The Teaching and Therapeutic Community Approach
A Tradition of Restoration
A Revolution of Inclusion
Focusing the SUD Systems of Care Toward Recovery
Presentation by
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Amity Foundation is a non-profit agency with teaching communities throughout California, Arizona, and New Mexico.

**Mission:**

- Amity Foundation is dedicated to the inclusion, health, and habilitation of individuals and families marginalized by addiction, trauma, criminality, homelessness, incarceration, poverty, racism, sexism and violence.
- Amity is committed to research, development, implementation and dissemination of information regarding community building.

Remembrance – Resolution – Reconciliation – Restoration - Renewal
The Teaching and Therapeutic Community

• “Community as Method”
  ~George De Leon(2000)

• Whole person approach to treatment
• Emphasis on peer accountability and mutually supportive relationships.
• Faculty serve dual roles as role models and counselors.
• Community folds around the person, and changes to keep current and innovative.
The Spectrum of Amity Settings in the 21st Century

- Residential Campuses on large acreage and in rural settings
- Residential Campuses in urban settings
- Correctional/Institutional settings
- Non-Residential Intensive Outpatient settings
Settings and Services in California

- 184 bed residential TC campus for men and women in Los Angeles with integrated care services with Kedren.
- 60 bed residential TC campus for men in Vista, California
- Nearly 1,600 men and women served in 5 prisons at RJ Donovan (RJD), California Rehabilitation Center (CRC), Lancaster Prison (CSP-LA), California institution for women (CIW), and Central California Women’s facility (CCWF)
- Employment services located throughout Southern California.
- Just In Reach jail project serving chronically homeless men and women in LA County
Participants Today

- Are dealing with major challenges in their lives.
  - From impoverished backgrounds = inadequate parental resources, poor schools, dysfunctional neighborhoods, negative attitudes towards work, lack of opportunities for work (high unemployment areas).
  - Childhood and adult trauma
  - Health issues
  - Addiction
  - Criminal records that limit employment opportunities.
  - History of violence
  - Little or no family support
  - Lack of Employable skills and Vocational training
  - Lack of Employment history due to incarceration, addiction, homelessness, etc.
Amity and Kedren Collaboration

- Evaluation of mission and services models
- Review of other collaborative partners and resources
- Executive planning
- Collaborative projects (FQHC, Care coordination, housing etc.)
- Staff training and integration meetings.
- Develop goals and objectives for integration task force
Integration Goals

• GOAL 1: Increase understanding and acceptance of core elements of integrated health care model a and commitment to the strategic plan for its implementation.

• GOAL #2: Policies and Procedures will be updated to reflect Integrated Care Model and made available to staff.

• GOAL 3: Maintain an IT structure for integrating documentation, prescribing, and retrieval of patient information that supports comprehensive, integrated patient care along with effective care management and coordination.

• GOALS 4: Develop a multi-disciplinary team approach that links primary and behavioral health care and ensures the use of best practices in interdisciplinary communication

• Goal 5: Utilize Integrated Care Managers and Peer Supports in Service Delivery

• Goal 6: All personnel receive standardized training in mental illness, SUD (including tobacco), and other medical conditions, self care and motivational engagement appropriate to roles and functions.
Integration Goals

- Goal 7: Staff shall receive clinical supervision, training and monitoring of clinical care appropriate to roles and functions
- Goal 8: Clinical components of the integrated model are monitored through use of patient level outcomes and indicators across all domains and findings are integrated into action.
- Goal 9: Patients are actively involved in all aspects of his/her care planning and management. Patients are offered a range of interventions and are involved in choice of interventions with the choice to refuse treatment.
- Goal 10: Organization uses multiple methods to support patient’s access to care, including support during and after business hours.
- Goal 11: Executive Leadership Team Involvement
- Goal 12: Implement an Integrated Approach Across All Departments
California Funding Sources

- CDCR funded Residential and In Prison
- AB109 Residential
- Department of Rehabilitation
- Corporation for Supportive housing
- County Funding
- Department of Justice
- Private Foundations
- Native American Tribes
New and Future Funding and Services

- Pay For Success (Social Impact Bonds)
- Medi-Cal
- Department of Health Services
- Low Income Housing Tax Credit
- Satellite FQHC
- Social Entrepreneurship
- Collaborative Efforts
- What is next and what is needed?
Reduction in Recidivism

- Comparisons of inmates who did NOT participate show that $\frac{3}{4}$ths of them were back in prison three years after release.

- Only $\frac{1}{4}$ of the Amity participants who completed the in prison and community project were in prison.

From a study conducted by H. Wexler, Ph.D. 1998
NDRI funded by NIDA
“Remarkable changes in lifestyle are possible when individuals live and work in community where every element has an educational and therapeutic impact on their process.”

~George De Leon, 2000
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