

CORRECTIONS TODAY

Programs That Work

California Program Reduces Recidivism and Saves Tax Dollars

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FOUR INMATES SERVING LIFE SENTENCES WHO HAVE WORKED AS "PEER MENTORS" SUPPORTING THE AMITY STAFF DELIVERING THE THERAPEUTIC COMMUNITY CURRICULUM

In the spring of 1989, Warden John Ratelle of the Richard J. Donovan Correctional Facility (RJD) received a call from then-director of the California Department of Corrections (CDC), James Rowland. "John", the director said, "It's time that the department begins to do more about substance abuse in the inmate population. Most of our inmates have drug problems, and they are the majority of our returns to custody. Would you be willing to have a drug treatment program at your facility that we could use as a model? Ratelle, who had opened RJD three years

ago, said he would be willing to open a drug treatment program at his prison, which is near San Diego, just a mile from the Mexican border. "But" he recalls saying, "I told the director that I wanted to look at some programs before I made a final decision and that, if we went forward, I wanted to be able to close the program immediately if I felt it was not working."

Rowland asked Ratelle and Chief Deputy Tom Hornung to visit the Amity/Pima County Jail Program, a national demonstration program funded by the Bureau of Justice Assistance at the Pima County Adult Detention Facility in Tucson, Arizona. Rod Mullen, president of the Amity Foundation of California, gave them a tour of the jail pod, where 50 sentenced drug offenders engaged in a therapeutic community-type program using ex-addict counselors, a specific curriculum developed by Amity, and well-developed program of cross-training between correctional officers and treatment staff. An evaluation of the Amity program showed excellent results in lowering recidivism to drugs and crime after inmates left the program.

Ratelle admits that he came to look at the Amity program with a great deal of skepticism. "I've seen a lot of programs come and go, and a lot of them have been games where inmates lay around all day, continue to use drugs, go to meetings occasionally, manipulate untrained correctional counselors, get their day-for-day credit-and then got out and go back to drugs and crime." When he talked to inmates in the Amity program, he met some who had done time in the California system. They talked about how the Amity program was different. He observed encounter groups and saw that the program was dealing with real issues, not allowing inmates to shift the blame for their mistakes to others, but making them take personal responsibility for their own behavior.

"I've known some of these guys [inmates] for 30 years," Ratelle says. "Because of their addiction, they are doing life on the installment plan. Prison has become a way of life, and they are comfortable here. We needed something to get their attention, shake them up, and get them to change."

Ratelle's willingness to "take a risk" led to collaboration between the CDC and AMITY, a private nonprofit organization that specializes in programs for drug-involved offenders. An independent five-year study of the Amity program funded by the National Institute on Drug

Abuse shows that, to date, 63 percent of those receiving no treatment were reincarcerated a year after release, but less

than half (46.2 percent) of those who completed the in-prison program and then went on the Amity residential program in Vista, Calif., were reincarcerated. The study is not completed yet, but researchers believe that the final outcomes will be very close to what is reported here.

The Amity program began at RJD in the fall of 1990. Ratelle dedicated building 15 in yard three of his 4,600-man institution to the treatment program—with 200 inmates, three correctional counselors and two doublewide trailers constructed for program space. Mullen and Amity's Deputy Director Naya Arbiter selected staff from Amity's Tucson programs, mostly ex-addicts, some who were ex-offenders, and put them through an intensive training program. The treatment staff worked closely with correctional counselors and

classification staff to select inmates. By late December 1990, the program was functioning; by March, all 200 inmates were

Facts about the California Department of Corrections

1. In 1980, CDC had a commitment population of 22,500.
2. Projections indicate the institutional population will increase to 172,694 by June 1998; 219,795 by June 2001; and 340,000 by June 2006.
3. These increases are driven by parole violators and inmates who have longer sentences because of "three strikes" legislation.
4. CDC institutions are at 183.1 percent over design capacity, and without new construction, CDC will run out of space for new inmates in 1998.
5. The average sentence is 43 months; average time served, 21.3 months.
6. The racial breakdown of inmates is 34 percent Hispanic, 31.5 percent African-American, 29.6 percent Caucasian, 4.9 percent other.
7. A breakdown in offenses shows 41.8 percent violent, 25.3 percent property, 26.4 percent drugs, 6.6 percent other.
8. A recent CDC survey shows that 75 percent of committed offenders have histories of drug abuse.
9. In 1984, 9.3 percent of inmates were committed for drug offenses (sales, use and possession). At the end of 1995, drug offenders accounted for 31.9 percent of all new admissions to CDC — the largest offense category of new felon admissions.

Amity Foundation Program Description

- Two hundred men live in a housing unit on a yard with 800 other inmates. Amity participants share the yard with the rest of the inmates, but program space is isolated.
- Twenty Amity staff, mostly ex-addicts and ex-offenders trained by Amity to work in prison participate in CDC security training for correctional officers to receive their security clearance. All participate in a minimum of 40 hours per year of Amity immersion training to keep skills current.
- Six “lifers” (life with possibility of parole inmates) work with Amity staff as credible role models and help stabilize the program.
- Forty program participants (inmates) work one week on, one week off, supporting staff in delivering the Amity program.
- The Amity curriculum was developed more than 15 years ago by Naya Arbiter. A written and videotaped curriculum specifically designed to reach habitual offenders with chronic drug abuse histories, the curriculum involves encounter groups, seminars, video playback, psychodrama, and written and oral exercises. It addresses violence, family dynamics, gang involvement and other issues relevant to this population.
- A therapeutic community approach demands a very high degree of accountability from participants and staff.
- A Correctional Counselor III and two Correctional Counselor staff members work with Amity staff and institutional staff to select inmates, conduct disciplinary proceedings, develop treatment plans and develop discharge plans.

in the housing unit, and the trailers (for

program space) were operational.

“One of the most important things was the relationship that I had with Elaine Abraham, Amity’s program director,” Ratelle says. “Right away it was ‘we’ not ‘us’ and ‘them.’ She impressed me. She held the line with the inmates, and did not allow them to manipulate her or the program.” After a year, Ratelle sat in on an encounter group with several inmates, including a couple of “old timers” whom he had known for 20 years or more. They were “baring their soles” about their personal histories in a manner that impressed Ratelle. “I could tell that we had gotten to these guys,” he says. “I knew that they would never have broken the convict code otherwise.”

Ratelle decided in 1992 to do a surprise urine drop of the entire Amity in-prison program to see if “it was really working.” He told no one of his decision, neither his staff nor the Amity program staff. On a Monday, after weekend visitation, he locked down the entire housing unit where the Amity inmates are housed. Each inmate was asked to give a urine specimen. “I knew that I had 200 guys with serious drug problems all living together and not isolated from the main yard. We were busting guys on the yard for drugs, so I knew that if the guys in Amity wanted to get drugs, they could. I assumed that 25 percent of the people in the Amity program would turn up ‘dirty.’ Only one Amity participant tested positive for drugs – marijuana.

“The key,” adds Mullen, “was that the warden waited two years before the ‘surprise’ – that gave us time to get the program working. He didn’t do the test in the first year, while we were still wrestling with implementation and program integrity.”

Have there been any problems in implementing the program? Ratelle explains, “There really has been no downside to the Amity program during the past six years – the inmates in the Amity program work like other inmates in institutional support jobs and get their day-

for-day credit; the housing unit they are in has less disciplinary reports than any of the other units on the yard, and less grievances, too. There had been no violence – just a few scuffles – in six years. And the outcome data shows that these guys are coming back at a significantly reduced rate compared with inmates who did not go through the program.”



AMITY PAROLEE PARTICIPANTS AT AMITY'S VISTA RANCH. OUTCOME DATA SHOWS THAT THOSE WHO PARTICIPATE ARE REARRESTED AT A SIGNIFICANTLY LOWER RATE THAN THOSE WHO DON'T

The program fits in with Ratelle's philosophy. "You don't run an institution with guns, you run it with your mouth – you run it by communicating – and 80 percent of communication is listening. We have an excellent staff here at RJD – and they keep getting better every year. The Amity staff and program have become part of us and have grown with us."

What are the incentives for inmates to participate in the Amity program? "The

participants in the Amity program," says Director Elaine Abraham, "have a harder time than other inmates – they have to work every day to get their day-for-day credit, they have to participate in our intensive treatment program in what would be their spare time, and they submit to more urine drops than other inmates. They are under a microscope from staff and peers about their behavior, we push them very hard emotionally, they are not eligible for work furlough – and we expect them to stay clean, continue treatment, get jobs and support their families when they leave. We have a lot of credibility among inmates because no one gets anything in terms of reducing their sentences or any special privileges for participating in the program. The reward is the opportunity to stop being on the revolving door in and out of prison. Still, we get hundreds of applications a month for the few program spaces we have open – and that says a lot." she says.

Who is in the Amity program? Ratelle says, "Amity has the typical career criminal you would find in any level three or four CDC institution. There are few first timers, but the inmates in the program are not the cream of the crop. In fact, 51 percent of Amity participants have two strikes – if they go out and re-offend, they are going to do 25 [years] to life." The profile of the inmates in the Amity program reveals that they have an average of 27 lifetime arrests and have been incarcerated 17 times for an average lifetime incarceration of more than six years. Many were involved with gangs on the streets, but both CDC and Amity demand that gang ties be severed in order to participate in the program.

"We've worked very hard to keep the program ethnically balanced," Mullen says. "In order to do this, we asked the warden to extend the length of the program, since Hispanic inmates usually were doing longer sentences and many weren't eligible for the program. Ratelle felt as strongly as we did that the program needed to match the ethnic

Elements of Success

The following are the elements of success for the Amity program that CDC administration, and institutional, treatment and parole staff sees as critical:

- A director of corrections who saw the economic impact of drug abuse on the correctional budget (and public safety) and was willing to break new ground in addressing these issues;
- Central office staff who worked closely and effectively with the institution, parole, treatment staff in the prison, and the treatment program in the community;
- A warden who was willing to take a risk and maintained a hands-on relationship with the program – also treating the treatment staff with respect and giving them the independence needed to carry out their jobs;
- The buy-in of the correctional staff in the institution to support the new program
- A correctional facility that was well managed and stable;
- A treatment program that was experienced in working with offenders and committed to a joint-venture / collaborative approach to corrections;
- A curriculum specifically designed for the inmate population served that was based on “emotional literacy” and issues particularly relevant to inmates in the program, including substance abuse, family dynamics, violence, racial prejudice, relapse prevention, moral development, building and maintaining positive relationships, and “how to get prison out of you”;
- A treatment program director who was willing and able to work cooperatively with the institution in implementing the program and maintaining it;
- A treatment staff that was able to work side by side with the institution and maintain credibility to the inmates;
- The incorporation of “lifers” into the Amity in-prison program as credible role models and trainees;
- Regular cross-training of treatment, correctional and parole staff together to enhance understanding, cooperation, communication and a sense of joint ownership;
- The assignment of a parole agent who worked in an integral fashion with corrections and treatment staff and was the catalyst for supporting parolee program completers in the community; and
- The development of a “linked” aftercare program for Amity prison inmate completers that allowed a true continuance of treatment in the community.

balance of the CDC institutional population as closely as possible so the program did not get identified as a ‘white program,’ a ‘black program’ or a Chicano program.’

Mullen says one of the unsung heroes of our success is Jody Boyle, the parole agent who has been assigned to the program from its inception. She’s been the catalyst for networking parolees from Amity together to support each other. Boyle says AMITY is different than other programs. The men become very close and form relationships with each other in the prison that they maintain on the streets,” he says. “I see a lot of these guys still close friends and still helping each other several years after they are out of prison.”

California DOC Director James Gomez says, “I think that one of the most important aspects of the CDC/Amity collaboration was the confidence that it gave the Legislature and the governor to authorize over \$100 million to build the largest dedicated prison drug treatment program in the world. And, it gives us at CDC the confidence that it could and should be done. The Corcoran II Substance Abuse Treatment Facility will house more than 1,400 offenders beginning in 1997 – and it could have come about only through Amity’s work. It is clear that Amity’s program results are going to help shift the public debate about corrections here in California to a more treatment-oriented approach. We have to continue to respond

to the public demand to take violent offenders off the streets, but we also have to make sure that we use a targeted approach and don't lump all our inmates into the same category."

A recent cost-benefit analysis prepared by CDC's Office of Substance Abuse Programs at the direction of the California legislature used an "avoided cost model." Assuming that the Amity outcomes could be replicated, the analysis estimated that a 200-bed program like RJD would, by reducing returns to custody, save CDC about \$7.5 million over seven years) above the cost of the treatment program itself) – more than \$1million per year.

For a 3,000-bed program, the seven-year estimated savings would be \$29,705,000.

These savings do not take into account the "on-the-streets" savings of Amity graduates who become employed, pay taxes, reunite

with their families, get off welfare and join other Americans in shouldering their share of social responsibility. At a time when public debate is honing in on how to make government more efficient, the results of the Amity/CDC collaboration look very good indeed.

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