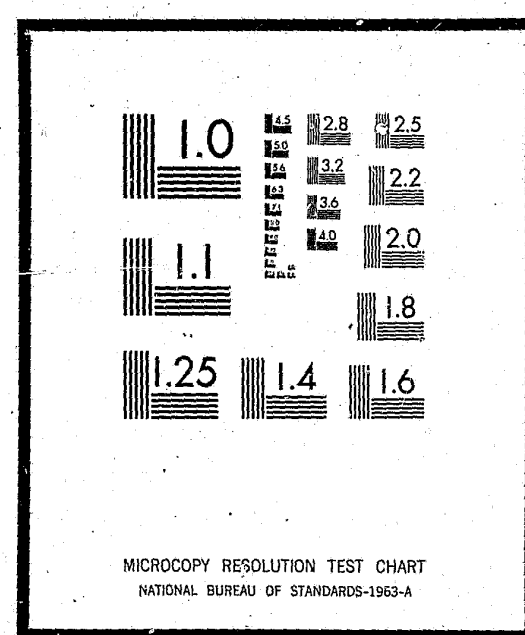


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FINAL REPORT
on the
EVALUATION OF THE THERAPEUTIC COMMUNITY
related to
ALCOHOL AND DRUG ABUSE
at the
STATE CORRECTIONAL INSTITUTION AT CAMP HILL
(DS-338-72A)

Submitted to
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May, 1974

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SECTION I. EXECUTIVE SUMMARY

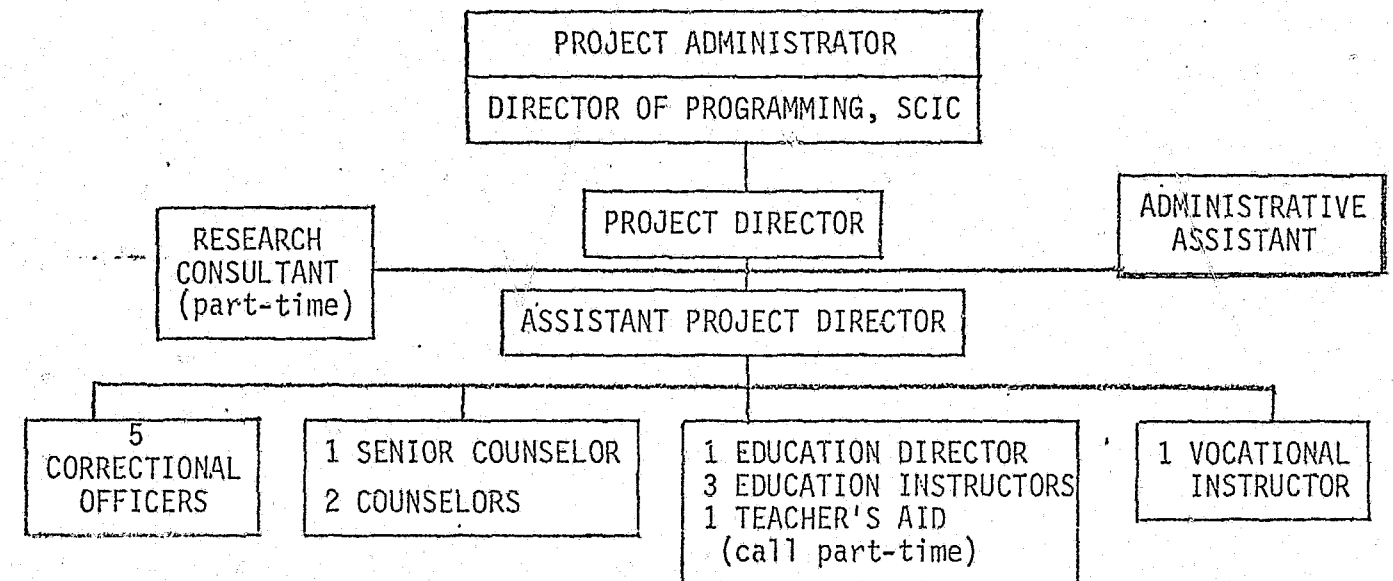
A. Project Goals and Activities

The Therapeutic Community Related to Alcohol and Drug Abuse at the State Correctional Institution at Camp Hill (TC-SCIC) was developed jointly by the Pennsylvania Bureau of Corrections at Camp Hill and Alternatives, Inc., a private drug abuse prevention and treatment agency serving the Harrisburg area, to provide a more effective and meaningful prison rehabilitative program for drug/alcohol related offenders. The TC-SCIC was funded by the Governor's Justice Commission (Grant No. DS-338-72A) in April, 1973 and was to become operational and begin receiving its first clients in August, 1973. However, due to unanticipated delays in accomplishing legally required State approval of contractual agreements, actual program start-up did not occur until mid December, 1974. The stated goals of the TC-SCIC are as follows:

1. to provide a more effective and meaningful rehabilitative program for drug/alcohol related offenders
2. to return to the community productive human beings who have the desire and the direction toward becoming responsible and responsive citizens--tax payers rather than tax burdens
3. to help persons who have regarded themselves as failures achieve a sense of self-esteem and motivation toward becoming a person-oriented person
4. to reduce the rate of recidivism among drug and alcohol related offenders at SCIC.

-2-

In order to accomplish these goals the TC-SCIC has a staff of 18 persons: 12 full-time paid staff, 5 part-time paid staff, and one part-time volunteer. The following organization chart shows the staff make-up.



Inmates are referred to the TC-SCIC by the Prison Counseling Unit with the approval of the Prison Director of Treatment. Those persons referred are screened by the TC-SCIC Assistant Director on the basis of age (must be adult due to State law prohibiting mixing of adults and juveniles), history of serious drug abuse, and legal status (must have nine to twelve months remaining on sentence and be free of detainers or pending charges). Approval for admission to the program is the responsibility of the TC-SCIC Project Director with recommendations from the staff and residents.

The TC-SCIC program consists of a two week Orientation Phase leading to a long term commitment between the new resident and the program, a one and a half to three month Initial Phase leading to the assumption of major

responsibilities for the effective operation of the TC, a three to five month Phase leading to release from prison and entrance into a community-based residential re-entry program, a two to four month Re-entry Phase leading to independent living and functioning in the community with outpatient support as needed.

Treatment and rehabilitation services provided by the program include daily group therapy, individual counseling, vocational counseling, daily one-to-one basic education, psychological testing and counseling.

B. Project Results

The fact that the TC-SCIC has, in four months time, firmly established a smoothly functioning, well managed, innovative treatment and rehabilitation program for drug and alcohol related offenders consistent with its stated goals and with a high level of commitment and effort on the part of staff and residents is seen as a clear indication of significant Project results. Initial TC-SCIC progress toward the achievement of its goals is strongly supported by the evidence of a drug and violence free environment in the program where belligerent, hostile, destructive attitudes and behavior are constantly being exposed and challenged by very tangible opportunities for support, assistance and personal growth and advancement. The intensive, daily guidance and support of experienced drug counselors and the daily work in group and individualized basic education with highly qualified teachers provided by the TC-SCIC have not previously been available. In the first four months of its operation, the TC-SCIC has admitted 32 drug and alcohol related offenders as full-time residents of the program.

The overwhelming majority of these residents are "hard core" drug abusers (predominantly heroin) with serious criminal records. To date only one resident has been terminated from the program. Twelve residents have already progressed to the program's preparation for re-entry or final in-prison residential Phase. Of 16 TC-SCIC residents taking the G.E.D. high school equivalency examinations in April, seven (44%) successfully passed, whereas only 33% (according to prison officials a higher than normal percentage) of the general population residents taking the same examination successfully passed.

C. Conclusions and Recommendations

On the basis of the evaluation findings described above, it is concluded that the TC-SCIC has made significant progress toward successfully establishing a new and innovative treatment and rehabilitative program for drug and alcohol related offenders within the State Correctional Institution at Camp Hill. Although it is too early to make valid judgments on Project impact, important achievements have been noted in most of the Project's goal areas. Particularly significant are: 1) outstanding resident effort and performance in the educational rehabilitation component; 2) good staff morale, effort and communication within the therapeutic treatment component and the educational rehabilitation component; 3) clear definition and organization of resident treatment activities; 4) good management of resident intake and on-going information systems.

Project problems noted are: 1) lack of an adequate vocational rehabilitation component (the Project Director is aware of this problem and

such a component is presently being developed); 2) lack of regular, formalized training and supervision of the counseling staff; 3) lack of regular, formalized communication between counselors and education staff; 4) lack of adequate mechanisms to prevent misunderstanding and resentment of or resistance to the TC-SCIC by prison officials and staff; 5) shortage of paid teachers in the educational component in light of projected resident population increases.

In light of the above conclusions, it is recommended that the TC-SCIC be granted continuation funding with the provision of additional funds above its present level for the addition of two paid, part-time teachers and expanded vocational training resources. Specific recommendations for immediate program improvement are as follows:

1. In addition to the already planned replacement of the present vocational counselor with a full-time Vocational Counseling and Training Specialist, it is recommended that efforts be made to strengthen the relationship between the TC-SCIC and the Dauphin County Vocational and Technical Institute. This effort should include the sharing of vocational training materials, equipment and expertise and the development of an on-going vocational training linkage for the placement of residents graduating to the program's Re-entry Phase. If required, it is recommended that additional funds be allocated to accomplish this.
2. It is recommended that the Project Director develop regular, formalized procedures for monthly (or at least quarterly) team and resident record review conferences on an individual counselor basis with all members of the counseling staff. It is further recommended that where Counselor problems or weaknesses are noted, appropriate new knowledge and skills be provided through the conduct of training workshops utilizing outside expertise where possible.

3. It is recommended that regular weekly or semi-weekly meetings of counseling and education staff together be held with the specific purpose of reviewing, sharing information on and developing coordinated plans for individual resident progress and problems.
4. It is recommended that a simple monthly or quarterly report be developed on individual resident progress to better inform prison officials of the functioning and importance of the TC-SCIC program. Such a report could utilize a simple check-off format of excellent-good-fair-poor ratings on a few specified behavioral and/or achievement categories of interest to prison officials.

In addition to the above, immediate recommendations, the initiation of long-range plans for program improvement is recommended. Specifically these plans should include possible expansion of the TC-SCIC to serve a greater number of the known drug and alcohol related offenders now in or regularly entering the SCIC. Plans should include consideration of the acquisition of additional resources and facilities to provide a TC program for juveniles, first offenders immediately on entering the SCIC, and those whose remaining prison sentences require a shorter period of treatment.

SECTION II. PROJECT ACTIVITIES

A. Goals

The Therapeutic Community Related to Alcohol and Drug Abuse at the State Correctional Institution at Camp Hill (TC-SCIC) was developed jointly by the SCIC and Alternatives, Inc., a private drug abuse prevention and treatment agency serving the Harrisburg area. The intent of the project was to provide a more effective and meaningful prison rehabilitation program for drug and alcohol related offenders incarcerated at the SCIC. While the SCIC was to provide overall direction for the Project, direct day-to-day administration (including the hiring and management of staff) was sub-contracted by purchase of services agreement to Alternatives, Inc.¹ The TC-SCIC was funded by the Governor's Justice Commission (Grant No. DS-338-72A) in April, 1973 and was to become operational by August 1, 1973. However, unanticipated delays related to the required approval by the State Office of Administration of the Purchase of Services Agreement with Alternatives, Inc. (including a conflict of interests problem involving the Director of Alternatives, Inc.) resulted in actual Project start-up being delayed until mid-December, 1973.

According to the Project Grant, the stated goals of the TC-SCIC are as follows:

¹In February, 1974 the direct administration of the TC-SCIC was turned over to the SCIC due to the discovery of serious administrative problems in Alternatives, Inc.

1. to provide a more effective and meaningful rehabilitative program for drug and alcohol related offenders
2. to return to the community productive human beings who have the desire and the direction toward becoming responsible and responsive citizens--tax payers rather than tax burdens
3. to help persons who have regarded themselves as failures achieve a sense of self-esteem and motivation toward becoming a person-oriented person
4. to reduce the rate of recidivism among drug and alcohol related offenders at the SCIC

As a result of the Project's experience in initial program operation, the following specific resident progress goals were developed:

1. that a resident of the TC-SCIC become drug free and understand the self-destructive results of his use of drugs
2. that the antagonistic, belligerent patterns of living characterized by lying, dishonesty, no self-disclosure, "I'll cover you, you cover me" attitude will change
3. that a resident begin to function in a more mature manner by accepting responsibility for a position or job over a period of several months
4. that a resident begin to deal with his feelings by talking about them to groups and by accepting the honest confrontation of his peers who challenge his behavior.

B. Organization and Activities

The TC-SCIC staff consists of 12 full-time persons including the Project Director, an Assistant Director, three Counselors, one Vocational Instructor, five Correctional Officers (working in shifts covering 24 hours per day, and an Administrative Assistant. In addition an Education Director, two Teachers, a Teacher's Aid, and a Research Consultant are employed part-time. An additional Teacher serves the Project as a volunteer.

Project activities are carried on in four major areas as follows:

1. Intake--Candidates for referral to the TC-SCIC are selected from the general prison population by regular prison Counselors. In some cases newly admitted first or second offenders are selected by the Supervisor of Counseling for referral directly to the TC-SCIC instead of initial placement in the general prison population. The Supervisor of Counseling screens these candidates for eligibility on the basis of three criteria: a) candidates must be 18 years of age or over as per State Law prohibiting the mixing of juveniles with adults, b) candidates must be incarcerated for a drug or alcohol related offense, c) candidates should have a remaining sentence of nine to twelve months and should have no detainers or pending charges against them that could result in future additional sentences. Names of candidates found eligible are then submitted to the Prison's Director of Treatment for approval prior to referral to the TC-SCIC. The Director of Treatment carefully reviews the candidates record relative to the above three criteria, with particular concern for clear indications of serious drug or alcohol abuse. On approval by the Director of Treatment, the candidate is then referred to the TC-SCIC Assistant Project Director for final screening, which may include interviews with the TC-SCIC Project Director, staff and residents. In addition to the three criteria given above, this final screening is also directed at determining the candidate's motivation for change and willingness to accept the discipline and emotional pressure of the program (including absolute abstention from drugs, alcohol and violence). Also included in the final screening is psychological testing to detect serious psychological problems that would interfere with meaningful participation in the program.

Successful completion of the final screening is followed by provisional admission into the two week Orientation Phase of the program. This is accomplished by a contractual commitment by the candidate to

abide by program requirements and participate in all regular activities of the program. At the end of the Orientation Phase a decision is made by the candidate and by the staff and residents of the program as to whether the candidate shall become a permanent resident of the TC-SCIC.

In order to provide for the most orderly, rational absorption of new residents into the TC-SCIC treatment process and minimize disruption, intake is limited to a maximum of eight new residents per month.

SCIC Prison officials interview by the Evaluators reports that a number of prison Counselors, Treatment staff and Correctional Officers serving the general population have expressed resentment of the TC-SCIC's "rigid" screening process. Reportedly these general population staff people feel that the TC-SCIC may be "creaming" the crop of drug and alcohol related offenders to assure success. They argue that since the TC-SCIC is receiving special resources that are not available to the general population, they should accept all eligible referrals. On the other hand, the TC-SCIC staff and residents expressed the concern that the relaxing of present intake screening could well result in the TC-SCIC being used as a "dumping ground" and "baby-sitting service" for any "trouble makers" or problem people the general population staff wanted to get rid of rather than a bona fide treatment program. They argue that this would amount to a repudiation of present TC-SCIC goals.

2. Group Therapy and Counseling--Group therapy is the TC-SCIC's primary mode of treatment with individual counseling as a secondary or back-up service as needed. Residents are organized into permanent groups or Teams (presently there are two Teams) which participate as a unit in most program activities, including therapy, education and recreation. A TC-SCIC Counselor is assigned to each Team as a facilitator and resource person. Each Team selects one of its Senior Residents as the Team Leader with authority to supervise and regulate individual team member's attitudes and behavior outside of group meetings. One to two hour, group therapy sessions are held by each Team three times a week employing a variety of group therapy techniques. One hour lecture

and discussion Seminars are held by each Team twice per week, exploring such subjects as employment, education, family life, urban survival, etc. All residents participate in daily morning meetings involving group confrontation of individuals with problematic or praise-worthy behavior during the previous day. Occasionally Teams will hold 12 to 24 hour marathon therapy groups when serious personality problems or conflicts need to be dealt with. Also weekly House Meetings of all residents are held to discuss program policy matters and the planning and scheduling of program events and activities.

These group activities are planned cooperatively by Counselors and Team Leaders with assistance from the Project Director, Assistant Project Director and Vocational Instructor as needed. The Evaluators received strongly positive comments from TC-SCIC staff and residents on these group activities.

3. Education--An extensive program of individual and group basic education is the TC-SCIC's primary mode of rehabilitation. Each resident spends about three and a half hours per day, five days per week in a formal program of group and individual basic education. An additional one to three hours per day is spent working on independent study assignments. Emphasis is placed on the acquisition of math, reading and communication skills required for the successful completion of G.E.D. high school equivalency requirements. The majority of residents are receiving instruction at this level. For the 20 to 30 per cent of the residents unable to function at this level, primary level instruction is provided. Those few residents who have completed high school or G.E.D. requirements are provided with college preparatory materials and independent study assignments with individualized instruction. Inquiries have already been sent out on behalf of three residents seeking college admission on release from prison.

The education program is staffed by four experienced public school teachers with prior experience or training in special education and one

teacher's aid. The Education Director has an Ed.D. degree and a Superintendent's Certificate and is on leave from the Harrisburg School District. One teacher has prior experience as an Education Counselor in a residential drug treatment program in Pittsburgh. All work on a part-time basis (approximately five hours per day, five days per week), and one teacher works as an unpaid volunteer.

Vocational instruction has been limited to periodic seminar presentations on employment related topics and individual resident vocational counseling as requested. An effort is presently underway to develop a vocational training component in cooperation with the Dauphin County Vocational Technical Institute.

Genuine enthusiasm for the quality and effectiveness of the education program was expressed to the Evaluators by the education staff, TC-SCIC staff and clients. Education staff members praised the high quality of educational materials used. Both the TC-SCIC Project Director and the Education Director expressed a serious concern for the need for more teachers, particularly in view of the projected increase in residents from the present 22 to 50 by the end of June, 1974, in order to maintain the programs quality and effectiveness. The one Teacher with prior experience in a residential drug treatment program expressed a need for more individualized instruction and for more coordination and regular, formalized communication between education staff and Counselors in order that the education program might be more responsive to individual resident problems and needs and that Counselors might be more aware of individual resident educational progress.

4. Administration--TC-SCIC administrative responsibilities are rationally apportioned by functional areas between the Project Director, the Assistant Project Director and the Administrative Assistant. Day-to-day clerical work, coordination of information flow and scheduling is handled by the Administrative Assistant. Direction of

intake, securing of complete and accurate incoming resident records, and management and careful maintenance of a thorough and extensive program information system (including individual resident progress and staff performance records) are handled by the Assistant Project Director. Much of the Project Director's time has been devoted to securing and allocation of "never quite adequate" funds, recruiting and hiring of competent and experienced staff, program development (particularly the development of the community-based residential re-entry program), and administrative problem solving relative to the transfer of the TC-SCIC administration from Alternative, Inc. to the Bureau of Corrections at Camp Hill.

The Project Director's absorption in the functions listed above has left him little time for direct staff supervision and training. As a result staff supervision and training have been irregular and highly informal. Although the TC-SCIC Counselors keep daily performance records, no formalized, systematic process for performance review and individual staff supervisory conferences was in evidence. Also no regular, formalized program of in-service staff training was in evidence.

The Evaluators did find considerable evidence of strong staff effort and commitment to the program. In addition to frequent, informal staff communication, regular formalized staff communication is maintained through daily meetings of Counselors and Team Leaders and weekly meetings of all TC-SCIC staff and of Counselors. Two of the TC-SCIC Counselors are former SCIC inmates and graduates of the Yoke Crest Therapeutic Community. Prior to coming to the TC-SCIC, the Senior Counselor worked for the Pennsylvania Clearinghouse for Drug Treatment Information, monitoring drug programs, organizing regional drug treatment conferences and developing a statewide drug program information file. One of the Counselors is a graduate of the Gaudenzia, Inc. residential treatment program.

SECTION III. EVALUATION ACTIVITIES

This Evaluation by the Center for Social Policy and Community Development (CSPCD) was conducted during the TC-SCIC Program Year from July 1, 1973 through June 30, 1974. Our evaluation activities were focused on the period from December, 1973, when the first residents were admitted to the Project, through April, 1974, the last month on which Project data was available for this report.

A. Nature and Extent of Evaluation Activities

1. An initial meeting between the SCIC Director of Programming, Director of Treatment, TC-SCIC Project Director, Research Consultant and CSPCD Evaluators was held on October 5, 1973. Project delays and development progress to date were described, and preliminary specifications for an Evaluation Plan were developed.
2. Subsequent to the initial meeting and with the aid of a series of phone conversations and correspondence between CSPCD Evaluators and the TC-SCIC Research Consultant, a detailed Evaluation Plan was developed (including a client flow and client progress information system and a monthly Project data reporting system). This Evaluation Plan was finalized and completed by the CSPCD in February, 1974.
3. Two on-site evaluation visits were conducted by the CSPCD Evaluation Team, one on March 6, 1974 and a second on March 28, 1974. During these visits intensive interviews were conducted with the following:
 - SCIC Director of Programming
 - SCIC Acting Director of Treatment
 - SCIC Supervisor of Counseling
 - TC-SCIC Project Director
 - TC-SCIC Assistant Project Director
 - TC-SCIC Counselors (3)
 - TC-SCIC Residents (4)
 - TC-SCIC Education Director
 - TC-SCIC Education Instructors (2)

4. CSPCD Evaluators processed and analyzed TC-SCIC monthly Project data as submitted by the TC-SCIC Assistant Project Director for the period December, 1973 through April, 1974.

B. Data Used

The data used in this report includes impressionistic information provided through interviews by CSPCD Evaluators with SCIC and TC-SCIC staff and clients as listed above and statistical data on resident flow, resident characteristics and resident progress submitted in monthly Project data reports compiled by the Assistant Project Director. Reliability of information gathered through interviews is based on the fact that all interviews were conducted by skilled CSPCD Evaluators with extensive experience in research interviewing. Reliability of the statistical data has been assured by careful development, pre-testing and several adjustments of the data collection instruments and reporting forms. The collection and reporting of the statistical data was closely supervised by the TC-SCIC Research Consultant. Key items in the statistical data were validated against first-hand reports of the Project Director and two Counselors.

C. Limitations of the Evaluation Effort

Completion and implementation of the Evaluation Plan were delayed due to extensive delays in Project start-up and consequently in the pre-testing and necessary adjustments of the information collection and reporting systems. On-site evaluation visits were purposely delayed as long as reporting requirements would permit in order to allow for observation of Project impact at as close to fully operational conditions as possible.

The evaluation effort has been limited to the assessment of Project process and performance due to the fact that it has only been operational for four months. Since no residents have been in the program long enough to reach the Re-entry Phase, there are no outcomes to measure. However, sufficient information is available to provide some preliminary indications of Project progress towards goal achievement.

D. Recommendations for Future Evaluation

In view of the thoroughness and reliability of the present TC-SCIC information and reporting system, it is recommended that it be continued as is for future evaluation. It is further recommended that as soon as the first residents are ready for re-entry, the outcome research design developed by the TC-SCIC Research Consultant in cooperation with the CSPCD be implemented.

SECTION IV. PROJECT RESULTS

In this section we will discuss the results of the activities described in Section III above in relation to the TC-SCIC's stated goals or "Results Anticipated." Each stated goal and the related Project results will be dealt with separately. At the present early stage of the Project's development (only in operation for four months) there are as yet no results in the form of outcomes, since no residents have been in the program long enough to have reached the Re-entry Phase. However, early results in the form of high staff effort and commitment, high resident retention, and strongly positive resident participation and progress are favorable and indicate an excellent potential for Project success.

1. Stated Goal

to provide a more effective and meaningful rehabilitative program for drug/alcohol related offenders

Project Results

The fact that the TC-SCIC has in four months time firmly established a smoothly functioning, well managed program with strong and innovative treatment and rehabilitation components consistent with its stated goals and with a high level of commitment and effort on the part of staff and residents clearly indicates significant initial progress toward the achievement of this program goal. This progress is strongly supported by the evidence of a drug and violence free environment in the TC-SCIC where belligerent, hostile, destructive attitudes and behavior are constantly being

exposed and challenged by very tangible opportunities for support, assistance and personal growth and advancement. Prior to the implementation of the TC-SCIC the limited rehabilitative programs available were not geared to the specific needs of the drug or alcohol related offender and were conducted in the general population where evidence indicates that drug use, violence and the constant reinforcement of negative, destructive behavior and attitudes are daily problems. The intensive, daily guidance and support of experienced drug counselors and the daily work in group and individualized basic education with highly qualified teachers provided by the TC-SCIC are not available in the general population. Some early results of the basic education component are indicated by the fact that of 16 TC-SCIC residents taking G.E.D. high school equivalency examinations in April, seven (44%) successfully passed, whereas only 33% of the general population residents taking the same examinations successfully passed.

As of April 30, 1974 a total of 76 drug or alcohol related offenders were referred to the TC-SCIC from the general population (in a few cases newly admitted inmates were referred directly from the SCIC Classification Unit prior to entry into the general population). Of the 76, 44 were not accepted for admission to the TC-SCIC: three were rejected as unwilling to make a contractual commitment to abide by the requirements of the program, and 41 were rejected as a result of technical problems such as the discovery of outstanding detainers, insufficient remaining sentences to allow for completion of the program, awaiting completion of the required SCIC diagnostic evaluation.

As shown in Table 1 below, a total of 32 residents have been admitted to the TC-SCIC during its first four months of operation. This is consistent with the originally planned admission rate of approximately 8 per month. Of the 32 residents 91% are in the age range 18 to 22, 60% are black. Resident's educational levels are generally low, with 91% not having completed high school and 16% having less than a ninth grade education. While the majority of residents (62%) are first or second offenders, 38% have three or more prior criminal convictions. The majority of residents (62%) are presently incarcerated for serious crimes against persons (including murder, rape, aggravated assault, aggravated robbery), while only 28% are presently incarcerated for property crimes (generally thought to be the most common drug related crimes). Less than 10% are presently incarcerated for drug crimes. The overwhelming majority of residents (94%) have been involved in daily drug abuse. For 60% heroin was the drug most heavily abused, for 25% various combinations of stimulants (predominantly amphetamines) and depressants were most heavily abused, and for 13% alcohol was the drug most heavily abused.

2. Stated Goal

to return to the community productive human beings who have the desire and the direction toward becoming responsible and responsive citizens--tax payers rather than tax burdens

Project Results

Results relative to this goal cannot presently be measured, since no clients have been in the program long enough to have been returned to the

TABLE 1. NUMBER RESIDENTS ADMITTED BY SPECIFIED CHARACTERISTICS (DECEMBER, 1973 THROUGH APRIL, 1974)

Status in Program	Client Characteristics At Entry	A G E			RACE			Education Completed				Present Offense						Number Convictions All Crimes			Last Drug Most Heavily Abused						Frequency of Abuse			
		18	19-22	22+	B	W	O	< 9	9-11	Grad H.S.	12+	Crime Against Individual	Property Crime	Serious Motor Vehicle	Minor Crime	Sale of Drugs	Other	0	1-3	3+	Heroin	Methadone	Other Opiate	Marijuana	Other	Alcohol	Daily	Several Times Per Week	Once Per Week	Less Than Weekly
In-Processing N=20 (waiting list)																														
Active Participants		7	22	3	19	13	0	5	24	3	0	20	9	0	0	2	1	0	20	12	19	0	0	1	3	4	30	2	0	0
Terminated Prior To Completion N=0																														
Successful Completion N=0																														
TOTAL CLIENTS		7	22	3	19	13	0	5	24	3	0	20	9	0	0	2	1	0	20	12	19	0	0	1	3	4	30	2	0	0

community. A post re-entry follow-up study incorporating resident outcome measures has been developed and will be implemented as the first group of residents moves into the Re-entry Phase of the program. This is presently expected to be in August, 1974.

3. Stated Goal

to help persons who have regarded themselves as failures achieve a sense of self-esteem and motivation toward becoming a person-oriented person.

Project Results

Results toward the achievement of this goal can best be measured by resident progress within the program. During the first four months of the program's operation, only one resident has failed, requiring termination from the program. Of the 12 residents initially admitted in December, 1973, 10 were advanced to the re-entry preparation phase (Phase II) of the program during their fourth month. Although this pace of advancement is one month slower than called for in the original Project plans, it is already showing signs of improving with the development of more senior resident leadership. The most impressive results in this goal area were seen in the program's education component, where Teachers report a very high level of resident effort, particularly in independent study. Already seven residents have successfully passed G.E.D. high school equivalency examinations. Also the high level of resident cooperation and enthusiasm observed by the Evaluators is considered to be a positive indicator of results in this goal area.

4. Stated Goal

to reduce the rate of recidivism among drug and alcohol related offenders at the SCIC.

Project Results

Measurable results in this goal area are expected to become available through a re-entry follow-up study, approximately six months after the first group of residents enters the re-entry phase of the program. This is presently anticipated to be in early Spring of 1975.

SECTION V. CONCLUSIONS AND RECOMMENDATIONS

On the basis of the evaluation findings described above, it is concluded that the TC-SCIC has made significant progress toward successfully establishing a new and innovative treatment and rehabilitative program for drug and alcohol related offenders within the State Correctional Institution at Camp Hill. Although it is too early to make valid judgments on Project impact, important achievements have been noted in most of the Project's goal areas. Particularly significant are: 1) outstanding resident effort and performance in the educational rehabilitation component; 2) good staff morale, effort and communication within the therapeutic treatment component and the educational rehabilitation component; 3) clear definition and organization of resident treatment activities; 4) good management of resident intake and on-going information systems.

Project problems noted are: 1) lack of an adequate vocational rehabilitation component (the Project Director is aware of this problem and such a component is presently being developed); 2) lack of regular, formalized training and supervision of the counseling staff; 3) lack of regular, formalized communication between counselors and education staff; 4) lack of adequate mechanisms to prevent misunderstanding and resentment of or resistance to the TC-SCIC by prison officials and staff; 5) shortage of paid teachers in the educational component in light of projected resident population increases.

In light of the above conclusions, it is recommended that the TC-SCIC be granted continuation funding with the provision of additional funds above its present level for the addition of two paid, part-time teachers and expanded vocational training resources. Specific recommendations for immediate program improvement are as follows:

1. In addition to the already planned replacement of the present vocational counselor with a full-time Vocational Counseling and Training Specialist, it is recommended that efforts be made to strengthen the relationship between the TC-SCIC and the Dauphin County Vocational and Technical Institute. This effort should include the sharing of vocational training materials, equipment and expertise and the development of an on-going vocational training linkage for the placement of residents graduating to the program's Re-entry Phase. If required, it is recommended that additional funds be allocated to accomplish this.
2. It is recommended that the Project Director develop regular, formalized procedures for monthly (or at least quarterly) team and resident record review conferences on an individual counselor basis with all members of the counseling staff. It is further recommended that where Counselor problems or weaknesses are noted, appropriate new knowledge and skills be provided through the conduct of training workshops utilizing outside expertise where possible.
3. It is recommended that regular weekly or semi-weekly meetings of counseling and education staff together be held with the specific purpose of reviewing, sharing information on and developing coordinated plans for individual resident progress and problems.
4. It is recommended that a simple monthly or quarterly report be developed on individual resident progress to better inform prison officials of the functioning and importance of the TC-SCIC program. Such a report could utilize a simple check-off format of excellent-good-fair-poor ratings on

a few specified behavioral and/or achievement categories of interest to prison officials.

In addition to the above, immediate recommendations, the initiation of long-range plans for program improvement is recommended. Specifically these plans should include possible expansion of the TC-SCIC to serve a greater number of the known drug and alcohol related offenders now in or regularly entering the SCIC. Plans should include consideration of the acquisition of additional resources and facilities to provide a TC program for juveniles, first offenders immediately on entering the SCIC, and those whose remaining prison sentences require a shorter period of treatment.



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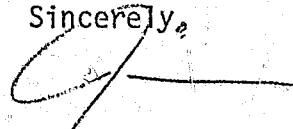
May 30, 1974

Ms. Christine Fossett, Chief
Evaluation and Monitoring Unit
Governor's Justice Commission
P. O. Box 1167
Harrisburg, Pennsylvania 17120

Dear Chris,

Attached is our final report on the evaluation of the Therapeutic Community Related to Alcohol and Drug Abuse at the State Correctional Institution at Camp Hill (DS-338-72A). As always we will be happy to answer any questions you or members of your staff might have. Also we will be prepared to attend the appropriate Commission meeting to provide any information needed for grant consideration.

Sincerely,


James E. Young
Project Director

JEY/tp

cc: Raphael Belford, Ph.D.
James Leake

enclosure