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AMETHYST, INC.

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AMETHYST: OVERVIEW AND HISTORY

Amethyst, Inc is a non-profit organization that serves chemically dependent women and women with children. Amethyst first began seeing clients in the summer of 1984. Its original capacity was 3 clients and it has grown to a capacity of 53 residential clients. There are 32 to 40 women admitted per year. Of these, approximately 20% (7 or 8) are CJS clients. These may enter the program while on probation or parole and some are in a jail pre-release program. Average/typical length of stay is one year. The program will be adding 61 more residential units and 10 outpatient units within the year. Sixty-five percent of the client population identify themselves as Black and the other 35% identify themselves as Caucasian. Program fees are assessed on a sliding scale, with no one turned away for inability to pay.

Amethyst provides transitional housing, intensive treatment service, individual and group counseling, peer support, the development of independent living skills, and linkage to appropriate community resources and continuing care.

The main focus of the program is its "Transitional Housing and Treatment Services." Residents move through a phased treatment program at the program's outpatient facilities including weekly individual and group counseling, life skill development and other activities to meet their individual recovery needs. At the same time, participants are responsible for the upkeep of their living units and the residence in general. While no treatment services are sited in the residences themselves, staff say that the program is certified by the state as a "half-way house." Staff also consider the residential program to be a "modified therapeutic community."

In addition to its services to chemically dependent women (and women with children), Amethyst has a federal contract to house homeless clients who suffer from chemical dependency and/or other serious problems, such as mental illness or HIV/AIDS.

PHILOSOPHY, GOALS, AND OBJECTIVES

According to their client handbook, Amethyst, Inc. "seeks to provide a safe, sheltered and affordable residential environment in which recovering drug- and alcohol-dependent women and their children can maintain sobriety. This is accomplished through a transitional program of peer support, linkage to appropriate community resources, and recovery services."

A program goal is not only to assist participating women in recovery from chronic substance abuse but also to help stabilize the single-parent family. Services are intended to heighten participant's self-esteem and self-sufficiency, stabilize, and provide clients with the means to live independent and responsible lives (program brochure). The program is designed for women in central Ohio who are willing to participate in a 12-step program and who are currently unable to achieve sober independent living.

REFERRAL AND SCREENING PROCESS

Referrals come from probation, parole, CJS institutions, i.e., the prison at Marysville (Ohio), the County pre-release facility or the courts. According to program staff, the Franklin

County jail system knows about the program because Amethyst counselors provided services directly at the Franklin County pre-release facility. This service stopped in June 1993. Also, staff at the Marysville prison learned about the program because Amethyst staff developed an intensive outpatient model that was adapted for prison use. In addition, the Amethyst Executive Director indicates she knows the Marysville warden "very well." Amethyst staff are used to "help out" at the prison by hosting 12-step meetings and making presentations at the Tapestry program - a therapeutic community program for chemically dependent women.

Screening and Eligibility Requirements

The program is voluntary and open only to women age 18 or older. Length, type of drug use, and history of treatment are not used as criteria for admission. Criteria for acceptance include: must be a chemically dependent woman in recovery, should have some prior treatment experience or have participated in some chemical dependency education, should have been free from mind altering chemicals for 21 days prior to admission, and not be in need of medical detox.

Applicants with special medical problems or needs are evaluated on an individual basis. Candidates must be considered motivated to change and be willing to participate in all aspect of the program. Dual diagnosis clients may be accepted subject to reports from the treating psychologist/ psychiatrist. Additional assessments, such as an MMPI or Millon (as part of the screening) may be administered. Acceptance would also depend upon the candidates ability to take care of her own medications. The program requires that the other mental health professional be willing to "work with" Amethyst.

Although there have not been any such clients so far, the program indicates that they would refuse to take women who have committed arson. Also, if applicants have a history of perpetrating physical or sexual abuse, they are likely to be refused admittance. If a woman has been in the program previously and has been dismissed (rather than graduated), she would have to wait six months from dismissal to re-enter the program.

There is generally a waiting list of about 50 days, due to the low turnover of clients. Priority admission is given to HIV-positive, injection drug users, and pregnant addicts. Generally, clients are taken according to the "greatest need" versus where they may be on a waiting list. For instance, if a woman is living in her car, but is lower on the waiting list than someone who has a home in which to stay, this person may be taken in sooner. The program indicates, to their knowledge, they haven't received any HIV-positive, clients. Amethyst is unable to take individuals requiring extensive medical care such as someone with active AIDS unless outside medical/attendant care could be arranged. Additionally, the residences are not handicap accessible at this time.

The major barrier to eligible clients entering the program, other than the waiting list, is that some candidates may not know about it. Also, women with dependent children may fear losing custody if they admit having a chemical dependency problem.

Once a candidate learns about the program, she can come in for an appointment. Or, staff will send an application form to the client (for instance, if she is in prison or jail). In that

case when the application is returned, an appointment is set up. Amethyst counselors will also go to the Franklin County pre-release facility to interview a candidate. In the case of prisoners from Marysville, phone interviews may be conducted.

The application form is a 10-page document which includes demographic data, identification of the referral source (court, self, etc.) questions about the family structure and levels of importance and involvement each family member has in the candidate's life and recovery as well as any family members' problems. The psychosocial history section includes the individual's ratings of the quality of her relationships with male and female friends, peers and authority figures and an explanation of "poor" or "good" ratings. Past living arrangements, since childhood, are catalogued to indicate how many places the person lived, what the reasons were for moving, the longest length of stay in any one place, and whether or not the individual lived with people other than her natural parents at any time.

Living arrangements during the 12-month period prior to treatment are also explored. Military history data is collected as well as the individual's assessment of her money management skills. A checklist of how the individual spends her leisure time (recreation) is completed. History of victimization or perpetration of abuse - as an adult or child is requested. Interest in recovery is examined, health status and history, family health problems, and educational history are also collected as well as employment and vocational history and current status. Drug use history includes type, frequency, and method of ingestion. Severity of use of mood altering substances is measured by a response to a self-administered questionnaire. Finally, legal status and prior treatment experience are catalogued.

Assessment and Intake Procedures

Once the application is received, if its content does not automatically screen a client out, an assessment and intake appointment is set up. If appropriate or necessary, clarification on any items on the application form may be obtained prior to making an appointment or rejecting the referral. The Diagnostic and Statistical Manual of Mental Disorders (DSM III-R) is used to differentiate between whether an individual is a substance user, abuser, or chemically dependent.

A psychosocial assessment form is completed including the counselor's evaluation of perceived client strengths and weaknesses, current status and priorities, problems, truthfulness and accuracy of responses. If the applicant is found eligible and appropriate for admission, she is assigned a counselor and given a packet of information which includes a handbook entitled, "Guidelines for Your Stay at Amethyst."

This handbook includes the rules for behavior, client rights, grievance policy and procedures, and a list of resident responsibilities. They are also given a list of 24-hour emergency numbers, low-cost medical care resources, a suggested grocery shopping list, and information about HIV/AIDS. Participants must sign a number of releases and permission statements including: an occupancy agreement, a release of confidentiality, a fee agreement, a property damage statement, and a statement granting Amethyst permission to take urine samples. If a candidate is considered ineligible/inappropriate, the reason and course of action taken is recorded. The client is given referrals to other resources.

PROGRAM DESCRIPTION

Variety of Services/Programming Offered

Amethyst has a number of interagency agreements with providers of medical services for off-site primary health and dental services, eye care, perinatal services, well baby care, medical examinations, and TB testing. Other services such as acute health care and medical detoxification are available off site through local resources. HIV/AIDS testing is offered on site through the Health Department of the City of Columbus. Medical examinations and TB tests must be obtained before or within 10 days of entry into the program.

Psychosocial, case management, education, vocational, and lifeskills services are mainly provided on site through program staff. These include substance abuse counseling and education, individual and group counseling, family counseling, AIDS counseling, 12-step groups, groups on empowerment and spirituality, assistance with GED preparation, social skills, practical skills, parenting, anger management, and other lifeskills training. Groups on victimization and survival (of incest/child abuse) are conducted and individual counseling is available for these issues as well. Codependency issues are also explored. A local family health service agency (ECHO) offers an on-site 8-week education program on nutrition, AIDS and other health-related matters.

The local Private Industry Council and the Urban League provide job placement services. The Amethyst program itself is now considered a "JOBS" site for individuals on General Relief (welfare for indigent adults). Job readiness training is provided that includes how to write a resume, dress for "success", develop a career or pursue higher education.

Case management and coordination is provided through two full-time case managers. This includes coordination of appointments, client advocacy and monitoring and follow-up of referrals. Some transportation service are made available through the agency van or bus passes. The agency pays for off-site child care during program activities.

Treatment Planning

At the second visit with her primary counselor, the client and counselor develop an initial treatment plan. The psychosocial assessment gathered during the intake interview is used as part of the process. Problem-oriented treatment planning addresses: drug use, medical, legal, psychosocial, educational, and employment/vocational problems. Long and short term goals are set for each problem and an action plan with a target date for resolution is developed. The client, the primary counselor, and where necessary, treating physician sign the plan. This plan is updated every 3 months or sooner if the client's progress warrants it. Clients are allowed to request revisions before the plans are finalized, but do not develop the timeline for achieving goals at this time. A clinical director, the primary counselor and the client are involved in reviewing and revising the plan.

Program Content

Prior to August 1993, Amethyst service delivery was based on a 16-week recovery program, consisting of 10 hours per week of services followed by aftercare. The level and duration of services have increased since August 1993. Now, services are broken down into four levels or phases, carrying the client through one year or more of participation. Service delivery includes lecture, therapy groups, experiential groups ("exercises and alternative therapies") movies and discussion, study groups, individual counseling, and field trips. Participation in 12-step programs and random urine testing are mandatory in all phases. The first 16 weeks of treatment is generally uniform for all new participants. From then on, types of activities and problems addressed are more individualized. Services will be offered more in a "menu" format, with groupings of activities geared toward individual needs.

There is a three month probationary period for all new residents. During this time, they have more restrictions on their freedom than other residents. Residents are required to attend three 12-step meetings weekly, obtain a sponsor within the first week of residency and follow other program requirements. These include a number of procedures and rules specific to household and residential management such as laundry schedules, bed checks, supervision of children, chore assignments, etc.

In addition to 12-step group attendance, individual and group counseling are required. Participants are assigned to a treatment group, have individual weekly counseling sessions and are to complete assignments related to treatment plan goals. The four phases are:

Level I generally lasts 16 weeks and includes activities from 8AM to 5PM weekdays. The first three Steps of AA are studied and the client is given basic education about chemical dependency. Lifeskills such as time, stress and money management are taught. Most of the time, women are not working when they first come in. Staff try to link clients up with school, welfare, health care, and other resources.

Level II participants attend two groups and one individual counseling session per week and study Steps 4 and 5. This level generally lasts 16 weeks. Participants may engage in work/school/training programs during the workday. During the evenings, self-exploration, knowledge and affirmation are the basic concepts addressed in this phase. Areas of strength, growth and continuing problems are addressed. Goal setting, decision making and learning to cope with feelings is facilitated. Communication and trust in the self, the Higher Power, and another are explored.

Level III generally lasts 12 weeks. The participant attends one individual and one group session per week. She also studies Steps 6 and 7. Work is done on turning deficits into strengths, creating balance in one's life, developing better relationship, assertiveness and communication skills, being human and "loving [one's] mistakes."

Level IV lasts from 10 weeks to "as long as they want," participants attend one group per week and individual counseling "as needed". They study Steps 8 and 9 and do an overview of Steps 10, 11, and 12. Dealing with resentments, guilt, shame, making amends, using prayer, developing/increasing a relationship with a Higher Power, using a daily inventory, and practicing service to others are explored and practiced.

Communication and Linkages with CJS Providers and Others

Amethyst has formed a number of linkages with local providers both informally and through interagency agreements. As a result, the agency has been able to leverage resources, generally at no cost to the client or the agency. These include mental health and medical care, job placement and legal assistance. The local food bank is used to supplement clients own food resources. Guest speakers make presentations on a number of topics. For instance, one lecture might be on how to get a job when you are an ex-offender.

Through providing direct services and/or technical assistance in program development, the agency has become well known in the local criminal justice community. Input from parole, probation, and social services workers involved with a particular client may be used in developing or revising a client's treatment plan. The agency is currently developing a joint venture with the local YWCA to develop a "therapeutic day care" program for clients' children.

Pre-Release and Aftercare Activities

Program completion is marked by achievement of goals rather than any particular length of stay. Funders expect clients to stay about 15 months, while program staff believe it takes an average of three years for most chemically dependent women of their client type to become self-sufficient and maintain long-term sobriety. As noted earlier, however, the average length of stay for program participants is one year.

Referrals to other housing or treatment programs and support groups are part of discharge planning activities and predicated on individual treatment plans. Follow-up contacts are made and counseling is provided on an as-requested basis at 2, 4, 6, and 12 months after program completion. Graduates are also encouraged to enroll in the Amethyst Alumnae Association.

Compliance Issues

The participant handbook categorizes violations leading to "cautions," "warnings," and discharges. There is a system whereby a period of free behavior will result in "erasing" some incurred cautions/warnings.

"Cautions" are written for missing mandatory 12-step meetings, failure to complete treatment tasks in a timely manner, and/or failure to make satisfactory progress.

Cautions are also issued for such behavior as not keeping the living unit clean, being late for a meeting, skipping a program activity or failing to do chores properly.

"Warnings" are issued for such behavior as curfew violation, being in a resident or staff area without permission, entertaining unauthorized visitors, and engaging in "sobriety-threatening activities" while away from Amethyst.

Violations leading to discharge include: inappropriate sexual conduct in the living unit, drug/alcohol/unauthorized prescription drug use or letting another use/buy drugs, refusing a urine test, returning a positive urine test, self-destructive behavior, and verbal or physical violence against a resident or staff member.

PROGRAM ACCOUNTABILITY

Program accountability to funding sources includes responding to "hundreds of goals and objectives." According to program staff these are mainly quantitative in nature: for example, predicting and tracking the number of clients who participate in different levels of service delivery, the amount of client fees collected, the numbers and ages of clients and children served, etc. Program staff estimate that they have a 80-85% success rate, but data is only anecdotal at this time. The agency has begun working on client outcome goals and objectives such as estimating how many women will stay clean and sober upon release. A Quality Assurance Committee has been formed to review plans. Strategic and annual plans are being developed during this fiscal year. Agency goals will include increasing revenue, broadening the funding base and purchasing some of the residences that are now leased.

Individual treatment plans are used to track each client's program progress. Level of client participation and completion of program activities (taking of the client history, development of initial treatment plan, updating the plan, closing the case) is documented manually at this time. Follow-up contacts at 2, 4, and 6 months are also recorded. One of the goals for the future will be to computerize these data.

Staff characterize the successful client as one who is abstinent, employed or completing job training, self-determined and financially stable. She would also demonstrate an increased sense of self worth, display better parenting skills, and (possibly) have completed a two-year degree.

SUMMARY

The discussion below will include items central to the study that have not been detailed earlier in the report. These include: sensitivity to gender issues in providing services; the use of recovering staff as role models; and the incorporation of social, peer support, and peer-oriented activities as part of the program. The final section summarizes the program's stated strengths and weaknesses and needs for improvement.

Sensitivity to Gender Issues

The Amethyst staff state that they use a feminist perspective in managing the agency by generally using consensus versus "top-down" decision making. Female staff are used "by design" in the more direct service delivery roles and males are used to conduct some classes or groups. However, staff believe it is important for clients to see positive male role models. Staff do not negate the possibility of using males in a more in-depth role in the program. Using a male and female treatment team for group/family counseling "would be a good idea."

While the program uses a 12-step approach, it incorporates other philosophies that support the empowerment of women (versus leaning heavily on the traditional "powerlessness" approach of 12-step programs. Cultural diversity and sexual orientation issues may be addressed in

periodic seminars. But, staff feel, "we're [all] women, first" and have common recovery needs. There are specialized services for African-American and lesbian women in the Columbus area. A client may be referred to these outside resources as an adjunct or in lieu of services at Amethyst.

Perceived Differences in Women's Treatment Needs

Staff related that women's treatment programs should be long term because it takes a woman longer to "get on her feet." She generally has dependent children, has a lower education and less (and lower echelon) work experience. In addition, women may not seek treatment until they are farther along in their chemical dependency. They may feel they have to lie about being chemically dependent in order to keep their children from being taken away by welfare authorities. They may feel they have to lie about being in a relationship in order to be accepted in affordable and supportive housing as a single parent.

For most women, current and past relationship issues seem to be more destructive than drugs. Codependency, sexual abuse, domestic violence and incest issues are addressed. There are 12-step survivor meetings and individual and group therapy made available to the women.

Staff estimate that about 80% of their clients have some primary relationships (with their children, a parent, and/or a mate). Funding sources seem to ignore the fact that most women have significant others. Staff feel that "if we don't work with the men and children, no one's going to get better."

Recovering Staff as Role Models

The agency employs experienced individuals who are in recovery as well as those with no personal addiction problems. The fact that there is a diversity of personnel from different disciplines, in recovery and not, and from different socio-cultural backgrounds gives clients a variety of role models to emulate. At any given time, there may be mental health workers, social workers, therapists, and certified alcohol and drug counselors involved in the treatment programming. The dominant ethnic mix in the community (African-Americans and European-Americans) is reflected in the staff as well.

Peer Support

In addition to the program group counseling activities, social gatherings reinforce peer support and positive relationship skills. The agency often gets free tickets for community activities. Also, each building has a resident manager that helps residents handle interpersonal conflicts and develop a sense of community. Residents also participate collectively in "giving back to the community" by delivering food to needy people. Finally, an Alumnae association is a vehicle for continued peer support.

Program Strengths

Program strengths include their ability to provide relatively long term, comprehensive care. Due to this long-term capacity, staff state that "We may be the only people in [the client's] life that are consistent." Amethyst staff feel their individualized approach to treatment is a strength, as well as the fact that their drug-free residential programming incorporates peer support as a major element.

Weaknesses and Areas for Improvement

There is a lack of operating funds for adequate direct treatment and lack of staff to meet these needs. One result of this is that the Executive Director finds too many demands on her time. Often, she feels caught up in the day-to-day activities. Also, the degree of paperwork required to meet the accountability needs of the program detracts from direct services. Sometimes management is forced to select people who can "push paper" versus someone that can better do direct treatment.

In terms of future areas for improvement, staff would like to see more long-term comprehensive care for women. Such care should be graduated so that a woman could move into higher or lower levels of intensity and independence as her progress in recovery merits.