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AREA: DRUG/ALCOHOLISM PROGRAMS

Evaluation

Topic: Final Evaluation, ~~Abraxas~~ I - Blue Jay Village: An Alternative to Prison

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Grant Title and Number: (DS-388-73A) Camp Blue Jay -
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Objectives: To provide effective residential treatment to
young people with drug related problems, with
an emphasis on first offenders. To establish
Urban Intake and Reentry Centers and a regional
training center.

Rec'd, 5-3-74

FINAL EVALUATION REPORT * ABRAXAS I

FINAL EVALUATION
ABRAXAS I--BLUE JAY VILLAGE--AN ALTERNATIVE TO PRISON

(Subgrant Application: #DS-388)

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Prepared for
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May, 1974

I. SUMMARY OF EVALUATION REPORT

A. Project Goals

The major objectives of Abraxas for the first project year are:

1. To provide an effective, comprehensive, residential treatment program to young people with drug related problems, with an emphasis on first offenders, with the goal of rehabilitating and graduating fifty clients from Western Pennsylvania.
2. To establish Urban Intake and Reentry Centers in selected target areas to assist with referrals, develop community support, and aid in the reentry of clients to the community.
3. To establish a Regional Training Center to deliver six training cycles to drug treatment staff throughout Western Pennsylvania.

B. Project Activities

1. Residential Program

Abraxas I operates on a 50 acre site in the Allegheny National Forest. Starting with a positive behavioral modification Token Economy System (TES), the approach was changed in February 1974 to that of a Therapeutic Community (TS) because it was found that TES impeded important client objectives such as learning to develop healthy relationships with other people and a sense of community responsibility. TES also fostered client manipulative behavior and proved to be an

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undue burden administratively. The present therapeutic community approach emphasizes forms of group encounter and a status system for progression in various departmental responsibilities. Abraxas places greater emphasis on educational, cultural and recreational programs than other therapeutic community programs with which we are familiar. The program has been lengthened to approximately 9 months.

2. Community Liaison

To secure clients initially a brochure was mailed in large numbers to criminal justice system and other agency personnel throughout Western Pennsylvania, along with personal meetings with a variety of criminal justice system personnel in several target counties. Abraxas staff interview potential clients in their communities before they are admitted to the residential program. Currently, Community Advisory Board are being developed in Erie, Allegheny and Mercer Counties, with client reentry centers planned for Erie and Pittsburg within a month.

3. Regional Training Center

A weekend training program is planned in June at Abraxas for Probation Officers from five nearby counties.

C. Evaluation Activities

The CSPCD evaluation team spent two full days at Abraxas interviewing administrative, line staff, and clients, as well as maintaining regular telephone contact. We spent another day in Erie, Pa. interviewing 5 of 9 members of Abraxas's Erie Advisory

Board. We assisted the Abraxas Research Department in designing client impact measures and follow-up instruments.

We have received demographic and progress data on all residents admitted through March 31, 1974. We have received various programmatic and research forms and documents from Abraxas. Follow-up interviews concerning seven clients who left the program over six months ago are in progress.

Major data limitations relate to the results of initial intake interviews and to community liaison activities.

D. Project Results

It is too early to measure client outcome since none have yet completed the program. Of 69 residents admitted, 48 were still in the program as of March 31, 1974. Clients have come from 14 counties, with 87% from 7 counties and 54% from Erie and Allegheny. Criminal Justice System referrals represent 93% of the total. For data on age, sex and race, see Appendix A.

Abraxas's client retention rate appears higher than most long-term residential programs. Of 40 clients admitted prior to January 1, 1974, 68% remained at least three months. For clients from Erie, where there has been greater community liaison, the retention rate was 82%. (See Appendix B). For data on reasons for client separation from the program and client progress ratings, see IV-A-5&6.

Abraxas has a Community Advisory Board in Erie, and two in Allegheny and Mercer Counties are in a developmental stage.

The first Regional Training Center outreach will be a weekend program for Probation Officers from five counties in June.

The most serious deficiencies relate to community liaison work, and are reflected in irregular referral patterns, the slowness to develop community advisory boards, reentry centers, and community training programs.

E. Conclusions and Recommendations

Our overall conclusion is that the Abraxas I residential program is developing in a positive direction, with an innovative staff and having a more versatile program and higher client retention rate than do other therapeutic community programs we have observed. Its geographical isolation and extensive service area make its relationships with client communities an unusually difficult problem. Our findings indicate the most serious Project problems are in this area. These problems are reflected in community complaints of lack of communication, irregular intake patterns, and undue delays in developing the reentry and regional training programs.

We recommend a continuation of funding with the following changes and implementations:

1. Data Collection and Reporting

- a. That client intake and termination data, such as we received in April 1974, be prepared and provided for evaluation on a monthly basis, with similar data collected and provided for clients in reentry programs,

as reentry centers are established; that data be provided on clients receiving intake interviews who are rejected or who refuse admission, with reasons given.

- b. That data be collected and provided on community liaison activities, including individual and group meetings with results, as well as the meetings, activities and accomplishments of Community Advisory Boards.
- c. That client follow-up with community outcome measures be developed at 6 month and 1 year intervals for graduates of Abraxas and for those leaving before completion. In analyzing this data possible meaningful comparisons might be made between graduates vs non-graduates, those who participated in reentry programs vs those who did not, and those who were court stipulated to Abraxas vs those under no legal compulsion.

2. Community Liaison Work

That community liaison work be improved substantially in the following directions:

- a. That the main focus of liaison staff be directed toward a limited number of target areas, with expansion of work into additional areas undertaken only when there is clear progress toward achievement of community liaison of goals.

- b. That Community Advisory Boards be developed in target areas which are broad-based, have officers, by-laws and regular meetings, with involvement of its membership in achieving clearly established goals.
- c. That client reentry centers be established in all target areas, providing half-way housing, clinical services, and assistance for all aspects of community reentry, such as housing, education, training, employment, and social, recreational and cultural involvement.
- d. That special efforts be made to develop referrals of larger numbers of females and blacks to Abraxas's residential program.

3. Regional Training Center

That the regional training concept be expanded to include development of on-going training programs in the target areas, as well as those planned at the Abraxas Center. In this way training programs could be closely integrated with community liaison work, would be more readily available to criminal justice system and other agency personnel, and would provide an opportunity for Abraxas training staff to be more intimately associated with their client communities, and most especially with the community reentry process.

SECTION II. PROJECT ACTIVITIES

A. Project Goals

The major objectives for the project's first operating year are:

1. to provide an effective residential comprehensive treatment program for drug related offenders that would rehabilitate and graduate fifty youthful first offenders
2. to establish Urban Intake and Reentry Centers in selected target areas to assist in referral and community support
3. to establish a Regional Training Center to deliver six training cycles to drug treatment staff throughout Western Pennsylvania

B. Project Activities

a. Treatment Philosophy

Abraxas has developed a behaviorally oriented, humanistic approach to aid in the development of balanced individuals, who can integrate work and play in a socially acceptable way. It is based on the principles of consistency, creativity, balance, reality and positive regard.

b. Program Preparation

During the Summer of 1973 Abraxas staff worked on operationalizing the project's philosophy and objectives into a comprehensive and integrated residential rehabilitation program. Supplies were purchased, staff were recruited, orientated and trained to serve in the newly evolving program.

c. Staff and Organization

Abraxas has twenty-three staff members currently. Their breakdown is given in Table 1 by function, race and sex. Every morning there is a

treatment staff meeting where all the previous day's activities are processed out and shared. A secretary records the information and enters any relevant information into the individual resident's file. Any staff member making a "bust" is required to record it in the resident's file also. Case conferences are held every two weeks. This is when individual treatment progress is reviewed and consideration is given to promotions and extending further privileges

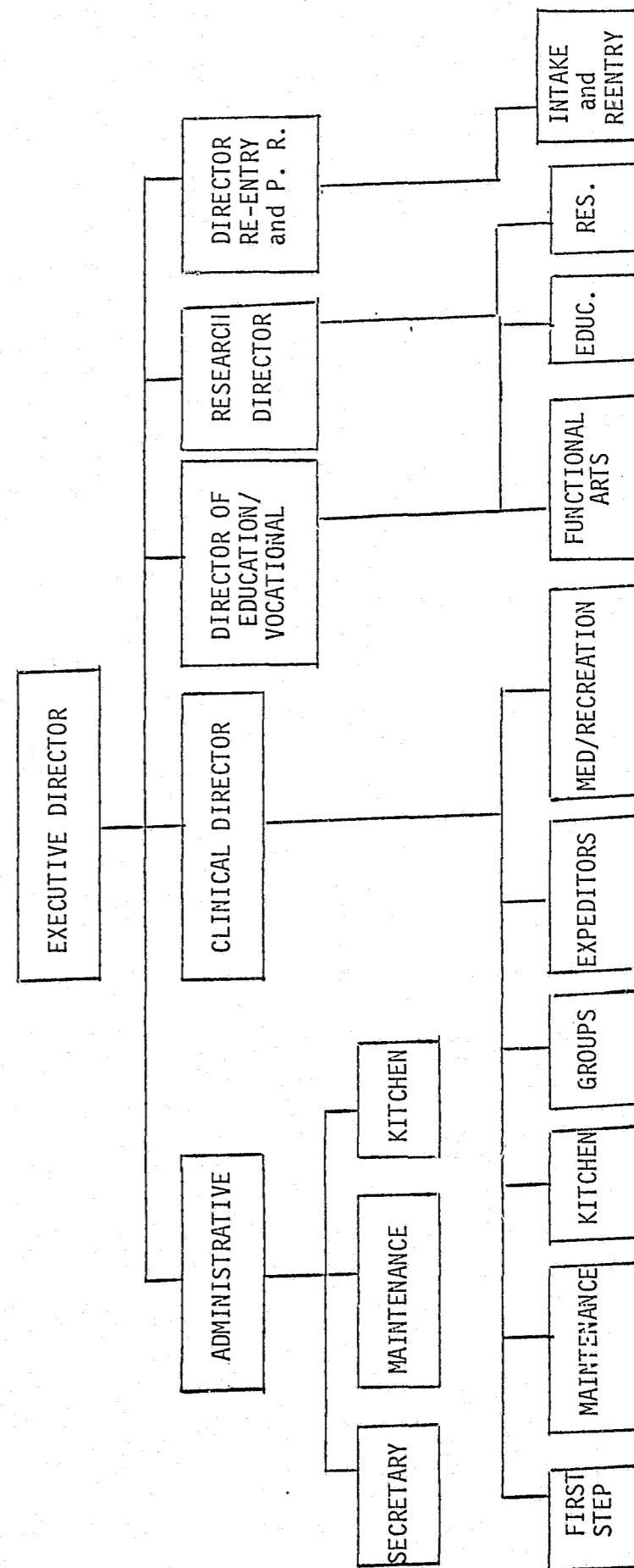
TABLE 1

ABRAXAS STAFF BY FUNCTION, RACE AND SEX, APRIL 1974

Function	#	Minority Group (Blacks and Puerto Ricans)	Female
Clinical	7	4	3
Administrative	4	0	3
Office	4	0	3
Vocational/Educational	3	0	0
Maintenance	2	0	0
Research	1	0	0
Reentry & Public Relations	1	0	0
Cook	1	0	1
Totals	23	4	10

Chart 1 below shows Abraxas Organization Chart.

CHART 1
ABRAXAS ORGANIZATIONAL CHART - APRIL 1974



d. Client Recruitment and Re-Entry Operations

Abraxas administrators have traveled throughout Western Pennsylvania introducing themselves and their new program to criminal justice system officials and drug treatment personnel. They prepared and distributed widely the pamphlet, Abraxas Foundation, which describes the project's philosophy and rehabilitation program. In line with Abraxas being an alternative to prison, specific commitment procedures are offered to the courts along with admission policy and fees.

Two community liaison persons were hired in November to facilitate this client intake process (cutback to one in February). He continues to develop and maintain referral relationships with community programs, courts, district attorneys and probation departments.

A community advisory board has been established in Erie County and is in the developmental stage in Allegheny and Mercer, to aid in Abraxas intake and re-entry operations. Members are key figures in local drug programs or the criminal justice system. It is the intention that when organized these Boards will facilitate referral operations and help to develop community re-entry facilities for graduating Abraxas residents.

e. Service Delivery

Originally Abraxas was organized around a behavioral modification Token Economy System (T.E.S.). Experience proved this system to be ineffective in dealing with "street wise" youth, an impediment to treatment, and burdensome to administer. It was finally scrapped to the joy of both staff and residents in February. The program was reorganized into a "re-educational therapeutic community (t.c.)".

This current treatment program uses various t.c. techniques. The program is now organized into ten functional departments. Each department has a staff co-ordinator, resident department head, resident assistant head for larger departments ("ramrods") and a resident work crew. Departments and positions within them are hierarchically arranged with different degrees of prestige, status, responsibility and authority. A resident progresses through the program by a series of promotions and transfers to higher prestige and more responsible positions. "Negative behavior and attitudes" will result in a resident being "busted" back to a low status job in a lower status department. These setbacks are viewed positively as "learning experiences" by the community.

Each of the ten functional treatment departments is described below.

1. The First Step Department

All new residents receive two week orientation to the Abraxas community and its basic therapeutic tools. They are assigned senior resident guides and meet apart from other community residents. After satisfactory completion of all First Step activities, residents ceremoniously "graduate" to other departments and become a part of the larger community.

2. The Maintenance Department

This department is responsible for custodial and janitorial functions throughout the community. They police the grounds picking up butts and litter and keep the facilities clean and sanitary. This is a low

status department that all residents must go through. Getting "busted" for negative behavior can land you back in maintenance.

3. The Kitchen Department

Here residents participate in the preparation and serving of nutritious meals. They assist in the maintaining of a fully equipped and modern kitchen and dining hall. Lectures on proper diet planning have also been offered. "Home made" treats like freshly baked bread is one of the department's specialities.

4. The Groups Department

The main treatment modality of the community is delivered via groups. The Groups Department offers four different types:

a) Every morning a "community meeting" is held. Here "pull-ups" reiterate and reinforce responsible community concern.

Announcements follow and the meeting ends with a collective activity (i.e. song, skit etc). It is designed to move from tension to collective relaxation and thus serve as a daily model of community life.

b) There are weekly "ongoing" groups which have only stable senior members in them. Here trust is maximized so deeper problems can be honestly explored and dealt with.

c) Every other day the community has encounter groups that reassert the treatment objectives and therapeutic purposes of the community.

d) A special "confrontation" group may be called anytime to deal with a resident who seriously breaks a community rule. This is a ritualized meeting where a "staff member and resident peers explain and exaggerate the violation to insure complete understanding and promote behavioral and attitudinal change".

5. The Medical/Recreation Department

Any residents who become ill will be cared for in the infirmary by this department. They also run athletic programs in the gymnasium and sponsor film viewing in the evenings.

6. The Functional Arts Department

This department is under the direction of the Education Department. Residents assigned here are involved in developmental projects like gardening and fence building.

7. The Education Department

This department has the most varied and ambitious programatic offerings.

Seven program elements are described below:

a) "Second Step" is a four-week educational orientation program for recent graduates of the "First Step" department. Each of the six required courses (Drama, Building, Newspaper, Fabric Design Art, and Book Discussion Group) is aimed at producing something for the whole community to share (i.e. skit, collages etc.)

Residents must go through this sequence in order to have the "privilege" of registering for the other regular classes offered.

b) There are presently ten regularly scheduled classes that are offered to integrated community members. They are: typing, bookkeeping, music, writing, drama, carpentry, metal work, empathic listening, yoga-karate and public speaking. Enrollment is a privilege and any negative behavior (i.e. missing class, not applying oneself to work etc.) is dealt with through t.c. group methods.

c) The Learning Center Program is designed to offer staff guided

and peer supervised and tutored G.E.D. preparation. In February, of the 18 residents who took the G.E.D. examinations, 8 passed. Currently there are approximately 25 residents preparing for the G.E.D.'s to be given in May.

d) The Survival Clinic is designed to offer a series of lectures and workshops that will focus on the senior resident's societal re-entry adjustments and integration needs. Specifically, job search and holding skills will be taught along with college and work placement assistance. Career planning objectives will be set and residents will be individually counselled to pursue them. The Re-entry Department is a co-sponsor of the Survival Clinic. It is projected to begin after the resident has been at Abraxas four and one half months.

e) A lending library has been established and is maintained in the living room section of the dining hall.

f) A music and recording studio has been built for music pupils.

g) As mentioned above the Functional Arts Department is under the direction of the Education Department.

8. The Research Department

This department presently has three major responsibilities which are:

a) The administration of the Intake questionnaires and tests to all newly arrived residents. There are three instruments in this series presently:

i) The Intake Form which comprehensively probes the resident's family, legal, employment, education, drug and social histories.

ii) "COPEs E" (developed by R.H.Moos) assesses difference

between the resident's expectations of Abraxas and the reality of the place.

iii) The California Psychological Inventory (C.P.I.)

has replaced the previously administered M.M.P.I.

This intake data is compared with records supplied by the courts and other referral agencies.

b) The maintenance of individual resident files. There is a "Chronical file" section that lists all "busts" and progressions the resident has made.

c) The development and implementation of a program evaluation that has a capacity to administer long term follow-up on all ex-Abraxas residents. Local resources (i.e. probation departments), residents and re-entry staff will assist in effort.

The Department is presently conducting a six month follow up study on former Abraxas drop out residents. Results are to be forwarded to CSPCD for analysis. The follow up procedures for Abraxas graduates call for reapplying the comprehensive intake form and continued Abraxas contact and support.

The C.P.I.'s utility, both in treatment and for evaluative purposes is in question. The Director will review their use when he receives the first batches of graded scores.

The Research Department has also instituted an internal evaluative mechanism. Twice a week the "betting sheet" pools staff perceptions of individual resident community success chances.

Abraxas has been notified that it is again in the Uniform Data Collection (U.D.C.) system of the Governor's Council on Drug and Alcohol Abuse (GCDA). They had to modify their intake instrument substantially in order to incorporate the UDC requested information. The Research Department is looking forward to collaborative evaluative work with GCDA's Information people that will generate comparisons with other t.c. programs and match follow up with intake descriptors.

9. The Intake and Re-Entry Department

Presently the Community Liaison staff member does the initial interview and makes judgments concerning the client's acceptance into the community or rejection. It is planned to have this screening moved over to clinical direction and residents would become involved in this intake phase. The present criteria for rejection are violent histories, negative attitudes, psychotic diagnosis and person not properly detoxed. Twelve applicants have been rejected since mid November (when the Community Liaison man was hired) and fifty-two have been accepted.

A large amount of the Community Liaisons is responsible for the development of Community Advisory Boards in Allegheny, Erie, Mercer and other target counties. These boards will consist of local leaders in drug rehabilitation and correctional officials. These Boards are intended to keep communication channels open between the communities and Abraxas, assist in referral and will help in the development of re-entry facilities for soon-to-be Abraxas graduates.

10. The Expeditor Department

Expeditors have high community status and much responsibility. They serve the community by information gathering and monitoring of all resident behavior and attitudes in the community. They maintain an information and communication center where records on resident whereabouts, attitudes and progress are kept. They are also charged with "pulling out" any negative attitudes found in their resident surveillance activities.

f. Program Problems and Changes

Initially the project's complete implementation was delayed due to funding transfer difficulties. The ABRAXAS Foundation had to be formed and monies funded into their authority from various grant sources.

The establishment of functioning Community Advisory Boards and Re-entry facilities in selected target areas was delayed due to ABRAXAS' concentration on internal program and developmental activities. As the time for resident graduation grew nearer, community re-entry needs received more attention. Presently the Erie Advisory Board is working on developing a community re-entry half-way house clinic for Abraxas June graduates. Advisory Boards in Mercer and Allegheny Counties are still in the developmental stages.

In February of this year the decision was made to change ABRAXAS' treatment modality from its behavioral modification Token Economy System (T.E.S.). T.E.S. calls for the issuing of points for satisfactory completion of contracted scheduled activities (i.e. therapy, work and recreation). This system became more burdensome to administer as the community's population grew. Further, the clinical staff came to realize that the points system was getting in the way of effective treatment.

The program was reorganized into a "re-educational therapeutic community (T.c.)." Two consultants were brought in to run a month long intensive training program on t.c. techniques. This program consisted of day and night workshops, seminars and groups for staff and residents.

The residents and staff feel that the reorganized program is better structured and focused on its treatment objective. Further, it gives residents more responsibility in the operations of the facility and offers them the opportunity to get involved in their own recovery and the recovery of other "family" members.

The "Deliberation Room" is an innovative program change aimed at ameliorating interface problems with the court. Prior to its establishment a resident could impulsively decide that he had had enough of the probing and confrontations Abraxas offered and wanted

to leave. Abraxas would duly request the necessary transfer papers back to the court's jurisdiction. This procedure usually takes a couple of days, in which time the resident might cool off and change his mind. He would now want to remain at Abraxas with a new commitment to deal with his problems. The court was rightly concerned by what appeared to be Abraxas' indecisions.

The Deliberation Room was established so residents who are contemplating leaving could consider the implications of their decision in solitude. After one enters the deliberation room there are but two choices: One remains and will be picked up by the court or one will return to the community recommitted to his/her own recovery. The Deliberation Room also serves as a place to isolate any residents who are being expelled from the community because they have violated the rule against violence.

g. Program Plans

The Regional Training Center has a new co-ordinator who is planning a two day residential training program at Abraxas this June. Ten probation officers from the five surrounding counties are scheduled to attend. Similar workshops will be developed eventually for all 34 counties in Abraxas' service area.

It is projected that Abraxas II and III will be operational in two communities, Erie and Pittsburgh, by May 1974. They will serve as combination halfway houses and clinics to assist graduated residents make the transition from Abraxas back to their communities. The facilities will provide groups and individual, family, vocational and educational counselling.

SECTION III EVALUATION ACTIVITIES

A. Nature, Extent and Timing of Activities

1. The CSPCD evaluation team has made two on-site visits to Abraxas' Blue Jay village. There we interviewed the project's administrators, Research Director, Education Director, Community Liaison Officer, Director of Maintenance, Senior Therapist and various other clinical staff. Several residents were also interviewed in both visits.
2. The CSPCD evaluation team spent a day in Erie and interviewed five of the nine Erie Advisory Board members.
3. Have assisted the Research Department in designing client impact measures and follow-up instruments.
4. CSPCD staff have maintained a monthly phone and/or correspondence contact with the project to monitor program progress, difficulties and changes.

B. Evaluation Data and Information

1. We have received demographic and progress data on the 69 clients who have been residents of Abraxas, through March 31 1974.
2. We have received and have analyzed the following material from Abraxas: Client Intake Form, selected Resident Weekly Rosters, Weekly Class Schedules, The Abraxas Foundation Pamphlet, Research Department Program Evaluation Design, COPE E Questionnaire and a paper written by the Abraxas staff describing the internal and external problems the project encountered and dealt with.

3. The major data limitations are:

- a. There is no intake screening monitoring instrument to report applicant reactions with reasons given, as requested in the Evaluation Design.
- b. There is no systematic reporting of the project's outreach mechanism (agencies contacted, meetings held and individuals reached) as requested in the Evaluation Design.

IV PROJECT RESULTS

A. Results Compared With Anticipated Results

1. Outcome

It is too early to measure client outcome for Abraxas I at this stage of its development. No clients have yet completed the program. Their first graduating group is projected for June 1974. It has recently been agreed that formal follow-up interviews will be conducted six months after discharge.

Seven clients who left the program short of completion have already been out over six months and follow-ups are currently in process. The goal of 50 graduates during the first year will not be realized due to increasing the length of the program to approximately nine months.

2. Source of Clients

Abraxas defines its geographical source of clients as being 34 counties in the western part of the State. As of March 31, 1974 its 69 admissions have come from 14 counties, including one from Philadelphia, as follows:

Erie	21	Elk	4
Allegheny	16	Crawford	3
Mercer	8	Butler	3
Lawrence	5	Venango	2
		Beaver	2

(One each have come from Potter, Mifflin, Tioga, Armstrong, and Philadelphia.)

The great majority of Abraxas clients (87%) have come from seven counties. It should be noted that intake from the most productive

counties, Erie and Allegheny, has been unsteady. Of the 21 admissions from Erie, 17 occurred during the first four months of Abraxas's operation, while 13 of Allegheny's 16 admissions were made during the subsequent three months.

Of 69 admissions, 58 were court stipulated, 6 referred by Probation Officers, with 5 from drug and MH/MR programs.

3. Demographic Characteristics

By race, five of the 69 clients have been Black. There have been no minority admissions since December 11, 1973. Four of these clients were from Erie.

By sex, eleven female clients have been admitted from eight counties.

By age, the overall range is 14 to 26 years, which also represents the age range for females (all white). The range for white males is 16 to 26 years, while the range for black males is 22 to 26. A significant change in the age of admitted clients is indicated by the fact that the median age of admitted clients by month has dropped from 23 years in September-October 1973 to 17 years in February-March 1974. (See Appendix A). Since mid-January in particular, 15 of 22 admissions have been juveniles (under 18 years).

4. Retention Rate

Abraxas's client retention rate appears higher than most long-term residential programs. Of 69 clients admitted through March 1974, 48 (70%) were still in the program at the end of March. More meaningful is the fact that of 40 clients admitted prior to January 1, 1974, 27 (68%) stayed three months or more. (See Appendix B for this and further retention data). During this period 17 of the 40 clients came from

Erie and these residents had a 3 month retention rate of 82% compared with 57% for the 23 from other counties. Among the possible explanations for this difference are that Abraxas did more early public relations work in Erie and developed more personal relationships within its criminal justice system. Abraxas's criteria for admissions were therefore better understood. Further, Erie's Probation Officers make more frequent trips to Abraxas (100 miles away). We were informed by an Adult Probation Administrator that a P.O. visits all of their clients once a month. There is no significant difference between the retention rates of whites and blacks, males and females. The relatively low numbers of the female and black minorities, especially the latter, limit the meaning of this finding. Likewise, the finding that court stipulated clients tend to stay longer is limited by the small numbers of other clients.

Of the 40 clients admitted through the end of December, 16 left the program, 8 of these clients (50%) left the program within the first month, 2 from one to two months, and 3 each for the two to three and over three month periods. Our impression is that the percentage leaving within the first month is lower than that of most long-term residential programs.

The transition from a Token Economy System to a Therapeutic Community in February-March created special problems. Only seven clients were admitted in February, with six leaving (only one of the February admissions). The greatest problems that residents faced in adapting to this change were: a) greater involvement in group interaction, and b) development of a sense of community responsibility. TES tended to obscure these requirements.

5. Reasons for Client Separation from Program

Of 69 clients admitted to the end of March 1974, 21 had left the program by that time. The staff reasons for separation are as follows:

Requested Discharge	7
Violence	7
Incorrigibility (Requested Discharge)	3
Eloped (left without request)	2
Drug Use	1
Transfer to Psychiatric Hospital	1
	<hr/>
	21

6. Client Progress Ratings

Abraxas staff provided progress ratings for 41 of the 47 residents as of March 31, 1974 (one was hospitalized and five others were in the program eight days or less). The ratings are as follows:

Excellent	5
Good	12
Some	20
Very Little	4
	<hr/>
Total	41

These ratings are subjective and were made after the Token Economy System was abandoned. There appear to be no progress rating trends by demographic characteristics except for geographical source of clients. Erie County residents had 58% Excellent-Good ratings, Allegheny had 45%, with clients from other counties combined having

28% such ratings. Erie and Allegheny clients represent 23 of the 41 clients rated (56%). The higher progress rate for Erie clients may in part be accounted for by the fact that these clients have been in the program for significantly longer periods of time, and thus greater progress could be expected. Other factors which could account for greater progress for Erie and Allegheny clients could be those noted under "Retention Rate" (see IV A-4), such as staff's greater personal relationship with the criminal justice system in these counties and its consequent better understanding of Abraxas's admissions criteria. Perhaps the knowledge among clients that greater reentry efforts are being pursued in these counties may play a role.

7. Community Advisory Boards

Nine persons have accepted membership on Erie County's Abraxas Advisory Board, four in Allegheny County and three in Mercer County. In none of these counties can it be said that there are Community Advisory Boards in the sense that they have officers, by-laws or regularly scheduled meetings. Most of the contact has been on an individual basis with the former and current director of Abraxas and its current Community Liaison staff member. Erie's Advisory Board members were called to a meeting recently by Abraxas staff, and we have been informed that one of two possible sites is being seriously considered for a Re-entry House, with one in Allegheny County likewise planned for operation in May.

8. Regional Training Center

A new co-ordinator is planning a two day training program at Abraxas in June for ten probation officers from the five surrounding counties. Original plans called for this center to be in operation by early March.

B. Factors Leading to Unanticipated Results

1. Token Economy System

TES provided mechanical measures of client progress which obscured important goals such as learning to relate to other people in a healthy way, including a sense of community responsibility. This system created continuous client-staff conflict and required considerable unproductive staff time. We view as a very positive development the replacement of TES by the present therapeutic community approach through a joint effort of Abraxas's administration, staff and residents. The loss of residents appears minimal considering the significant quality of this change.

2. Resident Graduation Goals

Abraxas I's goal of graduating 50 residents during the first year of operation was unrealistic largely because it projected a several month residency program, instead of the roughly 9 month residency developed after several months of operation. At its present rate of growth it should meet or exceed its present goal of 55-60 residents at the end of the first year of operations.

3. Staff Liaison Work

Community liaison work appears to be the most deficient area of Abraxas's operations. No community liaison staff were hired until November, with the former Abraxas Director assuming these duties until that time. With his efforts scattered over a large number of counties there was insufficient effort devoted to developing Community Advisory Boards in counties such as Erie and Allegheny, which have

V CONCLUSIONS AND RECOMMENDATIONS

been the major sources of admissions to Abraxas to date. After he left the staff an on-site visit was made to Erie in March 1974, during which we interviewed five of nine Advisory Board members. This visit indicated that the Erie Advisory Board had no officers, no regular meetings, and met only sporadically when called together by Abraxas staff. We were informed that Advisory Board members had been given early exaggerated assurances of favourable client outcome, and responded with approximately half of the early Abraxas referrals. There was later disenchantment as a result of: a) lack of ongoing communication from Abraxas, b) lack of feedback on client progress, and c) the realities of the program's limitations. The data indicates an almost complete halt to referrals from Erie in early January until late March. At the time of our March visit several Advisory Board members expressed the opinion that they had more confidence in the new director, some problems of communication had been resolved, and they were hopeful of a better relationship. Since that time the Advisory Board has met and is considering two possible sites for the first Abraxas Re-entry Center.

4. Regional Training Center

The concept of this center is closely related to community liaison goals. The fact that it is several months behind schedule, like other community liaison goals, reflects overpreoccupation with the internal Abraxas I program, which in turn has created some important problems for that program, especially in terms of client intake to date.

Our overall conclusion is that the Abraxas I residential program is developing in a positive direction, with an innovative staff and having a more versatile program and higher client retention rate than do other therapeutic community programs we have observed. Its geographical isolation and extensive service area make its relationships with client communities an unusually difficult problem. Our findings indicate the most serious project problems are in this area. These problems are reflected in community complaints of lack of communication, irregular intake patterns, and undue delays in developing the re-entry and regional training programs.

We recommend a continuation of funding with the following changes and implementations:

A. Data Collection and Reporting

1. That client intake and termination data, such as we received in April 1974, be prepared and provided for evaluation on a monthly basis, with similar data collected and provided for clients in re-entry programs, as re-entry centers are established; that data be provided on clients receiving intake interviews who are rejected or who refuse admission, with reasons given.
2. That data be collected and provided on community liaison activities, including individual and group meetings with results, as well as the meetings, activities and accomplishments of Community Advisory Boards.
3. That client follow-up with community outcome measures be developed at 6 month and 1 year intervals for graduates of Abraxas and for those leaving before completion. In analyzing this data possible meaningful comparisons might be made between graduates vs non-

graduates, those who participated in re-entry programs vs those who did not, and those who were court stipulated to Abraxas vs those under no legal compulsion.

B. Community Liaison Work

That community liaison work be improved substantially in the following directions:

1. That the main focus of liaison staff be directed toward a limited number of target areas, with expansion of work into additional areas undertaken only when there is clear progress toward achievement of community liaison goals.
2. That Community Advisory Boards be developed in target areas which are broad-based, have officers, by-laws and regular meetings, with involvement of its membership in achieving clearly established goals.
3. That client re-entry centers be established in all target areas, providing half-way housing, clinical services, and assistance for all aspects of community re-entry, such as housing, education, training, employment, and social, recreational and cultural involvement.
4. That special efforts be made to develop referrals of larger numbers of females and blacks to Abraxas's residential program.

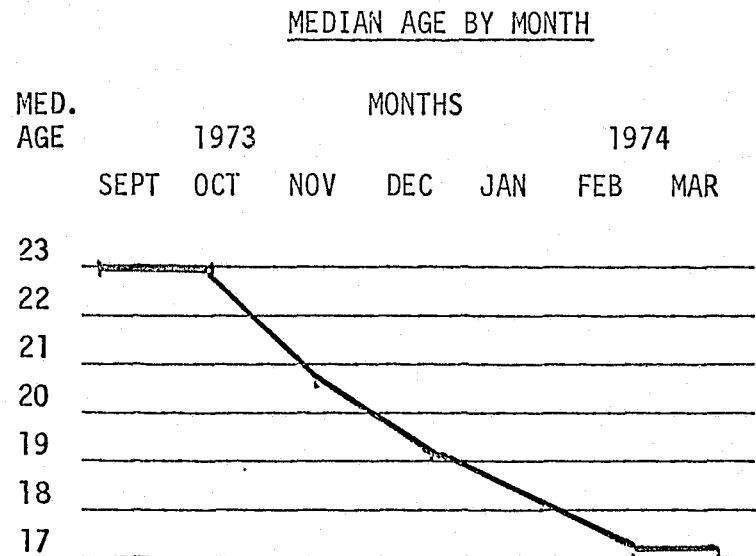
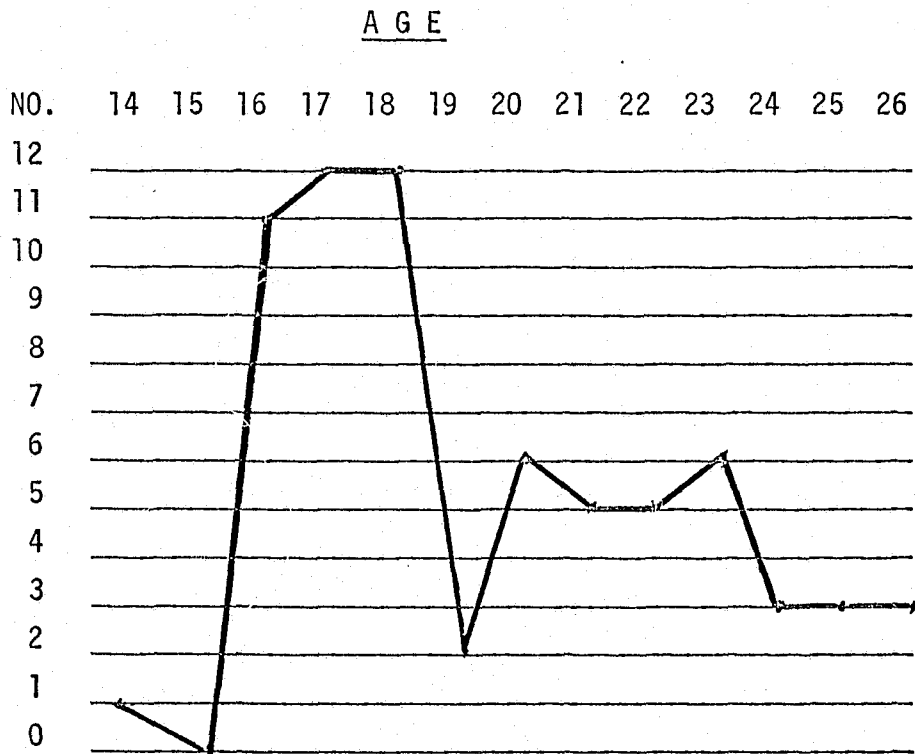
C. Regional Training Center

That the regional training concept be expanded to include development of on-going training programs in the target areas, as well as those planned at the Abraxas Center. In this way training programs could be closely integrated with community liaison work, would be more readily available to criminal justice system and other agency personnel, and would provide

an opportunity for Abraxas training staff to be more intimately associated with their client communities, and most especially with the community re-entry process.

APPENDIX A

ADMISSIONS SEPTEMBER 1973 THROUGH MARCH 1974 BY AGE



Total No. of Admissions = 69

Females = 11, with age range of 14-26

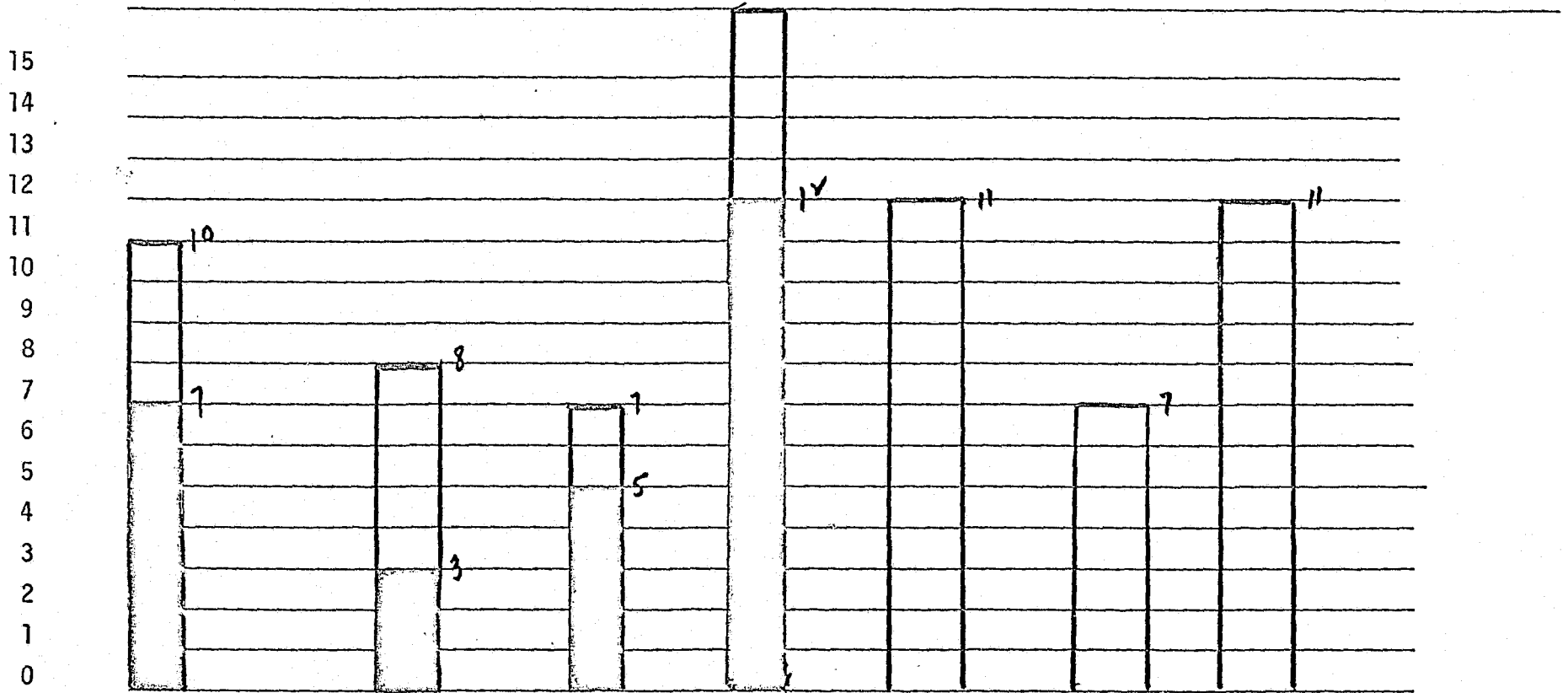
Males = 58, with age range of 16-26

Blacks = 5 (all males), with age range of 22 to 26

APPENDIX B

CLIENTS REMAINING THREE MONTHS OR MORE WHO WERE ADMITTED SEPTEMBER THROUGH DECEMBER 1973

CLIENTS SEPTEMBER OCTOBER NOVEMBER DECEMBER JANUARY FEBRUARY MARCH
 (NOT TIME TO COMPUTE 3 MONTHS RETENTION)



[Solid Bar]

CLIENTS ADMITTED PER MONTH

[Outlined Bar]

CLIENTS WHO REMAINED 3 MONTHS OR MORE

Of 40 clients admitted to end of December 1973, 27 stayed 3 months or more - 68%
 Of 51 " " " " " January 1974, 38 " 2 " " " - 75%
 Of 58 " " " " " February 1974, 47 " 1 " " " - 81%

END