AN EVALUATION OF COMPLIANCE AND PROCESS DESCRIPTION OF THE CARE ABOUT NOW (CAN) PROGRAM

Prepared by:

Paul S. Jones
Research Assistant

Massachusetts Department of Correction

Louis M. Berman
Interim Commissioner

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INTRODUCTION

The treatment of substance abuse in adult correctional facilities has presented itself as an ever growing challenge to the administrators and on-line staff of these institutions.

Compounding this task is the apparent linkage between substance abuse and the commission of crimes. Continued dependency on drugs or alcohol while incarcerated hampers efforts at successful programming and plays an enormous role in determining a resident's security level. Should a resident's participation in a substance abuse program be successfully completed, there is still no guarantee he or she will remain abstinent from such substances after discharge from the correctional system. This is partly due to the lifestyle the individual follows upon reintegration into the community over which there is no control. Even those residents that receive parole supervision cannot be monitored twenty-four hours a day.

Recognizing the total needs of the substance abuser, the Massachusetts Department of Correction (DOC), through available federal funding, embarked on an innovative program that would attend to this type of offender. To operationalize the project, a split award was granted to two agencies; CARE ABOUT NOW (CAN) and SPAN. These two organizations were sub-contracted to the DOC, in particular Area III, which geographically encompases three major institutions, including the DOC's only maximum security facility, Walpole. Funding, through LEAA, amounted to $23,345, with the majority of the budget going to staff salaries. CAN was given the responsibility of screening substance abusers from the RDC staff referrals and recommendations; training correctional staff to make this identification; tracking the progress of its clients through correctional facilities; and following through on the total needs of their group by addressing the recommendations made

by the staff of the Reception Diagnostic Center. CAN's clients are primarily alcohol abusers, although some of its group use both alcohol and drugs.

SPAN, on the other hand, delivers a general service type program. It covers all types of substances and their groups can also be attended by non-abusers. SPAN also does not restrict its operation to the RDC. They are quite visible at most of the major facilities in Area III. Since CAN and SPAN differ in several ways, only CAN will be discussed in this report.[1]

Organizationally, CAN has a staff of two, a program coordinator and a substance abuse specialist who doubles as a monitor/trainer. CAN is also a parent agency of the Criminal Justice Alcohol Program (CJAP), which has been providing services to alcohol abusers in the Massachusetts correctional system for some time. This has given CAN a definite advantage in being able to refer clients to an ongoing program component.

Due to a lag in receiving funds, the program did not get underway until the latter part of May, 1978. By December, 1978, the program has selected twenty-five participants which formed the target group of this study.

[1] A separate study on SPAN is in the planning stages as of this writing.

Program Objectives

The administrators of CAN submitted their general project goal as follows: to expand the kinds of alcohol services which exist in Area III facilities; to address the specific needs of inmates being classified; and to increase the total number of residents with substance abuse problems receiving program services. The long-range goal is to reduce the instances of substance abuse, in institutions, by providing substance abuse specialists in Area III facilities who will perform evaluations and consultations; to train institutional staff in recognizing substance abusers; and to better prepare the resident to deal with substance abuse problems upon release into the community.

In addition to this overall objective, several specific operational objectives were outlined that aid in the understanding of how CAN implemented necessary components of their goal. They are:

1. To screen for intake from the RDC staff recommendations individuals requiring substance abuse services;
2. To conduct extensive evaluations of those individuals chosen from the RDC pool to determine suitability for CAN's services;
3. To select from the RDC pool clients for in-depth monitoring through the correctional system. Of this group, 60% will be eligible for parole before June, 1981, while the remaining 40% will have a parole eligibility date after June of 1981.
4. To track clients to ensure that RDC recommendations are being implemented when possible, and gaps in treatment documented.

5. To provide a hook-up with community services for those residents due for release.
6. To train classification staff to recognize and make appropriate referrals for substance abusers.
7. To train case managers for follow-through to ensure substance abusers obtain services, particularly those recommended by classification boards, and to increase their ability to identify alcohol issues and improve services.

In order to address whether these program objectives were achieved, it was necessary to compile a diversified amount of information regarding clients. The following section will describe in depth the types of information collected.

METHODOLOGY

Research Objectives:

Two components that must be addressed in a program evaluation are process analysis and impact. In a process evaluation, the researcher seeks to ascertain whether or not the program is operating as originally planned. The impact evaluation, on the other hand, is used to determine if the desired effects were attained among the target group members.

The primary focus of this study will be on the process analysis. Several obstacles were encountered which prohibited a proper impact evaluation. The main difficulties were: 1) Time, the length of time involved in study study did not allow for an in-depth look at placement or community services; 2) Sample Size, the small sample, 25, was not capable of confidently showing statistical significance when compared to the same number in a control group.

These obstacles will be addressed in the appropriate section. The research objectives, and the tasks conducted for each component, are as follows:

Objective 1. To ascertain whether CAN screened in a timely manner, from the RDC recommendations, individuals requiring substance abuse services. RDC case folder summaries were reviewed for the period of June, 1978 to December, 1978 to determine which individuals displayed alcohol problems. The list was then matched with the CAN intake list. Dates of screening and RDC residence dates were also reviewed, to determine if CAN assessments were done prior to the conclusion of the RDC process thus ensuring the assessments were timely.

Objective 2. To assess whether CAN provided extensive evaluations of potential clients from the RDC pool and to develop a profile of an alcohol abuser.

Objective 3. To determine the composition of CAN clients. This included areas of need, offense, and characteristics found to be common among the CAN clientele.

Objective 4. To determine the extent and nature of CAN's tracking procedure by reviewing their tracking forms that are structured around the eleven need areas identified by the RDC. This included: obstacles CAN found in attempting to get services for clients; whether or not the need was resolved and how it was resolved; the number and types of contacts (with whom, why) needed to obtain services to clients. In addition, a six-month follow-up of experience in the correctional system was conducted to see if needs were met.

Objective 5. To describe the nature and extent of the training CAN provided to correctional staff. This included: format, length of training, and number of staff trained in the substance abuse field. This was obtained from the CAN records of a seminar given in November of 1978.

Impact:

CAN and DOC staff agreed that the following impacts are the desired outcomes of the program:

1. CAN clients will be more likely to have their RDC recommended programs implemented than residents that are not afforded CAN's services.
2. Monitoring by CAN will facilitate inter-institutional movement compared to residents not receiving this service.
3. CAN's consistent monitoring will reduce the number of alcohol related disciplinary reports compared to those residents not monitored by CAN.

The proper evaluation of these impact objectives requires the compilation of a comparable control group so that characteristics of the CAN clients can be contrasted to some base-line information.

The Control Group:

The control group was matched against certain prominent characteristics of the CAN group. The primary criteria for this matching were: first, the resident had to have been seen by the RDC; and second, the resident was assessed as having an alcohol abuse problem. Next, to eliminate the possibility of CAN's influence upon potential control group candidates, the control group was drawn from the RDC population from June, 1977, through December, 1977, which is one year prior to CAN's emergence into the correctional system. Finally, the twenty-five member control group was selected by parole eligibility dates; ten clients had a parole date after 1981 and fifteen were eligible before 1981. This is consistent with the CAN target group.

Data Sources:

Data for this report was gathered from several sources, each containing different types of information on each individual.

The RDC Admissions and Releases log provided a list of newly committed individuals from which the control group was drawn. The RDC case folders enabled an in-depth look at residents' need areas, as well as information such as current offense, resident's version of current offense, past criminal history and types of substances abused. The Central Office record folders possessed data on resident's program participation, length of time in program, disciplinary reports and important dates, such as commitment date, parole eligibility date, and transfer dates.

Finally, the CAN folders were used to provide information on their clients, and the monitoring process. From these folders data was collected on: types of contacts made, number of contacts made, and with whom. Obstacles as well as resolutions were also recorded from these files.

A Note of caution to the reader:

While this report is providing a comprehensive process description, it must be reiterated that due to such small numbers, (i.e., 25 cases in each group), no generalizability with other groups can be drawn. Statistical tests, other than providing frequency distributions, would be meaningless and potentially misleading. Second, the short follow-up time period, six-months, did not allow for inter-institutional movement to be noticeable. Therefore, the findings presented here should not be regarded as conclusive; they are indicators of program compliance with projected operational procedures.

TRAINING

Ensuring the prompt delivery of services in each area of need requires a staff that is capable of identifying the need and directing the resident to the right program that will address the need.

In order to attain such a level of cognizance among correctional staff, CAN devised and conducted a three-day workshop. The purpose of this training workshop was four-fold:

1) to familiarize participants with issues of alcohol abuse and alcoholism;
2) to explore ideas, attitudes and bias concerning alcohol and drug treatment needs;
3) to provide information regarding substance abuse assessment skills;
4) to increase individual skills in evaluation and program recommendation.

To achieve those goals a four-part format was used:

A. Defining Alcohol, Alcohol Abuse and Alcoholism
   1. Introduction to training: CAN's functions and services;
   2. Developmental approach to alcohol abuse: presentations, discussion and feedback.

B. Assessing and Handling Alcohol Problems
   1. Guidelines for working with the alcohol abuser - life charts and adaptability factors;
   2. Significant questions - developing a perspective.

C. Handling Denial
   1. Tools and techniques for effective assessment;
   2. Significant considerations for "breaking through" denial.

D. Continuity of Care
   1. Increasing referral skills;

2. Presentations of programs - matching the problem with an appropriate program.

This three day training course was presented to the Area III correctional staff and a total of seventy-nine employees attended. The following list illustrates the composition of the workshop:

Position	No. Attended
Social Workers	32
Counselors	7
Case Managers	18
Psychologists	2
Central Office Classification Staff	3
Office of Program Development	3
Administrative Assistants	3
Directors of Classification	3
Directors of Institutional Programming	2
Furlough Coordinator	1
Superintendent	1
Deputy Superintendent	1
Correction Officers	2
Aides	1

FINDINGS

As mentioned, the population for this report was drawn from residents that were housed at the Reception Diagnostic Center (RDC), during two specific time frames.

The CAN clients were selected by order of admittance into the program between June, 1978 and December, 1978. Thus, the first twenty-five clients accepted by CAN during that period became the target group.

For comparison, twenty-five residents were chosen from RDC files for the time period of June through December of 1977. The substance abuse patterns and time to serve until parole eligibility of both groups were matched as closely as possible to ensure comparability.

During the period of June, 1978 through December, 1978, the RDC staff saw 340 men. Of this number 21.2% or 72 men were assessed as having substance abuse needs that might require specific programs. These 72 residents were referred to the Criminal Justice Alcohol Program, CJAP, for screening to determine appropriate programming options. Twenty-five of these men were selected by CAN to be their target group, 31 cases were directed to other services, such as AA, while 16 residents were apparently never seen by CAN staff. These statistics are reflected in the following table.

TABLE I: SCREENING OF CASES FROM RDC TO CAN

	N	Percent of Cases Referred	Percent of RDC Population
Seen by RDC	340	-	100.0%
Referred to CJAP	72	100.0%	21.2%
Selected by CAN	25	34.8%	7.4%
Directed to Other Programs	31	43.0%	9.1%
Referred to Can But Not Seen	16	22.2%	4.7%

In terms of timely evaluations, the majority of the target group, 68%, was scrutinized for their substance abuse needs within three weeks of their arrival at the RDC. Twenty-five percent of the target group had completed the evaluation process within four to six weeks, while the remaining 8% took up to ten weeks for the completion of screening. These figures are reflected in Table II.

There was a slight difference in the amount of time, to evaluation and screening, of the 31 cases referred to CAN but not accepted. These residents were directed to other programs that were better suited to their specific problems. The time span was as follows:

TABLE II: TIME FROM COMMITMENT TO RDC TO CAN COMPLETED EVALUATION OF CAN ACCEPTED CLIENTS

	N	%
1 to 3 weeks	17	68.0%
4 to 6 weeks	6	24.0%
7 to 10 weeks	2	8.0%
TOTAL	25	100.0%

TABLE III: TIME FROM COMMITMENT TO RDC TO CAN COMPLETED SCREENING OF CLIENTS REFERRED ELSEWHERE

	N	%
1 to 4 weeks	20	65.0%
5 to 8 weeks	7	23.0%
10 to 12 weeks	4	12.0%
TOTAL	31	100.0%

Areas of Need

Once the CAN evaluation is completed the next segment of identifying the resident's needs takes place. The need categories are taken from the RDC classification process while lists eleven areas in each a resident may require assistance while incarcerated. The following table lists the needs identified for both the CAN and control groups.

TABLE IV: AREAS OF NEED

NEED	CAN (N=25)	CAN GROUP (100)	CONTROL (N=25)	PERCENT OF CONTROL GROUP (100)
Legal	15	(60.0)	8	(32.0)
Health	9	(36.0)	13	(52.0)
Psychological	4	(16.0)	-	
Counseling	14	(56.0)	17	(68.0)
Alcohol	23	(92.0)	25	(100.0)
Drugs	6	(24.0)	2	(8.0)
Educational	14	(56.0)	11	(44.0)
Vocational	14	(56.0)	20	(80.0)
Social	-	-	2	(8.0)
Religion	-	-	1	(4.0)
Community Placement	-	-	-	
Family	1	(4.0)	2	(8.0)
TOTAL	100		101	

Visually, it is evident that the CAN clients were more likely to be addressed by RDC as having legal needs.

This is the only statistic that is significant with 60% of the CAN group needing legal assistance as opposed to only 32%* of the non-CAN group.

Similarly, the CAN clients were likely to be recommended for some sort of psychological assistance; 16% of this group, compared to none in the control group. It is interesting to note that when the psychological and counseling needs of both groups are combined the totals are very similar. However, the depth of this need is unknown and could range from a simple evaluation to admittance in an on-going program.

In terms of vocational areas, non-CAN clients evidenced greater needs. Of this group, 80% were recommended for vocational assignments. In comparison, 56% of the CAN group were identified as being in need of vocational training.

Overall, the two groups were quite similar in the total number of needs identified - 100 for the CAN group and 101 for the control group.

*$\chi^2 = 3.945$, 1df, $p < .05$.

OBSTACLES

Once a CAN client's needs have been identified, priority is given to seeking resources that will aid the resident in addressing the need. As in any organization, obstacles are sure to appear. However, CAN has chosen to deal with the obstacles on behalf of their client, to ensure a prompt delivery of service. A list of obstacles encountered by CAN staff appears below, categorized by need.

TABLE V: OBSTACLES

NEED	OBSTACLE	PERCENT OF CAN GROUP HAVING THIS NEED WHO ENCOUNTERED THIS OBSTACLE
Legal	Outstanding Cases	44.0
Health	Special Treatment Not Available at DOC	36.0
Counseling	Lack of Motivation	16.0
	Norfolk Strike	12.0
	Waiting List	8.0
Alcohol	Norfolk Strike	16.0
	Waiting List	16.0
Drug	Lack of Motivation	8.0
Education	Program Not Available	12.0
Vocational	Program Not Available	12.0

CONTACTS

Communication between CAN staff and institutional staff plays a major role is overcoming obstacles. Constant contact with the resident is also needed to advise CAN staff of their clients' status in getting needs addressed.

CAN staff contacted institutional, treatment, and Central Office staff, as well as doctors, lawyers and family members in an effort to resolve obstacles affecting the resident's program participation. A description of the number of contacts necessary to have a need addressed appears below, with corresponding percentages.

TABLE VI: CONTACTS MADE BY CAN

NEED	RANGE OF CONTACTS UNTIL RESOLUTION	CLIENTS WITH THIS NEED REQUIRING CONTACTS	
		N	(%)
Legal	2 to 7	11	(44.0)
Health	5 to 8	7	(28.0)
Psychological	1 to 7	3	(12.0)
Counseling	1 to 2	10	(40.0)
Alcohol	1 to 4	18	(72.0)
Drug	2 to 5	4	(16.0)
Educational	1 to 4	8	(32.0)
Vocational	1 to 6	6	(24.0)
Family	4	1	(4.0)

Ideally, specific program participation (i.e., one suggested by the RDC), should begin shortly after the contacts are made. In some cases this is not possible due to obstacles encountered and an alternate program must be found. For example; the RDC has recommended that one of CAN's clients participate in group counseling. The client applies for the group counseling program but cannot enroll because the program is full and there is a lengthy waiting list. CAN staff contact several institutional, treatment and classification staff to find an alternate program such as one-to-one counseling. The resident applies for one-to-one counseling, is accepted and begins participating within days. Of course, this example is very basic and only illustrates a partial description of the methods used by CAN to ensure their clients receive services. However, multiplied by each need a client may have and obstacles encountered, finding alternate programs becomes a very time consuming process.

A compilation of the number of specific and alternative programs found by CAN for their clientele is listed below. The list also shows the proportion of the non-CAN group (who did not have the benefit of intervention) receiving specific and alternative placements.

TABLE VII: SPECIFIC AND ALTERNATE PROGRAMS

	CAN GROUP			NON-CAN		
NEED	NUMBER IDENTIFIED	SPECIFIC	ALT	NUMBER IDENTIFIED	SPECIFIC	ALT
Legal	15	12	3	8	7	1
Health	9	5	4	13	9	4
Psychological	4	2	2	-	-	-
Counseling	14	5	9	17	10	7
Alcohol	23	18	5	25	21	4
Drugs	6	3	3	2	1	1
Educational	14	8	6	11	5	6
Vocational	14	7	7	20	13	7

The following table illustrates the maximum length of time needed for CAN staff to have the needs of their clients addressed. All clients needs were addressed by the end of their twelfth week after being evaluated by CAN.

TABLE VIII: NUMBER OF WEEKS REQUIRED TO ADDRESS NEED AREAS

NEED	NUMBER OF WEEKS
Legal	6 or less
Health	6 or less
Psychological	4 or less
Counseling	12 or less
Alcohol	10 or less
Drugs	5 or less
Educational	12 or less
Vocational	11 or less

It is evident that the amount of time required to address the need is dependent upon the number of clients referred to each need area. The fewer clients referred, the less time required to begin program participation. For example, if group counseling capacity is 20 members and 30 clients apply, 10 will be placed on a waiting list and will be accepted as vacancies occur. On the other hand, if group counseling was able to accept the total 30, program participation would begin immediately.

OFFENSE

The information for this section, governing offense, was obtained from the RDC classification narrative. This document contains information such as, family history, social issues, substance abuse history, criminal history, police and inmate version of the current offense. The inmate's version of the current offense was used in collecting the following data.

The majority of CAN clients, 68%, were committed for crimes against the person. Sex offenses accounted for 16% of the CAN group, while property and drug offenses split the remaining 16%.

The non-CAN group's offenses differed slightly in their composition. Offenses against the person were an identical 68%. Sex offenses accounted for 12% of this control group, and property crimes were 20%. Drug related crimes were not found in the control group. However, several of the residents stated they committed the crime to obtain money to buy "booze or drugs".

Of these crimes that were committed, 60% of CAN's clients and 64% of the non-CAN residents, admitted to committing the crime under the influence of alcohol.

DISCIPLINARY REPORTS

One measure of CAN's effectiveness might be found in its ability to prevent their clients from using alcohol or drugs while incarcerated. During the six-month follow-up period of both the CAN and non-CAN residents, a tally was made of each alcohol or drug related infraction. There are two types of disciplinary reports; minor reports, (i.e., out of place, radio too loud, abusive language) given sanctions such as, written warning and loss of privilieges; and major disciplinary

reports, (i.e., possession of weapon, being under the influence of alcohol or narcotics, assault on a correctional officer) carry sanctions such as, reclassification to higher custody, isolation, loss of good time, or referral to the District Attorney for prosecution. Since the follow-up period was short, and the samples were small, only nine disciplinary reports were found for the combined groups. The CAN group received two minor and two major reports, while the non-CAN group received three minor and two major reports. No implications can be drawn from such a minor difference.

MOVEMENT

At the conclusion of the RDC classification process each resident is given a security level rating. This acts as a guide in determining which correctional facilities the resident is eligible to be transferred to for program participation, that maintains appropriate security measures. This is done to ensure that the individuals' needs are addressed with the least amount of risk to the inmate, custodial staff, security of the institution or management, and indeed, the surrounding communities. By group, the following table lists the number and level of security the RDC classification boards recommended.

TABLE IX: RDC SECURITY LEVEL RATING

LEVEL OF SECURITY	CAN		NON-CAN	
	N	(%)	N	(%)
Maximum	5	(20.0)	6	(24.0)
Medium	11	(44.0)	10	(40.0)
Minimum	7	(28.0)	7	(28.0)
Pre-Release	2	(8.0)	2	(8.0)
TOTAL	25	(100.0)	25	(100.0)

This security rating by the RDC is only a recommendation and at times the resident may be transferred to an institution that is higher or lower in security level than the recommendation suggested.

There are several factors that can cause this rating to be changed. They are: lack of bed space, lack of program availability, enemy situations, protective custody needs, new warrants received, additional sentence received, resident received a disciplinary report while awaiting transfer and the waiting list for the original receiving institution is too long. The Central Office can also deny the RDC transfer, and impose the security level and in which institution it wants the resident to be housed.

Table X reflects what the RDC recommended for original placement and what placements actually occurred.

TABLE X: FIRST FACILITY AFTER RDC

LEVEL	CAN			NON-CAN		
	RDC REC.	ACTUAL TRANSFER (%)		RDC REC.	ACTUAL TRANSFER (%)	
	N	N	(%)	N	N	(%)
Maximum	5	5	(20.0)	6	8	(32.0)
Medium	11	12	(48.0)	10	9	(36.0)
Minimum	7	3	(12.0)	7	4	(16.0)
Pre-Release	2	5	(20.0)	2	4	(16.0)
TOTAL	25	25	(100.0)	25	25	(100.0)

Although minimal movement activity is shown, the small sample size does not allow CAN's effectiveness to be measured. To assess CAN's impact in this area would require a much larger sample.

SECOND FACILITY AFTER RDC

After the original placement, a resident may, depending on program participation and performance, be afforded the opportunity of being reviewed by an Area Board that may recommend the resident be transferred to a less secure facility. With Central Office approval the resident could be moved within a short period of time. On the other hand, any inmate who is not performing or adjusting well could be reclassified to a higher security status. The movement to a second facility in both the CAN and non-CAN groups was not significant, as Table XI clearly illustrates.

TABLE XI: TYPE OF MOVE TO SECOND FACILITY

	CAN		NON-CAN	
	N	(%)	N	(%)
Lower	1	(4.0)	6	(24.0)
Lateral	2	(8.0)	1	(4.0)
Higher	1	(4.0)	-	
No Transfer	21	(84.0)	18	(72.0)
TOTAL	25	(100.0)	25	(100.0)

Contributing to the lack of noticeable movement was a work stoppage at MCI-Norfolk by residents that lasted eleven weeks. During the stoppage all approved transfers were postponed and not rescheduled until the stoppage was over. Program participation during this period decreased which added to the length of time needed to complete the program. Thus inmates that could have been transferred during the six-month follow-up, including final placement for this study, were delayed by as much as ten weeks in being transferred.

The final custody status, the institution and level of security an inmate has at the end of six-months, shows little activity. The activity that did occur could be attributed to the strike or enemy situations that developed during that period. It is also possible for a resident to ask for a transfer to become involved in a particular program. In any case Table XII reflects the final custody levels of both groups.

TABLE XII: FINAL CUSTODY STATUS

LEVEL	CAN		NON-CAN	
	N	(%)	N	(%)
Maximum	6	(24.0)	7	(28.0)
Medium	12	(48.0)	9	(36.0)
Minimum	3	(12.0)	2	(8.0)
Pre-Release	4	(16.0)	6	(24.0)
Out-of-State	-		1	(4.0)
TOTAL	25	(100.0)	25	(100.0)

Again, with the short six-month follow-up period, no implications can be drawn. An additional factor influencing movement during this period is that the RDC classification staff may include in their report that the resident be reviewed in six-months. This fact alone could reduce the number, of otherwise eligible residents, to be transferred. Consequently, a longer follow-up period would be necessary to measure CAN's impact in the area of movement.

PROFILE

Although both groups in this study were heterogeneous in nature, certain salient characteristics were found at the RDC evaluative stage of their incarceration.

For the majority of the combined groups the following traits were prevelant:

The majority of residents in both groups committed a crime against a person (68 %) or a sexual offense (14%).

A predominant number of CAN and non-CAN clients committed their crimes while under the influence of drugs or alcohol.

The RDC classification staff recommended, in most cases, a medium security facility rating for both groups. And the majority of these residents remained at a medium security facility for at least six months.

The areas of need most often recommended by the RDC staff for both CAN and non-CAN clients are:

Legal - resolve outstanding cases

Health - Need special diet - need physical examination

Counseling - Resident has lack of self worth/self respect

Alcohol - Resident is not aware of what alcohol is doing to his life

Education - Obtain GED or attend ABE classes

Vocational - Resident should learn a marketable skill.

Perceptions of Training

As previously stated in this report, the prompt delivery of services is dependent upon the correctional staff's ability to recognize, in an inmate, an area of need that must be addressed. The training workshop conducted by CAN was designed to aid correctional personnel in developing their skills and resources for alcohol abusers. In an effort to assess whether or not the workshop achieved this goal, the researcher, using telephone interviews, contacted the participants of the workshop to obtain their perceptions of the workshop's training. Although seventy-nine people attended the workshop, twenty-seven were lost due to terminations. This left a possible sample of fifty-two of which twelve could not be contacted due to sickness, vacations, schedule changes and out-of-state training seminars. The remaining forty people were used for the sample. These people were divided into two groups: 1) Direct Services: This included social workers, case managers, counselors, and correction officers. 2) Administrative: Such as, superintendents, deputy superintendents, directors of classification, directors of programs and administrative assistants.

In terms of size, these two groups differed greatly with the direct service group totalling 27 while the administrative group only totalled 13.

The questions asked, during the interviews, were basic in nature, with each question having up to four answer selections for rating the workshop and trainers. The questions and corresponding responses by group and combined totals are as follows:

Question 1

Is this type of training necessary in institutions:

	Direct Service N=27		Administrative N=13		TOTAL N=40	
	N	(%)	N	(%)	N	(%)
Extremely Necessary	10	(37.0)	7	(53.8)	17	(42.5)
Necessary	13	(48.1)	5	(38.4)	18	(45.0)
Sometimes Necessary	3	(11.1)	1	(7.6)	4	(10.0)
Not Necessary	1	(3.7)	-		1	(2.5)

The vast majority of both the direct service staff (85%) and the administrators (92%) responded that this type of training was necessary in institutions.

Question 2

Was the training helpful to you?

	Direct Service N=27		Administrative N=13		TOTAL N=40	
	N	(%)	N	(%)	N	(%)
Very Helpful	10	(37.0)	3	(23.0)	13	(32.5)
Helpful	12	(44.4)	6	(46.1)	18	(45.0)
Some Help	4	(14.8)	4	(30.7)	8	(20.0)
No Help	1	(3.7)	-	-	1	(2.5)

The majority of both groups thought the training was helpful. The minority of the direct service group considered the training very helpful while about a third of the administrative group thought the workshop was of some help.

Question 3

Was the training useful in your work?

	Direct Service N=27		Administrative N=13		TOTAL N=40	
	N	(%)	N	(%)	N	(%)
Very Useful	6	(22.2)	3	(23.0)	9	(22.5)
Useful	15	(55.5)	5	(38.4)	20	(50.0)
Some Usefulness	4	(14.8)	5	(38.4)	9	(22.5)
Of No Use	2	(7.4)	-		2	(5.0)

The majority of both groups believed that the training was useful. The direct service group was more positive in its assessment of the usefulness of the training than the administrators were.

Question 4

What overall rating would you give the workshop?

	Direct Service N=27		Administrative N=13		TOTAL N=40	
	N	(%)	N	(%)	N	(%)
Excellent	10	(37.0)	6	(46.1)	16	(40.0)
Good	14	(51.8)	7	(53.8)	21	(52.5)
Fair	3	(11.1)	-		3	(7.5)
Poor	-		-		-	

The majority of both groups felt the workshop was good. The minority of the administrative group and the greater portion of the direct service minority felt the training was excellent. This difference between groups could be attributed to the fact that the direct

service group deals with alcohol abusers on a day-to-day basis and related more closely to the issues offered at the workshop, whereas, the administrative group may only use the knowledge obtained on a few occasions.

Question 5

What rating would you give the content of the workshop?

	Direct Service N=27		Administrative N=13		TOTAL N=40	
	N	(%)	N	(%)	N	(%)
Excellent	11	(40.7)	4	(30.7)	15	(37.5)
Good	13	(48.1)	9	(69.2)	22	(55.0)
Fair	2	(7.4)	-		2	(5.0)
Poor	1	(3.7)	-		1	(2.5)

The majority of the direct service group and the administrators believed that the traineers were good or excellent.

Question 7

Would you encourage others to attend this workshop?

	Direct Service N=27		Administrative N=13		TOTAL N=40	
	N	(%)	N	(%)	N	(%)
Yes	25	(92.6)	13	(100.0)	38	(95.0)
No	2	(7.4)	-		2	(5.0)

This particular question's results clearly illustrates there is still much knowledge to be gained by attending this type of a workshop.

Question 8

Please state any comments you would care to make about this workshop. (open ended codes).

For the purpose of clarity, this question's answers will be divided into the two sample groups. And, to avoid repetition, similar answers were combined.

Administrative Group

The administrative group felt that the CAN workshop was worthwhile. However, more than half of this group stated that it was their belief that the workshop was geared to direct service staff. The administrators also thought that this workshop was the best available, but expressed some concern over CAN's limited staff, budget limitations and its confinement to Area III of the DOC. Other participants felt the program needed to concentrate on specific issues of alcohol abuse and suggested that this be done with follow-up seminars that would be a half day in length.

Direct Service Group

The direct service group's comments were similar to those made by the administrative group. However, the direct services group is addressing these suggestions from a different perspective in that these social workers and counselors deal with alcohol abusers on a day-to-day basis and they have had sufficient time to apply the knowledge gained at the workshop. The largest single comment made by this group was that this training should be expanded to all areas and made available to all direct service staff. This fact alone illustrates their acceptance of the workshop. Several members stated

that although they had been exposed to this type of material prior to the workshop, it had not been presented with such confidence and knowledge as the trainers of the CAN workshop presented the material. The only issue of concern for the direct service group was that the training could have been more compact, not as drawn out as the workshop was. One drawback presently being experienced by direct service staff and CAN staff alike, is that after the workshop, an overwhelming amount of referrals were made to the CAN program. This has created a waiting list due to CAN's staff limitations. Overall, however, this phenomenon is positive in nature and should be beneficial for all concerned in the long run.

It is obvious that the workshop offered by CAN was a success. It has caused institutional staff to become more aware of alcohol abuse, as well as the availability of new resources, and the workshop aided CAN in establishing a professional image.

DISCUSSION

This report has presented a diversified amount of data concerning the Care About Now (CAN) program. Pictured was an operation of limited staff that screens and selects, from a heavy volume of new commitments, clients that are in need of substance abuse, particularly alcohol, services and then monitors these clients through a complex correctional system. Furthermore, CAN trained institutional staff in recognizing and addressing the needs of substance abusers.

As stated throughout this report, the small sample size and short follow-up period, preclude the measurement of CAN's impact on their target group. And, although the data reported and analysis tables presented cannot be used to form any definitive management policy relating to the substance abuse field, some general statements regarding CAN's achievements can be made.

CAN did, during its first six months of operation, accept 25 of the 72 residents that were referred to them for screening. The majority of their clients, 68%,were screened, evaluated and accepted into the program within three weeks after the resident's arrival at RDC. In terms of areas of need, the major difference was the legal category where the CAN group had 60% of its clients in need of legal assistance, as opposed to only 32% of the non-CAN group. CAN also chose to refer 4 of its clients to the staff psychologist for further evaluation whereas the non-CAN group made no referrals in this area. The greatest obstacles CAN encountered in getting services to their clients were outstanding legal issues and special health treatment that was not available at the DOC. CAN also contacted many resources to get their clients involved in programs recommended by the RDC classification team.

Finally, the positive response CAN's workshop received indicates that both administrators and direct service staff alike, approve of the CAN program and recommended it to others in their respective institutions.

It is evident that CAN has achieved all of their program objectives and despite obstacles, such as a work stoppage, maintained consistency in their delivery of services.

Similarly, the DOC has attained its goal of finding a treatment model that addresses the total needs of the substance abuse, as opposed to the past practice of directing attention to the use of substances alone.

To date, CAN has accepted over one hundred clients into their program with a steady stream of referrals being made daily. Serious consideration should be given to expanding this program to the other institutions not included in Area III of the DOC.