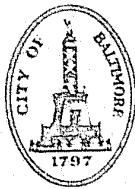


CONFINED
ADDICTS
SEEKING
HELP

A THERAPEUTIC COMMUNITY
FOR DRUG ADDICTS
AT THE BALTIMORE CITY JAIL

PROGRAM EVALUATION



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WILLIAM DONALD SCHAEFER, MAYOR
AYOR'S COORDINATING COUNCIL ON CRIMINAL JUSTICE
RICHARD W. FRIEDMAN, DIRECTOR

AUGUST, 1976

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CONFINED ADDICTS SEEKING HELP

PROGRAM EVALUATION

A Therapeutic Community for Drug Addicts

at the

Baltimore City Jail



WILLIAM DONALD SCHAEFER, MAYOR

MAYOR'S COORDINATING COUNCIL ON CRIMINAL JUSTICE

RICHARD W. FRIEDMAN, DIRECTOR

NCJRS

AUG 26 1976

ACQUISITIONS

This report was prepared by Daniel J. Lipstein, Associate Director for Evaluation; Doreen A. Riggin, Criminal Justice Evaluator; and, Bonnie Seiff deOlivares, Criminal Justice Planner; and is released through the authority of:

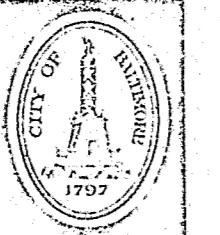
The Mayor's Coordinating Council on Criminal Justice

William Donald Schaefer, Mayor

Richard W. Friedman, Director

AUGUST 1976

CITY OF BALTIMORE
WILLIAM DONALD SCHÄFFER, Mayor



MAYOR'S COORDINATING COUNCIL
ON CRIMINAL JUSTICE
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August 24, 1976

National Criminal Justice
Reference Service
950 L'Enfant Plaza
Washington, D.C. 20024

Gentlemen:

Enclosed please find a recently published report on the Confined Addicts Seeking Help (CASH) Program at the Baltimore City Jail. This report was produced by the Baltimore City Mayor's Coordinating Council on Criminal Justice in a continuing effort to identify, improve, and share the achievements of progressive criminal justice programs in Baltimore.

Your comments are welcome.

Sincerely,

A handwritten signature in black ink.

Daniel J. Lipstein
Associate Director for Evaluation
Mayor's Coordinating Council
on Criminal Justice

ACKNOWLEDGEMENTS

This report could not have been produced without the complete cooperation and encouragement of Gordon C. Kamka, Warden of the Baltimore City Jail, and the support of the Baltimore City Jail Board.

The Director of the CASH Project, Joseph A. DeSantis, provided the program that made the evaluation possible. Both he and Regina Green were understanding and totally cooperative in supplying the many requests for programmatic and statistical information needed to complete this report.

A special thanks is offered to Baltimore City Jail Captain Harry Vaughn who suggested the need for a community reintegration approach for the CASH Program (see "A Missing Ingredient," Page 37).

And to the members of the CASH Community, past and present, who showed through their efforts of engaging in treatment that rehabilitation and behavioral change can be a reality inside a detention facility, the City owes its special gratitude.

F O R E W O R D

The Confined Addicts Seeking Help (CASH) Program is a therapeutic community for drug abusers in pre-trial status at the Baltimore City Jail. The project was initiated in 1972 through the Mayor's Coordinating Council on Criminal Justice with the approval of the Governor's Commission on Law Enforcement and the Administration of Justice's High Impact Anti-Crime Program. The project has been approved by the Mayor and City Council for funding in the general City Jail budget for Fiscal Year 1977.

The CASH Program tests the hypothesis of offering rehabilitative treatment to incarcerated prisoners. The evaluation of the project was conducted to examine all aspects of program activity and reveals strengths and weaknesses over the program's three years of federal funding. More importantly, however, it has uncovered the value of specifying distinct groups of prisoners and treatment programs created to meet their needs. Due in part to administrative and programmatic success of the CASH Program, the Warden of City Jail is examining other treatment methods and populations of the Jail, both pre-trial and post-conviction, who can benefit from specific treatment programs.

Various criminal justice agencies administered by the State have been urged to follow the CASH experience and examine their programmatic activity to determine the propriety of a similar treatment approach. By identifying the needs of specific groups of prisoners, the CASH Program provides a treatment modality that has positive short-term effects in the City pre-trial detention center and can be continued on a longitudinal basis in State administered correctional facilities.

The CASH Program has many areas needing modification. However, the program represents a positive example of effective local government program administration utilizing the criminal justice system-LEAA model: a grant for a feasibility project was received from the Federal Government, implemented for a three-year period, evaluated, and the positive program aspects expanded to benefit both the criminal justice system and residents of Baltimore City. This project is an example of maximum utilization of Federal funding for criminal justice system improvement.

The CASH Program Evaluation was supported by funds provided by the Law Enforcement Assistance Administration, U. S. Department of Justice, and awarded by the Maryland Governor's Commission on Law Enforcement and the Administration of Justice. The findings and conclusions in this report reflect the work of the Coordinating Council and do not represent the official position of the Governor's Commission or LEAA. Their assistance in this effort, however, is greatly appreciated.

A word of thanks is also due to Daniel J. Lipstein, Associate Director for Evaluation, for coordinating this effort.

RICHARD W. FRIEDMAN

August, 1976

I. INTRODUCTION

On August 28, 1974, the Maryland Governor's Commission on Law Enforcement and the Administration of Justice awarded the City of Baltimore \$193,755 in LEAA High Impact Funds for a period of two years in order to operate a therapeutic community for drug abusers known as CASH (Confined Addicts Seeking Help), which had been in existence since 1972 at the Baltimore City Jail. The CASH Program would not only provide initial treatment to incarcerated drug addicts awaiting trial, but would also attempt to assist the Courts toward a more appropriate disposition of criminal charges, offering an alternative of continued drug treatment in the community rather than a traditional incarceration sentence.

Prior to August, 1974, CASH operated as a component of the Court Referred Addict Treatment Unit (CRAT), another federally-funded High Impact Program located in the Baltimore City Jail. The CRAT Program was designed as a referral service for drug abusers between the Courts and community treatment facilities, and as such differed functionally from the CASH program. In a continuing effort to meet the objective of providing treatment to residents, the CASH Program struggled through several stages of development in order to achieve its present autonomous position.

The purpose of this report is to present the CASH Program as an operational treatment component that functions through a therapeutic process designed for a specific target population. In order to fully understand the potential significance of this type of program to the criminal justice system, it is useful to:

1. Examine all components of program operation as an effective

- method for treatment of the drug abuser;
2. Examine significant historical data which led to the introduction of this treatment model in the Baltimore City Jail;
 3. Examine and analyze the intake process, selection criteria, and methods of treatment;
 4. Determine relative success of project goals and objectives.

After this informational presentation and analysis, conclusions and recommendations can be reached which will assist future treatment planning for inmates in the City Jail, as well as other segments of the Baltimore City criminal justice system.

Although the statistical information presented is inclusive of the time period October, 1974-December, 1975, program treatment and administrative procedures are accurate through June, 1976.

II. HISTORICAL DEVELOPMENT

The concept of instituting a therapeutic community in the Baltimore City Jail was first considered by the Jail Administration in 1972. The development of this concept was a response to the need of several pre-trial status inmates with severe drug problems. These inmates were concerned with the lack of drug-treatment facilities in the Jail.

Based on this mutual need, these inmates solicited additional members to form a loosely structured community of eighteen (18) members. The inmates called the community CASMH (Confined Addicts Seeking Mental Help). After much discussion, the letter "M" was deleted and the program name was shortened to CASH (Confined Addicts Seeking Help). The residents dropped the letter "M" because they were attempting to focus on more issues than mental health, such as job training, educational skills, and court continued treatment. At this point, the central objective as seen by inmates and administration was "self-rehabilitation."

Initially, CASH progressed through the assistance and support of the Jail Administration and several volunteers. Through the efforts of the Mayor's Office of Drug Abuse Control, these volunteers were recruited from the University of Maryland Schools of Pharmacy and Social Work. All volunteers expressed a desire to assist in the field of criminal and social rehabilitation.

With approval of the Warden, and assisted by various shift commanders, an unused portion of the Jail was turned over to the inmates for the purpose of housing their therapeutic community. This selection, a former gymnasium, has been the residence of the CASH

Program since February, 1972. There were no available qualified Jail staff to direct and maintain a therapeutic community, and subsequently, a permanent staff responsible for the day to day operation of the unit was not assigned. For this reason, the eighteen (18) inmates participating in the program were unable to receive the structure and required psychological support for which the unit was created.

In June, 1973, a decision was made by the Mayor's Office of Drug Abuse Control, in conjunction with the Baltimore City Jail Administration, to operate the CASH Unit as a component of the CRAT Program (Court Referred Addict Treatment) by incorporation into the CRAT grant.

The CRAT Program became operational in September, 1973 and was also located in the City Jail. It was initially designed to be one component of an integrated system of dealing with Impact Program drug abusers. There were two other High Impact Projects that were developed to coordinate closely with the CRAT Unit - the Pre-Trial Release - High Impact Narcotic Offender, and Division of Parole and Probation Intensive Supervision Narcotic Offender Projects.

Prior to the existence of CRAT, there was no way to determine which Impact Offenders were drug abusers, and no centralized system for referring addict offenders to treatment programs. Therefore, the primary objective of the project was to provide Baltimore City with a centralized control for drug screening, testing, and referral to appropriate treatment programs.

In June, 1973, CASH, operating as a component of CRAT, employed a full-time psychologist. The psychologist, originally hired for the CRAT Program which was not yet fully operational, was temporarily assigned full-time to the CASH Community. At this point, there were

still eighteen (18) residents in the Program.

The initial function of the psychologist was to evaluate the existing program structure and develop realistic program goals and objectives. The following problems were noted in program operation:

1. No clearly defined objectives and goals existed;
2. No separate funds for staff or materials existed;
3. There was no isolation or separate identity for the CASH Community;
4. Formal services of the program were limited to lectures by pharmacists and miscellaneous volunteer activities.

Attempts were made to augment the existing volunteer services, which in June, 1973, consisted of: (a) four pharmacy students from the University of Maryland contributing two hours of services per week during the school year; and, (b) one basic educational instructor contributing eight hours per week throughout the year.

The psychologist was able to additionally recruit a Black History Instructor in July, 1973 to serve the residents in the Program at that time on a weekly basis. This effort came to be known as the Black Awareness Program and continued into early 1974. A reading specialist, a therapist, and four student nurses were also recruited for 1-8 hours weekly in May, 1974. These services were limited and did not lend stability to the program.

A treatment methodology was subsequently developed by the psychologist, based on the philosophy that drug use is symptomatic of complex inter-personal relations which affect the individual's behavior. The initial stages of treatment were devoted to peer group confrontation in order to determine the symptomatic problem area. This concept of

treatment methodology is a continual theme throughout the program structure.

In October, 1973, the CRAT Program was in full operation, and the psychologist's time in CASH was reduced to 50%. The fundamental need was a full-time staff, responsible for the operation and implementation of the CASH treatment modality. The treatment component required structure and staffing consistency in order to achieve program objectives.

There were further complications due to the administrative responsibility of CASH to the CRAT Program as opposed to the City Jail. Jail Administration viewed the CASH Community as a component of another program with no significant Jail affiliation other than location.

It was felt that the Jail should have administrative responsibility for CASH. Additionally, CASH requested a budget that would provide for a full-time staff.

In July, 1974, the Mayor's Coordinating Council on Criminal Justice requested a separate grant for CASH from the Governor's Commission on Law Enforcement and the Administration of Justice. This request was granted and CASH became an independent program on October 1, 1974. The grant period was two years, until the end of "Impact" funding, September 30, 1976. It provided for a staff consisting of a Director, Assistant Director, four full-time Correctional Officers, and one Secretary as well as necessary supportive equipment and services. During this same month, the Director and staff were hired.

The psychologist who had originally been hired to serve CRAT

was transferred to assume the new directorship. Approximately eight volunteers were recruited, including a reading specialist, Black History Instructor, group therapist, and five nurses.

During the period of July and October 1973, the Director of CASH reduced the total number of residents from eighteen (18) to nine (9). The primary reason was that all residents in CASH had to be sincere in their commitment to the Program. It was mandated that individual motivation be obvious to the Staff and to the residents. CASH was to be a totally drug-free therapeutic community within the Baltimore City Jail, and participants had to accept and adhere to strict policies of community behavior. Accordingly, the Director of CASH did not feel that nine (9) of the original members had made such a commitment to the Program. Therefore, these inmates were returned to the main population of the Jail. Within an eight-month period of time (May, 1974), the Director was able to increase the total population of the Program to thirty (30) inmates.

III. OBJECTIVES AND MEASURES OF EFFECTIVENESS

The following objectives and measures of effectiveness were developed by the Project Director during the first grant year of CASH as an autonomous program.

Objective I - To conduct and maintain a drug-free therapeutic community within the Baltimore City Jail.

Measures - To be achieved through the monitoring of unscheduled bi-weekly urinalysis of residents. In addition, randomly scheduled comparisons would be made between urinalysis specimens taken from CASH members and a control group of regular Jail inmates.

Objective II - To modify overt behavior.

Measures - To be achieved through the implementation of weekly evaluations based on observations of residents by staff. In addition, psychological testing would be utilized at regular intervals including first week in CASH and last week before Court date. A comparison in internal Jail offense reports between CASH members and a control group made up of other Jail inmates would be used as an additional measure.

Objective III - To improve social skills.

Measures - To be achieved through the observation of participants by staff in the setting of groups, seminars, and community affairs.

Objective IV - To improve self-concept.

- | | |
|---|--|
| <p>Measure</p> <p>Objective V</p> <p>Measures</p> <p>Objective VI</p> <p>Measures</p> <p>Objective VII</p> <p>Measures</p> <p>Objective VIII</p> <p>Measures</p> | <ul style="list-style-type: none"> - Specific psychological tests administered periodically during residency. - <u>To present a comprehensive and accurate evaluation of the resident to the Courts.</u> - Feedback from lawyers and judges who are the recipients of the psychological evaluation of residents. - <u>To reduce recidivism.</u> - Follow-up of residents and records of the Baltimore City Jail. Utilization of the On-Line Jail computer system would provide the necessary information. - <u>To rehabilitate the addict so that he can become a mature, responsible, drug-free member of society.</u> - Follow-up at three month intervals. - <u>To prepare a man for future treatment.</u> - Resident's admission to treatment program after leaving CASH, either within the correctional system, or in a community treatment facility. <p>An examination of CASH Program records in early 1975 revealed that the data necessary to measure the success of the CASH Program objectives were not being collected appropriately on acceptable reporting forms. Client-data collection was often inconsistent. There was a critical need for systematic and additional record keeping. New reporting forms were subsequently designed with the assistance of the Mayor's Coordinating Council on Criminal Justice and implemented in April, 1975. Some additional data was collected but certain categories of information necessary to measure the Program's long-range success remained deficient. The problems</p> |
|---|--|

of CASH Program record-keeping with respect to its effect on Program evaluation are addressed in Section IX, Statistical Analysis, Page 27.

IV. STAFFING PATTERN

The CASH Program is composed of two (2) separate programmatic hierarchies (See Tables I and II, Pages 43 and 44):

1. Staff hierarchy
2. Member hierarchy

The CASH staff hierarchy is headed by the Project Director. He has total responsibility for the program and supervises the Assistant Director, Consultants, Volunteers, and Secretary.

The CASH member hierarchy is staffed on a rotating basis with Program members being given approximate equal periods of authority. The resident staff is chosen on the basis of growth, leadership qualities, and the ability to assume responsibility as indicated by behavior and attitude. The hierarchy is constantly changing to allow as many members as possible the opportunity to assume positions of responsibility. The staff changes as old members leave the Community and new ones take their places. The Director, Assistant Director, and the Community residents all provide input in this staffing pattern.

In addition, CASH administrative staff is directly responsible to the Administration of the Baltimore City Jail. Policy-making decisions as well as policy changes are made by the Director of CASH with the approval of the Director of Inmate Services, the Deputy Warden of Supportive Services, and the Warden of the Baltimore City Jail.

V. INTAKE PROCESS AND SELECTION CRITERIA

Prospective members for the CASH Community are identified through two processes:

1. Referrals are received by CASH from institutional staff, including social workers, psychologists, correctional officers, and pre-trial release interviewers.
2. The second process of CASH outreach identifies the majority of prospective members. In this process, two (2) CASH interviewers make daily visits to each section within the institution (except on Fridays, when CASH screenings occur).

During these visits the interviewers answer questions and explain the CASH Community to inmates. Assistance is given to interested inmates in completing membership application forms (See Form I, Page 45).

All applications are compiled and returned weekly by the interviewers to the Screening Committee, which consists of the resident director of internal and external affairs (See Chart II, Page 44) two other members from the CASH Community, and the CASH Director or his Assistant.

The Screening Committee carefully studies the applications and prepares for the weekly screening process. The method of screening applicants is as follows:

1. Information on each application is verified with intake data in the Social Work and Psychology Departments. The purpose is to validate the information that was obtained on the application. A secondary purpose is to determine if psychiatric or social problems should be considered prior to accepting the

applicant into the program.

2. In order for the applicant to be considered for the CASH Program, a usual prerequisite is to be charged with a drug-related High Impact Crime (Stranger-to-stranger incidents of homicide, rape, assault, robbery, and burglary are classified as High Impact Crimes). The applicant must also express the desire to reform his drug habits.
3. When the application review is completed, the names of the acceptable applicants are given to the Correctional Officer of the CASH Community. He locates the applicants on the various sections of the Jail and escorts them to the CASH Community. The applicant then receives a personal interview.
4. The personal interview consists of a subjective evaluation of the applicant's motivation and capacity for change. Essentially, the interviewers are attempting to determine the applicant's honesty. Often an applicant, in the course of the interview, will deny charges made against him, and omit various facts about his background when specifically questioned by the interviewers. This constitutes grounds for rejection of the application.
Another consideration is the degree of commitment and sincerity the applicant exhibits to the interviewers. The interviewers are relying on their own ability to judge the applicant on reactions and emotions elicited by specific questions.
5. Immediately after the initial screening session, the applicant is interviewed by the CASH Community at large. The residents arrive at their own assessment of the applicant's motivation

and potential as a CASH member. The applicants are then escorted back to their respective cells in the Jail.

6. During the same day, the entire Community meets to make a final decision on all of the applicants who have been screened. The two (2) CASH interviewers personally inform applicants of their status on the following day in the course of their daily visits to the Jail sections.
7. If there are available slots, the applicants are transferred to the Community on the basis of earliest application. The method of transfer is as follows:
 - a. The names of the inmates to be transferred are placed on a classification form signed by the Director of CASH, and given to the Classification Committee of the Baltimore City Jail Reception Center.
 - b. This Classification Committee then makes the appropriate changes on the Jail roster.
 - c. The inmates are then transferred that same day to the Community via the CASH Program Correctional Officer.
8. If there is not sufficient space, those inmates who have been accepted into the program are placed on a waiting list. During this period of time, these applicants do not receive any of the services of the CASH Community. If space should become available, applicants on the waiting list are immediately transferred to the Community.

VI PROSPECTIVE PERIOD

The probationary period is thirty days in length. During this period, the probationary member is subject to the following restrictions:

1. No incoming or outgoing mail.
2. Only one personal visit.
3. Only one telephone call.

The special restrictions allow the probationary member an opportunity to understand the treatment process in which he is involved, and to change his commitment from emotional to intellectual, free from external pressures, through total isolation.

At the beginning of the probationary period, the member is informed that positive program participation can result in a court appearance on his behalf by an administrative staff member at the time of trial. The court appearance is verbal and emphasizes favorable program participation and recommends probation with continued treatment. To be represented, the resident is aware that:

1. He must be in the program a minimum of sixty (60) days; and
2. He has to apply on his own, and be accepted by a community drug treatment program.
3. In addition, an individual who has been a member of the resident staff (See Page 11), may be personally represented by the Administrative Director.

There are no written or negative recommendations to the Court. The purpose of the recommendation is to reinforce a motivated resident's desire for positive behavior modification (See Page 35).

The day the probationary member arrives in the Community, he meets with the Orientation Committee. This Committee is composed of

the CASH Director and two members of the CASH Community responsible for assuring adherence to Program rules and regulations.

The Orientation Committee explains the rules and regulations, duties and responsibilities, programs, and privileges of CASH membership. The probationary member is then assigned to the Orientation Group, led by the CASH Assistant Director and composed of all probationary members. The purpose of the Orientation Group is to assist adjustment of probationary members through group discussion of problems. This group is also responsible for assignment of the resident's job in the community.

The probationary member is also assigned to a Beginning Therapy Group, composed of all probationary members, and led by two consulting professional group therapists. The purposes of this Group are:

1. To develop skills in group interaction;
2. To evaluate the probationary member's motivation and progress;
3. To recommend, at the end of the probationary period, the probationary member's readiness for full membership.

At the end of the thirty-day probationary period, the Beginning Group Therapy leaders submit an evaluation of each individual's motivation for therapy as well as recommendations for further treatment. A self-evaluation form concerning therapy and group interaction is completed by the probationary member, and reports of adherence to regulations are prepared by designated Community members.

All of these evaluations are presented to the Evaluation Committee, composed of the Evaluation Coordinator (appointed from the CASH Community), the Director of CASH, and two (2) members of the CASH Community. Upon review of all evaluations, this Committee makes a recommendation concerning

full membership to the Community. The Community then either accepts or rejects this recommendation by unanimous vote, based on their own judgement of the individual's performance.

If the probationary member is denied advancement to full membership, he is immediately terminated from the Community, and City Jail Inmate Control is notified. If he is accepted, he immediately assumes the privileges and responsibilities of full membership in the CASH Community. Each new full member undergoes a head-shaving ritual which is meant to be symbolic of his acceptance of the therapeutic community living experience.

VII. CASH PROGRAM RULES

All members of CASH, including probationary members, are subject to the CASH rules. There are three major rules prohibiting: (1) drug use, (2) violence, and (3) theft. Violation of any of these three rules results in immediate termination from the Community.

There are community rules that focus on behavior peculiar to the drug addict, e.g. irresponsibility, impulsiveness, etc. Other rules exist governing the use of the telephone, community work responsibilities, attendance at daily meetings and encounter sessions, etc. The use of profanity, in most situations, is strictly prohibited.

VIOLATION OF PROGRAM RULES

Violation of any of the rules governing community behavior, other than the three "cardinal" regulations, results in the assignment of a learning experience, which is subjectively determined by the Community-at-large. The learning experience is intended to be a corrective exercise for the specific individual.

For example, a resident who insists on using the telephone outside of the designated time, is stopped, and "throws a tantrum." He may be punished by having to wear a diaper throughout the rest of the day. An attempt is made to confront the individual with his own reactions and elicit feelings which he and the other residents can encounter openly.

Rule violations are brought to the attention of the Community at the morning meeting by designated members of the Community. These members must identify the individual who observed the infraction. The member who is alleged to have committed the infraction is given an opportunity to answer the charge. The member can ask another Community resident to act in his defense. The community then votes to determine

the member's guilt or innocence. If the member is found guilty, the Community assesses the appropriate learning experience. In assigning time lengths of punishment, the Community may consider the individual characteristics of the convicted member. All violations and the results of the hearings are entered on the member's infraction record which is termed his "rap sheet" (See Form 2, Page 46).

VIII. METHOD OF TREATMENT

Conceptually, CASH involves the entire community of staff and residents combined in various levels of administration and treatment. "Free" communication is emphasized. An effort is made to avoid the labels of "professional" or "paraprofessional." This is achieved through the assignment of specific roles to residents by the Director of CASH or his Assistant with input from the Community residents. Each role is subject to change. The resident staff is often responsible for initiating or criticizing policy changes made by the administrative staff.

For example, the administrative staff may see the need for increased participation of Correctional Officers in treatment groups. The Community might misinterpret this revised policy; and subsequently, the resident staff "reprimand" administration for permitting increased correctional officer authority over the Community. The administrative staff is responsible for clarification of the reasons for the policy change. This reversal of responsibilities is intended to create a democratic process, which is a central theme in this treatment program.

The Director, as well as Correctional Officers and the project secretary, are involved in treatment. They participate in encounter and staff groups where confrontation on an equal level by the residents is accepted. It is intended that through this mechanism, a feeling of family will evolve. The residents and staff of CASH believe that the family well-being of the Community is of primary concern.

Once the individual is admitted into CASH, he is part of a "family structure" and is immediately made aware through this setting that he must make an emotional investment to the Community and himself. The

individual must admit that he wants to stop using drugs. This is a goal that the individual must constantly work to achieve.

In addition, he must acknowledge other related problems, of which his dependence on drugs is only a symptom. In this regard, CASH's atmosphere is designed toward constructive personal growth in the resident's individual problem areas.

Staff and residents of the Community consider the newcomer to be an "emotional infant" requiring protection, guidance, and support. The new member is viewed as an individual who has experienced emptiness, alienation, guilt, and confusion. The CASH Community intends to provide this individual with a consistent and firm reaction to his behavior and feelings.

The methods of treatment utilized in the CASH Community on a regular basis are:

1. Morning Meetings

These meetings are held daily and are considered by the CASH Community to be an effective tool in increasing individual self-awareness. Observable negative behavior is considered detrimental to the Community and must be corrected; and, it often is in these meetings.

An example of this is an individual who has been using profanity. A rule exists in the community that prohibits profanity, which is interpreted by the Program as aggression. The use of profanity will be brought up in a morning meeting, and a "corrective learning experience" will be assigned to that individual. In this case, the individual using the profanity would write a composition on how this behavior affects the welfare of the whole Community.

2. Encounter Groups

These groups are held three times a week. The purpose of encounter groups is to release tensions and hostility that are suppressed, but are often natural under the living conditions of the Community. Encounters are often catalysts for venting all emotions that an individual might experience.

For example, a staff member might bring up the fact that he senses an apathetic attitude among several members of the Community. This observation will be offered for general discussion. It can develop into specific confrontations between members who accuse each other of not maintaining their respective responsibilities. Ultimately, feelings of "stored" anger are elicited.

The encounter group then becomes an emotional battlefield where an individual's delusions, distorted self image, and negative behavior are open to verbal assault which may entail exaggerated statements and ridicule. An individual's shortcomings must be exposed and "dissected" before he can begin to reconstruct new behavior patterns.

Another term frequently used to describe this type of encounter group is "haircut", that is, a patient is "taken apart" and his performance, both constructive and destructive, is pointed out to him together with suggestions for future behavior.

3. Special Encounter Groups

This group consists of one, two, or three individuals who see a problem as urgent and too serious to postpone for another time. CASH considers this group to be an "emotional first-aid station" that is essential in preventing individuals from running away or committing an act of violence.

For example, a resident's girlfriend may inform him of her intentions to terminate their relationship. Under the stress of his confinement, he may be considering a reversion to drugs or suicide or other impulsive reactions involving loss of self-control. The group attempts to give the individual the support and comfort that is urgent at this point, through discussion and advice.

4. Probe

The "probe" is an intensive interview where members of the Community examine an individual's relationship with significant others in his life, e.g., mother, father, girlfriend. The group then assists the individual in examining his negative behavior in various relationships. The overall objective of the probe is to develop trust among community members so that there is little necessity to hide one's past experiences.

A member of the group often volunteers discussion of his relationship with a member of his family. An individual may commence by stating, for instance, that he has always hated his father, giving some basic reasons. The Community then intensely "probes" into the individual's family situation and problems, examining the reactions and feelings that have led to this particular feeling. This serves a dual purpose of sensitizing the individual to his own emotions while developing mutual trust with other members. The discussion usually generalizes from the individual's experience to those of other residents who find themselves openly discussing their feelings and past experiences.

5. Seminars

Through the utilization of the "seminar" format, members in the Program are encouraged to develop presentations on specific areas of interest. The content can range from personal experience or interests,

such as automobile maintenance, to educational experiences, such as a presentation on physical health. Daily seminars are prepared by each member in turn and presented to the entire Community as part of an informational and educational process. This specific activity is designed to raise a member's self-esteem and to encourage group participation and interaction.

6. Staff Meetings

These meetings are held weekly for the purpose of sharing specific needs between the administrative and resident staff. Specific policies which can affect operating procedures, may be developed or changed during these meetings. For example, the resident staff is responsible for keeping statistics and records of activities. Through discussion of problem areas or examination for a different perspective, the administrative staff might recommend a more desirable method of record-keeping than the current procedure. The residents might be experiencing a sanitation problem such as roaches. The administrative staff is alerted and becomes responsible for alleviation of the situation. These meetings are considered by the combined staff of CASH to be a useful method of effective policy-making. First existing policies and Community concerns in regard to living conditions, responsibilities, etc. are constantly monitored to assess current propriety. The administrative staff is able to objectively discuss matters of concern to them in the Community. The resident staff can present questions or suggestions regarding policies which are recommended or may be adversely effecting residents. There is information and opinion-sharing from both staffs before a decision is made.

This method of discussion, interchange, and resolution is a preventative approach to minimizing the development of serious problems

whenever possible. The administrative staff may have observed a growing atmosphere of apathy. Opinions and reasons are solicited from the resident staff and ways to resolve the problem are discussed. A change in staffing pattern may be determined as necessary or the addition to, or subtraction of, certain responsibilities from certain individuals may also be viewed as a solution.

7. Staff Groups

The staff group is composed of the same individuals that participate in the staff meeting. However, the emphasis of this group is not on policy-making but on communication skills. Essentially, administrative and resident staff are given an opportunity to mutually clarify their roles. Due to the physical setting of the Community, staff members live in close quarters with constant contact maintained. This closeness often leads to friction and hostility. This group provides a vehicle to discuss these problems in a setting where resolution can be achieved.

Often, discussion in these meetings revolves around the way in which specific individuals were treated. If a member committed an infraction or exhibited some unfavorable behavior to which the Community responded either through assignment of punishment or confrontation, the staff group discusses the way the individual was treated, and whether the individual was positively or negatively affected.

The formation of new behavior patterns through rigorous therapy is critical to the treatment process in the CASH Program. CASH operates on the premise that drug-dependence is only a symptom of complex behavioral problems. These problems have reinforced and perpetuated feelings of emptiness, hostility, alienation, guilt and confusion in the individual. These feelings must be exposed and confronted in terms of how they

reinforce a negative image. The individual should learn to perceive his shortcomings on an intellectual rather than an emotional level, in the absence of opiates or "weapons" of aggression. Only then can he be stripped of his delusions, and gradually begin to understand his own worth.

IX. STATISTICAL ANALYSIS

Following is an examination of CASH Program activities from October, 1974 to December, 1975 in relation to project objectives (as formulated by the CASH Director in 1974). Discussion will focus on the problems encountered in appropriate and accurate record-keeping and their implications on overall Program appraisal.

1. The CASH Program has successfully maintained a drug-free therapeutic community within the Baltimore City Jail.
The original selection criteria for acceptance into the CASH Program were:
 - a. that the defendant be charged with a drug-related Impact crime;
 - b. that he agree to total abstinence from drugs;
 - c. to adhere to CASH Community rules; and
 - d. to participate in therapy.

It is to be noted that drug abuse is assumed by the admission of the applicant. From October, 1974 to December, 1975, the CASH Program interviewed a total of 1271 applicants. Of this total, 375 or 29.5% actually met the selection criteria and were brought into the program for screening. Of the total applicants screened, 306 or 81.6% were accepted into the Program. There were 49.6% of the accepted applicants (or 152 of 1271 total applicants), actually admitted into the CASH Program due to the limitations of space and facilities (See Chart 1, Census Data, Page 47).

The total CASH capacity from October, 1974 to December, 1975 was 30 beds. The average monthly resident population in the CASH Program in that period (10/74 - 12/75) was approximately 28.

The average length of stay in the Community was approximately 12 weeks per resident with Court action accounting for the greatest number (109 of 152 or 65%) of total terminations. Bail releases accounted for another 18 or 12% of total terminations. CASH Community decisions to terminate a resident for failing to comply with treatment and resident self-terminations accounted for the remaining 35 of 152 or 23% of total terminations. Chart #2 indicates that approximately 77% of all CASH participants successfully maintain abstinence from drugs and are responding to treatment during residence in the CASH Program.

2. Approximately 99% of CASH participants have been drug-free from the time of entry.

The CASH Program monitors its residents by administering unscheduled bi-weekly urinalysis. From the Program's inception in late 1972 to December, 1975, a total of 1738 urinalysis tests were administered. Only 55 of these were positive, with 3 being identified as opiates or methadone and these were detected in inmates who had been in the Program only one day. The remaining 52 positive specimens were identified as medication received from the Jail Hospital in the form of headache or cold remedies (See Chart #3, Urinalysis Results Page 49).

3. The majority of CASH residents are charged with Impact crimes. However, defendants charged with non-Impact, drug related felonies have also been accepted into the Program.

Funded through the Baltimore Impact Program, CASH was to initially select for treatment, defendants charged with Impact crimes that

were drug-related. Approximately 66% or 100 of the 152 applicants admitted to the CASH Program from October, 1974 to December, 1975 were charged with Impact crimes. Non-Impact, drug-related felonies (Forgery, Larceny, Narcotics Violation) comprised approximately 18% of the charge types while misdemeanors, such as shoplifting and weapons possession, totalled 5%. Still another 11% of the charge types were comprised of a variety of other offenses such as arson and violation of probation (See Chart 4, Offense Information of Program Participants, Page 50).

4. The CASH Program is only able to service approximately 50% of accepted applicants.

From October, 1974 to December, 1975, 152 or 49.6% of the 309 accepted applicants were able to be formally admitted to the CASH Program. Others were placed on a waiting list and were not able to receive any of the CASH program services in the interim period from acceptance to admission.

5. The CASH Program has influenced the Courts in recommending residents for future treatment.

Data regarding the frequency of Court agreement with CASH Program recommendations for further treatment (probation to a community treatment facility) was used to determine CASH's affect on Court dispositions. CASH Program evaluations and recommendations of residents are presented to the Courts only when the Community (in resident cases) and the CASH Director (in resident staff cases) feel that an individual can benefit from further treatment. Recommendations are never submitted in the cases of residents who have been in the Program for less than sixty days. This

has certain implications on the number of CASH participants actually being recommended, since a considerable number of participants (71 of the 152 residents terminated from October, 1974 to December, 1975) were in the Program for less than sixty days or eight weeks (See Chart #5, Length of Residence, Page 51). From October, 1974 to December, 1975, 109 of 152 CASH participants, approximately 72%, were adjudicated. Recommendations were submitted to the Courts on behalf of 24, or 22% of these residents.

The Courts were in agreement with 15, or 62.5%, of the recommendations. The average percentage of Court agreement has been 72.8% during this period (October, 1974 to December, 1975). (See Chart #6, Court Agreement for Probation, Page 52). The Court did not receive information in 78% of the cases (See #5, Page 51).

6. The majority of CASH participants sentenced to a period of probation are in further treatment, educational programs, or employed. Follow-up information of CASH participants did not begin to be appropriately collected until March, 1975 when a former CASH resident was hired to conduct case-tracking. Information was obtained for fifty (50) CASH participants sentenced to a period of probation and eligible for three-month follow-up from March to December, 1975. 41 or 82% of these participants were in further treatment, educational programs, or employed. In many cases, participants were employed or enrolled in school while undergoing further treatment (See Chart #7, Three-Month Follow-up of Participants Sentenced to a Period of Probation, Page 53).

7. The recidivism rate of CASH participants sentenced to a period of probation has been approximately 24%.

The three month follow-ups conducted of fifty (50) CASH participants who were sentenced to a period of probation indicated that 12 or 24% of these former residents were rearrested; 6 or 12% of those rearrested had been reconvicted as of December, 1975 (See Chart #7, Three Month Follow-Up of Participants Released on Probation, Page 53).

Two points of discussion relative to the CASH statistical analysis are:

1. Follow-up data for CASH participants sentenced to the Division of Correction and released without incarceration or probation is insufficient for analysis. The unanticipated problems encountered in following-up these participants included:
 - a. initial non-accessibility to information on CASH participants sentenced to the Division of Correction; and,
 - b. the mobility of, and consequent loss of contact with, CASH participants released without incarceration or probation.

When follow-up of former CASH residents sentenced to the Division of Correction was approved in September 1975, the CASH Program did not utilize this privilege. There was an overall difficulty in solving problems involving follow-up information. The extent to which this has restricted project appraisal is further discussed in Section X, Conclusions, Page 34).

2. Correlation between variables relating to client history (crime type, length of residence, CASH recommendations, etc.) and follow-up data is not possible at this time due to current reporting limitations which are discussed in detail in Section X, Conclusions, Page 35).

X. DISCUSSION AND CONCLUSIONS

The CASH Program has successfully achieved the majority of its objectives. There are modifications that should be implemented to improve project functioning. However, the CASH Program is a stable treatment program and should be functionally maintained at the Baltimore City Jail. Major modification areas to be considered in the Confined Addicts Seeking Help Program are:

1. Treatment Effectiveness

The extent of an individual's response to treatment is difficult to effectively appraise as categories and percentages. Considerations that may clarify potential behavior change in the CASH Program are:

- a. A therapeutic and social structure (therapy sessions, seminars, community activities, etc.) is provided to stimulate introspection and self-awareness.
- b. Participation in CASH Program activities is mandatory for all residents. The alternative (non-compliance) is termination.
- c. Adjustment to "acceptable" Community behavior is implicit in an individual's compliance with CASH Program Rules (See Section VII, Page 18).
- d. The thirteen-day probationary period is an effective mechanism to test an individual's motivation and potential for change.
- e. From October, 1974 to December, 1975, 152 new members were admitted to the CASH Program. There were 35 (23%) terminations by Community decisions for non-compliance with treatment and self-terminations by residents themselves.

There were no terminations resulting from drug-usage, theft, or violence. There were 117 (77%) residents who responded, in varying degrees, to the treatment modality of the CASH Program.

The CASH Program provides a therapy structure conducive to socially acceptable behavior change in a population of admitted drug abusers involved in criminal activity.

The treatment modality has the potential to initiate motivation for self-rehabilitation exceeding simple stoppage of drug abuse. However, actual treatment effectiveness is unknown due to poor Program documentation and the lack of involvement in the community reintegration process (See "A Missing Ingredient", Page 37).

The number of probated CASH participants demonstrating success in community reintegration is small at this time when compared to overall client-flow and is not used as a representative indicator of project success for the following reasons:

- a. Minimal information was obtained in following-up CASH participants sentenced to the Division of Correction or released without incarceration or probation due to unanticipated data collection problems (See Statistical Analysis, Page 31).
- b. Inclusion of this minimal information in assessing project affect on participants was considered statistically inappropriate due to sample size and collection methodology.
- c. Analysis of project objectives related to client follow-up includes data on former probated CASH participants.

Follow-up data on non-probated CASH participants and documentation of behavior status for all former residents are essential for future evaluations of this project. Proposed methods for collection of this data are discussed in Section XI, Recommendations, Page 40).

2. The CASH Program has Successfully Achieved the Original Objective. The CASH Program was initially a response to the need of pre-trial status inmates with drug abuse problems at the Baltimore City Jail. The Program has progressed from a loosely-formed inmate group utilizing volunteer services, to a structured therapeutic community with definitive selection criteria. The treatment process was developed in response to the needs of the target population. It was founded on the contention that drug abuse is only a symptom of inappropriate interpersonal relations which affect individual behavior. Methods of Treatment (See Section VIII, Pages 20-26) are designed to help an individual understand the inappropriateness of his behavior and begin to act more constructively. Both treatment philosophy and method appear to be functionally appropriate and are utilized positively.

The CASH Program provides treatment and also involves its participants in new experiences such as seminars and community activities involving speakers, and other types of presentations.

The CASH Program has answered more than the immediate needs of the residents. In addition, CASH recommends selected participants to the Courts for probation with further treatment, and the Courts have responded favorably.

3. Program Data Needs

Analysis of available data for CASH residents has shown that a certain number of participants admitted to the CASH Program completed

each phase of the treatment process and are demonstrating acceptable social behavior in the community reintegration process. Present Program documentation does not permit correlations between variables that relate to client history (length of stay in Program, crime type, CASH recommendations) and post-release status. More precise data regarding CASH client-flow is crucial in providing the capability to make these correlations. These correlations will permit a qualitative assessment of the CASH Program with respect to the appropriateness and relative benefits of its treatment efforts (See Recommendation I, Page 40).

4. Redefinition of Objectives and Selection Criteria Modification

Program goals of improving self-concept and social skills in participants, although evident in treatment methods, are not easily measured within the CASH Program structure (See Page 34). In addition, many project objectives require proper substantiation of the Program's long-range affect on participants. This measurement is inappropriate because:

- a. From October, 1974 to December, 1975, 51 (34%) of 152 CASH participants were sentenced to the Division of Correction, which has no similar drug treatment program that would follow-up treatment on CASH participants.
- b. In the same period, 43 (28%) of 152 CASH participants were released without incarceration or probation. These participants have no commitment to the CASH Program to continue treatment in the Community. Currently, no consistent or formal method of referral exists for these participants to community treatment facilities.
- c. CASH has no control over the length of stay of participants in

the Program. This is due to limited capacity, trial dates and the unpredictability of bail releases.

Program goals need to be considered to reflect client-flow and evaluation potential (See Recommendation 2, Page 40).

"A Missing Ingredient"

The CASH Program lacks a mechanism to assist participants in the reintegration process. Whatever the manner of release, a participant will eventually return to his former environment, peer group, and family which constitute the social pressures that caused criminal behavior and drug abuse. The CASH Program isolates participants from these pressures and there is little effort to teach utilization of newly-learned behavior in the social realities which must eventually be confronted. The ability of Milieu therapy alone to be truly effective in rehabilitating addicts has been criticized for its tendency to create a dependence in the ex-addict upon rehabilitation facilities as a result of being unprepared for survival in social realities.¹

Understanding the problems without a method to correct or adjust to them may not be sufficient to successfully cope with the reintegration process. The need for "resocializing" the individual prior to release is an essential programmatic modification to be considered (See Recommendation 5, Page 41).

Selection Criteria

With respect to existing selection criteria, it is apparent, from data gathered of participant charge types that the CASH Program has

¹Larry Hart, "Milieu Management in the Treatment of Drug Addiction: Effects on Rehabilitation," Drug Forum, 2:1, 1972, p. 65-68.

often selected for admission defendants not charged specifically with Impact crimes. There are few crime categories directly related to drug-use (e.g., narcotics violation). The existing selection criteria should be modified to suit the actual population served by the CASH Program.

5. Capacity and Treatment Limitations

The number of applicants on the monthly waiting list average sixteen (16), and, on several occasions, has actually exceeded the total capacity of the CASH Program at that time. An accepted applicant may wait two months before an opening becomes available. It may then only be a matter of weeks prior to his trial. As CASH does not make recommendations in cases where participants have been in the Program for less than sixty (60) days, a significant percentage (approximately 47%, or 71 of 152) never receive recommendations due to reduction of treatment time.

The problem of the lengthy waiting list must be resolved. However, resolution of this problem cannot be sought without considering personnel capabilities. In reality, the CASH Director alone monitors all treatment. All other services are provided by a total of seven (7) volunteers providing from one to eight hours of service per week. Those services would cease to be sufficient if the Program were expanded (See Recommendation 4, Page 41).

5. The Importance of the CASH Program to the Jail as a Treatment Model:

The CASH Program demonstrates that, given the appropriate operational and administrative support, "rehabilitation" can be initiated and a detention or correctional facility can accomplish more than the temporary "warehousing" of individuals determined to be

a risk for Release on Recognizance prior to trial.

The confines of the CASH Community can be viewed as a "miniature" community within the Jail that demonstrates differentiated treatment. Although only admission of drug-abuse is a pre-requisite to Program acceptance, most residents also admit criminal behavior and are willing to actively participate in their own rehabilitation. The CASH philosophy and method of operation have functioned successfully and its developmental process could serve as a model in planning future treatment and diversionary program within the Jail.

XI. RECOMMENDATIONS

1. That the CASH Director, in conjunction with the Mayor's Coordinating Council on Criminal Justice, devise a more appropriate reporting format for monthly Program activities. This format should correlate on-going and follow-up data to reflect client flow patterns from entry to post-release. This information should reflect for each category of release the following:

1. the alleged crime;
2. length of stay in the Program;
3. whether a CASH recommendation was made to the courts;
4. Court disposition; and,
5. post release status with respect to treatment, employment, further education or recidivate information where applicable.

Consideration should be given to retrieval of this information from October, 1974. All retrievable data regarding participants admitted to the CASH Program from October, 1974 to December, 1975 could be analyzed and published as an addendum to this report.

That discussion should additionally include development of data collection methods to document and measure behavior change as a result of CASH treatment. This data should essentially indicate the following:

1. individual behavior status at the time of entry;
 2. responsibilities assigned and extent of compliance while in the CASH Program; and
 3. change of behavior status from entry level to the time of termination.
2. That the CASH Director, the Warden of the Baltimore City Jail, and

the Mayor's Coordinating Council on Criminal Justice reassess existing Program goals and selection criteria. Program goals should be reassessed with respect to consolidating current treatment objectives which can be realistically monitored and substantiated. Selection criteria should be reconsidered with regard to drug abuse, not solely type of offense.

3. That a Minimum and Maximum Length of Stay Determination Be Made That Would Allow Optimum Treatment. This would allow a greater number of participants to benefit from CASH recommendations.
4. That the CASH Director, the Warden of the Baltimore City Jail, and the Mayor's Coordinating Council on Criminal Justice Consider Alternatives to Program Expansion. Modified Program services extended to waiting list applicants and Program relocation can be considered.
5. That an Institutional Reintegration Procedure be Established. Consideration should be given to the possibility of reintegrating CASH participants into a more passive sector of the Jail population after having spent a required length of time in isolation under the treatment process of the CASH Program. This would introduce into the Program, a mechanism for partial reintegration to teach participants utilization of newly-learned behavior. If a procedure of this type is compatible with current treatment methodology, it could then open an avenue for future expansion. The CASH Program could then consider serving a population of fifty (50) residents (a combination of the current capacity of 30 and the average monthly acceptance rate of 20) by program restructuring into two phases.
6. Funding Sources for Additional Personnel Should Be Examined.

Alternatives to Program expansion should be considered closely with current manpower capabilities. The CASH Program is dependent on its Director for treatment and relies on a volunteer staff of seven (7) for all other services. Establishment of a reinstitutionalization procedure would reinforce the need for other community services such as social services and employment counseling. Client needs should be realistically assessed and clearly defined.

Examination of resources should begin immediately to broaden the current range of services and for future considerations of Program expansion.

7. That the CASH Director Develop a Formal Structure for Resident Referral to Community Drug Treatment Facilities for all Eligible CASH Participants. Eligibility would assume fulfillment of treatment requisites (length of stay, performance in Program, etc.). Actual contact after Court or Bail release would indicate continued motivation in these former residents and serve to document treatment benefits. Data would be available to assess the benefits of treatment efforts and resources expended by the Program.
8. That the Maryland Division of Correction be Requested to Establish a Therapeutic Community for Drug Abusers. The Mayor's Coordinating Council on Criminal Justice should pursue this recommendation with the cooperation of the Warden of the Baltimore City Jail.
9. That the Developmental Process and Therapeutic Structure of the CASH Program Serve as a Model for Future Programming of Treatment Components for Various Other Sectors of the Jail Population. This examination should begin immediately with the Mayor's Coordinating Council on Criminal Justice and the Baltimore City Jail.

XII. APPENDIX

CONFINED ADDICTS SEEKING HELP

ADMINISTRATIVE STAFFING PATTERN

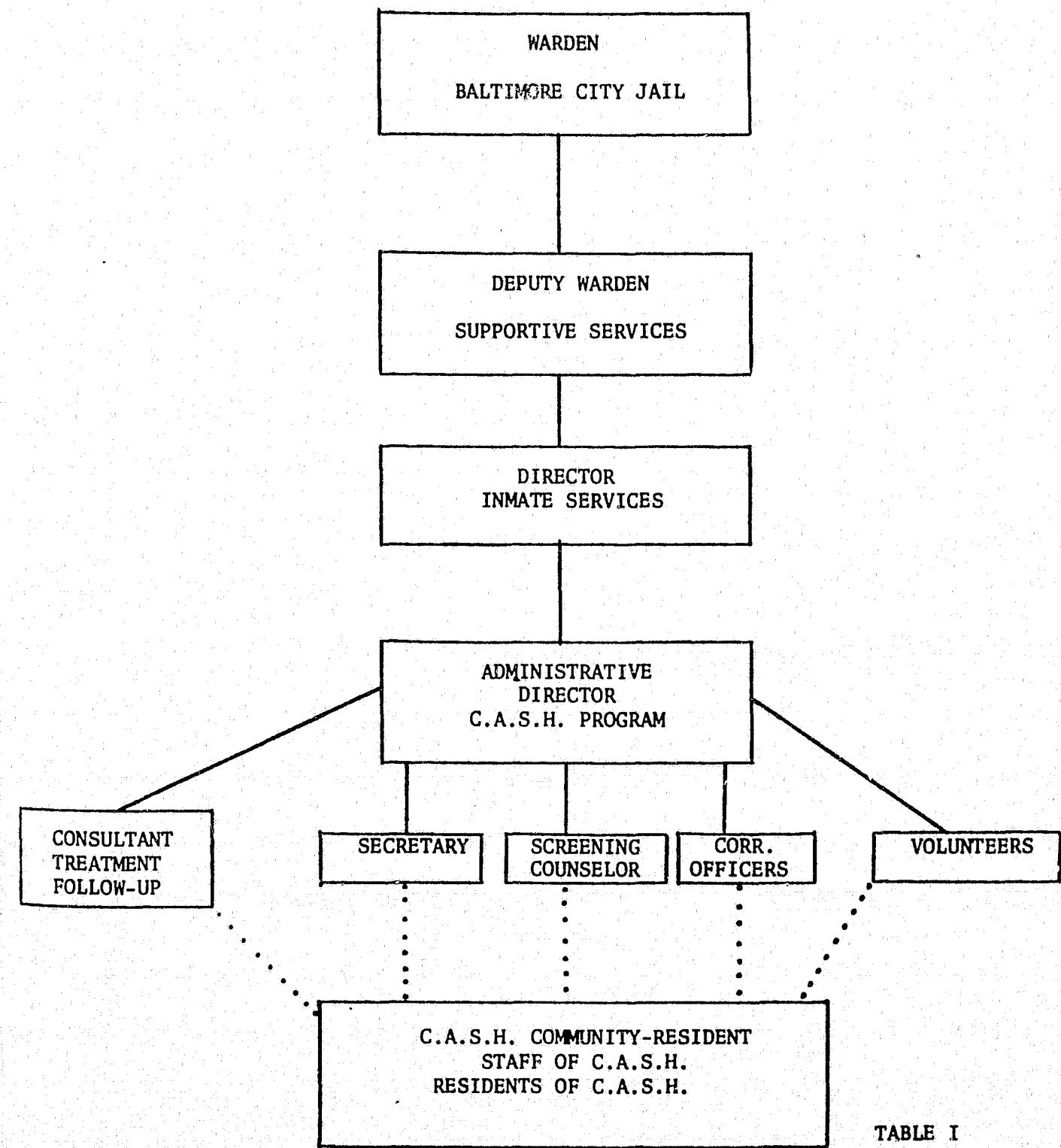


TABLE I

CONFINED ADDICTS SEEKING HELP

RESIDENT STAFFING PATTERN

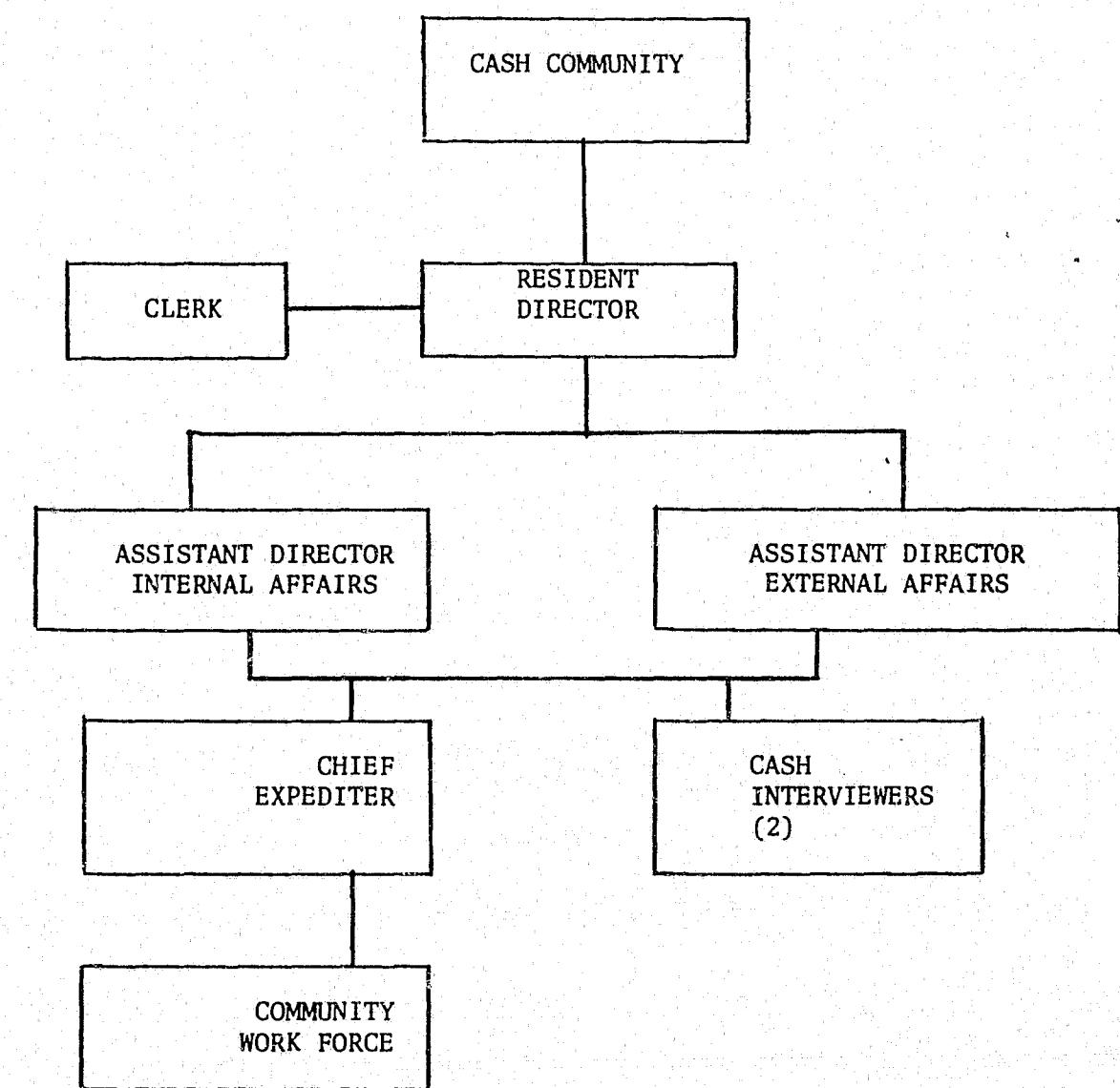


TABLE II

Accepted _____ Rejected _____

Comments:

CONFINED ADDICTS SEEKING HELP (C.A.S.H.)

THERAPEUTIC COMMUNITY

SCREENING INFORMATION

DATE: _____

ENROLLEE'S NAME _____ LAST _____ FIRST _____ MIDDLE _____

BIRTH DATE _____ / _____ / _____ AGE _____ RACE _____ SEX: M () F ()

MARITAL STATUS: MARRIED () SINGLE () OTHER () SPECIFY: _____

DO YOU HAVE ANY CHILDREN? YES () NO () HOW MANY? _____

MOTHER'S NAME _____ FATHER'S NAME _____

CHARGE _____ HOW LONG IN JAIL? _____

BAIL _____ FURTHER HEARING _____

CRIMINAL COURT _____ COURT DATE _____

EDUCATIONAL BACKGROUND

WHAT IS THE LAST GRADE YOU COMPLETED IN SCHOOL?

<u>GRAMMAR</u>	<u>HIGH SCHOOL</u>	<u>COLLEGE</u>
1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4

REASON FOR LEAVING SCHOOL: COMPLETED () MONETARY REASONS () ARRESTED ()

DRUG ADDICTION () OTHER () SPECIFY: _____

MILITARY RECORD

WHAT IS YOUR CURRENT DRAFT STATUS?

ELIGIBLE FOR SERVICES () INELIGIBLE FOR SERVICES () VETERAN ()

DATE SERVED: FROM _____ TO _____
MONTH YEAR MONTH YEAR

EMPLOYMENT STATUS

WERE YOU EMPLOYED WHEN ARRESTED? YES NO

HOW LONG HAD YOU WORKED AT THIS JOB? _____

WHAT WAS YOUR JOB TITLE? _____

IS YOUR JOB STILL AVAILABLE? YES NO POSSIBLY

REASON FOR LEAVING JOB: DRUG HABIT ARRESTED FIRED QUIT

LAID OFF OTHER SPECIFY: _____

JOB TRAINING

HAVE YOU EVER BEEN IN ANY JOB TRAINING PROGRAMS? YES NO

WHAT TYPE OF TRAINING DID YOU TAKE? _____

WHERE DID YOU RECEIVE YOUR TRAINING? _____

DID YOU COMPLETE THE PROGRAM? YES NO

REASON FOR LEAVING: _____

DO YOU HAVE ANY SPECIAL SKILLS, QUALIFICATIONS OR LICENSES? YES NO

IF SO, LIST THEM _____

DRUG HISTORY

HOW OLD WERE YOU WHEN YOU FIRST USED DRUGS? _____

WHAT DRUG WAS IT THAT YOU FIRST USED? _____

HOW OLD WERE YOU WHEN YOU BECAME DRUG DEPENDENT? _____

WHAT DRUG HAD YOU BEEN ADDICTED TO? _____

WHICH DRUG(S) DO YOU USE THE MOST? _____

IF THE MENTIONED DRUG WAS NOT AVAILABLE, I USED _____

HOW DID YOU USUALLY TAKE THE DRUG? ORALLY SNORTING SKIN-POPPING

MAINLINING OTHER SPECIFY: _____

HAVE YOU EVER KICKED THE HABIT? YES NO

WERE YOU DETOXIFIED DID YOU GO COLD TURKEY OTHER SPECIFY _____

HAVE YOU EVER BEEN ENROLLED ON ANY DRUG PROGRAM? YES NO

WHAT PROGRAM? _____

HOW LONG DID YOU STAY THERE?

DAYS MONTHS YEARS

REASON FOR LEAVING _____

COMMENTS: _____

C.A.S.H. MEMBER RAP SHEET

	Number of Residents (Beginning of Month)	Residents Terminated	Applicants				Total Waiting List	Total Rejections	Number of Residents (End of Month)	
			Interviewed	Screened	Accepted	Admitted				
1974	OCT	30	11	85	40	30	6	24	10	25
	NOV	25	8	90	38	26	12	14	12	29
	DEC	29	8	85	16	12	9	3	4	30
1975	JAN	30	15	75	22	15	13	4	7	28
	FEB	28	3	37	16	15	3	12	1	28
	MAR	28	8	40	17	13	9	7	4	29
	APR	29	7	80	30	24	8	16	6	30
	MAY	30	13	130	16	14	12	18	2	29
	JUN	29	4	144	26	25	5	38	1	30
	JUL	30	13	88	16	12	11	8	4	27
	AUG	27	13	98	28	23	9	23	5	23
	SEP	23	11	114	31	30	15	27	1	27
	OCT	27	15	94	39	33	24	15	6	34
	NOV	34	9	40	24	19	6	13	5	31
	DEC	31	14	71	16	15	10	13	1	27
TOTAL		430	152	1271	375	306	152	241	69	427
AVERAGE		28.6	10.3	84.7	24.9	20.4	10.1	16.1	4.6	28.4

TERMINATION CATEGORIES								
	Total Terminated	Completed Sentence	Sentenced D.O.C.	Released at Court	Probation	Released on Bail	Terminated by Resident	Terminated by Community
1974	OCT	11	1	8	1	1	-	-
	NOV	8	-	4	1	1	2	-
	DEC	8	-	4	1	3	-	-
1975	JAN	15	-	4	2	-	3	2
	FEB	3	-	-	1	1	1	-
	MAR	8	1	3	-	3	1	-
	APR	7	-	3	-	2	2	-
	MAY	13	-	6	1	1	3	2
	JUN	4	-	-	2	-	-	1
	JUL	13	-	2	3	1	1	-
	AUG	13	-	5	3	-	1	1
	SEP	11	-	4	3	-	2	-
	OCT	15	-	5	6	1	2	-
	NOV	9	-	4	-	-	-	5
	DEC	14	-	3	3	1	-	2
TOTAL		152	2	55	27	15	18	27
PERCENTAGE OF TOTAL TERMINATIONS		.1%	36%	18%	10%	12%	5%	18%

CHART #2 PROGRAM TERMINATION INFORMATION 10/74 - 12/75

164

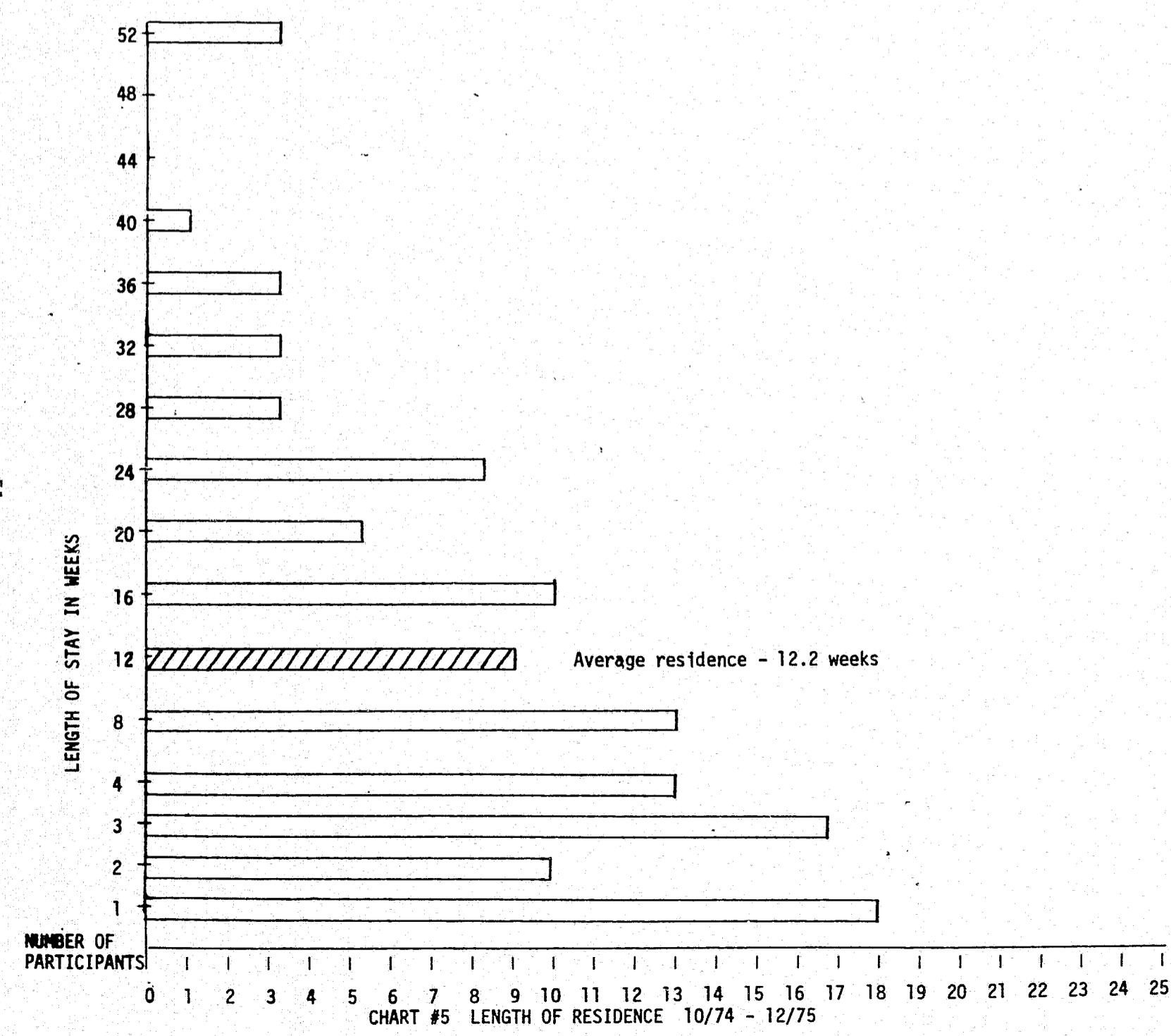
	Total Urinalysis	Total Negative Urinalysis	Positive Urinalysis			
			Total	Opiate	Methadone	Medication/ Jail Hosp.
1974	711	678	33	1*	1*	31
	NOV	45	45	0	0	0
	DEC	34	33	1	0	0
1975	JAN	58	58	0	0	0
	FEB	65	65	0	0	0
	MAR	100	98	2	1*	0
	APR	102	100	2	0	2
	MAY	-	-	-	-	-
	JUN	104	97	7	0	0
	JUL	79	77	2	0	0
	AUG	88	87	1	0	0
	SEP	80	78	2	0	0
	OCT	107	103	4	0	0
	NOV	88	87	1	0	0
	DEC	77	77	0	0	0
	TOTAL	1738	1683	55	2	1
						52

* detected in inmates who had been in the Program for only one day

OFFENSE CATEGORIES*											
Total Number of Residents Added to Program	Homicide/ Attempted Homicide	Burglary/ Breaking and Entering	Assault and Robbery/ Robbery	Rape	Assault with a Deadly Weapon	Forgery	Larceny/ Shop-Lifting	Weapons/ Carrying and Possessing	Narcotics Violation	Other**	
1974 OCT	6	-	1	3	-	-	1	-	-	1	-
	12	1	1	4	1	-	1	1	-	1	2
	9	-	-	4	-	1	-	2	-	2	-
1975 JAN	13	1	1	6	-	-	-	2	-	1	2
	3	-	2	-	-	-	-	1	-	-	-
	9	1	-	3	-	-	-	-	-	2	3
	8	1	-	5	-	-	-	-	-	2	-
	12	1	-	6	-	-	-	1	-	3	1
	5	-	-	3	-	2	-	-	-	-	-
	11	2	1	6	-	-	-	-	-	1	1
	9	-	2	2	-	-	-	2	-	-	3
	15	3	4	4	-	-	-	1	1	-	2
	24	4	5	5	1	-	1	4	2	1	1
	6	-	1	4	-	-	-	-	-	-	1
	10	2	2	4	-	-	-	-	-	1	1
TOTAL	152	20	20	59	2	3	3	14	3	15	17
PERCENTAGE OF TOTAL CHARGES		11%	13%	39%	1%	2%	2%	9%	2%	10%	11%

* Impact Crimes are Homicide, Rape, Assault, Robbery and Burglary

** Other Offenses include Arson, Violation of Probation, Malicious Destruction



		Total Number of Court Dispositions	Number of CASH Probation Re-commendations*	Probation Dispositions	Incarceration Dispositions	Release Not Involving CASH**	Percentage of Court Agree-ment with CASH Recommendations***
1974	OCT	10	4	1	8	1	25%
	NOV	8	2	1	4	3	50%
	DEC	8	3	3	4	1	100%
1975	JAN	6	2	0	4	2	0%
	FEB	3	0	0	0	3	0%
	MAR	8	2	2	3	3	100%
	APR	7	3	2	3	2	66%
	MAY	10	1	1	6	3	100%
	JUN	2	0	0	0	2	0%
	JUL	7	3	1	2	4	33%
	AUG	10	0	0	5	5	0%
	SEP	9	1	1	4	4	100%
	OCT	14	1	1	5	8	100%
	NOV	3	1	1	0	2	100%
	DEC	4	1	1	3	0	100%
TOTAL		109	24	15	51	43	-
PERCENTAGE OF TOTAL DISPOS-TIONS			22%	14%	47%	39%	-

* CASH does not recommend probation in every case. Recommendations are not made in cases where the participant has been in the Program for less than sixty(60) days or when a participant fails to fulfill treatment expectations.

**these include bail and Court releases

*** the average percentage of Court agreement with CASH recommendations from 10/74 to 12/75 was 72.8%

		Total Number of Residents Eligible for Follow-up	Number of Follow-ups Conducted	Rearrested	Reconvicted	Employed	Unable to Contact	School	Treatment
1974	OCT	19	0						
	NOV	20	0						
	DEC	22	0						
1975	JAN	24	0						
	FEB	24	0						
	MAR	29*	26	5	2	4	3	6	11
	APR	6	6	2	0	0	0	2	4
	MAY	6	6	0	0	1	0	2	5
	JUN	2	2	1	1	0	0	2	2
	JUL	1	1	1	1	0	0	0	0
	AUG	1	1	0	0	0	0	0	0
	SEP	2	2	1	0	0	0	0	0
	OCT	4	4	2	1	2	0	0	0
	NOV	0	-	-	-	-	-	-	-
	DEC	2	2	1	1	0	0	0	0
	TOTAL	153	50	13	6	7	3	12	22
	PERCENTAGE OF TOTAL			26%	12%	14%	6%	24%	44%

* Cumulative number of residents eligible for follow-up from 10/74 to 3/75

CHART #7 THREE-MONTH FOLLOW-UP OF PARTICIPANTS RELEASED ON PROBATION

END

7 miles from