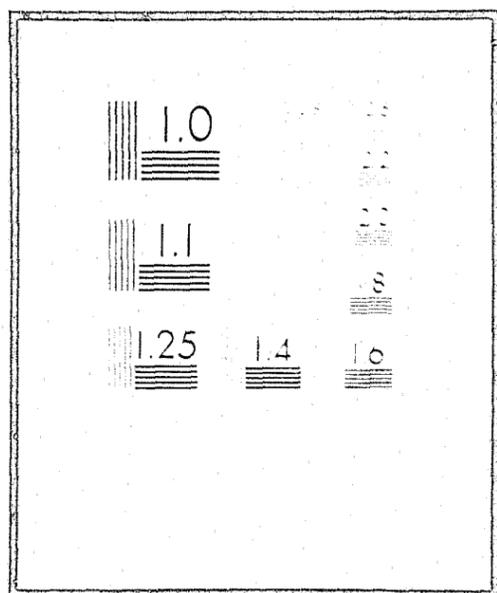


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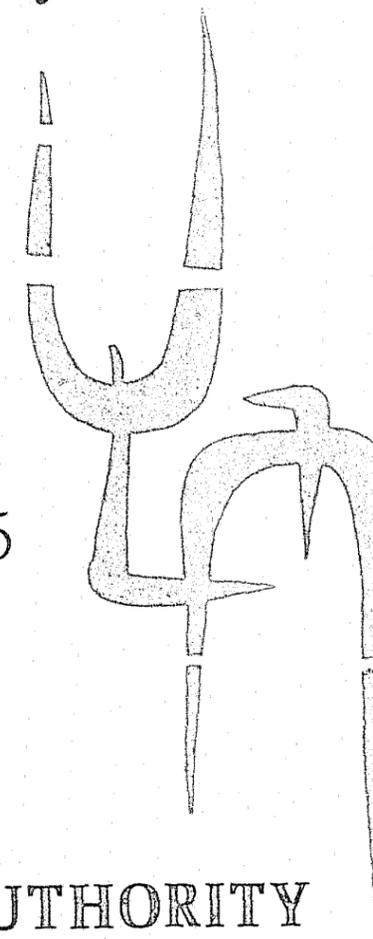
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ZENITH HOUSE

An Alternative

Drug Treatment Program



February, 1975

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28065

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ZENITH HOUSE: An Alternative
Drug Treatment Program

by
Chester F. Roberts

February 20, 1975

SUMMARY

A follow-up study was conducted of the first 36 wards accepted into the Zenith House program. Zenith House is a nine-months residential facility for parolees with drug abuse problems who are otherwise likely to be returned to an institution. Of the 36 wards, 17 stayed in the program long enough to attain Senior or Graduate status, while 19 left the program before attaining such status, eleven of them while still in the Candidacy phase.

The wards were followed up at three, six and twelve months following their departure from Zenith House. Three criteria of post-program parole performance were applied: 1) recidivism, 2) relapse to drug abuse, and 3) behavior on parole. In terms of recidivism, wards with longer program exposure clearly performed better than wards with shorter exposure at all three time intervals. On relapse to drug abuse the wards with longer exposure performed less well at all three intervals. On the behavior rating, wards with longer exposure had more acceptable ratings at the first two intervals, but both groups were about equal at the twelfth month.

For the first 16 months of its existence Zenith House presented a six-months program. In October, 1973, it changed to the present nine-months program. Of the 21 wards exposed to the six months program, ten left while in Senior or Graduate status. Three of these had failed within six months of departure (30.0 percent). Of the 15 wards exposed to the nine-months program, seven departed at Senior or Graduate status and of these only one had failed within six months from departure (14.3 percent). For wards departing the program early, those in the six-months program failed at the rate of 45.5 percent at six months, while those in the nine-months program failed at the rate of 37.5 percent. It was noted that the failure rate for criminal court commitments at six months from release to parole was 12.7 percent.

The data were interpreted as showing that wards who spend six months or more in Zenith House do as well on parole following departure as wards released from institutions, in less time and at less expense. The major problem to be overcome is to increase the number of referrals to the program, particularly from outside the area covered by the Santa Barbara parole office. In terms of optimal cost/effectiveness ratios the program needs at least 36 referrals per year, from among whom at least 24 candidates can be accepted for the program. It was recommended that the program be maintained and encouraged and that an effort be made to increase the number of referrals.

Preliminary Evaluation of the
Zenith House Drug Abuse Program

The California Youth Authority's Comprehensive Drug Program encompasses the Community-Centered Drug Program, a statewide diagnostic and service delivery system utilizing a broad spectrum of local treatment facilities, three institutional programs -- Kennedy Cottage at Fred C. Nelles School, Mira Loma Cottage at Ventura School and the Family program lodge at Preston School of Industry, and two residential programs for wards on parole -- Center House in Sacramento for wards graduating from the Preston Family program, and Zenith House in Fillmore, a program for drug abusers who might otherwise be revoked. This preliminary evaluation will attempt to describe the development of the latter program and the nature of the wards served by it, and look at the effectiveness of the program in terms of post-program ward behavior and relative cost/benefit ratios.

The Zenith House Program

Zenith House is a residential facility located on the outskirts of Fillmore in a former elementary school. The school building has been transformed into two large dormitories, bedrooms, recreational areas and meeting rooms. The space is sufficient for up to 15 wards and four live-in staff. The area includes approximately two-and-a-half acres of grounds containing a recreational workshop, a bird estuary, a picnic grove and a large garden. Staff include a Parole Agent I, a Youth Counselor, four Social Service Assistants and one Social Service Aide. The social service staff are all graduates of the Family Drug Abuse Program at Camarillo State Hospital. The treatment elements of the program are essentially based on the "Family" model developed at the various State Hospitals as well as at Preston School. These programs all utilize intensive group

cohesion, peer pressure and confrontative criticism as major change agents. The emphasis is on self-help and motivating the ward to become actively involved with the group as a whole. There are said to be four principles which are basic to the approach: 1) No person's situation can be remedied unless he wills it; 2) No person can be freed from his drug habit while still using drugs; 3) Human growth and change is a slow process and 4) Growth is an active process, not a passive one. Generalized goals of the program are to change those disruptive life styles of the wards which support their drug abuse and delinquent behavior; to reenforce the skills and ego strengths necessary for productive and meaningful participation in society; to encourage a sense of self-worth and responsibility; to learn better patterns of interpersonal relationships through intensive interaction with one another in the Family, and to become non-dependent on drugs as a means of coping with life.

The main criteria for acceptance into the program are: 1) the ward must be 17½ years of age or older; and 2) must demonstrate motivation to change his life style. Wards are not accepted into the program if they are under the influence of drugs. Although the program is voluntary to a large extent, it is recognized that many parolees will accept the program simply as an alternative to incarceration since their present drug involvement constitutes a violation of parole. This is not considered a problem, however. Motivation caused by fear of incarceration can be a very effective force.

The program functions through a number of successive phases. The first is the screening phase which lasts for one week. During this week a resident is exposed to all elements of the program and at the end of the week a decision is made as to whether he will enter the program. This

decision is made jointly by the staff and the parolee. During the week the parolee may decline to continue in the program at any time. Even if the ward wishes to remain in the program at the end of the week, however, but he has not shown sufficient motivation and sincerity, the staff may still refuse to admit him. If, at the end of a week, the ward is accepted in the program, he is considered to have made a commitment to remain in the program until he has graduated. For most of the wards, subsequent failure in the program will call for Board action and possible transfer to an institutional program. The second phase, lasting about 6 weeks, is orientation. During this phase the candidate is restricted to the house and immediate grounds unless accompanied by staff. He may have no main privileges or visitors during this phase. An important function of this phase is to serve as a constant test of the ward's determination to stay in the program and begin to make positive changes. At successful completion of candidacy, the ward is admitted to the first phase of membership in the program.

Prior to October, 1973, the membership period extended over three phases of about one month each, for a total program time of about six months. In that month, however, the total program was extended to nine months and the membership period to six one-month phases. Membership allows the individual to have more responsibility in the program and more privileges. The initial phase remains highly structured and relaxes only as the ward earns his way through successive status levels. Wards continue to participate fully in the various treatment modalities and at each status level assume greater degrees of responsibility for the management of the

House. With admission to the Senior Phase, usually after the sixth month, the individual may have visits from his immediate family and full mail privileges. He may also be allowed to have home passes as approved by the house council and town privileges in pairs at staff discretion.

The final phase at the House prepares the ward for re-entry to the community. During this period the ward will assume heavy responsibility for the running of the House, as well as for orientation of candidates and newer members, and assisting in public relations activities. He will also make plans for re-entry and will begin supplementary programs such as school, work or vocational rehabilitation.

When the ward has successfully progressed through the various phases of the Zenith House program, developed his re-entry plans and has settled into his job, started his schooling or training program, and/or shown the capacity for reintegrating himself into the community, he may become a Graduate member. As a Graduate he is prepared to return to the community. Upon graduation he will be eligible to move into Graduate House, an adjunct half-way house located in Ventura where he can gain continuing support of his reintegration into society.

The Wards

By the end of May, 1974, 52 wards had been considered for the program. Of these, nine were screened out of the program within the first week, and seven wards were still active in the program. The remaining 36 wards had cleared the screening phase and have subsequently left the program through graduation or otherwise. These wards are the subjects of this preliminary evaluation. Nineteen wards were involved in the earlier six-month program, 17 in the nine-month program. Three of the latter were

originally in the shorter program but were changed to the longer program when it was instituted. The movement of wards into and out of the program, with status at departure, is shown in Table 1:

Table 1
Movement of Wards Through Zenith House Program,
Entry and Departures, by Status, by Month

Month/Year	No. of Wards Admitted	No. of Wards Departing, by Status				No. of Wards in Program at end-of-mo.
		Candidates	Jr. Members	Sr. Members	Grads	
<u>1972</u>						
June	3	-	-	-	-	3
July	4	3	-	-	-	4
August	1	-	-	-	-	5
September	2	-	-	-	-	7
October	2	1	-	-	-	8
November	2	-	-	-	-	10
December	-	-	1	-	-	9
<u>1973</u>						
January	2	-	-	-	-	11
February	1	1	-	-	-	11
March	1	-	-	-	-	12
April	3	-	1	1	5	8
May	2	1	-	-	-	9
June	6	1	-	-	1	13
July	-	1	1	-	1	10
August	2	-	-	1	-	11
September	2	-	-	-	-	13
October	1	-	2	-	-	12
November	1	-	1	1	1	10
December	1	-	-	-	-	11
<u>1974</u>						
January	1	1	1	-	-	10
February	2	-	-	-	-	12
March	-	-	1	-	4	7
April	1	-	-	1	-	7
May	3	2	-	-	1	7
TOTALS	43 =	11 +	8 +	4 +	13	+ 7

Eliminating the developmental and population build-up period prior to November, 1972, the program population has averaged 10.2 wards per month. Of the 36 wards who have

left the House, eleven were removed from the program within four weeks, two more within 16 weeks, nine more within 32 weeks, while 14 wards had more than 32 weeks exposure to the program.

In Table 2 a number of selected personal and background characteristics of wards in the Zenith House program are shown, with the wards differentiated by the length of time they were in the program -- six months or less vs. more than six months.

Table 2
Personal and Background Characteristics
of Wards in Zenith House,
by Time in Program

Characteristics	Total		Six Months or Less		More Than Six Months	
	No.	Pct.	No.	Pct.	No.	Pct.
TOTAL	36	100.0	20	100.0	16	100.0
<u>Ethnic Background</u>						
Caucasian	28	77.8	17	85.0	11	68.7
Other	8	22.2	3	15.0	5	31.3
<u>Age at Release to Parole</u>						
18 or below	14	38.9	10	50.0	4	25.0
19 or above	22	61.1	10	50.0	12	75.0
<u>Region of Origin</u>						
Tri-county	18	50.0	10	50.0	8	50.0
Other	18	50.0	10	50.0	8	50.0
<u>Commitment Offense</u>						
Non-drug	23	63.9	15	75.0	8	50.0
Drug	13	36.1	5	25.0	8	50.0
<u>Sex</u>						
Male	24	66.7	11	55.0	13	81.2
Female	12	33.3	9	45.0	3	18.8
<u>Court of Commitment</u>						
Juvenile	17	47.2	11	55.0	6	37.5
Criminal	19	52.8	9	45.0	10	62.5
<u>Admission Status</u>						
First Admission	23	63.9	12	60.0	14	68.7
Prior Admission	13	36.1	8	40.0	5	31.3
<u>Dominant Drug Used</u>						
Opiates	20	55.6	13	65.0	7	43.7
Other	16	44.4	7	35.0	9	56.3

Wards in the Zenith House program were predominately caucasian, male and 18 years of age or over. Half of them came from the Tri-county area (Ventura, Santa Barbara and San Luis Obispo counties) which is covered by the parole office to which Zenith House is attached. All but two of the wards were from counties in Parole Zone IV, two were from Los Angeles. The greater proportion were committed for non-drug offenses (although all were heavily involved with drugs) and over half were identified as primarily opiate abusers. The proportions of juvenile and criminal court commitments are about equal.

Several characteristics differences appear to distinguish wards who remained in the program more than six months from those leaving earlier, although the small number of wards involved prevented the proportional differences shown from achieving statistical significance. Wards staying more than six months tend to be older, male and criminal court commitments. Wards who were younger, female, caucasian, and/or not committed for drug offenses tended to "split" from the program at a higher rate than other wards.

Except for three wards who entered the program directly on release to parole or very shortly thereafter, Zenith House functions as an alternative to reincarceration for wards who are in danger of recommitment or revocation of parole. Nearly all of these 33 wards had been arrested while on parole and most were on violation status at the time they were referred to Zenith House. The extent of their misbehavior while on parole can be assessed from several indicators shown in Table 3:

Table 3
Indicators of
Pre-Zenith House Parole Adjustment

Variable	No.	Pct.
TOTAL	33	100.0
<u>Prior Months on Parole</u>		
1 - 6	8	24.2
7 - 12	9	27.3
13 or more	16	48.5
<u>Number of Arrests</u>		
0 - 1	23	69.7
2 or more	10	30.3
<u>Number of Drug Arrests</u>		
0 - 1	23	69.7
2 or more	10	30.3
<u>Number of Weeks on Violation Status</u>		
1 - 6	17	51.5
7 - 12	7	21.2
13 or more	9	27.3
<u>Likelihood of Revocation or Recommitment</u>		
Probable	17	51.5
Potential	16	48.5
Doubtful	--	--
<u>Most Recent Offense</u>		
Drug	22	66.7
Non-drug	11	33.3
<u>General Behavior Rating During Parole</u>		
Satisfactory	2	6.1
Marginal	7	21.2
Unsatisfactory	24	72.7

In general the wards entering the Zenith House program were having serious problems of adjustment on parole and their likelihood of remaining much

longer on parole was highly dubious. All but the three entering the program directly on release to parole had been heavily involved with drug abuse prior to admission to the program. Any prognosis for their rehabilitability would have to have been considered unfavorable.

Post-program Parole Outcome

The records of each ward in the program were followed-up for a minimum of three months to one year from their departure from Zenith House. Twenty-five of the wards departing from the program returned to regular parole, sixteen of these having completed the program, the rest leaving at various phases prior to completion. Ten wards left the program without permission prior to completion and one was revoked at time of departure. For the sixteen who completed the program their prognosis on parole was judged as "good." For the nine others returning to regular parole it was judged "so-so" and for the remaining 11 wards it was judged "poor."

Three criteria of post-program parole performance were applied: 1) recidivism;¹ 2) reversion to drug abuse; and 3) behavior rating.² Each was applied to the wards at three months from departure, at six months from departure and at 12 months from departure. All 36 wards had left the House at least six months prior to the termination of data collection and twenty-four had left twelve months earlier. Table 4 shows ward status for each time interval for each of the three criteria.

1 Recidivism is defined as revocation or discharge for a violation committed within X months of release to parole. In this study "X" is measured at 3, 6, and 12-month intervals.

2 Data relevant to each of these criteria were extracted from the wards' master files. Two researchers reviewed each file independently and coded the relevant information. No points of disagreement were found. For each ward his status on each criteria at the end of each time interval or on the data of revocation or discharge was the basic point for judgment. The data collection form is shown in Appendix A.

Table 4

Parole Performance at Three,
Six and Twelve Months from Departure
from Zenith House

Criteria Status	Three Months		Six Months		Twelve Months	
	No.	Pct.	No.	Pct.	No.	Pct.
TOTAL	36	100.0	36	100.0	24	100.0
<u>Recidivism</u>						
On Parole, Good Discharge	30	83.3	24	66.7	10	41.7
Revoked, Bad Discharge	6	16.7	12	33.3	14	58.3
<u>Reversion to Drug Abuse</u>						
Heavily Involved	3	8.3	9	150.0	4	16.7
Mildly Involved	8	22.2	4	66.7	1	4.2
Not Involved	25	69.4	23	50.0	19	79.2
<u>Behavior Rating</u>						
Acceptable	19	52.8	13	50.0	7	29.2
Borderline	8	22.2	7	116.6	7	29.2
Not Acceptable	9	25.0	16	100.0	10	41.7

At three months from departure from Zenith House the majority of the wards were still on parole, were not known to be involved with drugs again and were rated as presenting acceptable behavior on parole. At six months the majority were still on parole and were not drug involved, but a much larger proportion were rated as expressing behavior which was not acceptable. By twelve months the majority of wards were revoked or had been given a dishonorable discharge and were rated as having behavior which was not acceptable, but the largest proportion were still not known to be involved again with drugs!

It must be kept in mind that many of the wards left the program early and thus the above figures are not a true measure of program impact. In Table 5

outcome criteria are shown separately for those wards with program exposure of six months or more and those with less than six months exposure. In terms of recidivism the wards with longer program exposure clearly outperformed those with less exposure, although the difference between the two groups tended to diminish at each successive period from departure. The situation in terms of reversion to drug abuse was nearly the reverse--wards with less program exposure were also less involved with drugs, especially those in the twelve-months-from-departure group. In the behavior ratings the proportions of "Acceptable" wards declined sharply at each successive period for the wards with longer program exposure, while the proportions in the "Not Acceptable" category increased. The proportions for the wards with less exposure tend to fluctuate at the six month period, but the proportion rated "Not Acceptable" at twelve months was identical to that at three months.

In comparing the two groups, those with less program exposure and those with more, several things must be kept in mind: 1) since Zenith House is not a custody facility and residents are free to leave at any time, those who remained longer were probably more highly motivated to remain out of custody than were those with less exposure; 2) wards who leave early, however, almost invariably have warrants placed against them and are, therefore, more likely to be revoked shortly after departure than are wards departing at graduation or just prior to graduation; 3) wards with less exposure had considerably higher proportions of revokees at each period, and these revokees therefore had less time in which to revert to drug abuse or to exhibit "Not Acceptable" behavior; and 4) as was shown in Table 2, the two groups are not comparable in terms of background characteristics, with the wards having longer exposure being generally older, first commitments and more likely to be opiate abusers.

Table 5

Parole Performance at Three, Six and Twelve Months from
Departure from Zenith House for Wards with Less Than
or More Than Six Months Program Exposure

Criteria Status	Three Months				Six Months				Twelve Months			
	Less Than Six Months		More Than Six Months		Less Than Six Months		More Than Six Months		Less Than Six Months		More Than Six Months	
	No.	Pct.										
TOTAL	20	100.0	16	100.0	20	100.0	16	100.0	15	100.0	9	100.0
<u>Recidivism</u>												
On Parole, Good Discharge	15	75.0	15	93.8	11	55.6	13	85.7	5	33.3	5	55.6
Revoked, Bad Discharge	5	25.0	1	6.2	9	44.4	3	14.3	10	66.7	4	44.4
<u>Reversion to Drug Abuse</u>												
Heavily Involved	3	15.0	--	--	5	26.3	4	21.4	2	13.3	2	22.2
Mildly Involved	2	10.0	6	37.5	1	5.3	3	21.4	--	--	1	11.1
Not Involved	15	75.0	10	62.5	14	68.4	9	57.1	13	86.7	6	66.7
<u>Behavior Rating</u>												
Acceptable	7	35.0	12	75.0	4	15.8	8	57.1	3	20.0	4	44.4
Borderline	5	25.0	3	18.8	5	26.3	3	21.4	6	40.0	1	11.1
Not Acceptable	8	40.0	1	6.2	11	57.9	5	21.4	6	40.0	4	44.4

The six-months program exposure criteria does not differentiate wards who were involved in the earlier six-months program from wards involved in the later nine-months program. The latter program was developed in response to what were acknowledged to be inadequacies in the shorter program. It is anticipated that the nine-months program will have had a more beneficial impact on wards than did the six-months program. A follow-up comparison of wards in the two programs at three and six months from departure from Zenith House is shown in Table 6. Only one of the nine-month program wards had had twelve months since departure, thus comparison at that interval was not possible.

Table 6
Parole Performance at Three and Six Months from Departure
from Zenith House for Wards in the Six-Months
Program and Wards in the Nine-Months Program

Criteria Status	Three Months				Six Months			
	6-Months Program		9-Months Program		6-Months Program		9-Months Program	
	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.
TOTAL	21	100.0	15	100.0	21	100.0	15	100.0
<u>Recidivism</u>								
On Parole, Good Disch.	17	81.0	12	80.0	13	61.9	11	73.3
Revoked, Bad Discharge	4	19.0	3	20.0	8	38.9	4	26.7
<u>Reversion to Drug Abuse</u>								
Heavily Involved	0	--	3	20.0	3	14.3	6	40.0
Mildly Involved	6	28.6	2	13.3	3	14.3	1	6.7
Not Involved	15	71.4	10	66.7	15	71.4	8	53.3
<u>Behavior Rating</u>								
Acceptable	10	47.6	9	60.0	7	33.3	6	40.0
Borderline	7	33.3	1	6.7	6	28.6	1	6.7
Not Acceptable	4	19.0	5	33.3	8	38.9	8	53.3

On the recidivism measure the two groups of wards show virtually no difference at the three-month interval, but at the end of six months, the nine-month program wards clearly have a smaller proportion of recidivists. On reversion to drug abuse, the nine-month program wards evidence higher proportions of "Heavily Involved" and lower proportions of "Mildly Involved" and "Not Involved" at both intervals. On behavior ratings the nine-month program wards also perform less well, showing somewhat greater proportions with "Acceptable" ratings, but also considerably greater proportions with "Not Acceptable" ratings.

Of the wards in the six-months program eight were graduated and two left while in Senior status. Three of these wards (30.0 percent) had failed within six months of departure. For the nine-months program five wards were graduated and two departed while in Senior status. Of these only one of the Seniors (14.3 percent) had failed within six months from departure. Most of the wards, in both programs, who contributed to the failure rates shown in Table 6 left the program while in the candidacy or Junior stages. In the six-month program five of the eleven (45.5 percent) early departures failed within six months of departure, while in the nine-month program three of eight (37.5 percent) of the early departures had failed by six months.

At six months from departure from the program, then, there is some evidence that the nine-month program has a more effective impact on post-departure recidivism for wards remaining in the program to senior status or graduation. At six months, however, this tendency is only beginning to be apparent and any firm conclusions should await a more clear difference at the twelve-month interval. For Graduates and Seniors from the six-month program the failure rate at 12 months is 60.0 percent. What it will be for wards in the nine-month program at that time is not yet known.

On the basis of the data available it would be difficult to argue, at this time, for any superior treatment effectiveness for the Zenith House program over institutional programs. As an alternative to reinstitutionalization, however, it would seem to be equally as effective as institutional programs for the types of wards with which it is concerned. For instance, criminal court commitments (approximately the same age range) released to parole in 1972 show a 12.7 percent failure rate at six months from release, which is only slightly different than the 14.3 percent failure rate at six months for wards departing from the nine-month program. At present the average stay at Zenith House for Seniors and Graduates is just slightly less than nine months. If these wards were to be reinstitutionalized they would likely have to stay twelve months or longer. Thus, Zenith House would seem to be attaining equivalent effectiveness within a considerably shorter span of time.

Cost/Effectiveness

The cost of operating Zenith House during the fiscal year 1973-74 was \$72,020.¹ That is equivalent to \$6,002 per month, or an average of \$588.00 per occupied bed ($\$6002/10.2$ average monthly occupancy). The operating cost of a regular 50-bed institutional unit at that time was about \$400,000 per year, or \$667 per occupied bed per month. The Zenith House program, then, at the level of occupancy pertaining over that fiscal year, would seem to have been not only a viable alternative to incarceration in terms of recidivism rates, but also in terms of wards costs. It must be kept in mind, however, that program effectiveness appears directly related to length of program exposure--wards who were exposed longest performed best on parole, especially for wards in the current

¹This figure excludes the salary and benefits for the Parole Agent I who supervises the program and who is a regular part of the staff complement of the Santa Barbara parole office. Nor does it include the costs of normal parole services required by Zenith House wards.

nine-month program. In order to truly compete in terms of cost/effectiveness ratios with reinstitutionalization, then, Zenith House must be able to maintain a daily population of at least nine potential graduates. In both the six-month and the nine-month programs more than 50.0 percent of the wards who enter the program drop out before attaining Senior status. Thus, in order to maintain competitive recidivism levels at a competitive cost, Zenith House should be prepared to receive about twice as many wards as they need to maintain the above level of potential graduates. Between July 1, 1973 and June 30, 1974, thirteen wards were brought into the program. Of these, six remained to achieve Senior status, the rest departed within four months of entry, for an average stay of 2.7 months. Among them they accounted for an average occupancy of six wards per month. In order to have attained an average of ten wards in residence who would likely remain to Senior status or graduation, a total of twenty-four wards should have been admitted during that period. With this intake the total average population per month would be 13.5, an increase of only 3.3 wards per month over the actual average during the period. This increase can easily be accommodated with no increase in costs. This level of intake could be readily achieved with the full cooperation of other parole offices in making referrals to the program, especially offices in the Los Angeles area.

Conclusions and Recommendations

The data available provide no proof of superior treatment effectiveness for the Zenith House program over recommitment to an institution, but it does suggest that wards who spend six months or more in the Zenith House program do as well on parole following departure as wards released from institutions, in less time and at less expense. From a cost/effectiveness point of view, Zenith House would

appear, then, as a viable and feasible alternative to reincarceration for a number of drug abusing wards. It would also appear, from an humanitarian point of view, as the preferable placement for wards who can adapt to the program. The program needs an acceptance rate of twenty-four wards per year in order to provide an optimal cost/effectiveness ratio. Of these, it would be anticipated that slightly more than half will leave the program before the end of their fourth month. The balance should remain in the program through the Senior phase and/or graduation. These latter are the affective target population for whom the program serves as a preferable alternative to incarceration. But of the early departures, however, a positive impact can be expected for about half who can be kept on parole rather than sent to an institution following departure. This is a side benefit not calculated into the previous cost/effectiveness analysis. In order to meet its necessary acceptance rate, however, the program needs a sufficient number of referrals, about thirty-six per year, from which to draw its population. This can be achieved only with the cooperation of other parole units within the general drawing area of the program--Zones III and IV, it cannot be maintained by the Santa Barbara parole office alone. It is recommended that:

1. The program be maintained and encouraged.
2. Every effort be made to increase the number of referrals to the program from other parole offices, particularly those in the Los Angeles area.
3. A continuing monitoring and evaluation system be developed in conjunction with the program in order to provide ongoing cost/effectiveness information for guidance of the program administrators.

Postscript

This evaluation has reviewed the operations of the program through May, 1974. Since then some vital changes have been made in the program. First, its location has been moved from the schoolhouse in Fillmore to a large estate

south of Santa Barbara. There it functions in close proximity to the Santa Barbara parole office, which is also located on the estate. Secondly, its financial future appears more certain and staff members can now feel more assured that the program will continue. Third, the new physical plant allows an even larger intake than was possible at the previous location, thus expansion of the program to the desired minimum is more feasible than before, with no significant increase in overall costs.

END

7. 10/10/1944