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**FINAL REPORT:  
PROCESS EVALUATION OF THE GENESIS PROGRAM AT THE  
SOUTHERN NEW MEXICO CORRECTIONAL FACILITY  
RSAT Proposal 97-7657-NM -IJ  
Grant 1997-RT-VX-K002**

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**for The National Institute of Justice, Office of Justice Programs, United States Department  
of Justice**

**by the  
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## Table of Contents

Executive Summary . . . . .	1
Chapter One Introduction . . . . .	2
Chapter Two Project Description . . . . .	3
Introduction . . . . .	3
New Mexico as a Site . . . . .	4
Genesis Program Goals . . . . .	5
Reviewing the Relevant Existing Literature . . . . .	5
Documenting the Linkage: Substance Use and Criminal Behavior . . . . .	5
Rehabilitate or Punish? . . . . .	6
Prison-Based Rehabilitation . . . . .	6
Therapeutic Communities in the Prison Setting . . . . .	7
Genesis Program Design . . . . .	8
Recruitment . . . . .	8
Standards of Eligibility . . . . .	9
Instruments . . . . .	10
Program Description . . . . .	10
Chapter Three Scope and Methodology . . . . .	13
Research Goals . . . . .	13
Data Collection . . . . .	13
Outcome Study Design . . . . .	14
Research Questions . . . . .	16
Chapter Four Preliminary Data Analysis . . . . .	18
Who are the Program Participants . . . . .	18
NMCD Inmates . . . . .	22
Chapter Five Discussion and Conclusion . . . . .	25
Discussion . . . . .	25
Conclusion . . . . .	26
Bibliography . . . . .	27

## List of Tables

Table 1 - Ethnicity .....	19
Table 2 - Employment Status Prior to Current Incarceration .....	19
Table 3 - Drug Use as a Juvenile .....	19
Table 4 - Drug Use as an Adult .....	20
Table 5 - Marital Status .....	20
Table 6 - Education .....	20
Table 7 - Criminal History Data .....	21
Table 8 - Substance Abuse Data .....	22

## EXECUTIVE SUMMARY

- Between July 31, 1997 and July 1, 1998 the Genesis program admitted and provided services to 40 inmates.
- The average age of the inmates was 34.
- The length of the sentence for those in the program ranged from 18 to 180 months and averaged 53.3 months.
- Almost forty four percent of the inmates were Hispanic, more than thirty eight percent were Anglo, ten percent were Native American, and almost 8 percent were Black.
- More than sixty six percent were employed full time before being incarcerated.
- Over seventy two percent reported drug use as a juvenile.
- More than ninety seven percent reported drug use as an adult.
- Just over half of the inmates had graduated from high school.
- Inmates had an average of 3.4 juvenile arrests and 4.3 adult arrests.

## **Chapter One**

### **Introduction**

This 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 97-RT-VX-K002 for the project period January 1, 1997 to July 31, 1998. The original award was for one year from January 1, 1997 to December 31, 1997. This report is a process evaluation of the Residential Substance Abuse Treatment (RSAT) program at the Southern New Mexico Correctional Facility (SNMCF) in Las Cruces, New Mexico. For a number of reasons we asked for and received a no cost extension for an additional seven months that extended the award date through July 31, 1998. For reasons, included later in this report, the RSAT Genesis program had start up problems which necessitated the request for a no cost extension. In addition, though the initial award start date was January 1, 1997 we did not receive the award until March 7, 1997 which meant we began after the official start date and we would not expend all our funds by December 31, 1997.

This final report describes the project's activities in sufficient detail to permit a replication of the project's design, including all data collection and data analysis procedures, findings, and relevant literature. In this report we discuss the research questions, their context, the project and its methodology, analyses and findings, policy implications, and conclusions. The report covers all the major organizational components of the program and evaluation. A process evaluation focuses mainly on assessing the program's effectiveness in meeting its operational and administrative goals. A process evaluation supplements good internal management and monitoring, providing an independent and objective appraisal of operational performance.

ISR staff conducted this process evaluation by documenting the entire workings of the program. We did an extensive literature review to see how other therapeutic communities operate, met with Genesis program staff on numerous occasions, attended program activities, took extensive observational notes, and collected client level data, as well as programmatic data.

First, we begin with this introductory chapter to introduce the evaluation and its purpose. Second, we include a project description that illustrates the RSAT funded Genesis program. This includes the relevance of this program, its goals and objectives, and a review of existing literature. Third, we include a scope and methodology chapter that includes information on our evaluation plan, design, data sources, types of data, and data analysis methods. Fourth, we present our preliminary findings using tables and provide narrative describing the tables. This chapter helps place our current analyses in context with the program and process evaluation and provides information regarding our proposed outcome evaluation and how the two are inter-linked. Finally, we provide a chapter that discusses our research and a conclusion.

## **Chapter Two**

### **Project Description**

#### *Introduction*

Prior research (e.g. Leukefeld and Tims 1993, Wexler 1994) has shown that prison-based therapeutic communities can be effective in reducing recidivism and reincarceration through addressing the substance abuse problems of offenders. This research seeks to enhance the understanding of these programs through an evaluation of the Genesis program, a therapeutic community at SNMCF in the minimum restrict security wing of the Paul Oliver Unit (POU). 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. As noted earlier the Genesis program is housed in one of the four housing pods in the minimum restrict/minimum facility.

The Genesis program is one of four therapeutic communities in the New Mexico Corrections Department (NMCD) and the only one receiving federal RSAT funds. One of the other communities is also located at the Southern New Mexico Correctional Facility in the medium security facility and has thirty-two beds. The third is located at the Central New Mexico Correctional Facility (CNMCF) in the medium security facility and has thirty-two beds. The last community is located at the Women's Correctional Facility with sixty beds. This facility is privately run by the Corrections Corporation of America (CCA).

In addition, New Mexico has thirty-two Drug Free Unit beds in two units all of which are located in medium security facilities. There are an additional fifty-six beds for therapeutic communities and sixteen beds for a drug free unit that are scheduled to be operational by January 1, 1999. Once these are on line New Mexico will have a total residential treatment capacity of 278. Currently, there are an additional 235 state inmates who are enrolled in outpatient treatment programs. These programs are eight weeks in duration and meet twice a week. All inmates who receive any drug treatment services while in the NMCD system do so voluntarily. Under the conditions of a federal consent decree known as the "Duran Consent Decree", which has been in place since 1980, inmates cannot be forced to participate in drug treatment.

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 houses approximately 4900 inmates in fifteen facilities located through the state. The majority of inmates are held in medium security facilities. As mentioned earlier, since 1980 the New Mexico state prison system has been under a federal consent decree known as the Duran Consent Decree. Up until recently the Consent Decree which is overseen by a federal master who is a federal judge governed most of the day to day operations of the system under fourteen areas. New Mexico is now in substantial compliance within ten areas (inmate activity, classification, attorney visitation, legal access, inmate visitation, living conditions, food service, staffing, administrative segregation, and discipline); is awaiting approval by the Special Master for substantial compliance in two more areas (medical care and special education); and is still working to achieve substantial compliance in the remaining two areas of substance abuse and mental health. The guidelines established under the consent decree impact the design and operation of the Genesis program.

All state inmates prior to being assigned to an institution first go through what is called the Reception and Diagnostic Center (RDC), located in the western part of the state at Western New Mexico Correctional Facility (WNMCF), 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 in the therapeutic community 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 a 62% substance abuse dependency rate among incarcerated men and women.

#### *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. 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. Currently, less than 20% of these inmates receive 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 SNMCF. The existing treatment programs provide a population from which to draw comparison groups; in addition, the State's relatively small inmate population of 4,900 will also facilitate the tracking of individual participants throughout the system for long term outcome evaluations.

Although this report focuses on process, it is also possible to discuss outcomes, in a future study, using rates of recidivism, indicators of post-release substance use and indicators of general social stability. 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.

### *Genesis Program Goals*

The Genesis program has a number of goals.

- ▶ **Goal One** - To improve knowledge of personal substance abuse and reduce abuse in the correctional unit.
- ▶ **Goal Two** - To develop a personal recovery plan for each program participant.
- ▶ **Goal Three** - To reduce substance abuse upon entering the community.
- ▶ **Goal Four** - To reduce recidivism related to substance abuse activities.

Genesis program staff have also developed a number of measures to assess the degree of attainment of each program goal noted above.

- ▶ **Goal One** - Reduced number of positive urines, increased knowledge of substance abuse demonstrated by program materials, and disciplinary report records.
- ▶ **Goal Two** - This will be done using program treatment plans, case notes, progress records, and evaluation reports.
- ▶ **Goal Three** - This will be accomplished by reviewing Probation and Parole records including, urinalysis tests, case notes, and any mandated substance abuse treatment.
- ▶ **Goal Four** - Comparison of probation and parole records between the treatment groups and comparison group.

### *Reviewing the Relevant Existing Literature*

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

There is evidence that the oft-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). Despite the fact that prison populations have quintupled in size and incarceration rates have quadrupled since 1973, the rate of crime remains high (Clear 1996). 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 to 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 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.

### *Genesis Program Design*

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 Therapeutic Community (TC) are bunked in the same area as other non-TC inmates. They have complete 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 TC program, but if the program is not at capacity, the remaining beds do not stay vacant but are filled by other similarly classified inmates. The idea is that as more inmates enroll in the program, the beds will be vacated by the other non-TC inmates. Because the system is under conditions of over-crowding it is not possible to leave the beds vacant. With the construction and opening of two additional, privately run prisons, the State hopes to be relieved of these conditions. The opening of two additional facilities with an initial capacity of 1200 beds will expand the number of prison beds by approximately 40%. Though over-crowding conditions may be relieved there may be increased competition for minimum and minimum restrict inmates making it difficult to fill the Genesis program's beds.

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.

The TC staff now postulate that most of the current referrals are from other inmates. At the present time the source of the referral is not documented. The program has agreed to begin collecting this information and we believe we can capture the majority of past referrals using historical methods.

### *Standards of Eligibility*

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 tests program participants more frequently. Due to cost constraints they are only able to test participants a minimum 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. Recently the Director of Mental Health appointed one of the Senior Counselors in the program to the position of Program Coordinator. This was done to give the TC 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. Since the program began, one counselor has resigned to pursue other interests. Security staff has no role in the implementation of the TC.

### *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. 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.

### *Program Description*

During the time the program has been in operation a number of changes to the original program design have occurred. This section describes the program design as it existed in July 1998.

One of the larger changes has been the restructuring of the inmates into crews. The crews are comprised of inmates and are responsible for different components of the TC. The crews all have a leader chosen by members of the TC. The five crews model came out of a week-long training provided as part of the TC funding by the federal government. A senior coordinator and an assistant oversee the crews. They are

selected by the staff and are inmates who have been in the program for a while and are doing well. The whole structure is based on accountability and role-modeling and not authority. The five crews consist of Education, Information, Expeditor, Service, and Creative Energy. The Education crew is responsible for the community meeting readings, materials regarding sobriety and recovery and related issues. The Information crew provides general information for the TC and information for newcomers. The Expeditor crew keeps track of inmates through roll call for pay timesheet purposes. The Service crew is responsible for cleaning group rooms, putting away chairs and tables, and other tasks associated with providing services to the program. The Creative Energy crew coordinates skits or activities in community meetings.

General activities of the TC occur Monday through Friday from 8:00am to 4:30pm and occasionally on the weekends. The typical week consists of a community (family) meeting Monday through Friday from 8:30 to 9:30 am. This meeting is run by the inmates. Roll is taken by an inmate and the various crew leaders address the "Family" and provide whatever service is consistent with their group. For example, Creative Energy might address the family and have a brief game to play that would energize the group. When an inmate addresses the group, they say, "Hello family, my name is \_\_\_\_\_" and the family responds, "Hello \_\_\_\_\_" and the entire group claps. This occurs any time an inmate addresses the family. The Education crew provides recovery related readings from various sources and reads them to the group. Family members are encouraged to offer push-ups or pull-ups for the group if they feel they are needed. Push-ups are used to address negative behavior of the group or group members and are intended to "push-up" the person or group to a higher standard. Pull-ups are used to acknowledge positive behavior on the part of an individual or the group.

Small groups are held Monday and Friday from 9:30 to 10:30am. Small groups encompass the traditional group therapy process. It addresses the process of communicating in a group setting, displaying issues to the group members, giving and receiving feedback, and problem solving on a group level. This group is facilitated by staff to promote the safety of the group and to keep the discussion on track and useful. There are currently two small groups, but the goal is to break into four groups as the number of inmates in the TC increases.

Skills group is held on Tuesdays from 9:30 to 10:30 am and 1:00 to 2:30 pm. This group encompasses communication skills, coping with cravings, giving and receiving feedback and compliments. Psycho-Educational group occurs on Monday from 1:00 to 2:30 pm and Wednesday from 9:30 to 10:30 am. This group emphasizes the addiction process, grief, family loss, and other related issues as they come up. The Art/Experiential Therapy group is held Thursdays from 9:30 to 10:30 am and 1:00 to 2:30 pm. Group activities include: lifeline, trust exercises, and other activities as permitted within the safety and security concerns of the facility.

Encounter group is on Wednesday from 1:00 to 2:30 pm. This group focuses on resolving conflicts in a healthy manner. Fridays from 1:00 to 3:00 pm are reserved for recreation which includes access to the gym, weights, handball, games, and other activities. Staff do not participate with the inmates in recreation.

The Genesis program is organized into distinct phases. The first phase involves orientation and introduction, while the second phase focuses on solidifying recovery processes. The third phase involves preparation for discharge. In addition, each inmate works with a staff member to develop their individualized treatment plan. However, all inmates participate in basically the same groups, sessions, and, activities.

The Therapeutic Community is considered the inmates work assignment. Their hours are logged and they are paid just as if they were working in the kitchen or laundry room. If the inmate is absent without an excuse they are reported as absent from their work assignment, lose pay and do not accrue points that are tallied at the end of each month in determining good time. If an inmate is absent for even a day, in addition to the lost pay and points not accrued, they can be dismissed from the program at the discretion of the staff. If they miss one activity they are required to come before the community the next morning and state why they were absent, apologize to the group, and ask to be allowed to continue in the program. Other program sanctions include:

- ▶ For the first positive urinalysis the inmate receives and completes a relapse packet, is placed on 30 days probation and must explain to the group why they should be allowed to continue in the treatment program. Security staff and classification staff are involved in the disciplinary process of reviewing the positive urinalysis to take away good time.
- ▶ For any subsequent positive urinalysis the inmate is dismissed from the program.
- ▶ Program participants are sanctioned for being tardy to TC activities. More than one tardy per pay period results in no accrual of points for the time missed which results in less good time earned, less pay received and delays progress in the program.

Each inmate has a treatment plan and, where appropriate, may receive additional services such as education or individual counseling. The number of services a program participant receives outside of the planned program is minimal.



## **Chapter Three**

### **Scope and Methodology**

#### *Research Goals*

During the initial funding cycle, there were two primary goals set forth by ISR project staff: first, to conduct a process evaluation by examining the program's structure and assess its intermediate impact upon participating inmates, and second, to establish a framework that would be used in the future to conduct an outcome evaluation and evaluate the Genesis program's aftercare component. A number of tasks were begun and completed to meet these two goals. This section describes our methodology for reaching these two goals.

Prior to data collection a number of meetings were held to finalize the research design and methodology. During the course of the funding period it was necessary to revise and adjust the design and methodology due to changes in the research environment. These changes, which were unforeseen and could not have been planned for, included delays in the receipt of federal funds, administrative delays at the state level which limited the start and implementation of the program, and delays in acquiring program participants. These changes limited us in implementing all of our proposed activities and meeting all of our proposed goals. Another limitation, for which we controlled, had to do with the difference in geographical location of the Genesis program site and the Institute for Social Research. The Genesis program, as noted earlier, is located in the southern part of the state and is three hours drive by car from the Institute which limited our ability to readily interact with program staff when issues arose. To correct for this we hired a Research Assistant who lives in the Las Cruces area and is a graduate student in the Criminal Justice Department at New Mexico State University. This individual was trained to conduct all aspects of the evaluation and was the primary contact with the site. During the course of the contract we made five trips to visit the site and program staff. In addition, program staff made three trips to Albuquerque. We were also in constant contact with our Research Assistant. The Research Assistant was directly supervised by Institute staff.

#### *Data Collection*

In order to fulfill the immediate research goals, we collaborated with program staff in designing a data collection form in *Microsoft Access* which allowed us easy access to program baseline information. In addition, discussions were held regarding the use of a revised ASI to be administered at intake for baseline information as well as at discharge from the program and follow-up in the community. The instruments are based on the ASI for intake, discharge, and follow-up and have been designed and are being used. We have used similar instruments in other projects for intermediate and outcome data and are confident of the utility of the instruments. Prior to their full implementation we pilot tested the instruments.

We also designed and implemented a Participant Consent Form and a Participant Locator Form. The Consent Form is based upon other forms we have used in similar research projects and has been approved by the University's Human Subjects Institutional Review Board. The Consent Form allows us access to the clients for interviews, notifies them of their rights, informs them of the purpose of the study, and notifies them they will receive payment for their participation. The Locator Form is patterned after other forms we have used in other projects to track program participants in the community. The original instruments were designed using guidelines from the Center for Substance Abuse Treatment's (CSAT) "Staying in Touch: A Fieldwork Manual of Tracking Procedures for Locating Substance Abusers for Follow-Up Studies". This form collects locational information on participants including, names, phone numbers, and addresses of significant others.

For evaluation purposes we designed our own data collection form which we have used to collect relevant information from each participants "soft" file. Each participants "soft" file is maintained by Genesis program staff and is kept for the duration each inmate is in the program. This file contains information pertinent to the program including the IAP, the STAXI, the MSEI, other mental and medical health information, treatment notes, progress notes, and other documentation. This file is differentiated from the inmates classification file which contains each inmates institutional information which includes any forms dealing with their current offense, their criminal history, movement within the NMCD, disciplinary information, work assignments, and other institutional information. The "soft" file only exists for inmates who are involved in the Genesis program. From each program participant at intake, using our data collection instrument, we collect demographic information, substance abuse history, their STAXI and MSEI scores, and their criminal history.

While participants are in the program we collect all their treatment information including services received, urinalysis results, disciplinary information, and other information. We also designed a loose format in which to collect information when attending activities at the program site including what the meeting/activity was about, who was present, and what occurred during the meeting.

All of this information was collected with the goal of examining the program's structure and assess its intermediate impact upon participating inmates. A later section of this report details our findings regarding this goal.

#### *Outcome Study Design*

The second goal was to establish a framework that would be used in the future to conduct an outcome evaluation and evaluate the Genesis program's aftercare component. This section describes the framework established to meet this goal.

During the course of this project we have found it difficult to establish our proposed framework. We had originally envisioned a process whereby Genesis program staff would be directly involved in transitioning inmates, using dedicated staff, to the community to which they were being released. It was also originally believed that inmates entering a community would receive programming that would allow a seamless transition in services so as not to interrupt their treatment. This type of aftercare program does not currently exist.

We have held a number of meetings with Genesis program staff, NMCD Health Services Bureau staff, and NMCD Probation and Parole Division staff to discuss the aftercare component of the program. During these meetings it was agreed that a seamless continuum of care and a viable aftercare component were necessary for the program to succeed once an inmate has completed the program and has been released into the community. It was decided that without other funding it would not be possible to have a dedicated aftercare program. Instead it was decided to attempt to transition all graduated and released inmates to the Probation and Parole Division's Community Corrections Program. This program is one of four specialized programs in the Probation and Parole Division and is designed for probationers and parolees with special treatment needs. The majority of the individuals in this program have a history of substance use making this program ideal. The Community Corrections Program has fifteen sites throughout the state and covers the areas of the state with the largest population concentrations. In this process, the inmate is referred to Community Corrections by the classification staff and then the local selection panel either approves or denies the referral.

The Genesis program is not yet up to capacity because there was a period of time needed to train staff and they wanted to grow the program into the capacity over a period of time. They had hoped to hire the additional staff as the program grew and they became needed. As soon as they got 25-30 inmates in the program, referrals slowed to a rate that was similar to the attrition rate of the TC. Additionally, all of the beds that were initially dedicated to the program were full with other inmates not in the TC. Although we have not been able to get a definite answer from anyone at the TC, the staff were aware of the bed situation and may have known, or been asked not to take any more referrals because there was no place to put them. The attrition and referral rates and the housing situation can account for the program not being currently full.

## *Research Questions*

The ISR has proposed research structured around the following questions:

1. Who are the program participants? What are the characteristics of the program? Is the program reaching the most appropriate offenders, or are its participants primarily offenders who are not likely to become recidivists?
2. Do inmates in the therapeutic community program perform better while in prison on pertinent dimensions (i.e. fewer infractions of prison regulations) than a comparison group of substance abusing inmates who only receive outpatient counseling or psycho-educational programs, and another comparison group of substance abusing inmates who receive no treatment services? Do therapeutic community members demonstrate significant changes between pre and post test results? How do therapeutic community members compare to a group of substance abusing inmates who only receive outpatient counseling using pre and post test measures?
3. Using cost measures, how is the prison system impacted by residential drug treatment programs?
4. As compared to similar offenders in a matched comparison group who have not participated in the program and do not receive coordinated aftercare services, do the program participants commit fewer crimes after release? Are they more socially stable? Are they less involved with the use of alcohol and drugs?

For a variety of reasons, which are documented here, we are not able to currently and completely answer the research questions. It was our intention during this funding period to be able to completely answer question one and question two and to lay the groundwork for answering question three and question four in a subsequent funding period.

This report most completely answers question one. We were able to collect information about who are the program participants and what are the characteristics of the program. Less completely we have been able to document whether or not the program is reaching the most appropriate offenders, or are its participants primarily offenders who are not likely to become recidivists.

This report contains information on every inmate who entered the program from the start of the program through July 31, 1998. This information can be compared to the characteristics of the program to gain a more complete and better understanding of the Genesis program and its process. We are able to perform a cursory examination of the Genesis program participants comparing them to the programs eligibility criteria, and the profile of inmates currently incarcerated in the NMCD.

The second question primarily focuses on intermediate outcomes of program participants and we have not been able to answer this question. This is primarily because we have not been able to collect a comparison group of inmates. This is due to our focus on answering question one and the time it has taken the Genesis program to get up and running. In order to answer question two we have finished preparing protocols and tasks that will allow us to answer the question. The protocol for identifying a comparison group has been resolved, and the pre and post test instruments have been designed.

As proposed, we cannot answer question three due to the fact that inmate level cost measures within the prison system are not employed by NMCD and the effort to design a method to collect these cost measures would not be cost effective. It may be possible to use proxy measures of cost which focus on aggregated costs for incarceration and programming. This option is being explored.

Question four will be addressed in the next funding cycle, which will include an outcome study.

## **Chapter Four**

### **Preliminary Data Analysis**

This section contains a preliminary analysis of the data collected for the RSAT program divided into a number of parts focusing on the research questions. As noted above we are not able to currently answer all of the questions we proposed.

Since July 31, 1997 48 inmates have officially been accepted into the Genesis program. For various reasons "soft" files were created for only forty of these inmates and basic information does not exist for the remaining 8 inmates. Reasons include inmates terminated soon after admittance and a number of inmates that were transferred out of the program. This report then contains information on 40 inmates who entered the program from the start of the program through July 31, 1998.

The collected and analyzed information provides descriptive demographics of the Genesis program inmates and can be compared to the characteristics of the program to gain a more complete and better understanding of the Genesis program and its process. This section includes an examination of the Genesis program participants comparing them to the programs eligibility criteria and the profile of inmates currently incarcerated in the NMCD.

Between July 31, 1997 and July 1, 1998 the program officially admitted and provided services to 40 inmates. Of the 40 program participants 3 left the program for various reasons (transferred to another institution [1] and dismissed for program violations [2]) and as of July 1, 1998, 37 inmates were still in the Genesis program. The following set of tables provides demographic data for those who have been active participants.

#### *Who are the Program Participants*

The average age of those admitted into the program is 34 (range - 17.7 to 54.5, std. dev. 9.2). All but one program participants has been a U.S. resident. The length of the current sentence for those in the program ranged from 18 months to 180 months and averaged 53.3 months (std. dev. 36.6). Before admittance computed time to serve must approximate the required length of the program. Because of current New Mexico good time laws it is not possible to precisely calculate time to serve.

<b>Table 1 - Ethnicity</b>		
	Frequency	Percent
Anglo	15	38.5
Black	3	7.7
American Indian	4	10.3
Hispanic	17	43.6

Missing - 1

The largest number and percent of clients have been Hispanic followed by Anglos. Seven clients have been either Black or American Indian.

<b>Table 2 - Employment Status Prior to Current Incarceration</b>		
	Frequency	Percent
Full-Time	26	66.7
Part-Time	4	10.3
Occasional	2	5.1
Un-Employed	7	17.9

Missing - 1

Prior to their incarceration for their current offense two-thirds of the clients self-reported full-time employment. When asked about their longest employment in months inmates averaged almost five years (59.0 months).

<b>Table 3 - Drug Use as a Juvenile</b>		
	Frequency	Percent
Yes	29	72.5
No	11	27.5

Almost three-quarters of the clients self-report illegal drug use as a juvenile.

<b>Table 4 - Drug Use as an Adult</b>		
	Frequency	Percent
Yes	38	97.4
No	1	2.6

Missing - 1

All but one of the inmates for whom this information was available self-report illegal drug use as an adult.

<b>Table 5 - Marital Status</b>		
	Frequency	Percent
Married	17	43.6
Divorced	10	25.6
Never Married	12	30.8

Missing - 1

The largest percent of the clients were married prior to their incarceration followed by never married and divorced. We do not know how many clients are still married. Inmates reported an average of 2.3 children (range 0-7, std. dev. 2.0).

<b>Table 6 - Education</b>		
	Frequency	Percent
Less than High-School	14	40.0
High School/GED	18	51.4
More then High-School	3	8.6

Missing - 5

Average years of education for those reporting education was grade 11 (range 8-14 years). Forty percent of inmates reported less than high-school. Information was missing for 5 inmates.



<b>Table 7 - Criminal History Data</b>					
<b>Variable</b>	<b>Frequency</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Average</b>	<b>Std. Dev.</b>
Length of Current Sentence in Months	40	18	180	53.3	36.6
Number of Juvenile Arrests	40	0	40	3.4	7.0
Number of Adult Arrests	40	0	14	4.3	3.3
Number of Years Served in Prison	40	0	20	3.8	4.5
Age at First Adult Arrest	39	14	37	23.7	5.9
Total Number of Convictions	40	0	11	3.6	2.5

As evidenced by this table program participants have experienced numerous official contacts with the criminal justice system in terms of juvenile and adult arrests. Most have not served long prior terms in prison (3.8 years). Types of current offenses for which program participants are incarcerated include: drug possession (11), drug sales (9), aggravated assault/battery (7), DWI (3), larceny (2), parole violation (2), robbery (2), and forgery (2). At the time of this report two clients were missing this information. In addition, the range of past offenses, by frequency, in their criminal histories included: DWI, drug possession, aggravated assault, drug trafficking, burglary, larceny, motor-vehicle theft, robbery, parole violation, battery on a peace officer, weapons charges, resisting arrest, receiving stolen property, and forgery.

Table 8 - Substance Abuse Data					
Variable	Frequency	Minimum	Maximum	Average	Std. Dev.
Number of Alcohol Withdrawals	37	0	15	2.2	4.0
Number of Drug Overdoses	40	0	5	.9	1.6
Number of Detoxes	38	0	3	.2	.6
Average Amount Spent on Drugs per Month	40	\$0.0	\$400.0	\$138.26	\$112.90
Percent of Monthly Income Spent on Drugs	39	0%	100.0%	44.9%	.4

This table includes several different types of information about each participants substance use history. This includes withdrawals, overdoses, and detoxes. Additionally, the monthly amount and percent spent on drugs is included.

Because this program is based upon a social therapeutic community model all treatment services are provided on a group basis. Services include group and individual therapy, journaling, Narcotics Anonymous, and Alcoholics Anonymous. Group topics include anger management, communication skills, family relationships, relapse prevention, and coping skills.

#### *NMCD Inmates*

This next section focuses on a brief comparison of Genesis program participants with a profile of all inmates held in the state prison system. The state inmate profiles are based on a study that analyzed 1997 New Mexico Corrections Department data conducted by the Institute for Social Research's Criminal and Juvenile Justice Coordinating Council (CJJCC).

The majority (65.9%) of inmates held in a correctional facility in 1997 were located in medium security facilities. Medium security inmates are not eligible for the Genesis program because they do not meet the minimum time to serve eligibility requirement of 9-18 months left to serve with good time. Approximately 5.7% of all inmates held in custody in 1997 were close custody. This classification includes inmates who present a significant risk of disruption to the safe, secure, and orderly operation of the institution

or escape and are not eligible for the Genesis program. Another 13.5% of all inmates were classified as minimum security. Inmates with this classification are not eligible for the Genesis program, primarily because they do not meet the minimum time to serve requirement. This is the lowest and least restrictive classification level. In 1997 13.5% of all inmates were classified as minimum restrict and so based on this factor would be eligible for the Genesis program. This amounted, in 1997, to approximately 617 inmates.

In 1997 50% of prisoners were convicted of at least one violent offense, 29% were convicted of a property offense, and approximately 15% were convicted of a drug offense. Approximately 10.9% of the violent offenses were for a current sexual offense conviction. The Genesis programs excludes anyone with a current sexual offense conviction.

Information is not currently available regarding what percent of New Mexico inmates have either a verified or self-reported substance abuse problem and so we are not able to discuss this piece of inclusionary criteria. We also do not know using currently available data what percent of inmates have a current offense against children that included violence thereby making them ineligible for the Genesis program.

Based upon this limited information it appears that less than 617 inmates would have met eligibility criteria for the Genesis program. Minimum restrict inmates with current offenses that included violence against children and sexual offenses and no documented or self-reported substance abuse problem would not be eligible for admittance into the Genesis program. On a case by case basis Genesis program staff also review individual conduciveness to live in the therapeutic community, recommendations of other prison staff, and willingness to follow program guidelines and motivation for treatment. We cannot with any confidence identify how many inmates accurately met eligibility criteria. We are currently assessing various ways with NMCD staff to accurately answer this question in more detail. We would also like to know what impact the geographical location of the SNMCF has on drawing participants. Because the facility is located in the southernmost part of the state it is likely some eligible inmates would not seek admittance to the program. The location of the facility is outside what is known as the "Rio Grande Corridor"; a section running through the middle of the state and following the Rio Grande river where the majority of the state's population resides. It is also far from the northern part of the state. It's location makes it difficult for family, friends, and others to visit inmates.

Preliminarily with the available information it appears the program is attracting appropriate participants in terms of eligibility criteria. Our primary concern, which is shared by program staff, is the programs inability to attain its design capacity. Program staff are attempting to attract additional participants using a variety of methods including marketing the program to other facilities and the Reception and Diagnostic

Center. It may be that the word of this innovative program has not reached NMCD staff and inmates.

We have also been interested in determining whether this program has been reaching and enrolling participants who if they did not receive services in this program would more likely recidivate. With available information we are not able to answer this question. We do know that the majority (72%) of offenders entering the NMCD do not have a prior period of incarceration. In the earlier mentioned study using 1997 data 28% of inmates had a prior period of incarceration in New Mexico (this does not include prior periods of incarcerations in out of state facilities, jail, probation, fines or community service). Of the 28%, about 13.5% of prisoners had previously served time for property offenses and about 10% had served time for a violent offense. The remainder had served time for a drug or public order offense.

We also have limited information regarding substance abuse and substance abuse dependency. Some data does exist which comes from a report completed by Institute for Social Research staff for the New Mexico Criminal and Juvenile Justice Coordination Council (NMCJJCC). This report analyzed data from a sample of offenders who passed through the NMCD Reception and Diagnostic Center (RDC) between early 1990 and September 1994. According to this study new inmates spend an average of 1.3 months at the RDC while diagnosis and classification are carried out. Following an evaluation offenders are sent to a correctional facility with the appropriate custody level. While at the RDC incoming offenders are assessed for substance abuse use and dependency. This is done using a clinical assessment. Using this technique inmates were considered to have "abused" a substance if they reported using that substance approximately every two or three days during the 30 days prior to confinement or to be "dependent" on a substance if they reported using that substance every day during the 30 days prior to confinement. Using these definitions 73.3% of all inmates were abusing or dependent on an illicit substance. In addition, prior confinement was associated with increased substance dependency. Thirty-nine percent of inmates self reported that they had attended some kind of substance abuse treatment prior to the current period of confinement.

At intake at the RDC incoming inmates are provided with a list of substance abuse treatment options and asked whether they would like to receive services. Inmates with a current dependency on a substance are less likely than inmates without a dependency to request substance abuse treatment in prison. Also inmates who had attended prior treatment programs were more likely to request substance abuse treatment programs in prison.

We are in contact with NMCD staff at the Central Office who have agreed to assist us in gathering information that can be used to compare inmates in the Genesis program with inmates who enter the RDC in order to more completely answer this question.

## **Chapter Five**

### **Discussion and Conclusion**

#### *Discussion*

Because of the variety of delays in getting the program started that have been noted in this report, the evaluation in the first project period was not able to answer all of the proposed research questions. Despite these limitations we were able to complete a number of tasks and lay the groundwork to perform an outcome evaluation. We were able to collect demographic information on all inmates served by the program. In addition, we have been able to collect treatment information on all inmates, observe the operation of the program, and attend treatment sessions and staffings. We have also gained an increased understanding of the mechanics of the program regarding the implementation of the program and its design.

For a variety of reasons discussed in this chapter the Genesis Program has not been able to become fully operational. At the time of this report the program had never reached its projected and design capacity of 45 inmates. Much of this difficulty is due to circumstances beyond the control of the program staff and has to do with the philosophy of the New Mexico Corrections Department, program eligibility requirements, and security requirements. The philosophy of the NMCD centers around issues of security and the Duran Consent Decree. In addition, the Secretary of the NMCD, who is appointed by the Governor and approved by the Legislature, has a philosophy which is similar to the Governor's and is largely punitive in nature. This is best described by their attempt, which was ruled unconstitutional by the courts, to have inmates break rocks as a form of work. Program eligibility requirements restrict the program to minimum restrict inmates who meet time eligibility requirements, who have an identified substance abuse problem, and who are not sex offenders. These criteria serve to restrict the pool of inmates. We are currently working with NMCD staff to determine the approximate number of inmates currently incarcerated in the state prison system that are eligible for this program. This will focus upon eligibility criteria and current institutional placement. Finally any inmate who is deemed a threat to security is not eligible for the program. This includes any inmates associated with a gang.

Once this is completed NMCD staff, SNMCF staff, and Genesis program staff will have sufficient information to develop a rational working plan to bring the program up to capacity. This will include a plan to disseminate more thoroughly information to NMCD staff and inmates about the program. The completion of these tasks will facilitate the transfer of eligible inmates who volunteer for the program. While it has not been easy we have been able to establish a working relationship with program staff. This will also be further discussed in this chapter.

During the course of our research a number of things have become clear. First, it has

become very clear that getting this program up and running has been difficult. This process has taken more than a year and only now is the program fully staffed. This has largely been a result of NMCD hiring guidelines and the limited pool of individuals who want to work in a correctional facility which is further limited by the location of the facility in the southern part of the state outside the Rio Grande Corridor. Also, we have been told the flow of funds from the federal government to the single state agency to the NMCD has been slow. The fact that this is a treatment program in a prison system that has historically been punishment oriented has also posed some problems.

Second, there were initially some difficulties establishing a strong working relationship between us as researchers and NMCD staff, including Genesis program staff. This was primarily a result of the geographic distance between our location (Albuquerque) and the site location (Las Cruces). This has been resolved by hiring an ISR staff member in Las Cruces. In addition, our continuation outcome proposal includes additional trips to the site. As this predicament became apparent we devoted more time developing a stronger working relationship and we have overcome this issue.

Third, we were too ambitious in our evaluation plan. Early on we discovered we would not be able to answer several of our research questions. This included our question concerning inmate level cost measures within the prison system and how they are impacted by residential treatment programs. Inmate level cost measures are not employed by NMCD and the effort to design a method to collect these cost measures and then implement the methodology would not be cost effective. If we were to attempt to answer this question using available information no worthwhile cost measures could reasonably be developed and compared.

Since the program was slow in starting up we were not able to identify and collect information on a comparison group of substance abusing inmates who were not part of the Genesis program. Also, because of delays in hiring staff and acquiring program participants there have been limited numbers of participants which has restricted our ability to perform some analyses that would be possible with a larger sample. We are currently identifying comparison groups and discussing ways to increase the number of program participants.

#### *Conclusion*

Having gained valuable experience and knowledge regarding this program and how it fits into the larger prison system in New Mexico we are prepared to continue our research. Continued research will focus on completing an outcome study. The only obstacle to completing this study is not having enough individuals who enter the program and matriculate through during the funded time period. We believe that NMCD and Genesis program staff are diligently approaching this issue and actively looking for ways to increase capacity and retention. We are assisting with this effort and expect to be able to complete a funded outcome study.

## BIBLIOGRAPHY

Bureau of Justice Statistics, Drugs, Crime and the Justice System: A National Report. Rockville, MD: U.S. Department of Justice. 1992.

Bureau of Justice Statistics, Drugs and Crime Facts. Rockville, MD: U.S. Department of Justice. 1994.

Chaiken, Marcia, In-Prison Programs for Drug Involved Offenders. Rockville, MD: National Institute of Justice. 1989.

Clear, Todd, "Backfire: When Incarceration Increases Crime." The Unintended Consequences of Crime. Papers from a conference organized by the Vera Institute of Justice. New York: The Vera Institute of Justice. Pages 1-20. 1996.

Fagan, Jeffrey and Chin, Ko-lin, "Violence as Regulation and Social Control in the Distribution of Crack." National Institute on Drug Abuse, Research Monograph 103 Drugs and Violence: Causes, Correlates and Consequences. Rockville, MD: U.S. Department of Health and Human Services. Pages 8-43. 1990.

Field, Gary, "The Cornerstone Program: A Client Outcome Study." Federal Probation 49: 50-55. 1985.

Field, Gary, "The Effects of Intensive Treatment on Reducing the Criminal Recidivism of Addicted Offenders." Federal Probation 53: 56-59. 1989.

Gendreau, Paul, "The Principles of Effective Intervention with Offenders." In: A. Harland, ed. Choosing Correctional Options that Work. London: Sage Press. Pages 117-130. 1995.

Goldstein, P.J., "The Drugs Violence Nexus: A Tripartite Conceptual Framework." Journal of Drug Issues 15: 493-506. 1985.

Inciardi, James A., "The Crack Violence Connection Within a Population of Hard Core Adolescent Offenders." National Institute on Drug Abuse, Research Monograph 103: Drugs and Violence: Causes, Correlates and Consequences. Rockville, MD: U.S. Department of Health and Human Services. Pages 92-112. 1990.

Leukefeld, Carl G. and Tims, Frank R. (Eds.) National Institute on Drug Abuse Research Monograph 118: Drug Abuse Treatment in Prisons and Jails. Rockville, MD: U.S. Department of Health and Human Services. 1992.

Leukefeld, Carl G. and Tims, Frank R., "Drug Abuse Treatment in Prisons and Jails." Journal of Substance Abuse Treatment 11: 77-84. 1993.

Lipton, Douglas, "The Effectiveness of Treatment for Drug Abuser Under Criminal Justice Supervision." National Institute of Justice Research Report Series. 1995.

McLaren, Kaye, "Reducing Reoffending: What Works Now." Wellington, New Zealand: Department of Justice. 1992.

McLellan, A. Thomas et al., Addiction Severity Index Administration Manual (Fifth Edition). Philadelphia: Penn-VA Center for the Studies of Addiction. 1990.

Office of National Drug Control Policy, National Drug Control Strategy. Washington: Executive Office of the President. 1995.

Rouse, John J., "Evaluation Research on Prison Based Drug Treatment Programs and Some Policy Implications." International Journal of the Addictions 26 (1) 29-44. 1991.

Vito, Gennaro, "Does it Work? Problems in the Evaluation of a Correctional Treatment Program." Journal of Offender Counseling, Services and Rehabilitation. 7 (1) 5-21. 1983.

Wallace, Susan, Pelissier, Bernadette, McCarthy, Daniel, and Murray, Donald, "Beyond 'Nothing Works'." Federal Prisons Journal 1 (4) 22-26. 1990.

Wexler, Harry K., "Progress in Prison Substance Abuse Treatment: A Five Year Report." Journal of Drug Issues 24 (2) 349-360. 1994.

Wexler, Harry K, Falkin, Gregory P. and Lipton, Douglas S. "Outcome Evaluation of a Prison Therapeutic Community for Substance Abuse Treatment." Criminal Justice and Behavior 17 (1) 71-92. 1990.