

Offender Substance Abuse Report

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Special Report

California's First Prison Therapeutic Community: A 10-Year Review

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Need for New Programs for the Many Substance Abusing Offenders in Prisons

The California Department of Corrections (CDC) has the second largest number of prison inmates in the United States, and has experienced dramatic growth in inmate population in recent years; and while growth has leveled in the past two years, estimates are that the inmate population will increase to 218,000 by 2006 (Arax, 1999). Substance abuse has been identified as a "major contributing factor to the criminal lifestyle of a large portion of the offenders committed to the California Department of Corrections," (California Dept. of Corrections RFP C99.120, p. 12) since over 75% of CDC's inmates have histories of substance abuse, and drug offenders represent the largest offense category of new felon admissions (33.8%). Further, a third of all parole violators who were returned to custody for new terms were returned for drug offenses (Id.).

For many years California engaged in a massive expansion of prisons as the bulwark of its approach to crime. However, that approach is under scrutiny. In January 1998, the Little Hoover Commission (an independent government agency) completed a comprehensive and highly publicized report to the governor and the state legislature stating "there is increasing evidence that the growing inmate population reflects a correctional system that is not using the most cost-effective strategies available." (Terzian, 1998).

The Little Hoover Commission cited California's recidivism rate, one of the

highest in the U.S., as evidence that it was time for the state to develop alternative strategies to cope with the increasing number of men and women incarcerated. In its report, the Commission repeatedly cited the success of the Amity Therapeutic Community (TC) at the Richard J. Donovan Correctional Facility (RJDCF) near San Diego. Following the Commission's recommendations, legislation passed at the end of the 1997-1998 fiscal year that authorized a major expansion of Amity-style therapeutic community programs. Subsequent legislation has brought the number of TC beds authorized for the CDC to 9,000, with funded aftercare for all participants (see Figure 1). "This," in the words of Youth and Adult Correctional Secretary Robert Presley, "is the largest single state initiative in United States history targeting criminal drug offenders" (Mullen, 2000, p.12).

How it All Began

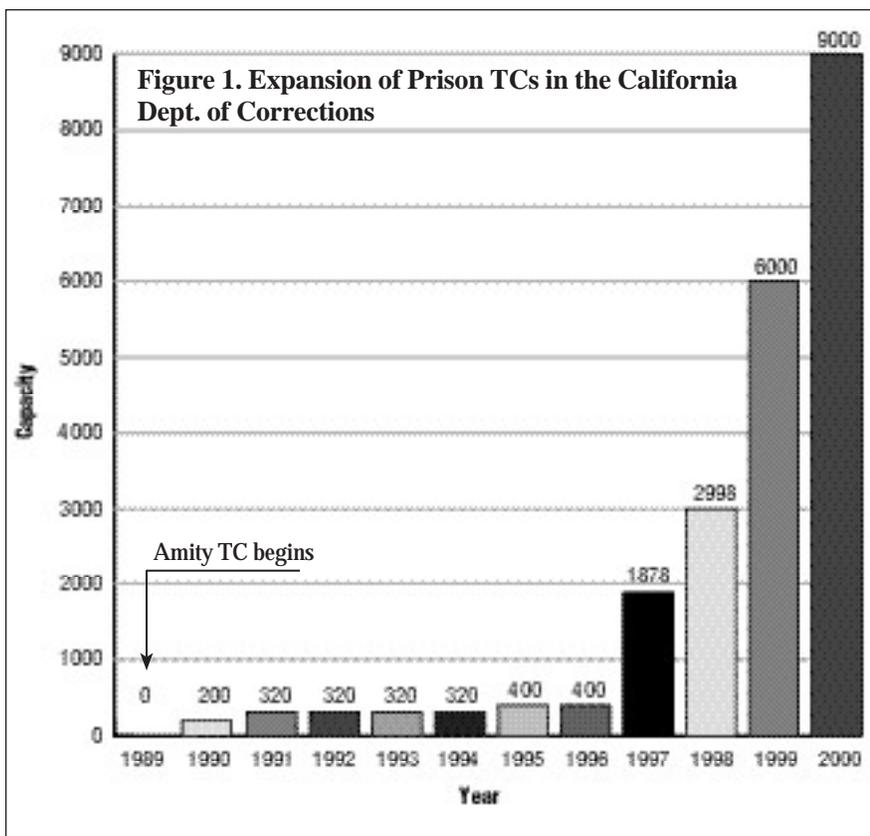
Focus on Substance Abuse as a Significant Problem. In 1987, CDC Director James Rowland contacted Amity's CEO, Rod Mullen, with whom he had collaborated before to provide treatment programs for juvenile offenders. Rowland explained that CDC's rapid prison expansion was not addressing the fact that 70% or more of CDC inmates had serious and chronic substance abuse problems. He surmised that these inmates' substance abuse was the key factor in their violating parole more quickly than other parolees, so that many were "doing life on the installment plan." Rowland requested that Mul-

len tour several CDC institutions and parole regions, and then make a presentation to Rowland's executive staff and wardens regarding both the potential effectiveness and immediate feasibility of implementing substance abuse treatment for CDC inmates and parolees.

Mullen's report to the CDC Administrative Planning Session helped CDC focus on substance abuse as a significant problem, which led to the formation of an ongoing task force reporting to Director Rowland.

Task Force Recommendations. The task force decided that CDC should participate in "Project Recovery," a national technical assistance project sponsored by the Center for Substance Abuse Treatment (CSAT), U.S. Department of Health and Human Services. (Note: Projects Reform and Recovery also spawned the Texas Criminal Justice Initiative and Key-Crest in Delaware. Positive outcomes from these programs and the Amity California TC, and federal Residential Substance Abuse Treatment (RSAT) funding, have driven a greater investment nationwide in treatment for incarcerated offenders.) That involvement led to:

- Formation of the CDC Office of Substance Abuse Programs (OSAP);
- Establishment of a department-wide CDC Substance Abuse Advisory Panel; and
- A 1989 report to the California Legislature which included plans for a model in-prison TC and establishment of two parolee networks to provide assistance



to identified substance abusers paroling from prisons.

CDC followed Amity's recommendations that the prison TC be established at a new institution, one that had no history of previous substance abuse programs and where the warden was willing to give the program an opportunity to prove itself.

Recruiting Warden for Program.

Director Rowland turned to a seasoned veteran of over 30 years who had worked his way through the ranks, Warden John Ratelle, who had just activated the RJDCF. He asked if Ratelle would be willing to house the proposed model program.

Warden Ratelle agreed conditioned upon Rowland's consent that the program could be terminated immediately if Ratelle believed it was not working. Ratelle then visited the Amity/Pima County Jail Program, funded by the Bureau of Justice Assistance as a "national demonstration program" at the Pima County Adult Detention Facility in Tucson, Arizona. He viewed a jail pod where 50 sentenced drug offenders engaged in a therapeutic community using former-addict counselors, a curriculum specifically developed by Amity, and an Amity-developed program of cross training between correctional officers and treatment staff. Male and female offenders attended TC activities together (but were housed separately). Participants averaged two prior convic-

tions and four years of heavy drug use. An evaluation revealed that, 30 months post release, only 35% of the 362 program completers had been re-arrested (Glider, 1997). Although fewer women were able to access treatment, their outcomes were better than their male counterparts' (e.g., 86% of the women were employed six months post-release vs. 60% of the men, and no women who went on to community-based treatment were re-incarcerated within 30 months).

Warden Ratelle, who as a young officer had worked at the California Rehabilitation Center, admitted that he came to look at the Pima County program with a great deal of skepticism. "I've seen a lot of programs come and go, and a lot of them were 'games' where inmates lay around all day, continued to use drugs, went to meetings occasionally, manipulated untrained correctional counselors, got their day-for-day credit—and then got out and immediately went back to drugs and crime." When he talked to inmates at Amity's jail project, he met some "old cons" who had been incarcerated in CDC. They talked about how the Amity program was different from other programs they had participated in. He observed the demanding work schedule, saw that the program curriculum was dealing with "real issues," and that the encounter groups did not allow inmates to shift the blame for their mistakes to

others.

He decided that he was willing to take the risk of starting the TC, since, he reasoned, if recidivism to re-incarceration were reduced even by 10%, it would save millions of dollars. He also knew that the section of RJDCF where Amity was to be located had more violence than the rest of the prison. He hoped that the program would reduce violent incidents, which at an estimated cost of \$85,000 per occurrence could *alone* justify the expense of the program.

A CDC Request for Proposal was issued, and Amity was the successful bidder. The project began in the fall of 1990 at the Richard J. Donovan Correctional Facility (RJDCF) near San Diego, a 4,600-inmate Level III security institution.

How the TC Was Implemented

Close Coordination Between Program and Correctional Staff. From the time the contract was awarded Amity worked closely with Warden Ratelle's staff, OSAP, and security officers on Facility Three of the RJDCF, where the program was to be located. Amity fielded a team of senior counselors and program administrators, all recovering addicts, all ex-offenders, and representing all ethnic groups, with between 10 and 25 years of experience working with criminal addicts. This group "walked the yard," talked to inmates, learned the specific inmate culture of RJDCF, conducted interviews, met the men who formed the MAC (Men's Advisory Council) for Facility Three, and passed information back to Amity's management about what was needed to mount a successful TC.

As part of the start up, Amity pointed out that the 200-bed, double-celled housing units had no space for program activities. CDC responded by purchasing two doublewide trailers, placing them in close proximity to the housing unit, and modifying them for program activities.

Warden Ratelle worked closely with the Amity Program Director, and instructed his staff, "We are going to give [Amity] our full support; we are not going to allow the program to be subverted." His attitude toward Amity's staff was always supportive and respectful, though almost all of them were "experienced-trained" professionals who had been drug users, criminals, and had been previously incarcerated. Ratelle's only requirement was that anyone with a record be out of an institution for five years and off parole. He accepted Amity management's verification that they

had at least three years of sobriety. He said, "You are the experts at changing these guys, you have proven that. We know how to run a prison. You work with us and we'll support you." All Amity staff participated in the standard CDC weeklong security training to learn institutional security procedures and to receive their RJDCF security clearances. Initially, Amity fielded a small permanent staff and rotated other staff between its Tucson programs and RJDCF until those that seemed most capable had been permanently selected as staff. Most of the entry-level staff previously had been participants in the Amity/Pima County Jail Project. Amity realized from its experience in the Pima County Jail that many counselors who are effective in community-based programs cannot be so in the much more restrictive correctional environment.

Working With the Realities—and Help—of the Inmate Population. CDC initially had difficulties screening inmates into the Amity program; the educational requirements for entrance proved too exclusive, and RJDCF classification staff was not experienced with this type of inmate selection. A visit by a committee of the state legislature to view the program in November 1990 precipitated extensive and immediate changes in inmate classification when they discovered that the program had only 13 participants five months after funding had been provided legislatively. The next 187 inmates were quickly installed in Building 15, Facility Three of RJDCF by February of 1991. There were frequent disputes, and some scuffles occurred, as the "Amity inmates" displaced general population inmates from their cells but, despite the tension, no serious incidents occurred.

The design of the prison precluded Amity participants from being isolated from the general population. So it was necessary to target many of the "shot callers" on Facility Three for support. This included inmates serving life sentences, and other long-term inmates who had reputations and the respect of the inmate population. Many of these men joined Amity. Those who did not join spread the word that Amity was different, that it was not the equivalent of protective custody, that the participants were not "snitches," and should not be harassed on the yard.

Integration of Program Into General Prison Life. Initially, the plan was for all Amity participants to work together in a new textile mill, which was to be opened by the Prison Industry Authority at RJDCF

in 1991. For a variety of reasons the mill did not open until several years later, so Warden Ratelle insisted that the men mix with the general population for their minimum 36-hour weekly work assignment, eat with general population, and share the recreational facilities on the yard. Ratelle felt that this model was more realistic. "If they were on the outside and had a problem," said Ratelle, "they would have to maintain a job and deal with it after work. I don't see why we should make it easier for these guys." So Amity participants performed their institutional work assignments with non-program inmates (many of whom used drugs), and then most participated in a minimum of 20 hours a week of intensive Amity TC activities, often at night and on weekends in order to accommodate the institutional work schedule. The exception was 40 men who were selected as "cadres" for Amity—these men worked on a one week on/one week off schedule. During their workweek, they cleaned and maintained program areas, landscaped the grounds, copied materials, and did other support tasks. During their week "off" they participated full time in program activities. Amity, out of its CDC contract, developed duty statements for the "cadre" group and paid them the prevailing institutional wage.

The Amity program was shaped both by Warden Ratelle's hard-nosed attitude and his unstinting support. While he made many demands, he also respected the genuine efforts made by the program staff and inmates to establish a very different culture and identity in the middle of one of the most unruly areas in the prison. He insisted that there be absolutely no incentives for men participating in the program. In fact, men who volunteered for the program were not eligible for work furlough, since it would interfere with their completing the required time in program. Because of this, and the program's intensity, Amity developed a reputation as being tough. Despite that, the program received in excess of 100 inmate applications for the 10 to 20 program slots that became available monthly.

Expanding Eligibility Parameters. Warden Ratelle initially refused Amity's request to recruit several inmates serving life sentences as peer mentors, but then allowed two lifers to move into the Amity housing unit and become part of the program on a trial basis. These men, one Caucasian, the other African-American, both with convictions for extremely violent crimes, became role models for the

remainder of the men. The friendships they formed sent a powerful message not only to Amity inmate participants, but also to the entire 1,100 man facility that Amity was different, that the deeply ingrained racial prejudice that was part of prison life was not accepted. One of the lifers, a former street and prison gang leader, said:

I've been in here for 17 years and I am respected by other men in any institution where I've done time. I've taken a lot of first-termers deeper into the convict life. Now I'm using the respect I have to speak out against gangs, violence, and all that stupidity. At Amity young guys look up to me and they listen when I tell them to stop gang banging, to get out of prison, stay out, and to get a real job and take care of their kids.

Amity has six lifers in the program today; since the program's inception there has never been a negative incident with any of the lifers housed in the Amity unit.

Development of Aftercare Component. Critical to the success of Amity was the development of a residential facility for men who paroled from the program. The initial contract did not fund aftercare, so Amity leased a large house to use as an office, and also housed six to 10 parolees who had completed the RJDCF program there. Initially OSAP wanted Amity to send RJDCF completers to other community-based providers in San Diego. But inmate participants said, "we've already been to those places, and we've failed there." They told Amity staff that they needed an Amity facility in the community that was a real continuance of what they had started in the prison in order to succeed. Additional funding was secured and, in 1993, Amity opened a 40-bed facility in Vista, north of San Diego, which allowed about one third of Amity in-prison completers to enter an Amity residential program, which built upon the curriculum used at RJDCF. The outcomes (see Figures 2 and 3) show the importance of this very closely linked aftercare in helping the men maintain sobriety, get jobs, and keep from returning to drugs and criminality.

The Amity Model

Structure and Duration. The population in prison TCs typically began their drug abuse, criminality, and incarceration as teens; have dysfunctional, abusive, and criminogenic families; have little formal education; have inadequate work skills and experience; do not "buy in" to mainstream

morality; have little sense of personal responsibility; have antisocial personality disorders; have neither the attitudes nor the skills necessary to take responsibility for their offspring; have almost exclusively negative social and personal relationships; have poor interpersonal and decision making skills; and have never achieved a high degree of functioning in any non-criminal realm of life. In short, they need habilitative, rather than rehabilitative services. Habilitation entails complete cognitive, emotional, and behavioral restructuring. This means that the TC must be highly structured, very intensive, and relatively long term. Amity's model is delivered for as close to 24 hours per day, seven days a week, 365 days per year as prison security regulations and budgeted staffing permit.

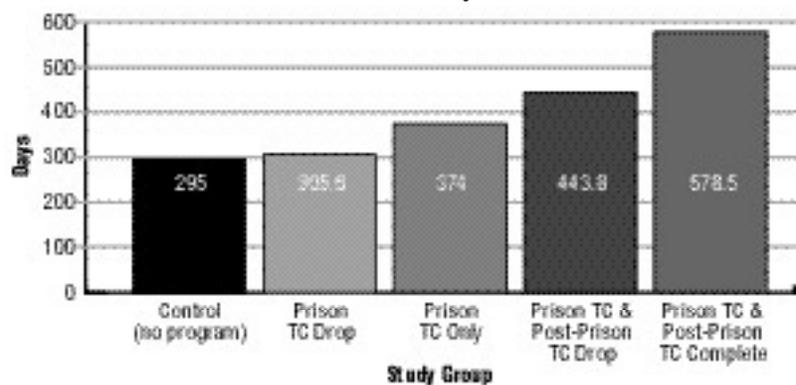
For example, Amity has successfully used intensive curriculum-based retreats and workshops for many years in its community-based programs as a key element of emotional and cognitive restructuring. These often occur in 24, 48, or 72 hour segments and, with sleep and meal breaks, sometimes last as long as seven days. However, security and institutional work constraints resulted in an adaptation: 26-hour workshops at RJDCF, held over two days. These intensive workshops form the backbone for delivery of the Amity curriculum.

While throughout the treatment field there is constant pressure to reduce time in program, many of Amity's best successes spent as long as 18 months in the prison TC, followed by a year in Amity's community based TC at Vista. For the type of participant in the Amity TC at RJDCF, it became clear that treatment should last a minimum of nine months, followed by a minimum of six months in community-based aftercare, for a total of no less than 15 months. It was also evident that residential aftercare was much more effective in reducing recidivism than non-residential services.

Staffing and Training. Commitment, competence, credibility, and congruence are key factors in this area. Staff must be highly committed to work in an environment where the "convict code" and institutional security are the two established cultures. They must be seen as credible to both security staff and inmates alike. They must be trained in a manner relevant to the unique environment in which they work. Last, they must be absolutely congruent in their expectations of program participants, each other, and correctional security and parole personnel.

In early days of TCs, there was no formal

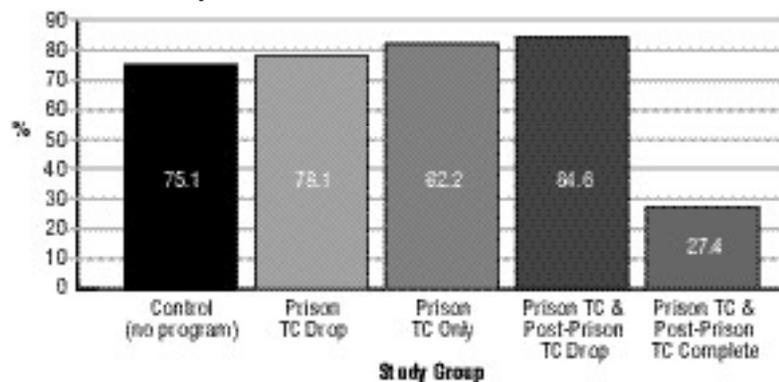
Figure 2. Number of Days on Parole Prior to First Return to Custody: 3-Year Outcome Data—Amity TC at RJDCF



Source: Lowe & Wexler, 1998

staff. Those who led the TC communities inmate participants coming back to RJDCF

Figure 3. Percent Returned to Custody: 3-Year Outcome Data—Amity TC at RJDCF



Source: Lowe & Wexler, 1998

were recovering addicts who were highly motivated, experienced, and had more "clean time" than those they led. All leadership, however, was done from the position of personal demonstration; this made TCs both powerful and extremely credible to participants, as all staff shared the same assumptions and agreed upon the same protocols. As TCs matured and became more dependent upon mental health funding, staffing characteristics changed, becoming more akin to other health service organizations. The emphasis was placed more heavily on "individual treatment plans" than on building a recovering community in which all, including "counselors," were members first.

While an emphasis on professionalism has many benefits, particularly in terms of experience and stability, it can result in a loss of vitality and credibility. Over the past decade this has been addressed at Amity/RJDCF by having an internship training program at the Vista facility—eventually resulting in men who were once

and to other prison TCs operated by Amity as very credible counselors.

Throughout the decade, Amity staff training has included weeklong immersion trainings annually. These are much more in depth than typical in-service trainings, and require staff to learn to do themselves what they are going to ask those they lead to do:

- Self-disclose;
- Deal with difficult personal issues;
- Learn about each other;
- Learn to respect different cultures;
- Become skilled and enthusiastic teachers; and
- Work cooperatively with each other from a common set of shared beliefs about "what works."

Staff also participate in staff encounter groups. These groups help in resolving issues between staff, keeping morale high, maintaining a sense of staff "community," and demonstrating that the methodology

used in the treatment program is part of a life-long recovery process.

Curriculum. Most TCs have a set of practices that are passed on from generation to generation, mostly orally. What written curriculum is available is often drawn from other treatment programs, most of which work with a better-educated and less criminal population. Amity has developed an extensive written and videotaped curriculum—developed through subcontract with Extensions, an organization that specializes in developing TC curricula—that aims to provide guidance for counselors and participants alike in tackling issues relevant to the convicted drug abuser. The intensive cognitive, emotional, and behavioral restructuring occurs through the delivery of a curriculum designed to accommodate a wide variety of abilities, cultural backgrounds, and learning styles. It has to be interesting, relevant, and interactive—making every student a “teacher.”

Cross Training. Amity developed and refined cross training at the Amity/Pima County Jail project. At Amity/RJDCF all Amity staff attend regular security trainings. Throughout the decade, moreover, two- and three-day trainings are provided quarterly for institutional, parole, and administrative correctional staff. This ensures that the Amity treatment model is understood by all the correctional professionals who work with it.

Bottom Line: Program Works to Improve Lives ... and Save Money

Dr. Harry Wexler, who had conducted the NIDA funded outcome study of the Stay'N Out prison TC in New York, worked with Amity management and CDC to write a proposal to the National Institute on Drug Abuse to evaluate the Amity/RJDCF TC. He proposed a random assignment study to insure that the outcome results were credible. Results of the study indicate that the program is effective in reducing recidivism. The overall results of this study can be seen in Figures 2 and 3. They demonstrate the effectiveness of the combined Amity in-prison and post-prison programs to reduce recidivism to reincarceration.

In terms of the “bottom line,” the 1997 LAO report on prison population growth determined that if the Amity results could be replicated through an expansion of substance abuse treatment to 10,000 beds over seven years, the state would not have to build an additional 4,700 beds (Nichol, 1997). That scenario would also result in a one-time capital outlay savings of

\$210,000,000 with annual savings of \$80,000,000 a year.

But these substantial savings to CDC reflect only part of the cost benefit of Amity at the RJDCF. Most of these men were third-strike candidates, with a mean expected cost to the California Department of Corrections of their next conviction in excess of \$500,000 each.

Regarding violence reduction, in 1995 Warden Ratelle stated, “The Amity unit is a safer environment for correctional officers to work in. It gives them an opportunity to be more involved, and there are less disciplinary write-ups, resulting in cost savings for management.” He noted that there had been no serious incidents of violence at Amity, even though “the inmates in the Amity program are some of the most incorrigible inmates in the correctional system, and one of the hardest groups to work with, with an average of at least eight years of prison time, strong gang affiliations, a long history of substance abuse, and violent backgrounds.”

Warden Ratelle's observations were corroborated by Dr. David Deitch (1998) of the Pacific Southwest Addiction Technology Transfer Center at the University of California at San Diego, who stated, “A careful and detailed study of adverse behavior incidents among inmates in the therapeutic community environment contrasted to inmates not in treatment [at the RJDCF] shows all types of disciplinary infractions, a lawful and strikingly significant less number in such reports among the ‘Amity’ treatment population.”

The average number of write-ups per 200 inmates (the size of each housing unit) is 53 throughout the correctional facility (though higher on Facility III where the Amity unit is located.) As can be seen in Figure 4, the number of incidents was significantly less in the Amity unit.

Dr. Deitch said further, “There is a similarly positive striking reduction of work injury, sick leave and other personal quality of life/cost impact among custody assigned to the treatment unit [Amity] versus officers in all other yards and housing units.” This is significant, as it speaks to the ability of an effective TC to make the treatment environment safe for inmate participants, and also to make it a better working environment for CDC custody personnel. Given that both male and female correctional officers have major health problems at a rate of more than two times the general population matched for age, reducing stress among officers is a very significant issue. From an institutional management perspective an effective TC is a “win-win” when it can significantly

reduce operating costs in the institution, and improve employee morale and health.

Conclusion

A statement by James Gomez on the recent celebration of Amity's tenth year at the RJDCF is a fitting conclusion to this program review:

It was a pleasure as the Director of Corrections to be involved in the groundbreaking program between CDC and Amity. This collaboration has been used as a national model which has provided the expansion of prison drug treatment programs not only in California, but also in many other states throughout the nation. As a member of the National Institute of Corrections, I have the opportunity to travel throughout the nation to look at programs as well as to try to set policy on some national issues. The Amity program demonstrated that some things do work.

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