

JUNE 1977

# Ward Characteristics and Recidivism

in the  
Youth Authority's

**C**ommunity-  
**C**entered  
**D**rug  
**P**rogram

**MICROFICHE**

42505



# State of California

EDMUND G. BROWN JR.  
GOVERNOR

## Health and Welfare Agency

MARIO OBLEDO  
SECRETARY



## Department of the

# Youth Authority

KEITH S. GRIFFITHS  
Chief of Research

ELAINE DUXBURY  
Research Manager III

CHESTER F. ROBERTS  
Research Manager I

Cover Design and  
Graphics: Wayne J. Kubo

LDA

PEARL S. WEST,  
DIRECTOR

ROBERT H. MABBUTT,  
CHIEF DEPUTY DIRECTOR

JAMES C. BARNETT,  
DEPUTY DIRECTOR  
PREVENTION AND COMMUNITY  
CORRECTIONS BRANCH

RUTH E. KRANOVICH,  
DEPUTY DIRECTOR  
PAROLE SERVICES BRANCH

CHARLES A. KUHL,  
DEPUTY DIRECTOR  
INSTITUTIONS AND CAMPS BRANCH

FREDERICK F. MILLS,  
DEPUTY DIRECTOR  
PLANNING, RESEARCH, EVALUATION  
AND DEVELOPMENT BRANCH

GEORGE R. ROBERTS,  
DEPUTY DIRECTOR  
MANAGEMENT SERVICES BRANCH

# TABLE OF CONTENTS

NCJRS

JUL 25 1977

## ACQUISITIONS Page

HIGHLIGHTS .....	i
COMMUNITY-CENTERED DRUG PROGRAM POPULATION MOVEMENT AND CHARACTERISTICS .....	1
PROGRAM PROCESSES AND PROCEDURES .....	3
Continuity and Change .....	3
PROGRAM MONITORING AND DATA COLLECTION .....	8
WARD MOVEMENT .....	10
WARD CHARACTERISTICS .....	17
Characteristics of Wards Identified into Program .....	17
Sex .....	17
Ethnic Background .....	20
Age at Identification .....	20
Commitment Offense .....	22
County of Commitment .....	24
Admission Status .....	24
Major Drug of Abuse .....	26
Summary .....	28
Characteristics of CCDP Wards on Parole .....	28
Background Characteristics and Parole Outcome .....	32
DISCUSSIONS AND CONCLUSIONS .....	41
Project Operations .....	42
Evaluative Research .....	45
BIBLIOGRAPHY .....	47

## LIST OF TABLES

### Table Number

1	WARD MOVEMENT: IDENTIFICATION, PAROLE, AND REMOVAL BY SIX-MONTH INTERVALS, JANUARY 1973 THROUGH JUNE 1976 .....	10
---	---	----

## LIST OF TABLES (CON'T)

<u>Table Number</u>		<u>Page</u>
2	PERSONAL AND BACKGROUND CHARACTERISTICS OF WARDS IDENTIFIED INTO THE COMMUNITY-CENTERED DRUG PROGRAM DURING SUCCESSIVE SIX-MONTH PERIODS, JANUARY 1, 1973 THROUGH JUNE 30, 1976 .....	18
3	PERSONAL AND BACKGROUND CHARACTERISTICS OF WARDS ON PAROLE IN THE COMMUNITY-CENTERED DRUG PROGRAM AT THE END OF SUCCESSIVE SIX- MONTH INTERVALS, JUNE 30, 1973 THROUGH JUNE 30, 1976 .....	30
4	COMPARISON OF PAROLE OUTCOME RATES FOR THREE CCDP SAMPLES .....	34
5	PERSONAL AND BACKGROUND CHARACTERISTICS OF WARDS IN SAMPLE 1, SAMPLE 2, AND SAMPLE 3 BY PERCENTAGE .....	36
6	PAROLE FAILURE RATES AT TWELVE MONTHS FROM RELEASE TO PAROLE FOR THREE SAMPLES OF IDENTI- FIED DRUG ABUSING WARDS IN THE CCDP BY INVOLVE- MENT OR NON-INVOLVEMENT WITH COMMUNITY DRUG TREATMENT SERVICES AND BY SELECTED PERSONAL AND BACKGROUND CHARACTERISTICS .....	38

## LIST OF CHARTS

<u>Chart Number</u>		
I	NUMBER OF WARDS IDENTIFIED INTO THE CCDP BY PLACE OF IDENTIFICATION FOR EACH SIX-MONTH PERIOD .....	12
II	NUMBER OF WARDS REMOVED FROM THE CCDP BY REA- SON FOR REMOVAL FOR EACH SIX-MONTH PERIOD .....	14
III	COMMUNITY-CENTERED DRUG PROGRAM POPULATION MOVEMENT JANUARY 1, 1973 THROUGH JUNE 30, 1976.	16
IV	PERCENT OF WARDS IDENTIFIED INTO THE CCDP BY AGE AT IDENTIFICATION FOR EACH SIX-MONTH PERIOD .....	21
V	PERCENT OF WARDS IDENTIFIED INTO THE CCDP BY COMMITMENT OFFENSE FOR EACH SIX-MONTH PERIOD ..	23

LIST OF CHARTS (CON'T)

<u>Chart Number</u>		<u>Page</u>
VI	PERCENT OF WARDS IDENTIFIED INTO THE CCDP BY ADMISSION STATUS FOR EACH SIX-MONTH PERIOD .....	25
VII	PERCENT OF WARDS IDENTIFIED INTO THE CCDP BY MAJOR DRUG OF ABUSE FOR EACH SIX-MONTH PERIOD .....	27

4

1

1

1

## HIGHLIGHTS

This report surveys the movement of identified drug abusers through the Community-Centered Drug Program from January 1, 1973 through June 30, 1976, and especially focuses on changes in the personal and background characteristics of wards in the program over time and the effect which such changes might have had on the differential effectiveness of the program during that period.

A total of 8,500 wards were identified as serious drug abusers during the period of the survey. Of these, 3,400 were identified at one of the reception center-clinics, 2,583 at an institution, and 2,517 while on parole. Of the wards identified at a reception center-clinic or an institution, 6,336 were subsequently released to parole. The total of wards on parole at some time during the study period was 9,063. Of these, 2,921 were subsequently discharged and 1,185 were removed for other reasons from the program.

The program's impact, as measured by reduced recommitment or "Bad" discharge rates, decreased during the study period. The analysis strongly suggests that the decreasing impact was directly related to dramatic increases in the proportions of younger wards, first admissions, "crimes against persons" offenders, and marijuana and alcohol abusers among the identified drug abusers on parole during the period studied.

Significant points were:

... From analysis of parole follow-up data from three samples of drug abusers chosen from successive cohorts, it appears that the wide

difference in failure rates between wards involved with community drug programs and those not involved decreased with each sample, from within the range of statistical significance in the first sample to nearly random chance in the third sample.

... In the first sample, the major impact of the program was on older wards, narcotic and drug offenders, prior admissions, and opiate abusers. By the final sample, the differences for those types of wards were no longer significant.

... Between the first and the final six-month periods studied, the proportions of narcotic and drug offenders identified into the program decreased from 26.9 percent to 5.8 percent, while wards committing offenses against persons increased from 23.0 percent to 42.9 percent. Wards 21 years of age and over decreased from 62.8 percent to 42.1 percent. First admissions increased from 63.7 percent to 88.0 percent. Abusers of opiates and depressants decreased from 72.7 percent to 24.2 percent.

... Similar, though less dramatic, changes were noted in the composition of the population of abusers on parole between June 30, 1973 and June 30, 1976. Drug abusers on parole on the first date were predominantly older, were abusers of hard drugs, and a sizeable proportion were committed on narcotic and drug offenses. Drug abusers on parole on the latter date were predominantly under 21, were "abusers" of the "soft" drugs (marijuana and alcohol), and were more likely to have been committed for offenses against persons.

... During the early period of the program, the majority of identified abusers on parole were the type of wards upon whom the program could be expected to have a maximum impact--older, "hard-core" abusers. By the later periods of the program, however, that type of ward was only a small minority of the identified abusers on parole.



- ... As the proportions of older, "hard-core" abusers on parole declined over time, the measurable impact of the program overall decreased accordingly. The extent to which this was a direct casual relationship could not be determined.
- ... To the extent that characteristics are related directly to parole outcome measurement, one could anticipate changes in parole outcome over time, which would be attributable simply to changes in population characteristics regardless of any program effect.



COMMUNITY-CENTERED DRUG PROGRAM  
POPULATION MOVEMENT AND CHARACTERISTICS

The Community-Centered Drug Program was developed to provide community-based treatment and rehabilitative services for wards of the Youth Authority who have been identified as drug abusers. The program became operational on August 1, 1972. During the following four months, staff were selected and trained, operating procedures were adopted and codified, report forms were developed and printed and other necessary preparatory tasks completed. It was not until mid-December of that year, therefore, that the program was prepared to receive and work with wards. Indeed, current records show only four wards identified into the program prior to January 1973.

By the end of June 1976, though, this beginning trickle had swollen to a total of 8,500 wards who had been identified and admitted into the program. By the latter date, 4,106 wards had been removed from the program, leaving 4,394 active in the program, in institutions, or on parole.

The present paper examines the flow of wards into and out of the program over the three-and-one-half year period between January 1, 1973, and June 30, 1976. The data are presented for each six-month period between those dates. It especially focuses on the changing characteristics of the wards in the program between successive intervals. It suggests some of the implications which the changes in types of wards in the program and their rates of movement through the program had on ultimate outcome statistics.

The paper will present, first, a description of the ways in which wards were to have become identified into the program, the program's services, and the ways in which they could leave the program. Secondly, the data collecting and monitoring system will be described. Thirdly, ward movement will be reviewed: the number of wards identified within each interval, the places where they were identified, the number of wards released to parole each interval, the number of wards removed from the program, and the reason for their removal. Next, the types of wards passing through these various phases in the program, analyzed in terms of selected personal and background characteristics, will be presented. Finally, the implications of this data will be explored in the conclusion.

## PROGRAM PROCESSES AND PROCEDURES

### Continuity and Change

The Community-Centered Drug Program (CCDP), was initially developed to enable the Youth Authority to provide a wider range of drug abuse treatment and rehabilitation services for drug abusers on parole than could be provided by the parole agent alone. The plan was simply to provide enriched capabilities for the various parole offices to motivate, facilitate, and involve drug abusers with facilities and services already existing in their communities. A major theme was to get the Youth Authority out of direct involvement in drug abuse treatment as much as possible, especially outside of the institutions. The original project proposal notes:

The Youth Authority cannot rely on its own resources alone for resolution of drug abuse problems among its wards. We must begin sharing this responsibility with other drug abuse treatment resource agencies, especially the wide range of community-based programs presently existing.<sup>1</sup>

Essential to the plan was the creation of a system for distinguishing those wards in need of drug treatment and rehabilitation services. It was early decided that the program should orient itself toward the "hard-core" drug abusers, rather than wards who had simply "used" drugs occasionally in the past. Three criteria were established for the identification of a ward as a

---

<sup>1</sup>Proposal submitted to California Council on Criminal Justice, May 1972, titled Community-Centered Drug Program. p. 14.

"drug abuser":

1. The ward must have been using drugs immediately prior to his most recent incarceration, and
2. Must have a fairly lengthy history of such drug use, and
3. The use of drugs must be directly related to his malfunctioning or delinquent behavior.<sup>2</sup>

The first of the above criteria was interpreted as calling for evidence of abuse within three months of the ward's more recent incarceration. The second was interpreted as requiring a history of at least one year's continuous use; and the third was to be evidenced by drug-related arrests, loss of job due to drug abuse, alienation from family, etc.

The planning committee's understanding was that the program was to be confined to abusers of non-alcoholic drugs. It was also felt that few, if any, marijuana users would qualify under the restraints noted above, nor was the committee aware of any treatment program applicable to marijuana abusers. Essentially, the program was developed especially for abusers of opiates, depressants, stimulants, and hallucinogenic drugs. This is reflected in the first version of the Service and Program Record Card, maintained on each identified drug abuser, where only those categories of drugs are noted. Shortly after the program started, however, it was decided by administrative order that marijuana abusers would be included in the program where appropriate. Similarly, by early 1975, the rising incidence of alcoholism among wards being committed to the Youth Authority became apparent, and plans were made to expand the CCDP into a more general substance abuse program to include alcoholics. A few alcoholics had been identified into the program

---

<sup>2</sup>Community-Centered Drug Program Operational Guide, n.d. p. 1.

prior to that time, but thereafter, the numbers increased rapidly. By the end of June 1976, two-thirds of all wards taken into the program were identified as primarily alcohol or marijuana abusers.

A ward could be identified as a drug abuser at any time--at one of the reception center-clinics, while in an institution, or while on parole. At the reception center clinics, each ward's file was reviewed for evidence of drug involvement. Usually in an institution, a ward was identified only if, for some reason, he drew attention to himself, or if he sought help from a counselor. On parole, wards were generally identified at the time that they were found to have become involved with drugs, often just prior to their recommitment or revocation. During the first six months of the program, January through June 1973, the majority of wards identified as drug abusers were identified while on parole. Parole agents generally were aware who their drug abusing wards were, and were anxious to make them eligible to receive services. By 1976, however, nearly all the drug abusers on parole had been identified and the majority of new identifications were being made at the reception center-clinics.

If a ward was identified at a reception center-clinic, he or she was assigned to the special Drug Diagnostic and Planning Unit (DDPU), if bed space was available there. Otherwise, he or she was assigned to a regular living unit. In the DDPU, specialized informational and educational activities were initiated, preparing the ward for continuing treatment within an institutional setting or on parole. Visitors from various community drug programs talked to the wards concerning services available to them, and attempted to motivate them to make use of these services when they were released to parole.

An initial program plan was prepared providing guidelines for the wards continuing rehabilitative program while in the Youth Authority, but subject to

subsequent change as circumstances dictated. When transferred from the reception center-clinic to an institution, or when identified in an institution, the ward might become eligible for one of the special drug treatment programs functioning at some institutions, such as the "Family" program at Preston School, Mira Loma Cottage at Ventura School, the Kennedy Cottage program at Nelles, or later, G and H companies at Youth Training School. Several schools had also contracted with certain community drug rehabilitation agencies to provide special programs to drug abusing wards while in the institution. The primary purpose of the work with wards in the institutions was to motivate and prepare them for involvement with community-based drug programs when they were released to parole.

When released to parole or when identified while on parole, the ward was interviewed by the Drug Resource Aide assigned to the ward's parole office, along with his parole agent. They attempted to assess his/her programming needs and, if the ward was amenable, contract with an appropriate community agency to provide services to the ward. Some wards required several different types of services. Others had difficulty adjusting to one program and were transferred to another. The basic concept for the CCDP allowed considerable flexibility in this regard. Program services continued to be provided to the ward during his stay on parole as needed and desired.

Wards were automatically removed from the CCDP upon discharge or transfer Out-of-State. Wards could also be removed by being declared non-amenable to program services or by being "no longer in need" of drug treatment services. In a few cases, wards were removed because it was found that they had been misclassified as drug abusers when they really were not, or because there were simply no program services available in their area of residence.

In theory, wards revoked or recommitted to the Youth Authority were also



removed from the program. However, with few exceptions, those wards were almost immediately reidentified into the program upon arrival at a reception center-clinic or institution. Therefore, they were never, for all practical purposes, out of the program. In this paper, they will be considered as program participants from the time of initial identification until removal for one of the other reasons noted above.

Once revoked or recommitted, whether returned to a reception center-clinic or to an institution, the identified drug abuser was again exposed to the cycle of informational, planning, motivational, and rehabilitational activities already described.



### PROGRAM MONITORING AND DATA COLLECTION

To keep track of ward movement through the system described earlier, a parallel monitoring system was devised. Whenever a ward was identified into the program, a Kardex Ward Program and Service card was initiated, showing the date of identification, the ward's name and YA number, and the types of drugs which he or she generally used. A copy of this card was sent to the CCDP research unit to initiate its data file. The original copy was to be kept available with other drug program cards in a Kardex file at whichever institution or parole office the ward was assigned.

All drug program services and expenditures provided to the ward were to be noted on the card, with the dates the services began and terminated. This card remained with the ward's field file and accompanied him wherever he was transferred. It was the task of the Drug Resource Aides assigned to the various institutions and parole offices to maintain this card.

It was anticipated that the data on this card would provide all the necessary information for research purposes concerning the ward's involvement with community drug treatment and rehabilitation programs. This was a naive expectation. A comparison of the information on the cards with the actual financial records for the various parole offices has indicated major lapses in drug program record-keeping for nearly all of the offices. Initial estimates indicate that nearly half the services provided wards through program funds were NOT noted on the Program and Service cards. More than 140 wards received various

degrees of services who were never appropriately identified and accepted into the program. The failure of this recording system has had severe consequences on the ability of the research unit to adequately evaluate the impact of program services on wards.

In addition to maintaining the Program and Service Record cards, each institution and parole office was to file a monthly report of drug service activities. These were collated each month by the research unit into a short "Fact Sheet" and published. However, since the data in the monthly report was supposedly extracted from the Program and Service Record cards for each office, their reliability must remain highly suspect.

For the period August 1974, through June 1976, the financial records maintained at the Parole Zone Offices appear to be the most reliable sources of information concerning wards' program involvement. Prior to that time, the records were not maintained in a manner which readily allowed data retrieval. Since July 1, 1976, due to staff reductions, few parole offices maintain their financial records for drug services separately from their general budget records. Therefore, identification of drug program expenditures since that date and from that source has been extremely difficult.

Information on the personal and background characteristics of wards identified into the CCDP, and the dates and locations to which they were transferred, were obtained from files of the Information Systems Section and integrated with program involvement data on a CCDP master computer tape. This master tape serves as the data base for this paper and other evaluations of the CCDP.

## WARD MOVEMENT

The movement of wards into the CCDP at point of identification, the number of wards released to parole, and the number removed from the program are shown for successive six-month intervals in Table 1.

TABLE 1

WARD MOVEMENT: IDENTIFICATION, PAROLE, AND REMOVAL  
BY SIX-MONTH INTERVALS, JANUARY 1973 THROUGH JUNE 1976

Period	Number of Wards Identified at:				Wards Released to Parole*	Wards Revoked*	Total Wards on Parole at end of Period	Wards Removed from Program (Not Revoked)	Total Wards in Program at end of Period
	RCCs	Inst.	Parole	Total					
<u>1973</u>									
1st Half ...	489	656	1,087	2,232	313	66	1,294	199	2,193
2nd Half ...	459	398	648	1,505	702	223	2,116	317	3,293
<u>1974</u>									
1st Half ...	577	498	237	1,312	832	269	2,471	455	4,184
2nd Half ...	419	187	181	787	933	267	2,778	608	4,387
<u>1975</u>									
1st Half ...	408	383	190	981	1,104	165	3,129	783	4,656
2nd Half ...	546	289	88	923	1,074	180	3,340	774	4,817
<u>1976</u>									
1st Half ...	502	172	86	760	1,326	134	3,653	970	4,638
TOTAL	3,400	2,583	2,517	8,500	6,344	1,304		4,106	

\*These columns include wards who were revoked or recommitted and released to parole several times during their stay in the program.

Slightly more than a quarter of all wards brought into the CCDP were identified during the first six months of its operation. Nearly half of those were wards who were already on parole.

By the first half of 1976, wards identified on parole accounted for only 11.3 percent of all those identified during the period. At the start of the program, there was considerable urgency in obtaining a pool of identified parolees with whom the staff at the parole offices could begin working. Too, the parole agents were generally aware of which wards were drug abusers, and they were the most apparent first candidates for identification. In a short time nearly all available drug abusers on parole had been identified, and as increasing numbers of wards were identified at the reception center-clinics and in institutions, the number of unidentified wards on parole dwindled sharply.

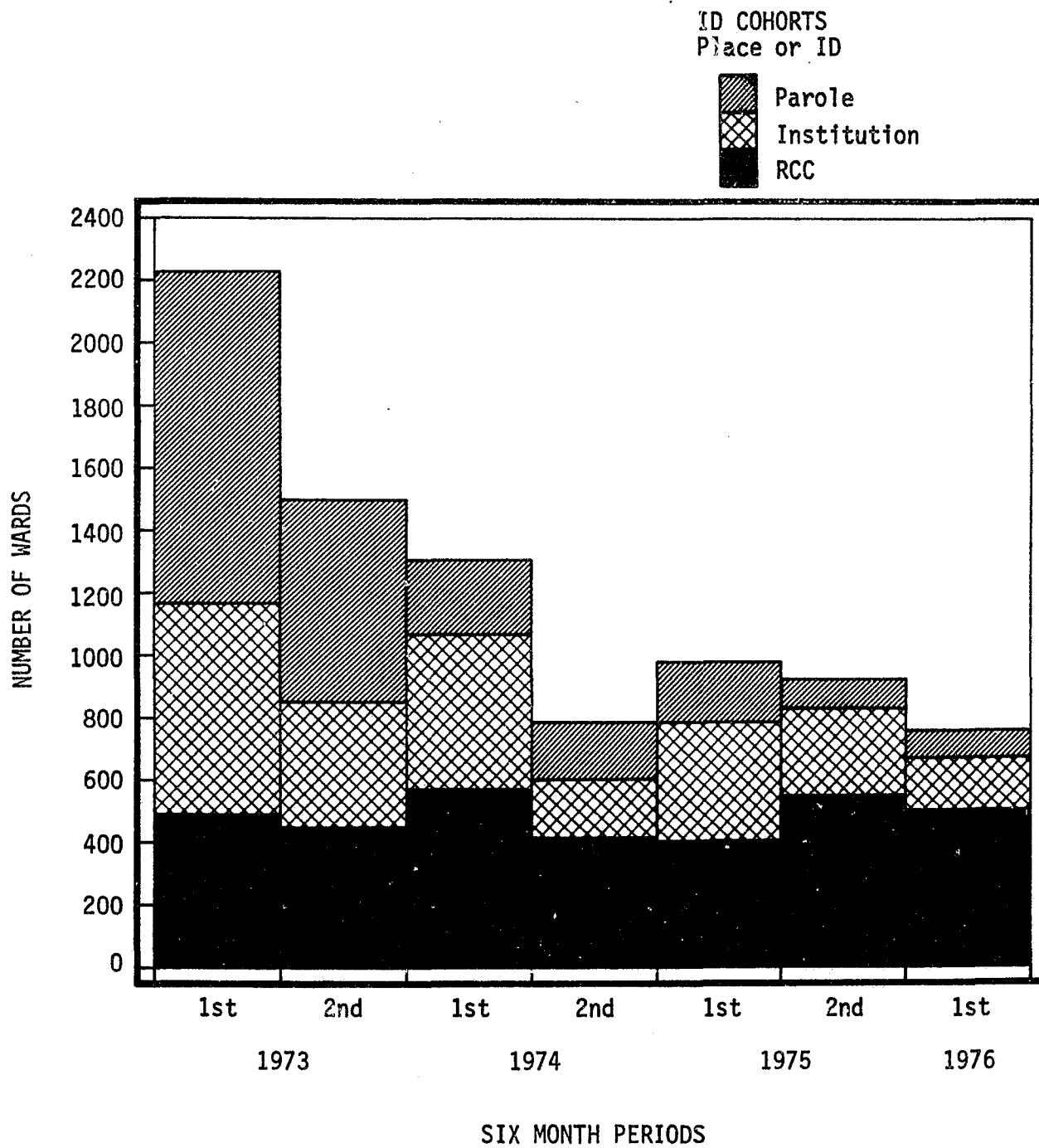
Considerably fewer wards were identified in institutions than on parole at the start of the program, but by June 1976, their total numbers slightly exceeded those identified on parole. In each successive period, the number of wards identified in institutions diminished, but not as rapidly as the number of parolees identified. The number of wards identified at the reception center-clinics remained remarkably stable throughout, averaging about 485 wards each six-month period, or about 80 per month.

The changes in place of identification and proportions of wards identified for each successive period are readily seen in Chart I. These significant changes had consequences for the nature of the wards served and the intensity of program impact on those wards as the program developed over time.

Most wards identified in the reception center-clinics or in an institution were subsequently released to parole. The exceptions were some wards discharged

## CHART I

NUMBER OF WARDS IDENTIFIED INTO THE CCDP  
BY PLACE OF IDENTIFICATION FOR EACH SIX-MONTH PERIOD



directly from incarceration. The number of releases rose rather rapidly over the first three periods of the program, then stabilized at about 1,000 wards, until the last period when it rose to more than 1,300 wards. It would have been thought that as the number of wards on parole increased, the number of wards recommitted or revoked would also increase, but that was clearly not so. As Table 1 shows, the number of revoked/recommitted wards rose to a high of nearly 270 per period during 1974, but has since dropped back to less than half that number. One explanation would seem to be that the total pool of identified wards on parole was composed of both those released to parole and those identified while on parole, and the decline in number of revocations is a reflection of the rapid decline in the number of the latter after 1973. The total of wards on parole at the end of each period increased about 300 wards over each interval to a total of 3,653 by June 30, 1976.

Wards could be removed from the program for a number of reasons, as noted in the previous section. The two most common reasons were, of course, either satisfactory (Good) or less than satisfactory (Bad) discharge. The number of wards removed each period is shown on Chart II. The number of discharged wards during the first period was exceedingly small, perhaps because parole agents were less inclined to identify wards who were to be discharged shortly afterward. The number of "Good" discharges increased proportionately to the growth of the total population of drug abusers over all periods, while the number of "Bad" discharges tended to stabilize by the second half of 1974, and remained about the same thereafter. This suggests that some change in Youth Authority policy on discharges influenced the "Bad" discharge rate about that time. This will be examined in a subsequent report. Surprisingly, the number of removals for other reasons also increased throughout the entire study period. No ready explanation for this phenomenon is available.

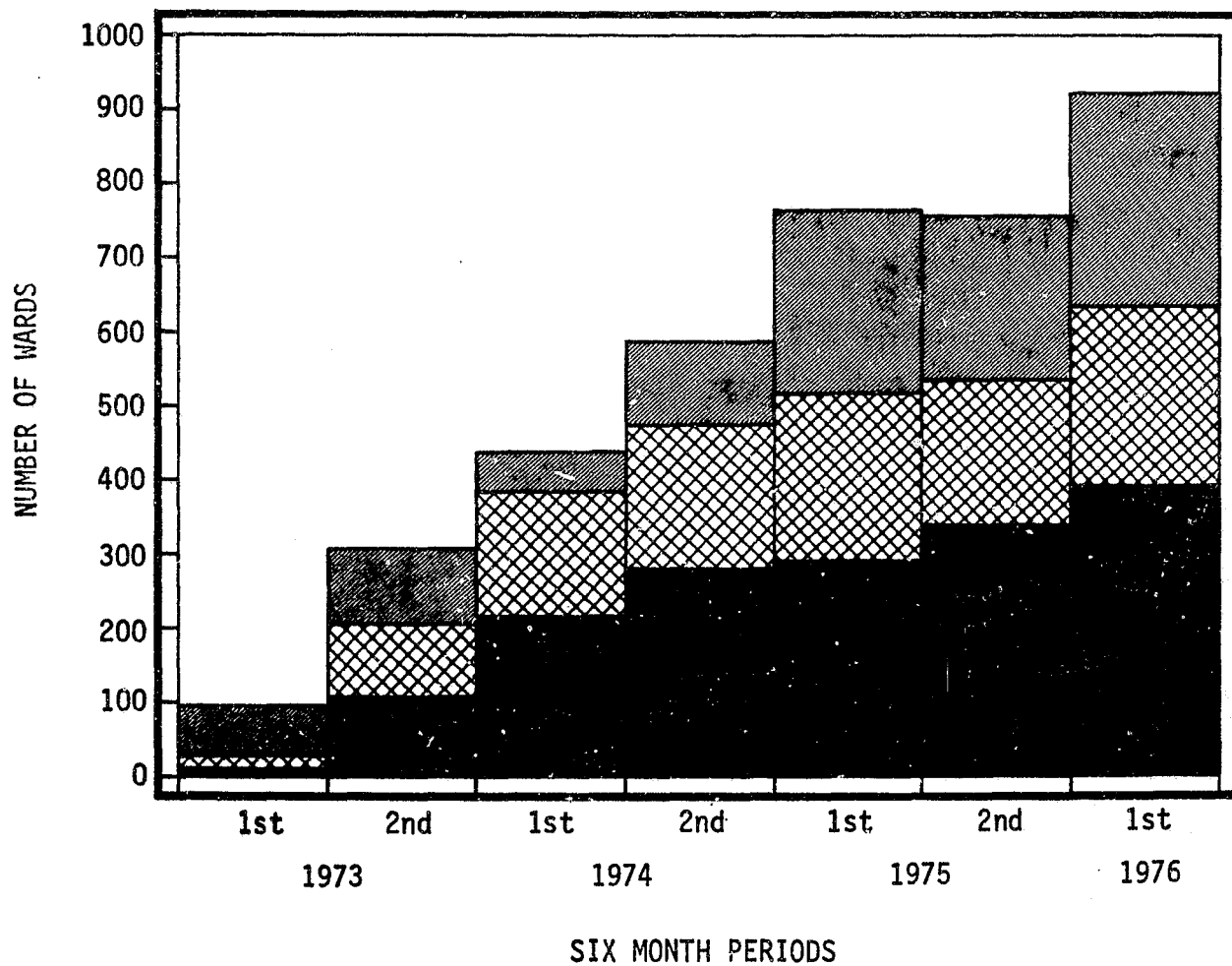


## CHART II

NUMBER OF WARDS REMOVED FROM THE CCDP  
BY REASON FOR REMOVAL FOR EACH SIX-MONTH PERIOD

REMOVAL COHORT

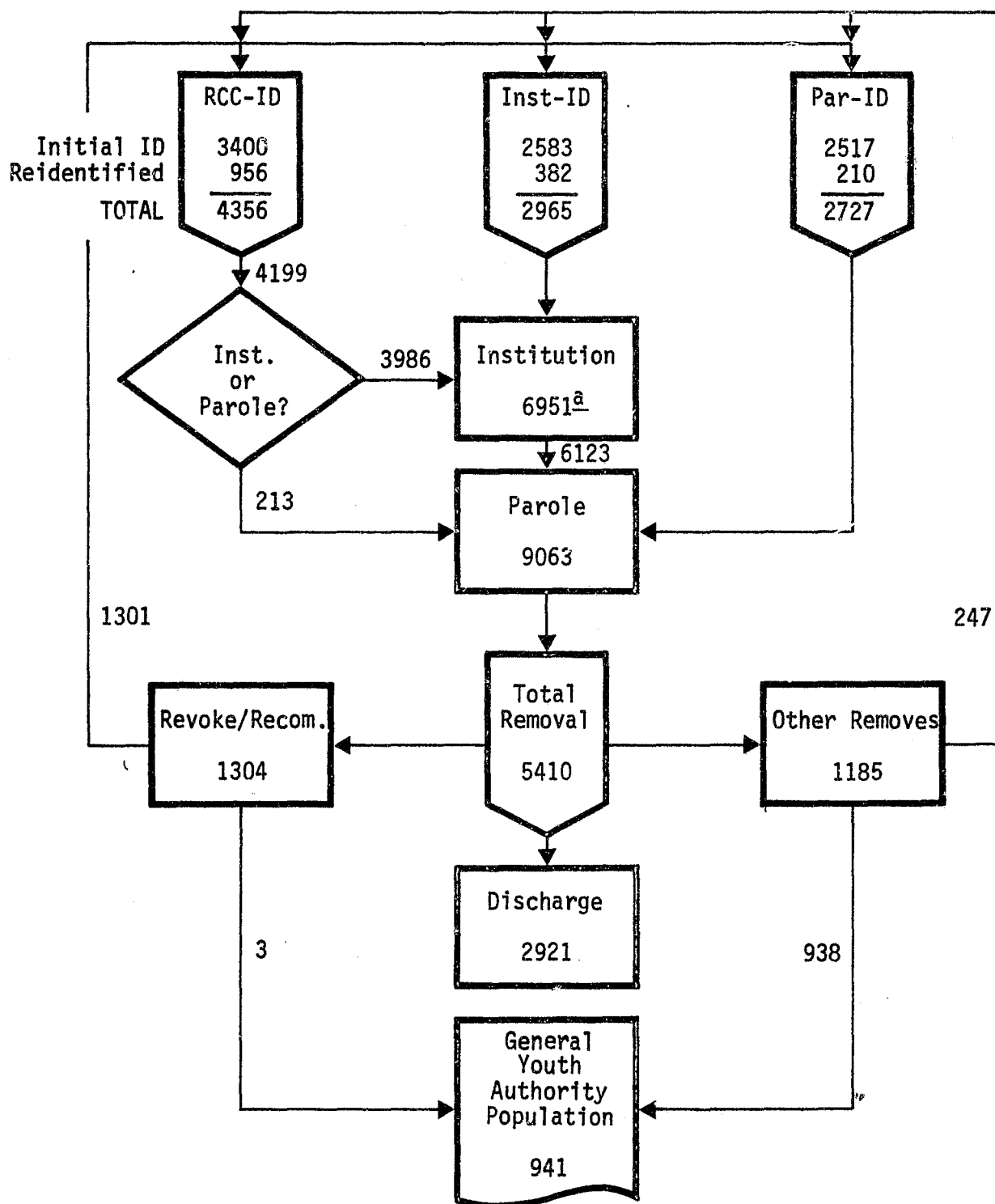
Other  
Bad Discharge  
Good Discharge



The movement of wards through the CCDP over the entire three-and-one-half years is summarized in Chart III. The figures there combined initial identifications with reidentified wards. On Chart III, the number of wards initially identified and those reidentified at reception center-clinics, in institutions, or on parole are shown at the top. Wards identified at reception center-clinics could be released directly to parole or transferred to an institution. The latter, added to those identified in an institution, form the total of drug abusers who passed through the institutional phase. From the institution, most wards were released to parole, although a few were discharged directly from the institution. The wards released to parole are added to those identified while on parole to form the total of wards passing through the parole phase. From the parole phase, a ward could be removed through revocation or recommitment, nearly all of whom were reidentified again at a reception center-clinic, institution, or when they were once more released to parole. Other wards were removed as non-amenable, no longer in need of services, out-of-state transfers, etc., and of these a few were reidentified. The wards who were removed either through revocation/recommitment, or for "other" reasons and who were not reidentified simply became a part of the general Youth Authority population once again. Finally, a ward could be removed through discharge from the Youth Authority. It is possible that a few of these might have been committed again to the Youth Authority, but for the purposes of this report, they would have been counted as an initial identification once more.

## CHART III

COMMUNITY-CENTERED DRUG PROGRAM POPULATION MOVEMENT  
JANUARY 1, 1973 THROUGH JUNE 30, 1976



<sup>a</sup>The figures below this point omit eight cases where parole and/or removal data are missing.



## WARD CHARACTERISTICS

As changes in the number of wards identified each period and the places of their identification were occurring, they in turn, exerted a strong influence on the types of wards brought into the program at successive periods. A number of selected personal and background characteristics of wards identified and wards on parole are discussed below.

### Characteristics of Wards Identified into Program

Changes in selected personal and background characteristics of wards identified into the program during each successive six-month period are shown in Table 2, and on Charts IV through VII.

### Sex

Throughout all periods, the number of wards identified were predominantly male. In the first half of 1973, the largest proportion of females was identified, 14.0 percent. By the second half of 1974, the proportion of females had declined to 6.0 percent, and by the first half of 1976, to only 5.0 percent. This decline follows a general trend in the Youth Authority which has seen the proportions of females among first admissions drop from 11.5 percent in 1973, to 5.1 percent during 1976.<sup>3</sup>

---

<sup>3</sup>California Youth Authority, Population Movement Summary, Calendar Year 1976. Sacramento, n.d.

TABLE 2

PERSONAL AND BACKGROUND CHARACTERISTICS OF WARDS IDENTIFIED INTO THE  
COMMUNITY-CENTERED DRUG PROGRAM DURING SUCCESSIVE SIX-MONTH PERIODS,  
JANUARY 1, 1973 THROUGH JUNE 30, 1976

Characteristics	1/ 1/73- 6/30/73		7/ 1/73- 12/31/73		1/ 1/74- 6/30/74		7/ 1/74- 12/31/74		1/ 1/75- 6/30/75		7/ 1/75- 12/31/75		1/ 1/76- 6/30/76	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
TOTAL <sup>1</sup> .....	2232	100.0	1503	100.0	1312	100.0	787	100.0	981	100.0	923	100.0	760	100.0
<u>Sex</u>														
Male .....	1960	86.0	1366	90.6	1227	93.5	740	94.0	932	95.0	875	94.8	722	95.0
Female .....	312	14.0	137	9.1	85	6.5	47	6.0	49	5.0	48	5.2	38	5.0
<u>Ethnic Background</u>														
White .....	1306	58.5	737	49.0	669	51.0	406	51.6	458	46.7	447	48.4	368	48.4
Spanish Surnamed ...	518	23.2	327	21.8	289	22.0	189	24.0	228	23.2	212	23.0	204	26.8
Black .....	367	16.4	399	26.5	329	25.1	174	22.1	276	28.1	246	26.7	171	22.5
Other .....	41	1.8	40	2.7	25	1.9	18	2.3	19	1.9	18	2.0	17	2.2
<u>Age at Identification</u>														
Less than 21 .....	831	37.3	718	47.8	665	50.7	454	57.7	517	52.7	619	67.1	440	57.9
21 or Over .....	1401	62.8	785	52.2	647	49.3	333	42.3	464	47.3	304	32.9	320	42.1
<u>Commitment Offense</u>														
Narcotic and Drug ..	601	26.9	262	17.4	158	12.0	106	13.5	94	9.6	61	6.6	44	5.8
Persons Crimes .....	513	23.0	432	28.7	472	36.0	271	34.4	374	38.1	407	44.1	326	42.9
Property Crimes .....	676	30.3	504	33.5	454	34.6	295	37.5	377	38.4	346	37.5	307	40.4
Other .....	442	19.8	305	20.3	228	17.4	115	14.6	136	13.9	109	11.8	83	10.9

<u>County of Commitment</u>														
Southern California.	1289	57.8	934	62.1	837	63.8	474	60.2	608	62.0	588	63.7	534	70.3
Bay Area .....	470	21.1	329	21.9	231	17.6	156	19.8	177	18.0	169	18.3	94	12.4
Central Valley .....	339	15.2	186	12.4	190	14.5	112	14.2	142	14.5	137	14.8	104	13.7
Other Counties .....	134	6.0	54	3.6	54	4.1	45	5.7	54	5.5	29	3.1	28	3.7
<u>Court of Commitment</u>														
Juvenile .....	1017	45.6	712	47.4	664	50.6	361	45.9	451	46.0	399	43.2	339	44.6
Adult .....	1215	54.4	791	52.6	648	49.4	426	54.1	530	54.0	524	56.8	421	55.4
<u>Admission Status</u> <sup>2</sup>														
First Admission ....	1421	63.7	979	65.1	972	74.1	606	77.1	757	77.2	773	83.7	669	88.0
Prior Admission ....	811	36.3	524	34.9	340	25.9	180	22.9	224	22.8	150	16.3	91	12.0
<u>Major Drug of Abuse</u> <sup>3</sup>														
Opiates .....	709	31.9	420	28.0	285	21.8	165	21.2	197	20.1	143	15.6	139	18.4
Depressants .....	906	40.8	438	29.2	359	27.4	161	20.6	143	14.6	79	8.6	44	5.8
Stimulants .....	198	8.9	180	12.0	145	11.1	84	10.8	51	5.2	53	5.8	36	4.8
Hallucinogens .....	180	8.1	106	7.1	122	9.3	56	7.2	63	6.4	76	8.3	32	4.2
Marijuana .....	186	8.4	262	17.5	292	22.3	219	28.1	278	28.4	239	26.0	224	29.6
Alcohol .....	31	1.4	82	5.5	97	7.4	85	10.9	242	24.7	325	35.4	281	37.3
Volatile Substances.	10	0.5	11	0.7	9	0.7	10	1.3	6	0.6	4	0.4	-	-

<sup>1</sup>These figures are only for initial identifications, they do not include reidentified wards. The total number of initial identification is 8,500, the above figures do not include two wards with erroneous dates on their EDP records.

<sup>2</sup>Admission Status data were missing on one additional ward identified during the period 7/1/74 - 12/31/74. This case is omitted from the above figures.

<sup>3</sup>Major Drug of Abuse data were missing on 38 wards who were therefore omitted from this table.

### Ethnic Background

Whites were 58.5 percent of the identified drug abusers during the first half of 1973, and Blacks were 16.4 percent. By the first half of 1976, Whites accounted for 48.4 percent of the identified wards, while the proportion of Blacks had risen to 22.5 percent. Throughout all periods, the proportions of Spanish Surnamed fluctuated only slightly around 22 percent. In comparison among first commitments to the Youth Authority in 1973, Whites constituted 44.5 percent of the total, Blacks were 33.9 percent, and Spanish Surnamed were 18.9 percent. For 1975, the proportions were 40.7, 34.4, and 21.4 percent respectively. It would appear then, that Whites were somewhat over-represented in the CCDF population, Blacks were under-represented, and Spanish Surnamed only slightly over-represented.

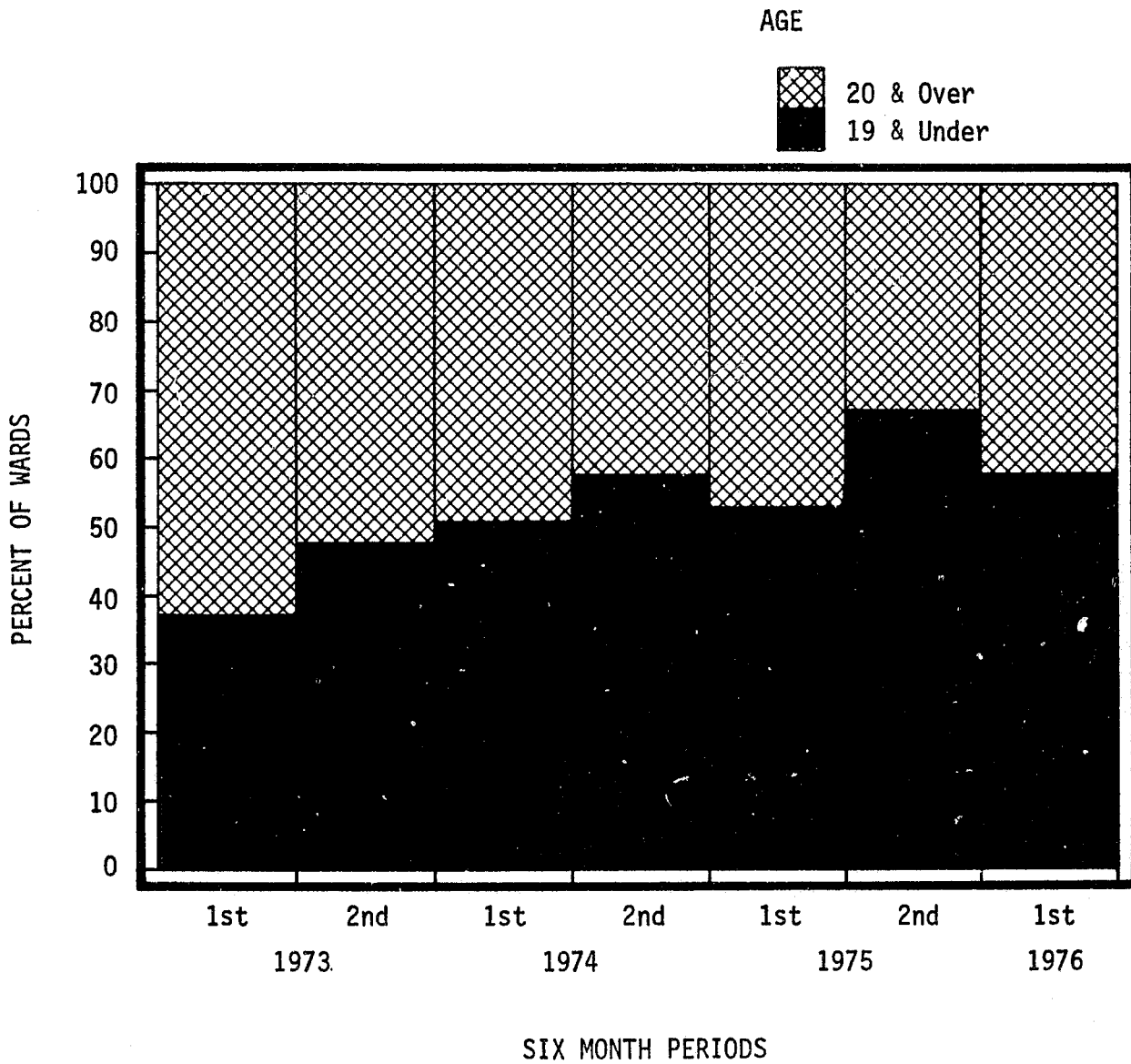
### Age at Identification

In the first half of 1973, 62.8 percent of the identified drug abusers were 21 years of age and over. By the second half of 1975, the proportion of these older wards had declined to only 32.9 percent, but, by the final period, it had risen to 42.1 percent. This change in the age at identification from period to period is shown in Chart IV. Over all periods, however, the number of younger wards and older wards is almost exactly equal, 4,246 younger to 4,254 older wards. What is shown in Chart IV is the gradual displacement of older wards by younger wards over time.



## CHART IV

PERCENT OF WARDS IDENTIFIED INTO THE CCDP  
BY AGE AT IDENTIFICATION FOR EACH SIX-MONTH PERIOD



Commitment Offense

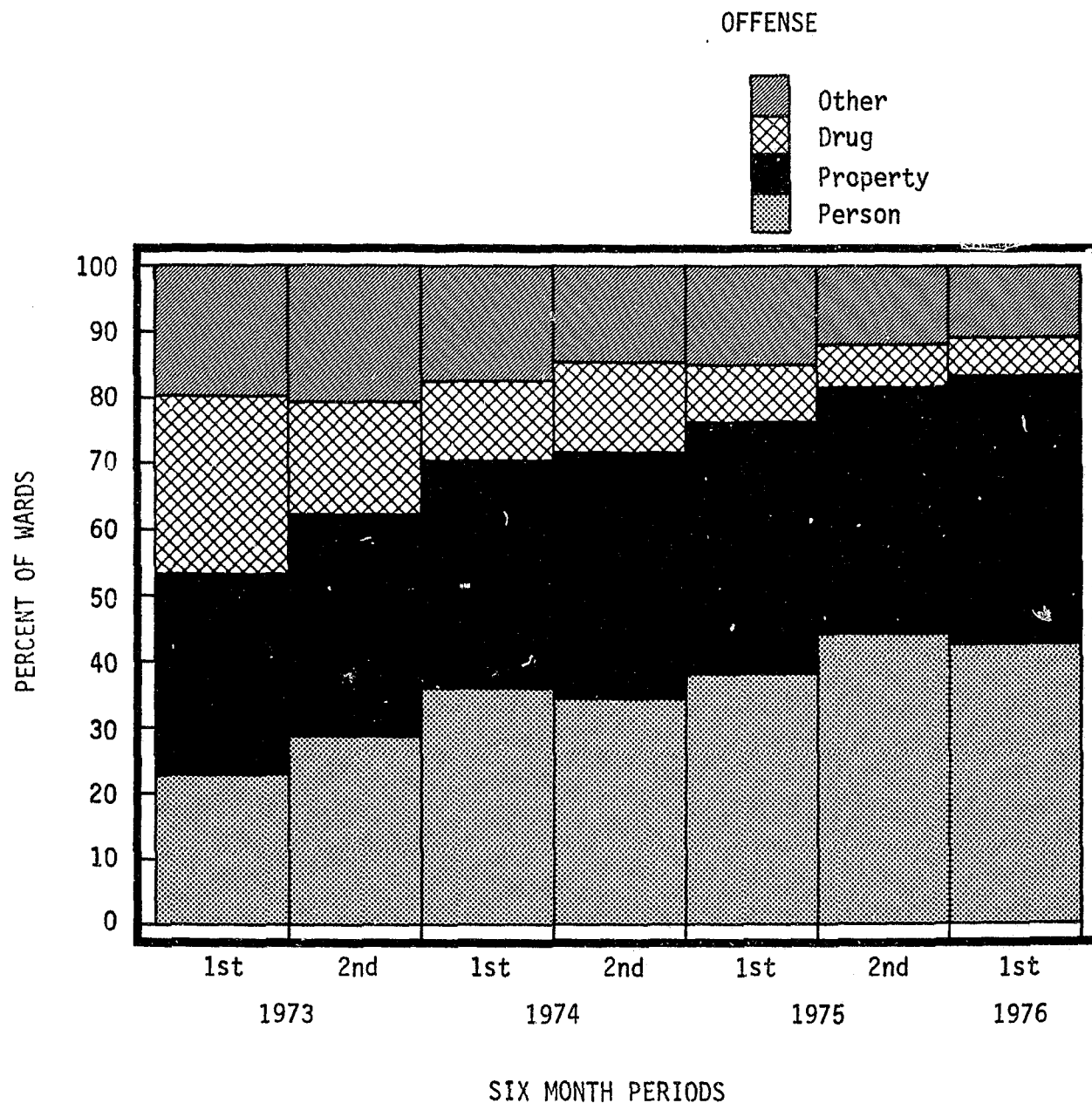
On Chart V, the nature of the commitment offense for wards identified into the CCDP is shown. The proportions of crimes against persons offenders identified rose from 23.0 percent in the first half of 1973, to 42.9 percent in the first half of 1976. Similarly, the proportions of property crime offenders rose from 30.3 percent to 40.4 percent during the same period. Conversely, the proportions of drug offenders dropped from 26.9 percent in the first half of 1973, to only 5.8 percent in the first half of 1976. "Other" crimes also dropped from 19.8 percent to 10.9 percent.

Much of this variation in commitment offenses is simply a reflection of more general trends in the Youth Authority population. Between 1970 and 1975, the proportions of first commitments for person crimes rose from 21.2 percent to 42.3 percent, and for property offenses, from 29.8 percent to 38.6 percent. Drug offenses dropped from 19.3 percent to 4.5 percent, while "other" offenses dropped from 26.9 percent to 10.4 percent.

To some extent, though, the changes in relative proportions of commitment offenses for CCDP participants are due to the fact that during the early periods of the program, drug offenders were the most readily identified, particularly in institutions and on parole. Since the pool of known drug offenders was virtually exhausted during the early periods of the program, drug offenders identified during the later periods were mainly first commitments entering through the reception center-clinics. It should be noted that not all drug offenders are necessarily drug abusers. A number of wards who are convicted of sales of drugs or possession do not meet the criteria for identification as an "abuser". Estimates indicate that about 40 percent of the total of drug offenders in the Youth Authority were not identified into the CCDP.

CHART V

PERCENT OF WARDS IDENTIFIED INTO THE CCDP  
BY COMMITMENT OFFENSE FOR EACH SIX-MONTH PERIOD



County of Commitment

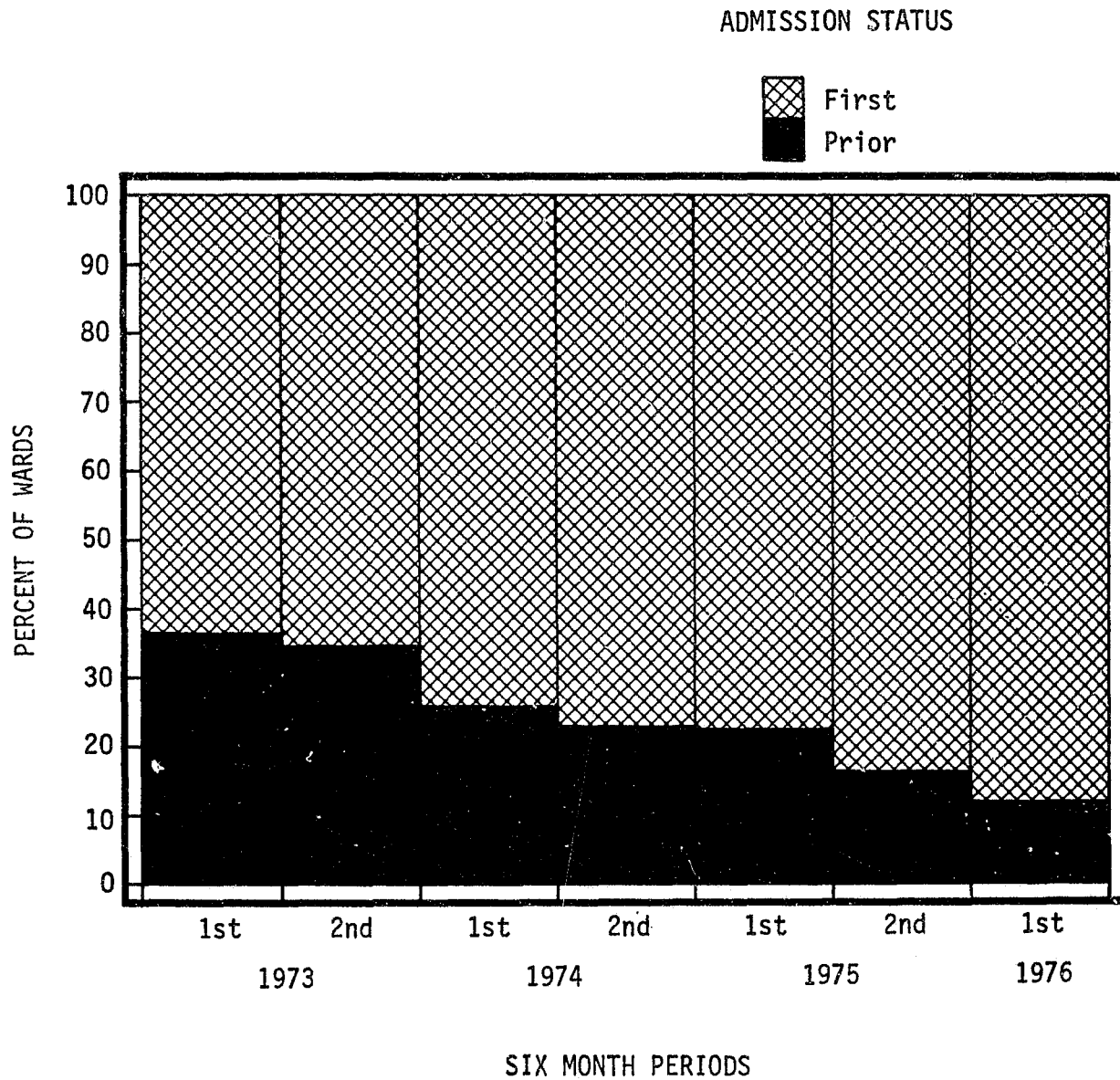
Despite quite striking changes over time in some of the characteristics examined thus far, there was virtually no variation in the proportions of juvenile and adult court commitments for any period. The proportions tended to fluctuate around 46.4 percent for juvenile court commitments, and 53.6 percent for criminal court commitments.

Admission Status

During the first half of 1973, 63.7 percent of the wards identified into the CCDP were first commitments. By the first half of 1976, the proportion had risen to 88.0 percent. Concomitantly, the proportions of prior admissions identified fell from 36.3 percent to only 12.0 percent. This change is shown in Chart VI. Both Age at Identification and Admission Status would appear to be related. (See Chart IV.) First admissions to the Youth Authority generally are younger wards (mean age 17.5, 1973-75). It is wards with prior commitment records that would be the most readily identifiable from a review of case folders and it would be anticipated that in the press to buildup a substantial population of identified drug abusers during the early periods of the program that they would be identified in greater proportions than during later periods when there were fewer of them left to be identified. This parallels the situation with the drug offenders noted earlier, although there is no apparent direct relationship between them.

## CHART VI

PERCENT OF WARDS IDENTIFIED INTO THE CCDP  
BY ADMISSION STATUS FOR EACH SIX-MONTH PERIOD



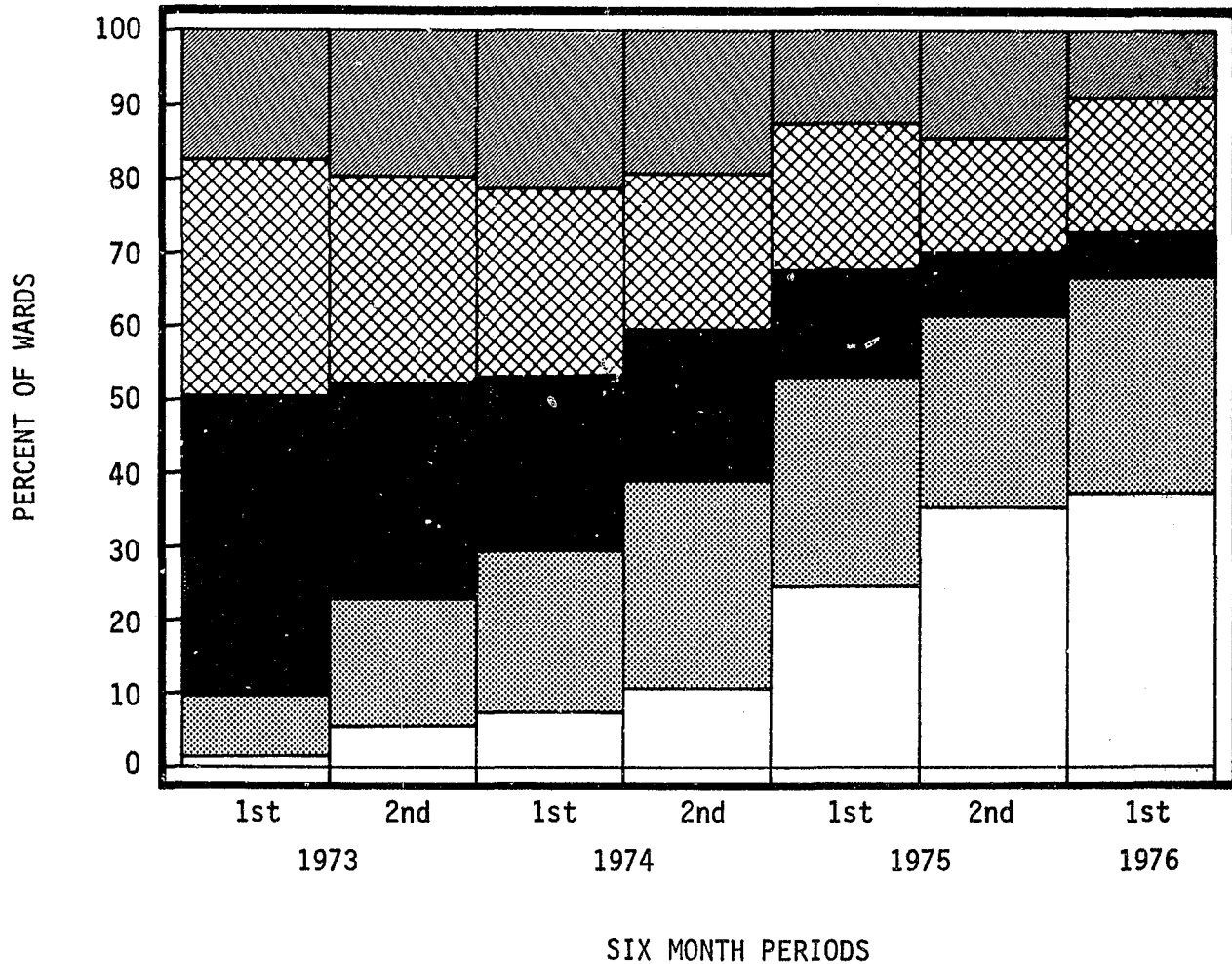
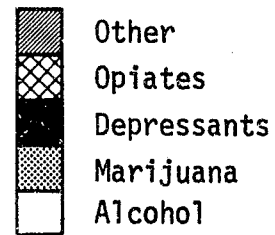
Major Drug of Abuse

It was noted in the previous section that the original CCDF plan did not envision the identification of marijuana or alcohol abusers. Yet, by the first half of 1976, two-thirds (66.8 percent) of the wards identified cited marijuana or alcohol as their major drug of abuse. The increase for wards identified as abusers of those two drugs over successive periods is shown in Chart VII. The proportionate increases for abusers of those two drugs among those identified were accompanied by a sharp decline in the proportion of opiate and depressant abusers over the successive periods. Identified opiate abusers fell from 31.9 percent to 18.4 percent of the wards identified, while depressant abusers declined from 40.8 percent to only 5.8 percent by the final period. The combined abusers of stimulants and hallucinogens stayed at about the same levels throughout.

## CHART VII

PERCENT OF WARDS IDENTIFIED INTO THE CCDP  
BY MAJOR DRUG OF ABUSE FOR EACH SIX-MONTH PERIOD

DRUG OF ABUSE



### Summary

The picture which emerges from the foregoing is of a population of identified drug abusers undergoing a process of continuing and, in some ways, drastic change over time. Major currents in this process are the steadily increasing identification of younger and first admission wards and declining proportions of drug offenders and the abusers of the "heavy" addicting drugs - opiates and depressants, among those identified.

### Characteristics of CCDP Wards on Parole

As increasing number of the identified wards were identified at the reception center-clinics during successive periods, it might be expected that the influence of the above changes in wards characteristics would only minimally effect the characteristics of the population of drug abusers on parole. This would be so, since for the past several years, the mean length of stay in institutions prior to release on parole has been 12 months or more.<sup>4</sup> Since any effect of changes in population characteristics on outcome measures must be generated through the parole population, then a look at the comparable changes over time on the characteristics of wards identified on parole or released to parole each period is also important. This will be done through brief comparisons of the characteristics of those wards on parole at the end of each period, as shown in Table 3.

In general, the characteristics proportions for the identified drug abusers on parole at the end of each period reflect the changes in characteristics for the identified wards. The proportions of females among the wards on parole

---

<sup>4</sup>Department of Youth Authority, Annual Report...1975. p.29.



declined from 15.6 percent to 6.4 percent as the proportions of males increased accordingly. The proportions of Whites dropped from 62.8 percent to 48.6 percent, while the proportions of Blacks increased from 13.5 percent to 25.5 percent. At the end of the first period, wards under 21 years of age were only 30.4 percent of the identified drug abusers on parole; but, by the end of the final period, June 30, 1976, they had nearly doubled, to 58.6 percent. The proportions of narcotic and drug offenders dropped from 29.0 percent to only 10.5 percent, while the proportions of crimes-against-persons offenders increased from 16.2 percent at the end of the first period to 40.4 percent at the end of the final period.

Contrary to the trends observed among the identification cohorts, the proportions of wards from each county area remained strikingly consistent throughout the entire seven periods. The proportions of juvenile court commitments dropped slightly at the end of each period, from 49.2 percent at the end of the first, to 42.4 percent at the end of the final period. This was a somewhat different pattern than that found for the identification cohort.

Marijuana and alcohol abusers comprised only 9.0 percent of the drug abusers on parole at the end of the first period, but they had increased to 42.1 percent at the end of the final period. Accordingly, opiate and depressant abusers, who had comprised 75.7 percent of the drug abusers on parole at the end of the first period, had dropped to 40.4 percent at the end of the final period.

To summarize, the most important changes in characteristics among the drug abusers on parole from period to period were:

1. The dramatic increases in crimes-against-persons offenders, wards under 21 years of age, marijuana and alcohol abusers, and Blacks, and
2. Complementary reductions in the proportions of narcotic and drug offenders, wards 21 years of age and over, opiate and depressant abusers, and Whites.

TABLE 3

PERSONAL AND BACKGROUND CHARACTERISTICS OF WARDS ON PAROLE IN THE COMMUNITY-CENTERED DRUG PROGRAM AT THE END OF SUCCESSIVE SIX-MONTH INTERVALS, JUNE 30, 1973 THROUGH JUNE 30, 1976

Characteristics	6-30-73		12-31-73		6-30-74		12-31-74		6-30-75		12-31-75		6-30-76	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
TOTAL .....	1253	100.0	2116	100.0	2491	100.0	2800	100.0	3136	100.0	3345	100.0	3665	100.0
<u>Sex</u>														
Male .....	1058	84.4	1827	86.3	2156	86.5	2461	87.9	2831	90.3	3073	91.9	3429	93.6
Female .....	195	15.6	289	13.7	335	13.5	339	12.1	305	9.7	272	8.1	236	6.4
<u>Race</u>														
White .....	787	62.8	1202	56.8	1400	56.2	1546	55.2	1672	53.3	1717	51.3	1783	48.6
Spanish Surnamed .....	274	21.9	473	22.4	536	21.5	611	21.8	717	22.9	753	22.5	871	23.8
Black .....	169	13.5	394	18.6	508	20.4	585	20.9	684	21.8	807	24.1	935	25.5
Other .....	23	1.8	47	2.2	47	1.9	58	2.1	63	2.0	68	2.1	76	2.1
<u>Age</u>														
Less than 21 .....	381	30.4	760	35.9	1035	41.5	1337	47.7	1634	52.1	1881	56.2	2147	58.6
21 or Over .....	872	69.6	1356	64.1	1456	58.5	1463	52.3	1502	47.9	1464	43.8	1519	41.4
<u>Commitment Offense</u>														
Narcotic/Drug .....	363	29.0	553	26.1	563	22.6	567	20.2	496	15.8	446	13.3	386	10.5
Persons Crimes .....	203	16.2	447	21.1	595	23.9	745	26.6	986	31.4	1199	35.8	1481	40.4
Property Crimes .....	397	31.7	653	30.9	800	32.1	957	34.2	1116	35.6	1185	35.4	1332	36.3
Other .....	290	23.1	463	21.9	533	21.4	531	19.0	538	17.2	515	15.4	466	12.7

Area of Commitment

Southern California ..	725	57.9	1276	60.3	1465	58.8	1667	59.5	1787	57.0	1941	58.0	2189	59.7
Bay Area .....	240	19.1	436	20.6	555	22.3	575	20.5	667	21.3	720	21.5	733	20.0
Central Valley .....	198	15.8	299	14.1	354	14.2	426	15.2	510	16.3	507	15.2	566	15.4
Other .....	90	7.2	105	5.0	117	4.7	132	4.8	172	5.4	177	5.3	177	4.9

Court of Commitment

Juvenile .....	616	49.2	996	47.1	1146	46.0	1266	45.2	1410	45.0	1461	43.7	1554	42.4
Adult .....	637	50.8	1120	52.9	1345	54.0	1534	54.8	1726	55.0	1884	56.3	2111	57.6

Admission Status<sup>1</sup>

First Admission .....	776	61.9	1322	62.5	1568	62.9	1798	64.2	2050	65.4	2225	66.5	2548	69.5
Prior Admission .....	477	38.1	794	37.5	923	37.1	1001	35.8	1085	34.6	1119	33.5	1116	30.5

Major Drug of Abuse<sup>2</sup>

Opiates .....	417	33.4	658	31.2	727	29.3	758	27.2	794	25.4	769	23.1	779	21.3
Depressants .....	528	42.3	809	38.4	879	35.5	891	31.9	886	28.4	810	24.3	697	19.1
Stimulants .....	96	7.7	199	9.4	264	10.6	312	11.2	321	10.3	328	9.8	316	8.6
Hallucinogens .....	90	7.2	141	6.7	192	7.7	227	8.1	258	8.3	286	8.6	300	8.2
Marijuana .....	89	7.1	229	10.9	316	12.8	458	16.4	619	19.8	717	21.5	884	24.2
Alcohol .....	24	1.9	60	2.9	84	3.4	125	4.5	220	7.0	398	11.9	656	17.9
Volatile Substances ..	5	0.4	11	0.5	17	0.7	18	0.7	26	0.8	28	0.8	24	0.7

<sup>1</sup>Admission Status data were missing on one ward on each of the last four dates. The percentages do not include that one case.

<sup>2</sup>Major Drug of Abuse data were missing for the following number of wards on each data: 6-30-73 = 4; 12-31-73 = 9; 6-30-74 = 12; 12-31-74 = 11; 6-30-75 = 12; 12-31-75 = 9; and 6-30-76 = 9. The percentages shown do not include those cases.

In terms of at least four major characteristics, then, the CCDP was rendering services to quite a different type of drug abuser in the final period than in the first period. To the extent, then, that any or all of those four characteristics are related to parole outcome measurements, one could anticipate changes in parole outcome over time which could be attributable simply to changes in population characteristics regardless of any program effect.

#### Background Characteristics and Parole Outcome

The best available evidence to test the effects of variations in characteristics on parole outcome is derived from the parole outcome follow-ups conducted on the three samples of drug abusers extracted from the CCDP population. These three samples are:

1. A ten percent random sample of all wards identified in institutions or on parole during the first eight months of program operations (December, 1972 through July, 1973). This sample consists of 163 wards.<sup>5</sup>
2. A 33.3 percent random sample of wards identified in reception center-clinics during the first fourteen months of program operations (December, 1972 through January, 1974). This sample consists of 373 wards.<sup>6</sup>
3. A random sample of one-third of a cohort of 1,004 wards identified either in an institution or reception center-clinic and released to parole during the period of July through December, 1974. Eleven wards discharged within three months of release to parole or released out-of-state were omitted from the sample. The final total for the sample is 323 wards.

---

<sup>5</sup>Removed from sample were: Wards subsequently removed from the program as non-amendable, misclassified as drug abusers, or who had no program in area of residence; wards honorably discharged within the first three months of release to parole; or wards paroled out-of-state.

<sup>6</sup>Actually 1,004 drug abusers were released to parole during the stated period, but some wards were paroled out-of-state, and others discharged too early for inclusion in the sample. Thus, the sample was actually drawn from a total of 971 wards released to parole.

The time span for follow-up of each of these samples, as presented in this report, is twelve months. That is, wards on parole or honorably discharged at the end of twelve months from release to parole are considered "Successes". Wards placed on violation leading to revocation, recommitment, or discharge before the end of twelve months on parole are considered "Failures". Wards who are "On Violation" at the end of the twelve-month period are considered "Successes" until such time as they are removed from "On Violation" status and revoked, recommitted, or discharged.

In evaluating the effectiveness of the CCDP approach, the major independent variable is whether an identified drug abuser was involved with a community drug treatment service or facility or not. "Involved" wards received such services for not less than two weeks, or four attendance sessions, depending on the type of program. As defined here, community drug treatment services are confined to methadone maintenance clinics, residential treatment programs, and various drop-in or outpatient facilities. Not included are detoxification services, urinalysis testing programs, vocational rehabilitation activities, or social and cultural enrichment programs.

Parole outcome statistics for each of the three samples are shown in Table 4:

TABLE 4

## COMPARISON OF PAROLE OUTCOME RATES FOR THREE CCDP SAMPLES

Program Involvement	Sample 1		Sample 2		Sample 3	
	Number	Percent Fail	Number	Percent Fail	Number	Percent Fail
TOTAL .....	163	35.0	372	24.5	323	30.3
Involved .....	35	22.8	85	18.8	64	26.6
Not Involved .....	128	38.3	287	26.1	259	31.3
Difference in Percentage Points:		15.5		7.3		4.7
Significance: Chi-Square (one-tailed)		.048		.084		.231

At each successive sample, the program-involved wards consistently have lower Failure rates than do those wards who were not involved with community drug treatment programs. But the difference in Failure rate between the two groups lessened with each successive sample from within the level of statistical significance to nearly pure chance. The results for the three samples, shown in Table 4, were not unanticipated. In the initial report on Sample 1, it was suggested that in successive samples, the differences in failure rate would be found related to differences in the personal and background characteristics of wards comprising the samples.<sup>7</sup>

<sup>7</sup>Roberts, C. and Switzer, A., Community-Centered Drug Program: First Sample Findings. Research Report No. 6. Sacramento: California Youth Authority, January, 1976. pp. 29ff.

That there were differences between the three samples in the characteristics of the drug abusers included in the sample can be seen from Table 5, where the selected personal and background characteristics of the wards in each sample are compared. Variations in characteristics from one sample to another closely reflect the differences previously seen for the CCDP parole populations in Table 3, especially for the period prior to June 30, 1975.

Major differences between the three samples are shown for Race, Age, Admission Status, Commitment Offense, and Major Drug of Abuse. Comparing Sample 3 with Sample 1, it is clear that Sample 3 contains proportionately fewer Whites, fewer older wards, fewer narcotic and drug offenders, fewer prior admissions, and fewer opiate and depressant abusers. These were all characteristics which were associated with lower failure rates for program-involved wards in the Sample 1 findings.

TABLE 5

PERSONAL AND BACKGROUND CHARACTERISTICS OF WARDS  
IN SAMPLE 1, SAMPLE 2, AND SAMPLE 3 BY PERCENTAGE

Characteristics	Sample 1		Sample 2		Sample 3	
	Number	Percent	Number	Percent	Number	Percent
TOTAL .....	163	100.0	372	100.0	323	100.0
<u>Sex</u>						
Male .....	132	81.0	322	86.6	293	90.7
Female .....	31	19.0	50	13.4	30	9.3
<u>Race</u>						
White .....	106	65.0	217	58.3	154	47.7
Spanish Surnamed .....	27	16.6	89	23.9	80	24.8
Black .....	27	16.6	62	16.7	77	23.8
Other .....	3	1.8	4	1.1	12	3.7
<u>Age</u>						
Less than 21 .....	79	48.5	263	70.7	223	69.0
21 and over .....	84	51.5	109	29.3	100	31.0
<u>Commitment Offense</u>						
Narcotic/Drug .....	56	34.4	120	32.3	50	15.5
Persons Crimes .....	22	13.5	51	13.7	89	27.6
Property Crimes .....	57	35.0	151	40.6	129	39.9
Other .....	28	17.2	50	13.4	55	17.0
<u>Admission Status</u>						
First Admission .....	82	50.3	281	75.5	204	63.2
Prior Admission .....	81	49.7	91	24.5	119	36.8
<u>Court of Commitment</u>						
Juvenile .....	79	48.5	120	32.3	164	50.8
Criminal .....	84	51.5	252	67.7	159	49.2
<u>Area of Commitment</u>						
Southern California .....	99	60.7	207	55.6	214	66.3
Bay Area .....	30	18.4	87	23.4	53	16.4
Other .....	34	20.9	78	21.0	56	17.3
<u>Major Drug of Abuse</u>						
Opiates .....	58	35.6	119	32.0	63	19.5
Depressants .....	69	42.3	119	32.0	95	29.4
Other .....	36	22.1	134	36.0	165	51.1



The effects of these characteristics changes in each successive sample are shown in Table 6. For all of the characteristics where there was shown to be a significant difference in failure rate between involved and non-involved wards in Sample 1, e.g., Male, Age 21 and over, Narcotic/Drug Offense, Prior Admission, Criminal Court, Southern California, and Opiates, the size of the difference has declined with each successive sample. In Sample 3, the only characteristic indicating even an approach to statistical significance is Depressants, which had shown no significant difference in the previous two samples.

There are some remarkable consistencies shown in Table 6, however. Of the 22 characteristics for which data are comparable in all three samples, there were 16 in Sample 1 where the difference in failure rates between involved and non-involved wards was eight percentage points or greater. In Sample 2 there were eleven characteristics with that great a difference, eight of which were also in Sample 1. In Sample 3, there were only six characteristics with that great a difference, three of which were also in both the other two samples, and the other three in one or the other of the prior samples. Thus, Males, Blacks, Narcotic/Drug Offenders, Depressant and Other Drug Abusers, continue to reflect in Sample 3, parole outcome differences which were found in Sample 1.

Conversely, there were five instances in Sample 1 where the failure rate for involved wards was greater than that for the non-involved wards. There were two such cases in Sample 2, and four in Sample 3. For only one characteristic, Female, however, was any consistency across samples found.

TABLE 6

PAROLE FAILURE RATES AT TWELVE MONTHS FROM RELEASE TO PAROLE  
FOR THREE SAMPLES OF IDENTIFIED DRUG ABUSING WARDS IN THE  
CCDP BY INVOLVEMENT OR NON-INVOLVEMENT WITH COMMUNITY  
DRUG TREATMENT SERVICES AND BY SELECTED PERSONAL  
AND BACKGROUND CHARACTERISTICS

Personal and Background Characteristics	Sample 1			Sample 2			Sample 3		
	Inv.	Not In.	Sig.	Inv.	Not Inv.	Sig.	Inv.	Not Inv.	Sig.
TOTALS .....	22.8	39.3	.048*	18.8	26.1	.084	26.6	31.3	.231
<u>Sex</u>									
Male .....	17.4	36.0	.013*	15.3	24.8	.045*	24.0	32.5	.118
Female .....	25.0	13.0	.200+	15.4	8.1	.200+	35.7	12.5	.134
<u>Race</u>									
White .....	16.7	27.1	.115	13.0	19.0	.151	31.3	35.2	.200+
Spanish Surnamed .....	28.6	45.0	.200+	29.4	27.8	.200+	28.6	30.3	.200+
Black .....	22.2	33.3	.200+	8.3	26.0	.095	12.5	21.3	.200+
Other .....	-	-	-	-	-	-	50.0	50.0	.200+
<u>Age</u>									
Less than 21 .....	21.4	29.4	.200+	19.0	25.5	.200+	28.2	34.8	.200+
21 or over .....	15.4	32.8	.049*	4.5	16.1	.080	24.0	22.7	.200+
<u>Commitment Offense</u>									
Narcotic/Drug .....	0.0	29.7	.004*	14.8	18.3	.200+	12.5	28.6	.171
Persons Crimes .....	16.7	31.2	.200+	12.5	25.6	.200+	34.8	31.8	.200+
Property Crimes .....	36.4	34.3	.200+	17.1	25.0	.165	21.7	30.2	.200+
Other .....	14.3	28.6	.200+	13.3	22.9	.200+	30.0	35.6	.200+
<u>Admission Status</u>									
First Admission .....	16.1	15.7	.200+	15.6	18.0	.200+	21.4	27.2	.200+
Prior Admission .....	21.7	44.8	.027*	14.3	37.1	.025*	36.4	38.1	.200+
<u>Court of Commitment</u>									
Juvenile .....	27.6	24.0	.200+	13.8	28.6	.055	34.6	39.9	.200+
Criminal .....	8.0	37.3	.004*	16.1	19.9	.200+	21.1	21.5	.200+
<u>Area of Commitment</u>									
Southern California .....	14.7	35.4	.017*	21.6	25.9	.200+	28.9	33.1	.200+
Bay Area .....	37.5	22.7	.200+	10.3	13.8	.200+	21.4	28.2	.200+
Central Valley .....	9.1	21.4	.200+	7.1	17.8	.166	20.0	27.5	.200+
Other .....	100.0	37.5	.118	20.0	35.7	.200+			
<u>Major Drug of Abuse</u>									
Opiates .....	17.4	37.1	.050*	19.4	27.3	.191	40.0	29.2	.200+
Depressants .....	19.0	27.1	.200+	12.5	15.8	.200+	15.0	34.7	.045*
Other .....	20.0	32.0	.200+	13.3	25.0	.088	26.1	34.7	.200+

\* = Significance Level less than .050 (One-tailed).

The major differences across the samples involves the three characteristics: Age 21 and over, Property Offense, and Opiate Abuser. Older wards show large differences in failure rates between involved and non-involved wards in both Sample 1 and Sample 2, then a slight reversal in Sample 3. For Property Offenders, the failure rate for the involved wards was slightly greater than for the non-involved in Sample 1, but show strong reversals for Samples 2 and 3. For Opiate abusers, there was nearly a 20 percentage point difference favoring the involved wards in Sample 1, a less dramatic difference in the same direction in Sample 2, and a strong reversal in Sample 3. Referring back to Table 5, it can be seen that for both older wards and Opiate Abusers, there were sharp declines in their proportions over the three samples, while for Property Offenders, there was a mild increase.

It is difficult to evade the likelihood that the differences in failure rates between involved and non-involved wards between the three samples is closely related to changes in the composition of the basic populations from which the samples were drawn. The consistency with which the failure rate for involved wards is found lower than for non-involved wards strongly suggests that the program is impacting on some basic core of abusers, but defining the characteristics of that core group and understanding the nature of the relationship between variations in characteristics proportions and failure rates will require further analysis.

There are also at least two other important sources of differences in failure rates which need to be examined: 1) changes in the levels and types of programs to which wards in the various samples were exposed, and 2) changes in Youth Authority policies and practices concerning revocation and discharge over the periods covered by the samples.

These sources of outcome variation will be refined and further explored in a subsequent report based on a total cohort of all wards released to parole during the period September 1, 1974 through December 31, 1975. The larger number of subjects contained in that cohort should permit evaluation of variation due to characteristics differences, program impact and changes in YA procedure.

## DISCUSSIONS AND CONCLUSIONS

It is quite clear that during the three-and-one-half years of the CCDP surveyed in this report, the nature of the basic population of identified drug abusers changed dramatically. This was true for both the total of wards identified into the program and for those on parole at each period. That change was most apparent in terms of four variables: Type of commitment offense, age at identification, major drug of abuse, and ethnic background. The extent to which there were intercorrelations among those variables was not tested in this analysis.

The parole outcome data from the three samples also strongly suggest that the changes in the characteristics of the population served were related to changes in parole outcome over time for wards who became involved with community programs.

As the population became composed of fewer narcotic and drug offenders and more crimes-against-persons offenders, as its age levels declined, as the proportion of more heavily involved abuser of addictive drugs decreased, and as the proportions of White wards lessened, the data suggest that the community program services had less impact in maintaining drug abusing wards on parole. This suggestion must be qualified, however, by the probability that other factors than population changes impinged on parole outcome. Until the degree of relative impact of these other factors can be assessed, the impact of population change cannot be determined. This will be attempted in the next report.

Although the degree to which the illustrated changes in population charac-

teristics resulted in differential parole outcome measures over time cannot be determined from the present data, it is, nevertheless, clear that a relationship does exist. This relationship is not necessarily confined to drug abusers, however. It has been recognized for some years, primarily through the work of Robert Beverly in the development of Base Expectancy indices for the Youth Authority, that there was an inverse correlation between age and recidivism rate.<sup>8</sup> For the 1973 parole release cohort, for instance, wards under the age of 16 years failed at a rate of 67.5 percent within 24 months, while wards over the age of 21 failed at a rate of only 31.9 percent.<sup>9</sup> Wards who committed crimes against persons, in the same cohort, failed at the rate of 39.8 percent, while narcotic and drug commitments failed at 30.0 percent.<sup>10</sup> In the past, differences in admission status and ethnic background have also been found correlated with parole outcome, but neither seems germane to the differences within the CCDP population. Thus, in any program, dramatic changes over time in the characteristics of the wards in that program may be expected to have far-reaching implications on both project operations and evaluative research findings. These are explored below.

#### Project Operations

Most operations projects in the field of youth corrections are conceived in relation to some specific population of subjects. In the CCDP, that was the "hard-core" drug abuser. This was intentionally so, for two reasons: 1) nearly all community drug treatment services are oriented toward that type of client,

---

<sup>8</sup>Beverly, Robert. A Comparative Analysis of Base Expectancy Tables for Selected Subpopulations of California Youth Authority Wards, Research Report No. 55. California Youth Authority, Division of Research, Sacramento, December, 1968.

<sup>9</sup>California Youth Authority, Division of Research. Parole Performance After 24 Months: 1973 Parole Release Cohort. February, 1976.

<sup>10</sup>Ibid.

and 2) lengthy experience, both within the Youth Authority and in other agencies, has shown that type of person to be more amenable to treatment and rehabilitation efforts.

The basic theory in both cases is the same: lasting rehabilitation in most cases cannot be expected to take place until the individual is in such a condition that his or her desire for change is stronger than his or her desire to return to drug abuse. That condition is generally believed to be when the individual is "down and out", when he or she is totally hopeless, and is forced to realize that he or she cannot control his or her behavior without help, when the future looks so bleak that any alternative is a straw at which to grasp. Many drug and alcohol treatment efforts, indeed, intentionally create this "rock-bottom" feeling in their clients as a prelude to the implementation of positive treatment activities.

Those most likely to have reached this condition are those who have been involved the longest with the drug abuse scene, who are more deeply involved with the more addicting or habituating drugs, and who have experienced negative consequences from their drug abuse--incarceration, withdrawal, repeated failure at work, school, or in family and social relations, etc. In the Youth Authority, these will be, by and large, older wards, recommitments, narcotic and drug offenders, and abusers of opiates and depressants. These were the wards, indeed, who seemed to respond to the availability of treatment services during the early phases of the program.

The probability of program services making any significant impact on the drug abuse population as a whole, however, became less as increasing number of wards were brought into the program who did not fit the above "hard-core" characteristics. As the number of wards theoretically less amenable to treat-

ment, i.e., those who did not fit the characteristics, increased, the less appropriate the existing treatment services were in changing their drug abusing behavior. Conversely, as the "hard-core" abusers became a smaller and smaller percentage of the total population of drug abusers, proportionately fewer funds were available for them, while greater proportions of funds were directed toward services for that segment of the population which was theoretically less amenable to treatment. This process would appear to be reflected in the analyses of parole outcome and characteristics for the three samples.

The problem outlined above for the CCDP would seem on observation, to be an example of a more generalized phenomenon within social services. There often seems to be a strong desire to extend a seemingly useful treatment approach to the maximum number of people, without due consideration of its appropriateness to others than the initial target group and often without adequate demonstration of its effectiveness even with the initial target group. When, then, the approach (project or program) shows little effectiveness with the enlarged population, the result appears as disillusionment with the approach in toto--regardless of its continuing effectiveness with the initial target group. It would seem likely that some recent criticisms of correctional program effectiveness stem from this kind of reactive process.

The alternative to this pattern of attempting to extend a particular approach to accommodate the maximum number of subjects would be to restrict the approach to those types of individuals for whom it has proven maximally or optimally effective. Extensions of the approach to other groups would then be considered separate tests of its utility with them and would not contaminate its impact on the target population. The consequences of that type of an approach will be explored in the next report on parole outcome in the CCDP.



### Evaluative Research

Whereas the implications of population characteristics change over time in program operations are both subtle and indirect for the most part, the effect on research is explicit and direct. The major objective and very reason for evaluative research lies in its ability to allow generalization from a limited number of observations to an entire array of phenomenon from which those observations were taken. Such generalization is said to have explanatory and/or predictive power to the extent that it is replicable, that is, when similar results are found under similar conditions with similar, although not the same, subjects.

The criterion of replicability sets the minimum conditions for valid research. It demands that the phenomena under study be not merely unique, one-of-a-kind incidents. It requires that the various conditions of the study--types of subjects, nature of treatment, environment and measurement procedures, be maintained as nearly constant as possible throughout the time span of the study. The researcher must have assurance that he is not starting out to study one set of phenomena and end up inadvertently looking at quite a different set of phenomena within the same research context. To the extent that these minimum requirements are violated, the less generalizable and replicable the findings of the research and consequently the less dependable and useful the findings as guides to on-going or future operations.

For ideal evaluative research, the researcher, working in close cooperation with the project director, should maintain close monitoring over all of the above conditions. In the CCDF, as in many social service field evaluations, even the control measurement criteria was difficult. There was considerable debate concerning the definitions of such measurements as recidivism rates, degrees of program involvement, what types of activities should be included as

"community services", etc. As this report has shown, maintenance of the homogeneity of the subject population over the time span of the program was lost at an early point due to administrative decision. The extent to which the nature of the services offered and the environmental conditions of the study changed over time will be the subjects of subsequent reports.

## BIBLIOGRAPHY

Robert Beverly. A Comparative Analysis of Base Expectancy Tables for Selected Subpopulations of California Youth Authority Wards. Research Report No. 55. Sacramento: California Youth Authority, December, 1968.

California Youth Authority. Annual Report...1975. Sacramento: n.d.

California Youth Authority. Parole Performance After 24 Months: 1973 Parole Release Cohort. Sacramento: February, 1976.

California Youth Authority. Population Movement Summary, Calendar Year 1976. Sacramento: n.d.

Community-Centered Drug Program. Operational Guide. n.d.

Chester F. Roberts and Alan Switzer. Community-Centered Drug Program: First Sample Findings. Research Report No. 6. Sacramento: California Youth Authority. January, 1976.



**END**