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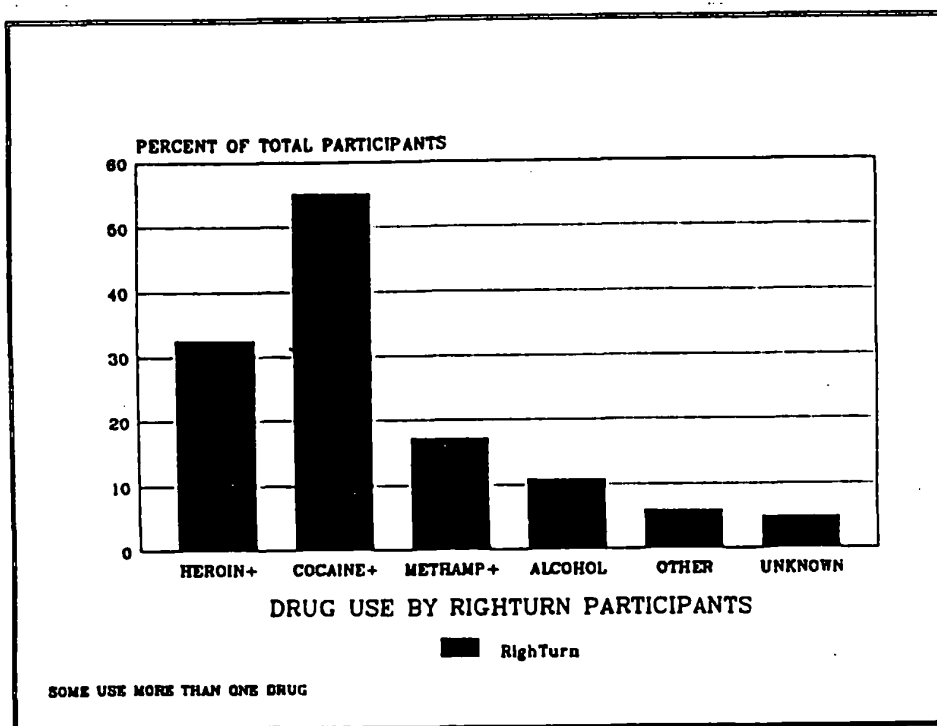
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A PROCESS EVALUATION OF

THE R. J. DONOVAN CORRECTIONAL FACILITY
AMITY RIGHTURN SUBSTANCE ABUSE PROGRAM

JULY 1, 1990 - SEPTEMBER 30, 1991

161454



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ACKNOWLEDGEMENTS

In 1989 the California Department of Corrections (CDC) began planning for the therapeutic community substance abuse program, Amity RightTurn, which was subsequently implemented at the R. J. Donovan Correctional Facility in San Diego in November 1990. This report is the first in a series of process and outcome evaluation reports concerning the effectiveness of the program. The evaluations are being conducted by Lois Lowe, Ph.D, Office of Substance Abuse Programs (OSAP), under the direction of David L. Winett, Assistant Director, with the assistance of institution and Amity RightTurn Program staff. This report was prepared by Dr. Lowe.

The Department wishes to thank the following individuals associated with RightTurn who contributed to this report:

- o Elaine Abraham, Program Director of Amity, Inc.: data collection and interpretation, review of report.
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A special recognition is extended to Barbara Owen, Ph.D., of the California State University, Fresno, Department of Criminology, for her contribution of the case studies included in Appendix VI. Dr. Owen personally interviewed program participants to develop case study profiles.

The author is particularly grateful to the program graduates who personally shared with the evaluator their attitudes and feelings on the effect that the Amity RightTurn program has had on their lives.

EXECUTIVE SUMMARY**A PROCESS EVALUATION OF
THE R. J. DONOVAN CORRECTIONAL FACILITY
AMITY RIGHTURN SUBSTANCE ABUSE PROGRAM
JULY 1, 1990 - SEPTEMBER 30, 1991**

The full-technical report describes the process evaluation of the four-month start-up period and the first 11 months of operation for the Amity Righturn Substance Abuse Program located at the R. J. Donovan Correctional Facility, San Diego. Preliminary statistics describing program operations are presented. One chapter of the report includes limited short-term outcome data for program participants. Future evaluations will compare outcome of program participants with that of other inmates who applied for admission but did not enter the program.

Amity Righturn is a voluntary, 9 - 12 month intensive therapeutic community in-prison substance abuse program for 200 male inmates, with continuation services for up to 60 inmates paroling to San Diego County. The program, which enrolled its first participants in November 1990, reached maximum capacity in March 1991.

Programming is conducted in two portable classrooms and a housing unit accessible through Facility 3. Inmates participate in 20 hours of programming per week which consists of group sessions, individual counseling, educational seminars, intensive workshops, video replay, and employment. Urine testing is conducted by Department of Corrections staff. Until November 1991, inmates received a minimum of 10 hours of programming a week. Services are provided by Amity, Inc., a private, non-profit organization based in Tucson, Arizona.

Highlights of the evaluation follow.

Program Services

During the 11-month period of November 1990 through September 1991, Amity provided the following services:

- o — Recruitment: 57+ sessions reaching about 1,955 inmates.
- o Counseling: 642 groups, approximately 1,124 group counseling hours.
- o Seminars: 388 seminars, approximately 485 seminar hours.

- o Intensive Workshops: 37 total, approximately 824 workshop hours.
- o Video Replay: 124 taping sessions.

Program Staff

As of September 1990, Amity employed 13 full-time and eight part-time staff to provide the in-prison and community services. From July 1990 through September 1991, Amity staff worked a total of 21,440 hours. Approximately 61 percent of total contract expenditures were for staff. Amity staff have ethnic and cultural backgrounds similar to the inmate population; nearly half are ethnic minorities.

Indices of Success

The following are selected findings described in the full technical report:

- o **Meeting Program Goals.** The program was generally able to meet program goals. Exceptions were: full enrollment could not be achieved before March 1991 and not all inmates have jobs, although Amity employs 40 participants in the program.
- o **Program Completion.** Exit forms for 18 of 22 participants (82 percent) who exited the Amity RightTurn in-prison program as of September 1991 indicated that they had satisfactorily completed the program.
- o **Overall Program Progress.** Participants who completed the program made satisfactory progress toward treatment goals during their stay in RightTurn. Not unexpectedly, those who did not complete the program made less than satisfactory progress.
- o **Participant Satisfaction With Services.** Participants rated each of the main program components as useful in helping them with their substance abuse and related problems. The highest ranked components were: individual counseling, followed by making participant feel better about self, group counseling and being with others like self. Participants would like more information on employment preparation.

Participants commented favorably on assistance by and relationships with Amity's highly qualified, ethnically and culturally relevant staff.

- o **Urine Test Results.** There have been no drug-positive urine tests out of approximately 400 random tests of program participants.
- o **Prison Behavior.** During a recent two and one-half month period, there were no drug-involved behavioral incidents for program participants living in the housing unit occupied by Amity Rightturn participants. In contrast, there were seven incidents for inmates living in a comparable housing unit. Average days of work time lost per incident for program participants was 38.8, compared to 54.3 days for inmates living in the housing Housing Unit 13. Incidents in Unit 15 generally tended to be less serious than those which occurred in Unit 13.
- o **Effect of Program on Participants.** Participants indicated that they had absorbed and benefited from the treatment program. Their learning and experiences had been integrated into their present day lives which helps them continue their recovery. Specific benefits included: achieving an inner change in themselves, obtaining and using "Amity tools" in lifestyle situations, moral development (doing the right thing) and not using drugs. Their self-esteem had increased; they learned honesty, commitment and trust, and to listen, express themselves and help others.
- o **Need for Aftercare.** Released participants (from prison) indicated a need for aftercare or transition services, preferably with a continuation of the same in-prison treatment model.
- o **Program Costs.** It is estimated that in-prison per person year program costs are approximately \$3,600. First year total costs for Fiscal Year (FY) 1990/1991, including start-up costs, equipment and other first-time costs, were approximately \$700,000. Program costs for the first three months of FY 1991/1992, which include aftercare but exclude facility and custody staff costs, were approximately \$182,000.

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INTRODUCTION

BACKGROUND

In 1989 the California Department of Corrections (CDC) formally recognized the need to actively address the many substance abuse problems caused by drug and alcohol use and abuse by prisoners and parolees. CDC requested and was granted funding to (1) implement a therapeutic community substance abuse treatment program beginning July 1, 1990 and (2) provide special substance abuse education to inmates and parolees.

To accomplish the objective of providing therapeutic community in-prison substance abuse treatment followed by treatment in community services, CDC developed and issued a Request for Proposal (RFP) to obtain a contractor to provide the planned services. Amity, Inc., a nonprofit organization from Tucson, Arizona, was the successful bidder. Amity was the only bidder who met all the technical requirements of the RFP. Amity has been providing services in Arizona since 1969. Services include the well-known Amity Circle Tree Ranch program. The nationally acclaimed Pima County Jail program began in 1987.

Although the contract was effective July 1, 1990, there were delays in the contract processing and the actual contract was not fully executed until early October 1990. At this time, CDC's program coordinator, a Correctional Counselor III, was hired.

In November 1990 the first inmates were accepted into the Amity RightTurn Substance Abuse Program in Facility 3 at the R. J. Donovan Correctional Facility, San Diego. Initial programming occurred in classrooms and chapels. In January 1991, modification of the program's two 24' X 60' portable classrooms was completed and program services were moved to the classrooms. At this time, programming for participants was increased to 10 hours a week.

The therapeutic community program provides intensive treatment for up to 200 inmates over a 9 to 12-month time period. Program services include: drug education, living skills seminars, group interaction, individual counseling and video replay. Urine testing is conducted by CDC staff. Until November 1991 inmates participated in program services ~~a minimum of 10 hours a week. The 40 program participants who worked in the Amity program received approximately 20 hours of programming a week.~~ In November 1991 programming was increased to 20 hours a week for all participants. Since a work or education assignment is part of the program, most inmates work or attend school. A brief description of the program is included in Appendix I.

Other state and federal agencies have been or are involved in providing substance abuse treatment services for the adult correctional population. Program planning and development was partially supported by the National Institute of Justice, Bureau of Justice Assistance grant funds. Technical expertise on treatment for incarcerated persons was provided by Amity, Inc. of Tucson, Arizona.

There has been considerable interest in the California corrections-based Amity RightTurn Substance Abuse Treatment Program since the early planning and development phases. The Legislature mandated that the California Department of Alcohol and Drug Programs provide funds for a second corrections-based therapeutic community. In May 1991 the Forever Free Program for women at the California Institution for Women admitted its first program participants. Beginning July 1, 1991 the California Office of Criminal Justice Planning began providing grant funds to support the Amity RightTurn community services.

In addition, the National Institute of Drug Abuse has recently awarded a \$5 million grant to Narcotic and Drug Research, Inc., of New York, to conduct research on treatment effectiveness through the Center for Therapeutic Community Evaluation Research in California. The Center will evaluate the outcome of three core treatment projects over a five-year period. The Amity RightTurn long-term evaluation is one of the Center's core evaluations.

PURPOSE OF EVALUATION

To determine program effectiveness, process and outcome evaluations were implemented. A comparison group design is being used for the outcome evaluation. Participant characteristics and program outcome are being compared with those of applicants who did not enter the program.

The purpose of this report is to describe program implementation, ongoing operations, and program inputs and outputs during the first 15 months of the program, July 1990 through September 1991. Actual data concerning program participants covers the period of November 1990 through September 1991. In addition, preliminary findings on some short-term outcome measures are provided.

The data presented in this report are preliminary. More complete reports, particularly those relating to program outcome, will be prepared separately. In addition, a more complex outcome study is being conducted by the Center for Therapeutic Community Evaluation Research.

II. PROGRAM PARTICIPANTS

This section describes the recruitment process and the characteristics of the Amity RightTurn program participants. Data are also provided for comparison subjects, inmates who volunteered for the program but were not admitted to the program.

RECRUITMENT, SCREENING AND ADMISSION

Recruitment

A variety of methods are used to identify and recruit inmates for the program. Included are: a special video describing the program, invitations to attend an orientation session, informal talks with inmates in the yard by program staff, and ongoing recruiting in the R. J. Donovan Reception Center. R. J. Donovan institution and Amity staff also have conducted recruitment at the California Institution for Men (Chino) and the California Correctional Institution (Tehachapi).

During the early implementation phase, most of Amity's efforts concentrated on identifying and recruiting inmates for the program. In November 1990, Amity and institution staff made 14 separate presentations to groups consisting of 30-40 inmates each. In March 1991, Amity Rightturn and institution staff made eight presentations, four each at R. J. Donovan and the California Institution for Men at Chino. During the months of November 1990 through August 1991, staff had met with 57 groups of inmates (approximately 1,955).

To enhance recruitment efforts, the institution and program staff enlisted the assistance of the Men's Advisory Committee (MAC). Council members were able to represent the interests of inmates and explain the program to those interested. Their involvement was crucial to reaching and gaining the acceptance of the program by various inmate ethnic and interest groups. In addition, individual Amity program staff met informally or casually discussed the RightTurn program with inmates on the facility grounds.

Interested inmates volunteer for the program by completing a written application (Appendix II). The application requests ~~basic information about the inmate and his use of~~ substances. In addition, information is requested on level of education and substance abuse treatment history.

Criteria for Placement

To qualify for the program, inmates must meet the following criteria:

- o A documented history of substance abuse.
- o Free from psychosis and thought or mood disorders which would prevent their participation and recovery.
- o A parole date within 9 to 12 months from the date of application.
- o Evidence of positive institutional participation, such as good work record and lack of disciplinary actions.
- o Minimum grade level of 5.0. (This requirement was deleted early in the recruitment phase.)
- o Classification Level III (including overrides with II and IV scores).
- o No active holds that would preclude participation in the community phase of the program.

Exclusionary Criteria include:

- o Inmates with a restricted custody classification resulting from sex-related offenses with children under age 14, arrests or CDC 115 disciplinary action for sex related offenses within the last 10 years.
- o In-prison assaults on others or weapon possession within the last five years.
- o Documented protective custody housing concerns.
- o Documented active participation in disruptive gang activity within the past five years.
- o U.S. Immigration and Naturalization Service and other parole holds, wants or detainers.

These criteria tend to exclude individuals who would be less likely to benefit from or who might prevent others from successfully participating in the program. Pages 26-30 of the RightTurn Operational Manual provide more detail on criteria for placement (Appendix II).

Screening Process

The following procedure is followed for screening program applications.

1. Inmate submits program application (Appendix II).
2. Central file is reviewed by Correctional Counselor and the Inmate Selection Criteria Screening Checklist is completed (Appendix II).
3. Inmates meeting criteria are interviewed by Amity Righturn staff and selected participants prior to Classification Panel. The participant contract requirements are discussed with applicant (Appendix II).
4. Inmate participates in the Classification Panel process. The Panel usually consists of the Correctional Counselor III and the Amity Program Director. If the assignment is approved, applicants sign the Inmate Contract. Approved applicants are admitted to the program or placed on a waiting list.
5. When space is available, the applicant is moved into the housing unit for RightTurn participants. Those on the waiting list are moved to a separate housing unit which is also on Facility 3.
6. Applicants who meet the criteria must agree to each of the seven points included on the contract. Participants agree to (1) participate fully in RightTurn, (2) not use drugs or alcohol, (3) control inappropriate behavior, (4) maintain self and cell in clean and orderly manner, (5) participate in random urinalysis, (6) continue in the program even though classification score falls below Level III, and (7) agree that work and treatment takes precedence over visiting privileges. An eighth point was recently implemented; inmates entering RightTurn will no longer be able to leave the program to enter a work furlough program.

Admission

As inmates are admitted to RightTurn, they are moved into Housing Unit 15 in Facility 3. If space is not available in the program, their name is placed on a waiting list and they are moved to Housing Unit 14 where waiting list inmates are housed.

PROGRAM PARTICIPANTS AND COMPARISON SUBJECTS

Ongoing statistics are being collected on both program participants and non-participants who are serving as comparison subjects for the outcome evaluations.

Both the participant and comparison groups are comprised of applicants who initially volunteered for the program. Although potentially eligible, comparison subjects did not enter the program primarily for reasons such as having insufficient time remaining in prison to complete the program, or too much time left to serve before being admitted to the program. A number of Hispanic/Latino applicants were ineligible due to immigration holds. Every attempt has been made to exclude these applicants from both the program and comparison groups as they face possible deportation to their country of origin upon release.

A maximum of 200 inmates participate in RightTurn at any given time. Table II shows the number and race/ethnicity of program participants by month. The first participants entered the program in November 1990--maximum capacity was reached in March 1991.

TABLE II-1: NUMBER AND PERCENT OF PARTICIPANTS BY RACE/ETHNICITY AND MONTH

<u>Month</u>	<u>Total</u>	<u>Afr.Am./ Black</u>	<u>Hispanic/ Latino</u>	<u>White</u>	<u>Other</u>
<u>1990</u>					
November	11	54.5%	9.1%	36.4%	0.0%
December	50	50.0	24.0	26.0	0.0
<u>1991</u>					
January	85	41.2	28.2	28.2	2.4
February	119	42.0	24.4	31.9	1.7
March	202	42.1	24.3	32.2	1.5
April*	202	40.6	24.8	33.2	1.5
May	205	40.0	25.9	32.7	1.5
June**	191	40.8	22.5	35.1	1.6
July	200	39.0	22.0	37.5	1.5
August	197	39.1	21.8	37.6	1.5
September	202	40.1	21.8	36.1	2.0

* Seven inmates were suspended for non-participation.
Program vacancies were filled by new participants.

** Additional inmates were suspended, primarily for non-participation.

Comparative statistics for program participants and comparison group subjects are graphically displayed in Appendix II, Graphs II-1 to II-6. The graphs visually

compare the two groups on characteristics including: ethnicity, age, commitment offense, county of commitment, education level, drug use and drug treatment history.

Ethnicity/Age

Table II-2 shows the percentage of inmates in race/ethnicity categories and the average age for the R. J. Donovan general population, program participants and comparison group. In comparison with the other ethnic groups, African American/Black and White inmates are overrepresented. Hispanic/Latinos are under-represented; this is partially due to the number of inmates ineligible because of immigration holds.

There is no difference between the groups for age. The average age for each of the groups is approximately 31 years.

**TABLE II-2: RACE/ETHNICITY OF INMATES IN THE
R. J. DONOVAN GENERAL POPULATION,
RIGHTURN PROGRAM AND COMPARISON GROUP**

<u>Race/ Ethnicity</u>	<u>General Population (1,109)</u>	<u>Program Participants (202)</u>	<u>Comparison Group (301)</u>
African Amer./ Black	33.8%	40.1%	35.9%
Hispanic/ Latino	35.2%	26.7%	29.6%
White	26.4%	31.2%	30.2%
Other	4.6%	2.0%	4.3%

Average Age	31.1	30.7	30.8%

Note: General population statistics are based on census figures of December 31, 1990. Program participant and comparison group statistics as of March 1991.

Other Personal Characteristics

Data are also available for program participants and comparison subjects for level of education and prior treatment history. As Table II-3 shows, approximately nine

out of 10 inmates have attended or completed high school. There is a difference between the two groups for high school graduation. A noticeably larger proportion of the comparison subjects had completed high school (53.4 percent) as compared to program participants (42.3 percent). However, a Chi Square statistical test indicated that the difference was not significant at the .05 level of significance.

There was also a difference between the two groups for prior substance abuse treatment. Comparison subjects reported a higher involvement in prior treatment (41.3 percent) as compared to program participants (33.0 percent). The reason for the difference is unknown. The difference between the two groups is not significant.

TABLE II-3: EDUCATION LEVEL AND PRIOR SUBSTANCE ABUSE TREATMENT FOR INMATES IN THE R. J. DONOVAN RIGHTURN PROGRAM AND COMPARISON GROUP

	Program Participants <u>(182)</u>	Comparison Group <u>(270)</u>
<u>Education Level*</u>		
No high school	11.5%	10.9%
Some high school	46.2	35.3
High school graduate, +	42.3	53.8
<u>Prior Treatment (Yes)**</u>	33.2%	41.9%

* Chi Square = 5.61, 2 df, P < .10

**Chi Square = 2.34, 1 df, Not Significant

Most Serious Drug Use

When an inmate applies for admission to the RightTurn Program, he is asked to describe his prior drug and alcohol use as a part of the application process. Inmates identify drugs used, age of first use, length of time used and frequency of use. Initially, it was thought that an index relating to the severity of drug use might be constructed. However, after reviewing over 600 applications and collecting data on over 500, it was concluded that most inmates who had applied for RightTurn started their drug use young (usually starting with marijuana, glue sniffing, alcohol) and progressed from the "gateway" to the "harder" drugs over time. Most continued their drug use up until their time of incarceration, most used more than one drug, and most indicated frequent use of all currently used drugs.

For this evaluation, "hard" drugs include: cocaine, heroin, hallucinogens, and methamphetamines. "Gateway" drugs are those thought be less harmful or addictive, such as alcohol, marijuana, certain "pills", glue sniffing.

Table II-4 shows the most serious drug use reported by program participants and comparison subjects. The percentages exceed 100 percent as some inmates are classified in two drug categories. For example, if the inmate is using both heroin and cocaine heavily, his drug use is classified in both categories.

Cocaine was the most frequently used drug--over half of both the program participants and comparison subjects indicated using this drug. Heroin ranked second, around a third of both groups reported its use. A sizeable percentage used both cocaine and heroin--19.3 percent of the program participants and 16.3 percent of the comparison subjects. Methamphetamine use ranked third for both groups.

Since most alcohol-involved offenses in California are classified as misdemeanors, only a small number of the program participants and comparison subjects were considered as alcohol abusers primarily. Approximately 11 percent of the program participants and eight percent of the comparison subjects were so classified.

**TABLE II-4: SERIOUS LEVEL DRUG USE REPORTED
BY INMATES IN THE R. J. DONOVAN
RIGHTURN PROGRAM AND COMPARISON GROUP**

<u>Type of Drug (Primary)</u>	<u>Program Participants</u> (202)	<u>Comparison Group</u> (301)
Heroin, Heroin +	32.7%	28.6%
Cocaine, Cocaine +	55.0	52.8
Methamphetamine, Meth+	16.8	22.6
Alcohol	10.9	8.3
Other	5.9	10.0
Unknown	5.0	1.7

Note: Some inmates use more than one of the above drugs.

**TABLE II-4: SERIOUS LEVEL DRUG USE REPORTED
BY INMATES IN THE R. J. DONOVAN
RIGHTURN PROGRAM AND COMPARISON GROUP, CONTINUED**

	<u>Program Participants</u>	<u>Comparison Group</u>
<u>Other Drug Use (Secondary)</u>	(202)	(301)
Serious level alcohol use	37.1%	37.2%
Serious level marijuana use	30.7%	37.9%
Drug administration by injection*	35.6%	30.2%

* Chi Square = 1.84, 1 df, not significant

Secondary Drug Use

In addition to collecting data on primary drug use, additional data were collected on other drugs used. As Table II-4 shows, over a third of each group was using alcohol sufficiently for it to be considered during substance abuse treatment. Marijuana was also regularly used by approximately 31 percent of the program participants and 38 percent of the comparison subjects. Marijuana use is very serious as its active chemical (THC) is more potent now than it was several years ago. In addition, research has shown that use of as few as three cigarettes a day is equivalent to heavy tobacco smoking.

Intravenous Drug Use

Another variable of interest was the mode of administration of the drugs. Over a third of the program participants and 30 percent of the comparison subjects had administered drugs through injection. Since "dirty needles" are a significant mode of transmission of AIDS, it is fortunate that the RightTurn program repeatedly presents its AIDS seminar.

County of Commitment

Table II-5 shows that approximately nine out of each 10 participants or comparison group subjects are from San Diego and Los Angeles, with a majority from San Diego. Upon release to parole, most inmates will return to their county of commitment. Since the Amity RightTurn Transition House is located in San Diego County, paroled RightTurn participants

will have an opportunity to attend Amity Transition House weekly groups. They will also have access to staff and resources as an additional support base.

**TABLE II-5: COUNTY OF COMMITMENT
FOR INMATES IN THE R. J. DONOVAN
RIGHTURN PROGRAM AND COMPARISON GROUP**

<u>County of Commitment</u>	<u>Program Participants</u>		<u>Comparison Group</u>	
	(202)		(301)	
San Diego	106	52.5%	197	65.4%
Los Angeles	71	35.1%	69	22.9%
Other	20	9.9%	18	6.0%
Unknown	5	2.5%	17	5.6%

Commitment Offense

Table II-6 shows that approximately three of each 10 program participants and comparison group subjects were committed to prison due to a drug offense. These percentages are somewhat higher than the total California prison population--26 percent of the total population has been committed for a drug offense specifically.

Nearly half of the inmates in both groups were committed for revenue producing property crimes (Participants-47.5 percent, Comparison Group-47.8 percent). About one out of nine or 10 of the inmates was committed for a violence offense. Since all of these program participants or comparison group applicants have substance abuse backgrounds, these statistics verify that drug use is strongly associated with other criminality.

**TABLE II-6: COMMITMENT OFFENSE
FOR INMATES IN THE R. J. DONOVAN
RIGHTURN PROGRAM AND COMPARISON GROUP**

	<u>Program Participants</u> (202)		<u>Comparison Group</u> (301)	
<u>Commitment Offense</u>	No.	Pct.	No.	Pct.
Drug	63	31.2%	93	30.9%
Burglary	31	15.3	49	16.3
Robbery	16	7.9	41	13.6
Petty Theft (With Prior)	14	6.9	20	6.6
Vehicle Theft	22	10.9	15	5.0
Grand Theft	7	3.5	9	3.0
Receiving Stolen Property	6	3.0	10	3.3
Violence Offenses*	23	11.4	30	10.0
Driving Under Influence	6	3.0	5	1.7
Weapons	5	2.5	8	2.7
Other	3	1.5	5	1.7
Unknown	6	3.0	16	5.2

* Violence offenses include murder, manslaughter, kidnap, assault, and rape/sex.

III. PROGRAM DESCRIPTION AND ACTIVITIES

This section contains a description of the Amity RightTurn Program at the R. J. Donovan Correctional Facility at Rock Mountain, San Diego, California and the first 15 months of its implementation and operation. A brief description, prepared by Amity, Inc, is included in Appendix I. Included is information on the implementation process, program content and schedule, hours of programming and length of program. Correctional facility program guidelines are contained in the 130 page report entitled The Richard J. Donovan Correctional Facility Pilot Substance Abuse Program, San Diego, California: An Implementation Plan Prepared for the Department of Corrections, Sacramento, CA.

PROGRAMMING: IN-PRISON PROGRAM

Although the first participants were admitted to the Amity RightTurn program in November 1990, programming was somewhat limited until the portable classrooms were opened in January 1991. Prior to the opening, classrooms and the chapel were used for seminars, group sessions and other group activities. By January, participants were spending an average of 10 hours a week in the program. At that time, they attended three seminars and participated in two groups each week. By February 1991 individual treatment assessments had been completed. Programming is varied--it consists of group sessions, individual counseling, seminars, intensive workshops and video replay. In addition, urine testing is a part of the program. The testing is conducted weekly by custody staff on a random basis.

In August 1991 Amity made a significant change in the program. Family groups comprised of 20 participants each were formed. Each group participates in three classes: Basic Interface, Community Class and Senior Class. Each group has an Amity RightTurn staff member permanently assigned. A sense of unity is developed and maintained as family groups meet frequently. Program scheduling and assignments are discussed as a part of the weekly meeting.

Initially, services were available full-time weekdays and part-time weekends. In February, hours were extended to seven days a week, including two evenings a week. Since March program services have been available 24 hours a day, seven days a week. Morning and evening meetings are regularly held. These meetings are held in the housing unit and provide participants an opportunity to interact with each other without the stress associated with regular programming.

Table III-1 shows the number of individual program services provided from November 1990 through September 1991. Service counts in some areas were noticeably lower during June 1991 because of several days of controlled movements (lockdown conditions) at R. J. Donovan. Amity was unable to conduct the usual number of seminars, workshops and video replay sessions due to security priorities.

**TABLE III-1: NUMBER OF PROGRAM SERVICES PROVIDED
BY MONTH, 1990 and 1991**

Month	<u>Type of Services</u>				
	Seminars	Video Replay	Counseling Groups	Work Shops	Recruitment Sessions
<u>1990</u>					
November	n.a.		n.a.		14
December	9	2	12		3
<u>1991</u>					
January	32	2	34		4
February	45	10	40	1 ^a	4
March	56	22	50	2	8 ^b
April	58	20	63	6	4
May	58	20	63	3	4
June ^c	10	0	95	1 ^a	4
July	30	12	95	8	4
August	46	21	95	8	4
September	44	15	95	8	4
Total	388	124	642	37	57

Seminars: 1-1/2 hours Group Counseling: 1-1/2 - 2 hours

Recruitment Presentations were made to groups of 30 - 40 inmates.

^aWorkshops: 8 hours a day for 2 days during February - May; 13 hours a day for 2 days beginning June 1991.

^bOrientations were held at the California Institution for Men in addition to those at R. J. Donovan.

^cThe facility was subject to several days of controlled movements which limited programming severely.

Seminars

Seminars addressing a wide variety of topics have been offered throughout the 11-month evaluation period. During the course of the program, crucial seminars are repeated, allowing participants to reinforce and further build on previous learning. Also, as the need arises, Amity develops new seminars specifically for RightTurn participants, such as Men's and Women's Issues. During the 11-month period,

Amity provided approximately 485 seminar hours through 388 seminars on topics listed below.

Seminar Topics

- o AIDS
- o Moral Development
- o Conflict Resolution
- o Keys to Change
- o Relapse Prevention
- o Toxic Parents
- o Group Dynamics
- o Honesty
- o Humanizing Prisons
- o Keys to Inner Vision
- o Parenthood
- o Men's/Women's Issues
- o Parent/Child Relationships
- o Bradshaw video tapes on Family Dynamics
- o Claudia Black's tapes on Children of Denial
- o Interchanges (group teaching methods)
- o Classification and Institution Codes
- o History of Sobriety Movement
- o Assumptions of the Therapeutic Community, and basic therapeutic tools such as: group meetings, having a good attitude, commitments and importance in treatment and prejudice.

Counseling Groups

Group counseling is a significant part of the treatment process. Small groups of eight to 15 individuals regularly participate in group sessions two times a week. Sessions last from one and one-half to two hours each depending on the composition and intent of the group. Participants are given an opportunity to identify and understand destructive behavior patterns, and learn how to avoid repetition. Within the group setting, shared information is confidential unless covered by law. Groups enhance the feeling of safety within the project and can decrease the defensive posture of inmates. Inmates learn to trust and benefit from the group interaction.

Inmates have participated in group counseling since November 1990. Over the 11-month period, Amity provided approximately 1,124 group counseling hours through 642 separate sessions (Table III-1).

Individual counseling is provided as needed to participants who have special problems or require special help. Since this counseling takes place on an as needed basis, the actual number of persons served is unknown.

Workshops

Recognizing the need for intensive programming in certain critical areas, Amity began providing intensive workshops in May 1991. The workshops emphasize active involvement by program participants so they can begin to recognize the causes or roots of their behaviors and start making changes in their behaviors. A critical need is the area of the family and relationships.

Initially the workshops were eight hours a day for two days (16 hours). In June 1991, the length of the workshops was increased to 13 hours a day for two days (26 hours). Each resident now participates in one 26-hour workshop a month. During the eight-month period from February through September, Amity provided approximately 824 intensive workshop hours through 37 separate workshops. Workshop topics are listed below.

Intensive Workshop Topics

- o Family and Children Relationships
- o Relationships with Women
- o Commitment
- o Honesty
- o Back-to-Basics
- o Running Your Story

Video Replay

Video replay is a valuable therapeutic tool within the treatment milieu. Participants are recorded on video in individual and group settings and are given an opportunity to see themselves as others see them. Viewing the tape can help them visualize different behavior patterns and images, and see their own positive changes over time. They have an opportunity to tell others about their own backgrounds and the effect RightTurn is having on their lives. A total of 124 video sessions were taped over the 10-month period of December 1990 through September 1991.

Special Events

Amity RightTurn and CDC staff, and program participants have been involved in several special events, including a special focus on a certain topic area, since the beginning of the program. The events are described below.

Special Events

- o Christmas celebration, cards given to participants and gifts given to participants' children
- o New Years Day celebration
- o Event to commemorate the opening of the trailer units
- o Two-week focus on female relationships (April)
- o Participants donated \$200 for Child Abuse Prevention Walk
- o One day-long open house (May)
- o One-week focus on children and the family (May)
- o Television actor Todd Bridges visited Amity RightTurn to film a segment dealing with drug use.

As noted above, Amity staff and RightTurn participants have demonstrated a concern for others by focusing on or providing funds for victims. For the open house, participants spent considerable time developing presentations to be shared with visitors.

A special community service, which occurred after the reporting period, is mentioned here because of its significance. In October 1991, program participants assisted a community organization, Mothers Against Drunk Driving, by making 400,000 red ribbons to be distributed during National Red Ribbon Week. If the individual ribbons were laid end-on-end, they would have extended approximately 58 miles. It took a tremendous amount of volunteer effort and commitment for the program participants to perform this vital community service.

Employment

Originally, it was planned that RightTurn participants would train and work together in a highly technical paying prison industry jobs which would be reserved for Rightturn participants. It was anticipated that participants would begin their employment by performing jobs requiring lesser skills and then progress to the more technically difficult jobs. Although a prison industry operation has not been established, R. J. Donovan continues its efforts toward obtaining the industry. If an industry operation is obtained, participants who have adequate educational backgrounds will receive work assignments. Participants who lack the necessary education will receive the remedial education necessary for assignment to the prison industry job.

To receive Inmate Work Training Incentive time credits, inmates may "work off" up to half their total sentence by having a job or participating in an educational or vocational learning program. Since participation in Amity RightTurn is voluntary, inmates must work or participate in an academic or vocational assignment full-time (five six-hour days a week) to obtain time credits.

During the conduct of the program, there has been a shortage of job assignments at R. J. Donovan. The lack of jobs is a problem that occurs at other institutions as well.

Another problem occurs for participants who are new to R. J. Donovan, such as from the reception center. The names of inmates are routinely placed on the bottom of the employment waiting list.

As of March 1991, about half of the participants had jobs. In May, 40 participants became employed by Amity. The Amity jobs, as well as all Housing Unit 15 assignments, are reserved exclusively for RightTurn participants. These employees have the advantage of literally "living" and "breathing" the program during working hours.

While not all participants have jobs, the situation has improved since May. Jobs are becoming more plentiful with each successive month.

PROGRAMMING: COMMUNITY SERVICES

The community services phase of the Amity RightTurn program is considered an integral part of the treatment and recovery process. Beginning September 28, 1991 CDC-funded post-prison drug-free residential services became available for selected program graduates at the Amity RightTurn Transition House in San Diego.

The Amity RightTurn Transition House is an important cornerstone in the RightTurn graduates' continued recovery. The House provides a meeting place for alumni and their families, continued groups for alumni, and housing for up to six parolees at a time. Particularly vulnerable graduates need the safe and supportive environment provided at the Transition House to facilitate their recovery.

Services at the Amity RightTurn Transition House are a continuation of the in-prison services provided at R. J. Donovan using the same treatment model and staff. Also, there is an opportunity for family members to become involved in the participant's recovery.

Recognizing the importance of careful planning before paroling, Amity employs a full-time community services specialist to work with in-prison program graduates as they prepare for their transition into the community. Approximately 90 days before parole, inmates prepare a Contact Information Sheet (Appendix VII). Prior to actual release, the specialist meets with the participant to develop a Community Entry Plan (Appendix VII). The plan identifies the participant's goals and needs. At this time, participants reaffirm their desire for continued recovery by completing the Continuum Contract (Appendix VII).

To strengthen the aftercare portion of the recovery process, the Parole Region has assigned a Parole Agent (PA) I to work with program staff and program participants at R. J. Donovan and at the Transition House. Participant inmates who parole to San Diego County are supervised by the same agent. Amity staff and the parole agent coordinate their efforts while working with program participants in both the in-prison and community services programs.

Additional information regarding transition services will be provided in a subsequent report.

STAFFING

Amity staff consist of a program director and permanent core staff who are located in San Diego, visiting staff from Amity's Tucson facility, a community services specialist, an administrative assistant and special consultants. Staff hiring was completed in May 1991 when the final therapist was hired. The administrative assistant was hired in February 1991 and the community services specialist joined the project in April 1991. As of May 1991, Amity staff consisted of 13 full-time and eight part-time staff. A part-time consultant assists with administrative and research-related tasks.

Recognizing the composition of the RighTurn population, i.e., minorities with extensive drug and criminal backgrounds, Amity has been able to obtain treatment staff having similar backgrounds. Most staff have had substance abuse backgrounds and some have a criminal history as well. Bilingual Hispanic/Latino staff are members of the Amity treatment team.

CDC staff associated with the project include: the R. J. Donovan Warden, Chief Deputy Warden, Associate Warden, Program Administrator, Correctional Counselor III (CC III), and two Correctional Counselors, Level I. These staff, except for the CC III, are funded by R. J. Donovan and participate as a regular part of their jobs. The CC III is an extra (limited term) position funded through the CDC

Office of Substance Abuse Programs (OSAP). The CC III works full-time performing various administrative and management responsibilities, and coordinating activities between CDC and Amity contract staff.

In addition to CDC staff working at R. J. Donovan, a CC II in OSAP monitors the program and fiscal aspects of the contract. An OSAP Parole Agent II assists with the community phase of program services; a Research Specialist is responsible for program evaluation.

Staff Hours

The part-time and full-time Amity staff worked a total of 2,680 eight-hour days, or 21,440 hours during the period of July 1, 1990 through September 30, 1991. As Graph III-1 (Appendix III) shows, hours ranged from a low of 856 in December to a high point of 2,680 in September 1991. As expected, the number of staff hours increased as program enrollment increased. The program was fully staffed by April 1991. Staff costs were approximately 61 percent of total Amity program costs. .

Gender

Table III-2 contains a breakout of staff by job classification and gender. As the table shows, two-thirds of the staff are male, the remaining one-third female. The program director, administrative assistant, community services specialist and four therapists are female. All of the females, except for the administrative assistant, are either therapists or have considerable contact with program participants.

**TABLE III-2: NUMBER OF STAFF
BY JOB CLASSIFICATION AND GENDER**

	Male	Female
Total	14	7
Program Director		1
Community Services Specialist		1
Administrative Assistant		1
Therapist (Full-Time)	8	2
Therapist (Part-Time)*	6	2

*Seven of these therapists are employed full-time by Amity but only work part-time at RightTurn. One therapist works three days a month.

Race/Ethnicity

Table III-3 contains the number and percentage of total therapist staff by race/ethnicity classification. All staff, except for the administrative assistant, have considerable contact with participants and serve as therapists. Also included in the table is the percentage of race/ethnicity of participants as of September 1991. The table shows that minority inmates comprise approximately 64 percent of the total in treatment; less than half of the therapist staff are classified as minorities. Participants and staff are graphically compared in Graph III-2 (Appendix III).

**TABLE III-3: RACE/ETHNICITY OF TREATMENT STAFF
AND PROGRAM PARTICIPANTS AS OF SEPTEMBER 1991**

	<u>Treatment Staff</u>			<u>Pct. Total</u>	<u>Program Population</u>
	<u>Male</u>	<u>Female</u>	<u>Total</u>		
Total	14	6	20	100%	100%
African American/ Black	3	3	6	30%	40%
Hispanic/Latino	3	0	3	15%	22%
White	8	3	11	55%	36%
Other	0	0	0	0%	2%

Qualifications of Staff

In selecting and training of staff, Amity has relied on the organization's experience in successfully providing substance abuse prevention and treatment services to a wide range of high-risk populations. All treatment staff have extensive (three years or more) experience in therapeutic community treatment of substance abuse and/or correctional rehabilitation. Amity has found that effective treatment is enhanced by shared experiences and positive role modeling; therefore a majority of treatment staff are ex-offenders and former substance abusers. However, to be employed at the Amity RightTurn Program, staff's background must meet standards for security clearance to enter the R. J. Donovan Correctional Facility. Also, treatment staff must have been drug-free three or more years to work in the program.

Many of the staff have a lengthy employment history with Amity in Arizona and now work part-time (while permanently based in Arizona) or as core full-time staff at Amity RightTurn. Amity also has acquired some well-qualified staff from the San Diego community.

Staff Training

Amity has the capability of providing intensive training to Amity and CDC staff at the Amity Circle Tree Ranch in Tucson. The "Ranch" is a long-term therapeutic community residential treatment facility. Prior to implementing Amity RightTurn, several CDC staff, including those directly associated with RightTurn, received 40 hours of training at the "Ranch" in Arizona. Students had the opportunity to observe and participate in the treatment process while in training.

Amity staff receive training on a regular basis. Amity RightTurn and CDC staff attend group sessions one afternoon a week. They are given an opportunity to review weekly events and to resolve problems associated with program participants and co-workers.

Table III-4 shows the number of staff who attended training during the months of December 1990 through June 1991. Since no new staff were hired after that date, additional formal training has not been required.

TABLE III-4: STAFF TRAINING BY TYPE OF TRAINING

Month Trained	<u>Total Persons Trained</u>				
	1-Week Tucson	2-Weeks Tucson	1-Week RJD	Keys to Inner- Vision	Relapse Preven- tion
Total	8	6	19	4	1
December 1990			9		
1991					
January					
February	1		2	4	
March	3				

**TABLE III-4: STAFF TRAINING BY TYPE OF TRAINING,
CONTINUED**

Month Trained	<u>Total Persons Trained</u>				
	1-Week Tucson	2-Weeks Tucson	1-Week RJD	Keys to Inner- Vision	Relapse Preven- tion
Total	8	6	19	4	1
1991					
April		6	7		1
May			1		
June	4				

Note: One and two- week training sessions are conducted by Amity in Tucson. CDC conducts the one-week cross-training at R. J. Donovan (RJD). New employee orientation is conducted by CDC In-Service Training and coordinated by the CC III. Keys to Inner Vision is a one-week seminar held at Amity, Tucson. The three-day Relapse Prevention course was held in Chicago.

Staff Interaction

Amity and CDC staff interact frequently on both a formal and informal basis. The Correctional Counselor III, the two Correctional Counselors, Level I, and the Amity Program Director and Amity staff have offices in the portable classrooms where program services are provided. Therefore, they interact with each other on a daily basis. Amity and CDC staff cooperatively perform certain tasks, such as recruitment, applicant screening and Classification Panel interviews.

In addition, Amity staff and CDC management and staff meet one afternoon a week. These meetings facilitate the interaction between CDC and Amity, and help identify and resolve issues that negatively impact program progress. CDC staff are also invited and do attend Amity's weekly group sessions.

~~In Amity's monthly progress reports, Amity has chronicled events or topics that have required special interaction and cooperation between staff. Included were: applicant recruitment, employment issues, leaving RightTurn to enter a work furlough program, and the effect of controlled movement (lockdown) on program services.~~

In January 1991, seven R. J. Donovan staff attended one week of training at the Amity Circle Tree Ranch in Tucson. This training gave CDC staff an opportunity to personally view treatment in a well-established facility.

More recently, Amity's community specialist and a CDC parole agent in San Diego have begun working together to develop treatment plans for paroling program participants. The parole agent regularly visits Amity RightTurn and Amity's Transition House to meet with staff and program participants. These cooperative efforts strengthen the quality of planning and support that high-risk participants need when they parole back to their communities.

DATA COLLECTION

Since the beginning of the program, Amity staff have been collecting various types of data which are being used as a part of the outcome evaluation. The following instruments were completed at time of admission to RightTurn: an overall personal assessment as to drug use and related factors, Addiction Severity Index, Beck Depression Inventory and Tennessee Self-Concept Scale.

Two scales, the Beck Depression and Tennessee Self-Concept scales, are also being administered as the program participants exit the program. Instruments will be scored and analyzed by the program evaluator. The difference between pre- and post-test scores will be reported in a separate report on short-term outcome.

INDICES OF SUCCESS

PROGRAM

Indices of success for the program include those related to the program and to those specific to program participants. Included are: ability to meet program objectives, recruitment and program enrollment, program completion, participant satisfaction with services, and overall prison behavior. Measures specific to participants include: urine test results, status at exit from program, progress while in program and assessment as to value of services.

Meeting Program Goals

During any given month, Amity sets goals for the subsequent month. In general, Amity was able to meet their monthly program goals.

Three exceptions were noted:

- o Not all participants have jobs. As mentioned previously, this goal is not under the control of Amity, although Amity ameliorated the problem by hiring 40 participants to work in Amity RightTurn.
- o Program goals for June were not met due to the controlled movement situation. Amity was unable to provide seminars (two per week) to each participant. However, the occurrence of controlled movement for such a long time is unusual and was not anticipated. Amity program and CDC staff have taken steps to insure that programming will continue should such a problem occur in the future.
- o Achieving capacity enrollment in the program occurred somewhat later than expected. To meet this goal, Amity and institution staff intensified recruitment and processing efforts which enabled the goal to be met in March 1991.

Program Completion

Over the 11-month period, approximately 24 inmates left the program due to suspensions. The most frequent reasons for the suspensions were lack of interest in the program and lack of participation. Three of the participants were suspended because of incidents not associated with the program, however, they were able to work their way back into the program. An additional three inmates left the program because they were transferred to other institutions for

security reasons. According to program staff, some of the other suspended participants are working their way back into the program.

An exit form is completed for each participant who completes or drops out of the program. Forms were not completed for those suspended previously. In the future, forms will also be completed on those who are suspended from the program regardless of reason. A copy of the exit form is included in Appendix IV.

Exit forms were available for 22 of the 24 participants who left the Amity RightTurn in-prison program primarily due to parole or work furlough. Of the 22, 18 (81.8 percent) were considered to have completed the program.

Participant Satisfaction with Services

At the time of exit from RightTurn, program participants were asked to complete the form **SURVEY OF PROGRAM PARTICIPANTS ON SATISFACTION WITH PROGRAM SERVICES AT END OF PROGRAM** (Appendix IV). The purpose of the survey was to obtain the participant's opinion regarding the value and usefulness of Amity RightTurn. Participants were asked to select responses for several topic areas and invited to add comments. In addition, an open-ended question was added so that the responding participant could add comments not mentioned in specific questions. By the end of the evaluation period, 24 participants had exited the program. Of these participants, 20 completed surveys.

Highlights of the results of the survey follow. Supporting statistical tables are included in Appendix IV.

- o **Time in program.** The average time of stay in Rightturn was 8.5 months. The length of time in the program ranged from four to 11 months.
- o **How helpful was program.** A majority (85 percent) of the respondents rated the program as very helpful. One respondent did not rate the program but indicated that it helped him stay clean and to react more appropriately in other non-drug situations.
- o **Parts of program most helpful.** The 20 respondents indicated all parts of the program helpful. However, individual counseling, helping participant to feel better about self, group counseling and being with others like self were checked more frequently. The frequencies of responses for individual groups are shown in Table IV-1.

**TABLE IV-1: PARTS OF RIGHTURN PROGRAM
MOST HELPFUL**

	Pct. of Total
Individual counseling	90.0%
Making participant feel better about self	80.0
Group counseling	75.0
Being with others like self	75.0
Employment information	70.0
Attending self-help groups	65.0
Information about drugs	60.0

- o **Other helpful parts of program.** Twelve respondents made 17 comments. Seven comments included basic understanding of self, being honest and self-reliant. Six comments were in the area of interpersonal relationships such as: group fellowship, sharing, building relationships and having caring and recovering staff.

- o **Feeling better about self.** All of the 18 participants responding indicated that they felt better about themselves.

Why feel better about self. A large percentage of the 18 respondents checked each of the areas mentioned on the survey form. "Knowing others like self" (89 percent) and "having more confidence in self" (83 percent) were indicated most frequently. Other areas included: "more self-respect" (78 percent), "Friends/family will help" (78 percent) and can attend self-help meetings (78 percent).

- o **Adequacy of facility.** Six of the 18 respondents felt that the facility or environment could be improved. Of the six suggestions for improvement, four indicated that more space was needed, one felt that the contractor needed more authority in the unit and one felt that the area needed to be made safer. The lack of space has been apparent--the present configuration of the facility only permits two groups/seminars at a time. There are only two offices available for private counseling. Permission was sought and obtained to divide the room space so that four groups can be conducted at a time. The necessary modifications were completed in November 1991.

- o **Individual VS group counseling.** Approximately three-fourths of 17 respondents felt there should be more individual and group counseling. When asked to

indicate which helps more, individual or group counseling, half thought group more helpful, a sixth thought individual more helpful, and a third felt both individual and group equally helpful.

- o **Employment information.** All respondents felt there should be more employment information.
- o **Making self feel better.** Seventy percent of 20 respondents indicated that the parts of the program focusing on making participants feel better about themselves as a person was very useful.
- o **Suggestions for program improvement.** Fourteen respondents made 19 comments or suggestions. Two comments were positive, focusing on the overall program and its organization. Other comments included:

Facility: time/space. Need more space, more programming and cleaner facility. Participants have a minimum of 10 hours of programming a week.

Program participation and behavior. Tighten screening so that only inmates interested in the program are accepted into the program. Participants who behave in an unacceptable manner, or do not seriously participate, should be removed from the program.

Additional program needs. Need more seminars/groups about respect for others/self, and problems that drugs cause. Also need more staff for individual counseling. Aftercare (when on parole) is very important.

Helpful hints. Improve screening so only interested inmates are selected for program. Become harder on those who are not honest and making positive changes toward recovery. Use senior participants to help keep others in line. If the participant slips, give him a chance to get back up on his own.

PROGRAM PARTICIPANTS

To assess the effectiveness of the treatment program, including both the in-prison and parole phases, several types of data are being collected. The time period covered for the in-prison (Amity RightTurn) phase will be only the time that the participant is actually in the program. When the inmate paroles into the community or enters a work furlough program, he will be considered to have exited the in-prison program.

At the time of application to the program, basic demographic data, including a drug/alcohol use history, are obtained. Upon entry to the program, an in-depth assessment is made. In addition, three data instruments are administered to program participants. They include:

- o Addiction Severity Index
- o Beck Depression Inventory (Beck)
- o Tennessee Self-Concept Scale (TSCS)

Both the Beck and TSCS are administered at the time the program participant exits RightTurn. Pre- and post-test results will be analyzed when post-test results become available. Data describing program participants and comparison subjects are included in the Chapter II, **PROGRAM PARTICIPANTS**.

Urine Test Results

As a condition of participation in RightTurn, inmates agree to random urine testing by CDC custody staff. Once a week the names of 10 participants are randomly selected for testing. The names of all participants are placed in a container and 10 names are drawn in the presence of the participants. Although there are more sophisticated ways to randomly select participants for testing, the lottery method, which is conducted in their presence, is accepted by the participants. More recently, the number tested weekly was increased to 15-20 participants.

Approximately 400 samples have been analyzed for drug and alcohol use and none has shown the presence of drugs.

Prison Behavior Incidents

Anecdotal information suggests that RightTurn inmates living in Housing Unit 15, Facility 3, have fewer behavioral incidents than inmates living in other units within Facility 3. A behavioral incident is a violation by an inmate of the Rules and Regulations of the Director of Corrections. Examples of violations include: failure to report, delay in lockup, theft, drug possession and use, failure to urine test, and physical violence. Incidents are reported by custody staff on Form CDC 115 and summarized on a CDC-115 log.

The following information is based on partial information and is preliminary. Additional data will be collected on prison behavior incidents and will be analyzed in the subsequent outcome evaluation study. In addition, a detailed long-term follow-up of program participants will be

conducted by Narcotic and Drug Abuse Research Inc. beginning in early 1992. This five-year study is being funded by the National Institution of Drug Abuse.

The source of the following information is data abstracted from the CDC 115 log for the period of September 11, 1991 through November 24, 1991. A total of 199 CDC 115s were prepared for five housing units located within Facility 3. There are five housing units located in Facility 3 with a maximum of 200 inmates living in each housing unit. Additional inmates are housed in the gymnasium.

Statistics are provided for Units 15 and 13 inmates. As of November 27, 1991, there were 187 Amity RightTurn inmates living in Unit 15 and 173 inmates in Unit 13. The composition of inmates in Units 13 and 15 are predominantly classified as Classification Level 3, however, Unit 15 has a larger proportion of Levels 1 and 2 inmates than Unit 13. Some of the Level 2 inmates have chosen to remain in the same housing unit following a reduction in their classification level for various reasons such as staying on a job they like, being near family, and remaining in the Amity RightTurn program. Some Level 1-2 inmates in Unit 13 are serving life terms. It is unknown whether the differences due to classification level result in a greater number of behavioral incidents. A breakout of inmates by Classification Level is shown in Table IV-2.

**TABLE IV-2: CLASSIFICATION LEVEL OF INMATES
IN HOUSING UNITS 13 AND 15**

Classification	Unit 13	Unit 15
Total	173	183
Level 1-2	23.1%	51.3%
Level 3, DPU	70.5	46.0
Level 4	6.4	2.7

Note: DPU is an acronym for Detention Procession Unit.

If all of the five units had a proportionate share of 115s, then each housing unit would be expected to have an average of 40 CDC 115s over the review period. Housing Unit 15 had 32 CDC 115s compared to 37 for Unit 13.

Statistics for the two housing units are shown in Table IV-3. An analysis of data in the table indicates that:

- o RightTurn inmates residing in Unit 15 had no drug incidents even though they were subjected to random

urine testing. In contrast, inmates in Unit 13 had seven drug-related incidents. These statistics clearly show a difference between the treatment and nontreatment groups.

- o Average per person time credits lost for inmates in Unit 13 (6.6 days) was 1.6 days greater than those lost in Unit 15 (5 days) over a two and one-half month period, or .64 days a month.
- o Incidents in Unit 13 were more serious than those in Unit 15. Average days lost per incident in Unit 13 was 54 days, compared to 39 days in Unit 15.
- o Incidents in Unit 15 (data not shown) were primarily due to delay in lockup, disobeying orders, failure to report and conduct. Incidents in Unit 13 included: drug (7), theft of food (3), falsification of documents (3), stabbing, dangerous property, destroying state property, fighting, force-violence, other theft, and refusing or disobeying orders.

**TABLE IV-3: BEHAVIORAL INCIDENTS IN FACILITY 3
UNITS 13 AND 15, SEPTEMBER 11 - NOVEMBER 24, 1991**

	Unit 15	Unit 13
Total 115s	36	39
Dismissed/reduced	4	2
Net 115s	32	37
Number drug incidents	0	7
Drug incidents as a percent of net incidents	0.0%	18.9%
Number incidents where where time lost	24	21
Number of time credits lost (days)*	930	1,140
Average days lost per CDC 115 where time lost	38.8	54.3
Average days lost per person over 2-1/2 mos.	5	6.6

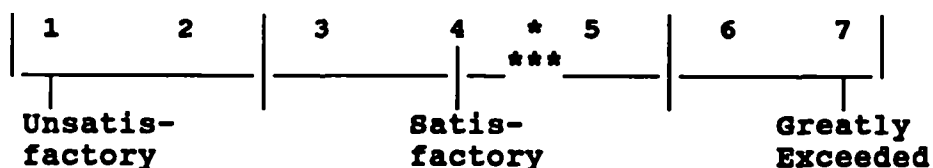
Some of the more serious incidents reported for Unit 13, including three drug offenses, had not been adjudicated. Serious drug offenses may result in 150 day time losses.

The per person rates were based on 173 inmates living in Unit 13 and 187 inmates in living in Unit 15. The difference between days lost for Unit 13 (6.6) versus Unit 15 (5.0) is not statistically significant.

Status at Exit from Program

At the time that the participant exits the RightTurn program, such as being released on parole or release to work furlough, the program staff complete the Exit from Program form (Appendix IV). Staff rated the exiting participant on the type of exit (program completed, program not completed) and the status of the participant's program completion. On a 7-point scale as shown below, a score of 1 indicates an unsatisfactory completion; 2-3, minimally met treatment plan goals; 4, satisfactorily met goals; 5-6, moderately exceeded goals; and 7, greatly exceeded plan goals.

Figure IV-1
Average Score for Completed Program Group (18)



Exit forms were available for 22 of the exiting participants. Eighteen of the participants (81.8 percent) were considered to have completed their program. The average score for the completion group was 4.5, which lies on the scale between the satisfactorily met and moderately completed treatment plan goals categories (Figure IV-1).

Four participants did not complete the program. Their average completion score was 2.75, which corresponds to the minimally met treatment goals category (Figure IV-2).

Figure IV-2
Average Score for Not Completed Program Group (4)

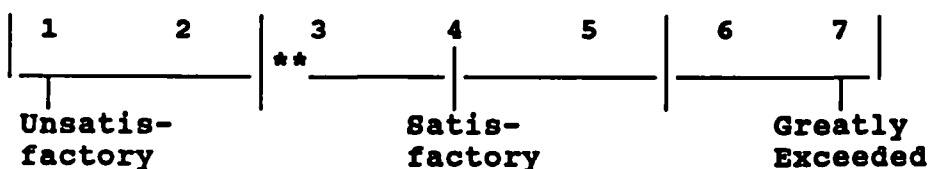


Table IV-4 is a frequency table showing the number of participants who were rated at the individual levels.

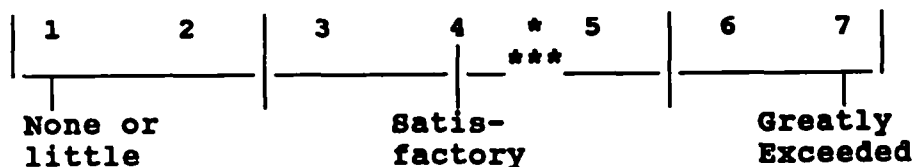
TABLE IV-4: STATUS OF PROGRAM COMPLETION AT TIME OF EXIT FROM RIGHTURN PROGRAM

Type of Completion	Number	
	Completed	Did Not Complete
Total	<u>18</u>	<u>4</u>
Unsatisfactory (1)	<u> </u>	<u> </u>
Minimally met treatment goals (2)	<u> </u>	<u>1</u>
Minimally met treatment goals (3)	<u>2</u>	<u>3</u>
Satisfactorily met goals(4)	<u>7</u>	<u> </u>
Moderately exceeded goals (5)	<u>7</u>	<u> </u>
Moderately exceeded goals (6)	<u> </u>	<u> </u>
Greatly exceeded goals (7)	<u>2</u>	<u> </u>

Progress While In Program

The Exit from Program form also has a question regarding the overall progress of the participant while in RightTurn. The program staff rates the participant on overall progress while in the program regardless as to whether the participant completed the program. A 7-point rating scale, as shown below, is used. A scale value of 1 indicates no or little progress; 2-3, less than satisfactory; 4, satisfactory; 5-6 exceeded standards for satisfactory progress; and 7, greatly exceeded standard progress.

Figure IV-3
Average Score for Overall Program Progress
Completed Program Group (18)



The rating of overall program progress was available for 22 of those who exited RightTurn. The average score for the 18 who completed the program was 4.6, which lies on the scale between the satisfactory and exceeded standards for satisfactory progress categories (Figure IV-3).

Not unexpectedly, the rating for the four participants who did not complete the program was noticeably lower. The overall average score of 2 corresponds with the lower level of less than satisfactory progress (Figure IV-4).

Figure IV-4
Average Score for Overall Program Progress
Did Not Complete Program Group (4)



Table IV-5 is a frequency distribution showing the number of participants whose overall program was rated in the individual categories.

TABLE IV-5: RATING OF OVERALL PROGRESS IN THE PROGRAM

Type of Progress	Completed	<u>Number</u> Did Not Complete
Total	_18_	_4_
No or little progress (1)	_____	_____
Less than satisfactory (2)	_____	_4_
Less than satisfactory (3)	_2_	_____
Satisfactorily met goals (4)	_7_	_____
Exceeded satisfactory progress (5)	_6_	_____
Exceeded satisfactory progress (6)	_3_	_____
Greatly exceeded standard (7) progress	_____	_____

Participant Assessment as to Value of Services

The following information is based on contributions by nine Amity alumni who attended a group session at the Amity Transition House in San Diego on November 11, 1991. Those attending the group had participated in the Rightturn program from nine to 11 months and had exited the program either through parole or transfer to a work furlough program. The principal investigator attended the open group meeting and recorded responses of the group members.

The purpose of the group was to obtain information from alumni regarding the parts of the RightTurn program they feel are important in their recovery. Each participant spoke for approximately five minutes about the program and his recovery. Five of the men were residing in the transition house, two were living in the work furlough facility and two resided elsewhere. One contributor had been out of prison six days, the others three months or less.

Forty-four separate comments were identified and classified into 28 individual statements or phrases. The individual statements were further grouped into nine combined subgroups under three broad groupings: (1) development of personal values and life skills, (2) learning and application of learning, and (3) program comments and program outcome. Table IV-5 lists the individual contributions within the broad and subcategory groups.

Although the desired outcome of substance abuse treatment program is abstinence from drug use and reduction of problems associated with drug use, the ultimate desired effect is the reduction of recidivism (return to prison) and its heavy cost to society. To achieve the desired outcome, Amity's program concentrates on assisting participants to obtain the values and life skills necessary to facilitate learning and the application of that learning.

Many of the RightTurn participants entered the program with severe and long-term histories of drug abuse; most have long histories of crime associated with drug use; and many have personal deficits that inhibit their recovery and survival in a drug-plentiful environment. It is difficult for these individuals to survive (drug-free) outside the prison environment.

To achieve the cost reduction and reduce the personal and social consequences of drug abuse, Amity concentrates on habilitation (teaching personal values, learning and understanding self) to bring about personal change. Participants are taught the importance of changing themselves so they can apply their learning in positive ways. They learn to "break the old image or cycle", develop and improve relationships, and to help others. Amity provides aid through conflict resolution training and "tools" to handle difficult life situations. The program provides seminars on relapse prevention and other guidelines to prevent relapse. Most of the abstracted comments in Table IV-6 can be linked to program seminars, intensive workshops, video replay, group sessions and aftercare.

Each broad area of comments is discussed separately. Additional information regarding the value of services is included in Appendix VI.

Personal Values and Life Skills. Respondents contributed ~~seven separate comments regarding learning and developing~~ personal values and life skills that are useful to them in their recovery. Words mentioned included: honesty, courage, positive attitude, trust, commitment and responsibility. These words link with specific seminars (moral development, honesty) and intensive workshops (honesty, commitment), and application and reinforcement through the group process.

Respondents learned how to understand themselves. There were nine comments ranging from "found out who I was" to "I'm not the same person I was". Some respondents had to overcome a poor self-image due to coming from a dysfunctional family or being told they'd never amount to anything. Amity addresses these deficits through seminars on Keys to Inner Vision, Personal and Family Relationships, Toxic Parents and Amity's "tools".

Twelve of the respondents' comments were classified in the area of Personal Change. Specific statements included: learned to think, learned to listen, "open up" and express self, learned to accept advice, carry through, and gained self-esteem. These specific areas were addressed through group interchanges, seminars on inner vision and keys to change, and the Amity "tools".

Learning and Application of Learning. During the seminars, workshops and groups related to personal values and life skills, participants became aware of the need to make an inner change, to break the old image or cycle. Four respondents commented that it was necessary to change themselves. Examples include:

"I have to break the 'old' image...learn new ways to do things--always thought I was right."

"I couldn't change the world but I could change me. The streets don't change."

"Through Amity, I'm different. Went back to my old neighborhood--they were dirty, I was clean. They were going to change me back. I came here (Transition House)."

Amity's various seminars and workshops address the many aspects of an individual life where change is desirable. Included are seminars such as Keys to Inner Vision, Keys to Change and Relapse Prevention which specifically address the topic area.

Interrelationships. Throughout the program, there is considerable emphasis on the development of healthy and satisfying relationships between the participants, participants and staff, and the participants and their families. Clearly, this area is very important to the respondents. There were 11 comments in this topic area, which included relationship with Amity staff. Examples include:

"We've the same background as staff and others in the program. They've been there, we can relate to them."

"Amity's taught us to feel, show emotion, not be ashamed...Now I understand giving love. Being in a relationship, its great!"

Several seminars and workshops focus on relationships. Seminars include: Parenthood, Men's/Women's Issues, Parent/Child Relationships, Family Dynamics (Bradshaw video tapes). Relationships are addressed more intensively through 26-hour workshops. Workshops include: Family and Children Relationships, and Relationships with Women.

Application of Amity Tools. Throughout the group presentation, respondents frequently mentioned "Amity tools". Ten separate comments mentioned tools. Included were: being honest, having courage, maintaining a positive attitude, listening, expressing themselves and trusting people. In the program, participants are taught how to "do the right thing" in difficult situations. Basic therapeutic tools, such as the effect of attitude, commitment, prejudice, are taught through seminars and reinforced through group sessions. An example of the value of tools is demonstrated by the following comment:

"Amity has given me a lot of tools. I've gone back into my past. I've been able to open up and listen to people's stories. I can sit in a circle and talk about what has gotten us to where we are today. It's what has helped us."

Four respondents described specific situations where they used their newly acquired tools. One situation was so serious that had the respondent not "done the right thing" his parole might have been revoked.

"I got into a situation with a friend who became physically abusive. I was angry but I restrained myself. I didn't want to hurt _____ and go out and get loaded. That's what I would have done before. I called the police instead. I felt bad then, but I feel good now. I did the right thing."

Program Comments and Program Outcome

Program Comments. Respondents made nine positive comments regarding the value of the program. Two statements related to the value of the comprehensive composition of the program. "Education is not enough" is a good example. Just learning about drugs and their effects is insufficient to impact a severe and long-term drug habit. "Taking one step

at a time" (absorbed from a seminar which described mountain climbing) helps the participant along the road to recovery. "Having recovering staff" demonstrates that it is possible to stop drugs and lead productive and rewarding lives.

One respondent summed his thoughts by stating, "The program is more than a program: its a process". The process continues throughout the therapeutic RightTurn program and continues through aftercare (referring to Amity groups at the transition house).

Post Prison Drug Use. Two of the respondents specifically stated that they had not used drugs since they first entered RightTurn. One respondent who felt that he was "slipping" back towards the drug scene called Amity and received the help he needed.

Need for Continued Services (Aftercare). At the time that the R. J. Donovan program was planned, post-prison (aftercare) was considered an integral part of the treatment and recovery process. Consistent with this plan, residential services are now being provided for a maximum of six parolees by Amity in the Amity RightTurn Transition House.

The need for aftercare services at the Transition House was confirmed by participants during the group discussion. All of the nine respondents agreed that post-prison aftercare is crucial to their continued recovery. Some of the respondents have a strong need for the supportive and protective environment of the Amity RightTurn Transition House. Others find that attending groups at the transition house is sufficient. Being able to call Amity staff (someone they know and trust) when they are at risk helps keep them from returning to drug use and to stay out of prison.

Returning to their old neighborhoods and sometimes dysfunctional families threatens their abstinence and sobriety. The respondents have changed, but the old neighborhood hasn't. Learning about relapse prevention and personal change is valuable, but insufficient. The following excerpts demonstrate the need for aftercare:

"Aftercare is important. Even in the 21-day parole beds, its not the same. There's no security, no comfort, care or feeling of family."

This statement demonstrates that not just any treatment is sufficient for aftercare. For maximum benefit, aftercare should follow the primary treatment model. Another respondent indicated that he had been through two prior chemical dependency hospital programs and had returned to drug use as soon as he was released. He felt that the

medical staff in their white coats did not understand his addiction. Although he participated in group counseling, the groups never reached the depth necessary to effect change. Amity staff have "been there" and know how to break through barriers that prohibit change.

The value of groups for RightTurn alumni is shown through a work furlough respondents statement,

"Monday meetings are really important to me. Its like charging up the battery. When it gets low, you have to charge it up--plug into Amity, get more information. The more you get, the better you feel".

The Amity RightTurn Transition House is an important cornerstone in RightTurn graduates continued recovery. It provides a meeting place for alumni, continued groups for alumni and housing for up to six persons at a time. Particularly vulnerable graduates need the safe and protective environment. A new transition house resident (six days) made the following statement:

"I called Amity. They rekindled my fire. Accepted me back. I've been here 6 days, feeling good about myself".

Other transition house residents explained why they needed the supportive living environment:

"I'm here at the transition house, its very valuable to me. I don't trust myself to be on my own right now".

"Coming here was a blessing. To receive this information in a prison, and then not have a chance to use it would be worthless. Its vital to my future, my life in general".

A further demonstration of the need for aftercare compares the in-prison program with the post-prison environment:

"In the program, we're used to friendship and support... When we get out, its different".

TABLE: IV-6
EFFECT OF PROGRAM SERVICES ON PARTICIPANTS
ONE WEEK - THREE MONTHS POST-PRISON
NOVEMBER 11, 1991

DEVELOPMENT OF PERSONAL VALUES AND LIFE SKILLS

	No. Responses
PERSONAL VALUES	7
o Learned honesty, courage, have positive attitude, trust.	5
o Learned commitment, responsibility.	2
LEARNING AND UNDERSTANDING SELF	9
o I'm not the same person I was.	4
o Found out who I was.	1
o Came from a dysfunctional family.	2
o Told I'd never amount to anything.	2
PERSONAL CHANGE	12
o Learned how to "open up".	2
o Learned how to accept advice.	2
o Learned how to carry through.	1
o Learned to think.	1
o Gained self esteem.	3
o Learned how to listen and express myself.	3
<u>LEARNING AND APPLICATION OF LEARNING</u>	
NEED FOR INNER CHANGE	4
o Need to break the old image/cycle, make an inner change.	4

TABLE: IV-6
EFFECT OF PROGRAM SERVICES ON PARTICIPANTS
ONE WEEK - THREE MONTHS POST-PRISON
NOVEMBER 11, 1991, CONTINUED

	No. Responses
INTERRELATIONSHIPS	11
o We've the same background as staff and other participants. They've been there, can relate to them.	1
o Group members listen and care, we share.	4
o Learned to help others.	3
o Helped me form true relationships.	3
APPLICATION OF AMITY TOOLS	10
o Used Amity tools to handle a bad situation.	3
o Learned honesty, courage, positive attitude, trust.	4
o Learned how to listen and express self.	3
<u>PROGRAM COMMENTS AND PROGRAM OUTCOME</u>	
PROGRAM COMMENTS	9
o Prior treatment failed.	2
o Education by itself is not enough.	1
o We've the same background as staff and other participants. They've been there, can relate to them.	1
o It's a good program.	2
o Specific message in a seminar provided a guiding principle: one step at a time.	1
o <u>The program is more than a program: it is a process.</u>	2

TABLE: IV-6
EFFECT OF PROGRAM SERVICES ON PARTICIPANTS
ONE WEEK - THREE MONTHS POST-PRISON
NOVEMBER 11, 1991, CONTINUED

	No. Responses
NO DRUG USE	2
o No drug use since being in program.	2
NEED FOR CONTINUED SERVICES (AFTERCARE)	14
o Alumnus needs to attend weekly groups.	3
o I think if I stopped groups, I might "fall back" (use drugs). (Need for aftercare.)	6
o Need the supportive environment of the transition house.	3
o The program is more than a program: it is a process.	2

Summary

The comments of the RightTurn graduates who participated in the discussion group at the transition house indicated that the participants had absorbed and benefited from the treatment program. Their learning and experiences had been integrated into their present day lives and has helped them continue their recovery. All parts of the program seem to be beneficial. Respondents could not identify any single seminar, workshop or group that was specifically responsible for their progress.

Respondents' comments related to several areas: recognizing and bringing about an inner change in themselves, obtaining and using their "Amity tools" in lifestyle situations, moral development (doing the right thing), and not using drugs. They indicated that they had increased their self-esteem and recognized their own value as a person. They learned honesty, commitment and trust, and to listen, express themselves and help others.

All recognized the need for the continuation of services after leaving the prison setting. Observing the graduates in the transition house setting, it is obvious that the continuation of the treatment model in the transition process strengthens the chance of success. The graduates

have a great deal of respect for Amity staff and know they can call for help should they need it.

V. COST DATA

Costs associated with the program include those paid to the private nonprofit contractor, Amity, Inc. for both the in-prison and community services phases of the program. In addition, there were special implementation costs, including leasing and modifying the two double-wide (24' X 60') portable classrooms where program services are conducted. Other implementation costs included concrete pads for the trailers, office equipment for staff, and folding chairs for the program participants. During Fiscal Year (FY) 1990/1991, most of the program expenditures were for the in-prison program phase. In FY 1991/1992, the community services component became active and there are substantial costs associated with the component. CDC estimates that in-prison program services, excluding certain absorbed costs and prison custody costs, are approximately \$3,600 per person year.

Additional costs are incurred for the CDC's Correctional Counselor III, a management-level person responsible for the custody part of the program. Other costs are absorbed within CDC's regular budget. These include: a Correctional Counselor II in the Office of Substance Abuse Programs (OSAP) who oversees the overall program and monitors the Amity contract, a Parole Agent II, also in OSAP, who coordinates with program staff and local parole agents to facilitate the community services phase, and the OSAP program evaluator. The R. J. Donovan Correctional Facility absorbs utility and general maintenance costs associated with the portable classrooms.

The source of funds for the program in FY 1990/1991 was Budget Change Proposal general funds. Approximately \$1.051 million was allocated to pay for the first year of the Amity RightTurn Program and inmate drug and alcohol educational materials. Of the total, approximately \$700,000 was spent for the Amity RightTurn Program in FY 1990/1991. An exact figure is not available as some expenditures were paid from other funding sources and could not be tracked. Table V-1 is an estimate of FY 1990/1991 costs.

**TABLE V-1: SUBSTANCE ABUSE TREATMENT PROGRAM
COSTS FOR FY 1990/1991 (ESTIMATED)**

Total	\$700,000
Amity, Inc. (Contract)	470,000
Portable classrooms, modifications, and other one-time costs	80,000
Correctional Counselor III	60,000
Lease of classrooms	10,000
Other One-time Program Supplies, Equipment	80,000

Note: Figures have been rounded to nearest thousand.

Costs for FY 1991/1992 consist primarily of the Amity contract for in-prison and community services, salary for the Correctional Counselor III and the portable classrooms lease. Since the program will operate 12 full months in FY 1991/1992, total costs will be considerably higher.

Effective FY 1991/1992, Amity, Inc. began providing community residential care for up to six Amity RightTurn graduates. The total contract is \$905,432, of which \$719,485 is for RightTurn and \$185,947 for community services. Amity RightTurn is funded with CDC general funds; the community services component, which includes a Parole Agent position, is supported through a federal funds grant from the Office of Criminal Justice Planning. Expenditures (excluding custody and facility costs) for the first three months of FY 1991/1992 were:

Total	\$187,882
RightTurn	148,108
Community Services	39,774

Graphs V-1 and V-2 graphically show monthly expenditures for the period of November 1990 through September 1991. Of the totals shown, approximately 61 percent are for personnel and personal services consultant costs. As the graphs show, total costs increased as program participation increased. These increases were primarily due to personnel costs. The higher expenditures for May and June 1991 are a result of special purchases for materials, supplies and equipment that will be used during subsequent fiscal years.

VI. PROGRAM PROBLEMS/SOLUTIONS

Prior to the implementation of the program, considerable planning took place at the R. J. Donovan facility. A planning group was convened, and group members spent several months planning the custody environment and interface, and establishing criteria and procedures for recruitment and admission to the in-prison program. Despite these planning efforts, a number of unanticipated problems occurred. The problems, and their solutions, are classified in these categories: administrative, fiscal, program and other.

FISCAL

Although the contractor was selected through the competitive bidding process in January 1990 with the expectation that the contract would begin July 1, funds on the contract were not actually received by Amity until November 1990. The delay, which was caused by several unanticipated contract processing problems, resulted in the contractor being unable to begin performance until November.

Part of the problem was caused by inexperience in developing and processing a contract of this type. The process is improved somewhat, as those involved understand the process and special requirements. A new problem occurred during the contract processing for the FY 1991/1992. The contractor is now required to demonstrate that a certain percentage of their expenditures will be with Minority/Women/Disabled Veterans businesses. This is a time-consuming process as the contractor must advertise to identify potential vendors and obtain price quotes. The solution to this and other problems is to allow at least four or more months to process or renew a contract.

ADMINISTRATIVE

Lack of Program Facilities

~~A number of administrative problems occurred. Since R. J. Donovan lacked additional program space near the program housing unit for the program, it was planned to use two portable classrooms for the space. One problem occurred when the first vendor decided not to provide the portable classrooms. A second vendor had to be located, and then modifications to the classrooms were required. The renovators experienced various problems, and the renovated classrooms failed to pass several inspections. As a~~

result, it was difficult to move inmates into the program due to lack of program space. Until the classrooms were completed in January 1991, Amity had to rely on classrooms and the chapel to conduct programming.

Limited Program Space

Beginning in February 1991, the need for additional program space became apparent. It was decided to divide the classrooms with barriers so that program space would be doubled. This was finally accomplished in November 1991, allowing Amity to increase overall program hours to 20 for each program participant.

Participants' Housing Unit

Originally, it was planned that program participants would reside together in Housing Unit 15. It was felt that having participants live in an incident-free environment would enhance their recovery. Due to population at R. J. Donovan, it was not possible to fill Housing Unit 15 with Amity RightTurn participants until May 1991. Currently, all program participants live in Unit 15. Those on the waiting list reside in Unit 14.

PROGRAM PROBLEM AREAS

Two major problems impacted program operations. The first involved the recruitment and admissions criteria. The second was a reduction of certain types of services due to the controlled movement (lockdown) which occurred in Facility 3 in June 1991. Each problem is discussed separately.

Recruitment/Admissions Criteria

When the program was planned, employment in a highly technical prison industry job was expected. It was felt that inmates would have to demonstrate at least a fifth grade level of education on placement tests to perform the more technical tasks. During pre-screening, it was found that this requirement eliminated a significant number of potential participants. When it became apparent that this employment was not forthcoming, the educational requirement was dropped. Inmates who had been eliminated because of this requirement were reconsidered.

In the early stages of program implementation, inmate response to this new program was not overwhelming. In

response to this problem, Amity and institution staff increased their efforts to identify and attract inmates to the program. There was a need to develop trust and credibility with potential applicants. Amity staff went out on the facility grounds and talked to inmates. Staff became familiar and respected "faces" on the grounds. Recruitment was extended to the R. J. Donovan Reception Center and the California Institution for Men. The increased efforts were effective; the program reached full capacity in March 1991. The accelerated admissions severely strained the program temporarily--over 80 inmates entered the program in March.

Another problem occurred with the screening, application review and classification process. Procedures have since been developed so that applications are processed smoothly and quickly.

Program Services

Controlled Movement Problem. A serious problem occurred due to the long controlled movement (lockdown) in Facility 3 from June 3 through 24, 1991 which resulted in a reduction of certain program services. Regular programming in the classrooms was not possible. Amity conducted as much programming as possible, such as group counseling, however, only 10 seminars were provided and there were no video replay sessions. Since such a long controlled movement period was unanticipated, there were no contingency plans or procedures to handle the situation. Amity and R. J. Donovan staff have since met to discuss the situation and special procedures are being developed. Should a lengthy controlled movement situation occur in the future, efforts will be made to ensure that programming continues.

Need for Program Space. The need for additional program space limited the amount of programming possible for the 200 program participants. Over the 11 months of operation, Amity continued in its efforts to increase total per person program hours from 10 to 20 per week. The objective was partially accomplished when Amity began employing 40 participants in the program. By working in the program, these 40 participants were exposed to an average of 20 hours of programming per week.

The objective of 20 hours of programming for all participants per week was achieved in November 1991 when barriers were erected in the two classrooms, thereby doubling the classroom space available for groups and seminars.

Program Enhancements. Although not a problem, Amity has continuously refined and added to the program milieu. Intensive workshop hours have been extended from 16 hours to 26 hours. New seminars have been added. Family groups of 20 participants have been formed; each group has its own permanently assigned Amity RightTurn group leader.

APPENDIX I

DESCRIPTION OF AMITY RIGHTURN PROGRAM:

WHAT IS RIGHTURN?

PREPARED BY:

AMITY, INC.

What is RighTurn?

RighTurn is prison-based substance abuse treatment program at the R.J. Donovan Correctional Facility near San Diego, California. The project is funded entirely by the California Department of Corrections.

RighTurn is a public-private cooperative effort between the California Department of Corrections and Amity, Inc., a non-profit substance abuse treatment, prevention and education agency based in Tucson, Arizona. RighTurn began accepting participants late in 1990 and now serves 200 inmates, with another 100 on a waiting list. Unlike most prison-based substance abuse treatment programs — in which inmates may spend an hour or two a week in meetings — RighTurn involves a significant contribution from each of the participants. The program lasts from 9 to 12 months and is open only to volunteers with at least a fifth-grade reading level, no history of violence and at least nine months left on their sentence.

The first phase of the program lasts 2-3 months uses "encounter" groups to break down a person's emotional barriers. The next phase continues for 5-6 months and expands on the first-phase activities, with focus on psychological and personal growth and socialization. Then, during a one- to two-month exit and community re-entry phase, inmates work on strengthening their decision-making and self-management skills. As part of the final phase, inmates work with correctional and treatment staff to develop an individualized exit plan into the community.

After being released from prison, program graduates will continue receiving treatment services in a community after-care component while on parole. The community treatment phase takes place in a residential therapeutic community and continues the treatment begun in prison. Participation in the community treatment phase is mandatory and is included as one of the conditions of parole.

Historical Background

Nevada State Penitentiary

The first prison-based "therapeutic community" for treatment of criminal offenders was begun in 1961 at the Nevada State Penitentiary in Carson City. The program was a cooperative effort between the Synanon Foundation and the Nevada Department of Corrections. It lasted until 1963. The program was given strong support by the governor of Nevada, Grant Sawyer, and the warden of the Nevada State Penitentiary.

In an interview with Walter Cronkite of CBS News, the warden said Synanon's program had reduced the high levels of violence and drug use in the prison and had made demonstrable changes in those inmates involved in the Synanon program. What made this program unique was that the counselors were all ex-addicts and ex-offenders.

When Governor Sawyer lost his bid for a second term, support for the prison program eroded and it was closed.

Stay'n Out

In 1977, the pioneering Stay'n Out prison-based drug treatment program was begun in the Arthur Kill medium-security institution on Staten Island in New York City. Stay'n Out was started by former addict and criminal offender Ron Williams. Mr. Williams and his staff of recovering ex-addicts and ex-offenders have two prison-based therapeutic communities now serving more than 200 men and 50 women.

Extensive research by the National Institute on Drug Abuse has shown dramatic reductions in recidivism for those who went through the Stay'n Out program, as compared to those in other programs and those receiving no treatment at all.

Parole outcomes were also enhanced for those participants in the Stay'n Out program.

Amity, Inc.

Amity, Inc., is a Tucson-based non-profit substance abuse prevention, intervention and treatment agency responsible for 18 separate substance abuse programs. Amity was founded in 1969.

In addition to its community-based projects, in 1987 Amity began a program, funded by the federal Bureau of Justice Assistance, in the Pima County Jail in Tucson, Arizona. That program provides short-term drug treatment for drug-involved criminal offenders. This project has been widely recognized as a "national model" and has been visited by hundreds of criminal justice officials from across the United States, as well as officials from several other countries. In 1987, Rod Mullen, executive director of Amity, and Naya Arbiter, director of services for Amity, were invited by California Department of Corrections Director James Rowland to visit selected CDC institutions and parole regions and make recommendations regarding drug treatment needs for California's criminal offenders.

Mr. Mullen recommended to CDC staff that a prison-based therapeutic community be instituted in one of the newer CDC institutions, to be used as a model for treatment of criminal offenders that would change the prevailing sentiment among CDC officials that "nothing works" in terms of drug abuse treatment. At the same time, the federal Bureau of Justice Assistance sponsored Project REFORM, through Narcotic and Drug Research, Inc. of New York. This project helped 11 states (including California) do planning for drug treatment needs for criminal offenders in state correctional systems. For six of the states, funds were also received for partial implementation of those plans. Mr. Mullen and Ms. Arbiter were consultants for the Bureau of Justice Assistance for this project and helped Dave Winett, director of CDC's Office of Substance Abuse Programs, in developing a plan for California prisons.

In 1989, the California Department of Corrections contracted with Amity to provide technical assistance to develop a prison-based drug treatment program at R.J. Donovan and at other correctional facilities in California. As part of the technical assistance, R.J. Donovan Warden John Ratelle visited the Amity Pima County Jail Project in Tucson and was impressed by what he saw.

Later, Amity responded to the California Department of Corrections request for proposal, won the competitive award, and began implementing the RighTurn program.

Amity is especially well-qualified to join with CDC in this cooperative effort. In addition to the Pima County Jail Project, Amity also operates 35-bed residential substance abuse treatment programs inside two juvenile institutions in Arizona — Catalina Mountain, north of Tucson, and Adobe Mountain, north of Phoenix.

In addition, Amity operates the 150-bed Circle Tree Ranch, a teaching and therapeutic community for adults in Tucson; the Amity Community Center, a cooperative effort with the Pima County Adult Probation Department that provides an alternative to incarceration for probationers who face prison time because of drug-related probation violations; Las Madres, a community-based substance abuse treatment program for addicted women with children; a ranch outside Payson, Arizona, that is home to adolescent males with criminal backgrounds caused by substance abuse; a similar program for adolescent girls on a ranch in Tucson; and Matrix, a wide-ranging prevention and education program.

APPENDIX II

**RECRUITMENT, ADMISSION CRITERIA, PROGRAM PARTICIPANTS
AND COMPARISON INMATES**

EXCERPTS FROM RIGHTURN OPERATIONS MANUAL: PAGES 26-30	II- 2
INMATE SELECTION CRITERIA SCREENING CHECKLIST	II- 8
RIGHTURN SUBSTANCE ABUSE PROGRAM INMATE PARTICIPATION CONTRACT	II-10
RIGHTURN SUBSTANCE ABUSE PROGRAM INMATE APPLICATION FORM	II-12
PARTICIPANT GRAPHS	II-14

RIGHT TURN



R. J. DONOVAN CORRECTIONAL FACILITY
SUBSTANCE ABUSE PROGRAM
480 ALTA ROAD / SAN DIEGO, CA 92179 / (619) 661-6500



J. M. RATELLE, WARDEN

Operational Plan #152

RightTurn Substance Abuse Programs Facility III, Housing Unit #15

2. Applications will be completed by the inmate and submitted to his CCI for initial
3. Completed applications will be submitted by assigned CCI's to the CCIII for the substance abuse program.

D. Criteria for Placement:

The identification of inmates who volunteer to participate in the RightTurn Substance Abuse Program at Richard J. Donovan Correctional Facility will be completed utilizing the following guidelines:

1. Inclusionary Criteria: Inmates who meet all of the following criteria will be considered for Program participation:
 - a. Substance abuse history as evidenced by commitment offense, parole violations, prior criminal history, Probation Officers Report, institutional staff recommendation study, in custody disciplinary history, and medical file.
 - b. Inmates should be free from psychosis and thought or mood disorders. All cases with a recent history of any mental disorders, or evidence of at the time of interview will be reviewed by program psychologist for appropriate recommendation.
 - c. Parole date must be within 9 to 12 months from date of application.
 - d. Evidence of positive institutional participation demonstrated by work record, and lack of management concerns within the last six months.
 - e. Minimum grade level of 5.0. (deleted 12/90)
 - f. RJD-III endorsed inmates in general population. (This includes CSR override with Level I, II, or IV classification scores.)

Operational Plan #152

RightTurn Substance Abuse Program Facility III, Housing Unit #15

- g. No active holds that would preclude the parole component of the program. (Cases with detainers expiring prior to parole date or holds that can be cleared with casework follow-up prior to acceptance into the program) will be considered.
- 2. Exclusionary Criteria: Inmates who possess one or more of the following case factors shall be excluded from consideration for program participation:
 - a. "R" suffix (Restricted Custody), resulting from sex-related offenses with children, arrest(s) or CDC-115 disciplinary for sex related offenses within the last 10 years.
 - b. In-prison assault(s) on others or weapon possession within the last 5 years.
 - c. Documented protective custody housing concerns.
 - d. Documented active participation in disruptive gang activity within the last 5 years.
 - e. USINS Hold.
- 3. Each case will be individually screened and evaluated. Meeting the stated criteria may not guarantee placement in the program. Actual assignment may be determined by random selection based on program needs. Efforts will be made to maintain an ethnically balanced population.

E. Screening Process:

- 1. Each application submitted shall be logged.
- 2. The central file shall be reviewed for acceptance criteria by the program CCI.
- 3. Applications denied shall be returned to the inmate via the respective CCI's with an appropriate attached written response and follow-up interview as needed.

Operational Plan #152

RightTurn Substance Abuse Program Facility III, Housing Unit #15

4. Inmates meeting criteria for the substance abuse program shall be interviewed prior to classification.
 - a. The participation contract (Exhibit #2), program procedures and policies shall be reviewed with the inmate.
5. Inmate shall be scheduled for Substance Abuse Unit Classification Committee.

F. Substance Abuse Unit Classification Committee Facility III

1. Committee:

a. Correctional Counselor III duties:

- 1.) Committee Chairperson
- 2.) Classification Coordinator
- 3.) Review Central File
- 4.) Complete CDC form 262
- 5.) Sign inmates contract for participation in the substance abuse program

b. Correctional Counselor I duties:

- 1.) Introduction
Identify inmate
(CDC I.D.)
Committee Introduction
- 2.) Present Case Factors
- 3.) Record Classification utilizing
call sheet
- 4.) Enter and update case factors in DDPS
- 5.) Dictate classification chronos

*NOTE: Correctional Counselor I's will share and rotate duties in classification.

c. Contracted Program Director duties:

- 1.) Coordinate program staff involvement
- 2.) Sign inmate contracts for participation in the substance abuse program.

Operational Plan #152

RighTurn Substance Abuse Program Facility III, Housing Unit #15

- d. Other designated staff as required

*NOTE: For classification action a quorum will consist of a CC III acting as chairperson and 2 other members. The chairperson must be at the CC III level or above.

2. Classification Functions:

a. Special Classification

- 1.) Acceptance/Rejection for substance abuse program participation. (If accepted the inmate will be transferred to Housing Unit #15 pending availability of bed space.
- 2.) Change work assignment/status
- 3.) Review/confirm CDC-115 disciplinary for Division C, D, E, and F offenses.
- 4.) Termination from program (inmate to return to sending facility)
- 5.) Classification as other needs arise

b. Annual/6 month progress review

- 1.) Progress review (180 days after acceptance into the program)
- 2.) Program review/modification/recommendation
- 3.) Inmate referrals to classification as case needs designate referrals to CSR for Level III override for continued participation in substance abuse program. (Annual Classification)

c. Classification Location:

- 1.) Housing Unit #15 attached modular units or Facility III conference room.

G. Participation Guidelines:

- a. All inmates accepted into the RighTurn program will:

Operational Plan #152

RighTurn Substance Abuse Program Facility III, Housing Unit #15

- a. Comply with all Institutional and Departmental Rules and Regulations.
- b. Reside in Facility III, Housing Unit #15.
- c. Participate in a work/training program by program coordinators.
- d. Submit to random urinalysis.
- e. Arrive for all work/training and program assignments on time.
- f. Sign participation contract.
- g. Be responsible for keeping their cells clean and for other housekeeping duties as needed.
- h. May be required to sign photo clearance to participate in certain activities.
- i. Be encouraged to participate in physical activity.
- j. Waive consideration for Work Furlough Program participation (all applicants accepted after 8/15/91)

H. Work/Training Program Assignment:

1. It is the policy of the Department of Corrections to maintain a graduated system of inmate work/training incentive groups to provide a full-time inmate participation in work/training programs. Full-time work/training program assignments refers to eight (8) hours per day on a five day per week basis, exclusive of meals.
2. Every able bodied person committed to the custody of the Director of Corrections is subject to an obligation to work as assigned by Department staff. This may be a full day of work, education or other program activity.
3. ~~All inmates participating in the substance abuse program must adhere to Departmental Policy regarding participation and work training incentive in addition to successful participation in the program.~~

INMATE SELECTION CRITERIA
SCREENING CHECKLIST

The identification of Inmates who volunteer to participate in the RightTurn Substance Abuse project at R. J. Donovan Correctional Facility will be conducted utilizing the following guidelines.

Inmates who meet ALL of the following criteria will be considered for program participation:

- _____ 1. Substance Abuse History as evidenced by commitment offense, parole violations, prior criminal history, Probation Officer's Report, Institutional Staff Recommendation Study, In-Custody disciplinary history, and medical file.

- _____ 2. Inmates should be free from Psychosis and thought or mood disorders. All cases with a recent history of any mental disorders or evidence of same at the time of interview will be reviewed by the Program Psychologist for appropriate recommendation.

- _____ 3. Parole date must be within nine to twelve months from date of application. _____
- _____ 4. Evidence of positive institutional participation as demonstrated by work record, and lack of management concerns within the last six months.

- _____ 5. Minimum grade level of 5.0. __ (deleted 12/90 __) _____
- _____ 6. RDJ-III endorsed inmates in general population

- _____ 7. No active Holds that would preclude the parole component of the program. (i.e., detainers expiring prior to parole date; holds that can be cleared with casework follow-up prior to acceptance into the program.)
- _____
- _____
- _____

However, inmates who possess one or more of the following case factors shall be excluded from consideration for program participation.

- _____ 1. "R" Suffix (restricted custody resulting from sex-related offenses with children under age 14), arrest(s) for CDC-115 disciplinary for sex-related offenses within the last 10 years.
- _____
- _____
- _____
- _____ 2. In-prison assaults on others, or weapon possession within the last 5 years.
- _____
- _____
- _____
- _____ 3. Documented protective custody housing concerns.
- _____
- _____
- _____
- _____ 4. Documented active participation in disruptive gang activity with the last 5 years.
- _____
- _____
- _____
- _____ 5. USINS Hold.

Note: _____ Each case will be individually screened and evaluated. Meeting the stated criteria may not guarantee placement in the program. Actual assignment in the program may be determined by random selection based on the needs of the pilot program. Efforts will be made to maintain an ethnic balance.

RICHARD J. DONOVAN CORRECTIONAL FACILITY

**THE RIGHTURN SUBSTANCE ABUSE PROGRAM
INMATE PARTICIPATION CONTRACT**

In addition to the Director's Rules and Regulations of the Department of Corrections, I will be required to meet the following expectations as a participant in the RightTurn Substance Abuse Treatment Program.

1. I agree to participate fully in the program and follow staff instruction at all times. Full and satisfactory participation includes: being on time for program meetings, attending all scheduled sessions unless excused by staff and completing all assignments as required.
_____ (inmate's initial)
2. I agree not to possess or use alcohol or drugs of any kind except as prescribed by medical staff.
_____ (inmate's initial)
3. I agree to control my inappropriate and unacceptable behavior including becoming belligerent, violent, hostile, uncooperative or disrespectful toward staff or other participants. _____ (inmate's initial)
4. I agree to maintain myself and my cell in a clean and orderly manner. My bed will be made prior to 0800 daily, and I will participate in unit maintenance and sanitation.
_____ (inmate's initial)
5. I agree to participate in a program of random urinalysis for drug and alcohol use. _____ (inmate's initial)
6. I agree to continue participation in the program despite a reduction in my classification score.
_____ (inmate's initial)
7. I agree and understand that my visiting privileges (regular and family visits) will be scheduled with respect to my work assignment and treatment program.
_____ (inmate's initial)

I agree and understand that I may be removed from the program if any of these conditions are violated. I will be removed from the program immediately when my behavior becomes disruptive or aggressive toward staff or program participants.
_____ (inmate's initial)

**RIGHTURN
INMATE PARTICIPANT CONTRACT**

I have read, and agree to meet the above expectations and volunteer to participate in the Substance Abuse Program.

SIGNATURE: _____

CDC #: _____

DATE: _____

CCC III

Program Director

Note: This form was revised recently to prohibit participants from exiting the program to go on work furlough. Those who are admitted to RightTurn must agree to remain throughout the program.

RIGHTURN SUBSTANCE ABUSE PROGRAM

Inmate Application Form

Name _____ Number _____

Facility/Housing _____ Custody _____

Classification Score _____ Assignment _____

Work/Privilege Group _____ Annual Review Date _____

Race/Ethnicity _____ County of Commitment _____

Date of Birth _____ Date last committed to CDC _____

Release Date _____

Marital Status: (please check one) Married _____ Divorced _____
 Separated _____ Single _____
 Number of Children _____ Common Law _____

History of Alcohol and Drug Use. For each drug or alcohol used, please provide the following information:

Drug/Alcohol	Length of Use	Age First Used	Frequency of Use
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Drug Related Arrest. For each arrest which was related to drugs, please provide the following information:

Date of Arrest	Charges	Result/Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been involved in a Drug or Alcohol Program:

Yes _____ No _____

If yes, what type of program was it? _____
 When were you in the program (dates) _____
 Did you complete the program? Yes _____ No _____
 If No, why not? _____

* For notation of additional information, use attached sheet.

Please list all jobs you have had in the past five years:

Date	Employer	Duties
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please check the educational level that applies to you:

I did not attend high-school _____
 I attended but did not complete high-school _____
 I graduated from high-school _____ (Please give year) _____
 I attended college _____
 I graduated from college _____ (Please give year) _____
 I attended vocational training _____ (Please give year and skills taught) _____

Do you have any medical or physical handicaps? Yes _____ No _____

If "Yes" please explain. _____

Any Warrants or Holds? Yes _____ No _____

If "Yes", Explain _____

When was your last CDC 115?

Date _____ Offense _____ Disposition _____

Why do you want to participate in the Substance Abuse Program?

What are your goals in joining this program? _____

If accepted into the program, upon release to Parole I can be reached at (address): _____

Name, address, telephone number and relationship of individual who will most likely know my whereabouts: _____

Name of your counselor: _____

Inmate Signature

Date

CC I Signature

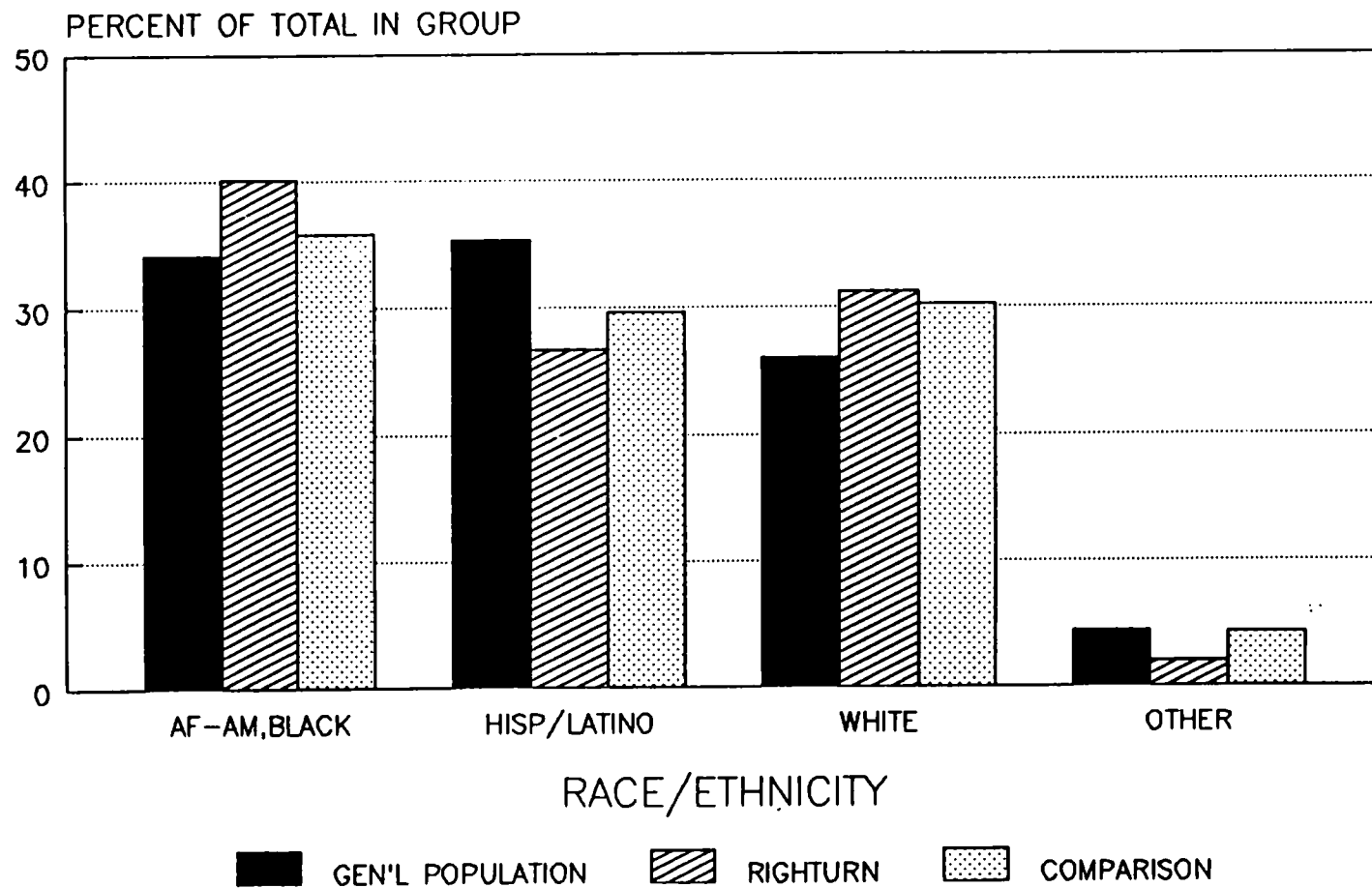
Date

PARTICIPANT GRAPHS

- II-1 Race/Ethnicity of Inmates in RighTurn, Comparison and General Population Inmates
- II-2 Level of Education for RighTurn and Comparison Inmates
- II-3 Most Serious Drug Use by RighTurn and Comparison Inmates
- II-4 County of Commitment for RighTurn and Comparison Inmates
- II-5 Prior Treatment History for RighTurn and Comparison Inmates
- II-6 Evidence of Administration by Injection, Righturn and Comparison Inmates

GRAPH II-1

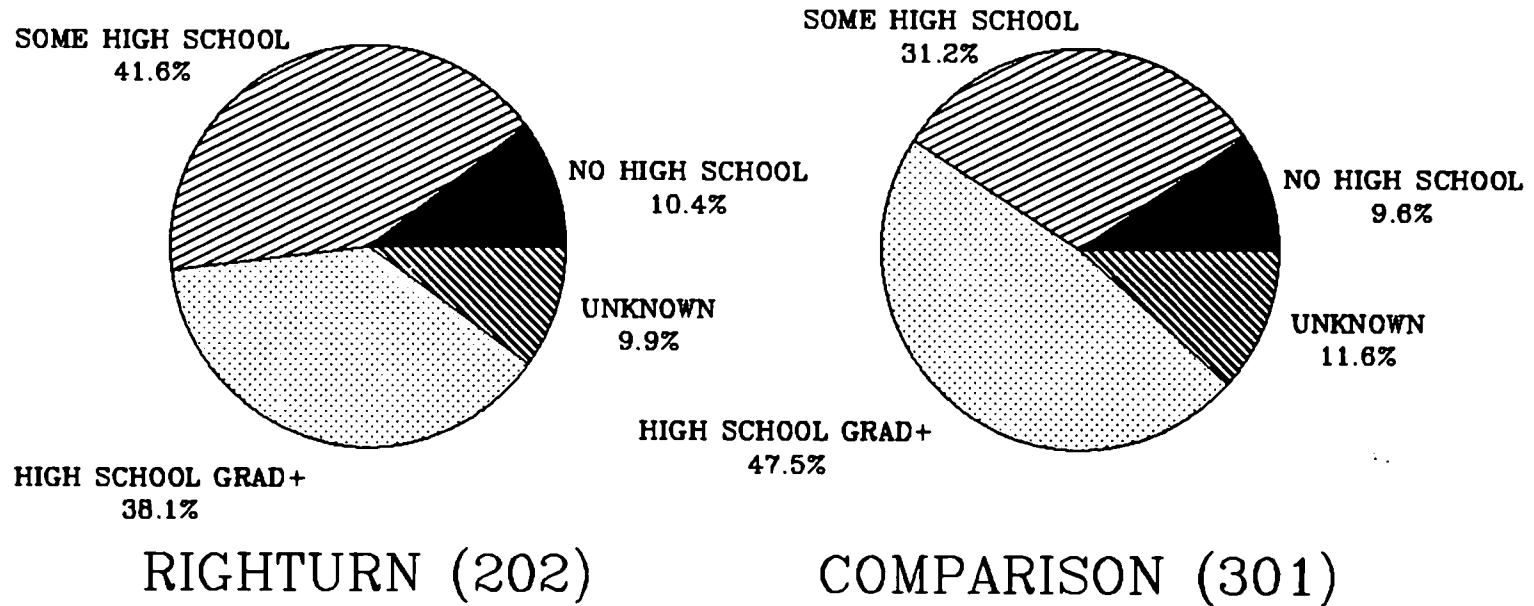
RACE/ETHNICITY OF INMATES IN RIGHTURN, COMPARISON & GEN'L POPULATION



GEN'L=907 | RIGHTURN=202 | COMPARISON=301

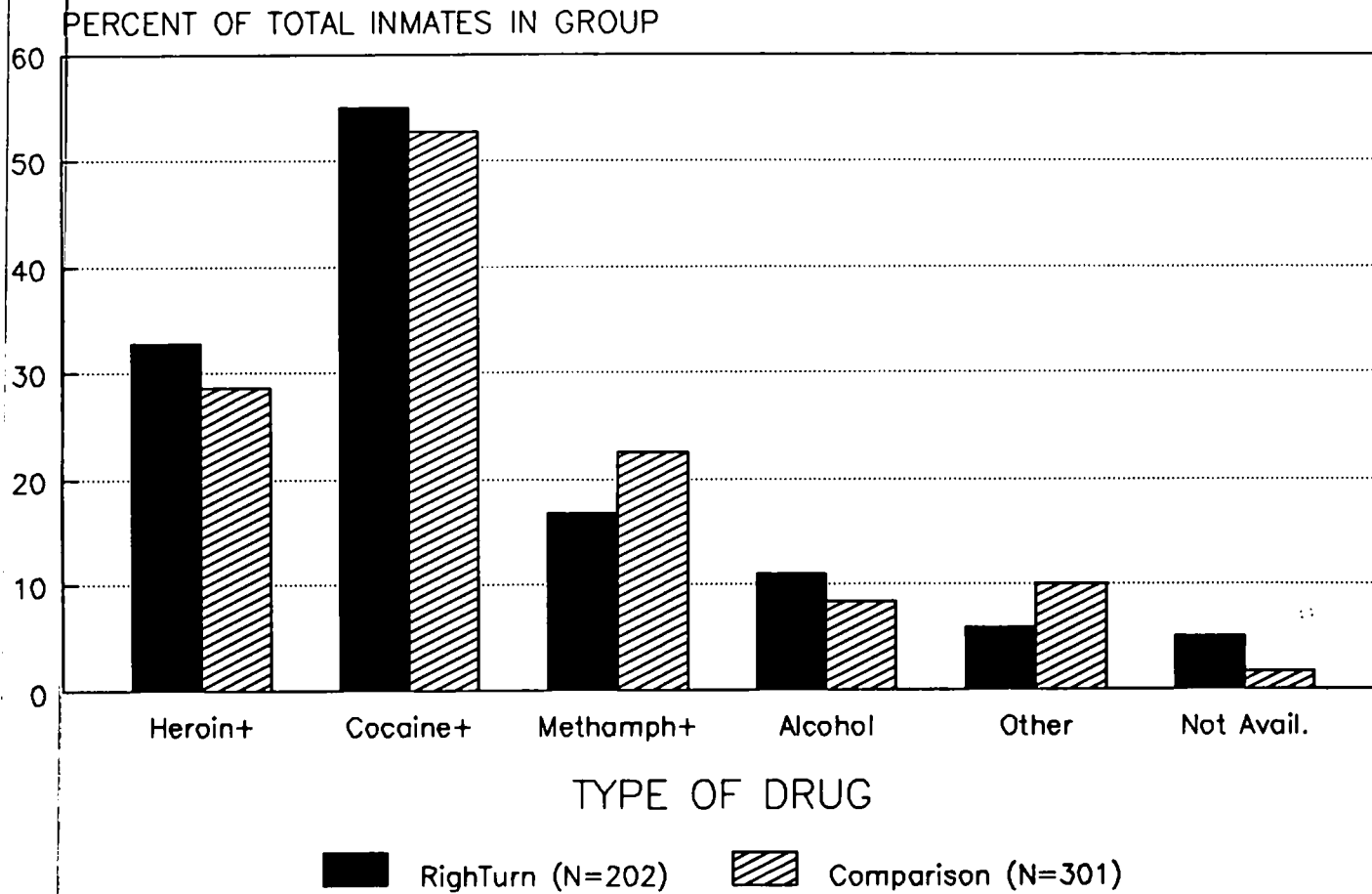
GRAPH II-2

LEVEL OF EDUCATION FOR RIGHTURN AND COMPARISON INMATES



GRAPH II-3

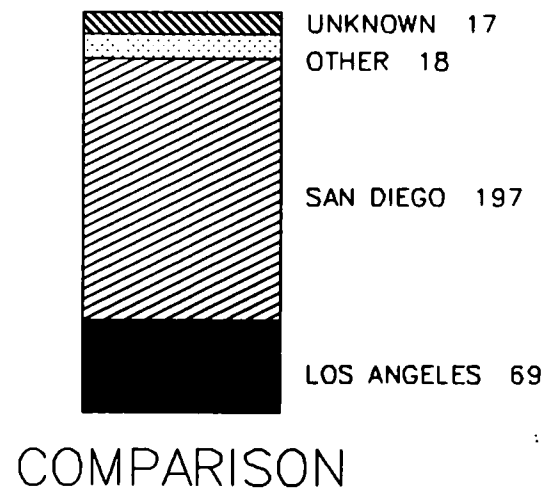
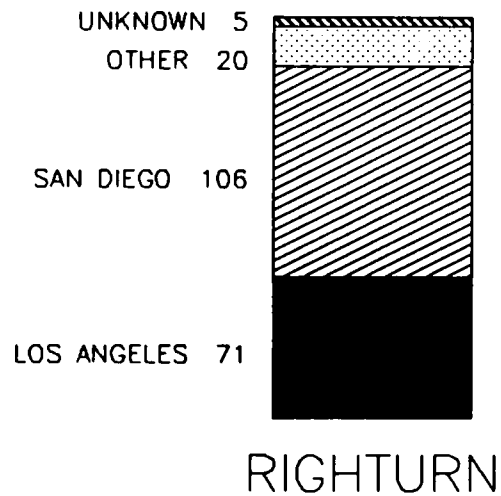
MOST SERIOUS DRUG USE BY RIGHTURN AND COMPARISON INMATES



SOME INMATES USE TWO PRIMARY DRUGS

GRAPH II-4

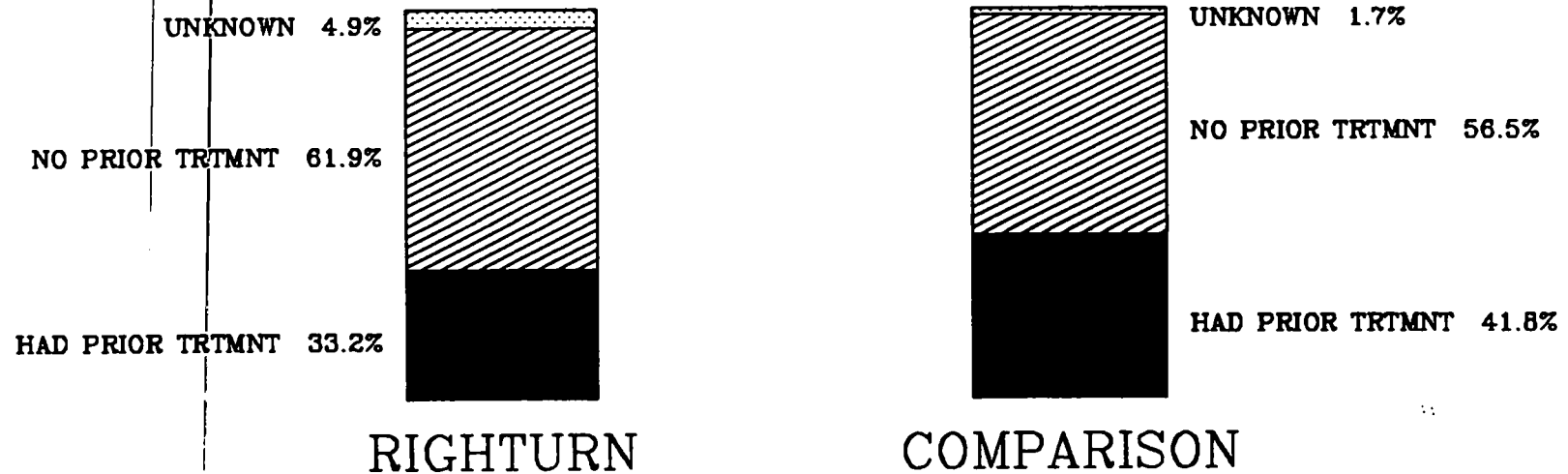
COUNTY OF COMMITMENT FOR RIGHTURN AND COMPARISON INMATES



RIGHTURN=202 | COMPARISON=301

GRAPH II-5

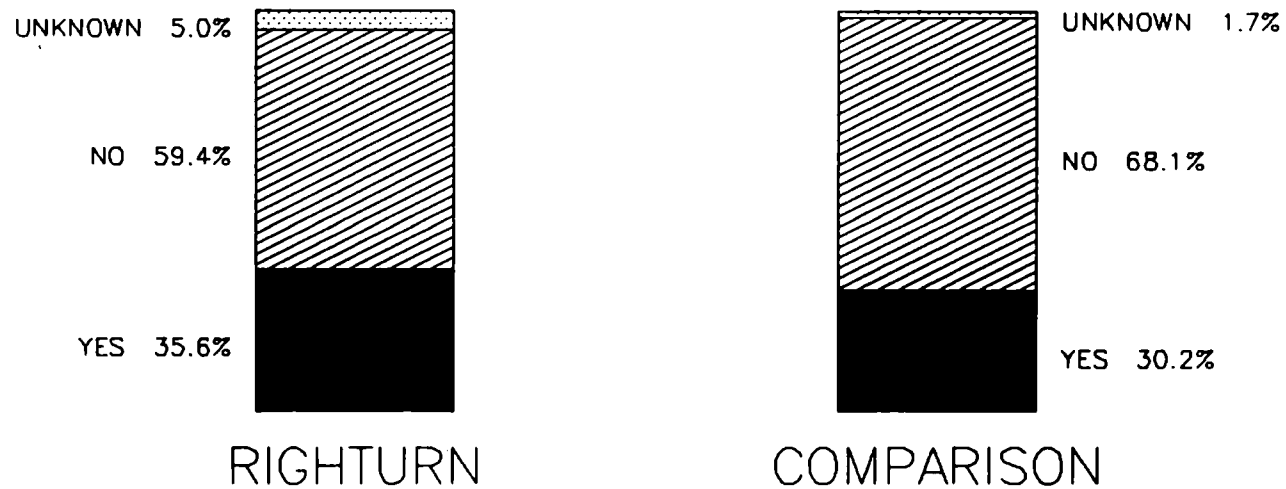
PRIOR TREATMENT HISTORY FOR RIGHTURN AND COMPARISON INMATES



RIGHTURN (202) | COMPARISON (301)

GRAPH II-6

EVIDENCE OF ADMINISTRATION BY INJECTION: RIGHTURN AND COMPARISON



RIGHTURN (202) | COMPARISON (301)

APPENDIX III

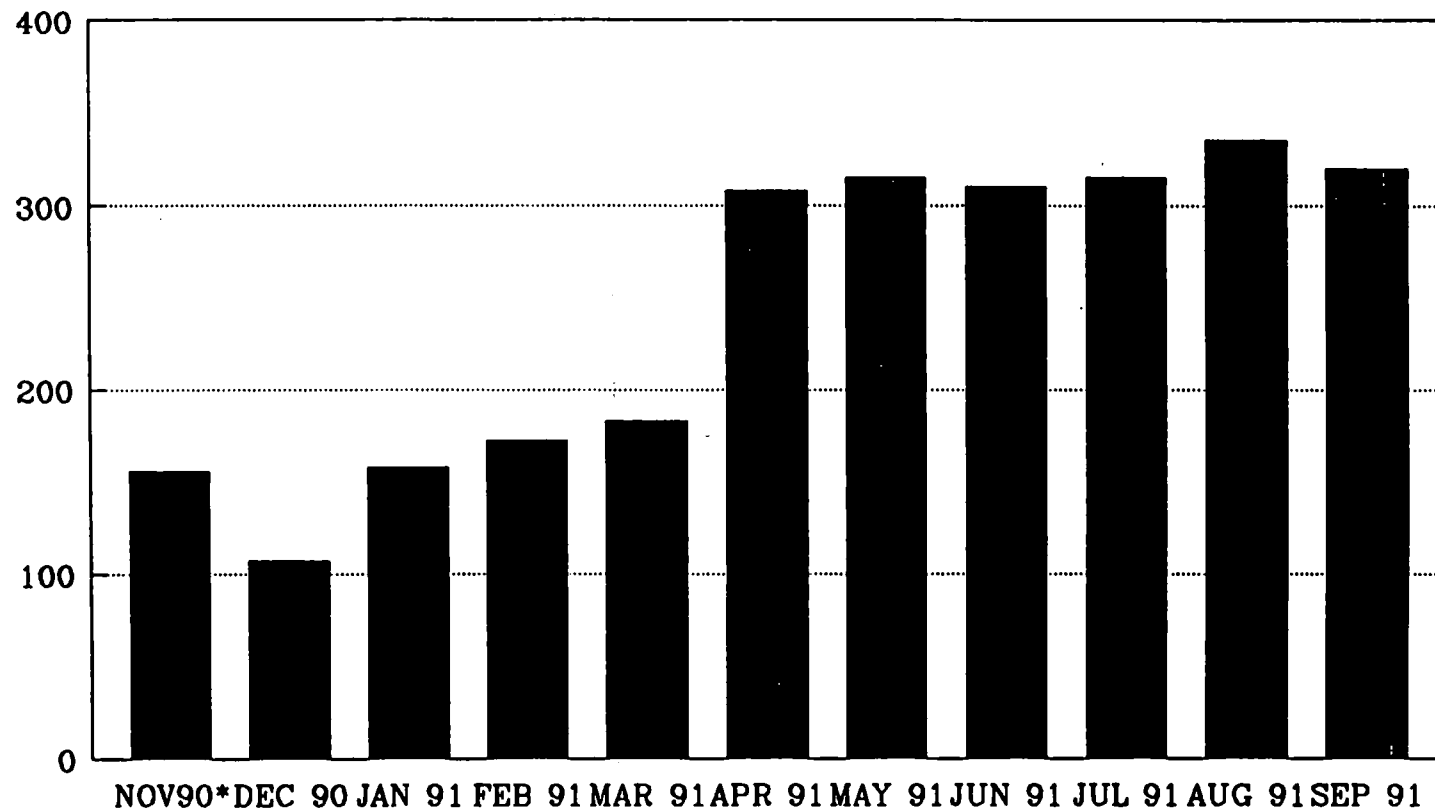
PROGRAM ACTIVITY GRAPHS

- III-1 Amity Staff 8-Hour Days, July 1990 -
 September 1991
 - III-2 Race/Ethnicity of RightTurn Program
 Participants and Amity Staff
-
-

GRAPH III-1

AMITY STAFF 8-HOUR DAYS

JULY 1990 – SEPTEMBER 1991

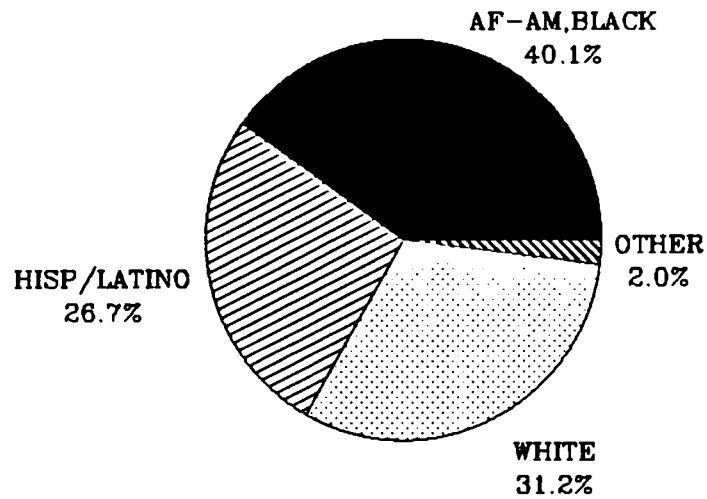


■ STAFF DAYS

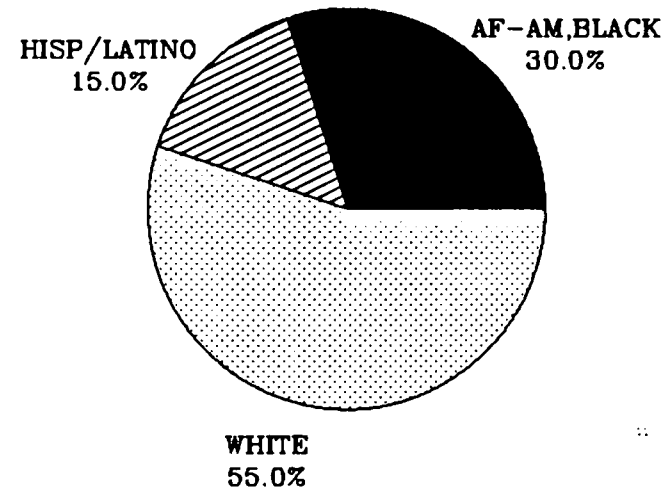
*HOURS FOR JULY – NOVEMBER 1990 COMBINED

GRAPH III-2

RACE/ETHNICITY OF RIGHTURN PROGRAM PARTICIPANTS AND AMITY STAFF



RIGHTURN PARTICIPANTS



AMITY STAFF

PARTICIPANTS (202) | STAFF (20)

APPENDIX IV**INDICES OF PROGRAM SUCCESS**

	Page
SATISFACTION WITH SERVICES SURVEY FORM	IV- 2
SURVEY TABLES	IV- 5
EXIT FORM	IV-13
PARTICIPANT ASSESSMENT DATA, TABLE IV-19	IV-15

**SURVEY OF PROGRAM PARTICIPANTS
ON SATISFACTION WITH PROGRAM SERVICES
AT END OF PROGRAM**

[Page 1]

The California Department of Corrections would like your opinion regarding the value and usefulness of substance abuse treatment program that you have been attending. The overall purpose of the program has been to help you quit using drugs and have a better life when you are released on parole. Please answer the following questions and add any other information that you think may make the program better for others who participate in the future.

1. How long have you been in the program?
 ___ months ___ days
2. How useful do you think this program will be in helping you stop using drugs? Please check the answer below that best describes how you feel.

☐ the program has been very helpful
☐ the program has been somewhat helpful
☐ the program has helped me a little
☐ I don't think it will help. If you checked
 this answer, please tell us why.

3. Which part or parts of the substance abuse program do you think will help drug users the most to quit using drugs? Check all of the following that apply to you.

☐ information regarding drugs and their effects on the body and mind
☐ individual counseling sessions
☐ group counseling sessions
☐ attending Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Cocaine Anonymous (CA), religious group meetings,
☐ employment information
☐ help in making me feel better about myself, raise my self esteem
☐ being with others who have problems like I have
☐ Other. Please list any other reasons here. _____

**SURVEY OF PROGRAM PARTICIPANTS
ON SATISFACTION WITH PROGRAM SERVICES
AT END OF PROGRAM**

[Page 2]

4. Do you feel better about yourself as a result of participating in this program?

☐ No
☐ Yes

If you do feel better about yourself, please check the following reasons that make you feel better.

- ☐ I have more confidence in myself
☐ I have more respect for myself
☐ I know that there are others who have problems like me and that I can ask them to help.
☐ I know where to go to get help for a substance abuse problem
☐ Friends or my family will help me if I need help
☐ I can go to AA, NA or CA meetings.
☐ Drugs can no longer control my life
☐ I am more prepared to interview and get a job, and keep the job.

5. Please help us make the program better. Tell us what parts of the program need to be changed to make it better for program participants. Check "yes" or "no" to each of the following statements.

- a. Is the program facility O.K.?

☐ yes

☐ no. If you checked no, please tell us what changes need to be made.

- b. Which do you think helps substance abusers more, individual or group counseling?
-

☐ individual
☐ group

- c. Do you think there should be more or less individual counseling during the program?

☐ more
☐ less

**SURVEY OF PROGRAM PARTICIPANTS
ON SATISFACTION WITH PROGRAM SERVICES
AT END OF PROGRAM**

[Page 3]

- d. Do you think there should be more or less group counseling during the program?

☒ more
☐ less

- e. Should there be more information on getting and keeping jobs?

☒ yes
☐ no

- f. How useful is the information regarding making yourself feel better as a person?

☒ very useful
☒ somewhat useful
☐ of little use
☐ not useful at all

6. Please tell us anything else that you think might be helpful in making the program better for the participants.

**SURVEY TABLES: BASIC DATA DESCRIBING
SATISFACTION
WITH SERVICES SURVEY**

TABLE IV-7: LENGTH OF TIME IN RIGHTTURN

No. Months		Frequency
Total		20
	4	1
	5	0
	6	0
	7	2
	8	2
	9	6
	10	7
	11	2
Average	8.5	

TABLE IV-8
HOW USEFUL WILL THE PROGRAM BE IN HELPING
YOU STOP USING DRUGS

	Number	Percent of Total
Very helpful	17	85.0%
Somewhat helpful	1	5.0
Help a little	1	5.0
No help	0	0.0
Other*	1	5.0

- * Respondent did not rate the degree of help but commented that the concern of persons in the groups had helped him stay clean, and that the program has helped in react more appropriately in situations other than those involving drugs.

TABLE IV-9
WHICH PART(S) OF TREATMENT PROGRAM MOST USEFUL

Part	Number of Responses	Percent of Total
Total Participants Responding	20	100.0%
Information regarding drugs	12	60.0
Individual counseling sessions	18	90.0
Group counseling sessions	15	75.0
Attending self-help groups (AA,NA)	13	65.0
Employment Information	14	70.0
Making participant feel better about self, raise self-esteem	16	80.0
Being with others like self	15	75.0

Note: One respondent felt the program somewhat helpful in these areas: Information, self-help groups and employment information. Another respondent rated the program "helps a little" but indicated feeling better about self and liked being with others with similar problems and backgrounds.

Comments Relating to Helpful Program Areas

	Number of Respondents
Total participants responding	12
Basic understanding of self, feelings, thoughts and attitudes, being honest, self-reliant	7
Group fellowship, sharing, and shared recovery	3
Building and improving relationships	2
Having caring and recovering staff	2
Post-program freedom from drugs and problems (through relapse prevention, aftercare)	2
Need more room for individual/group counseling	1

Note: Twelve respondents made 17 comments that are classified in the above 6 areas.

**TABLE IV-10
PARTICIPANT FEELS BETTER ABOUT SELF**

Percent indicating "yes" 90.0%

Note: Two respondents skipped Page 2 which contained the above question.

**TABLE IV-11
WHY PARTICIPANT FEELS BETTER ABOUT SELF**

Total participants responding (18)	Percent
Has more confidence in self	83.3%
Has more self-respect	77.8
Know others like self and can ask them to help	88.9
Know where to get help for substance abuse problem	72.2
Friends/family will help me	77.8
Can go to AA/NA/CA meetings	77.8
Drugs no long control life	66.7
More prepared to interview, get and keep job	72.2

Note: two respondents skipped Page 2 of survey form.

**TABLE IV-12
IS PROGRAM FACILITY O.K.?**

Number Responding	18
Yes	66.7%
No	33.3%

Comments Regarding Facility

Comment	Number of Comments
Total	6
Need more program space	4
Contractor needs more authority in unit	1
Area needs to be made safer	1

TABLE IV-13
WHICH HELPS MORE, INDIVIDUAL OR GROUP COUNSELING

Total responding (17)	Percent
Individual	16.6%
Group	52.9
Both individual and group	35.3

TABLE IV-14
SHOULD THERE BE MORE OR LESS INDIVIDUAL COUNSELING

Total responding (17)	Percent
More	76.5%
Less	11.8
About the same	5.9
Depends on need	5.9

TABLE IV-15
SHOULD THERE BE MORE OR LESS GROUP COUNSELING

Total responding (19)	Percent
More	73.7%
Less	5.3
About the same	10.5
Depends on need	10.5

TABLE IV-16
**SHOULD THERE BE MORE INFORMATION ON
GETTING AND KEEPING A JOB**

Total responding (19)	Percent
Yes	100.0%
No	0.0

TABLE IV-17
HOW USEFUL IS THE INFORMATION REGARDING
MAKING YOURSELF FEEL BETTER AS A PERSON

Total (20)	Percent
Very useful	70.0%
Somewhat useful	10.0
Of little use	0.0
Not useful	5.0
Did not answer	15.0

TABLE IV-18
SUGGESTIONS TO MAKE THE PROGRAM BETTER

Category	Number of Comments
Total	19
Positive	2
Negative	9
Program additions	4
Helpful hints	4

Note: Fourteen participants made 19 comments regarding the program. Comments were classified into 4 categories listed above.

Detailed Comments

Positive

Program is very organized for the growth process, coming from basic interface to community class to senior. Each part of this growth helps you understand more about lifestyle, wrong doings, etc.

Program is good, but will get better in time. Give it more time to get better.

**TABLE IV-18: SUGGESTIONS TO MAKE PROGRAM BETTER,
CONTINUED**

Detailed Comments, Continued

Negative

Concerning Program Space and Time

Need more space for group, other parts of the program (3 comments)

Need more space for recreation

Not enough time for regular programming (now have 10 hours a week)

Space needs to be kept cleaner, need more porters

Program Participation and Behavior

People need to be held accountable for group sessions, take them seriously.

Remove people (from the program) who are not interested in changing their lives.

Need to keep gang members in check--they reflect poorly on those who take the program seriously.

To Be Added

Need more seminars and groups about problems that drugs cause

Need more forums about respect for others and self

More staff available for individual counseling

After care upon release from prison

Helpful Hints

Use seniors to help keep others in line and to lessen confusion

Improve screening so that only those interested in the program are selected

**TABLE IV-18: SUGGESTIONS TO MAKE PROGRAM BETTER,
CONTINUED**

Helpful Hints

Become harder on those who are not being honest and making positive changes toward the program (recovery)

If we slip, please give us a chance to get back up on our own.

PARTICIPANT EXIT FROM PROGRAM

NAME: _____ CDC NO: _____

EXIT DATE: ____/____/____

PROGRESS WHILE IN PROGRAM: Please rate overall program progress for each exiting participant, regardless as to whether he/she completed the program. Circle the number on the 7-point scale shown below that best indicates the participant's overall progress. One indicates no/little progress; 2-3, less than satisfactory; 4, satisfactory; 5-6 exceeded standards for satisfactory progress; and 7, greatly exceeded standard progress.

1	2	3	4	5	6	7
None or little		Satis- factory			Greatly Exceeded	

TYPE OF PROGRAM EXIT

☐ Did not complete program (check reason below)

- ☐ Medical reasons
☐ Transferred out
☐ Discharged/paroled early
☐ Escaped

☐ Dismissed from program, violated program rules, failed to participate. Reason: _____

☐ Dismissed from program, violated custody rules, including dirty urine tests; committed new offense
Reason: _____

☐ Other (specify) _____

☐ Completed program

NAME: _____

CDC NO: _____

PROGRAM COMPLETION STATUS: This data element is completed only for those who complete the program. Please circle the number on the 7-point scale below your rating as to the character of the participant's program completion. A score of 1 indicates a completely unsatisfactory completion; 2-3, minimally met treatment plan goals; 4, satisfactorily met goals; 5-6, moderately exceeded goals; and 7, greatly exceeded plan goals.

1	2	3	4	5	6	7
Unsatisfactory		Satisfactory			Greatly Exceeded	

COMMENTS: Please add any comments that you think are pertinent to the participant's overall progress or exit from the program.

WORD:EXITFM:5/21/91 (Rev)

(Form to be completed by program staff)

**TABLE IV-19: GROUP PRESENTATION REGARDING VALUE OF
RIGHTURN PROGRAM, 11/11/91**

The following are excerpts from contributions by Amity alumni who attended a group session at the Amity Transition House on November 11, 1991. Alumni were asked to indicate what in the RightTurn program was important in their recovery. Some of the men were residing in the transition house, others were residing elsewhere. Two were on work furlough. The 9 participants have been labeled with alphabetic designations. If the participant specifically mentioned the excerpt, his designation is shown after the excerpt.

	Respondent
1-DU No drug use since being in program	(a,g)
2-PR Prior treatment failed	(a,i)
3-A Alumnus needs to attend weekly groups	(a,f,i)
4-PR Education by itself is not enough	(a)
5-C Need to break the old image/cycle-- make an inner change	(a,d,e,i)
6-I We've the same background as staff and -PR other participants. They've been there, can relate to them.	(a)
7-PC Learned how to "open up"	(a,g)
8-I Group members listen and care, we share	(a,b,g,h)
9-PC Learned how to accept advice	(a,e)
10-I Learned to help others	(a,b,h)
11-PC Learned how to carry through	(a)
12-T Used Amity tools to handle a bad situation	(a,b,e,f)
13-A I think if I stopped groups, I might "fall back" (use drugs). (need for aftercare)	(a,c,d,f,) (g,i)
14-S I'm not the same person I was.	(b,d,e,h)
15-S Found out who I was	(c)
16-PC Learned to think	(b)

**TABLE IV-19: GROUP PRESENTATION REGARDING VALUE OF
RIGHTURN PROGRAM, 11/11/91, CONTINUED**

17-PR	It's a good program.	(b,g)
18-I	Helped me form true relationships	(c,e,g)
19-P	Learned honesty, courage, positive attitude, trust	(c,d,e,f,) (g)
20-S	Came from a dysfunctional family	(c,d)
21-A	Need the supportive environment of the transition house	(c,d,h)
22-PC	Gained self esteem	(e,g,h)
23-S	Told I'd never amount to anything	(e,h)
24-T	Gave me tools to use	(e,f,g)
25-P	Learned commitment, responsibility	(f,g)
26-PR	Specific message in a seminar provided a guiding principle: one step at a time	(f)
27-A	The program is more than a program: it PR is a process.	(g,h)
28-PC	Learned how to listen and express myself	(c,g,i)

LEGEND:

A: Aftercare--need for continued services [3,13,21,27] (14)
C: Need for inner change [5] (4)
DU: Drug use outcome [1] (2)
I: Interrelationships [6,8,10,18] (11)
P: Personal values [19,25] (7)
PC: Personal change [7,9,11,16,22,28] (9)
PR: Program comments [2,4,17,26,27] (8)
S: Understanding about self [14,15,20,23] (9)
T: Amity "tools" [12,24] (7)

Note: Respondents were assigned alphabetic designations ranging from a through i.

APPENDIX V

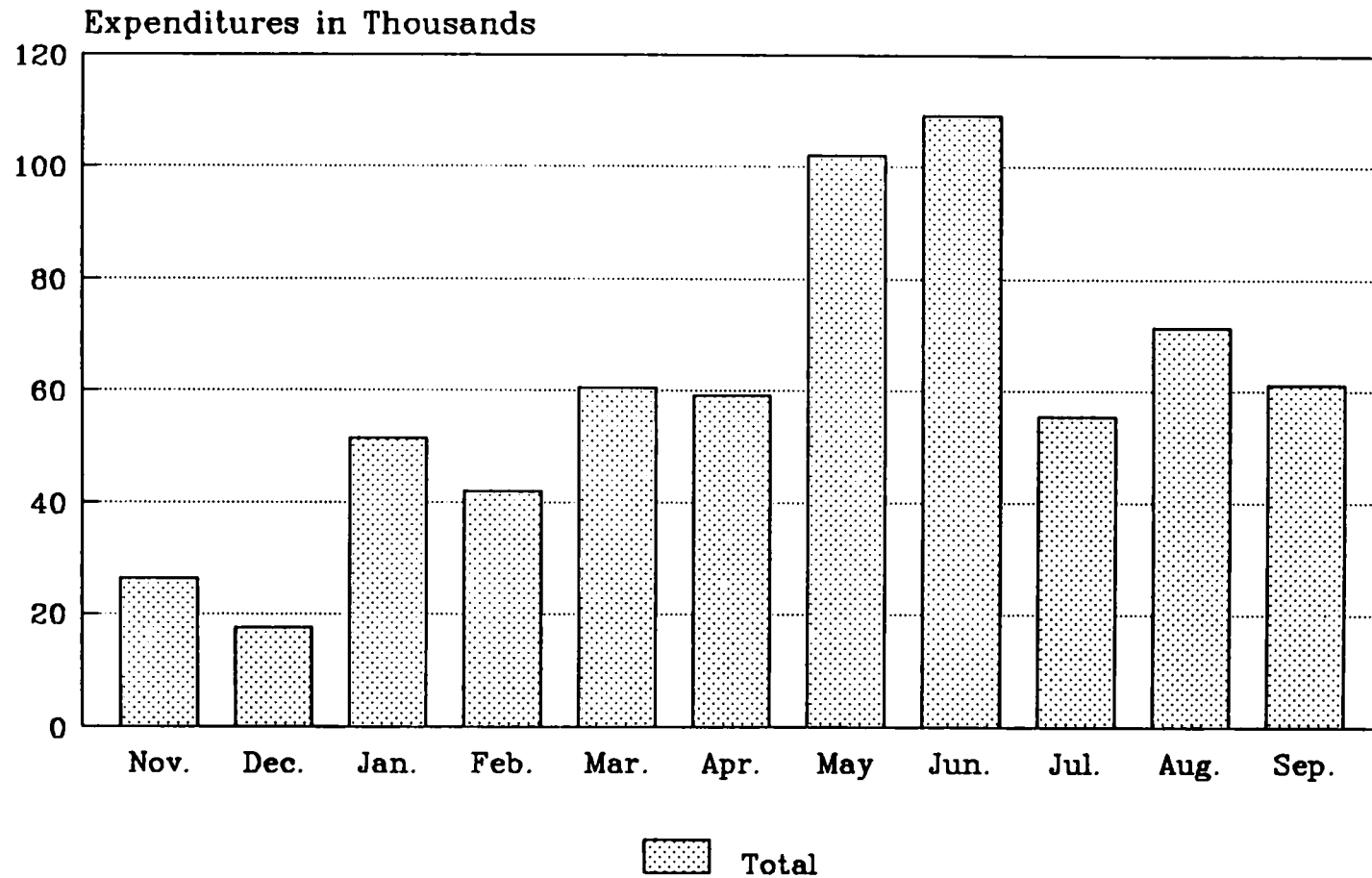
PROGRAM COST GRAPHS

- | | |
|-----|---|
| V-1 | Total Program Expenditures, November 1990
through September 1991 |
| V-2 | Program Expenditures, November 1990 Through
September 1991 |
-
-

GRAPH V-1

TOTAL PROGRAM EXPENDITURES

NOV 1990 THROUGH SEP 1991

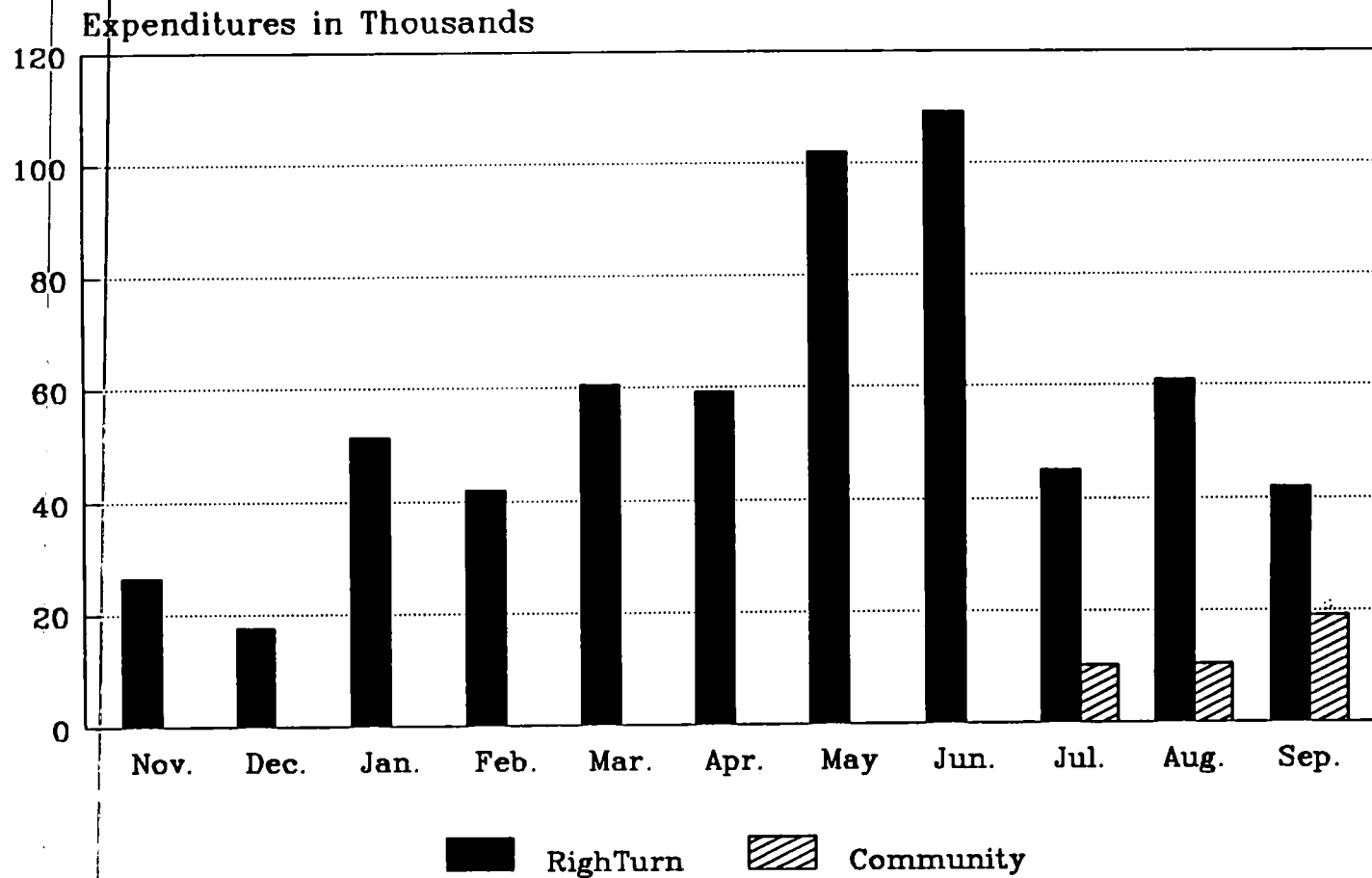


Nov. expenditures include Jul-Nov.

GRAPH V-2

PROGRAM EXPENDITURES

NOV 1990 THROUGH SEP 1991



Nov. expenditures include Jul-Nov.

APPENDIX VI

**CASE STUDIES:
AMITY RIGHTURN PROGRAM PARTICIPANTS
MAY 1991 / DECEMBER 1991**

PREPARED BY:

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Department of Corrections**

November 1991

CASE STUDIES
AMITY RIGHTURN PROGRAM PARTICIPANT PROFILES:

In May, 1991, eight in-depth interviews were conducted with participants in the Amity Righturn in-prison drug treatment program located at the R. J. Donovan Correctional Facility, San Diego, California. The interviews, which covered a variety of topics, were conducted by Dr. Barbara Owen, Department of Criminology, California State University, Fresno. Follow-up data were obtained by David Winett, Assistant Director, Department of Corrections. A summary of the results of these interviews follows. Narrative profiles describing five of the program participants are included in the Participant Profiles section.

SUMMARY

- o The participants span a wide range of backgrounds, both in terms of criminal and drug use history. With a few exceptions, most program participants had an extensive history of polydrug abuse, beginning quite early in their lives. These stories also illustrate a continuing cycle of drug use, crime and imprisonment. With only one exception, all those interviewed had served prior prison terms. Half of those interviewed had served time in California Youth Authority (or its equivalent). Most men had families of origin where drugs or alcohol were used extensively. Brothers and fathers were most often mentioned as users. The majority of men had children and expressed concern about their children's involvement or potential involvement in drugs and crime.
- o Few of those interviewed had prior treatment experiences, although some had attempted to stop using drugs on their own at one time in their lives. Some of the men had successfully abstained from drugs for long periods of time, but eventually returned to substance abuse.
- o ~~Most participants felt their criminal behavior was directly tied to drug use. They saw treatment as a way to learn how to stay away from a life of crime as well as a life centered around drug use. Emotional conflicts, primarily with wives or other mates, were seen to be a key part of the participant's drug use. The interviews describe these conflicts and the participants' inability to deal with them.~~

- o When asked about their motivations for entering treatment, the participants gave three general categories of answers:
 - Prior to this incarceration, some had begun to think about ways to stop drug use and some were on waiting lists for community drug treatment programs.
 - Others viewed their current incarceration as a time to assess the direction of their lives and felt that they must change their behaviors to avoid a life of imprisonment.
 - Some came to the Amity RightTurn program in response to the overtures of program staff and their recruitment efforts.
- o Time in treatment was somewhat related to an understanding--and an acceptance--of the treatment process. Participants with less time in the program were more concerned with the sincerity of others in the program and partially skeptical of program benefits. Those with significant time in the program, however, indicated a fuller appreciation of the program effects and the benefits of program participation.
- o When asked what they have learned through participation, most stressed these general areas:
 - the need to learn to articulate one's emotions and address problems through discussion;
 - the effects of early family life on adult behavior;
 - ways to manage or cope with problems other than drug use and the importance of honesty.
 - Also mentioned were: issues of self-worth, the self-defeating cycle of drug use and crime, and the importance of personal responsibility.
- o Common to all interviews was an emphasis on the positive impact of ex-users as staff. To a man, the participants felt that the past drug and crime experiences of the staff contributed to the participant's ability to relate to and accept the treatment message. Hearing the staff "run their stories" attracted many to the program and made the participants realize the possibility of personal change.

- o Finally, the importance of aftercare and a continuing relationship with the Amity program was mentioned by the majority of those interviewed. Several of the participants indicated an interest in becoming a staff member of the Amity program in the future.

PARTICIPANT PROFILES

Each of the following five profiles is divided into three sections, Background, Amity RightTurn Experience and Current Status. Participants are identified by fictitious names to protect their confidentiality.

JEROME

Background

Jerome is a 44 year old black man currently serving time for spousal abuse with a history of prior spousal abuse, rape and drug sales. Jerome indicates he began to drink when he was nine years old, "or maybe even younger." He indicated he used heroin steadily for six or seven years, but quit and was drug free for twelve years. Prior to his current commitment, Jerome began using cocaine.

Amity Rightturn Experience

Jerome first heard about the program when he overheard other inmates discussing the program. He reports a general skepticism about the impossibility of "dope fiends coming in to a penitentiary telling people what to do." To Jerome, the appeal of the program was located in some inner knowledge that he had to change his life or die. He liked the philosophy of the program:

"I have learned that we are our brothers' keepers. It takes drug users, those that had this problem to talk about our problem. If we try to talk to someone that has never been down the road that we have been down, ~~they can't relate to us...they look at us and say that it is a bunch of garbage.~~ We have a lot in common (with) all the staff. They have been where we are so I can listen to what they say. Because they are not reading this to us from a book, they have experienced this...now they are something...productive citizens..."

Describing what he has learned in the program, Jerome stated:

"When I first started, I didn't know what to expect. I hoped that I would get something from this that would change my life. Since I have been in the program, I have gotten self-esteem...that means to me, to be strong, to learn how to deal with my emotions. We talk about it everyday. I have learned not to bury my emotions deep down inside of me, to bring them out. It is a red spot to keep them inside, then there is no room for the good stuff to come in. Once we let the bad out, then there is room for the good things."

"We (program participants) rely mostly on each other--not so much on the counselors. I get that we have to be honest and share what has happened in my life. These guys have done a lot of bad things and to see them open up gives me grounds to open up and let it out. I know I can apply this in my family situation--when my wife visits, see that I talk different now...we relate better now. I see her every other week. When I get out, things will be different because there will be no more drugs in my life. I don't have to live on drugs in the free world. I go back to work and be productive. Go back to sharing my time with my family because I don't want to share it with the drug world."

He also feels that aftercare is a key to his recovery once released:

"One of the best things about this program is that they don't get us all clean here and then dump us out. If we have a relapse, or something goes wrong, I'll have some one to talk to, the same people here that know me from this time. That will be my support."

Current Status

As of December 1991, Jerome had been in the program for approximately 12 months. He is currently a senior resident, and works with newer residents. He continues to work on his ability to deal with his anger, and he anticipates remaining in substance abuse treatment when he is paroled.

TOMAS

Background

Tomas is a 34 year old Hispanic man who has been in the Amity RightTurn program only five weeks. He has been in

state prison two times previously with an extensive record of driving under the influence. Tomas' current incarceration stems from a Driving Under the Influence (DUI) arrest for which he received a 3-year term as a parole violator with a new prison term. He feels his drinking is intertwined with personal conflicts with his wife and drug use.

Tomas sees his drug use as a hobby that gets out of hand. He describes the downward spiral into regular drug use:

"I was always able to cover my drug use with money I made from working. Sometimes I ask myself how I got into the heavy use. There were no problems. I didn't have the dog and the picket fence and the swimming pool, but I had my old lady, I loved her. I still do. Everything was O.K., we had two cars. But I guess it was out of routine...this was a regular thing that I did, as sport, a hobby. And that hobby got more interesting and more interesting and then it gradually got bigger. Yeah, now I am hooked, but I am still working. Crime doesn't come yet, but I started getting too strung out, too sick to (go to work) and I was using up all my money."

Tomas had a previous commitment to the California Rehabilitation Center, but "didn't see any programming there." He has had some treatment exposure while on probation and recounts going to AA meetings on the street:

"Some of it soaked in. I started hearing stories and realizing that maybe Tomas does have a problem. In hearing what other people has experienced and they realized that they had a problem. They were doing and saying the same things that I had been doing. I was talking about people who had been into their sobriety 20 years, 15 years. I would listen to them and I would focus on it. And I would see myself in them."

Amity Rightturn Experience:

Tomas indicates that he had heard "some bad feedback about the program on the Yard, you know, other inmates telling you that you were weak for going into the program." But he knew that he had a problem and wanted to investigate.

"I was also hearing that this drug program helps you out. It tells you a little bit about yourself, why you did it. Eventually, I put in an application. I got ducated (scheduled) to come over here and check it out. I sat in on a forum and thought, this is me, right here."

He likes the variety of programming activities, and feels positive about the groups and the staff. He says, "Nothing is too big, nothing is too small" to discuss in groups. He also remarks on the things he has learned from the program's films:

"The films tell you a lot of things, point a lot of things out that are just normal, basic living things but you do not realize that they are there. A lot of these things go back to your childhood, and you start bringing things out about why you started this, why you did that...how words trigger pictures in your mind and how they carry out actions. I know there is a lot for me to grow here, just in the little time that I have been here."

In videotaping the residents of the program, Amity RightTurn has given Tomas an opportunity to see himself as others might see him:

"Damn, you see how you are, a lot of things about a guy that you hate, you see a lot of those things in you. No one has told me this, I just picked it up by myself. I shared this with my cellie (cellmate), and he goes, you are right. I like the little humor here. There are a little areas that exercise your mind...keeps you from being burned out."

Amity is valuable to Tomas and he wishes that he had the opportunity for such a program earlier:

"I want to keep participating and help others such as myself. I wish somebody had been somewhere for me when I was first in the process, first couple of times in jail. I wish somebody had told me, "Hey, you know, wake up, this life that you are doing right now, this is how you are going to end up to." I wish these programs would have been around sooner than at (age) 34. But it is never too late to make a change in your life."

Current Status

The interview discussed above was held in May 1991. As of December 1991, Tomas was a senior resident in the Amity RightTurn program at R. J. Donovan. He, along with a few other senior residents, and under the direction of Amity staff, leads seminars with newer residents. Tomas plans to parole to San Diego County and live at the Continuance Club Amity RightTurn residence.

JOHN**Background**

John, a 32-year-old Hispanic, has been in the Amity Righturn program since November 1990 and is one of the core group in the program. He reports an extensive substance abuse history, with cocaine, speed and marijuana as his typical drugs of choice. John has a relatively short history of contact with the criminal justice system and is serving his first term in state prison for a probation violation.

Amity Righturn Experience

The early days of the program consisted of "lots of meetings and not too many groups. Meetings on morals, feelings and emotions. We were all waiting for magic, a magic pill that would straighten our lives out." John reports that learning how to talk about his feelings was difficult and that, "I am still trying to get that together." He describes his first experiences with groups:

"I was not going to put myself in a position to get yelled at. I am not going to come out with anything personal. Anything that had happened to me as a child...things that I might have did to my wife...I wasn't going to talk about that. It would be too hard to say, too embarrassing. In the first couple of groups, I saw some people come out with some things negative to the program and get yelled at, or not agreeing that the things that they did in their life were wrong. I saw them get yelled at and I wasn't going to put myself in that position. The first thing is that I had tons of guilt, everything I did was wrong. I had no excuse, none at all, for that."

But through the meetings and the seminars, John learned how to become more honest in a group based on drill questions:

"In this group, you were not being yelled at...it's a group where you had two minutes a piece. Questions like how was your relationship with your mom, with your father. ~~No yelling, it's not an open group.~~ Everybody has the same topic, no interruptions. By talking about your relationship with your mother, other things pop into your head because you are thinking so far back...I'll tell you, there were some times where I wanted to cry. As dope fiends, we stuff our feelings so far back, with drugs. Even when I wasn't using drugs, in grade school, I stuffed these feelings and emotions. I could not talk about them with my mom and

dad. So when I talk about these things in group (I realized) that by not crying, not letting these things come up, I was stuffing them. And I did this for months...years. And I was good at it."

John feels the Amity program has prepared him to deal with problems on the street and feels secure in the promise of the aftercare services awaiting graduates of the program:

"I am going to be released to Work Furlough and that will be hard. I can picture myself in work furlough, but (I know that) if I see myself going into a relapse I can have the support out there. From what I understand, a relapse is not actually using drugs, it can be just thinking about them. It (is part of) running away from your problems. Running from this problem and developing another one. It is like a snowball, if you don't face this problem, you will run into another one until you use. I will call whoever I can."

While he was a resident at the Amity RightTurn program at R. J. Donovan, John was a core group member, and involved in setting guidelines for the program. When he paroled in November 1991, he moved to Tucson, Arizona and is currently continuing his substance abuse treatment activities as a resident at the Amity Ranch.

JACK

Background

Jack is a 32 year old Hispanic with an extensive criminal and drug use history. Jack notes that his father was alcoholic and not home very much during his upbringing. Of his six siblings, one brother has a heroin problem. He estimates that he was on probation as a juvenile more than ten times, with around five probation terms as an adult. Jack then went on to serve many county jail terms and five terms with the California Department of Corrections. He has no typical offense patterns, with crimes including possession, possession for sales, burglary, arson and weapons offenses. Jack was last free on parole four months before he was returned to custody as a parole violator with a drug sales-related new term. During this release, Jack worked on a job he found through the Department of Rehabilitation and was initially proud of the success he had found.

"When asked to think about the reasons he may have become involved in drug use and sales again, Jack

responds, "I know now that something must be bothering me. I didn't know that then but I have learned that here. I was dealing but I didn't need the money."

Amity Righturn Experience

Jack heard about the Amity Righturn program when treatment staff met him on the yard. Jack states, "What made me think about (volunteering) was that Gary (Amity staff) said that he had been a heroin addict for 27 years and I figured that I wasn't that bad as far as drugs were concerned but had always felt that there was a problem within me. I felt that there was something in me that was very wrong. I could not explain why I would use the drug. I (always thought) I didn't have a problem within me because I can stop it. But why would I always go back to it? So when I filled out the application and went for the interview, that is what I told them, that there is something in me that I wanted to understand, to understand what would happen to me.

After ten months in the program, Jack is now able to appreciate the importance of discussing his feelings:

"When we are sitting in group, and there is an honest group, with people who have been here for awhile...we are able to speak openly, honest and sincere. There is a bond, it is special. They are opening their hearts to you, like please help me. Know what I mean? When another person is able to listen, feel what you feel. That is pretty good."

While still unclear about his release plans, Jack comments that the program has helped his behavior inside prison as well as having an effect on his future in the free world:

"It has helped me understand now (why I do things) even though I thought I knew different before now I can acknowledge it. I know better. It will stay with me out there. Even though the thought of cleaning up was there before, the program made it possible."

Jack entered the Amity Righturn program at R. J. Donovan in November 1990 and paroled to San Diego in October 1991. While in the Amity Righturn program, Jack was a member of the core group and was an excellent role model for new program residents. In the fall of 1991, Jack talked about his Amity Righturn experience with a state legislative committee in Sacramento.

Current Status

After spending approximately a month and a half at the Continuance Club in San Diego County, Jack has moved in with his girlfriend. He has an excellent job with the Job Corps and continues to participate in group meetings at the Continuance Club.

ERIC**Background**

A 39 year old black man, Eric came to the Amity program with an extensive prison history dating back to when he was 17 years old. Having served two of his five prison terms in California, Eric has committed crimes involving forgery, robbery, burglaries and drugs. His mother left his large family when he was quite young and Eric feels he has never reconciled his feelings of abandonment. Eric began to drink heavily as a young teenager and he feels this drinking led to many of his early incarcerations. He subsequently began smoking marijuana, but avoided the use of "hard" drugs until his late twenties. He tried heroin briefly but did not like its effects. He began smoking cocaine about six years ago.

Eric continued his involvement in crime and eventually served two lengthy prison terms before coming to California when he was 27 years old. He gained employment and worked fairly regularly his first years in the state, but eventually started selling drugs.

Eric was returned to prison and released once again to his old life. He did not see any need for changing the behaviors that continued to bring him back:

"I just went back to the streets, doing what I was doing when I left. Smoking and hustling cocaine. I paroled to a motel downtown, went back to the neighborhood, and stayed with friends. I had never made no promises that I was going to stay away from drugs, from crime. Each time I went to the pen, I never said that. This is the only time that I ever joined any program, trying to quit using dope. Or stop committing crime of doing anything wrong."

Amity Rightturn Experience

Like others interviewed, Eric was impressed by the efforts of the staff to recruit him into the program. He began attending groups and:

"I found out that they came from some of the same places that I came from. I looked at (the staff) and thought that I had some of the same damn problems. I have been going through this shit (for so long). At first, I used to come over here (just) for my groups. Because I was trying to do something for myself. And then one day, all of a sudden, I just started hanging around everyday and then I began everyday to learn a little bit more about stuff that had happened to me. I started talking about stuff that I never told anybody about. I started talking about my mother, my family, my problems. And I got a better understanding. I know this program has helped me. I know I need to go through some more of this...I want to be in Amity."

The past experience of the staff is, to Eric, a key asset to the program:

"The fact that they had the same problem that I had and I could tell that they cared. Once I found out that they had criminal activities and a life like I did, and they had gotten this far, I figured that they got to be doing something right. I knew I had to do something. I will be 40 next year and I have to do something with my 10 year old son. I better start doing it now....that put a lot on my mind. And I am tired of coming to jail. Every time I have been to jail, it's been for nothing. They made me realize that I have been doing all this time for nothing."

Another crucial part of the program, according to Eric, is the Amity-trained correctional staff. Eric states:

"The CDC cops (custody staff) that have gone through the training - to me, they are good people. I don't have a problem with them and neither do other guys."

Eric sees his recovery as a long-term process and that his association with Amity after this sentence is part of this process. He says that helping himself will also be a way of helping his son "not get caught up in these razor wires and this penitentiary. If I don't do it now he's going to get caught up in the system." Without Amity and what he has learned through his program participation, Eric feels that he would return to the street and be "doing the same thing...trying to get a fast dollar. (I'd go) straight back out to get the fast dollar." Eric also feels that each individual must be responsible for his own recovery:

"If a person gets into this program, if he wants to change his life...this program is it. You have to work at it. I am still working at it but this program will

help. I don't know what made the warden decide to do this, but he made a good decision... I ain't never been in a program to try to quit nothing but I ain't never had nobody come to me and tell me I had a problem. Not even my own people. So for somebody else who don't even know me to come out of nowhere, to tell me that I got a problem. They must know. And they are right, they were right all the time...it's a good program and it works and they care."

Current Status

As of December 1991, Eric was still in the Amity RightTurn program at R. J. Donovan. He is a member of the core group, and also works with newer residents in the program. Upon his parole from RJD in March or April 1992, Eric intends to continue substance abuse treatment as a resident of the Amity RightTurn Continuance Club in San Diego County.

Office of Substance Abuse Programs
California Department of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001

November 1991

APPENDIX VII

SERVICES PROGRAM FORMS

CONTACT INFORMATION SHEET	VII-2
COMMUNITY ENTRY PLAN	VII-5
CONTINUUM CONTRACT	VII-8

VII-2

Work History:

Contact Information Sheet

Page 2

Name: _____ Date: _____

Therapeutic or Treatment Program History:

1. While Incarcerated

2. In the Community

_____**History of Social Services/Agency/Contacts:**_____

_____**Identified Requirements:**

- _____ 1. Obtain Birth Certificate
- _____ 2. Obtain Driver's License
- _____ 3. File for Social Security Benefits
- _____ 4. Obtain Social Security Card
- _____ 5. File for General Relief
- _____ 6. Obtain Veteran's Benefits
- _____ 7. File for Medi-Cal/Medi-Care
- _____ 8. File for Disability Insurance
- _____ 9. Obtain Retirement Payments
- _____ 10. Secure Court Settlement Monies
- _____ 11. Secure Insurance Payment Monies
- _____ 12. Pay Child Support
- _____ 13. Pay Alimony
- _____ 14. Pay Legal Costs
- _____ 15. Obtain Clothing
- _____ 16. Other _____
- _____ 17. Other _____

Identified Goals:

- _____ 1. Attend Residential Treatment
- _____ 2. Attend Counseling (Individual)
- _____ 3. Attend Counseling (Group)
- _____ 4. Attend Counseling (Family)
- _____ 5. Attend Medical Treatment
- _____ 6. Secure Dental Care
- _____ 7. Attend Vocational Training
- _____ 8. Obtain Educational/Academic Achievement

Contact Information Sheet

Name: _____ Date: _____

Identified Goals, Continued

- _____ 9. Reunite with Family
_____ 10. Secure a Job and Work at the Job
_____ 11. Establish a Budget and Bank Account
_____ 12. Pay All Outstanding Debts
_____ 13. Attend NA and AA Meetings
_____ 14. Attend Religious Services
_____ 15. Do Community Service
_____ 16. Other _____
_____ 17. Other _____

Notes:

[illegible]

COMMUNITY ENTRY PLAN: CHECKLIST AND TIMELINES
AMITY/RIGHTURN PROGRAM - R.J. DONOVAN

NAME: _____
(First) (Middle) (Last)
CDC#: _____ SSN: _____
RELEASE DATE: _____ COUNTY/REGION: _____
PLAN SENT TO: _____ DATE: _____
(Parole Agent)
PLAN SENT BY: _____

I. TRANSPORTATION

- A. Transportation Plan completed on _____
- B. Transportation Choice _____
- C. Leaving San Diego and arriving _____
- D. Cost _____ Paid By _____
- E. Travel Date _____ Report to PA by _____
- F. Comments _____

II. IDENTIFICATION MATERIALS

- A. Birth Certificate (City/State) _____
- B. Driver's License _____
- C. Social Security Card _____
- D. Veteran's Administration I.D. _____
- E. Medi-Cal/Medi-Care I.D. _____
- F. Other _____
- G. Other _____

III. IDENTIFIED GOALS

A. Housing

- 1. Residential Treatment Program _____
- 2. V.A. Hospital _____
- 3. Half-Way House _____
- 4. Sober-Living House _____
- 5. Family _____
- 6. Single-Person Dwelling _____
- 7. Hotel _____
- 8. Address _____

B. Employment

- 1. Vocational Training _____
- 2. On-Job-Training _____
- 3. Job Preferences _____
- 4. Job Available _____

ENTRY PLAN (continued) (Where) (When)

C. Education

1. Elementary School _____
2. High School/GED _____ Year _____
3. College _____
4. Vocational _____

D. Medical Treatment

1. Dental _____
2. Optometric _____
3. Psychiatric _____
4. General Practice _____
5. Specialists _____

E. Social Service Agency Contacts

1. Child Protective Services(CPS) _____
2. Veteran's Assistance _____
3. Social Security/Disability _____
4. Community Contacts _____
 - a. Narcotics Anonymous _____
 - b. Alcoholics Anonymous _____
 - c. Religious Meetings/Services _____
5. Psychotherapy _____
 - a. Individual _____
 - b. Group _____
 - c. Family _____
 - d. Relationship _____

F. Legal Services

1. Community Service Work _____
2. Restitution _____
(Amount) (By)
3. Payment Schedule for Legal Services _____
4. Alimony _____ Child Support _____
5. Representation In _____
 - a. Juvenile Court _____
 - b. Civil Court _____
 - c. Criminal Court _____
 - d. Traffic Court _____
 - e. Warrants _____

G. Monetary Matters (County) (State)

1. Paying Bills _____
2. Establishing Credit _____
3. Establishing a Savings Account _____
4. Establishing a Checking Account _____

ENTRY PLAN (continued)

H. Social Activities

1. Sports _____
2. Exercise _____
3. Dating _____
4. Safe Sex _____
5. Other _____

IV. PAROLE CONTACT

- A. Weekly Meetings _____
B. Bi-Weekly Meetings _____
C. Monthly Visits to Residence _____
D. Testing/Reporting _____
E. Updating Parole Plan _____

V. FOLLOW-UP COMMUNICATIONS

- A. Jody Boyle (Parole Agent) _____
B. Elaine Abraham (Program Director) _____
C. Nina Lott (Community Liaison) _____

COMMENTS:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

CONTINUUM CONTRACT

My goal is to maintain myself in the substance abuse recovery process. I am now committed to not using alcohol or drugs because I have learned that substance abuse causes problems in my life.

I, _____, agree to work on my recovery, to the best of my ability, as we planned during my incarceration. My personal recovery plan consists of the following activities:

1. _____

2. _____

3. _____

4. _____

Further, I understand that failure to commit myself to my recovery will violate this contract. This violation does not mean an automatic return to custody, but it can affect my present program and my continued stay in the community.

Resident's Signature CDC # Date: _____

I, _____, your parole agent, agree to assist you with your plans to stay clean and sober. I will support your efforts to stay in substance abuse recovery.

Parole Agent Signature Date: _____

(Participant's contract for continued recovery within the community)