

DEWITT NELSON 120-DAY DRUG PROGRAM FOR PAROLE VIOLATORS

Program Description (First Twelve Months)

California Youth Authority
Research Division

November 2004



STATE OF CALIFORNIA
ARNOLD SCHWARZENEGGER
GOVERNOR



YOUTH AND ADULT CORRECTIONAL AGENCY
RODERICK HICKMAN
AGENCY SECRETARY

Department of the Youth Authority

VISION

THE CALIFORNIA YOUTH AUTHORITY will contribute to the public safety of the citizens of California by maintaining a safe and secure therapeutic environment, which will result in the optimum delivery of rehabilitative services for wards charged to its care.

MISSION

THE CALIFORNIA YOUTH AUTHORITY will contribute to the protection of society from the consequences of criminal activity by providing youthful offender rehabilitation through education, training, treatment, and parole services that provide a continuum of care and assist with the reintegration of youthful offenders into society.

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Introduction

Over the last ten years, the California Youth Authority (CYA) has been challenged to introduce innovative treatment programs that provide high-quality services to juvenile offenders and yet minimize the costs of incarceration. The length of incarceration increased steadily from an average of 25.9 months in 1990 to 28.3 months in 2001. The cost of incarcerating a ward in the CYA for a year increased from \$30,783 in 1990 to \$48,400 in 2001. For wards with specialized needs, an increasing demand for more intensive programs, such as drug and alcohol treatment, further increased wards length of stay and thereby increased the costs of incarceration.

Responding to legislative concerns that the CYA's institutional substance abuse treatment programs were too lengthy, the CYA established the 120-day drug program in April 2002 at the Dewitt Nelson Youth Correctional Facility (DWNKYCF) to provide substance abuse treatment services to parole violators. The program focused on addictive behaviors and chemical dependency using a therapeutic community model "to provide an accelerated, intensive treatment experience in an institutional structured setting to allow wards the opportunity to examine past behaviors and to develop the internal strengths and skills that will enable them to function without drugs and/or alcohol."

This report is a description of this program, as it was implemented over the first twelve months of operation. This report also includes descriptive parole outcome data on a small number of

wards re-released to parole by March, 2003. Research staff made periodic site visits to the program living unit (Lassen Hall) to obtain data. Information on program operations were obtained through observation and unstructured interviews with staff, as well as from program materials. Demographic data on participants and institutional length of stay were obtained from the CYA's central computerized ward data system, the Offender Based Information Tracking System (OBITS). Program information on all wards admitted to the program, including drug-test results, number of ward dismissals, and reasons for dismissal, were gathered by research staff from program files.

The report is divided into four sections. The first section describes the program during its first twelve months of operation: the physical setting, the staff, staff training, and several program elements. The second section describes the program's target population, the screening and selection of wards, and the characteristics of the program participants, including rates of program completion. The third section describes subsequent parole outcomes on a limited number of program completers. The final section provides general observations and recommendations for the program.

Program Description

The program was designed to provide specific treatment modules to wards in a structured order over a four-month period. The program occupied a single living unit at the DWNYCF. Wards entered the program in groups, with specific staff assigned to them. As each group completed the program, another group started, so that there were several groups at different stages of the program at any one time and different types of activities going on simultaneously. Treatment was delivered through a therapeutic community model, with the following primary modules: Serenity Series, 12 Steps, Relapse Prevention, Transitional Planning, On Solid Ground, Beat the Street Video Series, Life Skills/ Employability Skills, Victim Awareness, Gang Awareness, Personal Journals, and Life Plan.

Physical setting

The program occupied Lassen Hall, one side of DWNYCF Living Unit One. Lassen was an open dormitory setting, with two wings bunked for the program capacity of 56 wards, a third wing sectioned off as a study hall or for conducting small groups, and a spacious dayroom area with two large metal tables with attached seats and 56 chairs. The dormitory wings were furnished with individual ward lockers for storing drug education journals and assignments. The Youth Correctional Counselor (YCC) station, on the same end as the large dormitory, was raised in a platform and arranged like a fishbowl so the YCCs were able to view the wards in the wings of the living unit and the dayroom.

Inside Lassen, a small office was for the exclusive use of the Treatment Team Supervisor (TTS) and a bigger office was shared among the institutional Parole Agent I (PA 1), the Parole Agent II

(PA II), and the Senior Youth Correctional Counselor (SYCC). Both offices were adjacent to the hall's dayroom. Each office had a desk and chair for each of the treatment staff, filing cabinets for casework files, and a bulletin board displaying the casework report due dates and YCC caseloads. Both offices were usually busy with treatment staff writing their reports, keeping records on various ward activities and behaviors, or conducting individual casework activities, including coordination with field parole regarding parole placement. Between the two offices was a large closet, for storing program journal materials, and a copy machine.

Program Development Committee

A CYA statewide program development committee, represented by administrators and staff from the Institutions and Camps (I&C) and the Parole Services and Community Corrections (PS&CC) branches, designed the program and selected the treatment curriculum. An I&C Program Administrator, who functioned as the oversight coordinator for all CYA's alcohol and drug programs, facilitated the committee. Other members of the program development committee included three Residential Substance Abuse Treatment (RSAT) Program parole agents from other CYA institutions (Ventura, Karl Holton, and Preston), one RSAT YCC from Fred C. Nelles Youth Correctional Facility (FCNYCF), and a Parole Agent III (PA III) from PS&CC Headquarters. In developing the program, the committee adopted a program design according to best practices used in standard drug treatment curricula and tailored the design to the needs of older drug offenders with prior substance abuse treatment in CYA institutions. They also developed a course outline for each treatment module to be used during the two-week staff training and approved changes to the training and treatment modules. Several of the committee members also served as trainers during the two-week staff training. Finally, committee members

worked closely with the treatment team in fitting the program design's time schedule into DWNYCF's daily operations.

Staffing

The treatment staff of the 120-day Drug program included a Treatment Team Supervisor, one institutional Parole Agent I (PA I), one Senior Youth Correctional Counselor (SYCC), eight YCCs and one Youth Correctional Officer (YCO). The TTS had responsibility for the overall administration of treatment services provided to wards in the 120-day program and monitored the day-to-day treatment activities of the program. In addition to Lassen, the TTS was also responsible for the neighboring Modoc Hall, a formalized substance abuse program for wards completing their first stay in the CYA. The PA I was mainly responsible for casework scheduling. As the functional supervisor of the YCCs for casework reports, the PA I coordinated with the YCCs in the preparation of regular Case Conference Reports, Board Reports, and Board Orders. In close cooperation with Field Parole, the PA I was also responsible for ensuring that Parole Placement Plans were completed in a timely manner.

The SYCC was the functional supervisor of the YCCs for individual and group behavior issues pertaining to disciplinary decision-making system (DDMS) procedures. In response to ward misbehavior, the SYCC enforced the use of behavior checks and Level A & B behavior reports to document ward misconduct in the program.

Seven of the eight YCCs had an assigned caseload of 11 wards. These wards entered the program as a group, and the YCC shepherded them through the structured four-month program.

Each of these YCCs served as an orientation counselor and facilitator of the various therapeutic and informational treatment groups. YCCs were responsible for ensuring that wards completed the many written assignments, including life plans, personal journals, and other working activities integral to the treatment process. YCCs were also responsible for preparing the individual case conference reports for wards on their caseloads. Finally, YCCs conducted required drug testing of wards in the living unit. They collected urine specimens from randomly selected samples of wards on a weekly basis, and maintained the test result data. One YCC served as relief staff for regular YCCs who were out on vacation or sick leave.

In November 2002, a Parole Agent II (PA II) was hired for the purpose of being a statewide “liaison agent,” working part-time at the institutional site and part-time in the field. During her first few months, this agent met with wards when they first entered the program and acted as the link between institutional personnel and field parole staff. She also worked with some of the wards’ field parole agents from Northern California parole offices to establish transitional/aftercare programs as additional services for wards on parole. Parole services were provided by regular Parole Agents carrying standard caseloads of 52 to 1. However, due to the lack of enhanced funds for travel for the PA II position, she ceased to work part-time in the field and instead worked full-time at the institutional site, conducting field parole business through telephone contacts.

Staff Training

Before the program became operational, all professional and line staff assigned to Lassen received 80 hours of intra-departmental training on various substance abuse curricula. The training was conducted at the Training Room of the Northern California Youth Correctional Center (NCYCC) from March 11-March 22, 2002. The speakers consisted mainly of CYA staff with a few outside trainers, all experienced and knowledgeable in the delivery of substance abuse treatment services. Among the training module components were relapse prevention, the 12-Step/ Serenity Series recovery process, Hazelden's 12-Step pamphlet collection (one pamphlet per Step), Beat the Streets program, personal journals, life plans, employability skills, victim and gang awareness, anger management, and transitional planning. All of these training sessions and materials were videotaped and edited for future use of new staff coming into the program. Five months after initial program implementation, Pharmacology was added to the training modules. Since this topic was not included in the original training module components, Pharmacology never became part of the videotaped training series.

The Department recognized the need for ongoing training for existing staff and comprehensive training for new staff. However, the program did not include funds to support continuous and comprehensive staff in-service training.

Key Treatment Services

Treatment on the program was divided into three phases: the orientation phase, the core treatment phase, and re-entry. The core treatment consisted of ten "modules" focusing directly

on substance abuse issues. In addition, group counseling covered general topic areas and non-drug-related areas such as employment and parenting.

The orientation phase was to be conducted in no more than 28 days. During that time, wards were familiarized with the short-term nature of the program, the living unit rules and regulations, and the policies at DWNYCF. The wards signed three contracts: a Voluntary Program Commitment Contract, a Gang Neutrality Contract, and a Therapeutic Community (TC) Group Rules Contract. Each ward was also assigned a YCC, who became his counselor for the entire 16 weeks. Within a week of arrival, wards participated in an initial case conference with the PA I and their assigned YCC. During the initial case conference, each ward was interviewed for relevant personal information that could affect living unit safety, such as prior gang affiliation. Mental health status was assessed at this time through suicide-risk and medical questionnaires. Each ward also signed a Behavior Expectations Contract, which outlined the criteria for program failure:

- misbehavior resulting in Level A or Level B behavior reports;
- non-compliance with staff instructions, rules, and direction;
- disruption of the living unit, treatment processes, or other dorm activities; and
- non-participation in physical training, home studies activities, small group sessions, and all large group affirmation discussions.

The implementation of the treatment core curriculum began at orientation as wards initiated their “Life Plan” for sobriety and their “Personal Journal” crucial to recovery. Finally, all wards were tested for drug use upon entry to the program.

Wards spent the remainder of the four months completing a variety of specialized counseling groups, both therapeutic and informational (core treatment phase). All wards were involved in 24 hours of treatment groups per week (at an average of four hours per day for six days per week) in a variety of treatment curricula. Each YCC conducted four one-hour groups per day that included various treatment modalities. Treatment core group sessions were typically held in the day room. Occasionally, groups were held in a separate room away from the living unit, such as the institution's visiting area or meeting rooms.

Overlaying the specific activities was the establishment and maintenance of a "therapeutic community." The therapeutic community model relied on a therapeutic relationship between treatment staff and wards to reinforce and support the specific lessons and skills being taught. Daily group living interactions and individual and small group counseling sessions were built on themes of relationship, rapport, respect, responsibility, reluctance, and resistance. Staff attempted to build empathy, respect, and concern for each offender, on the theory that when wards felt understood and empowered, they would become more involved in their own treatment.

Many written assignments and other activities were focused on past feelings and negative behavior patterns that may have led to drug and alcohol abuse and on rationalization for negative behavior. From this, the ward was encouraged to develop an understanding of issues relating to drug use, to take ownership in making positive changes, and to explore alternative ways of responding to negative experiences and feelings.

Substance Abuse Treatment Modules. Specific substance-abuse-related topics covered in the program fell into ten modules: Twelve Steps, Relapse Prevention, Transitional Planning, On Solid Ground, Life Skills/ Employability, Victims Awareness, Gang Awareness, Serenity Series, Beat the Streets, and Personal Journal. Some of the modules (Gang Awareness, Life Skills/ Employability, Transitional Planning) were conducted sequentially, while other modules that complemented one another (Twelve Steps, Relapse Prevention, Victim Awareness) were presented concurrently. Although initial plans were to use independent contract service providers, funds were not appropriated to establish contractor services. The content of these modules is described in Appendix A.

Different commercially available substance abuse curricula were incorporated into the program. Hazelden's Twelve-Step approach for recovery, used concurrently with the Serenity Series "Corrective Action Journals," was designed to help participants recognize and mediate their lack of control with alcohol/drug use. Gordon Graham's video-based cognitive skills series "On Solid Ground" was used to establish or improve wards' critical thinking skills and management of emotions and acting-out behavior. "Critical Thinking Errors" was designed to help wards recognize inappropriate/non-productive thinking patterns and their link to behavior and to negative consequences. *Relapse Prevention*, the Gorski/Kelly publication, was used to teach strategies to avoid lapsing back into drug or alcohol use. Relapse prevention was also approached through the "Beat the Streets" video and workbook series. On Sundays, the treatment team supplemented their programming with materials and lectures from community-based support groups, such as Narcotics Anonymous (NA).

These modules were also modified to be more relevant to older wards who had previous CYA substance abuse programming and who would soon be returning to parole. For example, the 120-day program was especially designed to include Life Skills/ Employability and Transitional Planning treatment modules to assist wards in achieving a smooth transition from incarceration to employment and life in the community. The Life Skills curriculum also addressed practical parenting and budgeting skills intended particularly for program participants with families and children.

Many non-drug abuse treatment modules were also incorporated into the program to enhance wards' abilities to build productive, crime-free lifestyles. Gang awareness materials were provided in the first two weeks to point out the negative consequences of gang involvement and to suggest other, more appropriate, social relationships. Gang issues were also addressed through regular small group and individual counseling. Commitment offense/violation offense and victim issues were addressed in victim awareness groups. Life Skills and Employability were taught in weeks 11 through 14. Transitional planning was provided to wards during the last two weeks of the program.

Wards were drug-tested during the core treatment phase when there was reasonable suspicion and at random intervals. Usually, ten percent of ward participants, approximately 5-6 wards, were tested each week at random.

Group Counseling and Resource Groups. In addition to the drug-related treatment groups described above, group and individual counseling were used to address issues outside the drug-

related modules. Most program wards were expected to receive a minimum of three hours of small-group counseling each day, except Sundays, and individual counseling on an “as needed” basis. Large-group counseling included Resource Groups with particular topics and general group sessions to discuss topics covered in treatment groups and other issues. The group process was intended to allow wards to challenge their peers and to learn from others’ experiences. Like treatment core groups, small and large group sessions were typically conducted in the day room or visiting hall, in an area that can be physically isolated from the general activity of the living unit. The small group ratio was 11 wards to one counselor, while the large groups were held with all 56 wards present.

Resource groups were provided as part of the standardized schedule of all group sessions. Anger Management taught how to deal with anger in socially appropriate ways, although most Anger Management material was also incorporated to the Serenity Series treatment modules. Young Men as Fathers illustrated appropriate and inappropriate parenting behaviors. Through *The Family* series, wards were taught to understand alcoholic and addictive personality types and how these personalities affected other family members. These resource groups were intended to give wards a sense of mastery over their addiction, thus fostering healthier family relationships.

The large group sessions in the 120-day drug program were used as a time to link specific drug-related course work with other coursework by integrating topics from the Serenity Series with participants’ overall pattern of drug use. Large groups also provided the opportunity for wards to openly discuss relapse prevention plans and deal with cultural and victim awareness issues. Like other living units at Dewitt Nelson YCF, large group sessions in the 120-day drug program were

also used to address relevant issues that affected the operations of the living unit itself such as maintaining its upkeep or keeping noise levels down.

Large group one-hour affirmations were conducted daily, except on Sundays. The discussion material for these large group meetings came from daily readings in the Serenity Series curriculum entitled “daily affirmation.” Wards shared with the each other personal information relating to the daily material and gave one another feedback. Two wards facilitated the discussions at a time, with every ward in the large group given an opportunity to run the discussion.

Physical Training

The Twelve-Step treatment program approach included elements like building self-worth and the importance of physical self-care. Physical self-care was emphasized because, according to the Serenity Series “Corrective Action Journals,” simple things like keeping the body clean, feeling good about a haircut or hairstyle, or maintaining a fit shape were elements of self-worth that were closely related to understanding the recovery process. A way to reinforce this idea was to incorporate a physical exercise regimen into the 120-day drug program. Wards participated in physical training and exercises daily, except on Sundays. Group physical fitness exercises began at 6:35 AM, right after wake-up time of 6:00. All ward participants converged in the dayroom of the living unit and were released to the recreational yard to conduct morning exercises for about 45 minutes.

Education Services

Educational services were initially offered to all program participants without a high school diploma or GED/CHSPE. A teacher was available to work with these wards in the living unit for about 3 to 4 hours a week on “independent study” assignments. However, by October 2002, educational services became limited only to those participants lacking a high school diploma or GED/CHSPE and identified through IEP (Individual Education Plan) as requiring mandated Special Education services. Program wards participating in these services received high school credits for work assignments completed. Non-special education participants had their education services deferred until after they completed the program or after they were terminated from the 120-day program.

Case Conferences

Each ward’s case was reviewed at least four times during the course of treatment, beginning with the Initial Case Conference and ending with the Exit Case Conference. Case conferences were usually attended by the TTS, the PA I, the SYCC, and the assigned YCC.

These conferences focused primarily on the wards’ progress in completing the ten treatment modules. In addition, program participation assessed in relation to each ward’s knowledge of the treatment modules, behavior, feelings, thought patterns, and values. Treatment staff also reviewed behavior reports—DDMS logs, notes kept on the living hall relating to individual and group behavior in the dorm, and frequency of behavioral contracts. The expectation was that fewer reports over time were associated with better adjustment and greater incorporation of the treatment goals. Progress toward education goals was measured by treatment-related

expectations on grades earned in the school setting, completion of a high school diploma, or completion of all homework or writing assignments. Progress in treatment was also tracked through subjective assessments about the ward's growth, progress, active participation in individual and small groups, and overall self-esteem and performance.

Emergency Case Conferences were held when a ward was not programming well. A ward who received a negative behavior documentation from staff was made to sign a Behavior Expectations Contract. These contracts notified the wards that the consequences of continued poor program performance (including failure to meet pre-established treatment and program goals) would be a recommendation for program failure and a review of his case by the Dewitt's Institutional Case Conference Committee.

Affirmation Ceremony

A program affirmation ceremony prior to Parole Consideration Hearing became a tradition of the 120-day drug program. The ceremony provided a forum for each individual ward (belonging to the graduating group of program completers) to demonstrate his increased knowledge about the properties of drugs and their consequences in front of an audience prior to his actual Parole Consideration Hearing. The ceremony has also been used as an occasion for CYA Administrators to award commendations to the treatment staff of the program.

The first ceremony was held in August 2002 for the first group of parolees. Many Youth Authority administrators and staff also attended this ceremony in the dayroom of Lassen Hall. Subsequent affirmation ceremonies followed in the months thereafter.

A typical ceremony commenced with a short talk and an announcement of merit awards to some wards by a member of the treatment staff. The assigned YCC then introduced his entire caseload of 11 wards to the audience. Each ward was allowed 15 minutes to present the lessons learned from the drug program. Using visual aid posters created specifically for the presentation, each ward also explained how he intended to apply this increased drug education knowledge in combating stressors of day-to-day living on parole. Each ward then came forward and received his certificate of completion from a member of the treatment staff.

Aftercare Services

Aftercare consisted of standard parole services, with the addition of relapse management strategies, referrals to local AA groups, parole office drug groups/programs, and referrals to community 12-step programs. Drug groups were provided by a contracted therapist at the parole office or at a designated site in the community. In addition, two transitional centers for substance abuse counseling and wrap-around services—Westcare in Fresno and Robert Bridges Group Home in Los Angeles—were made available to program wards who needed transitional housing.

Participant Characteristics

The 120-day drug program was intended primarily for parolees revoked for drug-related violation offenses and secondarily for parolees revoked for less serious violations who were having drug or alcohol-related problems while on parole. In addition to this major eligibility criterion, several guidelines were established for identification. These included: minimum age of 17 years, remaining available confinement time (ACT) of at least 12 months, possession of a high school diploma or GED/CHSPE, parole placement in California, and U.S. citizenship or documented legal alien status. Wards taking psychotropic medications were not eligible.

The identification of potential program participants was made by field parole agents at any of the 16 parole offices statewide or by institution staff working with parole violators preparing for their revocation hearings with the Youthful Offender Parole Board (YOPB). Program participation was voluntary, and a parolee signed a contract to participate in the program. Those assigned to the program were approved by YOPB during the Morrissey hearing on the parole violation.

The program design had parolees entering the program in groups of 11 every three to four weeks. They would graduate as a group 16 weeks later on a predetermined date. It took several months to get the referral process working, however. For example, the first group who entered the program in March 2002 consisted of only four wards. Three weeks later, the second group had six parolees entering the program and the third group had eight. Starting May 20, 2002, the eligibility criterion for the education requirement was relaxed to expand the pool of eligible parole violators. The minimum age was retained at 17 years, but the education requirement for

those 18 years or older was revised to include those without a high school diploma or GED/CHSPE. Following these changes, the list of program-eligible parolees started to grow. By June 2002, the fourth group entering the program had 10 parolees, and the fifth group had 12.

A total of 171 parole violator wards were admitted to the program during its initial year of operation. Of these, 145 parolees (or 85%) were revoked either for technical violations (such as AWOL, drug use, or gang activity), for drug or alcohol offenses, or for a minor offense such as disturbing the peace or a traffic violation. Most of the remaining 26 cases were revoked for simple assault (16 cases) or receiving stolen property (5 cases). A review of the master files of all 26 of these parole violators revealed that they either had histories of drug problems or secondary drug/alcohol-related allegations included with their primary violation offense. Most of these wards (136 or 80%) were admitted following their first parole failure and 35 (20%) were admitted following their second or third parole revocations. Demographically, the program participants were similar to other parole violators, although a larger percentage were from Northern California counties.

Of the 171 wards admitted during the first 12 months of the program, 152 (89%) completed all phases of the program, although re-release on parole for seven of these wards was delayed. Four were asked to improve their final presentations. Two wards received short time-adds due to disciplinary infractions. One had a problem with his parole placement plans. Nineteen wards (11%) did not complete the program:

- Six were deemed ineligible after admission to the program, due to lack of Available Confinement time or other program criteria;

- Two were removed from the program to face additional charges in court;
- One withdrew from the program;
- Ten were transferred out of the program because of disciplinary problems.

Program length of stay (LOS) for program completers was 3.9 months. Non-completers spent an average of 2.1 months in the program before being transferred or removed.

A total of 349 urine samples were collected on the 171 wards admitted during the program's first 12 months. Virtually all of the wards (170 of the 171) submitted at least one urine sample; 119 submitted two samples; 47 submitted three samples, 10 submitted four samples, and 3 submitted five samples. Only 2 (1.2%) of the urine samples (all first samples) tested positive for amphetamine, reflecting drug use while on parole. No positive results were found among subsequent urine samples.

Subsequent Parole Outcomes

Information on subsequent parole performance for program completers was collected for wards who were re-released on parole from the 120-day program through March 2003 (providing a 12-month follow-up). These data are presented only for descriptive purposes because there was no comparable group against which to compare these outcomes. The program was designed to accommodate all program-eligible parole violators, making it impossible to identify a control group or matched comparison group. Without such a group, there is no way to determine whether outcomes are different from what should be expected for these wards.

Of the wards who completed the program, 83 had been re-paroled by March, 2003 and were followed for 12 months following their next release. Of these wards, 46 (55%) were still on parole after 12 months. Twenty-two had been revoked on technical violations. An additional 15 were removed from parole for law violations. Fifteen of the parole violations involved drugs or alcohol as primary offenses, with 12 of those being technical violations. The meaning of these numbers is unclear because agents and the parole board may have responded differently to positive drug tests or other evidence of drug use among wards released from this program. However, these outcomes were similar to outcomes for other CYA parole violators (non-program participants) re-released during that same period and followed for 12 months.

Discussion and Recommendations

A review of admissions to the program during the first 12 months, observation of the program's operations, and a review of file materials suggested that the Department successfully implemented a viable short-term program that delivered the intended array of therapeutic and informational treatment services to parole violators.

- The program had a dedicated, qualified, and well-trained staff, who had years of experience working with the departmental substance abuse population. The staff reflected the program's spirit and focus on treatment. They were diligent in their delivery of treatment services and set high standards for program completion.
- Program staff were successful in adapting the program design of commercially available drug treatment curricula normally used in longer-term CYA formalized drug programs into a period of 120 days. The treatment team continued to refine the program's treatment community model around the understanding that the parole violator population consisted mainly of older drug offenders who had prior substance abuse treatment in CYA institutions.
- The program had a workable procedure (the program case conference) to monitor treatment progress. Each ward's case was reviewed at least four times during the course of treatment, beginning with the Initial Case Conference and ending with the Exit Case Conference. This process underwent some revision to better track the wards' responsibility for their own treatment and their behavior in the therapeutic community.
- The program was able to identify appropriate wards for participation in the program. A total of 171 parole violator wards were admitted to the program during this 12-month

period. Of these, 145 (or 85%) met the offense criteria for placement in this program. The remaining 26 (15%) had law violation offenses that appeared to be more violent, but had histories of drug problems or had secondary drug/alcohol-related allegations in the commitment of their primary violation offense.

- Despite some initial problems in getting referrals into the program, it maintained a population at or near capacity for the two years under study. By late May 2002, program assignment criteria relating to age and educational status were changed to increase the pool of eligible wards. Program staff reviewed the screening process to better tap the pool of eligible parole violators.
- During its first 12 months, the program experienced a completion rate of 89%. Only ten wards were transferred out of the program due to disruption or assaultive gang behavior.
- The 120-day affirmation ceremony had become a program tradition to celebrate program completion. The ceremony also promoted self-confidence among wards, who gave speeches in front of an audience. During these speeches, program graduates expressed their increased knowledge about the properties of drugs and its consequences or they shared other interesting insights learned during the four months. This occasion had similar importance in celebrating staff accomplishments.
- Program graduates appear to do as well as other parole violators re-released to parole. Of the 83 wards who completed the program and were re-paroled by March, 2003, 46 (55%) were still on parole after 12 months. Of the 37 who were revoked on technical violations or removed from parole for law violations, 15 involved drugs or alcohol as primary offenses, including 12 technical violations. These outcomes were similar to outcomes for

other CYA parole violators (non-program participants) re-released during that same period and followed for 12 months.

During site visits, research staff noted that the dayroom was filled with activity: counselors conducting large and small groups at different times of the day, wards doing written assignments, or wards preparing visual aid posters for the affirmation ceremony. The dayroom and dorm were virtually always clean and neat. The program had the “feel” of a well-run, organized treatment program.

Despite the 120-day drug program’s promising start, certain problems or limitations had emerged, as well. These fell into three main areas. First, there was a need for a stronger treatment continuum on subsequent parole. The 120-day drug program did not provide for a specific aftercare component to the institutional phase. Preliminary data on repeat parole violators, however, suggested that wards may still not have acquired the skills needed for long-term success on parole. Graduates were assigned to regular parole agents, carrying 52 on their caseloads. There was no provision for specialized services for these parolees. During the program’s eighth month, a Parole Agent II was hired to provide a link between program completers, institutional personnel, and field parole staff. However, as it turned out, the PA II “liaison” function was limited due to the lack of enhanced resources for travel to field offices from the very beginning. Additional funding for field travel should always be allocated for a PA II position intended to be the link between institutions and parole. There also appeared to be a need to expand the *services* and *opportunities* available on parole to reinforce the lessons learned during the program.

Second, based on informal staff interviews, the need for more on-going staff training for the counseling staff was an issue during the first 12 months. When the program started, entering staff received 80 hours of training. Funding levels in the program did not provide for a comprehensive continued staff-in-service training, however. In subsequent months, new staff entering the program received limited formal training of 40 hours of videotapes on the various program curricula prior to assuming caseload responsibilities. Training and treatment delivery could be enhanced by contracting with outside providers of training and treatment services who are specifically experienced in providing substance abuse treatment services within an institutional setting. Comprehensive training for new staff should supplement current practices of videotaped training. Similarly, continued, ongoing training for existing staff should be considered.

Finally, the vision of this drug program, as expressed in the program statement, should be expanded to address success on parole for program participants. The current program statement is shown in Appendix B. Although one important goal of this program was cost savings, the cost savings goal needed to be integrated with the treatment goals. The general theoretical basis for the efficacy of a “booster” institutional treatment for a ward population that already failed on parole for drug violations should be articulated and put to a rigorous test. Further, the program’s specific treatment strategies should be clearly defined and empirically based.

Appendix A

Content of Substance-abuse-related Treatment Modules

Data from the exit case conference forms and notes were compiled and analyzed for 61 program participants who completed the program by November 30, 2002. The narratives written by the YCC or the PA I on these forms provided insights into the knowledge and understandings that wards were expected to achieve in each of the program modules. Successful program graduates were described as having gained these skills and insights.

12 Steps. The 12-Steps modality explored the reasons behind entering a program for chemical dependency. Twelve-steps encouraged wards to focus on their past so they could have a personal foundation to begin making positive and permanent lifestyle changes.

Wards were expected to recognize that they had an addiction. They were encouraged to identify areas in their lives that were disruptive to recovery and that contributed to self-destructive behavior. Once back on parole, they were expected to be able to identify individuals in their lives who would be a positive source of support and to understand the importance of attending AA/NA meetings and the need for associating with members of this community as a maintenance tool during recovery. They were to realize the vital role of a “sponsor” in rehabilitation and to seek assistance from this sponsor when they have cravings. Finally, they were expected to be able to take a moral inventory of themselves and view the negative impact that drugs have had in their past actions. Wards completed the 12 Steps group after 10 weeks in the program.

Relapse Prevention. This module placed responsibility on the wards to change with their own understanding that they are capable of changing. This module assisted wards in identifying high risk factors for relapse and coping with emotional, physical, personal, and social high risk factors for relapse.

The primary lessons taught in this module revolved around the different cycles of relapse, lapse, and prolapse, and skills needed to address these issues. Wards were taught that one skill for preventing relapse included the acceptance of having cravings and the need to utilize the necessary tools in overcoming urges. Another cause for relapse may be high-risk, volatile relationships during parole. Wards were expected to understand that they should make a conscious decision to break free from these relationships to be able to stay clean and sober. They were also to recognize the negative behaviors that led them to a relapse and its self-destructive consequences. They were taught to associate successful rehabilitation with establishing a positive circle of friends. Lastly, they were expected to acknowledge that rehabilitation is a life-long process that needs to be dealt with on a daily basis. Wards completed the relapse prevention module after 12 weeks in the program.

Transitional Planning. This module presented options for finding substance abuse resources and support in the community once on parole. It also discussed expectations from parolees such as living independently and the need for positive social behavior in the community.

In this parole readiness group, wards were familiarized with community resources that may be available to assist in their achieving a smooth transition to life in the community. Wards were

helped to understand that, once on parole, they needed to live within a budget that they could afford and that they needed to avoid a criminal lifestyle to attain financial stability. They received “refresher” pointers on parole conditions and on parole agents’ expectations. They were encouraged to maintain a positive attitude about different jobs on parole since these may lead to a specific career choice eventually. Wards completed transitional planning after 13 weeks in the program.

On Solid Ground. This module discussed the barriers to change that wards may encounter on parole and reinforced the idea for wards to take control of situations through goal-setting.

In this module, wards were taught the need to take responsibility for their actions and to formulate more realistic life goals. They were taught to identify the root causes of negative behavior, the understanding of which is essential to overcoming a negative mentality and to achieving sobriety. They were also taught to express their inner thoughts and to work around pent-up feelings of anger so that they could make wiser decisions on parole. Wards completed the solid ground module after 5 weeks in the program.

Life Skills/Employability. The different topics covered in this module included health and nutrition, budgets, housing, relationships, resumes, job searching, applications, development of professional appearances, and practice interviewing.

This module emphasized the importance of education and employability skills in achieving career and life goals. Lessons focused on basic life skills for daily survival, such as balancing a

checkbook or preparing a resume. Since the “Young Men as Fathers Program” was incorporated into this module, wards were also taught parenting skills. This module prepared the wards to identify individuals or community groups who may potentially assist them in finding employment on parole. Wards were taught to recognize that every aspect of their lives was governed by rules that needed to be strictly followed. They learned the importance of a good solid financial plan and the relationship between steady employment and financial stability. Wards completed the life skills/employability module after 12 weeks in the program.

Victim Awareness. A series of videos were shown to wards which touched on various victim issues such as violent crime victimization, drug dealing and drug-related crime, effects of drugs on society, domestic violence, sexual assault, property crime, alcohol, and DUI (driving under the influence). Discussions with their counselors followed the video presentations.

In this module, wards were expected to understand the impact of their addiction on their relationships with their families. In this group, they were taught why their families distrusted them and were shown ways to earn back that lost trust. They were also taught that their addiction translated to financial burdens to the entire community and society in general. Wards completed victim awareness after 7 weeks in the program.

Gang Awareness. Certain subtopics on gang information were discussed with wards during this module. These topics included laws relating to gangs, introduction to Youth Outreach as a resource to staying out of gangs, gang involvement as a personal choice, leaving the gang, staying out of trouble, and positive support as a strategy for gang relapse prevention.

This group focused on the negative impact that gangs have on life goals and the destruction that gangs have brought to society. Wards were shown that their love and loyalty were directed towards gang members because they received validation from them, but that once they were back on parole, they needed to break from their gangs and seek a more positive support in the form of AA/NA peers. Participants were expected to be able to distinguish the difference between positive and negative associations and the need to seek positive acquaintances with other recovering addicts. They were also encouraged to “be their own person” and thereby avoid anti-social behavior aimed at being accepted by fellow gang members. Wards completed the gang awareness class after 5 weeks in the program.

Serenity Series. The Serenity series were interactive motivational, educational, and experiential journaling guidebooks developed by *The Change Companies* to assist individuals in making positive lifestyle changes. The journals and guidebooks of the Serenity Series were discussed concurrently with the 12-Steps pamphlets.

In this module, wards were shown ways to communicate openly and honestly with their families. They were shown how drug addiction interfered with their ability to take care of themselves physically and mentally. They were urged to accept their addiction as a disease that needed to be dealt with on a daily basis. They were taught to identify “relapse triggers” and to develop coping strategies to deal with them. They were taught “positive self-talk” as a personal tool that they could use to address low self-esteem issues and to prevent self-destructive behavior. Wards completed the serenity series after 10 weeks in the program.

Beat the Streets. The Beat the Streets curriculum was a series of videos shown to wards that touched on everyday issues facing parolees on the streets. The videos were fittingly entitled Street Smarts, Back on the Block, Recovering Relationships, Catching Feelings, and Making it Happen. Discussions with their counselors followed the video presentations.

From this video series, wards learned of the importance of the 12-step philosophy on recovery and that it was an achievable goal. The videos reinforced the importance of having a parole plan that is realistic and flexible and of having a support system in place to assist them with relapse prevention. Wards completed this module on the second week of their program.

Personal Journal. Wards began working on their personal journals during small groups beginning at week 3 for 4 days per week lasting through week 14. The topics that they touched on included defining chemical dependency, alcohol, drugs, beginning, denial, powerlessness, unmanageability, and spirituality.

This module stressed the importance of communication when dealing with addiction and the various ways of communicating with others. It focused on common fears of communicating openly with others and helped wards to communicate with more honesty. The module also encouraged wards to address the shortcomings that prevented them from moving forward, especially health problems relating to their addiction and to question past addiction-related decisions so they could make healthier and more positive decisions for the future. Wards completed this module after 10 weeks in the program.

Appendix B

Current Program Statement

The Short Term Substance Abuse Program is a 120-day program focusing on addictive behaviors and chemical dependency. Individuals are expected to participate in, and complete, a curriculum providing treatment and training delivered through a therapeutic community model. The program targets male wards that have completed their high school diploma or GED/CHSPE. These wards are immersed in an intense program of recovery utilizing psychosocial, physical, and educational modalities.

All wards are involved in 24 hours of treatment groups per week (at an average of 4 hours per day for 6 days per week) which includes a variety of treatment curriculums. The treatment is delivered through the following curriculum; The Serenity Series based on the 12-Step model, Skills, relapse prevention (utilizing the “Beat the Streets” video and workbook series), My Personal Journal, Employability Skills, Large Groups, and the development of a Personal Life Plan. Additionally, all wards address commitment offense/violation offense, victim issues, and gangs through regular small group and individual counseling.

Source: Gregory Brewer, Program Administrator, Institutions and Camps Branch, Department of the Youth Authority