

# Evaluation of the Addicts to Athletes Program

November 2014 – December 2016

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# BACKGROUND

## PROGRAM BACKGROUND

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The Addicts to Athletes (A2A) program is a locally developed program for individuals with substance abuse issues who are also involved with the criminal justice system. The program has been utilized with clients since 2009 and was adopted by the 10<sup>th</sup> JD Probation Department in 2014. A2A blends the Addictive Voice Recognition Technique (AVRT) with substance abuse education, skill building (relationship, communication, self awareness), and individually tailored physical fitness training and mentoring. The program assists individuals in avoiding self-damaging behavior and sustaining positive changes in their life.

Participants enroll in an 8 week program that meets two times a week for 2 hour sessions. Each session combines three elements:

- Education/Skill Building
- Exercise
- Cool down and reflection on lesson

In addition to the two weekly sessions, participants are encouraged to attend a weekly weekend session, which can replace missed weekday sessions or serve to reinforce skills and lessons learned during the week. It also provides time for pro-social peer engagement during otherwise unstructured time.

A2A enrollment is open; probation clients can join programming on any Monday and continue until the 16 weekday sessions are completed. The program encourages graduates to continue participating in A2A post-graduation and empowers them to become mentors, sharing their own stories with new participants, and provides an on-going supportive space for graduates.

Table 1 details the topics and activities covered during the eight weeks of programming. Because programming focuses strongly on antisocial attitudes, thoughts, and behaviors, the 10<sup>th</sup> JD Probation Department prioritizes enrollment of individuals with high criminogenic risks and needs in the following areas: a) antisocial behavior, such as criminal activity or juvenile delinquency; b) antisocial personality pattern, such as low self-control, aggression; c) antisocial cognition, such as attitudes, values, or identity; and d) antisocial associates, such as friends or family members supportive of crime.

TABLE 1. OVERVIEW OF ADDICT TO ATHLETE PROGRAMMING BY WEEK

Weekly Topic	Element	Focus
<b>Week 1: Criminal History, Low Self Control</b>	Education / Skill Building	Address criminal/addictive thinking and introduce Rational Recovery-AVRT (Addictive Voice Recognition Technique). Skill building is focused on development of skills to avoid high risk situations, to integrate new non-criminal behaviors in high risk situations and to build self-efficacy beliefs supporting reform.
	Exercise	Fitness test-check cardiovascular, weight, and strength
<b>Week 2: Antisocial Attitude/Orientation</b>	Education / Skill Building	Identify agents of socialization and core values. Skill building is focused on reducing anti-social thinking and feeling and building and practicing lower-risk thoughts and feelings.
	Exercise	Base building (cardiovascular base and lactic threshold); second fitness test and weight.
<b>Week 3: Antisocial Companions</b>	Education / Skill Building	Evaluate relationships, introduce and explain support groups. Skill building is focused on reducing association with others who are anti-social and increasing association with pro-social individuals and groups.
	Exercise	Plyometrics; fitness test and weight.
<b>Week 4: Antisocial Personality Pattern</b>	Education / Skill Building	Define anger and physical and mental triggers. Skill building focuses on self-control, anger management, and problem-solving.
	Exercise	Each person will discuss a current “issue” they are having and how it is emotionally affecting them, and then they will complete 45 minutes of intense cardio vascular exercise designed to bring dopamine and serotonin levels higher. They will then discuss the same issue and what their emotions are about the issue after exercising.
<b>Week 5: Dysfunctional Family/Marriage/Relationship</b>	Education / Skill Building	Promote understanding of healthy communication and reducing conflict; address self-esteem issues and how these affect conflict resolution; promote transparency in communication. Skill building focuses on methods to reduce or address conflict and to build positive relationships.
	Exercise	All exercises will be cardio vascular and will involve a partner to reinforce communication skills.
<b>Week 6: Education and Employment</b>	Education / Skill Building	Introduce the 8 principles of self-discovery: right understanding, right purpose, right speech, right conduct, right vocation, right effort, right mindfulness, and right reflection. Reinforce the importance of education and vocation in overall happiness and how to channel “criminal” tenacity into positive education and employment experiences. Skill building focuses on enhancing performance, involvement, rewards, and satisfactions.
	Exercise	Pushing the limits of what they believe is possible, double every previous effort on fitness test.
<b>Week 7: Leisure and Recreation</b>	Education / Skill Building	Explore helpful leisure activities and plan to sustain new fitness lifestyle. Promote awareness of resources in the community, development of short- and long-term goals. Skill building is focused on continued involvement in pro-social activities and recognition of the rewards and satisfactions.
	Exercise	Teaching an exercise to all other participants.
<b>Week 8: Alcohol/Drug Problems</b>	Education / Skill Building	Understanding mind-altering substances, how they affect individual performance, and understanding individual risk factors for abuse and personal convictions regarding abstinence. Skill building focuses on reducing substance abuse by addressing the personal and interpersonal factors related to use/abuse and the alternatives available.
	Exercise	Pushing cardio max threshold.

## EVALUATION PROCESS

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The 10<sup>th</sup> JD Probation Department initiated conversations regarding a program evaluation of the A2A program in October 2014, after external funding external funding was secured. During the first year of the evaluation, efforts focused on establishing a structure around the programming to allow for an evaluation. These efforts included:

- ∞ A review of the core elements of programming and program materials and recommendations regarding standardization of materials to assist the evaluation and replication of programming.
- ∞ Assistance establishing inclusion criteria and establishing criteria for excluding participants after enrollment
- ∞ Development of consent documents and recruitment flyers and
- ∞ Identification of data elements for tracking and development of data tracking materials.

During the initial evaluation and programming year, 10<sup>th</sup> JD Probation staff and the evaluation team connected on a regular basis to review challenges in program implementation, concerns about recruitment and retention, and the quality of interim data collection.

The rigor of the evaluation was enhanced during the second year in response to a request from the funder. Specifically, the funder wanted data on outcomes related to probation success or recidivism which are significantly more difficult to document, but ultimately reflect the desired outcomes of programming. Consequently, evaluation activities in the second year shifted substantially. Second year evaluation activities included:

- ∞ Review of data in the probation Eclipse system that could be used to document interim success or failure.
- ∞ Development and submission of a research design and data request to the Judicial Department.
  - Phone and email follow up to gain approval, establish parameters of the request and monitor progress of the data request.
- ∞ Revision of the analysis plan after it was determined the comparison group would be completely deidentified and no interim success or failure data could be pulled from Eclipse for the comparison group.
- ∞ Review of excluded A2A participants and A2A participants who did not match to the data file provided by Judicial Department.
- ∞ Analysis of Judicial data for A2A participants and comparison participants.
- ∞ Development of the final evaluation report.

The major challenge experienced during the second evaluation year was accessing data from the Judicial Department. The 10<sup>th</sup> JD Probation Department enters data on all probation clients into the Eclipse system. Eclipse is utilized by all probation departments in Colorado and managed by the Judicial Department which oversees probation in the state. While the 10<sup>th</sup> JD Probation Department should have some ownership of these data, local staff do not have the ability to pull an extract of data for their clients and must rely on the Judicial Department to complete such requests.

The Judicial Department has policies and procedures in place which govern how requests for data are handled. Because the A2A program was supported by grant funding it was deemed to be research. Our initial request for data was denied. Upon further communication, the Judicial Department agreed to release data for the project. However, when data were received it was determined that the comparison group was completed de-identified in such a way that even staff in the 10<sup>th</sup> JD could not identify their clients. A request was made to share partially or fully identified

information with the 10<sup>th</sup> JD Probation Department and allow them to de-identify the data prior to sharing it with the evaluation team. This request was denied because potential comparison participants did not sign a consent form.

## EVALUATION FINDINGS

### EVALUATION PARTICIPANTS

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#### A2A Participants

There were a total of 122 adult probation clients who participated in A2A to some degree and were included in the study. An additional 45 individuals were dropped from analyses for the following reasons:

- ∞ Started program too late for follow up (n = 7).
- ∞ Pilot – Individuals who participated during November 2014 were considered pilot participants as details of implementing the program with the restrictions of an evaluation were worked out (n = 25).
- ∞ Dropped by program – This can happen for a number of reasons, including sporadic or inconsistent attendance with warnings, the client needed intensive treatment not provided by A2A, or warrant issued or arrest early in program (n = 7) or
- ∞ No match to probation but the reason was unclear (n = 6). At least 2 individuals who completed the program and graduated did not match to the probation dataset.

Number of sessions completed varied substantially for probation clients enrolled in A2A. Mean number of sessions completed was 13.4 with a range from 1 to 21 sessions completed. For the purpose of the evaluation, any client who completed 16 or more sessions was considered a graduate of the program. Using this criteria, 79 of the 122 clients (64.8%) graduated from A2A.

A2A participants could have more than one probation case open between 2014 and 2016. When more than one case was open, the enrollment date was compared to the probation case start and end dates. If the enrollment date was between a probation case start and end date, that case was chosen as the target case for the evaluation. If the enrollment date did not fall between the start and end date of any case, the probation case that started closest to, but after, the enrollment date was selected as the target case. This adjustment was necessary because the probation case start date can be overwritten if probation is revoked and new terms are set.

#### Comparison Participants

The Colorado Judicial Department agreed to provide data from which a comparison group could be selected. Data for these individuals was deidentified, preventing any data checks or additional data extraction from eclipse. The Judicial Department would only provide de-identified data since comparison participants had not provided consent to participate in the A2A study.

Prior to providing the file, Judicial eliminated A2A participants from the potential comparison file. Only individuals on probation in the 10<sup>th</sup> JD during the target period were included in the file. As an additional restriction, we asked that probation clients were only included in the potential comparison file if their probation officer had referred one or more

clients to A2A. This restriction was requested because probation officers may have differing practices relating to revocation filings and other important outcomes.

Potential comparison participants could have more than one probation case open between 2014 and 2016. When more than one case was open, the first case was selected as the target case for the evaluation.

The final file provided by the Judicial department included 5,642 unique individuals for the potential comparison group. To create a comparable comparison group, we established five matching criteria:

- ∞ Gender
- ∞ Race/Ethnicity – Hispanic, White, other/missing
- ∞ Age group at the time of the first ASUS record between 2013 and 2016
  - Missing (no ASUS between 2013 and 2016)
  - 18 – 29
  - 30 – 39
  - 40 – 49
  - 50 – 62
  - Individuals 63 and older were excluded (40) from the comparison sample because no A2A participants were older than 62.
- ∞ Probation supervision level on the first LSI between 2014 and 2016
- ∞ Alcohol and drug treatment level measured using the ASUS from the first record between 2013 and 2016.

An automated matching program identified an exact match on all five criteria for 107 of the 122 A2A participants. The remaining 15 cases were matched by hand with at least 3 of the five variables matching. The use of one to one matching enabled exclusion of matched comparison participants whenever it was necessary to exclude a subset of A2A participants from analyses.

## Demographic Characteristics

Due to the stringent matching process, A2A and comparison participants had very similar demographic characteristics. The mean age of participants<sup>1</sup> was 30.63 years for comparison participants and 28.93 years for A2A participants. The minimum and maximum ages were 18 and 62 years for both groups. Table 2 displays information on race and gender for the two groups. The groups did not differ significantly on age, race or gender.

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<sup>1</sup> Calculated as the difference between their DOB and their first ASUS record between 2013 and 2016.

TABLE 2. DEMOGRAPHIC CHARACTERISTICS (%) FOR TREATMENT AND COMPARISON GROUPS

	A2A	Comparison
<b>Gender</b>		
Male	63.9	63.9
Female	36.1	36.1
<b>Race/Ethnicity</b>		
Asian	0.8	0.8
Black/African American	4.9	5.7
Hispanic	49.2	49.2
American Indian/Asian Pacific	0.8	0.0
Other	1.6	1.6
White	42.6	42.6

### Supervision and Treatment Level

Colorado probation departments utilize the Level of Service Inventory – Revised (LSI-R)<sup>2</sup> to guide decision making regarding the intensity of supervision services needed for each adult probationer. The LSI-R is administered at the start of the case and at six month intervals after the case start. It can also be administered when critical events occur. The mean LSI-R score was 26.91 for A2A participants and 26.59 for the comparison group. The range of scores was 8 – 47 for A2A participants and 4 – 42 for the comparison group. Actual supervision level for the target case at the time data were pulled in October 2016 are displayed by group in Table 3. The groups did not differ on either LSI-R total scores at the time of their first LSI-R between 2014 and 2016 or on supervision level for the target case.

Colorado probation departments utilize the Adult Substance Use Survey – Revised (ASUS-R) to determine involvement with alcohol and other substances and to guide decision making regarding programming for adult probationers. The ASUS-R should be administered at the start of a probation case. The probation officer typically decides whether the ASUS-R should be administered again. While an individual may have multiple ASUS-R records, it is not uncommon for an individual to only have one ASUS-R record.

The mean number of days between the ASUS-R and the case start date of the case selected for evaluation was 114.9 days for the A2A group and 106.36 days for the comparison group. This difference was not significant, suggesting that similar cases were selected for both groups despite using different selection criteria.

<sup>2</sup> Andrews, D. A. & Bonta, J. (1995). The Level of Service Inventory-Revised. Multi-Health Systems, Toronto.



TABLE 3. SUPERVISION LEVEL (%) FOR TREATMENT AND COMPARISON GROUPS FOR THE TARGET CASE

Supervision Level	A2A	Comparison
ADCC – Unknown	4.1	4.9
Administrative	18.9	19.7
Domestic Violence 1	4.1	4.9
Domestic Violence 2	0.8	0.0
Domestic Violence 3	1.6	1.6
Domestic Violence 9	4.1	4.9
Female Offender Program 1	4.1	4.1
Female Offender Program 2	0.8	0.0
Female Offender Program 9	1.6	0.0
Adult Intensive Supervision 1	0.8	0.0
Adult Intensive Supervision 2	0.8	0.8
Maximum	13.1	13.9
Medium	31.1	32.8
Mental Health 1	0.8	0.8
Minimum	5.7	4.9
PSC1 – Unknown	2.5	2.5
PSC9 – Unknown	0.8	0.8
Intensive administrative due to warrant	3.3	2.5
UNCL – Unknown	0.8	0.0
Missing	0.0	0.8

ASUS-R treatment level recommendations from the first ASUS-R record available between 2013 and 2016 are presented in Table 4. Based on the ASUS-R, over 50% of individuals in both groups indicated a need for intensive outpatient therapy or weekly therapy. The absence of any difference between the two groups on both supervision level and treatment level is to be expected since the groups were matched on these variables.

Table 4. Recommended Treatment Level (%) for Treatment and Comparison Groups (ASUS-R)

Treatment Level	A2A	Comparison
No Treatment	1.6	1.6
Drug or Alcohol Education	8.2	9.0
Weekly Therapy	21.3	21.3
Intensive Outpatient	36.9	37.7
Intensive Residential	14.8	14.8
Therapeutic Community	6.6	6.6
Assess for Psychopathy	0.8	0.8
Missing	9.0	9.0

## OUTCOME VARIABLES

Potential outcome variables were limited due to the data restrictions imposed by the Judicial Department. Despite all data being collected and entered by the 10<sup>th</sup> JD Probation Department, the Judicial Department would only release identified records for A2A participants, not for the comparison group. Initially, the evaluation plan included a review text fields in Eclipse for documentation of sanctions and incentives that would serve as intermediate outcome variables. Those outcome variables could not be utilized since the comparison group was de-identified.

In probation, two indices are frequently used to discuss success:

- ∞ Case status and
- ∞ Recidivism, typically defined as either a new filing or a new criminal offense within 1 year of case termination.

The evaluation case was still open for over 75% of both A2A and comparison participants, meaning that the vast majority of individuals were still on probation and had no opportunity for post probation recidivism. Consequently, case status was chosen as the outcome variable.

The A2A program is relatively new and as such it is unclear how many sessions may be necessary to achieve outcomes. As a result, the primary analyses compared program graduates to their matched comparison participants to examine program success.

### Case Status

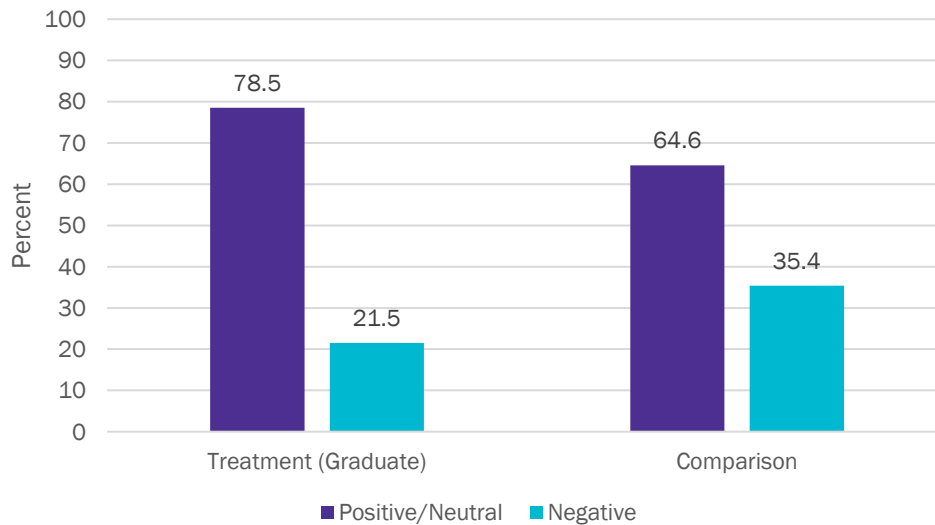
Case status was categorized as Positive, Neutral or as Negative. For all analyses, positive and negative statuses are combined into a single category and compared to negative status. Table 5 displays the categorization as case status. In general, indications of probation revocation, absconding, active warrants or death were considered negative outcomes. All other statuses were considered positive or negative.

Table 5. Categorization of Case Status

Case Status Valence	Status		
Positive	Case Terminated Successfully	Active Supervision through Private Probation	
Neutral	Active	Community Corrections Closure	Courtesy Supervision Closure
	Case is still pending sentencing	Case is active – court revocation pending	Case is active through private probation – revocation pending
Negative	Abscond	Probation revoked new felony case	Probation revoked new misdemeanor case
	Death	Case active – warrant active	

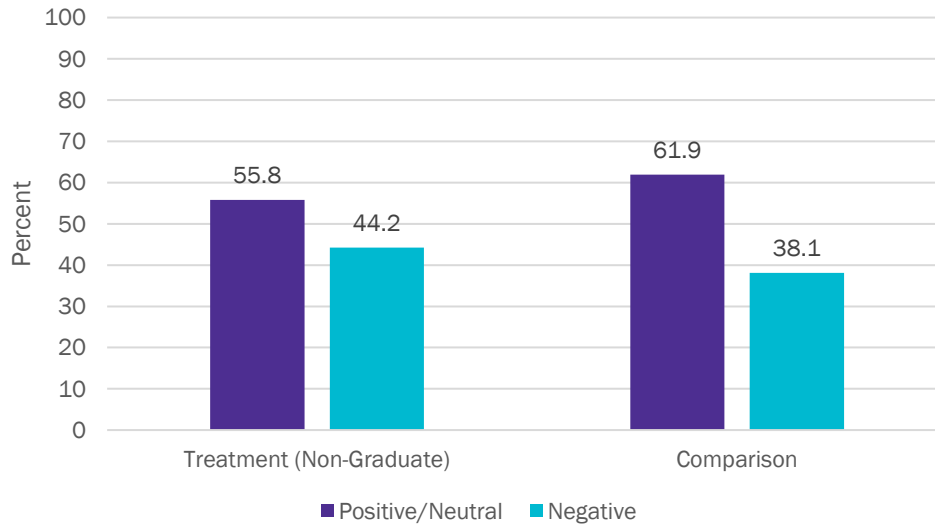
A chi-square analysis examined the percent of A2A graduates (n=79) and comparison participants (n = 79) with a negative case status compared to those with a positive or neutral case status. Approximately, 14% fewer A2A participants had a negative case status relative to comparison participants. This difference was statistically significant,  $X^2(1, 158) = 3.75, p < .05$ .

FIGURE 1. CASE STATUS FOR TREATMENT (GRADUATES) AND COMPARISON PARTICIPANTS



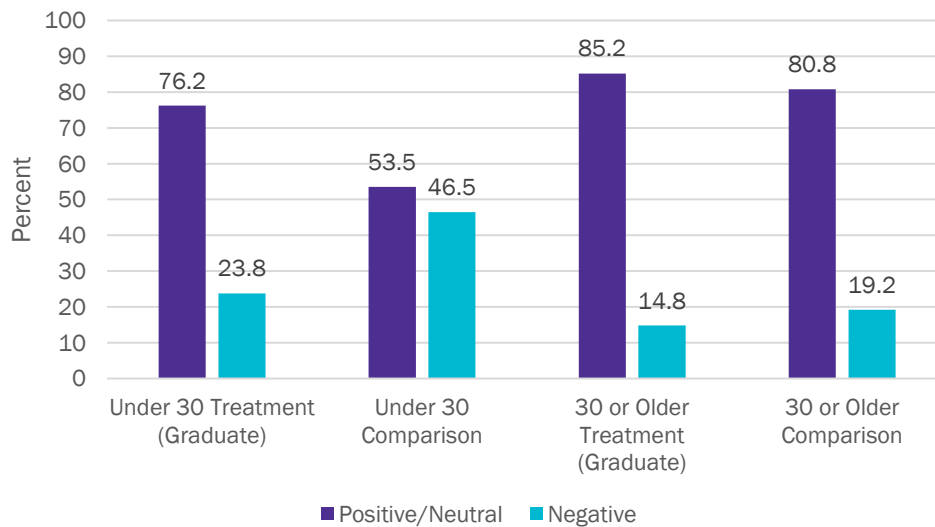
The same analysis was conducted for non-graduates and their matched comparisons. Non-graduates could have attended between 1 and 15 A2A sessions, but did not reach the 16 session threshold for graduation. Mean number of sessions attended was 7.9. In contrast to graduates, non-graduates of A2A show no benefit of the program relative to their individually matched comparison group,  $X^2(1, 85) = .33, p > .56$  (see Figure 2). The observation of the treatment effects for A2A graduates, but not for non-graduates, increases the confidence that the effect can be attributed to the program.

FIGURE 2. CASE STATUS FOR TREATMENT (NON-GRADUATES) AND COMPARISON PARTICIPANTS



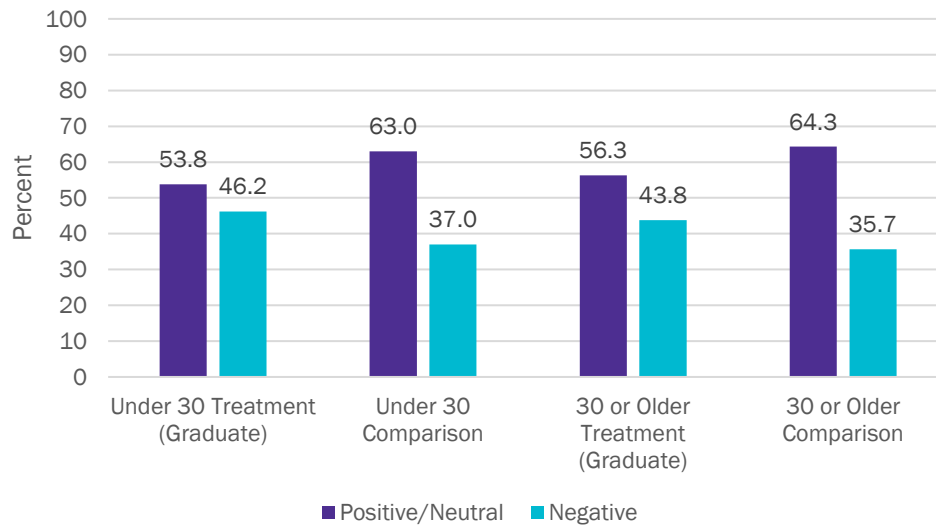
Age appears to influence the effectiveness of the A2A program (graduates). Approximately 80% of participants who were 30 or older were likely to have positive or neutral case statuses regardless of whether they participated in the A2A program (see Figure 3). This older age group tends to do better on probation and participation in A2A does not improve their outcome. In contrast, among individuals who are under 30, A2A participation is associated with a substantial reduction in the percent of individuals with a negative case status. The treatment effect is statistically significant for individuals under age 30,  $X^2(1, 73) = 4.6, p < .04$ , but not for those individuals who are 30 or older.

FIGURE 3. CASE STATUS FOR TREATMENT (GRADUATES) AND COMPARISON PARTICIPANTS BY AGE GROUP



Again, the pattern of reduction in negative outcomes is only observed for graduates and their comparison, not for non-graduates of the A2A program (see Figure 4).

FIGURE 4. CASE STATUS FOR TREATMENT (NON-GRADUATES) AND COMPARISON PARTICIPANTS BY AGE GROUP



The pattern of reduction in negative outcomes, but not statistical significance, holds when data are examined by gender and by race/ethnicity for graduates. Specifically, both male and female A2A graduates were less likely to have a negative case status (see Figure 5) and both Hispanic and White (see Figure 6) A2A graduates were less likely to have a negative case status. However, these differences are not significant with addition of the gender or race ethnicity variable. We expect that as more participants are added, statistical significant will be achieved.

FIGURE 5. CASE STATUS FOR TREATMENT (GRADUATES) AND COMPARISON PARTICIPANTS BY GENDER

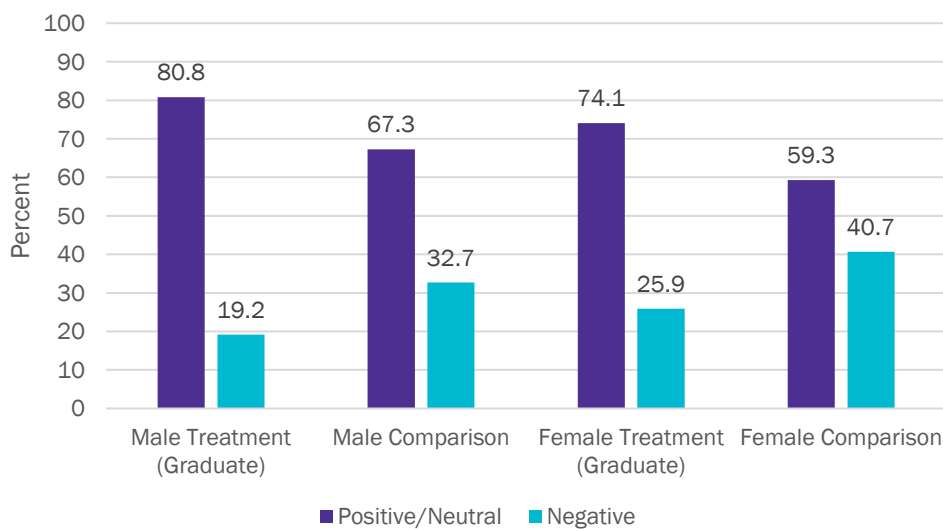
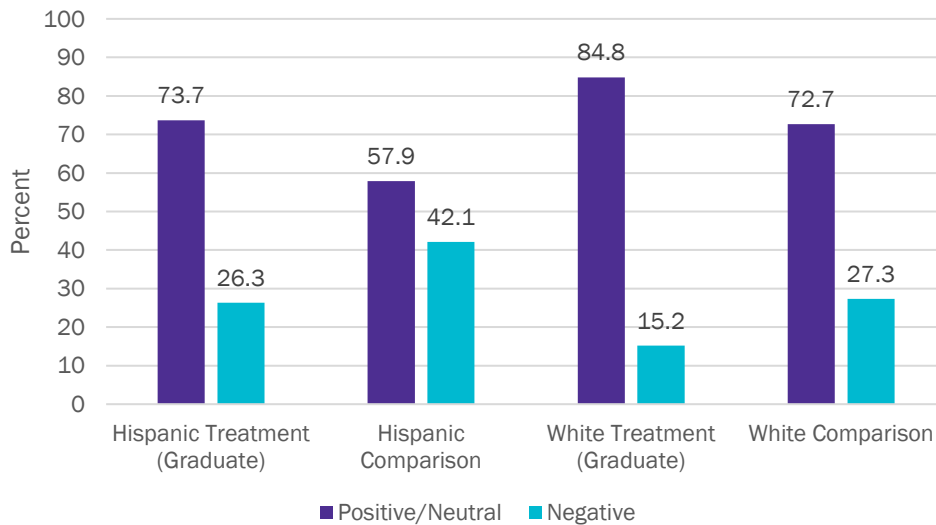


FIGURE 6. CASE STATUS FOR TREATMENT (GRADUATES) AND COMPARISON PARTICIPANTS BY RACE/ETHNICITY



## Fitness Indicators

Program facilitators measured five fitness measures at the first and last session.

- ∞ 6 minute run
- ∞ Number of sit ups completed in 1 minute
- ∞ Number of push ups completed in 1 minute
- ∞ Number of jumping jacks completed in 1 minute
- ∞ Number of squats completed in 1 minute.

The running indicator was dropped from all analyses because the measurement metric was changed in the middle of the program and there were insufficient data available to test pre post changes with the remaining participants. Additionally, pre post assessments are only available for A2A participants who completed 16 or more sessions.

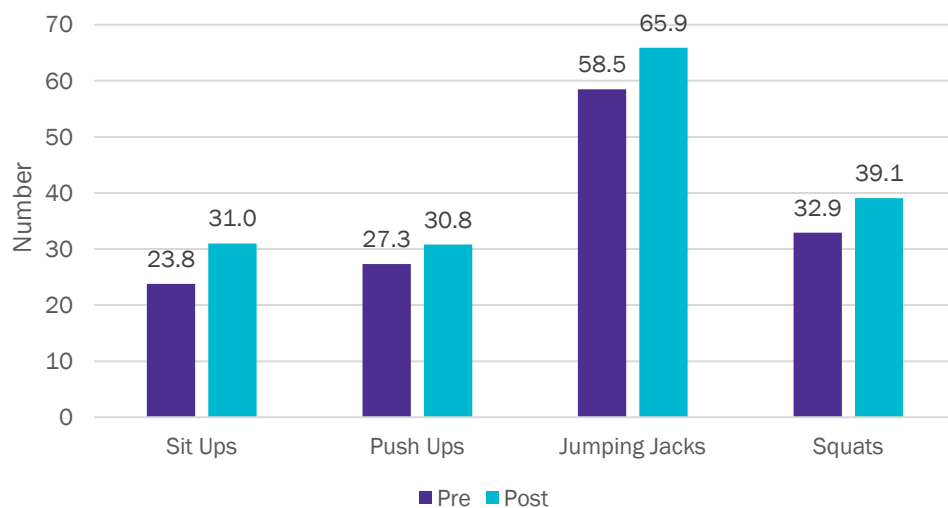
Participation in the fitness assessments was encouraged, but not required. Of the 79 A2A graduates, 52 (65.8%) had both a pre and post assessment for one or more fitness indicator. In general, most graduates completed the pre test (ns = 73 - 74). A2A graduates who completed both the pre and post assessment completed more push ups, jumping jacks, and squats and fewer sit ups relative to A2A graduates who only completed the pre assessment. However none of these differences were significant (see Table 6). Further, with a higher starting mark on the **timed** pre assessment, significant change would be more difficult to achieve for those who did complete both the pre and the post test.

Table 6. Comparison of Pre-Post Fitness Scores for A2A Graduates who completed the pre and post assessment versus those who completed only the pre assessment

Fitness Indicator	PrePost Complete	Pre Only	p value
Sit Ups	23.8	25.3	< .51, n.s.
Push Ups	27.3	22.7	< .15, n.s.
Jumping Jacks	58.5	51.8	<.11, n.s.
Squats	32.9	27.7	<.07, n.s.

Figure 7 displays pre post fitness results for the A2A graduates who completed both assessments. A series of paired samples t-test examined pre-post change. A2A graduates who completed both the pre and post test showed significant improvement on all fitness indicators, significantly increasing the number of sit ups ( $t(51) = -4.9, p < .001$ ), push ups ( $t(50) = -2.3, p < .03$ ), jump jacks ( $t(48) = -2.5, p < .02$ ), and squats ( $t(49) = -4.4, p < .001$ ) they completed in a 1 minute period. These data suggest that participating in the fitness portion of the A2A program resulted in measurable fitness improvements.

FIGURE 7. CASE STATUS FOR TREATMENT (GRADUATES) AND COMPARISON PARTICIPANTS



## Alcohol and Drug Testing

Preliminary analyses were conducted to determine whether drug testing data would be useful as an indicator of program success. All drug tests completed between January 1, 2014 and October 2016 (when data were pulled) were examined. Comparison and treatment participants were not matched on drug of choice or presence of drugs or alcohol at the start of their case. For each participant, the first 10 drug tests and the last 10 drug tests in the evaluation period were identified. The percent of tests that were positive for alcohol or drugs was tallied for each individual.

Among graduates and their matched comparisons, 96.2% of Treatment participants and 76.0% of their matched comparison participants had data for the first 10 test variable. Data were only tallied if the individual had more than 1 test record. Differences in percent of treatment and comparison clients with more than 1 drug and/or alcohol test was unexpected since clients were matched on both supervision level and drug treatment needs. Further, while 82.3% of treatment participants had the required 20 tests to compute both the 1<sup>st</sup> 10 and the last 10 test variables, only 22.1% of comparison participants had sufficient tests to compute both variables.

Given these discrepancies, the decision was made to step back to the full set of data for all comparison participants and all treatment participants including, those excluded from the evaluation. The median number of drug and alcohol test records was 38 for A2A participants and 12 for comparison participants. This difference is substantial and suggests that A2A participants were required to participate in drug and alcohol testing more frequently than either their matched comparison group or the general population of probation clients in the 10<sup>th</sup> JD. Given the large difference in testing, it is unclear that pre-post alcohol and drug testing results will be useful for demonstrating

program success. In future years, the role of enhanced drug and alcohol testing in program outcomes should be considered carefully as it may contribute to program success.

## GRADUATES VS NON-GRADUATES

Graduates and non-graduates of the A2A treatment program exhibited different outcomes. If graduates and non-graduates differ in substantial ways, those differences may be used to predict who may respond best to the program so that limited resources can be directed to those adult probation clients who are most likely to benefit from A2A.

Among A2A treatment participants, graduates do not differ from non graduates on age (29.52 vs. 27.95). Additionally, the graduates and non-graduates do not differ on gender or race/ethnicity (see Table 7).

TABLE 7. DEMOGRAPHIC CHARACTERISTICS (%) FOR TREATMENT AND COMPARISON GROUPS

	A2A Graduate	A2A Non-Graduate
<b>Gender</b>		
Male	65.8	60.5
Female	34.2	39.5
<b>Race/Ethnicity</b>		
Hispanic	48.1	51.2
Other	10.1	4.7
White	41.8	44.2

In contrast, non-graduates do appear to differ from A2A graduates on both supervision level and recommended treatment level (see Tables 8 and 9). Graduates are more likely to have a minimum or medium level of supervision whereas non-graduates are more likely to have a maximum level of supervision. Similarly, graduates are slightly more likely to have a recommended treatment level of drug or alcohol education and less likely to have a recommended treatment level of Intensive Outpatient or Inpatient Residential. More information is needed to determine the extent to which supervision and treatment levels should influence whether an individual is able to participate in the A2A program.

TABLE 8. SUPERVISION LEVEL (%) FOR TREATMENT AND COMPARISON GROUPS FOR THE TARGET CASE

Supervision Level	A2A Graduate	A2A Non-Graduate
ADCC – Unknown	3.8	4.7
Administrative	17.7	20.9
Domestic Violence 1	3.8	4.9
Domestic Violence 2	1.3	0.0
Domestic Violence 3	2.5	0.0
Domestic Violence 9	3.8	4.7



Supervision Level	A2A Graduate	A2A Non-Graduate
Female Offender Program 1	3.8	4.7
Female Offender Program 2	1.3	0.0
Female Offender Program 9	1.3	2.3
Adult Intensive Supervision 1	0.0	2.3
Adult Intensive Supervision 2	1.3	0.0
<b>Maximum</b>	<b>6.3</b>	<b>25.6</b>
<b>Medium</b>	<b>39.2</b>	<b>16.3</b>
Mental Health 1	1.3	0.0
<b>Minimum</b>	<b>8.9</b>	<b>0.0</b>
PSC1 – Unknown	0.0	7.0
PSC9 – Unknown	0.0	2.3
Intensive administrative due to warrant	3.8	2.3
UNCL – Unknown	0.0	2.3
Missing	0.0	0.8

Table 9. Recommended Treatment Level (%) for Treatment and Comparison Groups (ASUS-R)

Treatment Level	A2A Graduate	A2A Non-Graduate
No Treatment	1.3	2.3
<b>Drug or Alcohol Education</b>	<b>11.4</b>	<b>4.7</b>
Weekly Therapy	20.3	23.3
<b>Intensive Outpatient</b>	<b>31.6</b>	<b>46.5</b>
<b>Intensive Residential</b>	<b>16.5</b>	<b>11.6</b>
Therapeutic Community	5.1	9.3
Assess for Psychopathy	1.3	0.0
Missing	12.7	2.3

# EVALUATION SUMMARY

This report details the first completed evaluation of the Addicts to Athlete program (A2A) and examines outcomes for A2A program participants between January 2015 and May 2016. Program participants were carefully matched at an individual level to other 10<sup>th</sup> JD probation clients on five key variables: gender, age group, race/ethnicity, level of supervision indicated, and level of treatment indicated. This one-to-one matching ensured the comparison group was well matched to the treatment group in all analyses.

## KEY FINDINGS OF THE EVALUATION

- ∞ A2A participants who graduated were **significantly less likely to have a negative case status** than matched comparisons. While, 35.3% of comparison participants had a negative case status, only 21.5% of A2A participants had a negative case status.
- ∞ A2A participation was only associated with a **reduced likelihood of negative case status for clients under 30**. The impact of age on criminogenic<sup>3</sup> risk is well documented and can be seen in the present sample. The vast majority (> 80%) of individuals 30 and over in both the A2A group and the comparison group had a positive or neutral case status, suggesting that this group tends to fare well on probation with or without the intervention. In contrast, A2A participation appeared to have a substantial impact on outcomes for probation clients under 30.
  - Given limited resources, the 10<sup>th</sup> JD Probation Department should examine whether an upper age limit should be established for A2A participation.
- ∞ No gender or ethnicity effects were observed suggesting that the **A2A program is likely to be beneficial for both male and female participants and for probation clients from different race/ethnic groups**.
- ∞ As more individuals participant in A2A, the program should take a careful look at success rates of individuals with varying supervision and treatment needs.
  - For treatment level, analyses suggest A2A might be best suited for individuals with treatment needs rated as weekly therapy or less intensive, although data are not sufficient to draw this conclusion yet.
  - Similarly, the A2A program may not be appropriate for individuals with a maximum supervision level, as graduation rates are low for this group.
- ∞ Graduates of the A2A program demonstrated **improvements in four indices of physical fitness**: number of sit ups, push ups, jumping jacks and squats completed in 1 minute. The physical fitness element of programming, and the free gym membership, will likely serve as a useful recruiting tool for the program. Fitness activities provide probation clients with positive focus for their time and energy. With two mandated sessions per week and a well attended weekend session, time spent in the gym may replace time spent alone or with anti-social peers, reducing the time and opportunity for recidivating.

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<sup>3</sup> Steffensmeir, D. J., Allan, E. A., Harer, M. D., & Streifel, C. (1989). Age and the Distribution of Crime. *American Journal of Sociology*, 94, 803-831.

## NEXT STEPS

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- ∞ Continued program and evaluation funding is needed to follow participants for a longer period of time to determine success. Specifically, there is a need to examine recidivism, the commitment of new criminal offenses. Two time periods are recommended for assessing recidivism:
  - 1 year post graduation: timing of comparison group participants would be tied to the graduation of their matched A2A participant.
  - 1 year post probation discharge.
- ∞ Initiate conversations with the Judicial Department regarding local policies and practices that can and should be implemented to facilitate access to local data.
- ∞ Investigate whether the local JD can develop capacity for pulling data from Eclipse without submitting requests to Judicial.
- ∞ Encourage the A2A developers to create a manual for the intervention that can be used for replication in other locations and can also stimulate conversations regarding critical programming elements that may be integral for success.
- ∞ Enhance local data collection processes to ensure high quality data are available for this and future evaluations in the 10<sup>th</sup> JD.
- ∞ Disseminate program evaluation findings to key stakeholders to sustain support for the A2A program and facilitate funding efforts.