members we obtained an active roster listing all inmates housed at the minimum unit regardless of their release date. At this point, every individual in the entire minimum facility was identified as either a therapeutic community member, comparison group member or ineligible. Other efforts included checking the files of recent transfers who would be serving short sentences and re-reviewing the files of those individuals once identified as ineligible to find out if they had gained any good time and would be released earlier than once anticipated. As noted earlier we eventually enrolled 57 comparison group members

### *Interview Instrument*

Our face to face interview was based upon the Addiction Severity Index (ASI). The ASI is an interview designed to detect and measure the severity of potential treatment problems in seven areas of life (medical, employment, alcohol, drug, legal, family/social, and psychiatric) commonly affected by alcohol and drug dependence. The ASI contains two measures. Severity measures allow interviewers to estimate problem severity in each of the seven areas. These estimates are subjective. The second measure is based upon the aggregated response to several individual questions within each problem area. The scores generated are mathematically derived and have been shown to be reliable and valid. These composite scores can be used as measures of change and outcome indicators. Because study participants were incarcerated at the time of the intake and discharge interviews we did not include the ASI questions in the legal domain. These questions assume an individual is not incarcerated in a prison facility at the time the interview occurs and so the questions are not pertinent to this study.

In order to try to gather some information on the offense for which the participants were incarcerated we included a subset of questions contained in an ASI Crime Module being designed by a group of Swedish and American researchers (Oberg D, Sallmen B, Kaplan C, McMurphy S, Ackerson T, Krantz L, Martens P, and Schlyter F). The subset of the questions we included were from a version of the crime module that had been revised based upon a pilot of the original instrument in late 1998. The module was developed with support from the National Prison and Probation Administration, the

National Council on Crime Prevention and the National Board of Institutional Care in Sweden. The module is designed to more completely collect information surrounding criminal activity. The small subset of questions (four) we included focused on whether the interviewee thought they had personal control of the situation that resulted in the crime, whether they thought the sentence was fair, whether they thought they had a right to do what they had done, and if they faced the same situation would they have done the same thing. The ASI Crime Module is included as Appendix F.

We also included some questions in the discharge (second) interview concerning participant's satisfaction with the Genesis program in order to gain a sense of how the participants perceived the program and how it might impact them in the future.

### *Tracking and Interviewing Study Group Members*

#### Intake and Discharge Interviews

The same process was used in tracking and interviewing the therapeutic community and comparison group. Study group members were first asked to sign a consent form and then were administered an intake interview. We also collected information from each study group members hard copy NMCD institutional file. Collected information included demographics (i.e. age, ethnicity, education, and employment history), criminal history, and drug use history.

While the same process was used to track and interview study group members for their intake and discharge interviews we experienced many more difficulties tracking and interviewing comparison group members at intake and discharge.

Our frequent communication with therapeutic community program staff and our collegial relationship with them helped us complete intake and discharge interviews with the majority of the treatment group members. Therapeutic community program staff often informed us of individuals who were scheduled to leave, where as in the comparison group this information was not always available. The intake and discharge interviews for the therapeutic community group were held either in the therapeutic community staff office, the chapel, associate wardens' office or the visiting room. The interviews took an average of 40 minutes to administer.

The collection of intake and discharge interviews with the comparison group proved to be more of a challenge. Many of these inmates were on work release and could not be interviewed during the regular week and so arrangements had to be made to conduct interviews in the evenings and on weekends. This necessitated additional trips to the prison facility which was approximately 40 miles round trip from our local office. These interviews, unlike the treatment group, had to be conducted in an area that was less private, more prone to interruption and less conducive to interviewing. For the most part interviews were held in the visiting room, where correctional officers and other inmates were able to walk in and out of the room. When the facility switched security levels it became must more difficult to interview inmates who had been transferred

"across the street" to the medium security John Silva Unit. Inmates in the medium security facility at different times were on a 24 hour lockdown and in order to "call out" an inmate and conduct an interview we had to contact the assigned case worker, explain our situation, and "make friends" with him. Our interviewer had to be escorted, at all times, by a correctional officer who was required to stand guard during the interview.

Because the members of the comparison group were in the general population, they were more prone to be involved in fights, gang activity, drug related incidents, etc., and were more likely to be transferred to other units or facilities and other security levels. They were often moved to other areas which made access to them even more difficult or impossible (i.e. we were not allowed access to inmates in administrative segregation). Because of major changes in the New Mexico prison system, it was difficult to follow our study members, especially comparison group members. These changes included reorganization of security levels within the NMCD. The SNMCF where the Genesis program resided was initially a minimum security facility and was changed to a minimum restrict/medium security facility. These changes resulted in some inmates being reclassified and transferred to other facilities. Further, we discovered inmates were sometimes transferred with little notice and more than once between various facilities. Other problems included occasional security lock downs due to security emergencies within the facility (i.e. drug infiltration, gang activity, weapon possession).

Another challenge affecting discharge interviews involved the projected release dates for study group members, but especially comparison group members. Projected release dates were initially obtained from each study group members hard copy institutional file. These dates were used to help determine eligibility and projected discharge and follow-up interview dates. These release dates were subject to change. Projected release date changes were caused by situations in which good time was added or taken away and was also affected by the approval or denial of parole plans. If the parole board did not accept a parole plan, the inmate was required to remain at the institution as an "in house parolee". Upon the approval of a parole plan each inmate is officially released but an actual date is not available in order to plan for a discharge interview. The main problem concerning the projected release dates, was the simple fact that the date was anticipated. We often obtained a printed report listing these dates, but as already mentioned the dates listed were often not accurate. Although this was an issue affecting both the participant and comparison group, it proved to affect the comparison group more.

Both treatment and comparison group members who were close to parole were at times skeptical and feared jeopardizing their parole plan if they revealed damaging information, especially surrounding alcohol and drug use in the facility. They feared the information would end up in the wrong hands.

#### Follow-up Interviews

Upon completion of intake and discharge interviews for the study group we began to track individuals for their follow-up interviews. To facilitate locating individuals for follow-up study group members were asked to complete a locator form (Appendix G). These forms were designed to provide us information so we could locate individuals more easily in the communities to which they paroled. Our study was originally designed to track individuals from parole (discharge) from the NMCD to follow-up in the community to which they were paroled.

We expected program participants to be released from the program into their community based on their parole date. However, in some cases, we found that participants left the therapeutic community program and returned to the general prison population. In other cases, they were discharged for program violations or they voluntarily left the program. In still other cases, participants were unexpectedly transferred to other institutions or security levels without our knowledge. Because of the lack of institutional support for our research, it proved difficult to obtain permission to conduct interviews in other facilities.

## **Data Analysis**

### *Description of Data*

A total of 123 intake interviews were completed (67 treatment and 56 comparison), 69 discharge interviews (48 treatment and 21 comparison) and 36 follow-up interviews (22 treatment and 14 comparison). From intake to discharge our interview rate was 55.2% and from discharge to follow-up our interview rate was 52.2%. Our overall follow-up interview rate from intake to follow-up was a very disappointing 28.8%. The reasons for the overall low follow-up rate were discussed earlier.

The next section provides descriptive information for the entire study group and each of the groups using frequencies and percentages.

### *Demographics*

Mean age for the study group at intake into the study was 32.3 years of age (range 19-61 years of age) and self-reported mean education was 11.6 years (range 6-18 years of education). Table 1 lists self-reported racial/ethnic identity of the study group.



Table 1 - Ethnicity						
	Genesis		Comparison		Total	
	Freq	%	Freq	%	Freq	%
White	27	40.3	8	14.3	35	28.5
Hispanic	35	52.2	35	62.5	70	56.9
Black	3	4.5	8	14.3	11	8.9
Indian	1	1.5	2	3.6	3	2.4
Other	1	1.5	3	5.3	4	3.2
Total	67	100.0	56	100.0	123	100.0

A larger percentage of the comparison group consisted of individuals who self-identified as Hispanic and a large minority of the treatment group self-identified as white. One of those who self-identified as other was Asian/Pacific Islander. The three remaining others did not specify a racial/ethnic identity.

Table 2 - Employment						
	Genesis		Comparison		Total	
	Freq	%	Freq	%	Freq	%
Full-time	31	50.0	29	54.7	60	51.3
Part-time	7	11.3	4	7.5	11	9.4
Occasional	5	8.1	1	1.9	6	5.1
Unemployed	19	30.6	19	35.8	38	32.5
Total	62	100.0	56	100.0	115	100.0
Missing	5		3		8	

Table 2 reports employment before the current arrest for which they were incarcerated. The majority of individuals in both groups, prior to their current incarceration, were

employed either full time or part time and almost one-third were un-employed. The mean longest period of employment for the entire group was 51.1 months (range 0-240 months) and the average weekly income for the entire group was \$367.96 (range 0-\$7000.00). Seven individuals self-reported weekly incomes greater than \$1000.00 a week (average \$3050.00).

<b>Table 3 - Marital Status</b>						
	Genesis		Comparison		Total	
	Freq	%	Freq	%	Freq	%
Married/Widowed	14	21.9	11	21.5	25	21.7
Separated	3	4.7	1	2.0	4	3.5
Divorced	14	21.9	13	25.5	27	23.5
Never Married	33	51.6	26	51.0	59	51.3
Total	64	100.0	51	100.0	115	100.0
Missing	3		5		8	

Marital status of both groups was similar at intake into the study. A small majority of both the treatment group and comparison group were never married and almost equal percentages were either married/widowed or divorced.

The next two tables provide official criminal history information and self-reported substance abuse history information for the RSAT and comparison group and the entire study group. This information was collected from each study group member's New Mexico Corrections Department institutional file.

<b>Table 4 - Criminal History</b>			
	<b>Genesis</b>	<b>Comparison</b>	<b>Total</b>
<b>Mean Number of prior arrests</b>	6.7	11.1	8.7
<b>Mean Number of years served in prison</b>	5.9	7.5	6.6
<b>Mean Current Prison Sentence Length in Years</b>	5.6	4.8	5.2
<b>Mean Number of Convictions</b>	3.9	3.9	3.9
<b>Mean Number of Times Weapons Used During a Crime</b>	0.7	1.2	0.9

There were some differences between the two groups when considering each groups criminal history. The comparison group had on average 39.7% (4.4) more prior arrests than the treatment group. Both groups had identical averages when comparing the mean number of prior convictions. The comparison group had a higher average number of years served in prison (1.6 years or 21.3%) and had a higher average number of times they had used a weapon during a crime. The treatment group had on average longer mean current prison sentences (0.8 years). On three of the five measures of criminal history the comparison group was higher (mean prior arrests, mean years served in prison, and mean number of times weapons had been used during a crime), on one measure the two groups were identical (mean number of convictions), and on one measure the treatment group was higher (mean current prison sentence length in years).

<b>Table 5 - Substance Abuse History</b>			
	<b>Genesis</b>	<b>Comparison</b>	<b>Total</b>
<b>Drug Use as Juvenile</b>	92.3% Yes	96.3% Yes	95.0% Yes
<b>Drug Use as Adult</b>	98.5% Yes	100.0% Yes	99.2% Yes
<b>Mean Number of Times Experienced Alcohol Withdrawal</b>	0.5	0.4	0.5
<b>Mean Number of Times Overdosed on Drugs</b>	3.5	0.5	0.5
<b>Mean Number of Times Been Detoxed</b>	3.5	0.5	.45
<b>Percent Ever Received Outpatient Treatment</b>	56.7	74.0	64.1
<b>Percent Ever Received Inpatient Treatment</b>	67.2	54.7	61.7
<b>Number of Family Members Using Drugs</b>	8.9	5.8	7.5
<b>Average Daily Dollar Amount Spent on Drugs During Greatest Six Month Period of Drug Use</b>	\$188.15	\$336.45	\$256.50
<b>Number of Family Members Using Alcohol</b>	5.8	1.5	3.8

Table 5 documents each groups self-reported substance abuse history. Almost everyone in both groups self-reported drug use as juveniles and adults. Both groups reported few alcohol withdrawal experiences and the treatment group reported 7 times more, on average, drug overdoses and 7 times more, on average, detoxification experiences. More treatment group members reported ever receiving inpatient treatment when compared to the comparison group and a smaller percent of the treatment group compared to the comparison group reported receiving outpatient treatment. Treatment group members reported a greater number of family members using alcohol and drugs than the comparison group while the comparison group

reported spending considerably more on drugs during their greatest six month period of drug use when compared to the treatment group.

In the aggregate it appears the treatment group had more serious substance abuse histories than the comparison group.

## **Discharge Interviews**

The discharge interviews were designed to be completed when a treatment group member left the therapeutic community either through graduation and parole or termination from the program. Discharge interviews for the comparison group were to be completed when an individual was close to their parole date. As discussed earlier we were not able to follow this procedure and had to adopt our procedure to the circumstances.

As noted earlier we were able to collect discharge data on 48 treatment group individuals and on 21 comparison group individuals. On average treatment group members were in the therapeutic community 303.6 days and the comparison group members had 179.5 days between their intake and discharge interviews. At the time of their discharge interview almost 40% of the treatment group members had completed the program successfully and 35.6% were either terminated or left voluntarily. The rest were either transferred to another facility or still active in the program but close to their discharge date.

At discharge we were interested in how satisfied treatment group members were with their experiences in the therapeutic community, how helpful they thought the program was in addressing issues, how optimistic they were about not using drugs in the future and staying out of prison, and their recommendations to improve or change the program.

<b>Table 6 - Client Satisfaction at Discharge</b>							
<b>Satisfaction Question</b>	<b>Median</b>	<b>Mean</b>	<b>Not at all</b>	<b>Slightly</b>	<b>Moderately</b>	<b>Considerably</b>	<b>Extremely</b>
Overall, how satisfied were you with the Genesis program?	3.0	2.5	13	3	3	15	21
How satisfied were you with program staff?	3.0	2.2	16	3	6	16	15
How satisfied were you with the program design?	3.0	2.3	13	1	12	17	13
How satisfied were you with the program content?	3.0	2.3	12	4	9	17	14
How satisfied were you with the materials used in the program?	3.0	2.3	13	3	6	20	14
Was the Genesis program helpful in addressing your alcohol/drug problems?	4.0	2.7	13	2	5	5	31
Was the program helpful in addressing family issues	3.0	2.3	13	4	8	13	18
Was the program helpful in addressing employment issues?	0.5	1.1	28	9	8	6	5
Was the program helpful in addressing legal issues?	0.0	1.0	30	7	8	6	4
How optimistic are you that you will not return to prison?	4.0	2.9	12	1	0	10	33
How optimistic are you about not abusing alcohol or drugs?	3.0	2.6	11	3	3	17	21

Table 6 reports therapeutic community members satisfaction with the program at the time of their second interview that occurred at or near their discharge from the program. Responses to the questions, on a likert scale, ranged from not at all (0), slightly (1),

moderately (2), considerably (3) to extremely (4). Both the median, mean, and number of individual responses are presented. We focus on the median because as a positional measure it is more appropriate than the mean because the responses are not normally distributed (Girden, 1992).

Overall, therapeutic community were considerably satisfied with the program and noted the program was considerably helpful. The program was almost not at all helpful in addressing employment issues and was not at all helpful in addressing legal issues.

Of some interest is the fact that it appears there was a core group of the study group community members who were not satisfied with the program and thought the program was not helpful. This is apparent by looking down the "not at all" column in table 6. A further review of the data showed that there was a core group of about 12 individuals that consistently rated their satisfaction with the program as being low.

At the time of the discharge interview program participants were asked to respond to an open ended question requesting feedback on what improvements or changes would they recommend for the Genesis program.

The majority of interviewees had positive comments like:

- "although only in the program for a short time it was really effective"
- "staff cares about the program and individuals"
- "still a strong program, just under-staffed"
- "the staff that are present work really hard to help the members"



- "the best part of the program was the individual, one-on-one counseling sessions, small groups and confrontation sessions"
- "helped bring out feelings and show emotions"

Recommendations for improvement or changes focused on the lack of staff and how this impacts programming and management of the program and the feeling that there needed to be a better screening process so that individuals who were not really vested and serious were not allowed in the program. Some interviewees noted there should be more drug testing, more programming, that the program needed to be physically separate, and that there was prejudice and favoritism shown by the staff.

## **Follow-up Interviews and Composite Scores**

This section is an analysis and discussion of the ASI composite scores. As noted earlier this study relies on the composite scores as the primary measure of change in comparing the treatment group and the comparison group. Study group members were interviewed at intake into either the therapeutic community or enrollment in the comparison group, at or near discharge from the therapeutic community and comparison group and at an approximately 9-12 month follow-up period from the date of the discharge interview.

The composite scores are a measure of overall problem severity in specific domains measured by the ASI. There are seven domains. These domains are listed in the rows of the above table. The scores are tabulated in each domain (based on responses to various questions within those domains), and reflect "problems" during the past 30 days (not lifetime problems). The scores were designed to provide a measure of change at different interview points (i.e. from baseline to final interview). The following table contains the baseline scores for individuals in each of our samples at the baseline interview. Score values range from 0 (no problem in the area) to 1 (most severe level of problem in the area), except for employment (scores are reversed for that area with 1 being no problem and 0 being a significant problem area).

<b>Table 7 - Composite Scores at Three Interview Points</b>						
	<b>Baseline</b>		<b>Second</b>		<b>Follow-up</b>	
	<b>RSAT</b>	<b>Comparison</b>	<b>RSAT</b>	<b>Comparison</b>	<b>RSAT</b>	<b>Comparison</b>
Medical	.25	.19	.16	.19	.19	.28
Employment	.44	.47	.70	.75	.57	.63
Alcohol	.23	.16	.23	.18	.01	.00
Drug	.11	.01	.01	.01	.00	.00
Family	.25	.11	.18	.11	.17	.01
Psychiatric	.18	.01	.12	.15	.17	.11

At the baseline interview composite scores for the RSAT group were higher in all areas when compared to the comparison group. Employment scores for both groups were around the mid-range (.44 for RSAT and .47 for comparison); individuals in both of our samples were struggling with problems related to work and income, but these problems were not necessarily “severe”. The medical, alcohol, family and psychiatric domains posed more of a problem but still were minor problems for the RSAT group, hovering around the .2 level. Lastly, the drug domain (which we might expect to be the most significant problem area) was more problematic for the RSAT group (.11) than the comparison group (.01). Neither group appears to have had a “significant” problem with either drugs or alcohol at the time of the baseline interview.

At the second interview that occurred at or near discharge from prison and/or the therapeutic community RSAT group members composite scores improved from baseline in five of the six domain areas (medical, employment, drug, family and psychiatric). The average composite score for the alcohol domain remained the same. This is in contrast to comparison group members whose composite scores worsened slightly from baseline in the alcohol domain and worsened in the psychiatric domain.

Comparison group composite scores improved in employment and stayed the same in the medical, drug, and family domains.

At the follow-up interview the RSAT group members composite scores improved in the alcohol domain; stayed the same in the drug and family domains; and worsened in the medical, employment, and psychiatric domains. Comparison group members also improved in the alcohol domain and improved in the family and psychiatric domains. They worsened in the medical and employment domains and stayed the same in the drug domain.

Overall from the baseline to the follow-up interview point composite scores indicated greater improvement in the RSAT group compared to the comparison group. Table 8 reports the average change in composite scores by domain from the baseline to follow-up interview.

<b>Domain</b>	<b>RSAT</b>	<b>Comparison</b>
Medical	improved .06	worsened .09
Employment	worsened .13	worsened .16
Alcohol	improved .22	improved .16
Drug	improved .11	improved .01
Family	improved .08	improved .10
Psychiatric	improved .01	worsened .10

### *Repeated Measures ANOVA*

To assess overall outcome, a within groups repeated measures analysis of variance using the six ASI composite score domains was performed. This technique was used because it is useful in examining the variance within whole sets of scores within groups. Repeated measures can be used where the same individuals are measured at different times and the interest is in whether there are significant differences between the means of each set of scores, in this case of each composite score by domain. Intake ASI to discharge ASI to follow-up ASI differences for each of the six ASI problem areas included in this study were examined and significant improvement was found to occur in two domain areas (employment  $p < .05$  and alcohol  $p < .0001$ ) for the RSAT treatment group and in one of the domain areas (alcohol  $p < .05$ ) for the comparison group. Eighteen cases are included in this analysis. While 36 follow-up interviews were completed only 18 of these follow-up interviews had intake and discharge interviews. Eighteen of the follow-up interviews did not have matching discharge interviews. This occurred for reasons described earlier in the report. Table 8 provides the mean square, the  $F$  test statistic and the probability

Table 9 - Outcome RSAT group and Comparison group						
Domain	RSAT			Comparison		
	Mean Square	F	Sig.	Mean Square	F	Sig.
Medical	.08	2.872	.076	.04	0.052	.950
Employment	.26	5.499	.013	.05	1.331	.332
Alcohol	.13	12.263	.000	.04	7.019	.027
Drug	.08	2.656	.091	.07	4.526	.063
Family	.04	1.579	.264	.03	3.161	.115
Psychiatric	.07	0.451	.642	.04	3.833	.085

Treatment outcomes significantly changed for the RSAT group in two domains (employment and alcohol) and in one domain (alcohol) for the comparison group.

Treatment outcomes did not significantly change in the majority of domains for either group indicating they were not significantly different in their outcomes. That is RSAT group members and comparison group members did not significantly change from intake to follow-up interviews in their medical, drug, family or psychiatric domains. This suggests their outcomes in these domains were not significantly different.

A problem with the findings results from the small sample size in the ANOVA analysis. One of the assumptions of an ANOVA is that the variances about each groups' means are not substantially different from each other, that is there is a homogeneity of variance. Because ANOVA is a robust statistical test violations of this assumption may still result in correct statistical results. For reasons noted earlier in this report the sample size used in this analysis was not large. A total of 13 cases were used in the

RSAT group and 5 in the comparison group. Larger sample sizes like  $N > 10$  per group helps to minimize unequal variances (Coolidge 2000).

## **Findings**

As noted earlier the Residential Substance Abuse Treatment for State Prisoners (RSAT) Formula Grant Program is intended to assist states and units of local government in developing and implementing residential substance abuse treatment programs within state and local correctional and detention facilities. The RSAT program discussed in this report is located within a state operated minimum restrict correctional facility in the southern part of the state of New Mexico. The program was designed to meet federal RSAT program requirements but for various reasons never met a number of these requirements. For example, the federal requirement that the program be provided in residential treatment facilities set apart from the general correctional population did not happen while this study was in progress. The Genesis program was not set apart in a totally separate facility or a dedicated housing unit within a facility exclusively for use by program participants. Additionally, the program was never able to implement or require consistent, regular and ongoing urinalysis and/or other proven reliable forms of drug and alcohol testing of individuals assigned to the residential substance abuse treatment program. Finally, the program was never able to provide coordinated aftercare services to program participants. Aftercare services are meant to involve coordination between the correctional treatment program and other human service and rehabilitation programs, such as education and job training, parole supervision, halfway houses, and self-help and peer group programs that may aid in rehabilitation once an individual is released into the community.



The inability of the therapeutic community to meet some of the federal requirements was often beyond the control of program staff. For example, as explained earlier, because of housing shortages vacant beds in the RSAT housing unit were occupied by other drug free inmates who were not part of the therapeutic community. Additionally, community members shared recreational facilities, jobs and meals with non-community members. Also, though attempts were made, formal policies and procedures were never put in place that provided aftercare services for program participants. This was further exacerbated by the fact that therapeutic community members were often moved on short notice because of the NMCD's emphasis on security and program participants often did not parole upon completing the program and routinely completed the remainder of their sentence in general population prior to parole.

The inability of the program to be implemented according to its design and federal guidelines and the inability of research staff to track and locate study participants for discharge and follow-up interviews severely limits the findings from this study.

Because therapeutic community members did not receive coordinated aftercare services we were not able to answer the research question focused upon the effect of aftercare services and whether coordinated aftercare services in combination with participation in the therapeutic community produced better outcomes. Further, because individuals did not routinely parole after completing the program the use of coordinated aftercare services for these individuals would have been confounded by the delay from program completion to parole.

Therapeutic community members were not more socially stable than comparison group members when the ASI medical, family and psychiatric domains were compared. Both groups experienced significant problems with employment. Because of the various problems noted earlier this finding is not unusual or unexpected.

Regarding their drug use the groups were similar and there were no measurable statistical differences within the RSAT and comparison group from the intake interview to the follow-up interview. Additionally, on average, neither group reported large drug problems as measured by the drug domains composite scores. Both the RSAT and comparison group experienced significant declines in alcohol problems with the RSAT group experiencing a larger decline. This finding is tempered because neither group reported large problems with alcohol.

Within these limitations the RSAT therapeutic community program targeted and served individuals that were appropriate and eligible for program services. Because, during the time of the data collection for this study, the program did not meet some federal guidelines concerning the design of the program outcomes are difficult to relate to the program. Because of the research team's inability to track and locate treatment group and comparison group members the size of the two groups for analyses is small, which furthers effects our ability to draw conclusions.

## **Conclusion**

As noted in the introduction prior research (e.g. Leukefeld and Tims 1993, Wexler and Melnick 1999, Knight and Simpson 1999) has shown that prison-based therapeutic communities can be effective in reducing recidivism and reincarceration through addressing the substance abuse problems of offenders. For the reasons noted in various parts of this report this study is not able to provide additional information regarding the effectiveness of prison-based therapeutic communities in reducing recidivism and reincarceration. We had hoped to build upon an earlier study that focused on the implementation of the therapeutic community and was partially designed to lay the groundwork for an outcome study. We were not able to adequately complete the outcome study for the various reasons listed in this report.

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## **Appendices**

**Appendix A: Therapeutic and Comparison Group Intake Interviews**

**Appendix B: Therapeutic and Comparison Group Discharge Interviews**

**Appendix C: Therapeutic and Comparison Group Follow-up Interviews**

**Appendix D: Therapeutic and Comparison Group Consent Forms**

**Appendix E: Data Collection Form**

**Appendix F: ASI Crime Module**

**Appendix G: Therapeutic and Comparison Group Locator Forms**



## Appendix A: Therapeutic and Comparison Group Intake Interviews

**SOUTHERN NEW MEXICO CORRECTIONAL FACILITY'S GENESIS  
PROGRAM *INTAKE* PARTICIPANT INTERVIEW FORM**

**FOR INTERVIEWER ONLY:**

**Date of Interview:**      \_\_\_\_\_  
   (mm) (dd) (yy)

**Is this interview in person?**      \_\_\_\_\_

**Over the phone?**      \_\_\_\_\_

**INTERVIEW CODES:** Use as designated or the following:

77-Interviewee doesn't know  
88-Not applicable  
99-Missing

**Summary of Subject Rating Scale:**

0-Not at all  
1-Slightly  
2-Moderately  
3-Considerably  
4-Extremely

**This interview is being conducted as a part of an evaluation of the Genesis Program within the Southern New Mexico Correctional Facility. Your participation in the program and in this interview and another in the community will provide us with information that will help us evaluate the long-term effectiveness of the program. Remember that you did sign a consent form, any information you give, even information about drug use and legal problems, will be kept completely confidential. We'll ask you questions concerning your living situation, your relationships, employment, and your involvement with the criminal justice system, current drug and alcohol use, and your overall health. Once we have completed the interview, I will place \$5.00 in your inmate account.**

What is your name? \_\_\_\_\_  
Last Name First Name

What will your address be when you leave the facility?

\_\_\_\_\_  
No. Street Apt. Number  
\_\_\_\_\_  
City State Zip code

Will this be your permanent address? 0-No 1-Yes \_\_\_\_\_

*(If client's address isn't permanent, ask)*

Do you have a permanent address where you can be contacted?

\_\_\_\_\_  
No. Street Apt. Number  
\_\_\_\_\_  
City State Zip code

*(If response is no, code 99-missing information)*

Phone: \_\_\_\_\_

Are there other phone numbers where you can be reached?

Work Phone: \_\_\_\_\_ Beeper: \_\_\_\_\_

Other: \_\_\_\_\_  
Whose number is this?

## II. DEMOGRAPHICS

1. **What is your ethnicity?** \_\_\_\_\_  
1) White (non-Hispanic)  
2) Hispanic  
3) African American  
4) American Indian  
5) Asian  
6) Other \_\_\_\_\_
2. **Gender:** \_\_\_\_\_  
0) Male  
1) Female
3. **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_
4. **Age** \_\_\_\_\_ yrs
5. **Years of formal education completed:** \_\_\_\_\_ yrs  
(GED=12)

**III. FAMILY AND SOCIAL RELATIONS**

**I'm going to ask you a few questions about where you will be living and your current relationships.**

- 1. **What is your marital status?** \_\_\_\_\_  
1=Married    2=Remarried  
3=Widowed    4=Legally Separated  
5=Divorced    6=Never Married
  
- 2. **Are you satisfied with this situation?** \_\_\_\_\_  
0) No  
1) Yes  
3) Indifferent
  
- 3. **What will your living arrangements be when released?** \_\_\_\_\_  
1=with sexual partner and children    2=with sexual partner alone  
3=with parents    4=with family  
5=with friends    6=alone  
7=in controlled environment    8=no stable arrangements
  
- 4. **Are you satisfied with these future living arrangements?** \_\_\_\_\_  
0) No  
1) Yes
  
- 5. **How many days in the past 30 have you had serious conflicts with your family?** \_\_\_\_\_ days
  
- 6. **In the past 30 days, have you experienced serious problems with: (0=no 1=yes)**  
Your mother? \_\_\_\_\_  
Your father? \_\_\_\_\_  
Your sisters/brothers? \_\_\_\_\_  
Your partner/spouse? \_\_\_\_\_  
Your children? \_\_\_\_\_  
Your other significant family? (list) \_\_\_\_\_  
Your close friends? \_\_\_\_\_  
Your neighbors? \_\_\_\_\_  
Your co-workers? \_\_\_\_\_

**Could you use these words to answer the following two questions? (Give the interviewee the**

rating card)

- 7. **How troubled or bothered have you been in the past by family problems?** \_\_\_\_\_
  
- 8. **How important to you now is treatment or counseling for family problems?** \_\_\_\_\_
  
- 9. **Has a member of your family ever used drugs to the point of causing problems at home, at work, or with friends?** \_\_\_\_\_  
0) No  
1) Yes
  
- 10. **Has a member of your family ever been arrested?** \_\_\_\_\_  
0) No  
1) Yes
  
- 11. **Have any of your friends ever been arrested?** \_\_\_\_\_  
0) No  
1) Yes

#### IV. EMPLOYMENT

Okay-next I'm going to ask you some questions about what you will be doing to support yourself.

1. Will you be employed when you are released? \_\_\_\_\_  
0) No  
1) Yes  
77) Don't know
  2. What is your usual occupation? \_\_\_\_\_
  3. Do you have a valid driver's license? \_\_\_\_\_  
0) No  
1) Yes
  4. Do you have an automobile available for your use? \_\_\_\_\_  
0) No  
1) Yes
  5. Were you employed before being incarcerated? \_\_\_\_\_  
0) No  
1) Yes
  6. Will anyone besides yourself contribute to your support in any way? \_\_\_\_\_  
0) No  
1) Yes
  7. How many people will depend on you for any part of their support? \_\_\_\_\_
- (Give the interviewee the rating card for the following question)
8. How important to you is employment counseling? \_\_\_\_\_

**V. ALCOHOL USE**

**My next questions concern your alcohol and drug use. Again, please remember that all this information is completely confidential.**

**1. How many days has it been since you last used alcohol?** \_\_\_\_\_

*(Give the interviewee the rating card for the following 2 questions)*

**2. How troubled or bothered have you been in the past about alcohol problems?** \_\_\_\_\_

**3. How important to you now is treatment for these alcohol problems?** \_\_\_\_\_

**VI. DRUG QUESTIONS**

**1. How many days has it been since you have you used any of these drugs?**

- A. Heroin** \_\_\_\_\_
- B. Methadone** \_\_\_\_\_
- C. Other opiates/analgesics** \_\_\_\_\_
- D. Barbiturates** \_\_\_\_\_
- F. Cocaine** \_\_\_\_\_
- G. Amphetamines** \_\_\_\_\_
- H. Cannabis** \_\_\_\_\_
- I. Hallucinogens** \_\_\_\_\_
- J. Inhalants** \_\_\_\_\_
- K. Tobacco** \_\_\_\_\_
- L. More than 1 substance in a day** \_\_\_\_\_

*(Give interviewee the rating card for the following two questions)*

**2. How troubled or bothered have you been in the past by drug problems?** \_\_\_\_\_

**3. How important to you now is treatment for these drug problems?** \_\_\_\_\_



- 4. **In the past, have you had a craving or very strong desire for alcohol or drugs?**  
0) No  
1) Yes \_\_\_\_\_
  
- 5. **In the past, have you had to use more and more drugs to get the effect you want?**  
0) No  
1) Yes \_\_\_\_\_
  
- 6. **In the past, have you felt that you could not control your alcohol or drug use?**  
0) No  
1) Yes \_\_\_\_\_
  
- 7. **In the past, have you felt that you were "hooked" on alcohol or drugs?**  
0) No  
1) Yes \_\_\_\_\_
  
- 8. **In the past, have you missed out on activities because you spent too much money on drugs or alcohol?**  
0) No  
1) Yes \_\_\_\_\_
  
- 9. **In the past, did you break the law as a result of alcohol or drugs?**  
0) No  
1) Yes \_\_\_\_\_
  
- 10. **Do you plan to participate in any recovery program after your release?**  
(ie, AA,NA,CA,etc.) \_\_\_\_\_

**VII. MEDICAL STATUS**

1. **How many days have you experienced medical problems in the last 30 days?** \_\_\_\_\_

*(Give interviewee rating card for the two following questions)*

2. **How troubled or bothered have you been by these medical problems in the past 30 days?** \_\_\_\_\_

3. **How important to you now is treatment for these medical problems?** \_\_\_\_\_

**VIII. PSYCHIATRIC STATUS**

1. **In the past 30 days have you experienced:**

0=no 1=yes

- A. **Serious depression?** \_\_\_\_\_
- B. **Serious anxiety or tension?** \_\_\_\_\_
- C. **Hallucinations?** \_\_\_\_\_
- D. **Trouble understanding, concentrating or remembering things?** \_\_\_\_\_
- E. **Controlling violent behavior?** \_\_\_\_\_
- F. **Serious thoughts of suicide?** \_\_\_\_\_
- G. **Attempted suicide?** \_\_\_\_\_
- H. **Taken prescribed medication for any psychological/emotional problems?** \_\_\_\_\_

*(Give interviewee the rating card for the following two questions)*

2. **How much have you been bothered by these psychological or emotional problems in the past 30 days?** \_\_\_\_\_

3. **How important to you now is treatment for these psychological problems?** \_\_\_\_\_

**This concludes our interview. Thank you very much for your time. Do you have any questions or comments before we end?**

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**SOUTHERN NEW MEXICO CORRECTIONAL FACILITY'S GENESIS PROGRAM INTAKE NON-PARTICIPANT INTERVIEW FORM**

**FOR INTERVIEWER ONLY:**

Date of Interview: \_\_\_\_\_  
(mm) (dd) (yy)

Is this interview in person? \_\_\_\_\_ Over the phone? \_\_\_\_\_

**INTERVIEW CODES: Use as designated or the following:** 77-Interviewee doesn't know  
88-Not applicable  
99-Missing

**Summary of Subject Rating Scale:**  
0-Not at all  
1-Slightly  
2-Moderately  
3-Considerably  
4-Extremely

**This interview is being conducted as a part of an evaluation of the Genesis Program within the Southern New Mexico Correctional Facility. Your participation in this interview and another in the community will provide us with information that will help us evaluate the long-term effectiveness of the program. Remember that you did sign a consent form, any information you give, even information about drug use and legal problems, will be kept completely confidential. We'll ask you questions concerning your living situation, your relationships, employment, and your involvement with the criminal justice system, current drug and alcohol use, and your overall health. Once we have completed the interview, I will place \$5.00 in your inmate account.**

**What is your name?** \_\_\_\_\_  
Last Name First Name

**What will your address be when you leave the facility?**

\_\_\_\_\_  
No. Street Apt. Number  
\_\_\_\_\_  
City State Zip code

**Will this be your permanent address?** 0-No 1-Yes \_\_\_\_\_

*(If client's address isn't permanent, ask)*

**Do you have a permanent address where you can be contacted?**

\_\_\_\_\_  
No. Street Apt. Number  
\_\_\_\_\_  
City State Zip code

*(If response is no, code 99-missing information)*

**Phone:** \_\_\_\_\_

**Are there other phone numbers where you can be reached?**

**Work Phone:** \_\_\_\_\_ **Beeper:** \_\_\_\_\_

**Other:** \_\_\_\_\_  
Whose number is this?

## II. DEMOGRAPHICS

1. **What is your ethnicity?** \_\_\_\_\_  
1) **White (non-Hispanic)**  
2) **Hispanic**  
3) **African American**  
4) **American Indian**  
5) **Asian**  
6) **Other** \_\_\_\_\_
2. **Gender:** \_\_\_\_\_  
0) **Male**  
1) **Female**
3. **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_
4. **Age** \_\_\_\_\_ yrs
5. **Years of formal education completed:** \_\_\_\_\_ yrs  
(GED=12)

### III. FAMILY AND SOCIAL RELATIONS

I'm going to ask you a few questions about where you will be living and your current relationships.

1. What is your marital status? \_\_\_\_\_  
1=Married    2=Remarried  
3=Widowed    4=Legally Separated  
5=Divorced    6=Never Married
  
2. Are you satisfied with this situation? \_\_\_\_\_  
0) No  
1) Yes  
3) Indifferent
  
3. What will your living arrangements be when released? \_\_\_\_\_  
1=with sexual partner and children    2=with sexual partner alone  
3=with parents    4=with family  
5=with friends    6=alone  
7=in controlled environment    8=no stable arrangements
  
4. Are you satisfied with these future living arrangements? \_\_\_\_\_  
0) No  
1) Yes
  
5. How many days in the past 30 have you had serious conflicts with your family? \_\_\_\_\_ days
  
6. In the past 30 days, have you experienced serious problems with: (0=no 1=yes)  
Your mother? \_\_\_\_\_  
Your father? \_\_\_\_\_  
Your sisters/brothers? \_\_\_\_\_  
Your partner/spouse? \_\_\_\_\_  
Your children? \_\_\_\_\_  
Your other significant family? (list) \_\_\_\_\_  
Your close friends? \_\_\_\_\_  
Your neighbors? \_\_\_\_\_  
Your co-workers? \_\_\_\_\_

Could you use these words to answer the following two questions? *(Give the interviewee the*

*rating card)*

- 7. **How troubled or bothered have you been in the past by family problems?** \_\_\_\_\_
  
- 8. **How important to you now is treatment or counseling for family problems?** \_\_\_\_\_
  
- 9. **Has a member of your family ever used drugs to the point of causing problems at home, at work, or with friends?** \_\_\_\_\_  
0) No  
1) Yes
  
- 10. **Has a member of your family ever been arrested?** \_\_\_\_\_  
0) No  
1) Yes
  
- 11. **Have any of your friends ever been arrested?** \_\_\_\_\_  
0) No  
1) Yes



#### IV. EMPLOYMENT

Okay-next I'm going to ask you some questions about what you will be doing to support yourself.

1. Will you be employed when you are released? \_\_\_\_\_  
0) No  
1) Yes  
77) Don't know
  
2. What is your usual occupation? \_\_\_\_\_
  
3. Do you have a valid driver's license? \_\_\_\_\_  
0) No  
1) Yes
  
4. Do you have an automobile available for your use? \_\_\_\_\_  
0) No  
1) Yes
  
5. Were you employed before being incarcerated? \_\_\_\_\_  
0) No  
1) Yes
  
6. Will anyone besides yourself contribute to your support in any way? \_\_\_\_\_  
0) No  
1) Yes
  
7. How many people will depend on you for any part of their support? \_\_\_\_\_
  
- (Give the interviewee the rating card for the following question)
8. How important to you is employment counseling? \_\_\_\_\_

**V. ALCOHOL USE**

**My next questions concern your alcohol and drug use. Again, please remember that all this information is completely confidential.**

**1. How many days has it been since you last used alcohol?** \_\_\_\_\_

*(Give the interviewee the rating card for the following 2 questions)*

**2. How troubled or bothered have you been in the past about alcohol problems?** \_\_\_\_\_

**3. How important to you now is treatment for these alcohol problems?** \_\_\_\_\_

**VI. DRUG QUESTIONS**

**1. How many days has it been since you have you used any of these drugs?**

- A. Heroin** \_\_\_\_\_
- B. Methadone** \_\_\_\_\_
- C. Other opiates/analgesics** \_\_\_\_\_
- D. Barbiturates** \_\_\_\_\_
- F. Cocaine** \_\_\_\_\_
- G. Amphetamines** \_\_\_\_\_
- H. Cannabis** \_\_\_\_\_
- I. Hallucinogens** \_\_\_\_\_
- J. Inhalants** \_\_\_\_\_
- K. Tobacco** \_\_\_\_\_
- L. More than 1 substance in a day** \_\_\_\_\_

*(Give interviewee the rating card for the following two questions)*

**2. How troubled or bothered have you been in the past by drug problems?** \_\_\_\_\_

**3. How important to you now is treatment for these drug problems?** \_\_\_\_\_

- 4. **In the past, have you had a craving or very strong desire for alcohol or drugs?**  
0) No \_\_\_\_\_  
1) Yes
  
- 5. **In the past, have you had to use more and more drugs to get the effect you want?**  
0) No \_\_\_\_\_  
1) Yes
  
- 6. **In the past, have you felt that you could not control your alcohol or drug use?**  
0) No \_\_\_\_\_  
1) Yes
  
- 7. **In the past, have you felt that you were "hooked" on alcohol or drugs?**  
0) No \_\_\_\_\_  
1) Yes
  
- 8. **In the past, have you missed out on activities because you spent too much money on drugs or alcohol?**  
0) No \_\_\_\_\_  
1) Yes
  
- 9. **In the past, did you break the law as a result of alcohol or drugs?**  
0) No \_\_\_\_\_  
1) Yes
  
- 10. **Do you plan to participate in any recovery program after your release?**  
(ie, AA,NA,CA,etc.) \_\_\_\_\_

**VII. MEDICAL STATUS**

1. How many days have you experienced medical problems in the last 30 days? \_\_\_\_\_

*(Give interviewee rating card for the two following questions)*

2. How troubled or bothered have you been by these medical problems in the past 30 days? \_\_\_\_\_

3. How important to you now is treatment for these medical problems? \_\_\_\_\_

**VIII. PSYCHIATRIC STATUS**

1. In the past 30 days have you experienced:

0=no 1=yes

- A. Serious depression? \_\_\_\_\_
- B. Serious anxiety or tension? \_\_\_\_\_
- C. Hallucinations? \_\_\_\_\_
- D. Trouble understanding, concentrating or remembering things? \_\_\_\_\_
- E. Controlling violent behavior? \_\_\_\_\_
- F. Serious thoughts of suicide? \_\_\_\_\_
- G. Attempted suicide? \_\_\_\_\_
- H. Taken prescribed medication for any psychological/emotional problems? \_\_\_\_\_

*(Give interviewee the rating card for the following two questions)*

2. How much have you been bothered by these psychological or emotional problems in the past 30 days? \_\_\_\_\_

3. How important to you now is treatment for these psychological problems? \_\_\_\_\_

**This concludes our interview. Thank you very much for your time. Do you have any questions or comments before we end?**

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## Appendix B: Therapeutic and Comparison Group Discharge Interviews



Last Name

First Name

2. NMCD# \_\_\_\_\_

3. What will your address be when you leave the facility?

\_\_\_\_\_  
No. Street Apt. Number

\_\_\_\_\_  
City State Zip code

4. Will this be your permanent address? 0-No 1-Yes \_\_\_\_\_ (if yes, skip to question 6)

5. Do you have a permanent address where you can be contacted?

\_\_\_\_\_  
No. Street Apt. Number

\_\_\_\_\_  
City State Zip code

(If response is no, code 99-missing information)

6. Phone: \_\_\_\_\_

7. Are there other phone numbers where you can be reached?

Work Phone: \_\_\_\_\_ Beeper: \_\_\_\_\_

Other: \_\_\_\_\_  
Whose number is this?

### I. FAMILY AND SOCIAL RELATIONS

I'm going to ask you a few questions about where you will be living and your current relationships.



1. **What is your marital status?** \_\_\_\_\_  
 1=Married    2=Remarried  
 3=Widowed    4=Legally Separated  
 5=Divorced    6=Never Married
2. **Are you satisfied with this situation?** \_\_\_\_\_  
 0) No  
 1) Yes  
 3) Indifferent
3. **What will your living arrangements be when released?** \_\_\_\_\_  
 1=with sexual partner and children    2=with sexual partner alone  
 3=with parents    4=with family  
 5=with friends    6=alone  
 7=in controlled environment    8=no stable arrangements
4. **Are you satisfied with these future living arrangements?** \_\_\_\_\_  
 0) No  
 1) Yes
5. **How many days in the past 30 have you had serious conflicts with your family?** \_\_\_\_\_ days
6. **In the past 30 days, have you experienced serious problems with: (0=no 1=yes)**  
 Your mother? \_\_\_\_\_  
 Your father? \_\_\_\_\_  
 Your sisters/brothers? \_\_\_\_\_  
 Your partner/spouse? \_\_\_\_\_  
 Your children? \_\_\_\_\_  
 Your other significant family? (list) \_\_\_\_\_  
 Your close friends? \_\_\_\_\_  
 Your neighbors? \_\_\_\_\_  
 Your co-workers? \_\_\_\_\_

Could you use these words to answer the following two questions? *(Give the interviewee the rating card)*

7. **How troubled or bothered have you been in**

**the past by family problems?**

\_\_\_\_\_

**8. How important to you now is treatment or counseling for family problems?**

\_\_\_\_\_

**9. Has a member of your family ever used drugs to the point of causing problems at home, at work, or with friends?**

\_\_\_\_\_

- 0) No**
- 1) Yes**

**10. Has a member of your family ever been arrested?**

\_\_\_\_\_

- 0) No**
- 1) Yes**

**11. Have any of your friends ever been arrested?**

\_\_\_\_\_

- 0) No**
- 1) Yes**

## II. EMPLOYMENT

Okay-next I'm going to ask you some questions about what you will be doing to support yourself.

1. Will you be employed when you are released? \_\_\_\_\_  
0) No  
1) Yes  
77) Don't know
  2. What is your usual occupation? \_\_\_\_\_
  3. Do you have a valid driver's license? \_\_\_\_\_  
0) No  
1) Yes
  4. Do you have an automobile available for your use? \_\_\_\_\_  
0) No  
1) Yes
  5. Were you employed before being incarcerated? \_\_\_\_\_  
0) No  
1) Yes
  6. Will anyone besides yourself contribute to your support in any way? \_\_\_\_\_  
0) No  
1) Yes
  7. How many people will depend on you for any part of their support? \_\_\_\_\_
- (Give the interviewee the rating card for the following question)
8. How important to you is employment counseling? \_\_\_\_\_

### III. ALCOHOL USE

My next questions concern your alcohol and drug use. Again, please remember that all this information is completely confidential.

1. How many days has it been since you last used alcohol? \_\_\_\_\_

*(Give the interviewee the rating card for the following 2 questions)*

2. How troubled or bothered have you been in the past about alcohol problems? \_\_\_\_\_

3. How important to you now is treatment for these alcohol problems? \_\_\_\_\_

### IV. DRUG QUESTIONS

1. How many days has it been since you have you used any of these drugs? \_\_\_\_\_

A. Heroin

B. Methadone

C. Other opiates/analgesics

D. Barbiturates

F. Cocaine

G. Amphetamines

H. Cannabis

I. Hallucinogens

J. Inhalants

K. Tobacco

L. More than 1 substance in a day

*(Give interviewee the rating card for the following two questions)*

2. How troubled or bothered have you been in the past by drug problems? \_\_\_\_\_

3. How important to you now is treatment for these drug problems? \_\_\_\_\_

- 4. **In the past, have you had a craving or very strong desire for alcohol or drugs?**  
0) No  
1) Yes \_\_\_\_\_
  
- 5. **In the past, have you had to use more and more drugs to get the effect you want?**  
0) No  
1) Yes \_\_\_\_\_
  
- 6. **In the past, have you felt that you could not control your alcohol or drug use?**  
0) No  
1) Yes \_\_\_\_\_
  
- 7. **In the past, have you felt that you were "hooked" on alcohol or drugs?**  
0) No  
1) Yes \_\_\_\_\_
  
- 8. **In the past, have you missed out on activities because you spent too much money on drugs or alcohol?**  
0) No  
1) Yes \_\_\_\_\_
  
- 9. **In the past, did you break the law as a result of alcohol or drugs?**  
0) No  
1) Yes \_\_\_\_\_
  
- 10. **Do you plan to participate in any recovery program after your release?**  
(ie, AA,NA,CA,etc.) \_\_\_\_\_

## V. MEDICAL STATUS

1. How many days have you experienced medical problems in the last 30 days? \_\_\_\_\_

*(Give interviewee rating card for the two following questions)*

2. How troubled or bothered have you been by these medical problems in the past 30 days? \_\_\_\_\_
3. How important to you now is treatment for these medical problems? \_\_\_\_\_

## VI. PSYCHIATRIC STATUS

1. In the past 30 days have you experienced:  
0=no 1=yes

- A. Serious depression? \_\_\_\_\_
- B. Serious anxiety or tension? \_\_\_\_\_
- C. Hallucinations? \_\_\_\_\_
- D. Trouble understanding, concentrating or remembering things? \_\_\_\_\_
- E. Controlling violent behavior? \_\_\_\_\_
- F. Serious thoughts of suicide? \_\_\_\_\_
- G. Attempted suicide? \_\_\_\_\_
- H. Taken prescribed medication for any psychological/emotional problems? \_\_\_\_\_

*(Give interviewee the rating card for the following two questions)*

2. How much have you been bothered by these psychological or emotional problems in the past 30 days? \_\_\_\_\_
3. How important to you now is treatment for these psychological problems? \_\_\_\_\_

**This concludes our interview. Thank you very much for your time. Do you have any questions or comments before we end?**

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**SOUTHERN NEW MEXICO CORRECTIONAL FACILITY'S GENESIS PROGRAM *DISCHARGE* PARTICIPANT INTERVIEW FORM**

**FOR INTERVIEWER ONLY:**

**Date of Interview:** \_\_\_\_\_  
(mm) (dd) (yy)

**Is this interview in person?** \_\_\_\_\_ **Over the phone?** \_\_\_\_\_

**INTERVIEW CODES:** Use as designated or the following:      77-Interviewee doesn't know  
88-Not applicable  
99-Missing

**Summary of Subject Rating Scale:**  
0-Not at all  
1-Slightly  
2-Moderately  
3-Considerably  
4-Extremely

**This interview is being conducted as a part of an evaluation of the Genesis Program within the Southern New Mexico Correctional Facility. Your participation in the program and in this interview and another in the community will provide us with information that will help us evaluate the long-term effectiveness of the program. Remember that you did sign a consent form, any information you give, even information about drug use and legal problems, will be kept completely confidential. We'll ask you questions concerning your living situation, your relationships, employment, and your involvement with the criminal justice system, current drug and alcohol use, and your overall health. Once we have completed the interview, I will place \$5.00 in your inmate account.**

rsat\_dis.wpd-rev. 2/9/99

**1. What is your name?** \_\_\_\_\_



Last Name

First Name

2. NMCD# \_\_\_\_\_

3. What will your address be when you leave the facility?

\_\_\_\_\_  
No. Street Apt. Number

\_\_\_\_\_  
City State Zip code

4. Will this be your permanent address? 0-No 1-Yes \_\_\_\_\_ (if yes, skip to question 6)

*(If client's address isn't permanent, ask)*

5. Do you have a permanent address where you can be contacted?

\_\_\_\_\_  
No. Street Apt. Number

\_\_\_\_\_  
City State Zip code

(If response is no, code 99-missing information)

6. Phone: \_\_\_\_\_

7. Are there other phone numbers where you can be reached?

Work Phone: \_\_\_\_\_ Beeper: \_\_\_\_\_

Other: \_\_\_\_\_  
Whose number is this?

## I. FAMILY AND SOCIAL RELATIONS

I'm going to ask you a few questions about where you will be living and your current

relationships.

1. **What is your marital status?** \_\_\_\_\_  
1=Married    2=Remarried  
3=Widowed    4=Legally Separated  
5=Divorced    6=Never Married
  
2. **Are you satisfied with this situation?** \_\_\_\_\_  
0) No  
1) Yes  
3) Indifferent
  
3. **What will your living arrangements be when released?** \_\_\_\_\_  
1=with sexual partner and children    2=with sexual partner alone  
3=with parents    4=with family  
5=with friends    6=alone  
7=in controlled environment    8=no stable arrangements
  
4. **Are you satisfied with these future living arrangements?** \_\_\_\_\_  
0) No  
1) Yes
  
5. **How many days in the past 30 have you had serious conflicts with your family?** \_\_\_\_\_ days
  
6. **In the past 30 days, have you experienced serious problems with: (0=no 1=yes)**  
Your mother? \_\_\_\_\_  
Your father? \_\_\_\_\_  
Your sisters/brothers? \_\_\_\_\_  
Your partner/spouse? \_\_\_\_\_  
Your children? \_\_\_\_\_  
Your other significant family? (list) \_\_\_\_\_  
Your close friends? \_\_\_\_\_  
Your neighbors? \_\_\_\_\_  
Your co-workers? \_\_\_\_\_

Could you use these words to answer the following two questions? *(Give the interviewee the rating card)*

7. **How troubled or bothered have you been in the past by family problems?** \_\_\_\_\_
8. **How important to you now is treatment or counseling for family problems?** \_\_\_\_\_
9. **Has a member of your family ever used drugs to the point of causing problems at home, at work, or with friends?** \_\_\_\_\_  
0) No  
1) Yes
10. **Has a member of your family ever been arrested?** \_\_\_\_\_  
0) No  
1) Yes
11. **Have any of your friends ever been arrested?** \_\_\_\_\_  
0) No  
1) Yes

## II. EMPLOYMENT

Okay-next I'm going to ask you some questions about what you will be doing to support yourself.

1. Will you be employed when you are released? \_\_\_\_\_  
0) No  
1) Yes  
77) Don't know
  2. What is your usual occupation? \_\_\_\_\_
  3. Do you have a valid driver's license? \_\_\_\_\_  
0) No  
1) Yes
  4. Do you have an automobile available for your use? \_\_\_\_\_  
0) No  
1) Yes
  5. Were you employed before being incarcerated? \_\_\_\_\_  
0) No  
1) Yes
  6. Will anyone besides yourself contribute to your support in any way? \_\_\_\_\_  
0) No  
1) Yes
  7. How many people will depend on you for any part of their support? \_\_\_\_\_
- (Give the interviewee the rating card for the following question)
8. How important to you is employment counseling? \_\_\_\_\_

### III. ALCOHOL USE

My next questions concern your alcohol and drug use. Again, please remember that all this information is completely confidential.

1. How many days has it been since you last used alcohol? \_\_\_\_\_

*(Give the interviewee the rating card for the following 2 questions)*

2. How troubled or bothered have you been in the past about alcohol problems? \_\_\_\_\_

3. How important to you now is treatment for these alcohol problems? \_\_\_\_\_

### IV. DRUG QUESTIONS

1. How many days has it been since you have you used any of these drugs? \_\_\_\_\_

- A. Heroin \_\_\_\_\_
- B. Methadone \_\_\_\_\_
- C. Other opiates/analgesics \_\_\_\_\_
- D. Barbiturates \_\_\_\_\_
- F. Cocaine \_\_\_\_\_
- G. Amphetamines \_\_\_\_\_
- H. Cannabis \_\_\_\_\_
- I. Hallucinogens \_\_\_\_\_
- J. Inhalants \_\_\_\_\_
- K. Tobacco \_\_\_\_\_
- L. More than 1 substance in a day \_\_\_\_\_

*(Give interviewee the rating card for the following two questions)*

2. How troubled or bothered have you been in the past by drug problems? \_\_\_\_\_

3. How important to you now is treatment for these drug problems? \_\_\_\_\_

4. **In the past, have you had a craving or very strong desire for alcohol or drugs?** \_\_\_\_\_  
0) No  
1) Yes
5. **In the past, have you had to use more and more drugs to get the effect you want?** \_\_\_\_\_  
0) No  
1) Yes
6. **In the past, have you felt that you could not control your alcohol or drug use?** \_\_\_\_\_  
0) No  
1) Yes
7. **In the past, have you felt that you were "hooked" on alcohol or drugs?** \_\_\_\_\_  
0) No  
1) Yes
8. **In the past, have you missed out on activities because you spent too much money on drugs or alcohol?** \_\_\_\_\_  
0) No  
1) Yes
9. **In the past, did you break the law as a result of alcohol or drugs?** \_\_\_\_\_  
0) No  
1) Yes
10. **Do you plan to participate in any recovery program after your release?** \_\_\_\_\_  
(ie, AA,NA,CA,etc.)

**V. MEDICAL STATUS**

**1. How many days have you experienced medical problems in the last 30 days?** \_\_\_\_\_

*(Give interviewee rating card for the two following questions)*

**2. How troubled or bothered have you been by these medical problems in the past 30 days?** \_\_\_\_\_

**3. How important to you now is treatment for these medical problems?** \_\_\_\_\_

**VI. PSYCHIATRIC STATUS**

**1. In the past 30 days have you experienced:**  
0=no 1=yes

- A. Serious depression?** \_\_\_\_\_
- B. Serious anxiety or tension?** \_\_\_\_\_
- C. Hallucinations?** \_\_\_\_\_
- D. Trouble understanding, concentrating or remembering things?** \_\_\_\_\_
- E. Controlling violent behavior?** \_\_\_\_\_
- F. Serious thoughts of suicide?** \_\_\_\_\_
- G. Attempted suicide?** \_\_\_\_\_
- H. Taken prescribed medication for any psychological/emotional problems?** \_\_\_\_\_

*(Give interviewee the rating card for the following two questions)*

**2. How much have you been bothered by these psychological or emotional problems in the past 30 days?** \_\_\_\_\_

**3. How important to you now is treatment for these psychological problems?** \_\_\_\_\_





**13. This concludes our interview. Thank you very much for your time. Do you have any questions or comments before we end?**

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## Appendix C: Therapeutic and Comparison Group Follow-up Interviews

**SOUTHERN NEW MEXICO CORRECTIONAL FACILITY'S GENESIS PROGRAM FOLLOW-UP NON-PARTICIPANT INTERVIEW FORM**

**FOR INTERVIEWER ONLY:**

Date of Interview:      \_\_\_\_\_  
   (mm) (dd) (yy)

Is this interview in person?      \_\_\_\_\_

Over the phone?      \_\_\_\_\_

**INTERVIEW CODES: Use as designated or the following:**

77-Interviewee doesn't know  
88-Not applicable  
99-Missing

**Summary of Subject Rating Scale:**

0-Not at all  
1-Slightly  
2-Moderately  
3-Considerably  
4-Extremely

This interview is being conducted as a part of an evaluation of the Genesis Program within the Southern New Mexico Correctional Facility. Your participation in this interview and another in the community will provide us with information that will help us evaluate the long-term effectiveness of the program. Remember that you did sign a consent form, any information you give, even information about drug use and legal problems, will be kept completely confidential. We'll ask you questions concerning your living situation, your relationships, employment, and your involvement with the criminal justice system, current drug and alcohol use, and your overall health. Once we have completed the interview, I will pay you \$20.00 cash for your time and effort.

1. What is your name? \_\_\_\_\_  
Last Name First Name

2. What is your current address?

\_\_\_\_\_  
Street Apt. Number  
\_\_\_\_\_  
City State Zip code

3. Is this your permanent address? 0-No 1-Yes \_\_\_\_\_ (if yes, skip to question 5)

4. Do you have a permanent address where you can be contacted?

\_\_\_\_\_  
Street Apt. Number  
\_\_\_\_\_  
City State Zip code

5. Phone: \_\_\_\_\_

6. Are there other phone numbers where you can be reached?

Work Phone: \_\_\_\_\_ Beeper: \_\_\_\_\_

Other: \_\_\_\_\_  
Whose number is this?

## I. FAMILY AND SOCIAL RELATIONS

I'm going to ask you a few questions about where you live right now and your current relationships.

1. What is your marital status? \_\_\_\_\_  
1=Married    2=Remarried  
3=Widowed    4=Separated  
5=Divorced    6=Never Married
  
2. Are you satisfied with this situation? \_\_\_\_\_  
0) No  
1) Yes  
3) Indifferent
  
3. Since you have been in the community how many places have you lived? \_\_\_\_\_
  
4. Usual living arrangements (since you have been in the community)? \_\_\_\_\_  
1=with sexual partner and children    2=with sexual partner alone  
3=with parents    4=with family  
5=with friends    6=alone  
7=controlled environment    8=no stable arrangements
  
5. Are you satisfied with these living arrangements? \_\_\_\_\_  
0) No  
1) Yes  
3) Indifferent
  
6. With whom do you spend most of your free time? \_\_\_\_\_  
1=family    2=friends    3=alone
  
7. Are you satisfied spending your time this way? \_\_\_\_\_  
0) No  
1) Yes  
3) Indifferent
  
8. How many close friends do you have? \_\_\_\_\_

9. How many days in the past 30 have you had serious conflicts:  
 with your family? \_\_\_\_\_ days  
 with other people (excluding family)? \_\_\_\_\_ days

10. In the past 30 days, have you had significant periods in which you have experienced serious problems with:  
 Your mother? \_\_\_\_\_  
 Your father? \_\_\_\_\_  
 Your sisters/brothers? \_\_\_\_\_  
 Your partner/spouse? \_\_\_\_\_  
 Your children? \_\_\_\_\_  
 Your other significant family? (list) \_\_\_\_\_  
 Your close friends? \_\_\_\_\_  
 Your neighbors? \_\_\_\_\_  
 Your co-workers? \_\_\_\_\_  
 All answers: 0=no 1=yes  
 88=NA 77=DK

*(Give the interviewee the rating card for the next questions)*

11. How troubled or bothered have you been in the past 30 days by:  
 family problems? \_\_\_\_\_  
 social problems? \_\_\_\_\_

12. How important to you now is treatment or counseling for:  
 family problems? \_\_\_\_\_  
 social problems? \_\_\_\_\_

## II. EMPLOYMENT

Okay-next I'm going to ask you some questions about how you support yourself and what you're doing for work right now.

1. Do you have a valid driver's license? \_\_\_\_\_  
0) No  
1) Yes
  
2. Do you have an automobile available for use? \_\_\_\_\_  
0) No  
1) Yes
  
3. Are you currently employed? \_\_\_\_\_  
0) No  
1) Yes
  
4. If Yes, What is your occupation? \_\_\_\_\_
  
5. Does someone contribute to your support in any way? \_\_\_\_\_  
0) No  
1) Yes
  
6. Does anyone else depend on you for the majority of their support? \_\_\_\_\_  
0) No  
1) Yes
  
7. How many days were you paid for working  
in the past 30? \_\_\_\_\_ days
  
8. How much money did you receive from the following sources  
in the past 30 days?  
Employment (net income) \_\_\_\_\_  
Unemployment \_\_\_\_\_  
DPA \_\_\_\_\_  
Pension, benefits, or Social Security \_\_\_\_\_  
Mate, family, or friends \_\_\_\_\_  
Illegal \_\_\_\_\_

**9. How many days have you experienced employment problems in the past 30?**

\_\_\_\_\_

*(Give the interviewee the rating card for the next two questions)*

**10. How troubled or bothered have you been by these employment problems in the past 30 days?**

\_\_\_\_\_

**11. How important to you now is counseling for these employment problems?**

\_\_\_\_\_



### III. LEGAL STATUS

I'm going to ask you a few questions about the criminal justice system. Remember that anything you tell me is confidential and will only be used for research purposes.

1. Are you presently awaiting charges, trial or sentence \_\_\_\_\_  
0) No  
1) Yes

1a. What for? \_\_\_\_\_  
\_\_\_\_\_

(If multiple list all)

2. How many days in the past 30 were you detained or incarcerated? \_\_\_\_\_ days
3. How many days in the past 30 have you engaged in illegal activities for profit? \_\_\_\_\_ days

*(Use rating card for the following 2 questions)*

4. How serious do you feel your present legal problems are? \_\_\_\_\_
5. How important to you now is counseling or referral for these legal problems? \_\_\_\_\_
6. How much money did you receive from illegal sources in the past 30 days? \$ \_\_\_\_\_

**IV. ALCOHOL USE**

My next questions concern your current alcohol use. Again, please remember that all this information is completely confidential.

- 1. How many days in the past 30 have you used any alcohol at all? \_\_\_\_\_ days
- 2. How many days in the past 30 have you used alcohol to intoxication? \_\_\_\_\_ days
- 3. How much would you say you spent during the past 30 days on alcohol? \$ \_\_\_\_\_
- 4. How many days in the past 30 have you experienced alcohol problems? \_\_\_\_\_ days
- 5. How many days in the past 30 have you been troubled or bothered by any alcohol problems? \_\_\_\_\_ days

*(Use subject rating scale for the following 2 questions)*

- 6. How troubled or bothered have you been in the past 30 days about these alcohol problems? \_\_\_\_\_
- 7. How important to you now is treatment for these alcohol problems? \_\_\_\_\_

**V. DRUG QUESTIONS**

- 1. How many days in the past 30 days have you used any of these drugs?
  - A. Heroin \_\_\_\_\_
  - B. Methadone \_\_\_\_\_
  - C. Other opiates/analgesics \_\_\_\_\_
  - D. Barbiturates \_\_\_\_\_
  - F. Cocaine \_\_\_\_\_
  - G. Amphetamines \_\_\_\_\_
  - H. Cannabis \_\_\_\_\_
  - I. Hallucinogens \_\_\_\_\_
  - J. Inhalants \_\_\_\_\_
  - K. Tobacco \_\_\_\_\_
  - L. More than 1 substance in a day \_\_\_\_\_

2. Which substance is the major problem? \_\_\_\_\_  
 (Use above codes, 00 - no problem, 15 - alcohol,  
 16 - polydrug; when not clear, ask interviewee)
3. How much would you say you spent during the past 30 days on drugs? \$ \_\_\_\_\_
4. How many days in the past 30 have you experienced drug problems? \_\_\_\_\_ days

*(Use subject rating scale for the following two questions)*

5. How troubled or bothered have you been in the past 30 days by these drug problems? \_\_\_\_\_
6. How important to you now is treatment for these drug problems? \_\_\_\_\_
7. Since you have been in the community, have you had a craving or very strong desire for alcohol or drugs? \_\_\_\_\_  
 0) No  
 1) Yes
8. Since you have been in the community, have you had to use more and more drugs to get the effect you want? \_\_\_\_\_  
 0) No  
 1) Yes
9. Since you have been in the community, have you felt that you could not control your alcohol or drug use? \_\_\_\_\_  
 0) No  
 1) Yes
10. Since you have been in the community, have you felt that you were "hooked" on alcohol or drugs? \_\_\_\_\_  
 0) No  
 1) Yes
11. Since you have been in the community, have you missed out on activities because you spent too much money on drugs or alcohol? \_\_\_\_\_  
 0) No  
 1) Yes

12. Since you have been in the community, did you break the law because you were high on alcohol or drugs? \_\_\_\_\_

- 0) No
- 1) Yes

13. Have you participated in a recovery program in the community? \_\_\_\_\_  
(i.e. AA, NA, CA, etc.)

- 0) No
- 1) Yes

### VI. MEDICAL STATUS

1. Are you currently taking any prescribed medication on a regular basis for a physical problem? \_\_\_\_\_

- 0) No
- 1) Yes

2. Since you have been in the community how many days have you experienced medical problems in the last 30 days? \_\_\_\_\_ days

*Use subject rating scale for the two following questions:*

3. How troubled or bothered have you been by these medical problems in the past 30 days? \_\_\_\_\_

4. How important to you now is treatment for these medical problems? \_\_\_\_\_

### VII. PSYCHIATRIC STATUS

1. In the past 30 days have you experienced:  
0=no 1=yes

- A. Serious depression? \_\_\_\_\_
- B. Serious anxiety or tension? \_\_\_\_\_
- C. Hallucinations? \_\_\_\_\_
- D. Trouble understanding, concentrating or remembering things? \_\_\_\_\_
- E. Controlling violent behavior? \_\_\_\_\_
- F. Serious thoughts of suicide? \_\_\_\_\_
- G. Attempted suicide? \_\_\_\_\_
- H. Taken prescribed medication for any psychological/emotional problems? \_\_\_\_\_

2. How many days in the past 30 have you experienced these psychological or emotional problems? \_\_\_\_\_

*Use subject rating scale for the following two questions:*

3. How much have you been bothered by these psychological or emotional problems in the past 30 days? \_\_\_\_\_
4. How important to you now is treatment for these psychological problems? \_\_\_\_\_

### VIII. MISCELLANEOUS

We are almost finished; I'd just like to ask you one last set of questions...

1. Since your release, have you had a paying job that you were fired from?  
0) No  
1) Yes \_\_\_\_\_
2. Since your release, have you stopped working at a job because you just did not care?  
0) No  
1) Yes \_\_\_\_\_
3. Since your release, did you need help from others to go about finding a job?  
0) No  
1) Yes \_\_\_\_\_
4. Since your release, have you been frequently absent or late for work?  
0) No  
1) Yes \_\_\_\_\_
5. Since your release, did you use alcohol or drugs while working on a job?  
0) No  
1) Yes \_\_\_\_\_

**6. Since your release, did any of your friends regularly use alcohol or drugs?**

- 0) No**
- 1) Yes**

\_\_\_\_\_

**7. Since your release, did any of your friends sell or give drugs away?**

- 0) No**
- 1) Yes**

\_\_\_\_\_

**8. Since your release, have any of your friends been in trouble with the law?**

- 0) No**
- 1) Yes**

\_\_\_\_\_

**9. Since your release, have any of your friends brought drugs to social gatherings?**

- 0) No**
- 1) Yes**

\_\_\_\_\_

**10. Okay, this concludes our interview. Thank you very much for your time. Do you have any questions or comments before we end?**

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**Interviewers Notes:**

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**SOUTHERN NEW MEXICO CORRECTIONAL FACILITY'S GENESIS PROGRAM FOLLOW-UP PARTICIPANT INTERVIEW FORM**

**FOR INTERVIEWER ONLY:**

Date of Interview: \_\_\_\_\_  
(mm) (dd) (yy)

Is this interview in person? \_\_\_\_\_ Over the phone? \_\_\_\_\_

**INTERVIEW CODES:** Use as designated or the following: 77-Interviewee doesn't know  
88-Not applicable  
99-Missing

**Summary of Subject Rating Scale:**  
0-Not at all  
1-Slightly  
2-Moderately  
3-Considerably  
4-Extremely

This interview is being conducted as a part of an evaluation of the Genesis Program within the Southern New Mexico Correctional Facility. Your participation in the program and in this interview and another in the community will provide us with information that will help us evaluate the long-term effectiveness of the program. Remember that you did sign a consent form, any information you give, even information about drug use and legal problems, will be kept completely confidential. We'll ask you questions concerning your living situation, your relationships, employment, and your involvement with the criminal justice system, current drug and alcohol use, and your overall health. Once we have completed the interview, I will pay you \$20.00 cash for your time and effort.



**1. What is your name?** \_\_\_\_\_  
Last Name First Name

**2. What is your current address?**

\_\_\_\_\_  
Street Apt. Number

\_\_\_\_\_  
City State Zip code

**3. Is this your permanent address?** 0-No 1-Yes \_\_\_\_\_ (if yes, skip to question 5)

**4. Do you have a permanent address where you can be contacted?**  
(If response is no, code 99-missing information)

\_\_\_\_\_  
Street Apt. Number

\_\_\_\_\_  
City State Zip code

**5. Phone:** \_\_\_\_\_

**6. Are there other phone numbers where you can be reached?**

**Work Phone:** \_\_\_\_\_ **Beeper:** \_\_\_\_\_

**Other:** \_\_\_\_\_  
Whose number is this?

## I. FAMILY AND SOCIAL RELATIONS

**I'm going to ask you a few questions about where you live right now and your current relationships.**

1. **What is your marital status?** \_\_\_\_\_  
1=Married    2=Remarried  
3=Widowed    4=Separated  
5=Divorced    6=Never Married
  
2. **Are you satisfied with this situation?** \_\_\_\_\_  
0) No  
1) Yes  
3) Indifferent
  
3. **Since you have been in the community how many places have you lived?** \_\_\_\_\_
  
4. **Usual living arrangements (since you have been in the community)?** \_\_\_\_\_  
1=with sexual partner and children    2=with sexual partner alone  
3=with parents    4=with family  
5=with friends    6=alone  
7=controlled environment    8=no stable arrangements
  
5. **Are you satisfied with these living arrangements?** \_\_\_\_\_  
0) No  
1) Yes  
3) Indifferent
  
6. **With whom do you spend most of your free time?** \_\_\_\_\_  
1=family    2=friends    3=alone
  
7. **Are you satisfied spending your time this way?** \_\_\_\_\_  
0) No  
1) Yes  
3) Indifferent
  
8. **How many close friends do you have?** \_\_\_\_\_
  
  
9. **How many days in the past 30 have you had**

**serious conflicts:**

**with your family? \_\_\_\_\_ days**

**with other people (excluding family)? \_\_\_\_\_ days**

**10. In the past 30 days, have you had significant periods in which you have experienced serious problems with:**

**Your mother?**

\_\_\_\_\_

**Your father?**

\_\_\_\_\_

**Your sisters/brothers?**

\_\_\_\_\_

**Your partner/spouse?**

\_\_\_\_\_

**Your children?**

\_\_\_\_\_

**Your other significant family? (list)**

\_\_\_\_\_

**Your close friends?**

\_\_\_\_\_

**Your neighbors?**

\_\_\_\_\_

**Your co-workers?**

\_\_\_\_\_

All answers: 0=no 1=yes

88=NA 77=DK

*(Give the interviewee the rating card for the next questions)*

**11. How troubled or bothered have you been in the past 30 days by:**

**family problems?**

\_\_\_\_\_

**social problems?**

\_\_\_\_\_

**12. How important to you now is treatment or counseling for:**

**family problems?**

\_\_\_\_\_

**social problems?**

\_\_\_\_\_

**II. EMPLOYMENT**

**Okay-next I'm going to ask you some questions about how you support yourself and what you're doing for work right now.**

- 1. **Do you have a valid driver's license?** \_\_\_\_\_  
0) No  
1) Yes
  
- 2. **Do you have an automobile available for use?** \_\_\_\_\_  
0) No  
1) Yes
  
- 3. **Are you currently employed?** \_\_\_\_\_  
0) No  
1) Yes
  
- 4. **If Yes, What is your occupation?** \_\_\_\_\_
  
- 5. **Does someone contribute to your support in any way?** \_\_\_\_\_  
0) No  
1) Yes
  
- 6. **Does anyone else depend on you for the majority of their support?** \_\_\_\_\_  
0) No  
1) Yes
  
- 7. **How many days were you paid for working in the past 30?** \_\_\_\_\_ days
  
- 8. **How much money did you receive from the following sources in the past 30 days?**
  - Employment (net income) \_\_\_\_\_
  - Unemployment \_\_\_\_\_
  - DPA \_\_\_\_\_
  - Pension, benefits, or Social Security \_\_\_\_\_
  - Mate, family, or friends \_\_\_\_\_
  - Illegal \_\_\_\_\_

9. **How many days have you experienced employment problems in the past 30?** \_\_\_\_\_

*(Give the interviewee the rating card for the next two questions)*

10. **How troubled or bothered have you been by these employment problems in the past 30 days?** \_\_\_\_\_

11. **How important to you now is counseling for these employment problems?** \_\_\_\_\_

**III. LEGAL STATUS**

**I'm going to ask you a few questions about the criminal justice system. Remember that anything you tell me is confidential and will only be used for research purposes.**

- 1. Are you presently awaiting charges, trial or sentence** \_\_\_\_\_  
0) No  
1) Yes

**1a. What for?** \_\_\_\_\_

\_\_\_\_\_  
**(If multiple list all)**

- 2. How many days in the past 30 were you detained or incarcerated?** \_\_\_\_\_ **days**
- 3. How many days in the past 30 have you engaged in illegal activities for profit?** \_\_\_\_\_ **days**

*Use subject rating scale for the following 2 questions:*

- 4. How serious do you feel your present legal problems are?** \_\_\_\_\_
- 5. How important to you now is counseling or referral for these legal problems?** \_\_\_\_\_
- 6. How much money did you receive from illegal sources in the past 30 days?** \$ \_\_\_\_\_

**IV. ALCOHOL USE**

**My next questions concern your current alcohol use. Again, please remember that all this information is completely confidential.**

- 1. **How many days in the past 30 have you used any alcohol at all?** \_\_\_\_\_ days
- 2. **How many days in the past 30 have you used alcohol to intoxication?** \_\_\_\_\_ days
- 3. **How much would you say you spent during the past 30 days on alcohol?** \$ \_\_\_\_\_
- 4. **How many days in the past 30 have you experienced alcohol problems?** \_\_\_\_\_ days
- 5. **How many days in the past 30 have you been troubled or bothered by any alcohol problems?** \_\_\_\_\_ days

*(Use subject rating scale for the following 2 questions)*

- 6. **How troubled or bothered have you been in the past 30 days about these alcohol problems?** \_\_\_\_\_
- 7. **How important to you now is treatment for these alcohol problems?** \_\_\_\_\_

**V. DRUG QUESTIONS**

- 1. **How many days in the past 30 days have you used any of these drugs?**
  - A. Heroin \_\_\_\_\_
  - B. Methadone \_\_\_\_\_
  - C. Other opiates/analgesics \_\_\_\_\_
  - D. Barbiturates \_\_\_\_\_
  - F. Cocaine \_\_\_\_\_
  - G. Amphetamines \_\_\_\_\_
  - H. Cannabis \_\_\_\_\_
  - I. Hallucinogens \_\_\_\_\_
  - J. Inhalants \_\_\_\_\_
  - K. Tobacco \_\_\_\_\_
  - L. More than 1 substance in a day \_\_\_\_\_

2. Which substance is the major problem? \_\_\_\_\_  
(Use above codes, 00 - no problem, 15 - alcohol,  
16 - polydrug; when not clear, ask interviewee)
3. How much would you say you spent during the past 30 days on drugs? \$ \_\_\_\_\_
4. How many days in the past 30 have you experienced drug problems? \_\_\_\_\_ days

*(Use subject rating scale for the following two questions)*

5. How troubled or bothered have you been in the past 30 days by these drug problems? \_\_\_\_\_
6. How important to you now is treatment for these drug problems? \_\_\_\_\_
7. Since you have been in the community, have you had a craving or very strong desire for alcohol or drugs? \_\_\_\_\_  
0) No  
1) Yes
8. Since you have been in the community, have you had to use more and more drugs to get the effect you want? \_\_\_\_\_  
0) No  
1) Yes
9. Since you have been in the community, have you felt that you could not control your alcohol or drug use? \_\_\_\_\_  
0) No  
1) Yes
10. Since you have been in the community, have you felt that you were "hooked" on alcohol or drugs? \_\_\_\_\_  
0) No  
1) Yes
11. Since you have been in the community, have you missed out on activities because you spent too much money on drugs or alcohol? \_\_\_\_\_  
0) No  
1) Yes



12. Since you have been in the community, did you break the law because you were high on alcohol or drugs? \_\_\_\_\_  
0) No  
1) Yes

13. Have you participated in a recovery program in the community? \_\_\_\_\_  
(i.e. AA, NA, CA, etc.)  
0) No  
1) Yes

**VI. MEDICAL STATUS**

1. Are you currently taking any prescribed medication on a regular basis for a physical problem? \_\_\_\_\_  
0) No  
1) Yes

2. Since you have been in the community how many days have you experienced medical problems in the last 30 days? \_\_\_\_\_

*Use subject rating scale for the two following questions:*

3. How troubled or bothered have you been by these medical problems in the past 30 days? \_\_\_\_\_

4. How important to you now is treatment for these medical problems? \_\_\_\_\_

**VII. PSYCHIATRIC STATUS**

1. In the past 30 days have you experienced:  
0=no 1=yes

- A. Serious depression? \_\_\_\_\_
- B. Serious anxiety or tension? \_\_\_\_\_
- C. Hallucinations? \_\_\_\_\_
- D. Trouble understanding, concentrating or remembering things? \_\_\_\_\_
- E. Controlling violent behavior? \_\_\_\_\_
- F. Serious thoughts of suicide? \_\_\_\_\_
- G. Attempted suicide? \_\_\_\_\_
- H. Taken prescribed medication for any psychological/emotional problems? \_\_\_\_\_

2. How many days in the past 30 have you experienced these psychological or emotional problems? \_\_\_\_\_

*Use subject rating scale for the following two questions:*

3. How much have you been bothered by these psychological or emotional problems in the past 30 days? \_\_\_\_\_
4. How important to you now is treatment for these psychological problems? \_\_\_\_\_

### VIII. MISCELLANEOUS

We are almost finished; I'd just like to ask you one last set of questions...

1. Since your release, have you had a paying job that you were fired from?  
0) No  
1) Yes \_\_\_\_\_
2. Since your release, have you stopped working at a job because you just did not care?  
0) No  
1) Yes \_\_\_\_\_
3. Since your release, did you need help from others to go about finding a job?  
0) No  
1) Yes \_\_\_\_\_
4. Since your release, have you been frequently absent or late for work?  
0) No  
1) Yes \_\_\_\_\_
5. Since your release, did you use alcohol or drugs while working on a job?  
0) No  
1) Yes \_\_\_\_\_

6. **Since your release, did any of your friends regularly use alcohol or drugs?**  
0) No  
1) Yes
7. **Since your release, did any of your friends sell or give drugs away?**  
0) No  
1) Yes
8. **Since your release, have any of your friends been in trouble with the law?**  
0) No  
1) Yes
9. **Since your release, have any of your friends brought drugs to social gatherings?**  
0) No  
1) Yes

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**10. Okay, this concludes our interview. Thank you very much for your time. Do you have any questions or comments before we end?**

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**Interviewers Notes:**

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## Appendix D: Therapeutic and Comparison Group Consent Forms

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## ASSESSING THE SOUTHERN NEW MEXICO CORRECTIONAL FACILITY'S GENESIS PROGRAM CONSENT FORM

### Statement of Informed Consent

The services that are being provided to you while you are in the Genesis program are either wholly or partially funded by the Federal government's "Residential Substance Abuse Treatment Program for State Prisoners" (RSAT). The Institute for Social Research (ISR) located on the campus of the University of New Mexico (UNM) in Albuquerque NM has been hired by the Federal government to evaluate the effectiveness of this program. Towards this end we are collaborating with Genesis staff to conduct this evaluation.

As part of our research, we are collecting information on inmate participants during their treatment period, as well as conducting interviews with participants at the time of their discharge from the program and release from SNMCF. In addition, we are planning to conduct interviews with individuals who were participants in the program once they have been released into the community. At discharge and follow-up in the community you will be asked questions concerning such things as your medical/mental health status, your employment/support/education status, your drug/alcohol use, your legal status, your family/social/relationship and housing status, and your activities of daily living. Any information you provide to us will remain confidential.

The results of these interviews will be used to help make changes in treatment services and clinical and administrative strategies that will better reflect the needs of the inmate participants. As a participant in this study and interviews, your name will never be used and will not be associated in any manner with the results of this study. Confidentiality guidelines that have been set by the Federal government will be strictly followed. All information obtained will be kept confidential. Only ISR staff will have access to any information and at the conclusion of this project all hard copy information will be destroyed.

Your participation in the discharge and follow-up in the community interviews are voluntary and you may refuse to participate without any penalty. You may also refuse to answer any questions we ask, as well as discontinue your participation in the interviews at any time.

You will be compensated for your interviews. For your participation and completion of an approximately 30-45 minute interview near your discharge date from the program and institution you will be compensated \$5.00 in your inmate/canteen account. At this time you will also be requested to complete a *Locator Form* that will allow us to find you in the community for follow-up interviews. At approximately 6-12 months after your release we will contact you so we can complete an interview that is similar in content and length to the one you completed at discharge. For your participation and completion of this interview you will be payed \$20.00 in cash. All interviews will be conducted in mutually agreed upon locations by ISR staff.

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I hereby verify that I understand the nature of this study and the discharge and followup interviews.

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Signature of Participant

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Date

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Name of Participant  
(please print)

rskon.wpd-rev. 2/9/99

## **ASSESSING THE SOUTHERN NEW MEXICO CORRECTIONAL FACILITY'S GENESIS PROGRAM *NON-PARTICIPANT* CONSENT FORM**

### Statement of Informed Consent

The Institute for Social Research (ISR) located on the campus of the University of New Mexico (UNM) in Albuquerque NM has been hired by the Federal government to evaluate the effectiveness of the Genesis program located at SNMCF. The goal of this program is to address substance abuse problems in an attempt to reduce recidivism and reincarceration. Towards this end we are collaborating with Genesis staff to conduct this evaluation. As part of this study we are comparing program participants with a matched comparison group of inmates who were not participants in the program. We would like you to be part of our comparison group and study.

As part of our research, we are collecting information on inmate participants during their period of incarceration, as well as conducting interviews with study participants at the time of their discharge and release from SNMCF. In addition, we are planning to conduct interviews with individuals once they have been released into the community. At discharge and follow-up in the community you will be asked questions concerning such things as your medical/mental health status, your employment/support/education status, your drug/alcohol use, your legal status, your family/social/relationship and housing status, and your activities of daily living. Any information you provide to us will remain confidential.

The results of these interviews will be used to help make changes in treatment services and clinical and administrative strategies for the Genesis program that will better reflect the needs of the inmate participants. As a participant in this study and interviews, your name will never be used and will not be associated in any manner with the results of this study. Confidentiality guidelines that have been set by the Federal government will be strictly followed. All information obtained will be kept confidential. Only ISR staff will have access to any information and at the conclusion of this project all hard copy information will be destroyed.

Your participation in the discharge and follow-up in the community interviews are voluntary and you may refuse to participate without any penalty. You may also refuse to answer any questions we ask, as well as discontinue your participation in the interviews at any time.

You will be compensated for your interviews. For your participation and completion of an approximately 30-45 minute interview near your discharge date from the program and institution you will be compensated \$5.00 in your inmate/canteen account. At this time you will also be requested to complete a *Locator Form* that will allow us to find you in the community for follow-up interviews. At approximately 6-12 months after your release we will contact you so we can complete an interview that is similar in content and length to the one you completed at discharge. For your participation and completion of this interview you will be paid \$20.00 in cash. All interviews will be conducted in mutually agreed upon locations by ISR staff.



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I hereby verify that I understand the nature of this study and the discharge and followup interviews.

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Signature of Participant

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Date

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Name of Participant  
(please print)

rsconnon.wpd-rev.2/9/99

## Appendix E: Data Collection Form

Entered: \_\_\_\_\_ Proofed: \_\_\_\_\_

Residential Substance Abuse Treatment  
Data Collection Form

Today's Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

NMCD Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

1. Date of Confinement to SNMCF: \_\_\_\_\_
2. Total Length of Current Incarceration: \_\_\_\_\_
3. Date of Admission to RSAT Program: \_\_\_\_\_
4. Expected Parole Date: \_\_\_\_\_
5. Ethnicity: \_\_\_\_\_

1-White  
2-Black  
3-American Indian  
4-Asian or Pacific Islander  
5-Hispanic (specify) \_\_\_\_\_  
6-Other (specify) \_\_\_\_\_

6. US Citizen: \_\_\_\_\_  
1-Yes  
2-No (specify) \_\_\_\_\_

7. Years of Education Completed: \_\_\_\_\_

8. Employment Status Prior to Entering Prison: \_\_\_\_\_

1-Full-time  
2-Part-time  
3-Occasional  
4-No employment

9. Longest Period of Employment with One Employer: \_\_\_\_\_

10. Average Weekly Income Prior to Entering Prison: \_\_\_\_\_

11. Number of Arrests as Juvenile: \_\_\_\_\_

12. Number of Years Served in Prison: \_\_\_\_\_

13. Drug Use as Juvenile: \_\_\_\_\_

1-Yes (go to 13a)

2-No (go to 14)

13a. Drugs Used as Juvenile (under 18): \_\_\_\_\_

1-Alcohol

2-Methadone

3-Other opiates/analgesics

4-Barbituates

5-Other sedatives/tranquilizers

6-Cocaine

7-Amphetamines

8-Cannabis

9-Hallucinogens

10-Inhalants

11-Polysubstance

12-Other (specify) \_\_\_\_\_

14. Drug Use as Adult: \_\_\_\_\_

1-Yes (go to 14a)

2-No (go to 15)

14a. Drugs Used as Adult (over 18): \_\_\_\_\_

1-Alcohol

2-Methadone

3-Other opiates/analgesics

4-Barbituates

5-Other sedatives/tranquilizers

6-Cocaine

7-Amphetamines

8-Cannabis

9-Hallucinogens

10-Inhalants

11-Polysubstance

12-Other (specify) \_\_\_\_\_

15. Number of Drugs Used by IV Injection: \_\_\_\_\_

1-Alcohol

2-Methadone

3-Other opiates/analgesics

4-Barbituates

5-Other sedatives/tranquilizers

6-Cocaine

7-Amphetamines

8-Cannabis

9-Hallucinogens

10-Inhalants

11-Polysubstance

12-Other (specify) \_\_\_\_\_

88-Never Injected Drugs

16. Number of Times Experienced Alcohol Withdrawal: \_\_\_\_\_

17. Number of Times Overdosed on Drugs: \_\_\_\_\_

18. Number of Times Placed in Detox: \_\_\_\_\_
19. Received Inpatient Treatment for Drug Use: \_\_\_\_\_
- 1-Yes  
2-No
20. Received Outpatient Treatment for Drug Use: \_\_\_\_\_
- 1-Yes  
2-No
21. During Greatest Six Month Period of Drug Use, Daily Average of Amount Spent on Drugs: \_\_\_\_\_
22. Percent of Money (earned through crime) Spent on Drug Use: \_\_\_\_\_
23. Number of Family Members who Use Alcohol: \_\_\_\_\_
- 23a. Family Members: \_\_\_\_\_
24. Number of Family Members who Use Drugs: \_\_\_\_\_
- 24a. Family Members: \_\_\_\_\_
25. Current Marital Status: \_\_\_\_\_
- |             |                 |
|-------------|-----------------|
| 1-Married   | 4-Separated     |
| 2-Remarried | 5-Divorced      |
| 3-Widowed   | 6-Never married |
26. Number of Children: \_\_\_\_\_
27. Experienced Serious Depression (lifetime): \_\_\_\_\_
- 1-Yes  
2-No
28. Experienced Anxiety (lifetime): \_\_\_\_\_
- 1-Yes  
2-No

29. Experienced Uncontrolled Anger (lifetime): \_\_\_\_\_

1-Yes

2-No

30. Experienced trouble understanding, concentration, or remembering (lifetime): \_\_\_\_\_

1-Yes

2-No

31. Attempted Suicide (lifetime): \_\_\_\_\_

1-Yes

2-No

32. Been Prescribed Medication for Psychological/Emotional Problems (lifetime): \_\_\_\_\_

1-Yes

2-No

33. Been Hospitalized for Mental/Emotional Problems (lifetime): \_\_\_\_\_

1-Yes

2-No



## Residential Substance Abuse Treatment Data Collection Form Guide

All information asked for in this form is available either through the Department of Corrections or on the various RSAT intake forms used by the RSAT staff. It is important that each form is completed for each inmate. Any questions or suggestions regarding the form should be directed to Rebecca Frerichs (505/277-4257).

All information that is missing should be coded as "99." Information which is not applicable to a particular inmate should be coded as "88."

"Today's Date" is the date the form is filled-out.

"First Name" and "Last Name" refer to the particular RSAT client you are collecting information on.

"NMCD Number" is the New Mexico Corrections Department Number assigned to each inmate.

"Birth Date" is the birth date of the RSAT client you are collecting information on.

Question 1: The date the inmate actually arrives at SNMCF

Question 2: The total amount of time the inmate was sentenced to serve on the particular charge(s) that he is currently in SNMCF for.

Question 3: The inmate's date of admission into RSAT.

Question 4: The inmate's parole date.

Question 5: The inmate's self-identified ethnicity. If the inmate identifies "Hispanic" please note (if available) how he identifies as Hispanic (i.e., Spanish, Cuban, Mexican, etc....). If the inmate identifies "Other" please note (if available) what his particular ethnicity is.

Question 6: Citizenship status. Please note (if available) the inmates status if not US.

Question 7: Total years of education completed. If inmate identifies "GED" code as "12." If inmate identifies "Associates degree" code as "14." If inmate identifies "Bachelor's degree" code as "16." If inmate identifies "Masters degree" code as "18." If inmate identifies "Ph.D." leave as "Ph.D." If inmate identifies "some college" leave as "some college."

Question 8: Inmate's employment status prior to entering prison. If not specifically stated as "full-time" code as "part-time."

Question 9: Inmate's longest period of uninterrupted employment as an adult (over 18).



Question 10: Inmate's average weekly income prior to entering prison. Some inmates may report either monthly or yearly income. In this case, please calculate what their weekly income would be.

Question 11: Inmate's total number of arrests as a juvenile.

Question 12: Total number of years inmate has served in prison.

Questions 13, 14, and 15: These questions regard inmate drug use patterns. If inmate answers "No" on question 13, skip to question 14. If inmate answers "No" to question 14, immediately flag that questionnaire and bring to the attention of Rebecca Frerichs. On all questions, "Polysubstance" refers to multiple drug use that is not specified. If there is no option for the drug identified by an inmate, code as "Other" and specify the drug used.

Question 16: Number of times the inmate experienced alcohol withdrawal.

Question 17: Number of times the inmate overdosed on drugs.

Question 18: Number of times inmate was placed in detox.

Question 19: Did inmate ever receive inpatient treatment for drug/alcohol use.

Question 20: Did inmate ever receive outpatient treatment for drug/alcohol use.

Question 21: Daily average of monies spent on drugs during greatest six month period of use.

Question 22: Percent of monies (earned through crime) spent on drug use.

Questions 23 and 24: Total number of family members who use alcohol or drugs. Actually write down the family relation to inmate (most interested in immediate family, i.e., father, mother, siblings, etc...).

Question 25: Current marital status. If coding a high number of "Separated" contact Rebecca Frerichs. This could indicate that inmate is confusing legal separation with physical separation.

Question 26: Inmate's total number of children.

Questions 27-33: These questions are for lifetime. Consequently, an experience (regardless of whether the inmate was an adult or juvenile) should be coded.

Question 34: Inmate's complete criminal history. Please record all charges (whether inmate was convicted or not). A coding sheet is attached. Please enter the code (and not the charge itself). If a charge is not listed on the coding sheet, list the actual charge itself. You may need to include addition sheets to capture all charges. Also indicate whether a weapon was used during the crime as well as whether or not the inmate was convicted on the charge.

## Appendix F: ASI Crime Module

## ASI crime module

- 1 Are you currently sentenced
- 1 No 4 Yes, in compulsory care  
 2 Yes, incarcerated 5 Yes, other: \_\_\_\_\_  
 3 Yes, on supervision

If yes on question 1	0 = No 1 = Yes
2 For what are you sentenced (Code see table below, if multiple charges, code most severe)	<input type="checkbox"/>
2b If multiple charges, code the other: _____	
3 Do you think that you had personal control of the situation that resulted in the crime	<input type="checkbox"/>
4 Do you think that the sentence was fair	<input type="checkbox"/>
5 Do you think that you had the right to do what you did	<input type="checkbox"/>
6 If you had faced the same situation today, would you have done the same thing	<input type="checkbox"/>

### 7 Background

- 1 How many times, if ever, have you done the following  
 0=Never, 1=1 time, 2=2-5, 3=6-25, 4=26-100, 5=101-1000, 6=More than 1000 times
- 2 Which year did you do the following for the first time YYYY
- 3 When was the last time you did the following (year/month)
- 4 Motive for last time? 1 = Survival 2 = Acceptance 3 = Urge (see manual)

Code	Category	1 Times	2 Debut	3 Last time	4 Motive
A8	Nuisance crimes				
B9	Prostitution				
C10	Driving while intoxicated				
D11	Major driving violations				
E3	Possession of drugs				
F3	Dealing/trafficking of drugs				
G4	Economic/white-collar crimes				
H4	Shoplifting or other minor property crimes				
I4	Burglary or other major property crimes				
J5	Domestic violence				
K5	Sex crimes				
L5	Arson				
J5	Property crimes including violence				
K5	Serious violence resulting in death				
L5	Other violence against person				
M6	Other crimes				

FOR INTERVIEWER TO ANSWER (Item #)

8 Which category best describes the patient's principal criminal orientation   
When not clear, ask client. Code M for no specific preference

9 Of 5 people you know the best, how many:\*\* (exclude family, see family history)

A Use illegal drugs

B Are involved in illegal activities

C Do not use illegal drugs and are not involved in any illegal activities   
\*\*Note: If the *patient* reports less than 5 people, indicate here the actual number of people that the *patient* considers:

10A Do you associate with a gang/organisation which is involved in illegal activities 0 = No 1 = Yes

10B If yes, name/kind of gang/organisation \_\_\_\_\_ (code)

11A How many days in the past 30 have you engaged in illegal activities

11B How many weeks in the past year have you been engaged in illegal activities

12A How many days in the past 30 have you experienced problems caused by your illegal activities

12B How many weeks in the past year have you experienced problems caused by your illegal activities

In the following questions, please ask the patient to use the patient's rating scale

0 = Not at all                      3 = Considerably  
1 = Slightly                        4 = Extremely  
2 = Moderately

13 How troubled and bothered are your family/relatives by your illegal activities

14 How important is it to your family/relatives that you get treatment or counselling for your illegal activities

15 How much have you been troubled and bothered by these problems with illegal or criminal activities in the past 30 days

16 How important to you now is treatment or counselling for these problems with illegal or criminal activities

INTERVIEWER SEVERITY RATING

17 How would you rate the patient's need for treatment or counselling concerning illegal or criminal activities

CONFIDENCE RATING

Is the above information significantly distorted by:

18 Patient's misrepresentation

19 Patient's inability to understand

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**Internt:**

"Have You absconded from treatment during the present period of incarceration?"

(VPS/LSI-R)

"Do You sometimes get so upset or angry that You have difficulties to control Your behaviour?" (SCID/BIS-11/LSI-R)

"Do You often start fights when You are angry?" (LSI-R/SCID/SPS)

**Interpersonellt:**

"How troubled and bothered are Your family/relatives/friends of the behaviour associated to those actual criminal problems?" (ADAD/LSI-R)

"How important is it to Your family/relatives/friends that You get help for the behaviour associated to those criminal problems?"

**Externt:**

"Are You currently living in a high crime neighbourhood?"

Complement the Family History in EuropASI with a new column "... a significant ...criminal problem"

**Internt:**

"Did You often skip class when you were in school?" (HCR-20/BAF/SCID)

"Do You think You have a quick temper?" (HCR-20/SCID/BAF/SIR/LSI-R)

"(If on medication for psychological or medical problems) Do You think it is important to continue with the present medication after discharge?" (Sallmén)

"Do You think that Your use of drugs/alcohol has or could contribute to any law violations?"

**Interpersonellt:**

"Are Your parents divorced?"

If yes, how old were You?"

"Do You often get into trouble (aggressiveness etc) when You drink alcohol or are using drugs?" (AVI)

**Externt:**

"What kind of neighbourhood (krim/offer/ekon/drugs/soc.support) did You live in at intake?" (LSI-R)

"What kind of neighbourhood will You be discharged to?"

Is employment/support/home-boende arranged for you at discharge? ?

"Have You planned to seek employment on release?" (BAF)

omrade dominerat av hyres eller kopebostader

**Question to the interviewer**

7 Are the client to be deported after the sentence is completed?

0 = No 1 = Yes 2 = Not decided

Kognitiv kapacitet

Skolutbildning

dyslexi

## Appendix G: Therapeutic and Comparison Group Locator Forms



**SOUTHERN NEW MEXICO CORRECTIONAL FACILITY GENESIS PROGRAM  
LOCATOR FORM**

The purpose of this form is to collect information that will help us reach you when it's time for your follow-up interview. We will not tell any contact anything except that you have been asked to participate in a study. We would like you to fill this form out as completely as possible. We understand some of this information may not be available at the time you complete this form. If this is the case please write "not available".

---

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yy)

Name: \_\_\_\_\_  
(last, first, MI)

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yy)

Will you have a valid drivers license:

YES: \_\_\_\_\_ NO: \_\_\_\_\_

Do you have a residence address for when you leave the facility:

YES: \_\_\_\_\_ NO: \_\_\_\_\_

If Yes, What will be your residence address:

---

<b>Street Adress</b>	<b>Apt. #</b>	<b>P.O. Box #</b>
<hr/>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>

Telephone: (        ) \_\_\_\_\_

**Others who will reside at the same address:**

**Name:**

**Relationship:**

---

---

---

---

---

---

---

---

**Do you plan to move any time soon: 0-No 1-Yes \_\_\_\_\_**

**Best Mailing Address if different from above:**

\_\_\_\_\_ **Street Address** **Apt.# or P.O. Box #**

\_\_\_\_\_ **City** **State** **Zip Code**

**Other phone numbers where you can be reached:**

**Phone #1:** \_\_\_\_\_

**Whose phone number is this?:** \_\_\_\_\_  
**Name** **Relationship**

**Phone #2:** \_\_\_\_\_

**Whose phone number is this?:** \_\_\_\_\_  
**Name** **Relationship**

**Phone #3:** \_\_\_\_\_

**Whose phone number is this?:** \_\_\_\_\_  
**Name** **Relationship**

---

**Employment Information if Available:**

**Employer:** \_\_\_\_\_



Phone: (     ) \_\_\_\_\_ Relationship: \_\_\_\_\_

4. Full Name: \_\_\_\_\_  
                                    **First**                                    **Middle**                                    **Last**

Address: \_\_\_\_\_  
                                    **Street Address**                                    **Apt.# or P.O. Box #**

\_\_\_\_\_ **City**                                    **State**                                    **Zip Code**

Phone: (     ) \_\_\_\_\_ Relationship: \_\_\_\_\_

---

**Please list Expected Release Date:**

**Release Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**SOUTHERN NEW MEXICO CORRECTIONAL FACILITY GENESIS PROGRAM  
NON-PARTICIPANT LOCATOR FORM**

The purpose of this form is to collect information that will help us reach you when it's time for your follow-up interview. We will not tell any contact anything except that you have been asked to participate in a study. We would like you to fill this form out as completely as possible. We understand some of this information may not be available at the time you complete this form. If this is the case please write "not available".

---

Today's Date: \_\_\_/\_\_\_/\_\_\_  
(mm/dd/yy)

Name: \_\_\_\_\_  
(last, first, MI)

Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_  
(mm/dd/yy)

Will you have a valid drivers license:

YES: \_\_\_\_\_ NO: \_\_\_\_\_

Do you have a residence address for when you leave the facility:

YES: \_\_\_\_\_ NO: \_\_\_\_\_

If Yes, What will be your residence address:

---

Street Adress	Apt. #	P.O. Box #
---------------	--------	------------

---

City	State	Zip Code
------	-------	----------

Telephone: (        ) \_\_\_\_\_

**Others who will reside at the same address:**

<b>Name:</b>	<b>Relationship:</b>
_____	_____
_____	_____
_____	_____
_____	_____

**Do you plan to move any time soon: 0-No 1-Yes \_\_\_\_\_**

**Best Mailing Address if different from above:**

<b>Street Address</b>		<b>Apt.# or P.O. Box #</b>
_____	_____	_____
<b>City</b>	<b>State</b>	<b>Zip Code</b>

**Other phone numbers where you can be reached:**

**Phone #1:** \_\_\_\_\_

**Whose phone number is this?:** \_\_\_\_\_  
**Name** **Relationship**

**Phone #2:** \_\_\_\_\_

**Whose phone number is this?:** \_\_\_\_\_  
**Name** **Relationship**

**Phone #3:** \_\_\_\_\_

**Whose phone number is this?:** \_\_\_\_\_  
**Name** **Relationship**

---

**Employment Information if Available:**

**Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Work Phone: (     ) \_\_\_\_\_

---

Do you have any friends or relatives who usually know how to reach you?

1. Full Name: \_\_\_\_\_  
                                    **First**                                    **Middle**                                    **Last**

Address: \_\_\_\_\_  
                                    **Street Address**                                    **Apt.# or P.O. Box #**

\_\_\_\_\_ **City**                                    **State**                                    **Zip Code**

Phone: (     ) \_\_\_\_\_ **Relationship:** \_\_\_\_\_

---

2. Full Name: \_\_\_\_\_  
                                    **First**                                    **Middle**                                    **Last**

Address: \_\_\_\_\_  
                                    **Street Address**                                    **Apt.# or P.O. Box #**

\_\_\_\_\_ **City**                                    **State**                                    **Zip Code**

Phone: (     ) \_\_\_\_\_ **Relationship:** \_\_\_\_\_

---

3. Full Name: \_\_\_\_\_  
                                    **First**                                    **Middle**                                    **Last**

Address: \_\_\_\_\_  
                                    **Street Address**                                    **Apt.# or P.O. Box #**

\_\_\_\_\_ **City**                                    **State**                                    **Zip Code**

Phone: (     ) \_\_\_\_\_ **Relationship:** \_\_\_\_\_

4. Full Name: \_\_\_\_\_  
  **First**  **Middle**  **Last**

Address: \_\_\_\_\_  
  **Street Address**  **Apt.# or P.O. Box #**

\_\_\_\_\_ **City**  **State**  **Zip Code**

Phone: (      ) \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Please list Expected Release Date:**

**Release Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_