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A Study of Women on Parole Who Graduated from the Forever Free Substance Abuse Program: Treatment Experiences, Needs and Services, Outcomes

Final Report

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Executive Summary

This document reports on a study of the community residential phase of the Forever Free Substance Abuse Program at the California Institution for Women (CIW), Frontera, California. The current study was intended to provide substantive findings on Forever Free participants after release to parole compared with other paroled women with a history of drug use, but also to serve as a pilot study for a more comprehensive evaluation of the program. The current study has four general purposes: (1) to elucidate and supplement findings from a previous outcome study; (2) to find out how Forever Free graduates who enter residential treatment fare after a year or more of post-release time in relation to women who did not enter treatment; (3) to gain greater understanding of the needs of the women and whether they were able to have them met; and (4) as a pilot study, to develop instrumentation and procedures, identify research issues, and provide recommendations for a more comprehensive evaluation of Forever Free and its community residential component.

Forever Free: In Prison Treatment and Community-Based Programs

Began in 1991, the Forever Free Substance Abuse Program at the California Institution for Women is a treatment program for women inmates with drug abuse problems based on the therapeutic community model. It was developed and is being conducted by Mental Health Systems, Inc., of San Diego, California. The program has two components: (1) an intensive four-month component that is provided to volunteer women inmates during the last six months of their imprisonment, and (2) a six-month community-based residential program for volunteer women

who have graduated from Forever Free and have been released to parole. Although participation in community residential treatment is voluntary, program staff and former graduates of the program make every effort to encourage Forever Free participants to enter residential treatment. In-prison services of Forever Free include individual substance abuse counseling, special workshops, educational seminars, 12-step programs, parole planning, and urine testing. Program participants are housed in a 120-residential unit and maintain full-time institution work and educational assignments.

About one-third of the program participants volunteer to continue treatment in one of the community-based residential programs under contract with Los Angeles, Orange, Riverside, and San Bernardino counties to provide treatment to Forever Free graduates. Each of these programs is residential, and has a designated number of treatment slots for Forever Free graduates, ranging from 2 to 12. The expected length of stay in a program is six months. Program services vary across programs, although basic services such as individual counseling and group counseling are common in all programs. Most programs offer family counseling, vocational training/rehabilitation, recreational or social activities, and English- and Spanish-speaking staff.

Study Design

The major emphasis of the current evaluation was to obtain an initial assessment of how particular conditions following release were related to successful outcomes for substance-abusing women who had participated in the Forever Free program and in community residential treatment. In addition to drug use and parole outcomes, the study examined treatment experience of women on parole and the various needs they had and whether they were able to get them met.

Through interviews, the current evaluation examined differences in the experiences of three groups of women who were paroled from the California Institution for Women between December 1993 and June 1994: (1) women who participated in Forever Free while in custody and then participated for at least 30 days in a residential program in the community upon release to parole (Residential group); (2) women who completed the Forever Free program but did not volunteer to enter one of the community-based residential programs (Non-Residential group); and (3) women who had volunteered for Forever Free but due to administrative or logistical reasons (e.g., insufficient time left to be served in prison) were unable to participate in the program (Comparison group). We planned to interview 30 in each group.

On the basis of the above criteria, the number of women who constituted the pool for each study population consisted of 31 in the Residential group, 47 in the Non-Residential group, and 49 in the Comparison group. A variety of methods were used to locate these subjects, including sending letters to parole officers, obtaining addresses from the Department of Motor Vehicles and from parole units, and determining prison and jail status.

Interviews were conducted with 19 women in the Residential group (61.1% of eligible women), 23 women in the Non-Residential group (48.9%), and 22 women in the Comparison group (44.9%). Overall, interviews were obtained from 64 women (50.4% of total sample); this number constituted 71.1% of the 90-women sample (30 in each group) that had been our original target. The interviewed and not interviewed women were similar in terms of age and offense charge, but the interviewed group included proportionately more Blacks than did the non-interviewed group. With few exceptions, the three study groups (Residential, Non-Residential,

Comparison) were similar in background characteristics and in drug use and treatment participation before incarceration.

Study Findings

Because of the small number of subjects in the study, results are reported mainly in terms of frequencies and means and should be considered tentative. Open-ended responses that are qualitative rather than quantitative are summarized in-narrative form. Main findings are discussed under four topics: treatment participation since release from CIW, needs and services, self-reported drug use in the past year, and parole outcomes.

Treatment Participation

By definition, all of the women in the Residential group participated for at least one month in a residential program. Seven women in the Non-Residential group and five women in the Comparison group reported being involved in at least one program at some time since release to parole. Program completion rates were low. For the Residential group, interview responses indicated that 11 women completed treatment and that they stayed an average of 19.2 weeks. Based on program records, however, 6 women in the Residential group remained in treatment for six months, and their average length of time in treatment was 15.7 weeks.

The most common reason women gave for entering treatment was a feeling of being "tired, disgusted, wanting to change," particularly among the Residential group. The next most common reason had to do with parenting issues--wanting to become a better parent or to get children back. Generally, internal motivation or pressure was more important than external motivation (e.g., pressure from the criminal justice system). The three most important reasons

for remaining in treatment (for the Residential group and for all women who had been in treatment) were "wanting to say sober/clean," "liked the program," and "my own will power." None of the women selected "had to be there for legal reasons" as a factor in continuing in treatment.

Women were asked in open-ended questions what they found to be most helpful and least helpful about the program they participated in. Regarding what was most helpful, the majority of women mentioned group or individual counseling sessions. Others responses included the group support and closeness with other clients and staff, learning about drugs, and gaining insights about themselves. What nearly all of the women reported as being helpful were activities that directly addressed their drug problem; very few mentioned ancillary services as being helpful. What women did not find helpful (or did not like) were the rules, restrictions, or structure of the program. Some women also did not find the attitudes of some program staff helpful.

Women in the Residential group were more likely than those in the other two groups to report participation in 12-step programs (separate from formal treatment programs), and they participated more frequently in such groups. Although only 10 women said they had been involved in some type of community group since their release to parole, 6 of these were in the Residential group. Involvement in 12-step meetings and in community groups both suggest a more prosocial orientation on the part of women in the Residential group.

Needs and Services

Drug-abusing women offenders tend to have a variety of needs in addition to their drug problems and their involvement with the legal system, including need for medical and psychiatric care, housing, job skills, physical and sexual abuse, income assistance, and child care.

If the most pressing of these needs are not addressed in the course of treatment and aftercare, it is unlikely that the women will be able to maintain a drug-free and crime-free lifestyle.

Among 26 needs asked about, the five most frequently mentioned by the women overall were help with preventing relapse to alcohol/drug use; help getting employment; assistance in obtaining SSI, AFDC, food stamps, and other income support; treatment for alcohol or drug abuse; and help in improving self-esteem and living skills. These were also the most frequently mentioned needs of the women in the Residential group, but their top need was for employment.

Of the three overall top ranked needs, women in the Residential group were much more likely than women in the other two groups to report that they had been able to receive assistance for relapse prevention and help in getting employment. On the other hand, they were much less likely to report having received assistance in getting SSI, AFDC, food stamps, and other income support. (The assistance may have come either while the women were in treatment or on their own in the community.)

Although less than one-third of the total sample indicated that they were currently involved in some type of educational or vocational training, more than half of the Residential group said they were participating in such training, compared with about a sixth of the Non-Residential group and about a fourth of the Comparison group.

For those women who said they did not receive services for one (or more) of their top three needs, the most frequently reported reasons for not receiving services were "services were not available," "did not know how or where to get service," "did not have transportation," and "had more important things to do." The most common "other" reason offered for not having received assistance was "too involved in drugs."

Drug Use in Past Year

Drug use in the past year was determined from self-report and was probably underreported. (Independent validation of self-report through drug testing was not done.) Self-reported use in the past year of nearly all drugs was much lower in the Residential group than in the other two groups, particularly so for heroin and cocaine/crack. For example. 21% of the women in the Residential group reported use of cocaine or crack in the past year, compared with 69% of the Non-Residential group and 50% of the Comparison group. Also, fewer women in the Residential group than in the other groups reported being currently dependent on a drug.

Parole Outcomes

Success on parole was defined as being discharged or still on parole with no recommitments to prison at the time of interview. By this definition, over two-thirds of the Residential group was successful on parole, compared with about one-half of the Non-Residential group and one-fourth of the Comparison group. For women who were returned to prison, two-thirds of the Residential group were returned for a technical violation rather than a new term, compared with one-half of the Comparison group returned for a technical violation. For the Residential group, women who stayed in treatment for five or more months were more likely to be successful on parole than women who were in treatment less than five months (86% vs. 58%).

Conclusions

In this and a previous evaluation, the Forever Free Substance Abuse Program and its community-residential treatment component have been shown to have positive effects on various

outcomes following release to parole, with time-in-treatment being an important factor in success. While the limitations of the current study preclude firm conclusions, it does appear that providing community-based residential treatment to Forever Free graduates is an effective way to lower their drug use, improve the likelihood that they will complete parole successfully, help them get at least some of their needs met, and engage them in other prosocial behaviors such as education and vocational training, attendance at 12-step groups, and participation in various types of community groups.

What remains unclear is the specific types and intensities of service that women actually receive for their multiple needs in the residential treatment programs that Forever Free graduates enter and to what extent receiving services for their needs are related to promoting improved outcomes during and after parole. This study has provided some suggestions in this regard, but more definitive findings and conclusions will require a more comprehensive study of Forever Free graduates that takes into account key research issues and that considers multiple outcomes for this population of high-risk women. More generally, with detailed data on a sufficiently large sample of paroled drug-using women, it would be possible to examine more complex relationships and interactions among variables of interest, with the objective of determining more definitively how drug-using women offenders with varied characteristics and problem can best be served by the correctional system to address their needs, reduce drug use, and improve parole outcomes.

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This study could not have been completed without the help of many people, and we wish to thank them for their assistance. At the California Department of Corrections Office of Substance Abuse Programs, we are grateful to Ernest Jarman, our project officer, who provided continual support and assistance throughout the course of the project, without which the study could not be have been completed. Also, we wish to thank Lois Lowe, now retired from CDC, who guided us through the state human subject protection process.

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At the UCLA Drug Abuse Research Center (DARC), a number of people performed essential services in carrying out the study. Beverly Williams set up appointments and maintained project files. Tracking and locating offender populations is difficult, and we

benefited from the advice of Birgit Danila, DARC's expert on the subject. Beverly Williams and Beverly Joseph conducted the often frustrating process of locating subjects for interview. Most of the interviews were conducted by Beverly Joseph and Irene Levin. We thank Kathleen Boyle, a project director at DARC, for letting one of her interviewers, Anisa Mendizabal, conduct interviews with several women in the Los Angeles County jails until our interviewers could receive clearance. Jane Chen and Carolyn Potter wrote the program for data entry. Victor Shaw and Ron Gold entered the data collected from the interviews. Jessie Hsieh helped with the data analysis. Clarence Bradford provided expert advice on statistical issues. Brian Perrochet edited the report and, as usual, improved its readability. Julie Cantila and Jason Howard provided word processing services, created tables, and turned a rough manuscript into a polished report. At several points in the project, Douglas Anglin, DARC's director, offered important advice and assistance.

Finally, we thank the women who agreed to be interviewed and tell us about their lives.

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1. Introduction

This document reports on a study of the community residential phase of the Forever Free Substance Abuse Program at the California Institution for Women (CIW), Frontera, California. The study was carried out through a contract between the California Department of Corrections (CDC) and the UCLA Drug Abuse Research Center (DARC), with funding from the Center for Substance Abuse Treatment (CSAT). The study continues prior research on Forever Free, which was conducted by the Office of Substance Abuse Programs of the California Department of Corrections through an interagency agreement with the California Department of Alcohol and Drug Programs (ADP). The current study was intended to provide substantive findings about women released from CIW some of whom were Forever Free participants, and also to serve as a pilot study for a more comprehensive evaluation of the program.

Prior reports on Forever Free include results of a process evaluation on program content and operations (Jarman, 1993a), a demographic description of the women in Forever Free and women in the study's comparison groups (Jarman, 1993b), an ethnographic study of nine program participants (Short, 1992), and an outcome evaluation that used success on parole as the principal measure of program effectiveness (Jarman, 1993c). Since the current study is an outgrowth of this prior outcome evaluation, the methodology and major findings of that study are summarized below.

The current study has four general purposes: (1) to elucidate and supplement findings from the previous outcome study; (2) to find out how Forever Free graduates who enter residential treatment fare after a year or more of post-release time in relation to women who did not enter treatment; (3) to gain greater understanding of the needs of the women and whether they were able

to have them met; and (4) as a pilot, to develop instrumentation and procedures, identify research issues, and provide recommendations for a more comprehensive evaluation of Forever Free and its community residential phase of treatment.

The report begins with a background section that includes a review of the characteristics of drug-abusing women offenders in the United States and in California, particularly those in prison and on parole. The second section provides an overview of the therapeutic community model of prison drug treatment, a brief description of the Forever Free Substance Abuse Program and the community residential programs that Forever Free graduates may enter, and a summary of the previous outcome evaluation of the program. The next section presents the evaluation design and procedures of the study, including general aims, the selection of the three study groups, the interview instrument, and the process of locating and interviewing subjects. This is followed by a comparison of the background characteristics of the interviewed and noninterviewed women and of the women in the three study groups. Study findings covering the period since release to parole are presented under the following topics: treatment experience, needs and services received, drug use in the past year, and parole outcomes. The final section of the report presents summary and conclusions.

2. Background on Drug-Abusing Women Offenders

While relatively current data are available on the numbers and characteristics of women in prisons, the major charges against them, and the numbers who are recidivists, there is little in the literature on drug-abusing women parolees in terms of their experiences while on parole and the factors (in addition to participation in a treatment program) that may contribute to their success or failure on parole. There is literature on the effectiveness of treatment for women substance abusers in general and some on programs for women offenders (Jarman, 1993c; Wellisch, Anglin, & Prendergast, 1993a,b), but only limited information is available on drug-abusing women on parole.

Over the past decade, increasing numbers of women have been charged with drug offenses, increasing numbers of drug-using women have become involved in the criminal justice system, and increasing numbers of drug-using women offenders cycle in and out of jail and prison. This section summarizes statistics on women offenders in the United States and in California to describe these trends.

Women Inmates and Drug Use in the United States

According to data from surveys by the federal Bureau of Justice Statistics (Beck et al., 1993; Snell, 1994), the state prison population in the United States increased by over 58% between 1986 and 1991, from 450,416 to 711,643. In 1986, women constituted 4% of this population (22,777) and 5% (39,917) in 1991. Nearly one in three women inmates were serving a sentence for drug offenses, up from 1 in 8 in 1986. The percentage of women in prison for property offenses declined during this period, from 41% to 29%; sentences for fraud dropped from 17% to 10%.

From 1986 to 1991, the proportion of drug offenders in state prisons increased from 9% to 21%; women were more likely to be incarcerated for a drug offense than men, 33% versus 21%.

Fifty-four percent of the women in prison had used drugs in the month before the offense. The percentage of those using cocaine or crack increased from 23% in 1986 to 36% in 1991, while use of marijuana decreased from 30% to 20% and use of the other drugs remained fairly constant. Thirty-six percent of the women reported that they were under the influence of drugs (other than alcohol) at the time of the offense; 53% were under the influence of either alcohol or drugs; and 24% reported that they had committed the offense to obtain money for drugs. The women who said that they committed the offense to obtain money for drugs were about twice as likely as other inmates to be incarcerated for robbery, burglary, larceny, or fraud (54% versus 27%). Women who reported that they used drugs, across all measures of use, were less likely to be incarcerated for a violent crime than those who reported no use of drugs; use during the month before the offense showed one in four users incarcerated for a violent crime compared with two in five of the nonusers.

Six in ten women inmates grew up in a household with at least one parent absent; about 47% had an immediate family member who had served time in prison. Over half of the women had suffered sexual or physical abuse prior to entering prison, 31% before age 18. Sixty-seven percent of the women had a child under age 18 and 42% had two or more children under 18. About 71% of women prisoners had served a sentence prior to probation or incarceration.

Women Inmates and Drug Use in California

As of December 31, 1994 there were 125,605 inmates in California's prison system. 117,379 men (93.5%) and 8,215 women (6.5%),[1] representing a 44% increase in the total population compared with 1989 (data provided by the California Department of Corrections). In the total population, about 25% were committed for an offense involving drugs; women were more likely than men to be committed for a drug offense (37.8% versus 24.3%). About 25% of inmates were committed for a property offense, which, particularly for women, is often related to drug use (Lowe, 1995).

Information on the characteristics of drug-abusing offenders in California prisons was gathered in 1990 by the CDC Offender Information Services Branch (OIS) by "folder readings" of a random sample of the 39,272 new felon admissions (not including parole violators) to the system (6% of the men and 33% of the women) (summarized in Scarlett Carp & Associates, 1992; 1990 is the most recent year for which detailed data on drug use among new felon admissions to California prisons are available). Of the 39,272 new felon admissions, 38.8% were convicted for drug offenses. This constituted the largest category of crime, a 280% increase over 1985. The folder reading identified 71.1% of the men and 79.5% of the women with documented histories of drug use. For men with a history of drug use, 42% were reported for cocaine use, 21.3% for marijuana, 21% for heroin, and 9.2% for methamphetamine. For women with a history of drug use, 44.1% were reported for cocaine use, 34.4% for heroin, 11.1% for methamphetamine, and 4.7% for marijuana.

Drawing on data from the 1990 OIS survey and other sources, the consulting firm of Scarlett Carp & Associates, Inc. (1992) developed a profile of the characteristics of prison inmates

[1] The gender of 11 of the inmates was not recorded or missing.

with a documented history of drug use. (It was assumed that the percentage of the total inmate population with histories of drug use was the same as the percentages of new felon admission in the survey.)

The median age of women with a drug history was 30 years. Virtually identical proportions were African-American and White (35.9% versus 35.8%), with Hispanic/Mexican being 22.7%. The median education level was eighth grade. About 40% were married. Data from other sources (Owen & Bloom, 1995 [who based their description upon interviews in all four women's prisons in California]; American Correctional Association, 1990; Austin, Bloom, & Donahue, 1992; Bureau of Justice Statistics, 1994; Prendergast, Wellisch, & Falkin, 1995) show similar findings, which indicate that most drug-abusing women inmates were either unemployed or underemployed; most were heads of their household; most (80%) had children; two-thirds had children under 18; and many had physical, emotional, or psychiatric problems. Over 70% had used cocaine, heroin, or methamphetamine. Over half (54%) had been convicted of drug offenses, followed by property offenses (31%). For nonviolent crimes, the average term served was 10 months. Nearly all (90%) had no prior prison commitments, but about 75% had been in jail at least once.

Treatment Experience

Fifty-seven percent of the women in California prisons interviewed by Owen and Bloom (1995) reported that they had participated in prior drug and alcohol treatment. Self-help programs (e.g., 12-step, AA, NA, peer counseling) were the most frequently reported, split evenly between community-based and custodial programs. Outside of self-help, little other treatment experience was reported by the overwhelming majority. Among women inmates who had ever used drugs,

64% reported that they had been in a clinic, therapy, self-help group, class, or some other type of treatment, including a program offered in the prison.[2]

During fiscal year 1993-1994, there were 201,313 admissions into the community-based treatment programs that reported to the California Alcohol and Drug Data System (CADDS), maintained by the California Department of Alcohol and Drug Programs (ADP). Of these, 57,646 (28.6%) were involved with the criminal justice system: 55.2% on probation, 28.2% on parole, 13.6% under diversion, and 3.0% incarcerated. Of the women who were being treated in the programs that reported to CADDS, 31.5% were involved with the criminal justice system (*ADP Data News*, 1994).

Women Parole Violators in California

During calendar year 1992 (the latest year for which parole information is available), 84,574 felons were released to parole, 77,648 (91.8%) men and 6,926 (8.2%) women. Parole Region III, which covers Los Angeles County excluding the southeastern portion (comprising Long Beach through Pomona) received 36.4% of all the released felons in California. Region IV, which includes the southeastern areas of Los Angeles County and other counties of interest in this study (Imperial, Orange, Riverside, San Bernardino, and San Diego counties) received 33.6% of the parolees. Of the women felons first released to parole in 1992, drug offenses accounted for the largest category of post-release offense (42.8%). During 1992, 31.5% of 100 average daily felon women parolees (including parolees-at-large) supervised in California were returned to custody: 28.9% had a major charge of a drug offense, with revocation at a mean time of 6.4 months after release; 19.5% had a major charge of a property offense, with revocation at a mean time of 8.8

[2] Generally, education classes and self-help programs by themselves are not considered to be treatment for long-term, chronic drug abusers, although these tend to be the offerings within most prisons.

months. Women who were returned for violations of the parole process (5.4%) had a mean revocation time of 4.6 months (California Department of Corrections, 1995).

3. Forever Free Substance Abuse Program

The Forever Free Substance Abuse Program at the California Institution for women is designed to reduce the incidence of drug abuse which, as shown above, is closely associated with both new criminal charges and parole violations, and improve custodial and post-release behavior. The program is based upon the therapeutic community model of treatment.

The Therapeutic Community Model of Prison Drug Treatment

The therapeutic community (TC) model of treatment has been most evaluated and does seem to be effective with heavy drug-abusing prison populations (Chaiken, 1989; Falkin, Wexler, & Lipton, 1992; Field, 1985, 1989; Wexler, Falkin, & Lipton, 1990). The TC approach and program activities are based upon a particular concept of drug use and a particular philosophy regarding rehabilitation. The approach basically is founded on the belief that the drug abuse disorder affects many of the user's values, cognition, social skills, and general behavior. The TC provides a total environment in which transformations in the drug user's conduct, attitudes, and emotions are fostered, monitored, and mutually reinforced by the daily regimen (DeLeon, 1989).

The first use of the TC concept for the treatment of drug abuse is attributed to Charles Dederick in Synanon, which he founded in 1958 in Santa Monica, California. Although some correctional programs based on the TC concept were developed as early as the 1960s, the program that did much to set the model for correctional programs was Stay'n Out, founded in New York State in 1974 (Wexler & Williams, 1986). Stay'n Out has been evaluated and been found to be generally effective (Wexler, Falkin, & Lipton, 1990). Today, TCs (or programs operating on many of the TC precepts) can be found in prisons in most states. California, with the largest prison

population in the United States, has two TC-type programs for women: Forever Free at the California Institution for Women, and the Walden House TC at the California Rehabilitation Center.

Therapeutic communities and modified TCs in prisons, such as Forever Free, have several distinctive characteristics, although different programs vary in how strongly they emphasize one or more of these characteristics (Pan, Scarpetti, Inciardi, & Lockwood, 1993):

- Because of their orientation, TCs present an alternative concept of inmates that is usually much more positive than the prevailing beliefs and attitudes held by correctional staff;
- TC activities embody positive values, help to promote positive social relationships, and start a process of socialization that encourages a more responsible and productive way of life;
- Staff attitudes and supervision are qualitatively different from those of corrections personnel, and TC staff, some of whom are themselves recovering addicts and former inmates, provide positive role models; and
- TCs in prisons, with treatment just prior to release, and with continuity of care in the community, provide transition from institutional to community living.

Forever Free Program: In-Prison Treatment

The Forever Free Substance Abuse Program at the California Institution for Women began in 1991. It was developed and is being conducted by Mental Health Systems, Inc., of San Diego, California. The program has two components, an intensive four-month component that is provided

to volunteer women inmates during the last six months of their imprisonment, and a six-month community-based residential program for women volunteers who have graduated from Forever Free and have been released to parole. Although participation in community residential treatment is voluntary, program staff and former graduates of the program make every effort to encourage Forever Free participants to enter residential treatment.

In-prison services of Forever Free include individual substance abuse counseling, special workshops, educational seminars, 12-step programs, parole planning, and urine testing. Program participants are housed in a 120-bed residential unit and maintain full-time institution work and educational assignments.

Between May 1991, when Forever Free began, and October 1995, 1,266 women have graduated and been released to parole. About 100 others entered the program but did not complete it. About one-third of the program participants volunteer to continue treatment in one of the community-based residential programs under contract with Los Angeles, Orange, Riverside, and San Bernardino counties to provide treatment to Forever Free graduates. Recently, eligibility for entrance to one of the residential programs was changed to allow delayed participation for Forever Free graduates who did not immediately enter one of the residential programs, providing a slot is available.

Community-Based Residential Programs: Continuity of Care

Upon discharge and graduation from Forever Free, women may volunteer to enter a community-based program located in one of the four counties: Behavioral Health Services (Patterns), Cedar House, CRI-HELP (North Hollywood), Desert Recovery Services (The Ranch), Hope House, Impact House (Principles), Phoenix House, Sobriety House, and Socorro/CRI-HELP.

Programs are represented in Los Angeles, Orange, Riverside, and San Bernardino counties. Each of these programs is residential, and has a designated number of treatment slots for Forever Free graduates, ranging from 2 to 12, depending on the particular program, in addition to slots available to non-Forever Free participants in the community. The expected length of stay in a program is six months.

Program services vary across programs, although basic services such as individual counseling and group counseling are common in all programs. Most programs offer family counseling, vocational training/rehabilitation, recreational or social activities, and English- and Spanish-speaking staff. Various categories of services for each program are shown in Appendix A. Information on the services provided by each program was taken from brochures and other program documents, but the amount of detail varied among the available documents. Thus, it seemed more appropriate to report categories of services rather than specific services. The categories are taken from the Treatment Referral Network Survey, a DARC project concerned with describing the treatment system in Los Angeles County (Polinsky, Hser, Anglin, & Maglione, 1995).

Previous Evaluation of Forever Free

Jarman (1993c) conducted a quasi-experimental study comparing outcomes for 196 treatment subjects (women who participated in Forever Free) and women in two comparison groups. All subjects paroled during the period January 1, 1992, to September 30, 1992.

Treatment subjects (n=196) were similar in characteristics to the 750 women who had participated in Forever Free up to that time, and the subjects in the comparison groups were closely matched to treatment subjects on age, ethnicity, and primary offense. There were two comparison groups: one composed of women from two other California women's prisons (n=107), and the

other composed of women at CIW who did not apply for the Forever Free program (n=110). The primary goals of the evaluation were to determine how Forever Free works, with which subjects it is most effective, and how time in treatment in Forever Free and community-based treatment programs is related to outcome.

All treatment subjects were tracked for a minimum of 4 months to a maximum of 20 months from the time of their release; comparison group subjects were matched as closely as possible for time of release from prison. Data were collected until March 31, 1993, providing a minimum of six months of parole time and a maximum of 14 months of post-release time (including time on parole).

Treatment and comparison group subjects were compared on two variables: disciplinary actions and parole revocation. Subgroups of treatment subjects (differentiated largely by demographic, drug use, and criminogenic characteristics) were compared on in-prison and in-community variables. The in-prison variables were program retention, urine test results, measures of inmate progress, and disciplinary actions. The in-community variables were time in community treatment, urine test results, and parole status (discharge from parole, parole revocation, return to custody).

Quantitative data were obtained from records (staff exit reports, institutional records, drug test results, the California Alcohol and Drug Data System, and departmental data on parole status and return to custody available in the Offender Based Information System). A small number of study subjects were interviewed on special topics (e.g., recidivism, success in sobriety, personal characteristics) to supplement the quantitative analyses.

The major findings of the study were as follows:

- The Forever Free Substance Abuse Treatment Program successfully delivered services to a significant proportion of women at the California Institution for Women.
- Women who volunteered for Forever Free had more severe problems (type of drug and length of use, social and cognitive deficits, and criminogenic behavior) than women in the comparison groups, even though the groups had been matched for age, ethnicity, and primary offense.
- Length of time in treatment was correlated with success on parole--only 38% of program dropouts were successful on parole as compared to 90% of those who completed Forever Free and stayed for five or more months in community-based residential treatment.

The reasons for the greater success of the participants who remained in residential community-based treatment may be due to three factors. First, they were under supervision through their participation in the community-based treatment program, and there is considerable evidence demonstrating reduction in drug use and crime during treatment. Second, they received a variety of counseling, education, and other services that addressed their substance abuse problems. Third, in most cases, residential programs provide a variety of ancillary services for their women clients: they take care of basic needs (e.g., food, housing, clothing) while the women are in residence, may arrange for medical, dental, or psychiatric needs to be addressed, and try to prepare them for reentry into the community by providing vocational training, education, and training in parenting and general coping skills. Some of these latter services are provided on-site, others. typically, are provided through referral, which helps to acquaint the women with the services available in the community and procedures for accessing those services. Thus, those women who

continued in residential treatment may have been better prepared than those with no treatment or minimal treatment to make a positive adjustment to living in the community.

4. Evaluation Design

The current evaluation examined differences in the experiences of three groups of women who were paroled from the California Institution for Women: (1) women who participated in Forever Free while in custody and then participated for at least 30 days in a residential program in the community upon release to parole; (2) women who completed the Forever Free program but did not volunteer to enter one of the community-based residential programs; and (3) women who had volunteered for Forever Free but due to administrative or logistical reasons (e.g., insufficient time left to be served in prison) were unable to participate in the program.

Study Aims

This current evaluation differs from the prior outcome study of Forever Free in two aspects: (1) In this study, information on the community treatment and other experiences of study subjects following release to parole was based upon interviews with these women, while data in the previous study were derived mainly from records of various kinds; and (2) the subjects in the current study had been released to parole for a year or more before they were interviewed on their experiences during the period since their release from CIW, while in the prior study many of the women had been released less than six months before.

The major emphasis of the current evaluation was to obtain an initial assessment of how particular conditions following release were related to successful outcomes for substance-abusing women who had participated in the Forever Free program and in community residential treatment. The conditions of particular interest were:

- Differences among the three groups in terms of access to and use of treatment and social services;
- The extent to which access to and use of general services carry over for women after they finish participation in the residential treatment program; and
- The extent to which access to and use of general services relate to successful outcomes on parole.

Selection of Study Groups

Since most of the women leaving CIW on parole do fairly well for about the first six months after release, we selected as subjects women who had been released from CIW at least a year before the study. The women selected for the study samples paroled to Southern California counties, mainly Los Angeles, San Bernardino, Orange, and Riverside. We proposed to interview three groups of women approximately 12 months after release to parole. Our intention was to locate and interview 30 women in each group, since this appeared to be as many as could be located and interviewed within the limited budget of the project.

The population from which we proposed to draw our samples consisted of all women who met certain eligibility criteria. Subjects making up the three groups included inmates from the California Institution for Women who had an Expected Parole Release Date (EPRD) during the seven-month period from December 1993 through June 1994. The women from which the Residential group was drawn were identified from participation rosters of the 10 residential treatment programs that Forever Free graduates voluntarily entered. Women who entered one of the residential programs during the seven-month period and remained in treatment for at least 30 days were selected into the Residential group. The women from which the Non-Residential group

was drawn consisted of women who had participated in Forever Free but who did not enter one of the residential treatment programs. The Comparison group was composed of women at CIW who had applied to and qualified for Forever Free but were not admitted to the program, usually for administrative reasons.[3] On the basis of these criteria, the number of women who constituted the pool for each study population consisted of 31 in the Residential group, 47 in the Non-Residential group, and 49 in the Comparison group--for a total of 127 who were eligible for interview.

Interview Instrument

An interview protocol was developed from questionnaires that have been used in previous and current studies of offender or drug-using populations at the UCLA Drug Abuse Research Center (DARC) and from questionnaires of other studies that have interviewed women with drug use or criminal histories. In addition, questions that addressed specific concerns of this study were developed. The study protocol, including interview schedule and human subject consent forms, was approved by the California Human Subject Protection Committee, with minor revisions.

The interview protocol and consent form were pilot tested by the PI and research consultant with five women who were living at a halfway house in Los Angeles. The women were similar in ethnic background, drug use, and criminal justice involvement to our research population. They cooperated fully in answering the interview questions and in commenting upon the understandability and relevance of the interview items and consent form. They were each paid $25 for their assistance. This pilot test resulted in a number of clarifications in the interview protocol. (The final interview instrument appears in Appendix B.) Two women interviewers (one Spanish

[3] As noted below, some women in the Non-Residential group and the Comparison group did enter some type of treatment program while on parole, but not necessarily one of the nine residential programs associated with the Forever Free program.

speaking) were hired for the project and trained in the interview protocol by the PI and research consultant. The interviews were conducted between July and November 1995.

Locating and Interviewing Subjects

Since only a single post-treatment interview was conducted, we did not have locator information that would have been available had we administered a baseline as well as a follow-up interview. We used a variety of methods to try to locate subjects for interview. In an effort to protect the privacy of potential subjects, we originally planned to use parole officers as intermediaries. Sealed letters to the women introducing the study and requesting their participation were sent to their parole officers, who were asked to hand deliver the letters to the women. This method of contacting subjects turned out to be relatively ineffective for a number of reasons (e.g., some parole officers forgot or preferred not to deliver the letters, some of the women had already been discharged from parole, and some had been reincarcerated).

We then attempted to determine the women's status and location through various other means. CDC records were checked to determine which women were on active parole, which had been discharged, and which had been returned to prison. Contacts with parole officers identified women who were "parolee at large." Addresses of last record were obtained from the California Department of Motor Vehicles and from parole units. We sent letters to these addresses asking the women to contact us if they wished to participate in the study. In addition, women who had been returned to prison were sent a letter requesting their participation in the study. Except for letters returned with no forwarding address, at least two follow-up letters were sent to women who did not respond initially. Finally, we checked the jail list for Los Angeles County, which DARC receives

each week for its other interview studies, to see if any of our subjects turned up in one of the county's jails. (DARC does not have arrangements with other counties to obtain their jail lists.)

For women who agreed to participate in the study, an interview was scheduled at a time and place convenient to the subject and the interviewer. The interviewer read the consent form, answered any questions, and obtained the subject's consent to be interviewed. The interview lasted about an hour, though the time varied from 35 minutes to 90 minutes. Upon completion of the interview, the subject was given $25 in compensation for her participation.

5. Characteristics of the Study Samples

Of the 127 women eligible to participate in the study, interviews were obtained from 64 (50.4%); this number constituted 71.1% of the 90-woman sample (30 in each group) that had been our original target.[4] Of the 31 women in the Residential population, we conducted interviews with 19 (61.1%); of the 47 in the Non-Residential population, we conducted interviews with 23 (48.9%); and of the 49 in the Comparison population, we conducted interviews with 22 (44.9%). The interviewed women comprised the three study groups.

This is a difficult population to locate, particularly since some of the women would prefer not to be found. Of those who were not interviewed, most did not respond to any of the letters we sent. Current addresses were less likely to be available for women who had been discharged from parole. Seventeen of the subjects were declared "parolee at large" by their parole officers and probably did not want to be located, even for a research study. In fact, none of the women whom we knew to be at large was interviewed. Three subjects specifically declined to be interviewed. Three had moved out of the area. In two cases, the subject did not show up for a scheduled interview and the interview phase of the study had ended before a new time could be arranged. In one case of an interview conducted in prison, the subject became disruptive and the interview had to be canceled. Those women who were on active parole or who were in prison or jail were

[4] Characteristically, the Drug Abuse Research Center (DARC) achieves better than a 90% follow-up rate by obtaining comprehensive locator data on each subject at a baseline interview and by conducting labor-intensive tracking activities, including making home visits to potential subjects if necessary. Given the limited resources of this study, home visits and similar techniques could not be conducted, and since the women had already been paroled to the community, it was too late to obtain comprehensive locator data that would have made it easier to track subjects.

probably more likely to be located than women who had been discharged from parole or who were at large.

Our initial task was to determine the extent to which the 64 women who were interviewed were similar to the 63 women who were not located in order to detect any bias in the interview sample. Also, since we expected to compare the women in the Residential group with those in the other two groups, we examined the extent to which our three groups of study subjects were like each other in demographic characteristics, drug use, and treatment experience prior to incarceration.

Comparison of Interviewed and Not-Interviewed Women

Table 5-A shows age, ethnicity, and the offense for which the women were incarcerated, separated into those who were interviewed and those who were not interviewed. These data were obtained from the California Department of Corrections Offender Based Information System (OBIS). The mean age of the two groups are virtually identical. More variation between the interviewed and the not interviewed women is seen for race and offense charge. To determine whether these differences were significantly different, we used a Chi-square test. Because of small cell values, to compare the two groups on these two variables using a Chi-square test we collapsed the categories into "Black" and "Other" for race and "Drug" and "Other" for offense charge. The interviewed and not-interviewed groups did not differ on offense charge ($p<.1$, df. 1), but significant differences in race were found between the two groups ($p<.01$, df, 1). The interviewed group had proportionately more Blacks than did the not-interviewed group. Within the interviewed group, no significant differences were found between the three study groups in terms of race or offense charge.

TABLE 5-A
COMPARISON OF INTERVIEWED AND NOT INTERVIEWED WOMEN*

	Interviewed				Not Interviewed				Total (N=127)
	Res. (N=19)	Non-Res. (N=23)	Comp. (N=22)	Total (N=64)	Res. (N=12)	Non-Res. (N=24)	Comp. (N=27)	Total (N=63)	
Age (Mean)	33.3	34.7	35.4	34.5	35.2	34.2	34.1	34.3	34.4
Race									
Black	52.6% (10)	52.2% (12)	40.9% (9)	48.4% (31)	25.0% (3)	20.8% (5)	29.6% (8)	25.4% (16)	37.0%
White	36.8% (7)	26.1% (6)	22.7% (5)	28.1% (18)	66.7% (8)	54.2% (13)	37.0% (10)	49.2% (31)	38.6%
Hispanic	10.5% (2)	21.7% (5)	31.8% (7)	21.9% (14)	8.3% (1)	25.0% (6)	29.6% (8)	23.8% (15)	22.8%
Other	0.0% (0)	0.0% (0)	4.5% (1)	1.6% (1)	0.0% (0)	0.0% (0)	3.7% (1)	1.6% (1)	1.6%
Offense Group									
Drug	50.0% (9)	34.8% (8)	59.1% (13)	47.6% (30)	50.0% (6)	45.8% (11)	37.0% (10)	42.9% (27)	45.2%
Person	11.1% (2)	13.0% (3)	9.1% (2)	11.1% (7)	0.0% (0)	4.2% (1)	11.1% (3)	6.3% (4)	8.7%
Property	27.8% (5)	47.8% (11)	27.3% (6)	34.9% (22)	50.0% (6)	45.8% (11)	48.1% (13)	47.6% (30)	41.3%
Other	11.1% (2)	4.3% (1)	4.5% (1)	6.3% (4)	0.0% (0)	4.2% (1)	3.7% (1)	3.2% (2)	4.8%

*Based on data from the Offender Based Information System.

Comparison of Study Groups

The three interviewed study groups were examined in terms of demographic characteristics, substance use, and treatment participation prior to entrance to CIW.[5] As shown in Table 5-B, data on the subjects' backgrounds derived from interviews provide a demographic profile of the study subjects that is similar to that found through recent national surveys and studies of women offenders in California (see Section 1). That is, Blacks comprise the largest group, Hispanics the smallest; most of the women are unmarried; most have children 17 or younger; and many are solely responsible for their children. Women in this study appear to be somewhat older with a mean age of 34.6 as compared to the median age of about 30 found in some earlier studies. In addition, they appear to have had somewhat more education, but this may simply be an artifact of the way in which we classified educational status, which was to combine completion of high school, trade school, or GED into a single status.

Examination of the demographic characteristics of the three study groups shown in Table 5-B indicates that the study groups are basically similar to one another, although there were some differences. Notable differences are in marital status; women in the Comparison group were less likely to be currently married than women in the other two groups. Also, although women in the Comparison group had somewhat more children who were 17 years old and under, they were less likely than those in the other groups to have their children living with them. This is at least partly explained by the fact that half of the Comparison group women were interviewed in prison.

As shown in Table 5-C, the study samples were similar to each other in their substance use prior to incarceration in CIW, although some differences were noted. One difference was that

[5] As used here and elsewhere, "prior to entrance to CIW" refers to the period before the commitment for the offense for which women were paroled from December 1993 to June 1994.

TABLE 5-B
DEMOGRAPHIC CHARACTERISTICS OF STUDY GROUPS*

	Residential (N=19)	Non-Residential (N=23)	Comparison (N=22)	Total (N=64)
Age (Mean) (Range/Standard Deviation)	33.6 (26-45/5.4)	35.0 (24-49/5.6)	35.1 (25-48/7.1)	34.6 (24-49/6.0)
Race/Ethnicity				
Black	52.6% (10)	47.8% (11)	50.0% (11)	50.0% (32)
White	31.6% (6)	21.7% (5)	22.7% (5)	25.0% (16)
Hispanic	15.8% (3)	17.4% (4)	27.3% (6)	20.3% (13)
Other	0.0% (0)	13.0% (3)	0.0% (0)	4.7% (3)
Marital Status				
Married	15.8% (3)	17.4% (4)	4.5% (1)	12.5% (8)
Not Married	84.2% (16)	82.6% (19)	95.5% (21)	87.5% (56)
No. of children 17 years and under (Mean) (Range/Standard Deviation)	1.3 (0-3/0.8)	1.2 (0-6/1.8)	2.0 (0-5/1.3)	1.9 (0-6/1.4)
Women with children 17 years and under	68.4% (13)	82.1% (19)	72.7% (16)	75.0% (48)
Women with children 17 years and under living with them	46.2% (6)	42.2% (8)	18.8% (3)	37.5% (17)
No. of children 17 years and under living with mother (Mean) (Range/Standard Deviation)	1.3 (1-2/1.3)	1.9 (1-41.9)	1.3 (1-21.3)	1.6 (1-4/1.6)
Education				
Less than high school graduation	31.5% (6)	43.5% (10)	40.9% (9)	39.1% (25)
High school, GED, or Trade School	42.1% (8)	39.1% (9)	40.9% (9)	40.6% (26)
Some college	21.1% (4)	17.4% (4)	18.2% (4)	18.8% (12)
Other	5.3% (1)	-----	-----	1.6% (1)

*Based on data from subject interviews.

while cocaine, including crack cocaine, was reported as the primary or secondary drug of choice for a majority of the women in the Residential and Non-Residential groups, proportionately more women in the Comparison group named heroin as their primary drug of choice. Almost all of the women in the three groups were heavy drug users both in terms of the number of years of use and frequency of use.

TABLE 5-C
PRE-INCARCERATION DRUG USE OF STUDY GROUPS

	Residential	Non-Residential	Comparison
Primary Drug	Cocaine/Crack (57.9%) (N=19)	Cocaine/Crack (54.5%) (N=22)	Heroin (45.5%) (N=22)
Age Begin Regular Use			
(Mean)	19.3	20.6	19.4
(Standard Deviation)	(4.0)	(7.3)	(7.3)
Frequency of Use*			
No use during month	5.3% (1)	4.3% (1)	4.5% (1)
≤Monthly	5.3% (1)	4.3% (1)	0.0% (0)
Weekly+	5.3% (1)	0.0% (0)	4.5% (1)
Daily+	84.2% (16)	91.3% (21)	90.9% (20)
Secondary Drug	Cocaine/Crack (31.3%) (N=16)	Cocaine/Crack (31.6%) (N=19)	Crack /Cocaine (31.6%) (N=19)
Age Begin Regular Use			
(Mean)	16.6	19.3	20.4
(Standard Deviation)	(4.5)	(6.2)	(6.0)
Frequency of Use*			
No use during month	26.3% (5)	30.4% (7)	27.3% (6)
≤Monthly	10.5% (2)	13.0% (3)	27.3% (6)
Weekly+	10.5% (2)	17.4% (4)	4.5% (1)
Daily+	52.6% (10)	39.1% (9)	40.9% (9)

*In month prior to incarceration.
N=Number who responded to the question.

Table 5-D shows that more than half (34) of the 64 subjects participated in at least one treatment program, excluding 12-step alone, prior to their incarceration in CIW. The women averaged 1.5 treatment programs; 22 women had participated in one program, 8 in two programs. 1

each in three and four programs, and 2 in five programs. Except for two alcohol-only programs, all of the programs were drug or combined alcohol and drug programs. Generally, more women in the Residential and Non-Residential groups than in the Comparison group had been in treatment before incarceration. Women in the Non-Residential group were more likely than women in the other two groups to have been in more than one treatment program.

Together, the 34 women participated in 55 programs before incarceration, but the program completion rate tended to be low. Of the 34 women who reported that they had been in treatment programs, 19 did not complete any program, 11 completed one program, 3 completed two programs, and one completed four programs. As can be seen from Table 5-D, the treatment completion rate differs among the three study groups, with the highest incidence of non-completion in the Residential group.

TABLE 5-D
PRE-INCARCERATION TREATMENT EXPERIENCE OF STUDY GROUPS

	Residential (N=19)	Non-Residential (N=23)	Comparison (N=22)	Total (N=64)
Ever in treatment for alcohol/drug abuse	57.9% (11)	60.9% (14)	40.9% (9)	53.1% (34)
No. of treatment programs participated in				
1	81.8% (9)	42.9% (6)	77.8% (7)	64.7% (22)
2	9.1% (1)	35.7% (5)	22.2% (2)	23.5% (8)
3+	9.1% (1)	21.3% (3)	0.0% (0)	11.7% (4)
No. of treatment programs completed				
0	81.8% (9)	35.7% (5)	55.6% (5)	55.9% (19)
1	18.2% (2)	35.7% (5)	44.4% (4)	32.4% (11)
2+	0.0% (0)	28.5% (4)	0.0% (0)	11.8% (4)

We would have greater confidence in the generalizability of our study findings if we had larger numbers in the study groups and if the groups were strictly comparable in their demographic

and pre-incarceration characteristics. Since this was a pilot study conducted with limited resources, the small sample size and some initial differences among the study groups were not unexpected. However, these restrictions do imply that findings from the study should be regarded as suggestive and provisional.

6. Study Findings

Because of the small number of subjects in the study, results are reported mainly in terms of frequencies and means. Limited comparisons among groups are made for selected variables of interest. In addition, open-ended responses that are qualitative rather than quantitative are summarized in narrative form. The discussion of findings addressed four main topics: treatment participation since release from CIW, needs and services, self-reported drug use in the past year, and parole outcomes.

Treatment Participation Since Release from CIW

By definition, all of the women in the Residential group participated for at least one month in a community-based residential program for which they had volunteered as a continuation of their participation in Forever Free. Based upon interview data provided by the women, seven of the Non-Residential women and five of the Comparison group also participated in at least one program during the year following release. One woman in the Residential group, two in Non-Residential and one in the Comparison group reported participation in a second program. Most of the programs that women in the Non-Residential and Comparison groups reported that they participated in were residential programs. Table 6-A shows program completion frequencies and average duration of treatment for women in the three groups. The figures in the table are based on interview responses, indicating that 11 women in the Residential group said they completed treatment and that the average length of stay for this group was 19.2 weeks. According to records of the residential treatment programs, however, 6 of the interviewed women remained in treatment for six months, and the average length of stay for all interviewed women entering residential treatment was 15.7

TABLE 6-A
TREATMENT PROGRAM ENTERED AFTER RELEASE TO PAROLE

First Program Entered

Study Group:	Residential	
Program Type:	Residential (long-term)	19
Average Duration:	19.2 weeks	
Status:	Completed program	11
	Still in program	1
	Did not complete program	6
	Missing	1
Study Group:	Non-Residential	
Program Type:	In-patient drug free	1
	Residential (long-term)	4
	Outpatient methadone detox	1
	CJS-based treatment	1
Average Duration:	12.4 weeks	
Status:	Completed program	2
	Still in program	2
	Did not complete program	3
Study Group:	Comparison	
Program Type:	Inpatient methadone detox	1
	Residential (long-term)	3
	Outpatient drug-free	1
Average Duration:	15.0 weeks	
Status:	Completed program	1
	Still in program	2
	Did not complete program	2

(Continued)

TABLE 6-A
(Continued)

Second Program Entered

Study Group:	Residential	
Program Type:	Residential (long-term)	1
Average Duration:	5.0 weeks	
Status:	Did not complete program	1
Study Group:	Non-residential	
Program Type:	Residential (long-term)	2
Average Duration:	1.5 weeks	
Status:	Did not complete program	2
Study Group:	Comparison	
Program Type:	Outpatient drug-free	1
Average Duration:	16 weeks	
Status:	Completed program	1

weeks. This apparent tendency for exaggeration of program completion and time in treatment may be true for the women in the other groups as well, but for those cases we have no independent account.

One of the problems in producing optimal outcomes in treatment programs for drug-using offenders is the high drop out rate. Over the eligibility period for subject selection (December 1, 1993-June 30, 1994), 48 Forever Free graduates entered one of the residential programs. Over one-third (35.4%) or 17 of these left the program within 30 days, with most (12) leaving within the first 7 days. Of the 19 interviewed women, less than half (8) remained in residential treatment more than three months, which other research has found to be the minimum length of time in treatment necessary for significant program effects to be observed.

Of those subjects who entered a treatment program, only two said they had any problems doing so, one in the Non-Residential group, the other in the Comparison group. Since the women from Forever Free who enter one of the contracted residential treatment programs are driven by a parole officer directly from CIW to the program, it is not surprising that none reported any problems entering treatment.

Reasons for Entering Treatment

Table 6-B shows the frequencies of the responses to the question about reasons for entering a treatment program. Subjects could provide up to three reasons. Among this sample of women, external motivation or pressure to enter treatment was less salient than internal motivation. Out of the 70 responses overall to this question, by far the most common reason given (38.6%) was an internal motivation having to do with being "tired," "disgusted," or "wanting to change." This was the most frequent reason for each of the three groups, although it was more important for the

TABLE 6-B
FREQUENCIES OF REPORTED REASONS FOR ENTERING A TREATMENT PROGRAM[1]

	Res (N=20)	NonRes (N=9)	Comp (N=6)	Total (N=35)
1. Drug availability (difficulty obtaining drugs or "good" drugs)	4	0	1	5
2. Financial (couldn't afford to stay on drugs, lost an income source)	2	1	0	3
3. Job (to get, keep, or improve job situation)	3	3	0	6
4. Pressure from CJS, attorney, etc.	1	2	0	3
5. Pressure from Children's Protective Services	0	0	0	0
6. Parenting issues (to become a better parent, get children back)	3	3	2	8
7. Pressure from family member (to improve/save close relationship with family member)	2	1	1	4
8. Pressure from school teacher, minister, coach, etc.	0	0	0	0
9. Health issues (too ill to continue; drugs or related diseases are hurting or threaten self, unborn baby, others)	1	0	0	1
10. Desire for services (to become eligible for some type of service)	0	0	2	2
11. General personal motive ("tired," "disgusted," "want to change," improve lifestyle, "save" self)	16	7	4	27
12. Other reason	4	5	2	11

[1] Subjects were asked to provide up to three reasons.
N = Number of women who entered one or two programs.

Residential group than for the other two. The next most common reason (11.4%) had to do with parenting issues--wanting to become a better parent or to get children back. By contrast, only 4.3% of the indicated reasons for entering treatment were related to pressure from the criminal justice system; somewhat more frequent (5.7%) was pressure from a family member. None of the reasons had to do with pressure from Children's Protective Services.

Reasons for Continuing in Treatment

Those women who continued in treatment rather than drop out were asked to provide up to three reasons why they remained in treatment. Among all women who responded to this question, the three most common reasons for remaining in treatment (out of 52 responses) were "wanted to stay sober/clean" (32.7%), "liked the program" (23.1%), and "my own will power" (19.2%). Over 60% of the responses came from the Residential group, and, not surprisingly, the percentages for the top three reasons were nearly the same as those for the total group (34.4%, 25.0%, and 18.8%, respectively). The remaining responses (at less than 10% each) were "concern or care for my family," "wanted to get my children back," "spirituality or religious faith," and "the other women or people in my program." Interestingly, none of the women selected "had to be there for legal reasons" as a reason for continuing in the program.

Reasons for Leaving Treatment

The number of reasons given for leaving treatment prematurely was small (1 or 2 in each group). For the overall sample, the two reasons selected most often, each with four selections, were "problem with program structure, routine, philosophy" and "relapse to drugs." For the Residential group, the reasons for leaving included "problem with program structure, routine, philosophy" (2),

"dropped from program" (2), "transferred to another program" (2), "didn't want to be there in the first place" (1), "relapse to drugs" (2), and "got tired of being there, discouraged" (1).

Helpfulness of Treatment Programs

The open-ended questions about what was most helpful and least helpful about the treatment program the subject had participated in elicited a wide variety of responses. Although there were more responses from the Residential group than from the other two groups, the nature of what the women found most helpful or least helpful did not appear to differ among the three groups.

Most of the responses regarding what was most helpful focused on the group sessions and the individual sessions with the counselor. (Since the responses were based on the self-report of the subject, the specific type of group session was not determined.) Of the 31 responses to this question, 17 explicitly mentioned group or individual counseling sessions. Although most of the women did not articulate specifically how group and individual counseling sessions were helpful to them, a few did elaborate on how such counseling helped (study group noted in parentheses): *"I was able to express my feelings in one-on-one groups"* (R). *"The group session: You got to share more and hear other people's problems. That helped me a lot"* (R). *"My counselor. She was patient with me. She was always there when I needed to talk to her"* (R). *"Individual counseling: Got a chance to express myself without being self-conscious. The entire counseling (group and individual) was effective in learning not to hold things in"* (NR). *"Therapy groups, education about drugs, and counseling because they helped me understand my addiction and get over it"* (NR).

The group support and closeness with other clients and staff within the treatment programs was important to some: *"Social support from others in treatment and staff--all recovering addicts. Close-knit-group; I felt they really cared; felt comfortable"* (R). *"They make you feel like you belong to the group"* (C). *"In that time, the best thing for me was to live with people with problems similar to mine"* (C).

Other women cited learning about drugs or gaining insights about themselves as helpful: *"Psychological part of the treatment because it helped me to understand that I had a serious problem and this enabled me to get help"* (C). *"Talking, reading, and writing about ourselves and our problems because I learned something about myself every time I participated"* (C). *"Understanding the disease and its effects. Doing a personal inventory on my own weakness and strengths. Learning a new way of life"* (C). *"The fourth step because it helped me deal with a lot of the things and issues that kept me using"* (C). These reasons were given by women in the Comparison group who entered treatment. It could be that such comments about self-insight were not provided by the Residential or the Non-Residential group because they had already gone through that process of self-examination in Forever Free.

What nearly all of the women reported as helpful were the various activities that addressed their drug problem directly. Other services that are typically provided in drug treatment programs (e.g., medical referrals, GED classes, job counseling, housing assistance, legal assistance) were seldom mentioned as being helpful. Only two women indicated that they found the provision of other services helpful, and in both cases the services were food and shelter.

In answer to the question about what the subjects considered to be least helpful about the treatment program they participated in, 30 responses were recorded, but 15 of these indicated that the subject considered nothing as being least helpful (e.g., "Everything was okay."). The rules.

restrictions, and structure of the programs were what most of the women responding to this question liked least: *"Punishment was not cool. The staff would threaten to physically tie up clients for punishment together. That's not a good idea, when people are already going through changes"* (R). *"Didn't like the way that the counselors told them what to do every moment"* (R). *"Exercises required to graduate from first phase of the program to second phase, which required participants to memorize all the doors in the residence and where they led--irrelevant in R's opinion"* (NR). *"The rules were very strict, and I sometimes felt like I was incarcerated"* (C).

Some women found the attitudes of staff members not to be helpful: *"Meditation classes because the instructor was on a 'trip'"* (R). *"Counselors were more into themselves than clients"* (NR). *"Staff: Not interested in helping those who were there, more interested in talking about themselves"* (NR). *"I didn't like people's and red necks' 'tripping'"* (NR).

Involvement in Community Groups

Since release to parole, women in the Residential group were more likely than women in the other two groups to report participation in community groups that were not part of formal treatment. Fourteen of the women (73.78%) in the Residential group reported that they had participated in a 12-step program an average of 3.1 times per week . Eleven women (55%) in the Non-Residential group and 10 (47.6%) in the Comparison group reported that they had participated in 12-step groups for an average of 1.8 and 2.2 times per week, respectively.

Other than 12-step groups, only 10 of the total 64 women said that they had been involved in some type of community group since their release to parole: 6 in the Residential group, 3 in the Non-residential group, and 1 in the Comparison group. Their activities in these groups included sponsoring a child in the Christian Children's Fund, attending PTA meetings, talking to elementary

school students about drugs, counseling other parolees, serving as a teacher's aid, speaking at churches about addiction, being a big sister, serving as a speaker and hostess at a Black Women's Media Project, and coordinating youth group activities.

Needs and Services

A major focus of this study was on identifying the primary needs of the women during the time since release to parole and determining the extent to which they felt that they had received services to assist them with these needs. Drug-abusing women offenders tend to have a variety of needs in addition to their drug problems and their involvement with the legal system, including need for medical and psychiatric care, housing, job skills, physical and sexual abuse, income assistance, and child care. Unless at least the most pressing of these needs are addressed in the course of treatment and aftercare, it is unlikely that the women will be able to maintain a drug-free and crime-free lifestyle.

In order to explore this area of women's needs and whether they were able to obtain services for them, we first ranked all of the needs (items 1-26 of Form 4 in the interview, see Appendix B) by the number of times each need had been selected. Results for the total of the 64 women and for each of the study samples are presented in Table 6-C.

"Help with preventing relapse to alcohol/drug use" was the most frequently specified need overall with 38 (59.4%) selections, followed closely by "getting employment" with 37 (57.8%) selections, and "getting help with SSI and AFDC" with 36 (56.3%). The next highest, with 35 (55.6%) selections, was "getting treatment for alcohol and drug use," which is related to and reinforces the top-ranked selection of "preventing relapse." After these, subjects selected at least 25% of the following needs: "self-esteem and living skills" (27; 42.2%), "medical or dental

TABLE 6-C
HELP OR SERVICES NEEDED IN PAST YEAR

	Residential N=19	Non-Residential N=23	No Treatment N=22	Total N=64
1. Treatment for alcohol/drug use	77.8% (14)*	39.1% (9)	54.5% (12)	55.6% (35)†
2. SSI, AFDC, Medi-Cal, WIC, food stamps, general relief	57.9% (11)	39.1% (9)	72.7% (16)	56.3% (36)
3. Trustworthy baby-sitting or child care	5.3% (1)	4.3% (1)	9.1% (2)	6.3% (4)
4. Medical or dental exams and treatment	52.6% (10)	30.4% (7)	31.8% (7)	37.5% (24)
5. Family planning or birth control services	0.0% (0)	8.7% (2)	4.5% (1)	4.7% (3)
6. Housing	42.1% (8)	26.1% (6)	40.9% (9)	35.9% (23)
7. Food, furniture, clothing, household supplies	36.8% (7)	26.1% (6)	22.7% (5)	28.1% (18)
8. Paying utilities and bills	21.1% (4)	17.4% (4)	18.2% (4)	18.8% (12)
9. Education programs, GED services, school	42.1% (8)	17.4% (4)	22.7% (5)	26.6% (17)
10. Vocational counseling or training	42.1% (8)	21.7% (5)	27.3% (6)	29.7% (19)
11. Employment	78.9% (15)	43.5% (10)	54.5% (12)	57.8% (37)
12. Transportation assistance	36.8% (7)	17.4% (4)	22.7% (5)	25.0% (16)
13. Legal advice or assistance	10.5% (2)	8.7% (2)	13.6% (3)	10.9% (7)
14. Counseling for family or relationship problems	15.8% (3)	21.7% (5)	13.6% (3)	17.2% (11)
15. Grief counseling	15.8% (3)	26.1% (6)	4.5% (1)	15.6% (10)
16. Spiritual or religious support	31.6% (6)	17.4% (4)	22.7% (5)	23.4% (15)
17. Self-esteem and living skills	52.6% (10)	21.7% (5)	54.5% (12)	42.2% (27)
18. HIV education and access to testing	21.1% (4)	21.7% (5)	13.6% (3)	18.8% (12)
19. Disability issues and access barriers	15.8% (3)	8.7% (2)	9.1% (2)	10.9% (7)
20. Psychological counseling	26.3% (5)	17.4% (4)	27.3% (6)	23.4% (15)
21. Prenatal or perinatal care	5.3% (1)	13.0% (3)	9.1% (2)	9.4% (6)
22. Parenting skills training	15.8% (3)	21.7% (5)	18.2% (4)	18.8% (12)
23. Retain or reobtain custody of child	15.8% (3)	17.4% (4)	22.7% (5)	18.8% (12)
24. Protection from abusive mate	5.3% (1)	0.0% (0)	13.6% (3)	6.3% (4)
25. Preventing relapse to alcohol/drug use	63.2% (12)	52.2% (12)	63.6% (14)	59.4% (38)
26. Other	5.6% (1)*	0.0% (0)	4.5% (1)	3.2% (2)†

*N=18

†N=63

exams and treatment" (24; 37.5%), "housing" (23; 35.9%), "vocational counseling or training" (19; 29.7%), "food, furniture, clothing, household supplies" (18; 28.1%), "education programs, GED" (17; 26.6%), and "transportation assistance" (16; 25.0%). The most frequently endorsed needs of the Residential group were the same as those of the combined groups, although the specific rank of the needs differed somewhat. Most notably, the leading need mentioned by women in the Residential group was employment (78.9%).

In addition to selecting any of the 26 needs listed, the women were also asked to specify which of those they selected were the three most important. To determine the extent to which the women perceived that they had received services for their primary needs, we identified the respondents who had selected one of the three overall top-ranked needs as one of their top-ranked three needs. We then calculated the number of respondents who reported that they had received assistance for each of the three needs (Table 6-D).[6] (The women may have received the assistance either while they were in treatment or while living in the community.)

TABLE 6-D
TOP THREE REPORTED NEEDS AND WHETHER ASSISTANCE WAS OBTAINED

	Residential	Non-Residential	Comparison	Total
Relapse Prevention	8	6	9	23
Got assistance for need	6 (75.0%)	2 (33.3%)	1 (11.1%)	9 (39.1%)
Help getting employment	7	5	9	21
Got assistance for need	4 (57.1%)	1 (20.0%)	1 (11.1%)	6 (28.6%)
Help getting SSI, AFDC, food stamps, etc.	6	6	9	21
Got assistance for need	2 (33.3%)	5 (83.3%)	7 (77.8%)	14 (66.7%)

[6] In order to verify our findings, we also looked at the three top-ranked needs of each respondent independent of the overall top-ranked needs and obtained the same results.

The top-ranked need, "help with preventing relapse," was selected as one of their three primary needs by 8 women in the Residential group, 6 in the Non-Residential group, and 9 in the Comparison group. While the frequency of selection was similar across the groups, women in the Residential group (75.0%) were much more likely to report that they were able to have this need met than were women in the other two groups (33.3% for the Non-Residential group and 11.1% for the Comparison group).

Results for obtaining assistance for the second and third ranked needs, "getting employment" and "getting SSI and AFDC," may possibly indicate an interactional relationship with the continued treatment provided to women in the Residential group. That is, while more than half of the women in the Residential group who said that they needed employment assistance indicated that they had received such assistance, only one in five of the women in the Non-Residential group and one in nine of the women in the Comparison group reported receiving assistance for employment. For "obtaining assistance with SSI and AFDC," the outcome was reversed, with those in the Residential group obtaining the least assistance and the majority of the women in the other two groups reporting that they had received assistance. Although these results are interesting, their meaning, given the small numbers involved, is obscure. But results for the top two identified needs, "relapse prevention" and "employment," clearly indicate that little assistance was forthcoming in the community to those women who had not had the services of the community-based residential treatment (that is, women who had been in Forever Free but did not enter one of the residential programs and women in the Comparison group).

Educational/Vocational Training

At the time of interview, fewer than one-third (31%) of the subjects said they were currently involved in some type of educational or vocational training. More than half (53%) of the Residential group were participating in such training, compared with 17% of the Non-Residential group and 27% of the Comparison group. Among all subjects, three were getting their General Education Diploma (GED). Job training areas included bookkeeping and accounting, office and computer skills, counseling and psychology, and other skilled trade and service jobs (electronics, aviation mechanics, welding, hair dressing, seamstress, interior design).

Reasons for Not Receiving Services

For those women who said they did not receive services for one (or more) of their top three needs, we determined the reasons they gave for not receiving services. The numbers for most of the cells are too small to break down the responses by subgroup. Overall, the most frequently reported reasons for not receiving services were:

- Services were not available (14)
- Did not know how or where to get service (13)
- Did not have transportation (11)
- Had more important things to do (7)

The women could provide an "other" reason besides one of the options specified in the question. These varied widely and could not be easily categorized, but five women said they were unable to get the need met because they were "too involved in drugs," which reinforces the importance of providing treatment and relapse prevention training to these women.

Drug Use in the Past Year

The subjects were asked about their drug use in the past year, but since a urine specimen was not obtained for testing, there was no validation of the self-report. From comparisons of self-report of drug use and urine test results in other studies (e.g., the Drug Use Forecasting project [National Institute of Justice, 1993]), it is likely that reported use by the women in this study underestimated actual use. There does not seem to be any reason, however, to believe that women in one of the study groups would under (or over) report more than those in the other groups. Thus, while the percentages for drug use shown in Table 6-E are probably conservative, the *relative* levels of use among the three groups are most likely accurate.

TABLE 6-E
SELF-REPORTED DRUG USE IN THE PAST YEAR

	Residential (N=19)	Non-Residential (N=23)	Comparison (N=22)
Marijuana	10.5% (2)	26.1% (6)	22.7% (5)
Amphetamines	10.5% (2)	8.7% (2)	22.7% (5)
Downers	10.5% (2)	0.0% (0)	4.5% (1)
Heroin	5.3% (1)	21.7% (5)	40.9% (9)
Other Opiates	0.0% (0)	13.0% (3)	0.0% (0)
Cocaine/Crack	21.0% (4)	69.5% (16)	50.0% (11)
Tranqulizers	5.3% (4)	17.4% (4)	0.0% (0)

As can be seen from Table 6-E, self-reported use in the past year of nearly all drugs was much lower in the Residential group than in the other two groups, particularly so for heroin and cocaine/crack, the drugs of choice among this sample. For example, 21.0% of the women in the Residential group reported use of cocaine or crack in the past year, compared with 69.5% in the Non-Residential group and 50.0% in the Comparison group. Comparisons between the Non-Residential group and the Comparison group are less clear. Larger percentages of women in the

Non-Residential group reported use of marijuana, other opiates, cocaine/crack, and tranquilizers in the past year than did the Comparison group. Heroin and amphetamines were more common in the Comparison group. It should be noted that the primary drug of choice of the women in the Comparison group was heroin, so it is not surprising that they would continue this preference after release to the community.

Because of the small numbers involved, we combined all responses for the question about whether the subject currently felt dependent on the drug(s) used in the past year. In the Residential group, there were 4 affirmative responses to current dependence on a drug used in the past year, compared with 8 in the Non-residential group and 13 in the Comparison group.

Although the results regarding drug use in the past year clearly favor the Residential group, it must be remembered that women in this group spent an average of 16 weeks in a residential treatment program, where drugs were much less available than was the case with the women in the other two groups. The data from the questionnaire did not permit us to consider the effect of residential treatment on program participants, compared with the other women, for an equivalent period of time in the community at risk for drug use. Given the large percentage differences between the Residential group and the other two groups with regard to past year drug use, it is likely that considering time-at-risk in the community for drug use would still show the Residential group as having lower levels of drug use, although the percentages might be higher than those shown in Table 6-E since the "protected" time while in treatment would not be included.

Parole Outcomes

The parole status of the women in the three groups was determined at the time of interview. Parole status was determined from data collected in the course of the project from parole officers and from official record data used in attempting to locate the women for interview. This information was verified (and in some cases updated) through a search of the California Department of Correction's Offender Based Information System (OBIS) on the interviewed women as of November 1, 1995.[7] The three main statuses at interview were discharged from parole, still on parole, and in prison. (None of the interviewed women fell into a fourth possible category: parolee at large.) In addition, those who were discharged could have been either discharged without revocation or discharged but returned to prison during their parole term; the same was true of those who were still on parole. Finally, those women who were reincarcerated could either have been returned to the institution on a technical violation or have been convicted on a new charge and given an additional term. Table 6-F presents the parole status of the three study groups.

TABLE 6-F
PAROLE STATUS OF STUDY GROUPS

	Residential (N=19)	Non-Residential (N=23)	Comparison (N=22)
Discharged/Active (No return to custody)	68.4% (13)	52.2% (12)	27.2% (6)
Discharged/Active (Return to custody)	15.8% (3)	17.4% (4)	22.7% (5)
In Prison (At time of interview)	15.8% (3)	30.4% (7)	50.0% (11)
Reason for Return to Custody			
Technical Violation	66.6% (4)	54.5% (6)	50.0% (8)
New Term	33.3% (2)	45.5% (5)	50.0% (8)

[7] The initial searches of OBIS were conducted in the course of subject tracking by Willard Peterson, Parole Agent III at the Forever Free Substance Abuse Program; the search of OBIS to verify the data on interviewed women was conducted by Ernest Jarman, Office of Substance Abuse Programs, California Department of Corrections. We are grateful to both of them for their help.

The Residential group had the most successful outcomes (discharged or still on parole, with no reincarcerations) at 68.4%, compared with 52.2% for the Non-Residential group and 27.2% for the Comparison group. The results for discharged and active parole subjects with reincarcerations were more similar across the three group, ranging from 15.8% for the Residential group to 22.7% for the Comparison group. Only 15.8% of women in the Residential group were interviewed in prison, compared with twice as many (30.4%) in the Non-Residential group and over three times as many (50.0%) in the Comparison group. To test for significant differences among the three study groups on parole outcomes, women in the Discharged/Active with No Return status ("success") were compared with women in the combined Discharged/Active Returned to Custody and the In Prison statuses ("failure"). Comparison of the three study groups indicates that the differences among the groups are significant ($\chi^2 = 9.20$, 2 *df*, $p < .05$).

The more successful outcomes of the Residential group are also seen by considering why women were returned to prison: for less serious technical violations or for more serious (and more costly in terms of prison time) new charges. Given the small numbers involved, the differences between the groups shown in Table 6-F are not large, but the pattern of results mirrors the parole status results. Thus, one-third of the Residential group were returned to prison for a new term, compared with one-half of the Comparison group.

Parole outcomes of the Residential group were examined for the 7 women who remained in treatment for at least five months, compared with the 12 women who stayed less than five months. (Recall that the Residential group did not include women who dropped out of treatment before 30 days.) Of those with five or more months in treatment, 85.7% had a successful

outcome (discharge or still on parole with no reincarceration), compared with 58.3% of the women who had less than five months in treatment.

A more meaningful way of assessing outcome differences between the three groups of subjects would be to look at outcomes among the three groups for comparable periods when the women are at-risk in the community. The presumption in analyzing outcomes in this way is that as long as women are in residential treatment, they are not at-risk to the same extent as are women released from prison who do not enter a structured environment. As long as women are in residential treatment, they are closely supervised, and their basic needs for shelter and food are met, unlike the women who are released directly to the community, who have only periodic meetings with their parole officer, who must make their own arrangements for shelter and sustenance, and who are often exposed to problematic familial and other environmental conditions--all of which are likely to make a successful parole outcome difficult to achieve. An analysis of outcomes in terms of time at risk in the community would need to consider time spent by women each study group in residential treatment and in jail or prison over the period of observation. Such an analysis would require more detailed data than were available in this study, but it would provide a more comprehensive and sophisticated way to examining parole (or other) outcomes than we were able to do in this study.

7. Summary and Conclusions

Arrest and incarceration of women for drug offenses and other crimes associated with drug use, failure on parole, and recidivism have increased dramatically over the past decade. Because of the costs to society and the personal costs to drug-using women and their at-risk children, we need to develop programs for treating and rehabilitating drug-using women offenders, and we need to evaluate the relative effectiveness of various types of programs and approaches for these women at various stages of their addictive, treatment, and criminal careers.

The study reported here suggests that the needs of these women on parole--women who recently re-entered the community after incarceration--were not being met. The study was too limited to determine the effects of this on the women's success/failure on parole, but it is likely that when needs for relapse prevention and treatment for substance abuse are not met, and when assistance for obtaining employment or other income sources (e.g., AFDC) are not received, expectations for success on parole are diminished. Findings from the study also indicate that even when women offenders enter treatment, their length of stay in treatment tends to be short--most of the women did not complete treatment. Since the effectiveness of treatment has been shown to be directly related to time in treatment (Simpson, 1981), low treatment completion rates are also associated with more negative outcomes among drug-using women on parole.

Overall, what women who participated in treatment programs regarded as most helpful to them were the group and individual counseling sessions. What they found least useful (or liked the least) were the strict structure and rules imposed on them by the programs, even though more structured programs have generally been found to be more effective. What is somewhat surprising

is the fact that virtually none of the women mentioned other types of services besides drug counseling and classes. It may be that these services were not provided in the programs that the women participated in (which was not the case for the Forever Free residential programs) or that they were offered only to a limited degree. It may also be that at least some women did receive these services, but they may have not regarded them as part of their treatment for drug dependence. A more detailed set of questions would be able to elicit more specific information to clarify this issue.

While drug use during the past year was probably underreported by all three groups, self-reported use in the past year of nearly all drugs was much lower in the Residential group than in the other two groups, particularly so for heroin and cocaine/crack, the drugs of choice among this sample. Also, fewer women in the Residential group than in the other groups reported being currently dependent on a drug.

If successful parole outcome is defined as being discharged or still on parole with no recommitments to prison at the time of interview, over two-thirds of the Residential group was successful on parole, compared with about one-half of the Non-Residential group and one-fourth of the Comparison group. For the women who were returned to prison, one-third of the Residential group were returned for a new term rather than for a technical violation, compared with one-half of the Comparison group. These results are similar to those found in the previous evaluation of Forever Free (Jarman, 1993c), in which women who completed Forever Free and participated for five or more months in the continuity-of-care, community-based residential treatment did significantly better in terms of successful parole outcome than women who dropped out of treatment.

Recommendations

With due regard to the limitations on the study findings, a number of implications or recommendations can be offered:

- The residential phase of the Forever Free program appears to be effective in reducing drug use, producing successful parole outcomes, and encouraging other prosocial activities. The program should be strengthened and expanded in order that more women can benefit from the additional treatment and support provided after they are released to parole. Efforts currently underway at CIW to encourage more women to enter community residential treatment should be continued.
- Retention in residential programs tends to be low, and many women do not remain in treatment long enough (generally a minimum of three months) to receive the benefits of treatment. The fact that women in the Residential group who completed at least five months of treatment had better parole outcomes than those with less treatment suggests the importance of remaining in treatment. The Office of Substance Abuse Programs should work with the programs to develop strategies and techniques to improve treatment retention.
- Women offenders have multiple needs, in addition to their drug use, that need to be considered in developing (or strengthening) community-based programs and aftercare services for Forever Free graduates. One of the main reasons for women in the study being unable to get specific needs met was that they did not know how or where to get services for the need. Addressing the primary needs of women is likely to result in overall improvement while in treatment and in better outcomes after leaving treatment. Programs can provide on-site services that directly address the needs of

their clients or can make formal arrangements with other agencies and organizations to help with the needs (or both).

- Since relapse prevention was the most frequently mentioned needs by women in the study, since involvement in drugs was a reason some women gave for not getting assistance for their needs, and since drug use is associated with criminal activity, efforts should be made to strengthen the relapse prevention component of treatment programs and, to the extent possible, to make relapse prevention training available to all women parolees with a history of drug use.

Recommendations for Future Research

While the findings from the study are of interest and are confirmed in the research literature, the primary importance of the study is that it provides pilot data for designing a more definitive evaluation of the Forever Free Substance Abuse Treatment Program and the community-based continuity of care for drug-using women who are paroled from CIW. A number of conceptual issues and logistical problems have to be considered in designing and implementing evaluation projects that will further our understanding of drug-using women offenders released from custody, their needs, their experiences after release from prison, and the treatment programs and community services that can serve to reduce their use of alcohol and other drugs. These include:

- An evaluation study should include adequate lead time for identifying study samples, obtaining subjects' agreement to participate in the evaluation, and gathering comprehensive locator information while women are still in custody. Locator forms that include such information as the subject's driver's license number, Social Security

number, previous addresses, and addresses and phone numbers of close relatives and friends all help in tracking subjects for interview.

- The study samples should be selected randomly or matched on demographic characteristics, and for unmatched characteristics (e.g., treatment history and criminal career) the samples should be large enough for such characteristics to be controlled statistically. Samples should be large enough to sustain multivariate analyses to provide information on subgroup subject and treatment characteristics that may affect outcomes. It may be necessary to include two or more cohorts of Forever Free participants and associated comparison subjects to obtain sufficiently large study samples.
- Although the study did not attempt to evaluate the community-based treatment programs, it appears that they were different from one another programmatically, and may also vary in the extent to which they were able to retain women in treatment. Because different treatment programs may have different effects on parole outcomes of the women, it would be important to include detailed evaluations of these programs as a project component.
- Data from several sources should be used: (1) criminal justice records in order to track the status of subjects over the study period; (2) personal interviews for detailed information on background characteristics, drug use, criminal behavior, treatment participation, needs and services received, and other psychosocial variables of interest; and (3) independent verification of self-report data from official records and drug tests. Since subjects are often asked to remember events and behaviors that

occurred several years before the interview, the protocol should also include timelines and other memory aids to help collect accurate and reliable retrospective data.

- Open-ended questions can provide a degree of detail to subjects' experience and life situation that is not available through closed-ended questions. When feasible, such open-ended responses should be tape recorded and later transcribed for qualitative analysis. But because collection, transcription, and analysis of qualitative data is time consuming and requires special skills, the research plan should carefully balance the number of open-ended and closed-ended responses to obtain data that meet study objectives within available resources.

Conclusion

Addressing the complex problem of drug abuse among women offenders requires a comprehensive approach at all points of the criminal justice system and in cooperation with community drug treatment programs and other services. Prison-based treatment, with a community-based continuity-of-care component following release to parole, is increasingly being recognized as a key element in such an integrated strategy. Intervening with inmates to help them reduce their post-release drug use results in reductions in criminal behavior and in costs of criminal justice processing. If interventions also improve various aspects of psychosocial functioning in the community, society also benefits in terms of improved family relations, increased employment, reduced welfare costs, and other prosocial behaviors.

In this and previous evaluations, the Forever Free Substance Abuse Program and its community-residential treatment component have been shown to have positive effects on various outcomes following release to parole, with time-in-treatment being an important factor in

success. While the limitations of the study preclude firm conclusions, it does appear that providing community-based residential treatment to Forever Free graduates is an effective way to lower their drug use, improve the likelihood that they will complete parole successfully, help them get at least some of their needs met, and engage them in other prosocial behaviors such as education and vocational training, attendance at 12-step groups, and participation in various types of community groups.

What remains unclear is the specific types and intensities of service that women actually receive for their multiple needs in the residential treatment programs and to what extent receiving services for their needs are related to promoting improved outcomes during and after parole. This study has provided some suggestions in this regard, but more definitive findings and conclusions will require a more comprehensive study of Forever Free graduates that takes into account the research issues mentioned above and that considers multiple outcomes for this population of high-risk women. More generally, with detailed data on a sufficiently large sample of paroled drug-using women, it would be possible to examine more complex relationships and interactions among variables of interest, with the objective of determining more definitively how drug-using women offenders with varied characteristics and problems can best be served by the correctional system to address their needs, reduce drug use, and improve parole outcomes.

References

ADP Data News. (1994). Alcohol and drug treatment services to clients in the criminal justice system. September 1994, No. 7.

American Correctional Association. (1990). *The Female Offender: What Does the Future Hold?* Washington, DC: American Correctional Association.

Austin, J., Bloom, B., & Donahue, T. (1992). *Female Offenders in the Community: An Analysis of Innovative Strategies and Programs*. San Francisco: National Council on Crime and Delinquency.

Beck, A., Gilliard, D., Greenfeld, L., et al. (1993). *Survey of State Prison Inmates, 1991* (NCJ 136949). Washington, DC: Bureau of Justice Statistics, U.S. Department of Justice.

California Department of Corrections. (1995). *California Prisoners and Parolees 1992*. Sacramento: Offender Information Services Branch, California Department of Corrections.

Chaiken, M.R. (1989). *Prison Programs for Drug-Involved Offenders* (NCJ 117999). Washington, DC: National Institute of Justice, U.S. Department of Justice.

DeLeon, G. (1989). Therapeutic communities for substance abuse: Overview of approach and effectiveness. *Psychology of Addictive Behaviors, 3*(3), 140-147.

Falkin, G.P., Wexler, H.K., & Lipton, D.S. (1992). Drug treatment in state prisons. In: D.R. Gerstein & H.J. Harwood (Eds.), *Treating Drug Problems* (Vol. 2, pp. 89-131). Washington, DC: National Academy Press.

Field, G. (1985). The Cornerstone program: A client outcome study. *Federal Probation, 49*, 50-55.

Field, G. (1989). The effects of intensive treatment on reducing the criminal recidivism of addicted offenders. *Federal Probation, 53*, 51-56.

Jankowski, L., Snell, T., Stephan, J., & Morton, D. (1993). *Survey of State Prison Inmates* (NCJ-136949). Washington, DC: Bureau of Justice Statistics, US Department of Justice.

Jarman, E. (1993a). *A Process Evaluation for the "Forever Free" Substance Abuse Program at the California Institution for Women, Frontera, California.* Sacramento: Office of Substance Abuse Programs, California Department of Corrections.

Jarman, E., (1993b). *A Description of the Population Characteristics for the Forever Free Substance Abuse Program at the California Institution for Women, Frontera, California.* Sacramento: Office of Substance Abuse Programs, California Department of Corrections.

Jarman, E. (1993c) *An Evaluation of Program Effectiveness for the Forever Free Substance Abuse Program at the California Institution for Women, Frontera, California.* Sacramento: Office of Substance Abuse Programs, California Department of Corrections.

Lowe, L. (1993). Indicators of drug and alcohol use/abuse by adult inmates and parolees within the California Department of Corrections (Prepared for the Statewide Epidemiology Work Group, Spring 1993). Sacramento: Office of Substance Abuse Programs, California Department of Corrections.

Lowe, L. (1995). A profile of the young adult offender in California prisons as of December 31, 1989 and 1994 (Prepared for the Substance Abuse Research Consortium, Spring 1995). Sacramento: Office of Substance Abuse Programs, California Department of Corrections.

National Institute of Justice. (1993). *Drug Use Forecasting: 1992 Annual Report: Drugs and Crime in America's Cities* (NCJ 142973). Washington, DC: National Institute of Justice.

Offender Information Services Branch. (n.d.). *Characteristics of Felon New Admissions and Parole Violators Returned with a New Commitment, Calendar Year 1990*. Sacramento: Offender Information Services Branch, California Department of Corrections.

Owen, B. & Bloom, B. (1995). Profiling women prisoners: Findings from national surveys and a California sample. *Prison Journal, 75*(2), 165-183.

Pan, H., Scarpitti, F.R., Inciardi, J.A., & Lockwood, D. (1993). Some considerations on therapeutic communities in corrections. In J.A. Inciardi (Ed.), *Drug Treatment and Criminal Justice* (pp. 30-43). Newbury Park, CA: Sage Publications.

Polinsky, M.L., Hser, Y-I., Anglin, M.D., & Maglione, M. (1995). *Drug Treatment Programs in Los Angeles County*. Los Angeles: UCLA Drug Abuse Research Center

Prendergast, M., Wellisch, J., & Falkin G. (1995). Assessment of and services for substance-abusing women offenders in community and correctional settings. *Prison Journal, 75*(2), 240-256.

Scarlett Carp & Associates, Inc. (1992, May). *Substance Abuse Delivery System: Final Report*. Prepared for the California Department of Corrections.

Short, T.C. (1992). *An Ethnographic Study of Women in the California Institution for Women Substance Abuse Treatment Program: "Forever Free."* Sacramento: Office of Substance Abuse Programs, California Department of Corrections.

Simpson, D.D. (1981). Treatment for drug abuse: Follow-up outcomes and length of time spent. *Archives of General Psychiatry, 38*(8), 875-880.

Snell, T.L. (1994). *Women in Prison* (NCJ 145321). Washington, DC: Bureau of Justice Statistics, U.S. Department of Justice.

Wellisch, J., Anglin, M.D., & Prendergast, M. (1993a). Numbers and characteristics of drug-using women in the criminal justice system: Implications for treatment. *Journal of Drug Issues, 23*(1), 7-30.

Wellisch, J., Anglin, M.D., & Prendergast, M. (1993b). Treatment strategies for drug-abusing women offenders. In J. Inciardi (Ed.), *Drug Treatment and Criminal Justice* (pp. 5-29). Newbury Park, CA: Sage Publications.

Wexler, H.K., & Williams, R. (1986). The Stay'n Out therapeutic community: Prison treatment for substance abusers. *Journal of Psychoactive Drugs, 18*(3), 221-230.

Wexler, H.K., Falkin, G.P., & Lipton, D.S. (1990). Outcome evaluation of a prison therapeutic community for substance abuse treatment. *Criminal Justice and Behavior, 17*(1), 71-92.

Appendix A

Types of Services Offered in the Residential Programs for Forever Free Graduates

TYPES OF SERVICES OFFERED IN RESIDENTIAL PROGRAMS FOR FOREVER FREE GRADUATES

	Cedar House	Impact	The Ranch	Phoenix House	Patterns	Socorro	Cri-Help	Sobriety House	Hope House
Medical Services		■	■	■	■	■	■		■
Psychosocial Services	■	■	■	■	■	■	■	■	■
Case Management/Case Coordination Services	■		■	■	■	■	■		■
Education Services		■		■	■	■	■	■	■
Vocational Services	■	■		■	■	■	■	■	■
Life Skills Services	■	■	■	■	■	■	■	■	■
Post Discharge (Aftercare) Services	■	■		■	■				■
Additional Services/Activities	■	■	■	■		■	■	■	■

Note: See next page for specific services included under each category.

CATEGORIES OF SERVICES

Medical Services

Primary Medical Care

Acute Care

Pediatric/Well Baby

Prenatal Care

Postpartum Care

Physical Exam/Medical Evaluation

HIV/AIDS Testing

TB Testing

Medical Detoxification

Psychosocial Services

Substance Abuse Counseling/Education

AIDS Counseling

Individual Psychotherapy/ Counseling

Group Psychotherapy/ Counseling

Family/Couples Psycho-Therapy/Counseling

Multi-Family Therapy

Peer/Support Groups (not 12-step)

Self-Help Groups (12-Step, e.g., AA, NA, CA, etc.)

Case Management/Case Coordination Services

Monitoring and Follow-Up of Referrals

Client Advocacy

Coordination of Appointments and Services

Education Services

Academic (e.g., tutoring, GED preparation, etc.)

Informational (e.g., regarding AIDS, nutrition, etc.)

Vocational Services

Job Training

Job Placement

Life Skills Services

Social Skills (e.g., communication, assertiveness training, etc.)

Practical Skills (e.g., financial management, personal hygiene, etc.)

Parenting Skills Training

Anger Management

Post-Discharge (Aftercare) Services

Follow-up Counseling

Referral to Support Groups

Additional Services/Activities

Services &/or Activities for Children

Locating Affordable Housing, (e.g., shelters, Section 8, etc.)

Providing Housing

Legal Assistance/Services

Social Outings/Gatherings

Acupuncture

(Adapted from the Treatment Referral Network Survey, Polinsky et al.; 1995)

Appendix B

Forever Free Study Interview Instrument

UCLA RESEARCH CENTER

FOREVER FREE STUDY

COVER SHEET

RESPONDENT ID#	_____	**INTERVIEW DATE:**	____/____/____ MM DD YY
STUDY ID#	17	**INTERVIEWER INITIALS:**	____/____
GROUP ID#	_____	**INTERVIEWER ID#:**	____/____/____

Interviewer

Circle Completed Forms	**If Not Completed, State Reason**
1	_____
2	_____
3	_____
4	_____

English

Spanish

START TIME:_____

Editor / Coder **Data Entry**

_____ _____

FORM 1

BACKGROUND INFORMATION

STUDY # _____

RESPONDENT ID# _____

DEMOGRAPHIC INFORMATION

This section collects information on the background characteristics of the woman (e.g., age, ethnicity, marital status). This information will be used to describe and compare the women in the three study groups, and that data will be related to the outcome measures (primarily substance use, criminal behavior, and use of services).

1-3. When were you born?

_____/_____/_____
Month Day Year

4. How do you describe your racial/ethnic background? **(CIRCLE ONE)**

BLACK/AFRICAN AMERICAN 1
MEXICAN 2
CUBAN 3
PUERTO RICAN..... 4
OTHER HISPANIC..... 5
WHITE-NONHISPANIC 6
NATIVE AMERICAN/ALASKAN 7
ASIAN-INDIAN..... 8
CAMBODIAN 9
CHINESE.....10
FILIPINO.....11
GUAMANIAN.....12
HAWAIIAN.....13
JAPANESE.....14
KOREAN 15
LAOTIAN 16
SAMOAN.....17
VIETNAMESE 18
MULTIRACIAL.....19

SPECIFY _____

OTHER 20

SPECIFY _____

5. Which statement best describes your current marital status?

MARRIED AND LIVING WITH HUSBAND..... 1
LIVING AS MARRIED WITH MATE OR LOVER 2
MARRIED BUT SEPARATED AND NOT LIVING WITH MATE OR LOVER..... 3
SINGLE, DIVORCED, OR WIDOWED AND NOT LIVING WITH SPOUSE, MATE OR LOVER..... 4

6. How many children have you had?

[IF NONE, SKIP TO Q25]

7. How many of these children are 17 or younger?

[IF NONE UNDER 17, SKIP TO Q24]

(If R has children age 17 or younger, ask about the following information for each child, from oldest to youngest.)

	Age		Dependent of the Court		Living With (Primary Care) (Use codes below)	
			NO	YES		
8.	____	9.	0	1	10.	____
11.	____	12.	0	1	13.	____
14.	____	15.	0	1	16.	____
17.	____	18.	0	1	19.	____
20.	____	21.	0	1	22.	____

WITH BOTH PARENTS 1
WITH CHILD'S MOTHER 2
WITH CHILD'S FATHER 3
WITH GRANDPARENT(S) 4
WITH OTHER FAMILY MEMBERS 5
WITH ADOPTIVE PARENTS 6
WITH FRIEND(S) 7
GROUP HOME 8
FOSTER HOME 9
JUVENILE JUSTICE FACILITY 10
INDEPENDENT/EMANCIPATED 11
OTHER 12

SPECIFY: _____

(If any of the children are currently a dependent of the court, ask:)

23. Can you get your child (children) back from the court by meeting conditions regarding your alcohol or drug problem (i.e., staying clean and sober)?

NO 0
YES 1

24. In the past, if you lost custody of your child (children), were you able to get them back from the court by meeting conditions regarding your alcohol or drug problem (i.e., staying clean and sober)?

NO 0
YES 1
NEVER LOST CUSTODY 2

25. Are you pregnant now?

NO .....**[SKIP TO Q28]** 0
YES 1
D/K..... -8

26-27. If yes, when is the baby due?

_____ / _____
MONTH / YEAR

(If R is pregnant, be sure to ask about prenatal care under Services in Form 4.)

HEALTH STATUS

Questions about health status are intended (1) to determine if there are conditions that limit the capability of the woman to engage in normal activities and (2) to relate any condition to "use of services," which is an outcome measure of the study.

28-30. Do you have any major health problems that interfere with normal activities? (e.g., diabetes, tuberculosis, heart condition, HIV+, AIDS, physical disabilities, psychiatric problems) **(If none, write "None") (Record up to 3)**

28. _____ _____ CODE

29. _____ _____ CODE

30. _____ _____ CODE

EDUCATION AND EMPLOYMENT

The information collected in this section is to be used descriptively in comparing the three study groups, to suggest the extent to which the women are capable of earning a living wage, and to relate the women's characteristics to the outcome measures.

31. What is the highest grade that you attended in school?

LESS THAN HIGH SCHOOL GRADUATION 0
HIGH SCHOOL GRADUATION 1
GED 2
2 YR COLLEGE (AA) 3
4 YR COLLEGE (BA, BS) 4
MASTERS..... 5
Ph.D. 6
SOME COLLEGE (NO DEGREE)..... 7
TRADE / TECHNICAL SCHOOL (HS GRADUATION)8
TRADE / TECHNICAL SCHOOL (NO HS GRAD.) ... 9
OTHER 10

SPECIFY _____

32. What is your current job situation?

NOT CURRENTLY EMPLOYED ..... **[SKIP TO Q36]** . 1
ACTIVELY SEEKING EMPLOYMENT ... **[SKIP TO Q36]** . 2
CURRENTLY EMPLOYED FULL TIME . **[SKIP TO Q34]** . 3
CURRENTLY EMPLOYED PART TIME 4

33. Hours per week of part-time work?

_____ HOURS

34. What is your job? **(Write job title)**

_____ _____ CODE

35. How long have you worked at this job?

_____ WEEKS

36-37. What type of education or vocational training are you currently engaged in? **(If none, write "None.")**

36. _____ _____ CODE

37. _____ _____ CODE

PAST YEAR EXPENSES AND INCOME

The information on income and income sources will be used descriptively to compare the study groups and to provide an indication of stability and prosocial activities, and will be related to other outcome measures.

38. About how much does it cost you a month for rent? $ _____

39. About how much does it cost you a month for utilities (gas, electricity, water, phone)? $ _____

40. About how much does it cost you a month for food? $ _____

41-72. Where does the money come from and what is the average amount a month you receive from each source?

	NO	YES	$ AMOUNT
41. JOB	0	1	42. _____
43. AFDC	0	1	44. _____
45. WIC	0	1	46. _____
47. GENERAL OR COUNTY RELIEF	0	1	48. _____
49. FOOD STAMPS	0	1	50. _____
51. DISABILITY, INCLUDING SSI	0	1	52. _____
53. LOANS	0	1	54. _____
55. UNEMPLOYMENT	0	1	56. _____
57. PARENTS OR RELATIVES	0	1	58. _____
59. CASH FROM SPOUSE/LOVER LEGAL EARNING	0	1	60. _____
61. CASH FROM SPOUSE/LOVER WELFARE	0	1	62. _____
63. ROOM SUPPLIED	0	1	64. _____
65. BOARD SUPPLIED	0	1	66. _____
67. GAMES OF CHANCE (LOTTERY, HORSES, CARDS, ETC.)	0	1	68 _____
69. OTHER	0	1	70. _____

↓

SPECIFY _____

73. Total legal income last 12 months $ _____

(Remind interviewee that everything she says is confidential and that any information she provides will not be associated with her.)

74-91. Did money come into your household from any other sources, such as drug dealing? If so, what is the average monthly amount from each source?

	NO	YES	$ AMOUNT
74. DEALING DRUGS	0	1	75. _____
76. PROSTITUTION	0	1	77. _____
78. FORGERY OR STOLEN CREDIT CARDS	0	1	79. _____
80. BURGLARY	0	1	81. _____
82. ROBBERY	0	1	83. _____
84. AUTO THEFT	0	1	85. _____
86. SHOP LIFTING OR PETTY THEFT	0	1	87. _____
88. FRAUD, CONNING, SCAMS	0	1	89. _____
90. OTHER	0	1	91. _____

↓

SPECIFY _____

92. Total illegal income last 12 months $ _____

93. How many people are living on the money that comes into your household from all sources? _____

RESIDENTIAL HISTORY

Data on residential history will be used descriptively to compare the study groups as a measure of stability and will be related to outcomes.

94. How many different places have you lived in for at least one week since release from prison?
(Do not include any time spent in jail or prison.) _____

95. Where are you living now? **(If currently in jail or prison, ask about place R lived previously.)**

RESIDENTIAL TREATMENT PROGRAM/
THERAPEUTIC COMMUNITY 1
HALF-WAY HOUSE 2
NURSING HOME/BOARD AND CARE FACILITY 3
HOSPITAL/HOSPICE 4
HOTEL/MOTEL/ROOMING OR BOARDING HOUSE 5
HOUSE YOU OWN 6
APARTMENT OR HOUSE YOU RENT 7
HOUSE/APARTMENT SOMEONE ELSE OWNS OR RENTS 8
SHELTER OR MISSION 9
PUBLIC PLACE (PARK, STREET, BEACH, ... 10
UNDER FREEWAY, ABANDONED BUILDING)
CAR 11
OTHER 12

SPECIFY: _____

96-100. Who are you living with now? **(CIRCLE UP TO 5)**

ALONE 1
SPOUSE 2
COMMON LAW/LIVE-IN LOVER 3
CHILDREN 4
PARENTS 5
BROTHERS AND/OR SISTERS 6
GRANDCHILDREN 7
OTHER RELATIVES 8
FRIENDS/ACQUAINTANCES 9
OTHER 10

SPECIFY: _____

101. What is the total number of people you live with? **(INCLUDE R)** _____

102. What is the zip code where you currently live? _____

103. How long have you lived here? **(WEEKS)**
[≤ 3 DAYS = 0; ≥ 4 DAYS = 1 WEEK]

_____ WEEKS

1 MONTH	= 4 WEEKS	9 MONTHS	= 39 WEEKS
3 MONTHS	= 13 WEEKS	12 MONTHS	= 52 WEEKS
6 MONTHS	= 26 WEEKS	> 12 MONTHS	= 99 WEEKS

104. Is the place where you live in pretty good shape?

NO 0
YES 1

105. How many rooms are there? _____

106. Is the neighborhood you live in pretty safe for you and your children?

NO 0
YES 1

107. Are you expecting to move in the near future?

NO 0
YES 1

108. Have any of the people that you are close to (relatives or friends) been in jail or prison?

NO 0
YES 1

109-111. What is (was) their relationship or association with you? **(CIRCLE UP TO 3)**

SPOUSE 1
COMMON LAW/LIVE-IN LOVER 2
CHILD 3
PARENT 4
BROTHER AND/OR SISTER 5
GRANDCHILD 6
OTHER RELATIVE 7
FRIEND 8
OTHER 9

SPECIFY: _____

FORM 2
SUBSTANCE USE

STUDY #_____

RESPONDENT ID # _____

Data on the use of substances (tobacco, alcohol, illicit drugs) will be used descriptively to suggest children at risk and to relate to other substance use/abuse.

TOBACCO

1. Have you ever smoked cigarettes regularly, that is, more than one pack a week for four or more weeks in a row?
   NO ..... **[SKIP TO Q5]** ... 0
   YES 1

2. Do you currently smoke?
   NO 0
   YES ..... **[SKIP TO Q4]** ... 1

3. How long ago did you quit?
   _____ MONTHS

4. About how many cigarettes a day do (did) you smoke?
   _____

5. How many other adults in your household smoke cigarettes on a regular basis (at least one pack a week)?
   (If no other adults in household, write -9.)
   _____

6. How many children (under age 18) in your household smoke cigarettes on a regular basis (at least one pack a week)?
   (If no children under 18 in household, write -9.)
   _____

ALCOHOL AND DRUG USE: PRE-INCARCERATION

The following questions refer to the time before your most recent incarceration.

7. Did you have an alcohol problem (excessive drinking or alcoholism), that is, your drinking negatively affected your finances, family life, relationships, legal status, etc.?
   NO 0
   YES 1

8. In the month prior to your incarceration, about how often did you use alcohol?

No use during month 0
Once per month 1
Once or twice per week..... 2
Three or more times per week..... 3
Once daily 4
Two times or more daily..... 5

9. What was your primary drug of preference in the month before your incarceration (not including alcohol)? **(SHOW CARD OF DRUG GROUPS)**

_____ _____
Drug (PRIMARY) CODE

10. At what age did you begin to use this drug on a regular basis (that is, at least once a week)?

_____

11. In the month prior to your incarceration, about how often did you use this drug?

No use during month 0
Once per month 1
Once or twice per week..... 2
Three or more times per week..... 3
Once daily 4
Two times or more daily..... 5

12. What was your usual method of taking this drug?

Oral 1
Smoking..... 2
Inhalation 3
Intramuscular 4
Intravenous 5

13. What was your secondary illicit drug of preference in the month before your incarceration (not including alcohol? **(SHOW CARD OF DRUG GROUPS)**

_____ _____
Drug (SECONDARY) CODE

14. At what age did you begin to use this drug on a regular basis (that is, at least once a week)?

_____

15. In the month prior to your incarceration, about how often did you use this drug?

No use during month 0
Once per month 1
Once or twice per week..... 2
Three or more times per week..... 3
Once daily 4
Two times or more daily..... 5

16. What was your usual method of taking this drug?

Oral 1
Smoking 2
Inhalation 3
Intramuscular 4
Intravenous 5

17. In the month prior to your incarceration, about how much did you spend per week on illicit drugs?

_____

18-19. When you committed the offense for which you were incarcerated, were you under the influence of

alcohol
NO 0
YES 1

illegal drugs
NO 0
YES 1

ALCOHOL AND DRUG USE: PAST YEAR

The following questions refer to the past year.

20. Have you used alcohol in the past year?

NO 0
YES 1

21. In the past month, about how often did you use alcohol?

No use during month 0
Once per month 1
Once or twice per week 2
Three or more times per week 3
Once daily 4
Two times or more daily 5

Drug Use in Past Year

DRUG GROUP (SHOW CARD OF DRUG GROUPS)	Used in Past Year N	Y	Frequency of Use in Past Month (Use Codes)	Usual Route of Administration (Use Codes)	Do You Now Feel Dependent? N	Y
Glue, spray cans, gasoline, etc. (1)	22. 0	1	23.	24.	25. 0	1
Marijuana or hashish (2)	26. 0	1	27.	28.	29. 0	1
Hallucinogens (LSD, mescaline, peyote) (3)	30. 0	1	31.	32.	33. 0	1
Amphetamines or any other speed (crystal, methedrine, methamphetamine, ice) (4)	34. 0	1	35.	36.	37. 0	1
Downers (reds, rainbows, Quaalude, etc.) (5)	38. 0	1	39.	40.	41. 0	1
Heroin (6)	42. 0	1	43.	44.	45. 0	1
Other opiates (methadone, morphine, codeine, demerol, dilaudid, percodan, opium) (7)	46. 0	1	47.	48.	49. 0	1
Crack (8)	50. 0	1	51.	52.	53. 0	1
Cocaine (intranasal or intravenous) (9)	54. 0	1	55.	56.	57. 0	1
Tranquilizers (Valium, Librium, Miltown, etc.) (10)	58. 0	1	59.	60.	61. 0	1
PCP (angel dust) (11)	62. 0	1	63.	64.	65. 0	1
Ecstasy, Adam, Eve, MDA, MDMA (12)	66. 0	1	67.	68.	69. 0	1

Frequency Codes:
0 - No use during past month; 1 - Once per month; 2 - Once or twice per week; 3 - Three or more times per week; 4 - Once daily; 5 - Two or more times daily

Drug Administration Codes:
1 - Oral; 2 - Smoking; 3 - Inhalation; 4 - Intramuscular; 5 - Intravenous

70. How many other adults in your household currently use alcohol regularly? (i.e., at least once a week) _____

71. Currently use illegal drugs at all? _____

72. How many children (under age 18) in your household currently use alcohol regularly? _____

73. Currently use other illegal drugs at all? _____

DRUG GROUPS

1. Glue, spray cans, gasoline, etc.
2. Marijuana or hashish
3. Hallucinogens (LSD, mescaline, peyote)
4. Amphetamines or any other speed (crystal, methedrine, methamphetamines, ice)
5. Downers (reds, rainbows, Quaalude, etc.)
6. Heroin
7. Other opiates (methadone, morphine, codeine, demerol, dilaudid, percodan, opium)
8. Crack
9. Cocaine (intranasal or intravenous)
10. Tranquilizers (Valium, Librium, Miltown, etc.)
11. PCP (angel dust)
12. Ecstasy, Adam, Eve, MDA, MDMA
13. No illicit drugs

FORM 3
TREATMENT AND SOCIAL INVOLVEMENT

STUDY # _____

RESPONDENT #_____

Information on treatment and services will be used in three ways: (1) to define our subject groups, (2) as a predictor variable, and (3) as an outcome variable covering "use of services."

PRE-INCARCERATION TREATMENT

1. Were you ever involved in a drug or alcohol treatment program before your latest term in prison? (not including 12-step groups by themselves)

   NO .....**[IF NO, SKIP TO Q5]** 0
   YES 1

2. Was the treatment for alcohol, drugs, or both?

   ALCOHOL.....1
   DRUGS.....2
   BOTH.....3

3. How many different programs were you involved in? _____

4. How many of these programs did you complete (i.e., stay the required amount of time?) _____

PAST YEAR TREATMENT

5. How many treatment programs for alcohol or drug problems have you been involved in since you got out of prison last year? (not including 12-step groups by themselves) _____

(If more than three programs are mentioned, ask the following set of questions about each of the three programs that R participated in the longest. Before you continue asking questions, write the name of the program(s) in Q6, Q28 and Q50).)

6. Name of program (1): _____ _____
CODE

(If program is one of the following, enter code: Cedar House 1; Cri-Help 2; Hope House 3; Impact 4; Pacifica 5; Patterns 6; Phoenix House 7; Sobriety House 8; Socorro 9; The Ranch 10.)

(If R can't remember the name of the program, write "Can't Remember.")

7. What type of treatment program was that? **(CIRCLE ONE)**

IN-PATIENT METHADONE DETOX 1
IN-PATIENT DETOX OTHER MEDICATIONS 2
IN-PATIENT DRUG FREE 3
THERAPEUTIC COMMUNITY (RESIDENTIAL) 4
RESIDENTIAL (SHORT-TERM: ONE MONTH OR LESS) 5
RESIDENTIAL (LONG-TERM: OVER ONE MONTH) 6
OUT-PATIENT METHADONE MAINTENANCE 7
OUT-PATIENT METHADONE DETOX 8
OUT-PATIENT DETOX OTHER MEDICATIONS 9
OUT-PATIENT DRUG FREE 10
OUT-PATIENT MENTAL HEALTH/PSYCHIATRIC CLINIC 11
OUT-PATIENT PRIVATE COUNSELOR/THERAPIST/PSYCHIATRIST 12
CORRECTIONS-BASED SUBSTANCE ABUSE TREATMENT 13
OTHER 14

SPECIFY: _____

DOESN'T KNOW ..... -8

8. From whom did you <u>first</u> find out about this treatment program? **(CIRCLE ONE)**

FOREVER FREE CASE MANAGER 1
PAROLE OFFICER 2
SOCIAL WORKER 3
FAMILY MEMBER 4
FRIEND 5
MINISTER, PRIEST, RABBI 6
EMPLOYER 7
TREATMENT PROGRAM STAFF 8
LAWYER / PUBLIC DEFENDER 9
OTHER 10

SPECIFY: _____

9-10. Date of admission (month/year)

_____ / _____
MONTH / YEAR

11. Duration of participation (weeks)
[≤ 3 DAYS = 0; ≥ 4 DAYS = 1 WEEK]

_____
WEEKS

1 MONTH	= 4 WEEKS	9 MONTHS	= 39 WEEKS
3 MONTHS	= 13 WEEKS	12 MONTHS	= 52 WEEKS
6 MONTHS	= 26 WEEKS	>12 MONTHS	= 99 WEEKS

12-13. How many hours a day and how many days per week were you in the program?

_____
HOURS PER DAY

_____
DAYS PER WEEK

14-16. Why did you enter this treatment program? **(CIRCLE UP TO 3)**

Drug availability (difficulties obtaining drugs or "good" drugs) 1
Financial (couldn't afford to stay on drugs, lost an income source) 2
Job (to get, keep, or improve job situation) 3
Pressure from criminal justice system, attorney, etc. 4
Pressure from Children's Protective Services 5
Parenting issues (to become a better parent, to get children back) 6
Pressure from family member (to improve/save close relationship with spouse, children, partner, parent) 7
Pressure from school teacher, minister, coach, etc. 8
Health issues (too ill to continue; drugs or related diseases are hurting or threaten own health, unborn baby, others) 9
Desire for services (want to become eligible for some type of service) 10
General personal motive ("tired," "disgusted," "want to change," improve lifestyle, "save" self) 11
Other reason 12
Specify: _____
Don't know ..... -8

17. Did you have any serious problems or difficulties in making arrangements to go into treatment?

NO ..... [SKIP TO Q19] 0
YES 1

18. What was the most serious problem or difficulty? **(RECORD ONE ANSWER)**

_____

_____

_____

19. Did you complete the program?

NO 0
YES ..... [SKIP TO Q23] 1
STILL IN PROGRAM .. [SKIP TO Q23] 2

20-22. Why did you leave? **(CIRCLE UP TO 3)**

Problem with program structure, routine, philosophy 1
Dropped from the program, involuntary discharge 2
Transferred to another program 3
Problem with program clients 4
Changes in eligibility, program had to reduce size 5
Didn't want to be there in the first place 6
Money problems 7
Conflict with work/school schedule 8
Family problems 9
Pressure from spouse/lover 10
Relapse (treatment not successful, kept using drugs) 11
Transportation problems 12
To be free of treatment drugs 13
Got tired of being there, discouraged 14
Left the area 15
Became incarcerated 16
Kicked out for "dirty" urine 17
Other 18
Specify: _____
No particular reason (USE ONLY AS LAST RESORT) 19

23-25. Why did (do) you continue in the program rather than drop out? **(CIRCLE UP TO 3)**

Liked the program 1
Wanted to stay sober/clean 2
The other women or people in my program 3
Concern/or care for my family 4
Wanted to get my children back 5
Counselor/relationship with a staff member 6
Had to be there for legal or other reasons 7
No where else to go 8
Spirituality or religious faith 9
My own will power or strength 10
Other 11
Specify _____

26. Which part of the treatment was most helpful? Why? **(RECORD ONE ANSWER)**

_____

_____

_____

27. Which part of the treatment was least helpful? Why? **(RECORD ONE ANSWER)**

_____

_____

_____

(If R was involved in only one treatment program, skip to Q72.)

28. Name of program (2): _____ _____ CODE

(If program is one of the following, enter code: Cedar House 1; Cri-Help 2; Hope House 3; Impact 4; Pacifica 5; Patterns 6; Phoenix House 7; Sobriety House 8; Socorro 9; The Ranch 10.)

(If R can't remember the name of the program, write "Can't Remember.")

29. What type of treatment program was that? **(CIRCLE ONE)**

IN-PATIENT METHADONE DETOX 1
IN-PATIENT DETOX OTHER MEDICATIONS 2
IN-PATIENT DRUG FREE 3
THERAPEUTIC COMMUNITY NON-RELIGIOUS (RESIDENTIAL) 4
THERAPEUTIC COMMUNITY RELIGIOUS (RESIDENTIAL) 5
RESIDENTIAL (SHORT-TERM: ONE MONTH OR LESS) 6
RESIDENTIAL (LONG-TERM: OVER ONE MONTH) 7
OUT-PATIENT METHADONE MAINTENANCE 8
OUT-PATIENT METHADONE DETOX 9
OUT-PATIENT DETOX OTHER MEDICATIONS 10
OUT-PATIENT DRUG FREE 11
OUT-PATIENT MENTAL HEALTH/PSYCHIATRIC CLINIC 12
OUT-PATIENT PRIVATE COUNSELOR/THERAPIST/PSYCHIATRIST 13
CORRECTIONS-BASED SUBSTANCE ABUSE TREATMENT 14
OTHER 15
SPECIFY: _____
DOESN'T KNOW ..... -8

30. From whom did you <u>first</u> find out about this treatment program? **(CIRCLE ONE)**

FOREVER FREE CASE MANAGER 1
PAROLE OFFICER 2
SOCIAL WORKER 3
FAMILY MEMBER 4
FRIEND 5
MINISTER, PRIEST, RABBI 6
EMPLOYER 7
TREATMENT PROGRAM STAFF 8
LAWYER / PUBLIC DEFENDER 9
OTHER 10
SPECIFY: _____

31-32. Date of admission (month/year)

_____ / _____
MONTH / YEAR

33. Duration of participation (weeks)
[≤ 3 DAYS = 0; ≥ 4 DAYS = 1 WEEK]

_____
WEEKS

1 MONTH	= 4 WEEKS	9 MONTHS	= 39 WEEKS
3 MONTHS	= 13 WEEKS	12 MONTHS	= 52 WEEKS
6 MONTHS	= 26 WEEKS	> 12 MONTHS	= 99 WEEKS

34-35. How many hours a day and how many days per week were you in the program?

_____
HOURS PER DAY

_____
DAYS PER WEEK

36-38. Why did you enter this treatment program? **(CIRCLE UP TO 3)**

Drug availability (difficulties obtaining drugs or "good" drugs) 1
Financial (couldn't afford to stay on drugs, lost an income source) 2
Job (to get, keep, or improve job situation) 3
Pressure from criminal justice system, attorney, etc. 4
Pressure from Children's Protective Services 5
Parenting issues (to become a better parent, to get children back) 6
Pressure from family member (to improve/save close relationship with spouse, children, partner, parent) 7
Pressure from school teacher, minister, coach, etc. 8
Health issues (too ill to continue; drugs or related diseases are hurting or threaten own health, unborn baby, others) 9
Desire for services (want to become eligible for some type of service) 10
General personal motive ("tired," "disgusted," "want to change," improve lifestyle, "save" self) 11
Other reason 12
Specify: _____
Don't know ..... -8

39. Did you have any problems or difficulties in making arrangements to go into treatment?

NO .....**[SKIP TO Q41]** 0
YES 1

40. What was the most serious problem or difficulty? **(RECORD ONE ANSWER)**

_____

_____

_____

41. Did you complete the program?

NO 0
YES ..... [SKIP TO Q45] 1
STILL IN PROGRAM ...[SKIP TO Q45] 2

42-44. Why did (do) you leave? **(CIRCLE UP TO 3)**

Problem with program structure, routine, philosophy 1
Dropped from the program, involuntary discharge 2
Transferred to another program 3
Problem with program clients 4
Changes in eligibility, program had to reduce size 5
Didn't want to be there in the first place 6
Money problems 7
Conflict with work/school schedule 8
Family problems 9
Pressures from spouse/lover 10
Relapse (treatment not successful, kept using drugs) 11
Transportation problems 12
To be free of treatment drugs 13
Got tired of being there, discouraged 14
Left the area 15
Became incarcerated 16
Kicked out for "dirty" urine 17
Other 18
Specify: _____

No particular reason (Use only as a last resort) 19

45-47. Why did (do) you continue in the program rather than drop out? **(CIRCLE UP TO THREE)**

Liked the program 1
Wanted to stay sober/clean 2
The other women or people in my program 3
Concern/or care for my family 4
Wanted to get my children back 5
Counselor/relationship with a staff member 6
Had to be there for legal or other reasons 7
No where else to go 8
Spirituality or religious faith 9
My own will power or strength 10
Other 11
Specify _____

48. Which part of the treatment was most helpful? Why? **(RECORD ONE ANSWER)**

_____

_____

_____

49. Which part of the treatment was least helpful? Why? **(RECORD ONE ANSWER)**

_____

_____

_____

(If R was involved in only two treatment programs, skip to Q72.)

50. Name of program (3) : _____ _____
CODE

(If program is one of the following, enter code: Cedar House 1; Cri-Help 2; Hope House 3; Impact 4; Pacifica 5; Patterns 6; Phoenix House 7; Sobriety House 8; Socorro 9; The Ranch 10.)

(If R can't remember the name of the program, write "Can't Remember.")

51. What type of treatment program was that? **(CIRCLE ONE)**

IN-PATIENT METHADONE DETOX 1
IN-PATIENT DETOX OTHER MEDICATIONS 2
IN-PATIENT DRUG FREE 3
THERAPEUTIC COMMUNITY NON-RELIGIOUS (RESIDENTIAL) 4
THERAPEUTIC COMMUNITY RELIGIOUS (RESIDENTIAL) 5
RESIDENTIAL (SHORT-TERM: ONE MONTH OR LESS) 6
RESIDENTIAL (LONG-TERM: OVER ONE MONTH) 7
OUT-PATIENT METHADONE MAINTENANCE 8
OUT-PATIENT METHADONE DETOX 9
OUT-PATIENT DETOX OTHER MEDICATIONS 10
OUT-PATIENT DRUG FREE 11
OUT-PATIENT MENTAL HEALTH/PSYCHIATRIC CLINIC 12
OUT-PATIENT PRIVATE COUNSELOR/THERAPIST/PSYCHIATRIST 13
CORRECTIONS-BASED SUBSTANCE ABUSE TREATMENT 14
OTHER 15
SPECIFY: _____
DOESN'T KNOW ..... -8

52. From whom did you <u>first</u> find out about this treatment program? **(CIRCLE ONE)**

FOREVER FREE CASE MANAGER 1
PAROLE OFFICER 2
SOCIAL WORKER 3
FAMILY MEMBER 4
FRIEND 5
MINISTER, PRIEST, RABBI 6
EMPLOYER 7
TREATMENT PROGRAM 8
LAWYER / PUBLIC DEFENDER 9
OTHER 10
SPECIFY: _____

53-54. Date of admission (month/year)

_____ / _____
MONTH / YEAR

55. Duration of participation (weeks)
[≤ 3 DAYS = 0; ≥ 4 DAYS = 1 WEEK]

_____
WEEKS

1 MONTH	= 4 WEEKS	9 MONTHS	=	39 WEEKS
3 MONTHS	= 13 WEEKS	12 MONTHS	=	52 WEEKS
6 MONTHS	= 26 WEEKS	>12 MONTHS	=	99 WEEKS

56-57. How many hours a day and how many days per week were you in the program?

_____
HOURS PER DAY

_____
DAYS PER WEEK

58-60. Why did you enter this treatment program? **(CIRCLE UP TO 3)**

Drug availability (difficulties obtaining drugs or "good" drugs) 1
Financial (couldn't afford to stay on drugs, lost an income source) 2
Job (to get, keep, or improve job situation) 3
Pressure from criminal justice system, attorney, etc. 4
Pressure from Children's Protective Services 5
Parenting issues (to become a better parent, to get children back) 6
Pressure from family member (to improve/save close relationship with spouse, children, partner, parent) 7
Pressure from school teacher, minister, coach, etc. 8
Health issues (too ill to continue; drugs or related diseases are hurting or threaten own health, unborn baby, others) 9
Desire for services (want to become eligible for some type of service) 10
General personal motive ("tired," "disgusted," "want to change," improve lifestyle, "save" self) 11
Other reason 12
Specify: _____
Don't know ..... -8

61. Did you have any problems or difficulties in making arrangements to go into treatment?

NO ..... [SKIP TO Q63] 0
YES 1

62. What was the most serious problem or difficulty? **(RECORD ONE ANSWER)**

_____

_____

_____

63. Did you complete the program?

NO 0
YES ..... [SKIP TO Q67] 1
STILL IN PROGRAM . [SKIP TO Q67] 2

64-66. Why did you leave? **(CIRCLE UP TO 3)**

Problem with program structure, routine, philosophy 1
Dropped from the program, involuntary discharge 2
Transferred to another program 3
Problem with program clients 4
Changes in eligibility, program had to reduce size 5
Didn't want to be there in the first place 6
Money problems 7
Conflict with work/school schedule 8
Family problems 9
Pressure from spouse/lover 10
Relapse (treatment not successful, kept using drugs) 11
Transportation problems 12
To be free of treatment drugs 13
Got tired of being there, discouraged 14
Left the area 15
Became incarcerated 16
Kicked out for "dirty" urine 17
Other 18
Specify: _____
No particular reason (Use only as a last resort) 19

67-69. Why did you continue in the program rather than drop out? **(CIRCLE UP TO 3)**

Liked the program 1
Wanted to stay sober/clean 2
The other women or people in my program 3
Concern/or care for my family 4
Wanted to get my children back 5
Counselor/relationship with a staff member 6
Had to be there for legal or other reasons 7
No where else to go 8
Spirituality or religious faith 9
My own will power or strength 10
Other 11
Specify _____

70. Which part of the treatment was most helpful? Why? **(RECORD ONE ANSWER)**

_____

_____

_____

71. Which part of the treatment was least helpful? Why? **(RECORD ONE ANSWER)**

_____

_____

_____

PAST YEAR OTHER ACTIVITIES

72. Since your release to parole, have you participated in a 12-step group(s) (AA, NA, CA) that wasn't part of a formal treatment program?

NO .....**[IF NO, SKIP TO Q79]** 0
YES 1

73. How often did (do) you attend the group? **(times per week)** _____

74. Why did you begin attending the 12-step group?

LEGAL.....1
SELF 2
FAMILY.....3
OTHER 4
SPECIFY: _____

75-77. Did (do) you have any problems or difficulties in making arrangements to attend 12-step meetings? **(CIRCLE UP TO 3)**

No.....0
No one dependable to leave child (children) with.....1
Meeting is far away, and there is no convenient transportation. 2
I can't attend meetings during the day, and the streets are not safe at night. 3
Sometimes my mate doesn't want me to attend 12-step meetings.....4
Sometimes my mate won't let me go to 12-step meetings 5
Sometimes I'm just too tired or don't feel well.....6
Other 7
Specify _____

78. How would you assess the helpfulness of 12-step groups?

Not at all..... 1
A little..... 2
Somewhat..... 3
A lot 4
Extremely..... 5

79. Since your release to parole, have you participated in community groups or organizations? (e.g., PTA, political, social, neighborhood groups)

NO .....**[IF NO, SKIP TO FORM 4]** 0
YES 1

(If more than one, ask about the two that R participated in the most.)

80. Description of group (1) _____

81-82. How much did (do) you participate in **[name of organization or group in Q80]**?

(Duration) _____ WEEKS

(Frequency) _____ TIMES/MO.

83. What was (is) your role in **[name of organization or group]**? **(RECORD ANSWER. CODE LATER)**

_____ _____ CODE

(If only one group, skip to Form 4)

84. Description of group (2)_____

85-86. How much did (do) you participate in **[name of organization or group in Q84]**?

(Duration) _____ WEEKS

(Frequency) _____ TIMES/MO.

87. What was (is) your role in **[name of organization or group]**? **(RECORD ANSWER. CODE LATER)**

_____ _____ CODE

FORM 4
NEEDS AND SERVICES RECEIVED

STUDY # _____

RESPONDENT #_____

Use of other services will be used as an outcome variable. Circumstances of service use, problems, barriers, and help will be used descriptively and as explanatory variables.

During the past year, what help or services did you need for yourself and/or for your children (e.g., help in getting AFDC, transportation, parenting skills, medical treatment)?

		NO	YES
1.	Treatment for alcohol/drug use for self or children (For Forever Free residential subjects, since leaving residential treatment.)	0	1
2.	Help getting SSI, AFDC, Medi-Cal, WIC, food stamps, general relief	0	1
3.	Trustworthy baby-sitting or child care	0	1
4.	Medical or dental exams and treatment	0	1
5.	Family planning or birth control services	0	1
6.	Help with housing	0	1
7.	Help getting food, furniture, clothing, household supplies	0	1
8.	Help paying utilities and bills	0	1
9.	Help with education programs, GED services, school	0	1
10.	Vocational counseling or training	0	1
11.	Help getting employment	0	1
12.	Transportation assistance	0	1
13.	Legal advice or assistance	0	1
14.	Counseling or other help for family or relationship problems	0	1
15.	Grief counseling	0	1
16.	Spiritual or religious support	0	1
17.	Self-esteem and living skills	0	1
18.	HIV education and access to testing	0	1
19.	Help with disability issues and access barriers	0	1
20.	Psychological counseling	0	1
21.	Prenatal or perinatal care	0	1

(Continued on next page)

		NO	YES
22.	Parenting skills training	0	1
23.	Help to retain or reobtain custody of child	0	1
24.	Protection from abusive mate	0	1
25.	Help with preventing relapse to alcohol/drug use	0	1
26.	Other	0	1

Specify: _____

27-29. Of the needs or services that you mentioned, which were the three most important? **(CODE USING TERMS AND NUMBERS FROM ABOVE LIST)**

27. _____ _____ CODE

28. _____ _____ CODE

29. _____ _____ CODE

30. What was the nature of the assistance required **[for service noted in Q27]**?

_____
(Write need or service in Q27)

_____

_____

_____

31. Did you get assistance for this need?

NO 0
YES ..... **[IF YES, SKIP TO Q35]** 1

32-34. If you did not receive assistance or services for this need, what were the reasons? **(CIRCLE UP TO 3)**

Services were not available. 1
I did not know how or where to get the service 2
I could not afford to pay for the service (and there was no free service) 3
I had no one to leave my children with. 4
I did not have transportation. 5
Service providers were rude, uncaring, ignored my needs, looked down on me. 6

There was a long waiting list; I am waiting for service. 7

Significant other, family, or community were not supportive. 8

I could not take time off from work. 9

There was a conflict with my school/training schedule. 10

I had more important things to do 11

Other reason 12

Specify _____

No particular reason (Use only as a last resort) 13

[SKIP TO Q40]

35. Who or what was the source of the information about where and how to get the service?

_____ _____
CODE

36. Who helped you get the assistance or service?

_____ _____
CODE

37. Where (specifically) did you go to get this service?

_____ _____
CODE

38. What kind of service did you receive for this need?

_____ _____
CODE

39. Was the need taken care of to your satisfaction?

NO 0
YES 1

[IF NO CODE IN Q28 AND Q29, SKIP TO END]

40. What was the nature of the assistance required **[for service noted in Q28]**? **(RECORD ANSWER)**

_____
(Write need or service in Q28)

_____

_____

_____

41. Did you get assistance for this need?

NO 0
YES ..... **[IF YES, SKIP TO Q45]** 1

42-44. If you did not receive assistance or services for this need, what were the reasons? **(CIRCLE UP TO 3)**

Services were not available. 1
I did not know how or where to get the service 2
I could not afford to pay for the service (and there was no free service) 3
I had no one to leave my children with. 4
I did not have transportation. 5
Service providers were rude, uncaring, ignored my needs, looked down on me. 6
There was a long waiting list; I am waiting for service 7
Significant other, family, or community were not supportive 8
I could not take time off from work 9
There was a conflict with my school/training schedule. 10
I had more important things to do 11
Other reason 12
Specify_____
No particular reason (Use only as a last resort) 13

[SKIP TO Q50]

45. Who or what was the source of the information about where and how to get the service?

_____ _____
CODE

46. Who helped you get the assistance or service?

_____ _____
CODE

47. Where (specifically) did you go to get this service?

_____ _____
CODE

48. What kind of service did you receive for this need?

_____ _____
CODE

49. Was the need taken care of to your satisfaction?

NO 0
YES 1

[IF NO CODE IN Q29, SKIP TO END]

50. What was the nature of the assistance required **[for service noted in Q29]**? **(RECORD ANSWER)**

_____
(Write need or service in Q29)

_____

_____

_____

51. Did you get assistance for this need?

NO 0
YES ..... **[IF YES, SKIP TO Q55]** 1

52-54. If you did not receive assistance or services for this need, what were the reasons? **(CIRCLE UP TO 3)**

Services were not available 1
I did not know how or where to get the service 2
I could not afford to pay for the service (and there was no free service) 3
I had no one to leave my children with 4
I did not have transportation 5
Service providers were rude, uncaring, ignored my needs, looked down on me 6
There was a long waiting list; I am waiting for service 7
Significant other, family, or community were not supportive 8
I could not take time off from work 9
There was a conflict with my school/training schedule 10
I had more important things to do 11
Other reason 12
Specify _____
No particular reason (Use only as a last resort) 13

[SKIP TO END]

55. Who or what was the source of the information about where and how to get the service?

_____ _____
CODE

56. Who helped you get the assistance or service?

_____ _____
CODE

57. Where (specifically) did you go to get this service?

_____ _____
CODE

58. What kind of service did you receive for this need?

_____ _____
CODE

59. Was the need taken care of to your satisfaction? NO 0
YES 1

(Say to R:)

"That is all the questions I have to ask you. Thank you for your participation in this study."

TO BE ANSWERED BY THE INTERVIEWER:

60. Total time for interview: _____
Minutes

61. Would you rate the answers given to you as:

Reliable	Partly Reliable	Unreliable
1	2	3

Interviewer Comments:

62-64. _____

_____

_____

_____