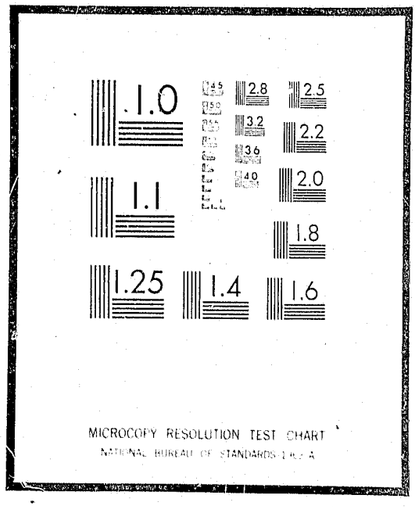
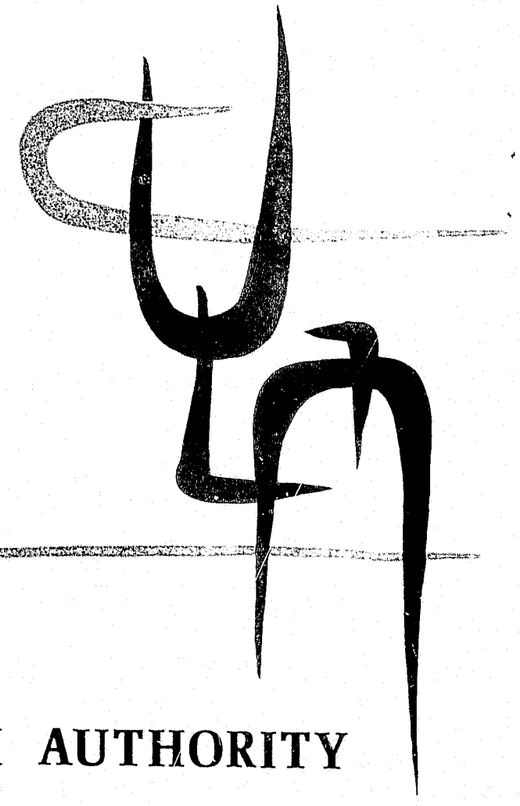


Community-Centered Drug Program

FIRST SAMPLE FINDINGS



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YOUTH AUTHORITY

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The Community-Centered Drug Program

First Sample Findings

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SUMMARY

This evaluation is based on a ten percent sample of drug abusers identified into the Community-Centered Drug Program while on parole or in an institution and released to parole during the period December, 1972 through July, 1973. The sample numbered 163 wards and comparison by background characteristics indicated that it was highly representative of the base population of drug abusers from which it was drawn. The data indicate that:

1) Fifty-four of the 163 wards (33.1 percent) became involved with one or more community drug programs for at least a two-week period during the first eight months from their release to parole or date of identification. The mean period of involvement for all program-involved wards was 20.7 weeks.

2) Comparisons of personal and background characteristics and Base Expectancy scores between the program-involved and non-involved wards revealed no significant differences between the two groups.

3) Wards who became program involved-failed at the rate of 18.5 percent while wards who were not involved failed at the rate of 31.2 percent at eight months from release to parole or date of identification. At twelve months the rates were 22.2 percent and 41.3 percent respectively, and at 24 months they were 35.2 percent and 52.3 percent respectively.

4) When analyzed in terms of personal and background characteristics, the greatest impact of the program appeared among wards who were male, 21-years-of-age and over, narcotic and drug offenders, prior admissions, adult court commitments and opiate abusers.

5) At twelve months from release to parole or date of identification, the program-involved wards had an average length of stay on parole of 10.9 months compared with only 8.9 months for the non-involved wards. That is a mean difference of two months per ward. At 24 months the respective mean lengths of stay on parole were 19.4 months and 15.1 months, for a difference of 4.3 months.

6) The longer a ward was involved with a community drug treatment program the less likely was he to become a failure on parole. For wards involved less than 11 weeks the failure rate was 33.3 percent while for wards with more than 31 weeks involvement it was only 9.1 percent.

The data were interpreted as supporting the three major objectives of the program for wards in the population of drug abusers from which the sample was drawn.

Since this is an evaluation of the first sample only, no specific recommendations were made.

The Community-Centered Drug Program

The Youth Authority's Community Centered Drug Program began operation in December of 1972. Its major goal has been to involve serious Youth Authority drug abusers in community based treatment programs and thereby reduce the likelihood of further drug and law involvement. The program has three components:

1) an identification system for screening out serious drug abusers within the Youth Authority population,

2) motivational and educational programs in all YA institutions which expose wards to community program opportunities, as well as the opening of a pre-release center designed to intensify this exposure, and

3) provision of maximum access to and involvement in community treatment programs for wards on parole.

The system for identifying drug abusing wards has been carefully worked out. The philosophy of the program assumes that it is important to pinpoint drug abusers as soon as they enter the Youth Authority and provide educational and motivational services during their entire institutional stay. Ideally, therefore, screening would take place almost entirely at the Reception Centers and Clinics. However, in the early phase of the program it was necessary to identify the large number of wards who had already passed through the intake process and who were in institutions or out on parole. This proved to be a massive job which required reviewing thousands of ward files as well as carrying out thousands of interviews. Ultimately about one-third of all wards in the Youth Authority population were identified as drug abusers.

Motivational and educational programs in institutions have been organized along several different lines. In some cases they may take the form of long-term ongoing courses such as those organized by Narcanon at the

Ventura School. In others there may be meetings organized by a wide variety of community treatment programs. Already established Youth Authority drug abuse programs such as the Preston Family, Mira Loma Cottage at Ventura, and Kennedy Cottage at Nelles have continued their activities.

The Southern Regional Drug Center in Norwalk had been in operation since the beginning of the Community Centered Drug Program. It was a pre-release center with a capacity for about 40 wards. It was established to provide wards with direct on-street exposure to community treatment programs as well as the opportunity for other street re-orienting activities. The center was discontinued in early 1975[1].

Program involvement by the ward on parole is facilitated in several ways. A Drug Resource Specialist assigned to each area is responsible for surveying all available community treatment resources and for organizing their work with Youth Authority wards. He establishes a working relationship with the staff of various programs and works out contractual agreements. Parole aides assigned to each parole office act as the liasons between the parole agents and the Community Centered Drug Program. They are supposed to assist the parole agent in placing wards in appropriate treatment programs and maintaining special records of that involvement.

As noted, the basic objective of the program is to encourage and facilitate the involvement of identified drug abusers in the Youth Authority population with various drug treatment and rehabilitation services in the community under the assumption that such involvement will result in a reduction of their subsequent abuse of drugs and resultant delinquent behavior while they are on parole. This objective forms the basic hypothetical framework for this evaluation. Specifically, it is hypothesized that:

[1]For an evaluation of the Center operation, see: Switzer, A. Preliminary Report, Southern Regional Drug Center, Community-Centered Drug Program Special Report No. 2. Sacramento: California Youth Authority, 1973

1) A substantially greater number of drug abusers than in the past can be induced to become involved with community-based drug treatment programs through the efforts of the CCDP staff.

2) The motivational impact of the CCDP is not selective--i.e., that wards who become program involved do not significantly differ from wards who do not become program involved in terms of known background and personal characteristics variables.

3) Wards who become program involved will demonstrate a significantly lower rate of subsequent drug abuse and/or delinquent behavior than do wards who do not become program involved, and will show greater improvement in community adjustment while on parole.

Approaches to measurement and testing of each of these hypotheses will be discussed below.

This preliminary evaluation of the Community-Centered Drug Program (CCDP) is based on parole outcome data and parole agent assessments of ward behavior on parole for 163 wards. These wards were a 10 percent random sample of wards who were identified as drug abusers while on parole or were identified in an institution and released to parole during the period December 1, 1972 through July 31, 1973.[1]

Initial data were gathered for each ward at the end of the eighth month from his date of identification, if on parole, or from the date of his release to parole. Follow-up checks on parole outcome only were conducted at the twelfth and 24th months from identification or release to parole. Parole follow-up information was taken directly from the ward's movement and record

[1]The original sample numbered 165 wards, but one ward was found to have been inappropriately identified and another and not technically been released to parole before going AWOL from the Southern Regional Drug Center.

card maintained at the central office. Information on the ward's behavior and adjustment on parole, and on any involvement with community drug programs was recorded in interviews with the ward's parole caseworker (Parole agent or drug parole aide). The interview form used can be found in Appendix A. Additional background and characteristics data for each ward were derived from a basic Drug Abuser record card maintained for each identified drug abuser by the CCDP population accounting unit.

Community Program Involvement

Fifty-four of the 163 wards in the sample (33.1 percent) became involved with one or more community drug programs for at least a two week period during the first eight months from their release to parole or date of identification. Of these, 48 had become involved with only one program, and 16 were still involved at the end of the eight month period. Five wards had been involved with two programs and one ward was involved with four programs during the follow-up period.

The types of programs with which wards became involved and the numbers of wards involved in each are shown in Table 1:

Table 1

Types of Drug Treatment Programs and Numbers of Wards Involved in Each

Type of Program	Wards Involved	
	No.	Pct.
Total	54	100.0
Methadone Maintenance Clinics	2	3.7
Residential Therapeutic Communities	18	33.3
Short Term Outpatient Counseling	15	27.8
Urinalysis Testing	19	35.2

The methadone clinics, one in San Diego and the other in Stockton, both provide one-to-one and group counseling as an adjunct to the maintenance program. The residential programs range from long-term, heavy attack therapy programs, such as Tu'um Est in Venice and Delancey Street in San Francisco, to mild encounter approaches such as at Genesis House in Vallejo, to simple halfway houses with no specific therapeutic approach. Outpatient counseling included individual psychotherapy by professional psychiatrists or psychologists to group and individual counseling such as provided by para-professionals at the Aquarian Effort in Sacramento or Project Identity in Stockton.

Urinalysis samples were usually collected on a weekly basis, although in some situations, particularly rural areas, they were collected less regularly. Involvement with cultural enrichment, recreational or vocational training programs were not counted as drug program involvement.

The minimum period of involvement in a program for accounting purposes was arbitrarily set at two weeks. A number of wards in the sample were referred to programs and either visited once or twice or lived in for a day or two, but these are not considered as constituting "involvement." Most of the wards who are counted as program-involved spent considerably longer than two weeks with their program of choice. Thirty-seven percent of the 54 wards were involved with a program throughout the entire eight-months follow-up period. The mean period of involvement for all program-involved wards was 20.7 weeks. The longest mean involvement period was 24.9 weeks for those in testing programs, the shortest was 15.4 weeks for those involved in short-term outpatient counseling. The mean period for residential programs was 20.8 weeks and for methadone maintenance was 21.0 weeks. Type of program involvement and length of involvement will be related to parole outcome criteria in later sections of this evaluation.

By the end of October, 1973, some 608 identified drug abusers were reported receiving drug treatment services from community agencies. That was 31.5 percent of the total of 1930 identified drug abusers on parole at that time. In comparison, a survey taken in 1970 shows that only 98 wards of an estimated 4820 drug abusers (2.0 percent) were involved in various community drug programs while on parole. It is quite possible that there may have been additional wards involved with such programs unbeknownst to their parole agents, but due to the nature of parole monitoring of wards, particularly wards known to be drug abusers, that additional unknown number cannot have been very great. It would appear then that one of the major goals of the program, to increase the number of drug abusers involved with community treatment programs, was more than fulfilled. The program demonstrated during its first year that through its motivational and facilitating efforts more than five times as many wards as previously could be induced to become involved for substantial periods of time with community service facilities.

Ward Characteristics

Selected personal and background characteristics are maintained on all identified drug abusers. These are presented for the sample as a whole and for the program-involved and the non-program wards separately in Table 2.

There were no statistically significant differences between program-involved wards and non-program wards on any one of the characteristics reviewed The greatest difference was found relative to Area of Commitment ($x^2 = 3.921$, 3 d.f., p = n.s.) where greater proportions of Central Valley wards and lower proportions of Bay Area wards were found to be program involved. Any significant differences found in parole performance between the two groups, then, should not be attributable to differences in basic personal and background characteristics.

Table 2
Personal and Background Characteristics of Wards
In the First Sample, by Program Involvement

	Total		Program Involved		Not Involved	
Characteristics	No.	Pct.	No.	Pct.	No.	Pct.
TOTAL	163	100.0	54	100.0	109	100.0
Sex						
Male	132	81.0	46	85.2	86	78.9
Female	31	19.0	8	14.8	23	21.1
Race						
White	106	65.0	36	66.7	70	64.2
Mexican American	27	16.0	7	13.0	20	18.3
Black	27	16.6	9	16.7	18	16.5
Other	3	1.8	2	3.6	1	.9
Age						
20 or less	79	48.5	28	51.9	51	46.8
21 or more	84	51.5	26	48.1	58	53.2
Commitment Offense						
Narcotic/Drug	56	34.4	19	35.2	37	33.9
Persons Crimes	22	13.5	6	11.1	16	14.7
Property Crimes	57	35.0	22	40.7	35	32.1
Other	28	17.2	7	13.0	21	19.3
Admission Status						
First Admission	82	50.3	31	57.4	51	46.8
Prior Admission	81	49.7	23	42.6	58	53.2
Court of Commitment						
Juvenile	79	48.5	29	53.7	50	45.9
Adult	84	51.5	25	46.3	59	54.1
Area of Commitment						
Southern California	99	60.7	34	63.0	65	59.6
Bay Area	30	18.4	8	14.8	22	20.2
Central Valley	25	15.3	11	20.4	14	12.8
Other counties	9	5.5	1	1.9	8	7.3
Major Drug of Abuse						
Opiates	58	35.6	23	42.5	35	32.1
Depressants	69	42.3	21	38.9	48	44.0
Stimulants	9	5.5	3	5.6	6	5.5
Hallucinogens	13	8.0	4	7.4	9	8.3
Marijuana	14	8.6	3	5.6	11	10.1

The characteristics reviewed also provide a test of the reliability of the sample--the extent to which it truly reflects the characteristics of the base population from which it was drawn. Data for the comparable total drug abuse population are available from two sources: 1) a characteristics summary of the 1664 wards in the drug abuse population at the end of May, 1973, and 2) a survey of identified drug abusers on parole (n=1863) as of October 31, 1973. Based on different cutting dates, neither is strictly comparable to the sample, which was accumulated over the eight months period from December 1972, through July, 1973, but they do provide valid estimates of the true characteristics of the base population from which the sample was drawn. The appropriate comparisons are shown by percentages for the sample and the two population analyses in Table 3.

Table 3
Comparisons of Background Characteristics
For the Sample No. 1, the Identified Drug Abuse Population
On May 31, 1973, and the Identified Population
On October 31, 1973, by Percentages

Characteristics	Sample Proportions (n = 163)	May '73 Pop. Proportions (n = 1664)	October '73 Pop. Proportions (n = 1863)
Sex			
Male	81.0	83.1	85.5
Female	19.0	16.9	14.5
Race			
White	65.0	61.1	57.8
Mex. Amer.	16.6	21.9	21.6
Negro	16.6	15.1	18.1
Other	1.8	1.9	2.4
Primary Drug			
Opiates	35.8	32.3	31.8
Depressants	42.6	42.4	39.8
Other	21.6	25.3	28.4
Commitment Offense			
Drug	34.4	30.8	26.9
Non-Drug	65.6	69.2	73.1
Court of Commitment			
Juvenile	48.5	45.7	47.0
Criminal	51.5	54.7	53.0

Comparable data were not available for Age, Admission Status and Area of Commitment. On those stable characteristics for which valid comparisons can be made, the proportions are nearly all within allowable ranges of variation. The greatest disagreement was between the sample and the October population on Commitment Offense and Race. Only the difference on Commitment Offense was statistically significant ($x^2 = 5.09$ p. $< .05$) and that difference can readily be explained in terms of differences in patterns of identification procedure over time, i.e., drug offenders were simply the most obvious targets for identification during the early months of the program! It would appear that the sample is a reliable unbiased predictor of the parameters of its parent population in terms of known characteristics and there is every reason to believe that it is equally reliable in other respects.

Parole Outcome

The first Sample was originally selected to provide a short-term follow-up and feed-back to administrators of the CCDP. Practice in the Youth Authority has been to allow a 15 month interval from release to parole for outcome follow-up, but for this sample it was decided to experiment with an eight months follow-up period. It was felt that in this way early estimates of parole performance could be developed and utilized administratively. As has been noted, the sample is composed of wards identified as drug abusers on parole or in institutions and released to parole during the first eight months of the program. Of the total sample, 47 wards (28.8 percent) were identified while in an institution and released to parole. The remaining 116 wards (71.2 percent) were already on parole at the time of identification. For these wards, their follow-up period starts on the date of their identification rather than the date of their release to parole. This procedure would

seem to introduce a source of possible bias in subsequent analyses, but this did not prove true as will be shown later.

Three criteria of parole performance are used in the analyses: 1) general recidivism, 2) drug-related recidivism, and 3) parole agent's assessments of wards' adjustment on parole. For the first of these, "Failure" is defined as being placed on violation status during the follow-up period, leading to revocation, recommitment or discharge. For the second criterion, "Failure" is defined as being placed on violation for an offense during the follow-up period, in which the ward was identified as being associated with a drug and which led to his revocation, recommitment or discharge.[1] For the third criterion the ward's adjustment in terms of continuing drug abuse, employment, education or training and general behavior are assessed by the caseworkers and interpreted as "poor," "adequate," or "excellent." The report on the eight months follow-up will utilize all three of these criteria.[2] Following the collection and analysis of data for the eight months follow-up it was decided to check the reliability of the eight months follow-up by conducting subsequent follow-ups of parole performance at the twelfth and twenty-fourth months. For these latter analyses data were readily available on the general recidivism criterion only. Analysis of the eight months data will be reported first, then the twelve and 24 month follow-ups.

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[1]For both of the above criteria, wards on parole or honorably discharged at the end of the follow-up period are considered "Successes." Wards placed on violation leading to revocation, recommitment, or discharge before the end of the follow-up period are considered "Failures." Wards "On Violation," are considered "Successes" until such time as they are removed from "On Violation" status and either returned to parole, revoked or recommitted, or discharged. Not until disposition has been made on all "On Violation cases can ultimate parole outcome statistics be determined. Until that time all statistics must be considered preliminary and subject to consistent change as dispositions are made of the "On Violation" cases.

[2]For a critique of these criteria, see Appendix B.

The Eighth Month Follow-up

Of the 163 wards in the sample, 25 wards were in "On Violation" status at the end of eight months from their release to parole or date of identification. Although the follow-up period for all wards had terminated by the end of March, 1974, it was not until April, 1975, that final disposition had been made of all wards previously in "On Violation" status. Of these 25 wards, four were subsequently revoked, recommitted or discharged while on violation, and 21 were returned to parole. The final status of each ward in the sample for the eight month follow-up is shown in Table 4:

Table 4

Status of Wards in Sample No. 1 at Eight Months From Release to Parole or Date of Identification

Status	No.	Pct.
On Parole	102	62.6
Honorable Discharge	17	10.6
Revoke/Recommit	22	13.5
Discharge after Violation	22	13.5
TOTAL	163	100.0

For the sample wards, then, 119 were classified as "Successes" and 44 were classified as "Failures." That is an overall failure rate of 27.0 percent.

The differentiated failure rates for wards who were involved with community drug programs and those who were not involved are shown in Table 5.

Table 5

Parole Outcome for Wards in Sample No. 1
At Eight Months from Release to Parole or Date of
Identification, by Program Involvement

Program Involvement	Parole Outcome			
	Success	Failure	Total	Pct. Failure
TOTAL	119	44	163	27.0
Involved	44	10	54	18.5
Not involved	75	34	109	31.2

$x^2 = 2.97$ $p < .05$ (one-tailed)

Program-involved wards in the sample failed at a much lower rate than did wards with no program involvement. The percentage point difference is 12.7 points.

Failure rates for program-involved and non-involved wards by personal and background characteristics are shown in Table 6.

For seven of the characteristics subgroups the significance level is less than .050. In each of these significant comparisons the program-involved wards show much lower failure rates than do the non-involved wards. This suggests that the major impact of program involvement is related to being an opiate abusing male over twenty years of age who has been recommitted to the Youth Authority from Southern California by an adult court on a narcotic or drug offense. This somewhat oversimplified profile probably describes no particular ward in all details, but the pattern of characteristics clearly indicates that for those wards in the sample who became program-involved, the greater effect is to be found among older males. There is, of course, a strong interaction between age, court of commitment, prior admission status

Table 6

Program-Involved and Not Involved
Failure Rates for Wards in Sample No. 1
by Personal and Background Characteristics

Personal and Background Characteristics	N	Total Wards (N=163)	Involved Wards (N=54)	Not Involved Wards (N=109)	Significance Level (x^2 one tailed)
Sex					
Male	132	29.5	17.4	36.0	.013*
Female	31	16.1	25.0	13.0	over .200
Race					
White	106	23.6	16.7	27.1	.115
Mexican-American	27	40.7	28.6	45.0	over .200
Black	27	29.6	22.2	33.3	over .200
Other	3	--	--	--	--
Age					
20 or less	79	26.6	21.4	29.4	over .200
21 or more	84	27.4	15.4	32.8	.049*
Commitment Offense					
Narcotic/Drug	56	19.6	0.0	29.7	.004*
Persons Crimes	22	27.3	16.7	31.2	over .200
Property Crimes	57	35.1	36.4	34.3	over .200
Other	28	25.0	14.3	28.6	over .200
Admission Status					
First Admission	82	15.9	16.1	15.7	over .200
Prior Admission	81	38.3	21.7	44.8	.027*
Court of Commitment					
Juvenile	79	25.3	27.6	24:0	over .200
Adult	84	28.6	8.0	37.3	.004*
Area of Commitment					
Southern California	99	28.3	14.7	35.4	.017*
Bay Area	30	26.7	37.5	22.7	over .200
Central Valley	25	16.0	9.1	21.4	over .200
Other	9	44.4	100.0	37.5	.118
Major Drug of Abuse					
Opiates	58	29.3	17.4	37.1	.050*
Depressants	69	24.6	19.0	27.1	over .200
Other	35	28.6	20.0	32.0	over .200

* = Significance Level less than .050.

and opiate abuse (over 60 percent of the identified opiate abusers are more than twenty years of age). The data also suggest that those wards who were the most helped by program involvement were those who were probably the most in need of such help, i.e., opiate abusers who had been committed on narcotic offenses. This is possibly a partial explanation of the wide difference in failure rates shown in Table 5, since this sample was drawn from among the first wards identified and could be expected to include a heavy concentration of the more deeply involved drug abusers as parole agents and institutional personnel would likely be more aware of them. It also implies that as (and if) greater proportions of less deeply involved drug abusers are identified into the drug population, the differences in failure rate between program involved and non-involved wards overall will become smaller. This effect would be due to the overloading of wards with both a low recidivism potential and low program amenability among the non-program successes. This will be tested in the analyses of subsequent samples.

An attempt was made to assess the impact of program involvement on reducing drug-involvement by looking only at those violations of parole in which the wards were reported to have been using drugs at the time, or the violation was a drug offense. This information was extracted from the wards' Master Files. In the course of extracting this data, however, it was found that there was little consistency in reporting. Where the violation was, indeed, a drug offense there is no problem in classifying the violation as "drug-involved." In the case of non-drug offenses, however, the drug involvement is less clearly classifiable. In some cases the reports only state, "It is believed..." or, "The arresting officers found a small bag of marijuana in the car." In the latter case, it is not clear whether the bag belonged to

the ward or not. If all of the uncertain cases had been eliminated from the analysis, there would not have been enough cases to allow adequate comparisons. Therefore, the analysis presented in Table 7 includes as drug-involved violations all those cases where drugs were at all mentioned, even though the analysts are quite certain that a number of those wards were not really using drugs at the time. One consequence of this is that the indicated failure rates are excessively inflated. In the absence of other information it is assumed, therefore, that the inflation applies equally among both the program-involved and the non-involved wards.

Table 7

Drug-Involved Failure for Wards in Sample No. 1
At Eight Months from Release to Parole or Date of
Identification, by Program Involvement

Program Involvement	Parole Outcome (Drug-involved Violations Only)			
	Success	Failure	Total	Pct. Failure
TOTAL	136	27	163	16.6
Involved	47	7	54	13.0
Not Involved	89	20	109	18.3

$x^2 = .799$, p. is n.s.

Sixty-one percent of the total failures in the sample were identified as drug-involved at the time of violation. No significance was found in the difference in failure rates for program-involved and non-involved wards, although a difference of 5.3 percentage points in favor of the program-involved wards is shown. Knowing the lack of reliability of the data sources it would be invalid to attempt to base any generalizations concerning program effectiveness on this analysis.

Finally, an attempt was made to evaluate program effect on wards in terms of their community adjustment while on parole. For those wards who were still on parole and not on violation status at the end of the follow-up period, the wards' caseworkers were asked to rate the ward's current drug use, current employment status, current education and training, and his overall adjustment while on parole. Comparisons for the ratings between program-involved and non-program wards are shown in Table 8:

Table 8

Community Adjustment on Parole for Wards in Sample No. 1, Drug Usage, Employment Status, Education and General Adjustment Ratings by Program Involvement

Ratings	Program Involvement: Total No.	Total Pct.	Involved No.	Involved Pct.	Not Involved No.	Not Involved Pct.	Significance Level (x^2)
TOTAL	90	100.0	35	100.0	55	100.0	
Current Drug Use							
None/Low	58	64.4	23	65.7	35	63.6	n.s.
Moderate/High	32	35.6	12	34.3	20	36.4	
Current Employment Status							
Unemployed	39	43.3	16	45.7	23	41.8	n.s.
Full/Parttime	51	56.7	19	54.3	32	58.2	
Current Education							
Attending School	8	8.9	5	14.3	3	5.4	n.s.
Not in School	82	91.1	30	85.7	52	94.6	
Current Parole Adjustment							
Acceptable	67	74.4	25	71.4	42	76.4	n.s.
Near Failure	23	25.6	10	28.6	13	23.6	

On no one of the four indicators of parole adjustment is there any significant difference between the status and ratings for program-involved wards and non-program wards. It was perhaps unrealistic in retrospect to have anticipated any superior employment or educational achievement from the program-involved since a third of these wards were involved with therapeutic community programs which typically do not encourage outside activities for their members. The ratings do clearly suggest that in the eyes of the case-workers the wards who became involved with community programs were no more basically motivated toward acceptable parole adjustment than were the non-involved wards. This view is supported by an examination of the Base Expectancy scores[1] for males in the two groups, as presented in Table 9:

Table 9

Base Expectancy Scores for Wards in the First Sample, by Program Involvement

(males only)

B. E. Scores	Total No.	Total Pct.	Involved No.	Involved Pct.	Not Involved No.	Not Involved Pct.
Total	132	100.0	46	100.0	86	100.0
1	23	17.4	10	21.7	13	15.1
2	70	53.1	25	54.3	45	52.3
3	6	4.5	1	2.2	5	5.8
4	14	10.6	5	10.9	9	10.5
5	19	14.4	5	10.9	14	16.3

$x^2 = 2.273$, p = n.s.

[1]The Base Expectancy Score is computed for each male ward only from various weightings for such background characteristics as court of commitment, admission status, prior record, age at admission and sex. The scores run from 1 to 5, with the low scores indicating a low likelihood of becoming a recidivist and the high score indicating a high recidivism potential. For wards in the 1971 parole release cohort those wards with a B. E. score of 1 had a 21.7 percent violation rate, while those scoring 5 had a 63.6 percent violation rate.

The comparison of mean Base Expectancy scores indicates no tendency for wards who became involved with community programs to have been predictably less prone to become failures than were the non-involved wards.

Since the numbers of wards involved with the various types of programs are quite small, it is not possible on the basis of the first sample to assess the relative effectiveness of different types of programs. The data regarding this is given, however, in Table 10:

Table 10

Type of Program by Parole Outcome for Wards in the First Sample

Type of Program	Parole Outcome			
	Success	Failure	Total	Pct. Failure
TOTAL	44	10	54	18.5
Methadone Maintenance	2	--	2	--
Residential	14	4	18	22.2
Outpatient Counseling	13	2	15	13.3
Urinalysis Testing	15	4	19	21.0

$x^2 = .852$, p is n.s.

From previous studies[1] it had been anticipated that urinalysis testing would result in a high rate of failures since it is most directly oriented toward detection and apprehension. This expectation did not materialize for the first sample. The lower failure rate for wards in outpatient counseling relative to those in residential programs is suggestive and will be examined closely in future sample analyses.

[1]Roberts, C. A Final Evaluation of the Narcotic Control Program for Youth Authority Parolees, Research Report No. 58. Sacramento: California Youth Authority, February, 1970.

It seems logical that the longer a ward is involved with a program the greater the positive impact of that program should be on his behavior. Thus, it was expected that lower failure rates would be associated with longer time in program involvement. The data are shown in Table 11:

Table 11

Length of Time in Program Involvement by Parole Outcome, for Program Involved Wards

Time in Program	Total	Successes	Failures	Percent Failed
TOTAL	54	44	10	18.5
2 - 10 weeks	9	6	3	33.3
11 - 20 weeks	15	11	4	26.7
21 - 30 weeks	8	7	1	12.5
31 - 40 weeks	22	20	2	9.1

The expectation was confirmed. Unfortunately, it can be equally well argued that wards who stay on parole longer also have more time in which to maintain their program involvement. In which case the above data would be interpreted as merely reflecting that relationship rather than supporting evidence of program impact.

It was suggested earlier in this report that since a large proportion of the wards in the sample (71.2 percent) had been identified while already on parole and had, presumably, served some time on parole prior to identification as a drug abuser, that this predisposed them to lower failure rates and thus biased the sample estimates. The relevant data are shown in Table 12, where identification location (institution or on parole) is shown in terms of parole outcome at eight months:

Table 12

Identification Location by Parole Outcome
for Wards in Sample No. 1

Identification Location	Total	Successes	Failures	Percent Failed
TOTAL	163	119	44	27.0
Institutions	47	32	15	31.9
Parole	116	87	29	25.0

$x^2 = .802$, p = n.s.

The wards identified on parole failed at no less significant rate than the wards identified in institutions and subsequently released to parole. The data do not support the possibility that any systematic bias was introduced due to the inclusion in the sample of wards identified while on parole.

It does appear, however, that wards who were identified on parole were more likely to become involved with community drug programs than were wards identified while in an institution and subsequently released to parole, as shown in Table 13:

Table 13

Identification Location by Program Involvement
for Wards in Sample No. 1

Identification Location	Total	Involved	Not Involved	Percent Involved
TOTAL	163	54	109	33.1
Institutions	47	9	38	19.1
Parole	116	45	71	38.8

$x^2 = 5.87$, $p < .02$

It is highly likely that when the availability of services through the Community-Centered Drug Program first became available the parole agents

tended to utilize them especially with those wards with whom they were already acquainted and whom they knew could best benefit from those services. This initial emphasis on providing services to those wards already on parole can only be considered an explanation of the data in Table 13, however, and does not bias the parole outcome findings.

The Twelfth and 24-Month Follow-ups

The twelfth and 24-month follow-ups were accomplished by a search of each ward's movement and status record card in the Central Office files at the appropriate interval from the date the ward was identified or released to parole. Of the 163 wards in the sample, 21 wards were on violation status at the end of twelve months. Two of these are still on violation status. Of the remaining 19 wards, ten were eventually returned to parole and nine were revoked, recommitted or discharged while on violation status. The current status of the sample at twelve months from release to parole or date of identification is shown in Table 14:

Table 14

Status of Wards in Sample No. 1 at Twelve Months
from Release to Parole or Date of Identification

Status	No.	Pct.
On Parole	77	47.2
Honorable Discharge	27	16.6
Revoke/Recommit	30	18.4
Discharge after Violation	27	16.6
On Violation	2	1.2
	163	100.0

Comparing Table 14 with Table 4, it is apparent that the number of wards "On Parole" declined sharply during the intervening four months, while the numbers of wards revoked, recommitted or discharged show an increase, as would be expected.

The two wards presently "On Violation" are counted among the "Successes" until such time as a final disposition has been made of their cases. If either or both of these wards are subsequently revoked, recommitted or discharged while on violation, then minor changes in the failure rates reported below can be expected.[3] Current figures for the 163 ward sample then show 106 wards (65.0 percent) who can be classified as "Successes" and 57 (35.0 percent) who can be classified as "Failures" at twelve months from release to parole or date of identification.

The comparable parole outcomes for wards who were involved with community drug programs and those not involved are shown in Table 15:

Table 15

Parole Outcome for Wards in Sample No. 1
At Twelve Months from Release to Parole or Date of Identification, by Program Involvement

Program Involvement	Parole Outcome			
	Success	Failure	Total	Pct. Failure
TOTAL	106	57	163	35.0
Involved	42	12	54	22.2
Not Involved	64	45	109	41.3

$x^2 = 5.80$ $p. < .01$ (one tailed)

[3]These two wards were each placed "On Violation" after the eighth month and are therefore not so shown in the eighth month figures.

At twelve months, then, the percentage point difference in failure rates has increased to 19.1 points, a gain of 6.4 points over the difference at eight months.

All of the wards in Sample No. 1 had had a potential parole exposure of 24 months at the end of July, 1975. Their status at the time is shown in Table 16:

Table 16

Status of Wards in Sample No. 1 at 24 Months from Release to Parole or Date of Identification

Status	No.	Pct.
On Parole	25	15.3
Honorable Discharge	56	34.4
Revoke/Recommit	34	20.8
Discharge after Violation	42	25.8
On Violation	6	3.7
TOTAL	163	100.0

Two of the wards shown in "On Violation" status are program-involved wards, four are non-involved wards. Parole outcome for program-involved and non-involved wards is shown in Table 17 (wards in "On Violation" status are counted as "Success"):

Table 17

Parole Outcome for Wards in Sample No. 1
At 24 Months from Release to Parole or Date of Identification by Program Involvement

Program Involvement	Parole Outcome			
	Success	Failure	Total	Pct. Failure
TOTAL	87	76	163	46.6
Involved	35	19	54	35.2
Not Involved	52	57	109	52.3

$x^2 = 4.28$ $p. < .025$ (one-tailed)

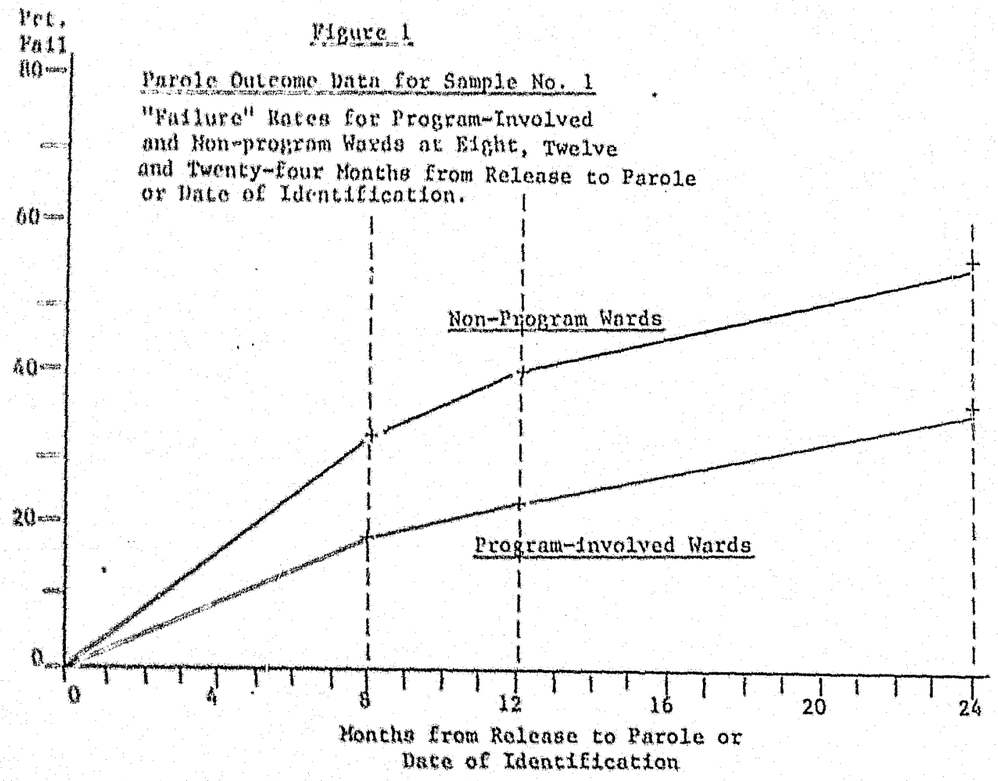
The percentage point difference in failure rates is 17.1 points, a decrease of two points from the difference at 12 months.

In Figure 1 the failure rates for the program-involved and non-involved wards are plotted at the eighth, twelfth and twenty-fourth month intervals from each ward's date of release to parole or date of identification. Based on these points, cumulative trend lines can be drawn beginning at "zero" months and "zero" failures through the eighth month rate, the twelfth month rate, and on through the twenty-fourth month rate for each group. Failure rates over time quite typically present the regular progressions shown in Figure 1.

Figure 1

Parole Outcome Data for Sample No. 1

"Failure" Rates for Program-Involved and Non-program Wards at Eight, Twelve and Twenty-Four Months from Release to Parole or Date of Identification.



Once a clear divergence in cumulative failure rate between two groups appears, other conditions remaining relatively stable, it is highly unusual for the trend lines to show sudden or dramatic departures from the established general direction at later points in time. It is impossible, of course, for a cumulative failure rate to decline. It can be expected, then, that the difference in failure rate between the program-involved and the non-involved wards will not suddenly decrease at some future point in time. It may, in fact, very well increase.

The continuing relationship of the two lines shown in Figure 1 throughout the 24 month period suggests the possibility that the ultimate failure rates for the two groups could have been predicted at a much earlier point in time, certainly before the expiration of 15 or even twelve months. It would seem a preliminary estimate could be calculated from curvilinear regression equations within the first four months and then subjected to reestimation in successive months. This would provide much earlier feedback to administrators and allow greater predictability for future program planning.

Comparisons of Length-of-Stay on Parole

Recidivism comparisons as a method of evaluating an action program leave much to be desired. They not only tend to mask other desired or undesired effects, but primarily they serve as a poor basis for cost/effectiveness comparisons. A more meaningful indicator of program effectiveness has been suggested based on comparisons of mean length of stay on parole for different groups. It is quite possible, for instance, for two groups to have identical failure rates within the same base follow-up period, but significantly different mean months-on-parole. As an extreme example, assume two groups of 100 wards, each with a 50.0 percent failure rate at twelve months

from release to parole, yet in one group all the Failures are removed from parole in the third month, while in the other they are all removed in the ninth month. In this imaginary situation, the mean months on parole for the first group would be 7.75 months (50 x 12 + 50 x 3.5/100) while for the second group it would be 10.75 months, a mean difference of three months longer on parole per ward for the second group, or an accumulated total of 300 additional ward months on parole per twelve months period. This time is contributed by the later date of failure for the Failures in the second group--the Successes in both groups contributed exactly equal amounts of time-on-parole. In a similar manner it is also possible for two groups to have identical mean months on parole and greatly dissimilar failure rates. Thus, mean months on parole is an independent measure of parole performance, although, obviously, the greater the proportion of successes within a group, the larger its mean months on parole will be, since each success contributes the accumulated months from the entire follow-up period to the total months on parole.

Mean months on parole at the end of both the twelfth and twenty-fourth month from release to parole or date of identification was calculated for program-involved and non-involved wards in the first sample. The results are shown in Table 18.

Table 18

Mean Months on Parole for Wards in Sample No. 1
At Twelve and 24 Months from Release to Parole
or Date of Identification, by Program Involvement

Program Involvement and Outcome	Follow-up Interval					
	Twelve Months			24 Months		
	N	Cumulative LOS	Mean Months	N	Cumulative LOS	Mean Months
TOTAL	163	1558	9.6	163	2698	16.5
Involved Wards	54	586	10.9	54	1050	19.4
Successes	42	504	12.0	35	840	24.0
Failures	12	82	6.8	19	210	11.0
Not Involved Wards	109	972	8.9	109	1648	15.1
Successes	64	768	12.0	52	1248	24.0
Failures	45	204	4.5	57	400	7.0

At twelve months the program involved wards had accumulated an average of two months additional time on parole over the non-involved wards. At twenty-four months the difference is 4.3 months. At twelve months, wards who failed among the involved group failed an average of 2.3 months later than the failures among the not-involved group. At twenty-four months this lag amounts to an average of 4.0 months. For each such failure the additional time on parole represents an equal number of months that the ward was not in custody during the period concerned. Thus, it can be said that the non-involved failures spent an average of 2.3 more months in custody during their first year on parole than did the involved wards. This difference can then be translated into direct dollar savings.

Of the 57 failures in the sample at twelve months, both program-involved and non-involved, 30 (52.6 percent) were returned to Youth Authority institutions

and 27 (47.4 percent) were released to other jurisdictions. It is estimated that the cost of institutional care for a ward in the Youth Authority is more than $1000 per month. The costs per month for other jurisdictions is estimated at not less than $600 per month. For each 100 failures, then, a total cost of $52,600 (52.6 x $1000) plus $28,440 (47.4 x $600), or $81,040 per month can be assigned. That is slightly more than $810 per month per ward in reinstitutionalization costs.

Extrapolating from the sample to the population of 1630 which it represents, then, for the estimated 540 program-involved wards in the population a total of 1242 ward/months were saved during the ward's first year on parole. At a savings in reinstitutionalization costs of $810 per ward/month, that is equal to a total saving of $1,006,020 (1242 x $810). The cost of delivering special drug treatment services to that population is estimated at $976,507.

CONCLUSIONS

This preliminary evaluation is based on a sample of the earliest wards identified into the Community-Centered Drug Program. All three of the basic hypotheses for the program were confirmed for the population represented by the sample:

1) More than five times as many wards became involved with drug programs while on parole under the auspices of the Community-Centered Drug Program than were known to be involved with such programs in preceding years.
2) Wards who became program-involved did not differ from wards who did not become involved with community programs to any significant degree when personal and background variables and base expectancy scores were compared.
3) Wards who became program-involved demonstrated a significantly lower failure rate than did wards who were not involved with community drug programs. This effect did not extend to other behavior measures (drug-involved recidivism, behavior ratings, etc.). In addition, wards who were program-involved averaged two more months on parole within the twelve months follow-up period than did non-involved wards.

The differential impact of the program was found to be greatest among those wards who were male, 21-years-of-age and over, and who were more deeply involved in drug abuse and delinquency.

It is hypothesized that the effect shown for the first sample will continue to be found relative to wards defined by the high impact characteristics and

will vary directly with changes in the proportions of high impact characteristic wards in subsequent samples and their base populations.

The data from this first evaluation suggest that the program has a differential impact not only on wards defined by different personal and background characteristics but relative to the type of program with which they become involved. This suggestion needs further confirmation from future evaluations, but if it is found to be true it provides a basis for more effective placement of wards in optimal treatment environments.

APPENDIX A

NAME: _____ OFFICE _____ AGENT _____

INSTITUTION - PAROLE 8-MONTH FOLLOW-UP

I. Identification Information

A. YA# (1-5) __ __ __ __ Card # (6) __ Cycle # (7) __

B. Sample: 1-clinic, 2-institution and parole, 3-drug center, 4-clinic, and center, 5-institution-parole and center, 6-other. (8) __

C. Type of Date: 1-parole date, 2-identification date (9) __

D. Date of Parole or ID.: Mo., Yr., (10-12) __ __ __ Parole Unit: (13-15) __ __ __

E. Institutional Origin: (16-18) __ __ __ Institutional Program: (19-22) __ __ __ __

F. Time on Parole: 1-less than one month, 2-1 to 3 mo., 3-4 to 6, 4-7 to 9, 5-10 to 12, 6-13 to 15 7-16 to 18, 8-19 to 21, 9-22 to 24. (23) __

II. Follow-Up One

A. Parole Status: 0-revocation drug related 1-revocation non-drug 2-jail drug 3-jail non-drug, 4-suspension drug 5-suspension non-drug 6-dish. discharge drug, 7-dish. discharge non-drug 8-still on parole 9-honorable discharge. (24) __

B. Parole Success-Failure: 1-success 2-failure jail 90 days or more 3-failure violation leading to revocation, 4-failure violation leading to dish. discharge 5-failure death violation related. (25) __

C. Parole Drug Success-Failure: 1-success, 2-failure jail drug 3-failure revocation drug 4-failure dish. discharge drug 5-failure death violation drug. (26) __

D. Total Number Violations: (27) __ Drug Related Violations: (28) __

E. Current Drug Use: 1-none 2-low 3-moderate 4-high alcohol, 5-high halluc., 6-high dep., 7-high stim. 8-high opiates, 9-high other. (29) __

F. Current Employment: 1-unemployed, 2-part-time 3-full-time, 4-unemployed student 9-unknown. (30) __

G. Current Education and Training: 1-none, 2-secondary 3-semi-skilled, 4-skilled 5-college part-time, 6-college full-time 7-other 9-unknown. (31) __

H. Overall Parole Adjustment: 1-poor, 2-adequate 3-excellent 9- unknown. (32) __

I. Overall Drug Use: 1-none 2-low level, 3-moderate 4-high alcohol, 5-high halluc. 6-high dep. 7-high stim., 8-high opiates 9-high other. (33) __

III. Current Program Involvement

A. Current Program Type and Name (34-37) ____

B. Month on Parole Entered: (38-39) ____

C. Total Weeks in Program: (40-42) ____

D. Outcome: 1-failure split 2 weeks or less 2-failure other 3-low success 4-moderate success 5-high success 9-unknown (43) ____

E. Participation: 1-voluntary, 2-involuntary board 3-involuntary parole 4-involuntary other 9-unknown (44) ____

F. Referral: 1-institution 2-center 3-DRS 4-CPA, 5-PA, 6-friend or relative, 7-self, 8-other 9-unknown (45) ____

IV. First Other Program Involvement

A. Type of Involvement: 1-preceding, 2-concurrent (46) ____
Program Type and Name: (47-50) ____

B. Month on Parole Entered: (51-52) ____

C. Total Weeks in Program: (53-55) ____

D. Outcome: 1-failure split 2 weeks or less 2-failure other 3-low success, 4-moderate success 5-high success 9-unknown (56) ____

E. Participation: 1-voluntary 2-involuntary board 3-involuntary parole 4-involuntary other, 9-unknown (57) ____

F. Referral: 1-institution, 2-center 3-DRS, 4-CPA, 5-PA, 6-friend or relative 7-self 8-other 9-unknown (58) ____

V. Second Other Program Involvement

A. Program Type and Name: (59-62) ____

B. Month on Parole Entered: (63-63) ____

C. Total Weeks in Program: (65-67) ____

D. Outcome: 1-failure split 2 weeks or less 2-failure other 3-low success, 4-moderate success 5-high success 9-unknown (68) ____

E. Participation: 1-voluntary, 2-involuntary board 3-involuntary parole 4-involuntary other 9-unknown (69) ____

F. Referral: 1-institution, 3-center 3-DRS, 4-CPA, 5-PA, 6-friend or relative 7-self, 8-other, 9-unknown (70) ____

VI. Third Other Program Involvement: Program Type & Name: (71-74) ____

VII. Summary A. Total # programs: (75) __ Total 2 weeks or more: (76) ____
B. Overall level of program participation: 0-unknown 1-none, 2-low, 3-moderate 4-high (77) ____

VIII. Deck Code (80) ____

Appendix B

SOME PROBLEMS OF CRITERIA DEFINITION

The Community-Centered Drug Program evaluations are essentially based on three types of definitions: 1) those identifying the wards as a drug abuser or non-abuser, 2) those identifying the wards as program-involved or not involved, and 3) those identifying the wards as successes or failures.

In the preceding report all wards identified into the CCDP are accepted as drug abusers. At the time the first sample was collected only a few alcoholics or volatile substance abusers had been identified, and none were included in the sample, which was completely composed of opiate, depressant, stimulant, hallucinogen and marijuana abusers. In future samples, however, it can be expected that increasing proportions of alcohol, volatile substance and marijuana users will be identified, raising some questions as to the homogeneity of the term "drug abuser." It may be possible to control homogeniety to some extent through the use of Substance Abuse Referral System (SARS) scores. This will be attempted in future analyses.

The identification of a ward as program-involved or not raises even more serious questions. In this report a ward was identified as community program involved as long as he was receiving some kind of services relevant to his drug abuse, including urinalysis testing. It can well be argued, however, that periodic testing is not a program activity, but rather a surveillance technique. Too, although the chemical analysis is carried-out under contract, the collection of samples is primarily done by parole agents and not by any community agencies personnel. Thus, can the inclusion of urinalysis testing be justified as a community treatment service? The effect of not including it is shown in Table 19:

Table 19

Parole Outcome for Wards in Sample No. 1
At Eight Months from Release to Parole or Date of Identification,
by Program Involvement
(wards on urinalysis classified as Not Involved)

Program Involvement	Parole Outcome			
	Success	Failure	Total	Pct. Failure
TOTAL	119	44	163	27.0
Involved	30	5	35	14.3
Not Involved	89	39	128	30.5

$x^2 = 3.73$, $p. < .03$ (one-tailed)

The nineteen wards involved in urinalysis failed at a rate of 26.3 percent, somewhat higher than the "Involved" group shown in Table 5 of the report, but only a little lower than the "Not Involved" group. Thus, their removal from the former reduced that group's failure rate by 4.2 percentage points, but reduced the latter group's rate by only .7 percentage points. The percentage point difference thus increased from 12.7 in Table 5 to 16.2 in the above table. The inclusion or exclusion of wards in urinalysis is therefore a matter of some importance in assessing program effects. If their failure rate had been higher than that of the "Not Involved" wards in Table 5 then the effect would have been to drastically increase the difference between the two groups; if it had been as low as that for the "Involved" wards in Table 5 then the failure rate for the "Not Involved" would have lowered and the percentage point difference between the two groups lessened.

In a somewhat related sense, four of the wards in the first sample were counted as program-involved wards since they were in residential programs which function similiarly to community-operated facilities, although staffed by Youth Authority personnel and restricted to Youth Authority wards. It is probable that a question could be raised over their inclusion since the programs are not strictly "community" programs. There is no reason to believe, however, that they are inherently better or worse in their effectiveness than are the other community programs; thus there should be no biasing effect by their inclusion. Unless the numbers of wards in such Youth Authority-operated programs increase considerably, then, they will continue to be counted along with the regular community program-involved wards in subsequent evaluations.

A final problem concerns the criteria of success or failure which has been used. It has been traditional in the Youth Authority to base its recidivism rate on the definition of "failure" as the occurrence of a violation leading to revocation, recommitment or discharge within a certain set period of time from the ward's release to parole. In the preceding report the follow-up periods were respectively eight, twelve and twenty-four months. During the collection of data and subsequent analysis, however, it became apparent that using that definition the coders were classifying as "Successes" a number of wards who had spent considerable segments of such follow-up periods under

local incarceration. What generally occurred was that the ward would be sent to county jail for some offense for, say, six months. At the time of his arrest he would be placed on violation. After serving his sentence the case would be referred to the Youth Authority Board for action and the board would consider that no purpose would be served by further confinement in a Youth Authority institution, so he would be returned to parole status. Out of an eight months period, then, he is not only technically a success, but he has not even had the opportunity, being in jail nearly the entire time, to commit a violation which might lead to his classification as a failure. In this sense, then, he is an artificial "success."

In order to estimate the effect of using different definitions of success or failure, an additional analysis of the sample at eight months was made in which ten wards who had received 90-day or longer jail sentences during the follow-up period were removed from among the Successes and placed among the Failures. The results of that analysis are shown in Table 20:

Table 20
Parole Outcome for Wards in Sample No. 1
At Eight Months from Release to Parole or Date of Identification, by Program Involvement
(90-day or more jail sentences included in "Failures")

Program Involvement	Parole Outcome			
	Success	Failure	Total	Pct. Failure
TOTAL	109	54	163	33.1
Involved	43	11	54	20.4
Not Involved	66	43	109	39.4

$x^2 = 5.95$ $p. < .01$ (one-tailed)

Comparing the above table to Table 5 of the preceding report, it can be seen that again the program-involved wards show a much lower failure rate than do wards not involved with community drug programs on parole. The confounding artifact is, however, the argument that, of course, the longer a ward was in jail the less possible was it for him to become involved with a community program, thus excessively inflating the non-program failure rate. This argument gains some support from the fact that of the ten jailed wards in the sample, only one had been involved with a community drug program. The effect

of considering jailed wards as failures in the sample was to increase the percentage point difference between involved and not involved wards from 12.7 points in Table 5 of the report to 19.0 points in the above table.

END