

**THE CALIFORNIA PRISON AND
COMMUNITY HEALTH INITIATIVE (CPCHI):**

An Assessment of Promise

Prepared for:

**The National Trust for the Development of African-American Men
And the
The California Endowment**

by

James B. Hyman

James B. Hyman, Ph.D., Inc.

April 28, 2007

TABLE OF CONTENTS

I.	Introduction and Overview	1
II.	This Report	1
	Program Objectives	2
	Assessment Focus	2
	Methods	3
III.	The California Prison And Community Health Initiative	4
	Processes and Operations	4
	The CPCHI Theory of Change	7
IV.	Health-Related Findings: Surveys And Archived Data	7
	Program Outcomes Survey Findings: Trust Membership	7
	Program Outcomes Survey Findings: Individual Health Objectives	9
	Program Outcomes Survey Findings: Community Objectives	11
	Survey Findings on the Curriculum	14
	Summary of Survey Findings	22
V.	Transformational Impacts: Testimony from Interviews	23
	Health Impacts of CPCHI	23
	Personal Transformation Impacts	25
	Efficacy of the Trust	26
	The “Meaning” of the Trust	26
	Summary of Transformational Impacts	28
VI.	Conclusions And Final Comments	28
	Final Comments	28
	Appendix I: Roster of Interviewees	30

THE CALIFORNIA PRISON AND COMMUNITY HEALTH INITIATIVE (CPCHI):

An Assessment of Promise

“The worst health in the black community is men’s health – particularly men who have criminal backgrounds; men who are unemployed; and men who lack high school educations. We find those three factors to be prevalent among the most health-at-risk males. The prison environment is filled with men who have all three of these risk factors and while it would be easy to forget about them, the truth is that they are coming back to the community. And so, as a matter of prevention, the question is how do you work with this population, not just to improve its health status, but, as a larger matter of public health, how to you intervene with them in ways that can help to protect the health of the community?” **Michael Shaw, Office of Mental Health, Alameda County Public Health Dept.**

I just want people who will be reading this to embrace it and make themselves a resource to it in any way that they can because the men who are impacted by the Trust are coming back to communities throughout this state and throughout the country. And if the Trust has an opportunity to change them, you want us to change them. **“Lamb,” Founding Inmate, Former Chairman, San Quentin Trust**

I. INTRODUCTION AND OVERVIEW

The California Prison and Community Health Initiative (CPCHI) is a project of the National Trust for the Development of African-American Men (hereafter, the “Trust”) and of its founder, Dr Garry Mendez, who for more than 30 years has been championing the cause of men who are returning to their home communities after extensive stays in the nation’s prisons. Funded by The California Endowment, the CPCHI is a single-site pilot project operating under the auspices of the San Quentin Trust for the Development of Incarcerated Men. It is a health-oriented variation on the themes of personal transformation, personal accountability and leadership that form the crux of the Trust’s curriculum and approach to “rehabilitating” incarcerated ex-offenders.

In 2003, the California Endowment funded CPCHI as 3-year pilot demonstration in recognition of the enormous impact returning ex-offenders might have on public health in the state’s poor and distressed minority communities. In 2000, the State of California was home to 12.2 percent of the nation’s prison population and accounted for 20 percent of all persons released from U.S. prisons that year.

CPCHI proposed two sets of outcomes: one set related to the Trust’s overarching mission of personal transformation and leadership development for individual inmates; and the other, a set of measurable health-related outcomes for the inmates, their families, and their prison and home communities. In 2006, the National Trust commissioned, and the California Endowment funded, the firm, James B. Hyman, Ph.D., Inc., to conduct an assessment of CPCHI.

THIS REPORT

The following then is a report of findings and observations from a year-long investigation of this demonstration. It is important to note that these findings and observations are not to be

interpreted as the definitive results of a formal evaluation. Because the San Quentin demonstration was funded as a pilot for possible expansion, the scale and resource levels involved in the demonstration are relatively modest. It was understood that, should this pilot effort show promising results, the California Endowment would consider making a larger resource commitment to its replication and expansion in several additional sites.

The purpose of this exercise then is not to provide definitive, scientific evidence of CPCHI outcomes and impacts. Rather its purpose is to provide that, more modest, assessment of promise that could inform decisions about expanding beyond the pilot to a more full-blown demonstration to which a more vigorous evaluation effort might be applied. Many of this report's conclusions are drawn from self-reported data and from the personal testimonies of participating inmates and/or knowledgeable "free" persons who volunteer or collaborate with CPCHI. These testimonies have been particularly candid and revealing and, throughout this report, we will quote them liberally to share the perspectives of our interviewees in their own words.

Program Objectives. The CPCHI sought to achieve two sets of outcomes. One set focused on transforming inmates' self-perceptions, values, and behaviors. Toward those ends, the CPCHI provided leadership trainings and workshops to help inmates see themselves as capable persons with assets that can be deployed on behalf of their children, families and their institutional and home communities. These self-perceptions were then directed toward: enhancing inmates' individual development; reconnecting and enhancing their relationships with their families; and encouraging their participation in the civic affairs of their institution and their home communities.

The other set of outcomes were specifically health related. Here, the project's trainings and workshops focused on raising inmate health consciousness and promoting positive health behaviors as means of improving individual inmates' health and consequently mitigating the public health consequences that often attend ex-offenders' return to their families and their reentry into communities. The following were established as specific health-related outcome goals for CPCHI.

Individual Objectives: 80% of Trust Fellows (20 fellows) will submit formal requests for health screening for blood pressure, cholesterol, diabetes, prostate and colon cancer, sickle cell anemia, HIV and AIDS and other sexually transmitted diseases.

Family Objectives: 20% of the families of Trust Fellows (4 families) will become maximally enrolled in health insurance programs for which they are eligible.

Community Objectives: Trust Fellows will influence their fellow inmates and, both through this larger prison population and through contact with others on the outside, arouse their home communities to improve their health consciousness in the following ways.

- Trust fellows will generate 100 formal requests for health screening (for blood pressure, cholesterol, diabetes, prostate and colon cancer, sickle cell anemia, HIV and Aides and other sexually transmitted diseases) from among the general prison population.
- Through the Trust Fellows' influence, 20 families of prisoners who are not Trust Fellows will become maximally enrolled in health insurance programs for which they are eligible.

Assessment Focus. The primary goal of this report is to shed some light on CPCHI's efforts to achieve these objectives and to provide an assessment as to whether this innovative approach to prisoner health, rehabilitation and reentry holds sufficient promise to warrant additional investment, expansion and evaluation.

But, in addition, we will try to provide information that will help clarify: (1) who the men are; (2) what motivates them to participate in CPCHI; (3) how effective the CPCHI project is in transforming their values, perspectives and behaviors, particularly health behaviors; (4) which aspects of the curriculum they believe to be most effective in fostering these transformations; and (5) what capacity the project has to positively affect values and behaviors in the larger San Quentin population and in the “free” community (of children, families and neighborhoods) beyond San Quentin.

Methods. As stated earlier, our approach to this assessment does not rise to the level of a methodologically rigorous evaluation. Resources constraints prohibited the use of controlled experimentation, pre-post designs or comparison groups, for example. As such, no effort was made to collect data from inmates in San Quentin’s general population. As a consequence, our findings and observations are based primarily on archived and self-reported data from the Trust Fellows who, in an experimental design would have made up the experimental group.

For these reasons our conclusions are put forward only as suggestive of the impact and promise of the CPCHI. Even so, they are derived from a thorough examination of the both quantitative and anecdotal data gathered for these investigations from the following several sources as follows:

- *Archived Data:* These investigations included the review of electronic documents contained in 729 files retained by the San Quentin Trust Fellows. Of particular utility to our assessment were Trust membership rosters and records on attendance in the Trust/CPCHI classes.
- *Interviews:* Additional information was gathered through personal testimony from a variety of informed respondents. Twelve interviews, 30 to 60 minutes in length, were conducted – four with CPCHI participating inmates (San Quentin Trust Fellows), six with external volunteers who are collaborating with CPCHI, one with National Trust founder Dr. Garry Mendez, and one with implementing Warden (and later Acting Secretary of the California Department of Corrections and Rehabilitation), Jeanne Woodford. A listing of interviewees is provided in Appendix 1.
- *Surveys:* Two surveys were constructed and administered to 22 active Trust Fellows. A *Program Outcomes Survey* was designed specifically to collect data on the health-related outcomes listed above. A second instrument, the *Curriculum Assessment Survey* focused entirely on the Trust Fellows’ evaluations of 34 components that comprise the Trust curriculum that lies at the core of CPCHI.

Before proceeding further we must make note of a glitch in the administration of our surveys that may have affected our results. Our plan was to administer both surveys to the entire group of Trust Fellows in a single “seating” in a classroom setting. Additionally, Principal investigator, Dr. Hyman, was to present an introduction and orientation, administer and monitor the surveys, collect the completed surveys, and then debrief with the Fellows at the end of the session. Dr. Hyman was to remain in the room as a resource to anyone needing clarification. Arrangements for the men’s release had been made a few days before with one of the watch commanders.

But on the day we visited to conduct the survey, things did not proceed as expected. Twenty two Fellows gathered, as planned, in the Chapel Conference Room. Dr. Hyman began the orientation but was interrupted by an announcement that the men were being ordered back to their cells for the late morning count. Dr. Mendez and the Trust Vice Chairman, conferred with the watch commander, then on duty, to confirm that the gathering had been authorized and were told that, because it had not been cleared by him, he would not honor the approval and, further, that

because the count was scheduled to begin soon, it was too late for him to approve their absence from the count.

The men were forced to disperse. They were asked to take the surveys with them, complete them in their cells, and return them to the Vice Chairman to be forwarded to Drs. Mendez and Hyman. Consequently, the Trust Fellows were left to complete the surveys on their own without access to further instruction or advice from Dr. Hyman. And this may have been the primary cause of occasional concerns for invalid and missing data during our analyses.

II. THE CALIFORNIA PRISON AND COMMUNITY HEALTH INITIATIVE

The architecture of the San Quentin Trust models the approach used by Dr. Mendez in establishing earlier Trust programs in several prisons in New York State – recruit a well-known and highly respected leader among the African-American inmate population and, through him, identify other active and respected leaders who can be recruited into a small core group of founding Trust members.

The project in San Quentin was initiated with a visit to San Quentin in August 2002 when a very progressive, then-Warden, Jeanne Woodford, agreed to authorize project operations and introduced Garry Mendez to “Lamb” – a “lifer” in his early thirties whom she deemed one of the most capable and well-respected African-American leaders in the population. Lamb was pivotal in recruiting the first group of 15 “Trust Fellows” and subsequently became President of the San Quentin Trust and the CPCHI in San Quentin.

The group of men that we had in our first 15 are probably some of the most arrogant men you’ll ever run into in prison – all leaders in one form or fashion. **“Erne,” Founding Inmate, Program Coordinator, San Quentin Trust**

One consideration for recruiting these members was that they be “long-termers” – inmates with long or life sentences. Dr. Mendez established this criterion as a means of assuring the stability and sustainability of the leadership and organization over time. Indeed, in the four years since its inception in 2003, this core group has seen little voluntary turnover.

Of the original founding members, 11 are still involved, 3 have paroled, and 1 is on an indefinite leave of absence... Generally a guy will take a leave of absence when there are other things that he needs to do that conflict with Trust scheduling. **“Lamb,” Founding Inmate, Former Chairman, San Quentin Trust**

These founding members were to build the organization – its bylaws and structure – and become the first class of inmates to be trained in the Trust Curriculum. When they completed the training, they were to assume responsibility for conducting and instructing subsequent classes to teach the curriculum to the general prison population.

Processes and Operations. The project began operations in spring of 2003. Trust Founder, Dr. Garry Mendez, maintained a very real and active presence in CPCHI. For the first 6 months of the project, Dr. Mendez visited San Quentin on a monthly schedule – meeting with the group on three consecutive days; and leaving them with assignments to complete prior to the next month’s visit. These visits were designed: to provide an orientation to the Trust philosophy; to train the first cohort of Trust Fellows in the Trust curriculum and methods; and to lay the ground work for the inmate members to bond together and become a self-sustaining group.

Between visits, Trust Fellows were expected to: meet on their own; discuss the assignments they were given; draft a set of Bylaws; and begin organizing themselves as a sanctioned group inside the institution. After the first six months, Trust members began to assume full responsibility for conducting the Trust classes and training and operating the affairs of the CPCHI. Currently, the CPCHI holds regular meetings every Monday and holds classes to train in the Trust curriculum every Thursday. Both meetings run for 2 ½ hours between 2:30 and 5:00 p.m.

Classes are open to the general prison population and attendees are required to enroll for the entire program of 29 lessons spread over 31 sessions. The sessions are co-facilitated by between one and three Fellows and may include presentations from outside guests. Participant evaluations are distributed after each class session. Those data are kept in the CPCHI archives and are used for program improvement.

Since the adoption of its first Bylaws in early 2004, CPCHI has become a sophisticated organization with executive leadership, seven elected officers, eight standing committees, eight volunteer “sponsors,” and nine external cooperating organizations. Collaborating agencies are extremely important resources for the San Quentin Trust. For example, as a major part of CPCHI’s operation, the Trust Fellows formed a partnership with the Alameda County Public Health Department to act as CPCHI’s primary source of health expertise. The Department provides the CPCHI and the San Quentin Trust with health information about diet and nutrition or diabetes, for instance, that they turn into lessons plans. Staff from the Department also go into San Quentin to give presentations and provide instruction.

In collaboration with the San Quentin Trust, the Department also co-sponsors Annual Health Fairs and helps recruit the volunteers who staff the information booths and provide the wide variety of health screenings. For instance, CPCHI’s 3rd Annual Health Fair in April 2006 involved more than 70 volunteer physicians, nurses and health technicians on-site in San Quentin where they ministered to more than 500 inmates. This event, over the years, has become one of the more successful, premiere components of the CPCHI.

Warden, Robert Ayers, was there for the Third Annual Health Fair and he made mention that he had been warden at five different prisons and yet he had never seen as much activity from the community as there was that day. He was just amazed at the number of people we had there and the different activities that were going on. **Arnold Chavez, Co-Director, Alameda County Urban Male Health Initiative**

Through these Health Fairs and other collaborative activities, the Department has become a major source of information and care in San Quentin.

These guys don’t want to go to the doctor because they’ll have to pay \$5.00. And you can understand the other side of that because, if you didn’t charge, everybody would be sick everyday and wanting to go to the doctor. But the administration is saying to them, “Well, if you’re really sick, you’ll pay the \$5.00 to get yourself checked out.” That’s a lot of money for these guys and they’re not going to pay it. So, we go in and they get themselves checked and they can get some peace of mind. **Arnold Chavez, Co-Director, Alameda County Urban Male Health Initiative**

The Department views CPCHI as a true innovation.

“This approach to prisoner health is unique in the State of California and I suspect nationally. It is a model for other public health departments to follow because it allows

us to provide wellness services to people who are incarcerated. For the past three years the department has done a health fair out at San Quentin. Our 3rd Annual was last April. The Health Fairs are sponsored by the Trust. In fact they were initiated by the Trust and should be considered an innovation of the Trust. The men of the Trust actually put it on. They do the planning and we provide the person power in the form of nurses, doctors, social workers, chiropractors and other health professionals.” **Arnold Perkins, Director, Alameda County Public Health Department**

But the focal point of the CPCHI is the classroom training – the instruction in the Trust Curriculum. The Trust Curriculum consists of three modules of instruction covering a total of 29 lessons – several of which focus on issues of general, preventive, and reproductive health including HIV/AIDS. The classroom trainings and workshops are the vehicle through which the Trust encourages the personal transformation, self-realization and health consciousness that are the ultimate goals of the program.

The first module of instruction is *Purging*. The nine lessons in this module force inmates to reexamine their perspectives on issues such as: money, work, crime, health, family, male/female relationships, social networks and others. The rationale for this module as stated in the curriculum is that, “Before the individual can assume another value system it is first necessary for them to remove the value system under which they are currently functioning.”

The second module is *The Trust Value System*. The 13 lessons comprising this module focus on changing the inmates’ perspectives – teaching that behaviors are a function of values, and that inmates must first lead themselves before they can lead others, including family and community – as two of the primary themes. Issues of responsibility, decision-making, communication, conflict resolution, preventive health care, and the drug culture are also among these topics.

The third module focuses on the *Release Plan*. Seven topics are included in this module. Together they help inmates be more deliberate in thinking about and planning for the challenges they will face upon release. They provide guidance and instruction on: assessing one’s assets, capacities, skills and marketability; setting realistic goals; managing one’s time and finances; managing conflict; and managing family.

In addition to its instructional offerings, the CPCHI has evolved to include several additional programmatic components as follows;

- *Institutional Outreach*: 28 Sponsored Events, open to the entire inmate population, have been organized and conducted by the Trust, including:
 - Commemorative celebrations (e.g., for Black History Month, Cinco De Mayo, and Independence Day, etc.);
 - Developmental workshops (e.g., on Family and Fatherhood, Anger Management, Conflict Resolution, and Male/Female Relationships, etc.);
 - Plays (e.g., “The Grave Robber”);
 - Fundraisers, “Walk-a-thons,” Food Sales, Banquets and Socials; and
- *Community Engagement Projects*:
 - In 2006, in response to increases in murders and other violent crimes in neighboring Richmond, CA, Trust Fellows in CPCHI initiated a series of dialogues with city police and municipal leaders advising on ways to quell the violence.
 - They also conducted a fundraiser and donated \$500.00 to the City of Richmond to purchase uniforms for needy city school children.

- In December 2005, a USF/Trust Alliance held a fundraiser as part of the San Quentin Christmas Toy Drive and donated 200 toys to the children of San Quentin inmates.

The Trust Fellows use their programs and special events as a “hook” – as vehicles that raise its the levels of interest and visibility among the population.

So now the population loves us because of all the good things they’ve seen us do. We pack the yard with positive things. We do food sales and they love the stuff we offer on the food sales – good stuff. We offer gumbo. No one else offers gumbo. We do everything we can to please the population – to make them happy. If they’re happy, they’ll be more encouraged to find out who we are and to come to our programs and to volunteer for the things we need them to do. **“Erne,” Founding Inmate, Program Coordinator, San Quentin Trust**

The CPCHI Theory of Change. As stated, the CPCHI represents a melding of two goals for the development of incarcerated ex-offenders. The overarching goal of the Trust is to encourage prisoners to undergo a *personal transformation* that would have them: adopt a set of positive values; accept full accountability for past and future decisions, choices and behaviors; see themselves as having assets that can be deployed to benefit their children, families and communities; and exercise positive leadership – first over themselves and later for the families and communities.

In investing in the CPCHI, the California Endowment is pursuing a goal of *improving health consciousness and health behaviors* among incarcerated ex-offenders in order to enhance their health status and outcomes but also, and perhaps more urgently, to mitigate the potential for public health impacts upon their release.

These two goals combine into a symbiotic theory of change where health consciousness becomes an important additional dimension of the personal transformation that is being promoted by the traditional Trust Program and the Trust Program is seen as a prerequisite for meaningful and sustainable changes in health awareness and healthy behaviors. The theory being tested by the CPCHI in San Quentin is that concern for one’s health is strongly and positively correlated with one’s self-awareness and sense of personal responsibility. The primary hypothesis can be stated as follows: that increased attention to physical and mental health is more likely to be instilled and sustained among inmates who possess a stronger sense of self, and of responsibility, than among those with a lesser sense of these attributes. A secondary hypothesis for future testing might be: that increasing the health consciousness of reentering ex-offenders will mitigate potential negative health impacts on community.

III. HEALTH-RELATED FINDINGS: Analyzing the Surveys and Archived Data

The following will report the health-related findings derived from analyses of archived data and of data from our two surveys. We begin with the Program Outcomes Survey. The Program Outcomes Survey was designed to collect: selected personal data on the Trust membership including their age, education, incarceration experience and families; as well as data on specific health outcomes of the CPCHI.

Program Outcomes Survey Findings: Trust Membership. Over its history, membership in the San Quentin Trust has been extremely selective and turnover relatively low. As of November 28, 2006, the archives documented that 28 men were on the active roster of Trust Fellows and another

12 men – 3 paroled, 7 resigned, and 1 in “the box” – were former or inactive members. The Trust’s archivist stated that most of the group’s resignations occurred in the first and formative year.

There have probably been about 40 men who have been members of the Trust at one time or other. About 10 of them including 3 who were released are no longer members. Five of them quit on their own and another 2 were asked to resign. The guys who quit on their own all left in the first year and really didn’t give the group a chance to jell to the point where we are now of holding more efficient meetings and actually being able to get things done. The first year we spent a lot of time talking about how we were going to do it... We needed infrastructure and organization – who’s going to do what. And we needed a contract with ourselves to hold each other accountable for things. That was a long process that we had to go through... All of the guys who quit did so during that period. **“Daudi,” Inmate, Vice Chairman and Archivist, San Quentin Trust**

As part of the Program Outcomes Survey, data was collected on the backgrounds of 22 Trust Fellow who were respondents. Of this group, 19 were African-American, 6 were white, 3 were Latino, 2 were Samoan and 1 was Chinese. Seventeen resided in California before being incarcerated and the remaining 5 had been sent to San Quentin from out-of-state. Table 1 below reports additional information on these men.

**Table 1:
San Quentin Trust Fellows: Personal Data**

	N	Mean	Min	Max	STD
Age	22	39.7	27	54	6.81
Highest Grade Completed	19	11.7	10	12	1.1
Years Beyond High School	22	2.34	0	5	1.18
Current Time Served	22	17.83	4	34	6.63
Incarceration History	20	18.87	10	34	5.44

As the table shows, the Fellows ranged in age from 27 to 54 years of age with an average age of nearly 40. Two thirds were between the ages of 32 and 46. On average, the fellows completed 11.7 years of schooling. Twelve completed high school by way of GED instruction and the vast majority, 21 of 22, pursued post secondary education while in prison – averaging 2.34 years of college credits while incarcerated. Their sentences ranged from six years to life in prison with an average sentence of 15.4 years (to life). At the time of the survey, these 22 men had served an averaged of 17.83 years of those sentences (ranging from 4 years to 34 years) and, on average had spent a total of 18.87 years of their lives under incarceration (ranging from 10 to 34 years).

Many of these men had families. At the time of the survey, only 6 of the Trust fellows reported being married. The remaining 16 were single and six of them reported they had never been married. But 11 of these men were fathers to a total of 24 children, born to 17 mothers, and ranging in age from 10 to 25 years. Nine of the Fellows reported that at least one child had visited them within the prior 6 months and all but one of the Fellows reported communication by phone or mail with at least one child during the same period.

Another portion of the personal data collection queried the makeup of the households in which the fellows were reared during their adolescence and early adulthood. This was an attempt to describe the family configurations that surrounded this group of men in the later stages of their lives as “dependents” before they were incarcerated. As shown in Table 2, 8 of the 22 Trust Fellows reported living in two-parent families while 2 reported living with their fathers only and 6 grew up in with their mothers in female-headed families. Fourteen of the Fellows lived with a total of 39 siblings, 2 with one grandparent each, four with (a total of 7) children they had already fathered and 4 with (10) children who were not their offspring.

Table 2: Trust Fellows’ Adolescent/Young Adult Family Configurations

	Both Parents	Father Only	Mother Only	Brothers Sisters	Grand Parents	Own Children	Other Children
Number who lived w/	8	2	6	14	2	4	4
Total Number of:	16	2	6	39	2	7	10

The survey also probed the extent to which Trust members were active in the San Quentin community before and after their joining the Trust. Given the program’s penchant for recruiting leaders into membership we expected the data to show a pattern of involvement in other organized groups. The data confirms, that prior to joining the Trust, the 22 respondents had a total of 43 memberships in other organizations averaging 2 memberships each. That number grew to 64 or by 1 additional membership per Trust Fellow after their induction into the Trust.

Program Outcomes Survey Findings: Individual Health Objectives. A large focus of our assessment was gauging the extent to which the CPCHI made a difference in several important health-related behaviors of incarcerated men. And we specifically sought to document the extent to which CPCHI had succeeded in meeting its Individual Objective stated as follows:

Individual Objectives: 80% of Trust Fellows (20 fellows) will submit formal requests for health screening for blood pressure, cholesterol, diabetes, prostate and colon cancer, sickle cell anemia, HIV and AIDS and other sexually transmitted diseases.

General Health Impacts. We begin, however, by examining the project’s more general health impacts. To explore those broader health impacts, the survey focused on behaviors related to diet and exercise, personal hygiene, sexual behavior, substance abuse and preventive health screenings. Respondents were instructed to rate the extent to which they felt the CPCHI had made a difference in these several health behaviors on a five point scale ranging from “no impact, to “enormous impact.”

Table 3 below presents the data and results. The table reports the number of Fellows recording a particular rating and calculates those responses as a proportion of the total responses on the particular health behavior.

**Table 3: Trust Results on Members’
General Health**

N=22	NO Impact		Slight Impact		Moderate Impact		Large Impact		Enormous Impact		≥ Moderate Impact	
	#	%	#	%	#	%	#	%	#	%	#	%
Improved Dietary Habits	0	---	3	13.6	9	40.1	10	45.5	0	---	19	86.3
Increased Exercise	1	4.5	6	27.2	7	31.8	8	36.4	0	---	15	68.1
Improved Personal Hygiene	0	---	3	13.6	6	27.2	5	22.7	1	4.5	19	86.3
Focus on Safe Sex	0	---	2	9.1	5	22.7	11	50.0	4	18.1	20	90.1
Lowered Substance Abuse	9	40.1	1	4.5	3	13.6	4	18.1	4	18.1	12	54.5
More Health Screenings	0	---	0	---	2	9.1	13	59.1	7	31.8	22	100
Other Benefits (N=18)	1	---	1	5.6	0	---	8	44.4	8	44.4	16	88.8

As the table shows, few of the Trust Fellow recorded that the program had “no impact” on any of their health behaviors. The exception here lies in the 9 “no impact” responses recorded for substance abuse. This finding is an anomaly. Several of the Fellows recording this response wrote notes on their surveys indicating that they have been “clean” for several years. Moreover, the San Quentin Trust is known for its intolerance of substance abuse within its ranks.¹ The one “no impact” response on exercise is also difficult to interpret because we have no information on whether or not the respondent was already involved in vigorous exercise prior to the Trust.

The conclusion we draw from this data is evident on the far right of the table where the last two columns show the number and percentage of the total of responses in the ranges of “moderate impact” or above. *These results suggest that CPCHI made a moderate to enormous difference in the diets, exercise, hygiene and other important health behaviors and health consciousness among the Trust Fellows.*

Impact on Health Screenings. Because health screenings were targeted as a specific objective of CPCHI, they were an area of particular importance in our survey. Data reported in Table 3 suggested that the Trust Fellows’ health screening behaviors change significantly as a result of CPCHI – with 91 percent (20 Fellows) rating the change as large or enormous. This finding suggests that the CPCHI may have indeed met its screening goal. But to address the question directly, the survey collected data on the actual number of screenings sought. These data are arrayed in Table 4.

The survey collected data on the numbers of health screenings the Fellows sought before joining the Trust with their screening seeking behavior subsequent to their induction. Table 4 is constructed to show these comparisons. For each type of screening, the table shows the number of Fellows reporting that screening and the total number of screenings received by that group of Fellows both before and after joining the Trust. The final column of Table 4 calculates the percentage increase (or decrease) in the numbers of screenings between the two periods. As such

¹ This raises a question as to how we should interpret the other responses on this behavior. Post survey conversations with Fellows suggest that these responses reflected the strength of increased awareness of substance abuse issues rather than the abuse itself. Responses to the safe sex behavior changes should be interpreted similarly.

our analysis goes beyond documenting whether 80 percent of Fellows requested a particular screening to ask the larger question: What impact has CPCHI had on the Fellows demand for health screenings?

Table 4: Trust Impact on Member Health Screenings

	Number of Screenings in 12 Months Before Joining the Trust			Number of Screenings Since Joining the Trust			% Change
	Inmate Reports	Total Screens	Mean	Inmate Reports	Total Screens	Mean	Increase/Decrease
N = 20							
Asthma	3	5	1.67	4	11	2.75	+120%
Blood Pressure	15	24	1.60	20	84	4.20	+250%
Cholesterol	10	11	1.10	17	56	3.29	+409%
Depression, Bipolar	2	2	1.00	2	2	1.00	0%
Diabetes	6	6	1.00	12	30	2.50	+400%
Hepatitis	7	9	1.29	11	28	2.55	+211%
Prostate – Colon Cancer	3	4	1.33	5	8	1.60	+100%
Sickle Cell Anemia	3	4	1.33	3	7	2.33	+75%
Tuberculosis	10	26	2.60	11	41	3.73	+58%
Vision/Hearing	9	25	2.78	13	20	1.54	-16%
HIV and AIDS	10	13	1.30	11	24	2.18	+85%
Other STDs	4	5	1.25	5	8	1.60	+38%
Other Screenings	1	2	2.00	1	5	5.00	+150%
TOTAL Screenings	83	135	--	115	322	--	+139%
TOTALS Per Fellow	4.15	6.75	--	5.75	16.10	--	+139%

Twenty of the 22 Fellows recorded valid responses and, as the table shows, there is a marked increase in their demand for screenings since joining the Trust. Indeed, our data show that 100 percent of the Trust Fellows requested not one but multiple health screenings since becoming members. The total of 322 reported screenings received by Fellows after joining the Trust is more than double the 135 received before Trust membership – representing an increase of almost 140% with the average number of screenings per Fellow rising 139 percent – from 6.75 to 16.1. The largest areas of screenings increase were in the areas of: Cholesterol (409%), Diabetes (400%), Hepatitis (211%) and blood pressure (250%).

These findings, along with the findings reported in Table 3, strongly suggest that the CPCHI did meet its Individual Objectives for Health Screenings and is indeed making a positive difference in the health consciousness and the health behaviors of the San Quentin inmates who are members of the San Quentin Trust. The question outstanding here, however, is whether similar results would obtain for the population of inmates who are not Trust members. And while this question lies beyond the reach of this study, we can hypothesize that, to the extent that the Trust and CPCHI are able to influence behavior in the general population, these kinds of impacts might indeed be extended beyond the Trust.

Program Outcomes Survey Findings: Community Objectives. The National Trust’s approach to prisoner “rehabilitation” is not designed as an insular program ministering to an in-group. Dr. Mendez views his approach as more of a “movement” than a program. The Trust Fellows, in his conception, are like apostles – a positive peer group of inmates who, by example and through

instruction, are carrying a message to the general population encouraging them: to rediscover and redefine themselves; to adopt new pro-social values; and to practice new positive behaviors, including preventive health behaviors, for the benefit of themselves, their families and their (prison and home) communities.

As part of this assessment, we attempted to get a gauge on the extent to which the San Quentin Trust was demonstrating that kind of outreach and impact. There are two parts to this inquiry. The first is whether CPCHI and the Trust are exerting an influence on the general population in the larger San Quentin Community. The second part of this inquiry explores the extent to which, through this outreach, the project achieved its two stated community goals.

Trust fellows will generate 100 formal requests for health screening (for blood pressure, cholesterol, diabetes, prostate and colon cancer, sickle cell anemia, HIV and Aides and other sexually transmitted diseases) from among the general prison population.

Through the Trust Fellows' influence, 20 families of prisoners who are not Trust Fellows will become maximally enrolled in health insurance programs for which they are eligible.

Trust Outreach and Influence on the Community. The Trust Curriculum lies at the core of the CPCHI pilot. The presentations, materials, and discussions that make up the classroom experience are what carry the messages of the need for, and means of achieving, the kinds of personal transformation advocated by CPCHI and the Trust. To gauge CPCHI's outreach and influence on the general population it was important to document the extent to which these messages were reaching non-Trust inmates. Toward that end, we examined the class attendance records stored in the Trust archives to see what they might reveal about the extent to which the Trust Fellows were reaching the general population with the instruction that lies at the core of the CPCHI. The testimonies of Trust Advisors were predictive of what we would find.

I think the trust is having an impact on the environment right now and I am basing that on what I see in terms of the classes that the Trust is doing with other inmates. I've been to the first few sessions of this new class and they've got about 80 guys in there and they keep coming back and they keep contributing. I have to believe that's making some kind of impact. **Peter Richman, Ph.D., Psychologist, Kaiser Permanente, CPCHI Anger Management Instructor**

Table 5: Class Attendance by Trust Fellows and Non-Trust Inmates

Data Organized By:	Total	Trust Fellows	Non-Trust Inmates
Number of Inmates	209	29	180
Number of Classes	23	23	23
Total Class Attendances	2043	624	1419
Range of Attendance per Class	62 -- 123	23 -- 28	39 -- 96
Attendance Range per Inmate	1 -- 23	8 -- 23	1 -- 22
Inmates Attending Only 1	22	0	22
Inmates Attending 2 - 5	67	0	67
Inmates Attending 6 - 10	35	1	34
Inmates Attending 11 - 15	24	1	23
Inmates Attending 16 - 20	34	2	32
Inmates Attending 21- 23	26	25	1
Ave. Number Inmates per class	88.83	27.13	61.7
Ave. Attendance per inmate	9.78	21.52	7.84

Table 5 arrays our data and results. The archived class records included data on only 23 – nearly 75% – of the curriculum’s 31 scheduled class sessions. As such, Table 5 likely understates the levels of inmate participation. Nevertheless, these data suggest very positive findings. They indicate that a total of 209 inmates attended at least one class and that 180 of them were not members of the Trust – a population of inmates 6 times the size of the Trust.

The table also shows that, among these 209 inmates, the Trust and CPCHI generated a total of 2043 class attendances – 624 from Trust Fellows and 1,419 from the general population. On average the CPCHI saw 89 students per class – 27 of whom were Trust Fellows and 61 of whom were not. Predictably, Trust Fellows had near perfect attendance averaging 21.5 of the 23 classes. Non-Trust inmates attended an average of nearly 8 classes each. Their average attendance rate was lowered by the 22 non-Trust inmates who attended only 1 class. Fifty six non-Trust inmates (31.1%) attended 11 or more classes and 34 (18.3%) attended 16 or more.

These data clearly suggest that the San Quentin Trust and the CPCHI are enjoying a measure of success in reaching out to the general population and that their message is resonating with at least the 1 in every six non-Trust inmates who, from an initial exposure to the curriculum, go on to attend 70% (16) or more of the classes.

Assessment of CPCHI Community Objectives. Assessing the community objectives was more problematic. Because of resources constraints, we were not able to survey the general population, and consequently, could not address any of these questions directly. Nevertheless, we were able to verify CPCHI’s influence on health screening behaviors in the general population. The Trust Archives recorded estimates of participation in the 3rd Annual Health Fair at over 500 inmates – far surpassing the goal of 100 inmates set as its objective.

CPCHI’s other community objective targeted maximal health insurance enrollments for at least 20 non-Trust families. Without direct access to data from the general population this question could not be reliably addressed. As an approximation, the survey did ask Trust Fellows whether they knew persons in the general inmate population whose families had enrolled in health insurance as a result of information or influence from the Trust. The question produced no positive responses. A more definitive determination could be made by polling the 180 non-Trust inmates who attended Trust classes.

Assessing CPCHI Family Objectives. The final health-related objective set for CPCHI stated that:

Family Objectives: 20% of the families of Trust Fellows (4 families) will become maximally enrolled in health insurance programs for which they are eligible

In an attempt to be thorough in capturing these data, the survey specified three types of families to which Fellows might relate in their responses: (1) the family in which they grew up as a dependent child; and/or (2) the family in which they lived as a spouse or head of household; and/or (3) if different, the family with which their biological child now resides. Results are shown in Table 6

Table 6: Health Insurance Enrollment among Trust Fellows' Families

	Did Family Enroll in a Health Insurance Plan?			
	NO	Yes Before Trust	Yes After Trust	Don't Know
Family: as Dependent Child (N=20)	2	13	1	5
Family: As Spouse/House Head (N=13)	3	8	0	2
Family of Biological Child (N=10)	2	6	1	1

Our survey responses indicated that this particular CPCHI goal has not been achieved – that only two of the Trust Fellows' recorded that their families had enrolled in health insurance plans since these men joined the Trust.

Survey Findings on the Curriculum. Because classroom instruction lies at the core of the CPCHI, an additional focus of this report is assessing inmate reactions to the project's curriculum. As stated earlier, the Trust/CPCHI curriculum is comprised of three modules of instruction containing a total of 29 separate lessons spread over 31 class sessions. The caveat here is that several of the lessons are designed to address more than one topic. Decomposing the curriculum further produced a list of 34 discreet topics on which we decided to focus. So, as part of our investigations, we wanted to get a sense of how inmates participating in those classes were evaluating their exposure to these 34 themes.

Our Curriculum Survey was constructed for this purpose. In it, we probed inmate reactions in three ways. First, we asked them to rate each of the 34 lesson topics on the basis of how helpful it was to their personal development using a 5-point scale – ranging from "0" for not helpful to "4" for enormously helpful. Second, for each we also asked them to rate the extent to which the information and issues discussed in the sessions were either: "Not at all New (0)," "Slightly New (1)," "Moderately New (2)," "Mostly New (3)," or "Entirely New (4)."

In our third probe of the curriculum, we asked respondents to rank the elements of the curriculum in each module according to how important and useful each was – citing the 1st, 2nd and 3rd most important and the least important. The following tables present results on the first two questions. For convenience, analyses are presented separately for each module, in Tables 7a through 7c, to avoid the cumbersome appearance that would result from presenting the data in a single array. And for each column of data in these tables, we have "**bolded**" the highest valued scores.

The "Purging" Module. As stated earlier, Purging is the first major theme in the Trust/CPCHI curriculum. The goal of the nine session topics included in this module is to force the men to recognize and confront their past and current values, perspectives and behaviors as a first step toward their transformation. The rationale is that the men must discard their old ways before they can adopt new ones.

Table 7a arrays data and analyses on the topics that comprise the "Purging" Module instruction. Column 2 of the table provides the average "Session Helpfulness" rating recorded by the Trust Fellows from the range of responses – "Not Helpful (0)," "Slightly Helpful (1)," "Moderately

Helpful (2),” “Very Helpful (3),” and “Enormously Helpful (4).” Column 3 calculates the percentage of Fellows who rated the topic as being either “Very” or “Enormously Helpful.” Columns 4 and 5 are similarly constructed to provide both the average rating on “newness” of the topic as well as the calculation of the proportion of fellows to whom the issue was “very” or “entirely” new.

Table 7a: Trust Fellows’ Assessment of the “Purging” Module Curriculum Elements

Curricular Elements of the Purging Module	Session Helpfulness		Newness of Materials	
	Average Rating	Very Helpful or Better (%)	Average Rating	% Mostly or Entirely New
Healthy Male/Female Relations	2.67	66.7	1.85	14.3
Positive Work Ethic	2.38	47.6	1.67	9.5
Attention to Personal Health	2.62	61.9	2.10	23.8
Perspective on Money	2.33	42.9	2.00	28.6
Positive Support for Family	2.86	85.7	2.10	28.6
Positive Social Networks	2.81	71.4	1.95	14.3
Responsibility Hustling Crime	2.71	57.1	1.95	23.8
Partying/Getting High	2.52	61.9	1.86	28.6
Positive Housing Settings	2.57	61.9	1.95	33.3
Overall Mean	2.61	61.9	1.937	22.57

As the Table shows, the sessions on being a **positive support for family** and on the importance of **positive social networks** were the 1st and 2nd highest rated instructional components of the Purging Module respectively. Examination of Column 3 suggests that there was also a strong consensus by 85.7 percent and 71.4 percent of the Fellows respectively, that they were “very” or “enormously” helpful to their development. Overall, it is also interesting to note that all of the topics in the Purging Module received an average rating above “2” (e.g., between moderately and very helpful) and that, for most, a majority of the Fellows felt they were “Very” to “Enormously Helpful.”

The average ratings on “newness” in Column 3 were consistently above “Slightly New (1)” suggesting that session were indeed breaking at least some new ground. The sessions on **Personal Health, Money and Positive Support for Family** were the rated as having the most “new experience” value. Column 4 gives the percentage of the Fellows for whom the session information and discussion was “mostly” or “entirely new.” The average value of the calculations in column 4 is 22.75 percent suggesting, on average, more than 1 in 5 of the Trust Fellows found the materials presented in the Purging Module to be either “very” or “enormously new” to them.

The “Trust Value System” Module. This module consists of the 16 topics listed in Table 7b. Their collective purpose is to foster a “new awakening” that enables the transition from old values and old ways to the new positive value system and to the new positive behaviors. An examination of the table produces one immediate observation – that the ratings assigned to topics in this module are higher than those in Table 7a. And indeed, a comparison of the overall means

shown in the last rows of each table clearly indicates that, on average, sessions in the Trust Values Module were rated both as more helpful and as having more “new experience” value than the topics covered in the Purging Module.

This finding is not unexpected. The very premise underlying the curriculum is that the Trust Value System represents a healthier, and more positive, new way of thinking and behaving. And the ratings in Table 6b attest to the theory that these men have historically lacked, but now very much appreciate, exposure to these issues.

The table also shows that among the 16 curricular offerings in this module, the **Asset Mapping Exercises** are clearly the most highly regarded (rated 3.20) by the largest proportion of Fellows (90.5 percent) but that it is also rated highest for new exposure (at 2.79) and also by the largest proportion of respondents – 66.7 percent of Trust Fellows report that this material is “mostly” or “entirely new” to them. Also ranking high in these regards are the sessions on: the **Value of Good Communications; Addressing the Old Value System; and the Pyramid Leadership Concept.**

Table 7b: Trust Fellows’ Assessment of the “Trust Value System” Module Curriculum Elements

Curricular Elements of the Trust Value System Module	Session Helpfulness		Newness of Materials	
	Average Rating	Very Helpful or Better (%)	Average Rating	% Mostly or Entirely New
Addressing Old Value System	3.10	81.0	2.52	57.1
Pyramid Leadership Concept	3.00	81.0	2.29	33.3
Family vs. Drug Culture Values	2.57	61.9	2.19	38.1
Drug Culture Effects on Family	2.57	61.9	2.24	42.9
Manhood and Womanhood	2.71	66.7	2.00	33.3
Taking Personal Responsibility	2.71	66.7	2.15	40.0
Managing Yourself	2.76	61.9	2.42	52.4
Value of Preventive Healthcare	2.81	66.7	2.24	57.1
Value of Good Communications	3.14	85.7	2.38	46.7
Conflict Resolution Skills	2.76	61.9	2.14	38.1
Understanding Group Dynamics	2.71	71.4	2.16	47.4
Decision Making/Better Choices	2.71	66.7	1.85	14.3
Human & Personal Development	2.71	76.2	2.14	33.3
Human & Child Development	2.94	66.7	2.29	33.3
Human & Family Development	2.90	85.7	2.35	46.7
Asset Mapping Exercises	3.20	90.5	2.79	66.7
Overall Mean	2.83	72.04	2.259	42.54

The “Release Plan” Module. The nine topics that comprise this section of the curriculum, as listed in Table 6c, focus on the planning and preparation that is needed to assure a successful transition from incarceration to “free” life in the community. An overall observation about these data is that, in general, the ratings in this module are higher than those reported for the Purging process but still below the ratings reported on the Trust Value System. The overall means of scores, shown in the bottom row of the table, fall consistently between those of the Purging and

the Trust Value System modules in terms of their “helpfulness” and “newness” as well as the proportion of Fellows who rated those measures very highly.

Among individual module components, **Individual Asset Mapping** was most highly rated at a value of 3.05 putting it between “very” and “enormously helpful” and it was deemed so by a higher proportion of Fellows (81.0 percent) than any other Release Plan topic. Interestingly, this topic ranked only 3rd in the measures of “newness.” One interpretation would suggest that there may be some “carryover” from the popularity of the Asset Mapping exposure provided in the previous module that sustained its ratings on “helpfulness” but depressed its ratings on “newness.” Other highly valued topics in this module included **Managing Family Relationships**, and **Assessing Capacities, Skills and Marketability**. Each was rated “very” or “enormously helpful” by more than 70 percent of the Fellows.

The highest scores on “newness” were awarded to **Assessing Capacities, Skills and Marketability**, **Stress vs. Violent Conflict**, and **Individual Asset Mapping** respectively – each of which was rated “mostly” or “entirely new” by over 45 percent of the Fellows.

Table 7c: Trust Fellows’ Assessment of the “Release Plan” Module Curriculum Elements

Curricular Elements of the Release Plan Module	Session Helpfulness		Newness of Materials	
	Average Rating	Very Helpful or Better (%)	Average Rating	% Mostly or Entirely New
Assessing Skills/Marketability	2.81	76.2	2.43	52.4
Setting Short/Long-term Goals	2.67	66.7	2.14	28.6
Individual Asset Mapping	3.05	81.0	2.24	46.7
Time Management	2.57	61.9	1.95	19.0
Stress vs. Violent Conflict	2.76	81.0	2.29	52.4
Conflict Management	2.67	66.7	1.90	28.6
Personal Financial Management	2.76	71.4	1.90	14.3
Financial Literacy	1.95	33.3	2.15	38.1
Managing Family Relationships	2.90	71.4	2.10	33.3
Overall Mean	2.68	67.73	2.122	34.82

Table 7d is constructed to provide an overview and synthesis of the data and analyses in Tables 6a through 7c. In it, we reproduced the means that were calculated for each of the three modules and used them to calculate a set of “weighted global” means for each of our measures. This table suggests that, *taken as a whole, Fellows found the Trust/CPCHI Curriculum to be both a positive and an instructive experience* – recording an average rating of 2.72 at the higher end of the range between “moderately” and “very helpful” and with over two-thirds of them reporting it “very” to “enormously helpful.”

The curriculum also gets a positive rating for bringing new exposures to the Fellows with an average score of 2.14. This score suggests that the Fellows, on average, felt the materials and information were moderately new but, to over one-third of them, the information was “very” to “entirely new.”

As alluded to earlier, another of our findings is, that among the three modules of instruction, ***The Trust Value System*** earns higher ratings than other modules both for its contribution to the Fellows' development and for the newness of its information.

Table 7d: Trust Fellows' Assessment of the Curriculum by Module

Curriculum Modules	Session Helpfulness		Newness of Discussion	
	Average Rating	Very Helpful or Better (%)	Average Rating	% Mostly or Entirely New
Purging (n = 9)	2.61	61.9	1.937	22.57
Trust Value System (n=16)	2.83	72.04	2.259	42.54
Release Plan (n=9)	2.68	67.73	2.122	34.82
Mean of Module Scores (n=34)	2.72	68.22	2.138	35.21

At the level of the 34 individual discussion topics in the curriculum, our analysis identified the following five as the most highly rated:

**Exhibit I:
Summary of Topic Ratings
And their "Helpfulness" in the Development of Trust Fellows**

Topic	Module	Rating
Asset Mapping Exercises	Trust Value System	3.20
Value of Good Communication	Trust Value System	3.14
Addressing the Old Value System	Trust Value System	3.10
Individual Asset Mapping	Release Plan	3.05
Pyramid Leadership Concept	Purging	3.00

Rank Ordering the Curriculum. Our final approach to assessing the curriculum takes a different tack. First, rather than have the Fellows rate each discussion topic in isolation, we asked them to rank order them. This approach forces them to value each individual topic in relation to all others.

A second difference is that we intentionally changed the language in our instructions. Instead of asking respondents to judge each item on "helpfulness" and "newness," we asked them to: first, identify and rank the top three elements according to "how important" each was to them; and then to identify and rank the bottom three elements beginning with the least important, 2nd least and so on.

Two caveats are important here. The instructions in this section were by far the most complex instructions in the entire survey exercise and it is in this area where the disruption of our survey administration, described earlier, may have taken a large toll. During our coding of the data, we encountered numerous instances of missing and invalid responses. Valid responses were reduced

from 22 to 14. Using a T-test, we were able to determine that there were no significant differences in the profiles of the reduced sample and therefore that the reduced sample nonetheless remained representative of the population of Trust Fellows.

Secondly, and as a separate matter, we advise that readers should be cautious in interpreting these results. Rank ordering is a means of expressing preferences for one thing over another. It is not a process for distinguishing “valuation” in a sense of good vs. bad. That assessment of the curricular elements was discussed earlier in Tables 6a – d and, as we reported, the curricular elements were all rated, individually and collectively, as adding value to the training and development of the San Quentin Trust Fellows. Interestingly, this distinction between “rank” and “value” was not lost on the Fellows. One of the respondents wrote the following comment on the ranking portion of the survey.

Not truly realistic on the bottom three. They’re all invaluable. **Curriculum Survey # 001**

The results are arrayed below and again, they are presented by module in Tables 8a – 8c. In each table we analyzed the top and bottom three topics using two measures: first, the count of responses of “most important” (“least important”) for each item; and second, the count of responses each item received as one of the top or bottom three. We use both measures to provide a fuller assessment of the Trust Fellows preferences.

Table 8a presents the results for the Purging Module. An examination of the table clearly suggests that the curriculum focus on becoming a **Positive Support for Family** was rated as most important – receiving 6 of 14 “votes” (43%) for “Most Important” and being rated in the top three by 12 of the 14 valid responses (86%). Two topics – **Male/Female Relations** (4 times rated 1st and 6 times in the top three), and **Attention to Personal Health** (3 times rated 1st and 9 times in the top three) – contended for second place. But, because two-thirds rated health in the top three as opposed to fewer than half similarly rating male/female relations, we conclude that the health topic was deemed second most important.

Table 8a: Rank Ordering the Purging Module of the Trust/CPCHI Curriculum

PURGING MODULE	Most Important				Least Important			
	Ranked 1st		Ranked in Top Three		Ranked Least		Ranked in Bottom Three	
N =14	Count	%	Count	%	Count	%	Count	%
Male/Female Relations	4	28.57	6	42.86	1	7.14	2	14.29
Positive Work Ethic	0	--	6	42.86	0	--	1	7.14
Attention to Personal Health	3	21.43	9	64.29	0	--	1	7.14
Perspective on Money	0	--	2	14.29	0	--	2	14.29
Positive Support for Family	6	42.86	12	85.71	0	--	0	--
Positive Social Networks	0	--	2	14.29	0	--	10	71.43
Responsibility Hustling Crime	1	7.14	2	14.29	3	21.43	10	71.43
Partying/Getting High	0	--	0	--	9	64.29	12	85.71
Positive Housing Settings	0	--	3	21.43	1	7.14	4	28.57

Rated “Least Important” were sessions on the ramifications of **Partying/Getting High** (9 times rated least important and 12 times in the bottom three) and sessions that stressed taking **Personal Responsibility** for present and past behaviors (3 times rated least important and 10 times in the bottom three).

Table 8b shows the results for the Trust Value System Module. Our analysis indicates that the Fellows rated the sessions aimed at **Addressing Their Old Value System** (rated 4 times as “most important” and 6 times in the top three) and at the role of **Personal Responsibility** in achieving personal independence (twice rated “most important” and 6 time in the top three) as the first and second most important components respectively in this module. The two least important topics were **Managing Yourself** and sessions on how **Group Dynamics** in prison may sponsor behaviors harmful and/or inappropriate to life on the outside.

Table 8b: Rank Ordering the Value System Module of the Trust/CPCHI Curriculum

TRUST VALUE SYSTEM MODULE	Most Important				Least Important			
	Ranked 1st		Ranked in Top Three		Ranked Least		Ranked in Bottom Three	
	Count	%	Count	%	Count	%	Count	%
N =14								
Addressing Old Value System	4	28.57	6	42.86	0	--	1	7.14
Pyramid Leadership Concept	0	--	7	50.00	0	--	2	14.29
Family vs. Drug Values	2	14.29	2	14.29	3	21.43	5	35.71
Drug Culture & Family	0	--	0	--	0	--	0	--
Manhood and Womanhood	1	7.14	3	21.43	0	--	2	14.29
Personal Responsibility	2	14.29	6	42.86	1	7.14	2	14.29
Managing Yourself	1	7.14	1	7.14	2	14.29	6	42.86
Preventive Healthcare	0	--	2	14.29	2	14.29	4	28.57
Good Communications	1	7.14	2	14.29	1	7.14	2	14.29
Conflict Resolution Skills	1	7.14	4	28.57	0	--	1	7.14
Group Dynamics	0	--	1	7.14	1	7.14	7	50.00
Decision Making/ Choices	0	--	2	14.29	0	--	2	14.29
Human & Personal Development	1	7.14	2	14.29	3	21.43	4	28.57
Human & Child Development	0	--	0	--	0	--	0	--
Human & Family Development	0	--	0	--	0	--	0	--
Asset Mapping Exercises	1	7.14	4	28.57	1	7.14	4	28.57

Release Plan results are presented in Table 8c. The table shows that our survey found that instruction on creating a **Family Management** plan for reentering into and reintegrating with family was deemed the most important component of this module. Less clear, however, is the finding that the session on setting realistic **Short and Long Term Goals** and expectations (for what the Fellows will achieve after their release) should be viewed as second most important. Though half of valid responses placed this topic in the top three, the other half placed it in the bottom three. Still, further examination of the table shows that are no other contenders for “2nd most important.”

At the other end of the spectrum, Fellows clearly rated **Assessing Skill Levels and Marketability** as the least important component of this module. And paradoxically, setting **Short and Long Term Goals** was rated 2nd least important.

Table 8c: Rank Ordering the Release Plan Module of the Trust/CPCHI Curriculum

PLANNING RELEASE MODULE	Most Important				Least Important			
	Ranked 1st		Ranked in Top Three		Ranked Least		Ranked in Bottom Three	
	Count	%	Count	%	Count	%	Count	%
N =14								
Assessing Skills/Marketability	1	7.14	3	21.43	6	42.86	9	64.29
Short/Long-term Goals	4	28.57	7	50.00	3	21.43	7	50.00
Individual Asset Mapping	1	7.14	5	35.71	2	14.29	7	50.00
Time Management	0	--	4	28.57	1	7.14	5	35.71
Stress vs. Violent Conflict	0	--	0	--	0	--	0	--
Conflict Management	0	--	5	35.71	1	7.14	7	50.00
Financial Management	0	--	8	57.14	1	7.14	5	35.71
Financial Literacy	0	--	0	--	0	--	0	--
Family Relationships	8	--	10	71.43	0	--	2	14.29

To provide a larger perspective on these findings we arranged them in Exhibit II below. While we believe the results summarize in the Exhibit represent an accurate reflection of Fellows' views in considering and ranking these topics, the results are difficultly to interpret.

**Exhibit II:
Summary of Topic Rankings
And their Comparative "Importance" in the Development of Trust Fellows**

Module	Most Important Topics	Least Important Topic
Purging	Positive Support for Family Attention to Personal Health	Partying/Getting High Responsibility Hustling Crime
Trust Value System	Addressing Old Value System Personal Responsibility	Managing Yourself Group Dynamics
Release Plan	Family Relationships Short/Long-term Goals	Assessing Skills/Marketability Short/Long-term Goals

Intuitively, we have little difficulty rationalizing the ranking of topics within the realm of what is deemed "most important." But reflections on the items ranked "least important" are somewhat puzzling. For instance, why, on one hand, would taking **Personal Responsibility** be ranked

among the most important, in the Trust Value System Module, while **Managing Yourself** be ranked least important, on the other. And again, our data shows setting **Short and Long Term Goals** to be both second most and second least important component of the Release Plan Module.

Two explanations are possible. One is that Fellows may have brought different perspectives to the meaning of “important.” In our orientation, we intended to emphasize that their answers should reflect importance to them as part of their development as opposed to the topics being important in the abstract. While the instructions in the survey clearly stated “important to you,” emphasizing the distinction in the orientation may have made a difference in these ratings.

A second possibility is language – whether respondents were clear on both what the topics were and to which sessions they referred. While this possibility exists, we deem it less likely for two reasons. First, this is the language of the curriculum with which we believe they are very familiar; and secondly, as documented earlier, Trust Fellows have been very disciplined about participating in this curriculum having attended an average of more than 21 of the 23 documented classes. It is unlikely therefore that these results are fueled by lack of familiarity or understanding.

So, we report these rankings as legitimate results of our Curriculum Survey recognizing that, without having the opportunity to debrief the respondents, we are unable to clarify their precise meaning.

Summary of Survey Findings. From the data and analysis presented above we believe there is sufficient evidence to suggest that the California Prison and Community Health Initiative is indeed a promising approach to increasing health consciousness and improving the health behaviors of incarcerated men. For instance, we have shown that:

- The CPCHI has succeeded in establishing a highly structured and stable presence in San Quentin Prison under the auspices of the San Quentin Trust for the Development of Incarcerated Men.
- CPCHI has made a significant impact in the health behaviors and health consciousness among the Trust Fellows related to their diets, exercise, hygiene and other important areas of preventive health and health maintenance.
- CPCHI achieved and surpassed its Individual Objective for health screenings – increasing the number of health screenings sought by Trust Fellows by roughly 140% compared to the number of their requests before the Trust/CPCHI pilot.
- CPCHI and the Trust have been very successful in reaching the general population with the project’s curriculum and message – involving 180 non-trust inmates in an average of 8 classes each for a total of 1,419 attendances in classroom instruction.
- CPCHI and the Trust have made it possible for more than 500 inmates to get health screening through the Health Fair.

IV. TRANSFORMATIONAL IMPACTS: Testimony from Interviews

Our interviews were remarkable for both their depth of insight and the intensity of their testimonials. Without exception respondents spoke with great enthusiasm and were eager to share their Trust experiences. And the language used to do so was often peppered with superlatives. For instance, the Trust Fellows spoke passionately about their commitment to the Trust and about the difference it has made in their lives. And interviews with the CPCHI Volunteers produced uniformly glowing reviews of their experiences with the project, their exposures to the Fellows and the efficacy of their organization.

Part of what I'm feeling when I think about the Trust is, "Gosh, I wish I could look ahead into the future here because I think we're going to see something good come out of this." I have no way of proving that to anybody. It's just a feeling. There's a lot of good energy going on here. **Peter Richman, Ph.D., Psychologist, Kaiser Permanente**

You know? I hold a meeting over here for the Men's Initiative and I have to bust peoples' butts to get them here to the meeting. And they're getting paid for it. A lot of those guys are right here in Public Health and I can't get them to a meeting. In the Trust, those guys are going because they want to go. And there's camaraderie there – you can see it. And the other thing is if you want to talk about diversity. It used to be all African-American when it first got started and within the three years it has completely diversified. Not only with religion but race and ethnicity and you know what else? They really care about each other. They hug each other and they go to the damn meetings, man. I think it's a model to deal with the race relations problem in prison too. **Arnold Chavez, Ed.D., Co-Director, Alameda County Urban Male Health Initiative**

Health Impacts of CPCHI. Interviews with CPCHI Volunteers support our survey findings that the Trust is making a positive difference in the Fellows' health behaviors. Several were quick to acknowledge that adopting good personal health habits, as a prisoner of the state, is difficult.

I will say though that they've got a number of constraints. I mean just the food they have in there – it is not conducive to a healthy lifestyle. I've seen their menus they eat from the chow hall – lots of fats and carbs. They've got a lot of constraints. I mean these guys get locked down for months at a time. These Latino guys... were locked-down for six months. The only times they left their 8 by 6 cell was to go out to get food and come back. But they adapt. I know one Latino guy who got very creative about the kinds of exercises he could do in his 6 by 8 cell. **Kim Richman, Ph.D., Professor of Sociology, Criminal Justice and Legal Studies, University of San Francisco, Executive Advisor, San Quentin Trust**

Nevertheless, volunteers stated that the do men seem to practice better health habits. They are more aware that "your body is your temple" and, as a result, they are increasingly conscientious about what they eat. As an example, the public health staff reported that, last year, they did a session where they showed the amount of trans fats, sodium, and other things contained in certain popular foods and the men's dietary habits have been changing accordingly. Director Perkins reported:

"For instance, they had a Christmas event that I was invited to and they wanted to make sure that they asked for healthy foods. So, instead of fried chicken, we had roasted chicken. And you know that's something – getting the brothers to give up fried chicken. That's a drastic change in the culture." **Arnold Perkins, Director, Alameda County Public Health Department**

Other reports suggest that their health consciousness is also growing in its sophistication.

“Their knowledge base has increased tremendously. It’s evident in the way they talk – about exercise, yoga and things like that. I remember one conversation about prostate cancer and one of the guys was saying that he had gotten blood drawn for a PSA test and another said, “well you know that’s not always accurate, you also need to get the manual test.” They were really on top of it. They have a much broader knowledge base than one would assume. **Kim Richman, Ph.D., Professor of Sociology, Criminal Justice and Legal Studies, University of San Francisco, Executive Advisor, San Quentin Trust**

The other thing now is that they want to know the numbers. At last year’s fair they were given their blood pressure and cholesterol and other measures but they didn’t remember them. This year they are much more conscious of needing to keep histories and they want the numbers now. They want to be students of their own health. They want the indicators – body mass index, blood pressure, cholesterol. We gave them a card that had all the information and they can keep that for comparison with the next set of results next year or whenever. **Michael Shaw, Office of Mental Health, Alameda County Public Health Dept.**

And volunteers reported that there are other health dimensions. They observed that the men have very good hygiene and that they tend to look different than men in the general population.

Their clothes are pressed with pleats in the shirt. It’s amazing. I don’t know how they do it. It’s not just your plain blue denim shirt. It shows that they have pride – taking time to be concerned about their appearance. **Arnold Perkins, Director, Alameda County Public Health Department**

Two of the higher profile issues in prison health involve questions about the use and abuse of alcohol and illicit drugs and about the men’s sexual behaviors. Interviewees were clear in stating their strong impressions that the Trust Fellows in CPCHI exert a positive influence for abstinence in these areas. For instance, when asked whether CPCHI Trust Fellows were practicing safe sex, one respondent replied:

No man! Those guys are out of that mix and they have tremendous scorn for that kind of thing. They’ve actually been pushing for legislation and we actually provided them with information about testing guys before they leave. And one guy said to me, “if we knew some body was going out who’s infected, we’d whip his ass. He would not get out of here without people knowing that he’s infected.” The legislation they want would require mandatory HIV/AIDS testing prior to release. The other thing that they support is making condoms available. **Arnold Perkins, Director, Alameda County Public Health Department**

Asked about the impact of CPCHI on substance abuse, volunteers offered the following:

The Trust is also having an impact on substance use in two ways. First, the self-scrutiny around being healthy is a deterrent but, even more powerfully, the threat to the Trust by one of them using, or for that matter, one of them doing anything against the rules. It becomes not personal but a group thing. You’re not just Michael Shaw, you’re the Trust now. So your behavior doesn’t just reflect on you but it reflects on the Trust’s ability to get this room everyday. **Michael Shaw, Office of Mental Health, Alameda County Public Health Dept.**

But it is also part of what we teach about being conscious about yourself and your surroundings. If you’re high on dope or alcohol, you’re impaired and not in the best

position to make good choices and decisions. **Arnold Perkins, Director, Alameda County Public Health Department**

They've come to see substance abuse as a big evil. I know this from the way they talk about it and from their values training. A lot of the bad values they speak about, during the purging process in our curriculum, have to do with drug and alcohol abuse. So, they've equated that with something negative. **Kim Richman, Ph.D., Professor of Sociology, Criminal Justice and Legal Studies, University of San Francisco, Executive Advisor, San Quentin Trust**

Personal Transformation Impacts. In addition to making a difference in health behaviors, volunteers argue that the project has altered the men themselves. The consensus is that these men behave differently – showing signs of personal dignity and awareness as well as group solidarity and purpose. The men are seen to represent a higher standard of behavior and endeavor than other San Quentin inmates and to carry themselves with a kind of positive personal efficacy that is usually lacking in incarcerated men. A powerful example of this behavior can be found in one of last year's defining moments.

The mettle of the Trust Fellows was put to the test during the 2006 Black History Month celebration that was sponsored by the CPCHI in February. During the event a fight broke out that mushroomed into a full blown "mini-race riot." The CPCHI had invited several guests and speakers and, when the fighting started, the Trust members took the initiative to safeguard the guests – physically protecting them and whisking them out of "the Yard" without regard to their own safety or to pressures from peers to join in.

We threw a celebration last February 2006 and had a riot that broke out between blacks and Mexicans – a full scale riot. Some of us – myself and Ke-Lam, one of our Asian brothers, and a few other guys – we literally risked everything to go out there and rescue all the "free people." When I came in the first time I had a DJ under one arm and a pregnant woman under the other arm – literally dragging both of them. Ke-Lam came behind me with all of their belongings. I stuck my head back out and there were a couple of rappers were caught up in a corner and me and a Samoan guy went out there. We picked them up and we took them back inside. We rushed everybody out. That was our first priority. As a Trust Fellow, you're not going to do anything to jeopardize our group and you're not going to do anything to jeopardize any of our people coming in who are our extended family. **"Erne," Founding Inmate, Program Coordinator, San Quentin Trust**

According to reports, prison guards, who were occupied with quelling the disturbance, seemed to acquiesce to the security being provided by Trust inmates – relaxing some of the usually strict "checkpoint" protocols and allowing the Trust Fellows to freely escort the guests out of danger.

While we're rushing up the stairs there's all this rioting going on down the stairs with staff members running all around trying to figure out what the hell they're doing. And for the first time in my history in prison, I was able to run from one point to another point, during an alarm without anyone yelling, "Morgan, Stop and get down!" When they saw us pushing all these people out into this little courtyard here from the lower yard, they knew that we were "handling our business." So we did that and we ran right back inside to where we were supposed to be. We were the only group that wasn't searched after that riot. **"Erne," Founding Inmate, Program Coordinator, San Quentin Trust**

The incident has since become one of the defining events of the San Quentin Trust – a demonstration to the entire San Quentin community of inmates and staff that this group of men is trying to live by a different code.

It was February 25, 2006 a concert for Black History Month. I mean whenever somebody goes into the prison for the first time they've gotta' be thinking, "well what if there's a riot?" I was one of the last guys in the yard and I was watching the Trust Fellows pushing all of our guests into a room out of harms way. And that was one of my proudest moments. **"Daudi," Inmate, Vice Chairman and Archivist, San Quentin Trust**

One of the volunteers present during the chaos shared the following reflections about the men's actions.

What is interesting is that, whatever else is going on, these men still have to live – to get along – in prison. These men really impressed me in the way they, not only didn't get involved in it, but tried to stop it. A number of them were with us volunteers and were trying to get us out as quickly as possible. So, I was impressed with the way they handled themselves. They put themselves at risk when they don't side with their kind. That's a clear indicator of how far they've come because I have no doubt that at least some of these men five years ago would have succumbed to pressure to join their side of the fight. **Kim Richman, Ph.D., Professor of Sociology, Criminal Justice and Legal Studies, University of San Francisco, Executive Advisor, San Quentin Trust**

Efficacy of the Trust. CPCHI volunteers also believe that the Trust has raised the stature of its inmate members. The project has a great deal of positive visibility among the general population. Through its sponsored events CPCHI has shown itself to be more active and effective than any other organization in the institution. For example, every Christmas Season CPCHI conducts a toy drive for the children of San Quentin inmates and for 3 years running the CPCHI Trust Fellows have provided health services to the general population through the annual health fairs. These and other projects are very popular and generate visibility, credibility, and respect for the trust even among the corrections officers.

I've done a lot of groups in my time and when I see them teach classes and hold their education committee meetings and general Trust Fellowship meetings, there's a sense of purpose, and if it were me, I think I'd want a sense of purpose If I were a lifer. **Peter Richman, Ph.D., Psychologist, Kaiser Permanente**

Volunteers also see value in the CPCHI and the Trust in that it provides a vehicle through which, and with which, outside entities interested in making a meaningful contribution can work. Officials in the Alameda Dept. of Public Health (who cosponsor the health fairs) confided that they had been trying to find a way to "get into San Quentin" for the past couple of years – when the health risks of prison populations were beginning to be recognized – but were unsuccessful. They were unequivocal in stating, "Without the Trust, we wouldn't even be in here."

Because of their events and activities and consequent positive profile, Trust Fellows are respected by members of the general population. And there are increasing numbers of other inmates who are interested in joining. In their last membership recruiting cycle, the Trust interviewed 25 prospective candidates and accepted only 10 into membership.

The "Meaning" of the Trust. Interviews with Trust Fellows are even more positive than those with the volunteers. These men confide that there is no "safe space" in the climate and culture of

San Quentin for the kind of personal openness, sharing and self-examination that the Trust makes possible.

The Trust has brought something to these men that's been missing. Cat's ain't able to open up and talk about themselves – 'cause they haven't found themselves yet. What the Trust does is to bring that out. We make men cry. The trust offers the only safe place in San Quentin where a guy can do that. We make a killer cry. I mean, when you talk to a killer and he starts to cry about how he treated his kids – how he treated his mother and father; or how he neglected his wife; or how he treated himself – you're doing your job. And this is what's needed because 85% of these men are going to be going back to society. And we're trying to get them to rethink the old ways. If we can get them to start thinking differently, with the Trust Value System, they can change their lives. **Rahman, Founding Inmate, Current Chairman, San Quentin Trust.**

For them, the Trust has created a family with Dr. Mendez as an ever-prominent father figure. And in that, many find a new experience of the kind of genuine, concerned, and loving older man that may have been missing or only intermittent in their lives. As evidence, interviewees, without exception, reported that one of their most meaningful experiences as members of the Trust is the hug they routinely receive from Dr. Mendez. They see it as a ritual of membership symbolic of the trust and caring that they have for one another – an openly practiced ritual that, incidentally, flies in the face of the social protocols of the testosterone-laden machismo that characterizes the rest of the prison culture.

About getting hugs from Doc: Garry Mendez is that father figure that a lot of men never had. And he is an example of what they know they have in them to be. The Trust is the tool to repair that disconnect – to enable these men to learn what love is about – to have a sense of family; to have a sense of community. And every time they receive a hug from that brother, all of that is being reinforced. Words don't do. Words don't reinforce things the way demonstration does – just the sincerity of that hug and what we know Doc's life represents – it all kind of culminates in that one gesture and it says. "Look I love you and I want to help you become the best you you can be and if you embrace these values then everything that your life has been in the past doesn't have to matter anymore." So, that's what I think the hug represents. **"Lamb," Founding Inmate, Former Chairman, San Quentin Trust**

As documented in our survey results, Trust Fellows interviewed for this report attest that the curriculum is fraught with new lessons and perspectives on very fundamental "life" issues – some of which they may never have given conscious attention to. The modules on Purging and the Trust Value System, in particular, present views on subjects, like manhood and personal responsibility, that the men say have either never been presented to them, or have never been presented in way that they could "reach" and engage personally.

Moreover, the basic message of the Trust – that they have assets and that they can deploy those assets from their current prison environments in ways that can make a difference, get things done, and earn them respect – is a powerful and addictive revelation in their lives. One consequence of the resultant pride and self esteem is the high levels of inter-group discipline exercised by the group. Members are expelled (asked to resign) for behavior that is unbecoming to the program. They are truly trying to exemplify the Trust Value System and to live what they teach.

We're very strict about how you conduct yourself. You say you're about the Trust then you got to be about representing the Trust – representing the values that we go by – and our purpose and our mission. And, if you ain't about that then you got to go. The other

men on this line look up to us in the Trust. **Rahman, Founding Inmate, Current Chairman, San Quentin Trust.**

Summary of Transformational Impacts. As stated earlier, our interviews produced enthusiastic and often intense testimonials to the promise of the work being done by the men of the San Quentin Trust through the CPCHI. By all reported accounts, this pilot program is exerting a powerful transformative influence on the men in the Trust and has the potential to spread a contagion of positive change to the general population and to the San Quentin community as a whole.

I think the Trust has a broad institutional impact. When you have inmates carrying themselves in a different way in the prison and they look like they are at peace with themselves and that they're leading a different kind of life and not worrying about drugs.. other inmates who are ready for new information and ready to make a change in their lives will seek those guys out. So, it is a cultural change. And it has an impact on staff too – when inmates behave differently, the staff behaves differently. **Jeanne Woodford, Retired, Former Acting Secretary, Former Under Secretary, Former Director of Corrections, California Department of Corrections and Rehabilitation, CPCHI Implementing Warden, San Quentin Prison.**

V. CONCLUSIONS AND FINAL COMMENTS

This report has been written to provide an assessment of whether the California Prison and Community Health Initiative, as operated by the San Quentin Trust for Incarcerated Men at the San Quentin Prison, has shown sufficient promise, in its 3-year pilot, to warrant further investment by the California Endowment and/or other interested parties. All of the data that we have reviewed from our surveys, from the Trust Archives and from our several interviews, while not definitive, are strongly suggestive of the power and promise of the work being performed in San Quentin.

But more importantly, the testimonies of the Trust Fellows speak for themselves – and they speak loudly that these incarcerated men have had and continue to enjoy a very new and profound positive life experience because of the investment that the California Endowment has been made in this demonstration and, by inference, in them.

Final Comments. Many of the findings reported in this document were reflected in the interviews with the Fellows. In each interview, Fellows attested to the differences that the Trust and CPCHI have made and continue to make in their health behaviors, their personal make ups and in their interpersonal relations. They ruminated on the value of the curriculum and the immense respect and love they have for Garry Mendez. But each shared a different perspective on what attracted them to the Trust and what it meant to them personally. These may be the most important findings of all and, with them, we will close this report.

Most of the activity groups here were built on the inside for the inside and everything that they sought to do was to acquire aid and resources from the outside in. The Trust model is to fix your family and fix your community after you deal with yourself and that required a component that meant reaching out into the community to affect some change there and that was the first time that anything like that had even been presented here. **“Lamb,” Founding Inmate, Former Chairman, San Quentin Trust**

One day, Dr. Mendez came and he was walking around with some of the guys and they called me over and said, “Hey man, this doctor from Washington, DC and New York is

here and he wants to start a program. The kind of person you are in here and because the men respect you, why don't you come on over and talk to him?" So, they introduced me to the Doc and I liked the Doc right off. I liked what he was saying about the Values System. We need somebody to talk to us about values because I think we lost that someplace. We put together some bylaws and got them signed off by the warden and then we held elections. I became the Vice Chairman at that time. A little later, our Chairman got into a little bit of trouble and they made me Chairman. That was one of the best things that has ever happened to me. I mean I got my college degree and everything but the best thing that has happened to me in my entire life was when these men looked at me and saw something in me that said, "Man, we want you to represent us. We want you to be Chairman of the Trust." **Rahman, Founding Inmate, Current Chairman, San Quentin Trust.**

I'm not saying this for your benefit or anything like that but listening to the old man, Dr Mendez... He would come in with these ice breakers and initially, I was thinking, "You know, this is really weak. Let's move on to something big. Let's start doing some things." But he kept coming in with these small games – small stuff and small stuff and small stuff. You know, there was a TV commercial that I liked that said that snow flakes are cute until they all team up on you. So he's coming in with all these snow flakes and next thing you know, we're in the middle of a storm. And I enjoy the program so much now because going through all those little games made me look deep inside and see who I was. It is growth. That's what the program has shown me so far – growth. **Erne "Erne," Founding Inmate, Program Coordinator, San Quentin Trust**

When I went into the first meeting, I didn't know what to expect but I had an open mind. Then Dr. Mendez started to speak and he was very enthusiastic and he made me feel like I could do it. I have never had anyone, since I've been in prison, talk to me and encourage me in that way other than my parents. I'd have to get a letter from home to hear anything other than you're worthless. So that was just what I needed. Personally, outside of my academic education, the Trust Program has made all the difference in the world to me. It's been pretty much my sole avenue for reaching back out to the public – for letting them see me and know that I do care and I do want to do something. I feel like I have something to prove – that I'm not a lost person – like *I am you after a bad decision*. Perhaps my own philosophy is, if you broke something then you need to fix it. The Trust Program provides me that opportunity more so than any thing else I've ever done. **Daudi," Inmate, Vice Chairman and Archivist, San Quentin Trust**

**APPENDIX 1:
Roster of Interviewees**

Arnold Chavez, Co-Director
Urban Male Health Initiative
Alameda County Public Health Dept

David "Daudi" Cowan, Inmate
Vice Chariman
San Quentin Trust

Garry Mendez, Director
National Trust for the Development of
African-American Men

Willie "Rahman" Green, Inmate
Chairman
San Quentin Trust

Arnold Perkins, Director
Alameda County Public Health Department

Ernest "Erne" Morgan, Inmate
Program Coordinator
San Quentin Trust

Kim Richman, Professor
Criminal Justice and Legal Studies
University of San Francisco
Executive Advisor to the San Quentin Trust

George Lamb, Inmate
Former Chairman
San Quentin Trust

Peter Richmond, Clinical Psychologist
Kaiser Permanente

James Thomas, Inmate
San Quentin Trust

Michael Shaw, Director
Urban Mental Health Initiative
Alameda County Public Health Dept

Andres Soto
Violence Prevention Coordinator
Alameda County