Prison-Based Therapeutic Community Treatment: The California Experience

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Overview

- Partnerships in the development of prison-based TC treatment in California
- Outcomes of the Forever Free Program for Women
- CDC treatment programs: Description, impact, outcomes
- Conclusions

Forever Free Program

- Started in 1991 at the California Institution for Women
- Operated by Mental Health Systems
- Modified TC, with strong cognitive-behavioral (Gorski) and 12-step elements
- 6-month program provided to women during the end of their imprisonment
- Women may volunteer for an additional 6 months of residential treatment in the community

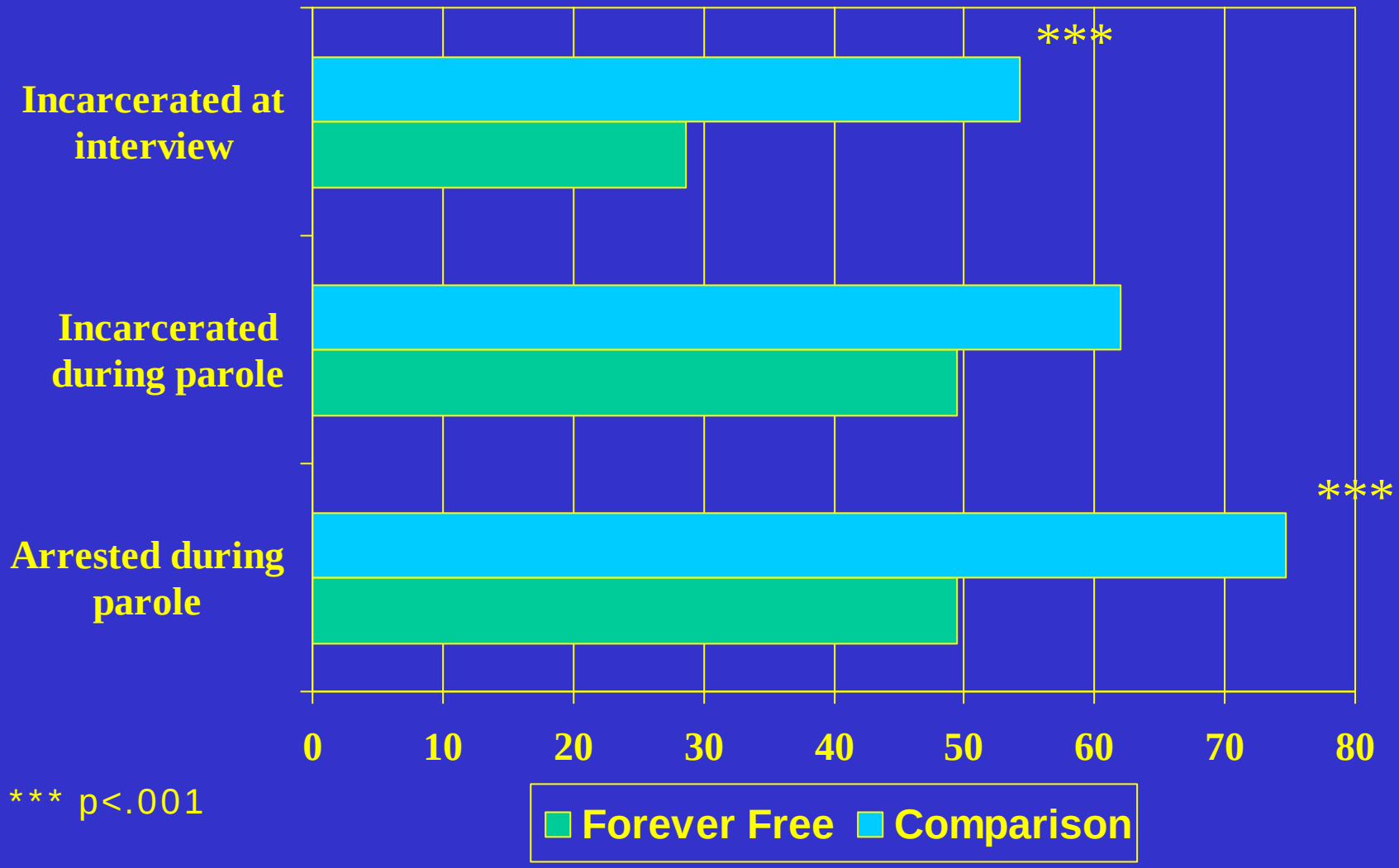
Forever Free: Main Findings

- At one year following release, significantly fewer Forever Free women were incarcerated.
- Forever Free participants were less likely to use drugs and alcohol during the year following release.
- Forever Free participants were three times more likely to be employed at follow up.

Forever Free: Main Findings

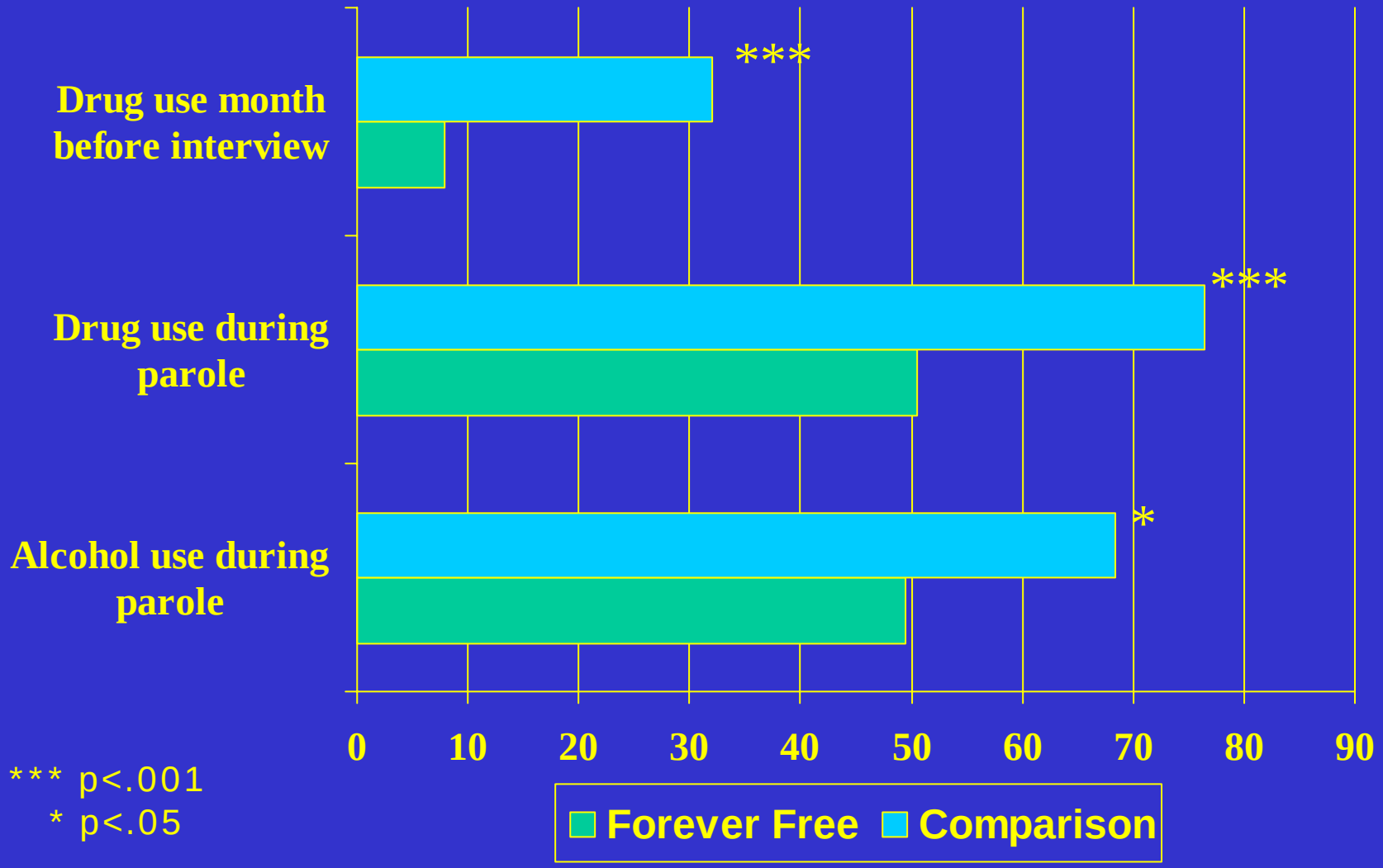
- Forever Free participants scored significantly better on psychological functioning at follow up.
- Women in both groups had a high need for services during parole; the greatest unmet need for both groups was for vocational services.
- A higher percentage of Forever Free mothers had their children living with them and a higher percentage rated themselves as doing “Well” in their parenting.

Parole Performance (%) at 12 Months



*** p<.001

Drug and Alcohol Use (%) at 12 Months



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* p<.05

California Prison Expansion Programs

Growth of Prison TC Beds in California

39 programs at 19 prisons

Location	Year	Beds
Amity @ R. J. Donovan	1990	200 beds
Forever Free @ CIW	1991	240 beds
Walden House @ CRC	1994	80 beds
SATF @ Corcoran	1997	1,478 beds
1K-Bed Expansion	1998	1,000 beds
2K-Bed Expansion	1999	2,003 beds
3,000-Bed Expansion	2000	3,000 beds
500-Bed CRC Expansion*	2002	500 beds
Future budgets (projected)	2003-2004	500 beds
Total (by January 1, 2005)		**9,001 beds**

* Postponed until 2003-2004

Characteristics of CDC TC Programs

- TC model adapted to prison setting.
- Voluntary participation is encouraged, but most admissions are mandated.
- Treatment occurs in the last 6 to 24 months of incarceration; 4 hours a day, plus optional activities.
- Treatment services are provided by agencies under contract to the California Department of Corrections.
- Participants in treatment are housed apart from the general population.

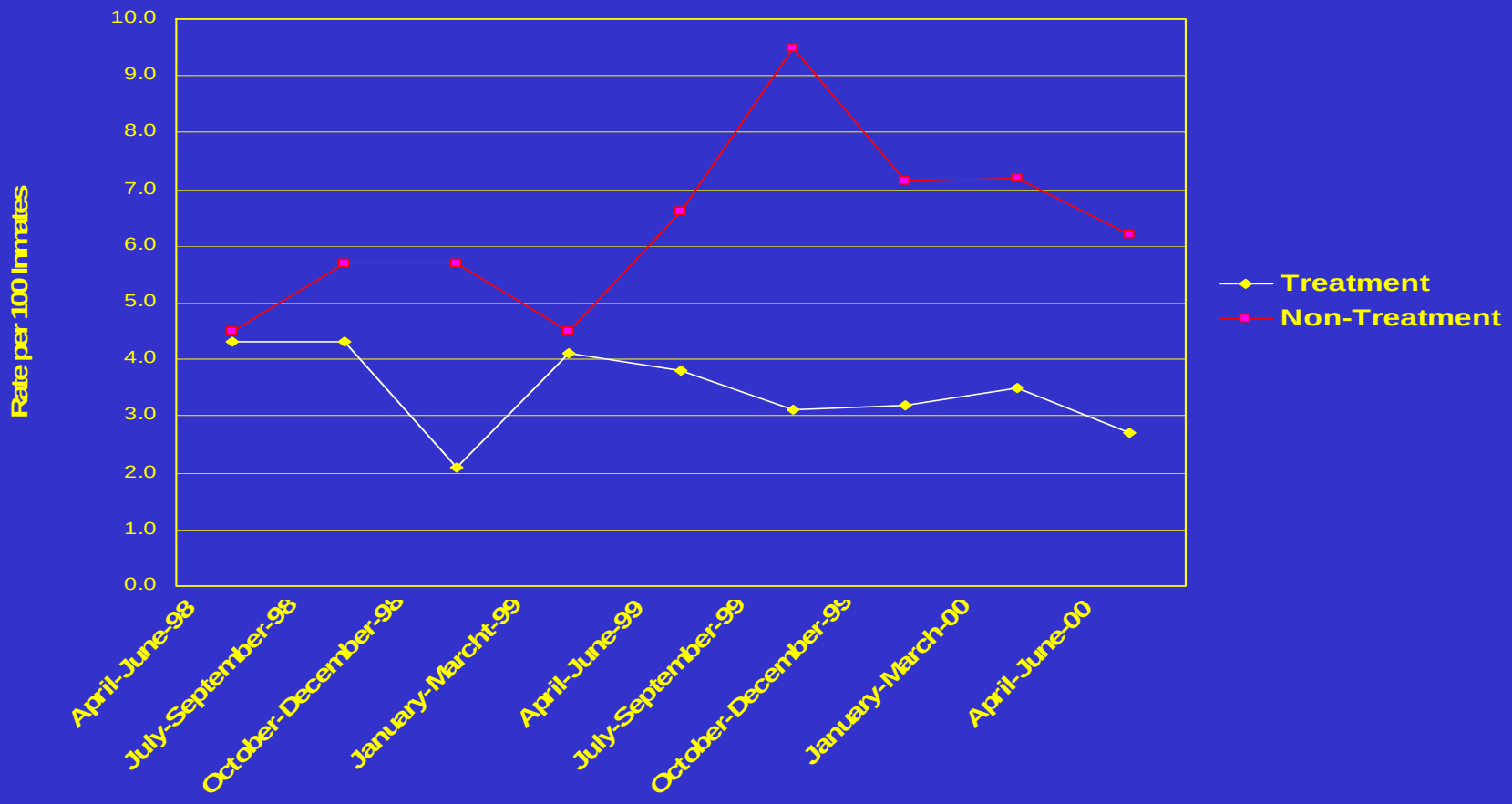
Continuity of Care:
Substance Abuse Services Coordinating Agencies

- Collaborate in development of treatment plans
- Contract for treatment with community-based providers
- Secure placement in aftercare for SAP graduates
- Transport parolees to residential treatment programs
- Communicate with parole regarding the status of parolee
- Referral to providers of other services

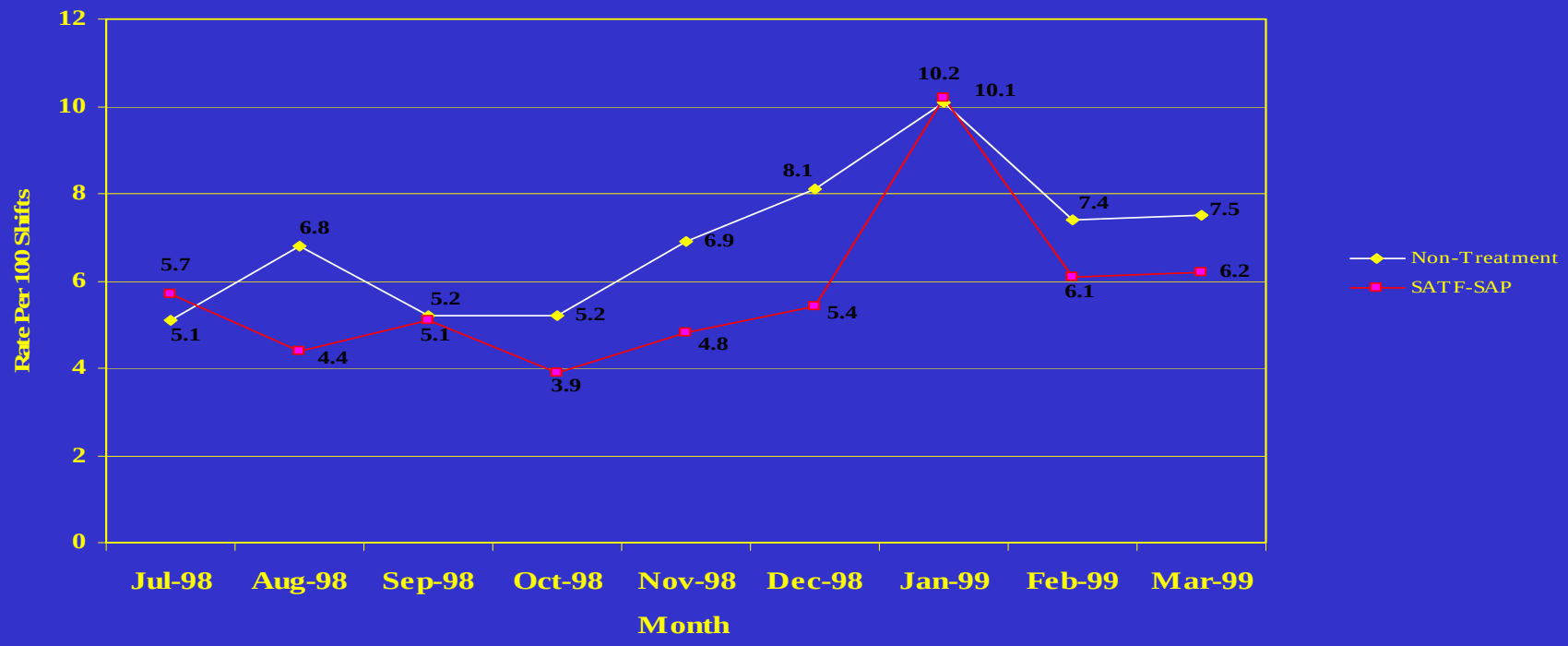
Random Drug Test Results

	Average % positive	Range
MALES	0.8%	0.0% - 4.4%
FEMALES	1.3%	0.2% - 2.6%

Disciplinaries Filed by Quarter at SATF (per 100 inmates)



Absenteeism for SATF and Non-Treatment Correctional Staff Positions



12-Month RTC Rates by Treatment Participation

Population	SAP Admissions N	SAP Admissions All	Aftercare Admissions N	Aftercare Admissions All	Aftercare > 90 Days N	Aftercare > 90 Days All
Males	4,186	39.50%	1,930	30.50%	1,212	20.50%
Females	4,394	31.20%	1,791	22.40%	1,182	10.20%

12-Month RTC Rates by Parolee Cohort

Population	Cohort 1 (1/1/99) RTC	2 RTC	3 RTC	4 RTC	5 RTC	6 (12/31/01) RTC
All Males	46.9%	44.0%	42.5%	40.9%	37.1%	37.4%
All Females	42.5%	37.2%	32.4%	30.0%	32.8%	29.9%

Treatment Participation by CCCMS Status

Mean Months in Prison-Based Treatment *	
CCCMS (N = 2,116)	7.1 (4.5)
Non-CCCMS (N = 2,864)	7.7 (4.4)
Participated in Community-Based Treatment	
CCCMS (N = 2,246)	43%
Non-CCCMS (N = 3,010)	42%
Mean Months in Community-Based Treatment *	
CCCMS (N = 957)	4.3 (4.6)
Non-CCCMS (N = 1,267)	5.1 (4.9)

* $p < .000$

CCCMS = Correctional Clinical Case Management Services

Recidivism by CCCMS Status

Returned-to-Custody *	
CCCMS (N = 2,246)	48%
Non-CCCMS (N = 3,010)	31%
Mean Months to Return to Custody *	
CCCMS (N = 1,324)	7.7 (6.2)
Non-CCCMS (N = 1,292)	9.2 (6.6)

* $p < .000$

CCCMS = Correctional Clinical Case Management Services

Conclusions

- CDC has created a large and still developing system of treatment that provides a continuum of care to substance-abusing prisoners and parolees.
- Prison-based TC treatment has a positive impact on in-prison behavior and on parole outcomes for men and women.
- Offenders who participate in both in-prison treatment and community treatment have better outcomes.
- Co-disordered offenders have less favorable outcomes than other offenders.

Thank you.

Questions?

www.uclaisap.org > Presentations