SAN ANTONIO PROGRAMS

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SAN ANTONIO PROGRAMS: OVERVIEW

San Antonio is located about 150 miles from the Mexican border and has strong cultural and historic ties to Mexico. It is a city of about one million inhabitants in a metropolitan area of about three million. The city is geographically divided into ethnically distinct residential zones. The population is about half Hispanic, African-Americans represent about 7%, and the remainder are White and a small percentage of Asian-Americans. The County of Bexar Sheriff's Detention Center, or the Bexar County Jail as it is more familiarly known, currently houses about 3,000 offenders, twice what it was built to serve. Of these, about 10% are women. About 15% of the women are pregnant upon arrival in jail (Personal communication February 1993, Dr. Spark, Head of Detention Center Medical and Psychiatric Unit). According to the *San Antonio Express-News*, September 27, 1992, of the women inmates, 95% were mothers; before arrest, 67% had custody of their children; 58% were self-reported drug users and of these 52% stated that drugs contributed to their arrests; and 40% of the women stated that a significant other (husband or boyfriend) also was incarcerated.

Using the jail as the hub, we identified several programs that provide services for drug-abusing women offenders in San Antonio. Some of these programs operate within the jail for women serving sentences, others are intermediate sanctions programs operating out of secure facilities that are used by probation or parole, and still others are community-based programs operating out of non-secure facilities for women who are in the care of the criminal justice system but are not incarcerated. Taken individually, the services provided by most of the programs are very limited; taken together, however, the programs provide a complement of services for women in various legal statuses and at different stages in their lives and addiction careers.

In San Antonio, special units within the county jail perform screening and referral services for the court, much as TASC (Treatment Alternatives to Street Crime) projects do in some other communities. That is, after a women is arrested, she is booked and held within the jail until she appears before a lower court judge. If she cannot make bail or is not released on her own recognizance, she is retained in the jail until court disposition of her case. During this period, within the first couple of days of retention, screening for physical, mental health problems, and pregnancy, if indicated, is conducted by the on-site Medical and Psychiatric Unit. In addition, an on-site social services division looks into the woman's family and social conditions.

If, through their investigation, the staff believe that the woman has a substance abuse problem, she is referred to the TAIP unit within the jail. TAIP, Treatment Alternatives to Incarceration Programs, is a system used in five Texas counties for screening and, where indicated, referring substance-abusing offenders into treatment in lieu of incarceration. The TAIP unit conducts an initial interview to determine, at a macro level, the severity of the substance abuse problem and the offender's motivation for undergoing substance abuse treatment. In cases where significant substance abuse is identified, the TAIP unit administers the SASSI (Substance Abuse Subtle Screening Inventory, copyright 1983 by Glenn A. Miller). This instrument, which is used widely throughout Texas, attempts to define the substance abuse dependence of the offender. The SASSI is designed for easy administration; it contains a brief series of True/False items and a number of questions on how often (never to frequently) various

conditions (e.g., blackout) were experienced. In cases where more detail is desired, the Addiction Severity Index (ASI) is administered. However, the SASSI is greatly preferred over the ASI by the staff because it takes little training to administer and much less time to complete and analyze.

On the basis of their investigation, TAIP staff may recommend to the court that the woman be released from jail into a residential or outpatient treatment program, or, because of her history and/or attitude, TAIP may determine that she is not a candidate for treatment in the community or for treatment at all. In the case of those who are deemed to be eligible for treatment in the community, the woman is granted pretrial release (PR-Release) if the court agrees. If the court does not agree, the woman remains in jail until she can make bail or the court disposes of her case. If she stays in jail, the woman may volunteer for the La Mariposa in-house treatment program, as well as other jail programs such as MATCH (described later).

During court hearing, if the woman is placed on probation, the Probation Department can at this point determine whether or not the woman should be placed in drug treatment. However, for most women offenders, the decision regarding treatment is made at the pretrial stage, and probation relies primarily on the TAIP assessment in preparing their presentence investigation report and recommendation to the court regarding sentencing (e.g., probation and treatment versus incarceration).

Almost all referrals to community-based programs made by TAIP, probation, and, after incarceration, by parole are to either the Patrician Movement, an intensive residential treatment program for men and women, or Alpha Home, a supervised program for women that contains elements of both a residential treatment program and a halfway house. Recently, a small program, the only one that admits women and their children, has been opened, and a few women are being referred there. In addition to the in-jail and community-based treatment programs, both probation and parole provide intermediate interventions for violations of the conditions of probation or parole, which range from various sanctions in the community to revocation and return to jail or prison. For these non-criminal violations of the conditions of probation or parole, offenders are committed to secure facilities, usually for a period of 60 or 90 days, where they receive some services for their substance abuse. In the following paragraphs, the needs assessment conducted by these programs and the services provided by the various treatment options are described.

BEXAR JAIL PROGRAMS

The Bexar jail provides medical and psychiatric services including prenatal and postpartum care, which is provided within the jail but under the direction of a local hospital. Opiate-using pregnant women are immediately prescribed methadone to avoid detoxification of the fetus. Infants are delivered in the local hospital--the mother remains in the hospital for a few days, then is returned to the jail; the infant is turned over to a caretaker, usually a family member, but in some cases the state intervenes and takes responsibility. (Currently, the head of the Medical and Psychiatric Unit in the county jail is attempting to obtain funding for a unit,

connected to the jail, in which mothers and neonates can be accommodated.)

In addition to general medical services, the jail also provides some services that are specifically directed toward drug-abusing women. These services are provided in two programs. One, La Mariposa, a combination of AA and NA, is a traditional 12-Step and drug education program for women serving jail sentences, which is supported through county funds. The other, MATCH, is a program for women who have children and whose caretaker is willing/able to bring the children to the jail during visiting hours. There is also a Community MATCH program, which is an affiliate of the Detention Center MATCH, both of which are under the sponsorship of the Bexar County Detention Ministries and receive funding from United Way.

La Mariposa

The number of women in La Mariposa is maintained at 30. These women are housed together in the jail. One AA/NA session is held for one hour, or slightly longer, five days a week. The planned duration of the program is five months. The daily hour session includes study of the 12 steps, psalm reading, and other readings of similar moral content. In addition, the counselor who runs the AA and NA Program is available to the women for about two hours five days a week in the day-room, and women with particular problems can solicit her help. Women in La Mariposa get into special programs (e.g., learning data input) or get special attention for various needs by filling out an application and submitting it to the counselor.

The La Mariposa counselor has no educational background in drug or alcohol addiction and is not a recovering addict. She relies upon her own intuition and knowledge of human nature to know when women are ready for change and what their needs are. The counselor is hoping to bring in community persons who will talk to the group about sexual abuse and other specific subjects.

MATCH Program (Mothers And Their Children)

About 60 women participate in the MATCH Program, which is a program for inmates and their visiting children. Program staff are hoping to expand the program to include all women within the jail on the assumptions that women who are not in contact with their children right now may be later, and that many of the women who presently have no children are likely to have children at some time following their release from the jail.

In order to participate in MATCH, women must receive approval from the jail administration, which largely bases its decision on security considerations, and fill out an intake form which provides information on the inmate and her family. In addition, the following conditions must be met: (1) in order to be eligible the inmates must have children; (2) the caretaker of the children must be willing and able to bring the child (children) into the jail during scheduled visiting hours; and, (3) the inmate must attend daily open program sessions and maintain good behavior in class and in her living unit in order to earn the privilege of a one-hour visit with her children. (Visits between inmates who are not in MATCH and their children are conducted through a glass barrier.)

Daily open classroom sessions in the MATCH program are taught by community volunteers. They cover a number of subjects: parenting skills, self-esteem building, child development, drug abuse prevention, domestic violence prevention, coping skills, child abuse prevention, health, and other issues of concern or need. In addition to providing information on these topics, it is the expectation of the program that through such classroom experience the women will become familiar with community resources that they can then seek out upon their release. This component of the program is supported by many community groups who provide volunteers for classroom instruction including, to name but a few, Project Any Baby Can/Family Friends, Parents Anonymous, City of San Antonio Children's Resources Division, and Student Interns from Our Lady of the Lake University and Trinity University.

The core of the MATCH Program is the contact visit between mother and child. Much of the information communicated to the women during the classroom sessions is operationalized in the interaction that occurs during their visits with their children. Following the visit, mothers and children are debriefed separately. The mothers' debriefing is usually from 5 to 15 minutes and is conducted by staff. The C.O.P.E. Project, out of the Worden School of Social Services, Our Lady of the Lake University, is now facilitating the children's debriefing using various media (drawing, story telling, puppets) to get the children to share their feelings and alleviate some of their pain and confusion.

INTERMEDIATE SANCTIONS FOR PROBATION AND PAROLE VIOLATORS

Drug and alcohol cases, as well as other misdemeanors, principally DWI cases, are referred to the probation department through the municipal and district courts. Felony cases involving drugs or alcohol are referred through the district court or the drug impact court. Among the people on probation in the community, it is estimated that 15% have a drug problem, and 28% have an alcohol problem; among the full caseload of probationers, including the probation violators, 55% have committed drug- or alcohol-related offenses.

Screening

Probationers are screened for alcohol problems using the Numerical Drinking Profile (NDP), which is largely based upon the Michigan Alcohol Screening Test (MAST). The state requires use of a more refined instrument (the Mortimer Philkin tool) for DWI cases. Probation cases are classified by the level of supervision (from low risk to intensive) that is deemed necessary. The Bexar County Adult Probation Risk Assessment instrument, the TAPC (Texas Adult Probation Commission) Case Classification Risk/Needs/plan is used for this purpose. The instrument provides a score which is used to determine the supervision level that should be assigned to the probationer. Another instrument, Strategies for Case Supervision Assessment

Instrument (SCS),[1] which has in-depth questions in a wide range of areas pertaining to the respondent's life, is also used for needs assessment and case planning. In general, though, the assessment instruments are primarily used for determining the required levels of probation supervision and, to a lesser extent, to aid in treatment planning. Not a great deal of individuation is evident in treatment even though the levels of required supervision may vary. Probationers at the lower levels of supervision are offered educational and support classes, including ones that deal with life skills, drug education, stress management, self-esteem, assertiveness, aggression, shop lifting, and AIDS, and a course to acquire the GED. Family planning is not offered as a separate course; however, information on contraception is included in the class on AIDS. All classes meet twice a month for a total of eight hours. Depending upon bed availability and personal and family characteristics of the women, those who require more intensive supervision are referred to the Patrician Movement or Alpha Home.

Most needs assessment for the general probation population is made prior to trial through the Medical and Psychiatric Unit in the jail, as discussed below.

Women offenders who are subjected to intermediate sanctions of probation or have been paroled have been sentenced and in some cases incarcerated. They have been placed on probation or paroled and released from custody with certain conditions, but they have failed, on a technical level, to live up to the terms and conditions of their probation or parole. They have not committed other crimes--in some cases, they maintain an address, have gone to work--but they have committed a technical violation, for instance, failing to report in as required, failing to attend probation- or parole-ordered drug treatment, or producing a dirty urine. In such cases probation or (more often) parole officers, after determining that the offender is not going to comply, has a warrant issued, and the offender is arrested and placed in the county jail.

At this point, the offender is under considerable pressure. The offender faces a hearing before the court or the parole board. At the hearing, probation or parole may be revoked and the offender may be incarcerated, or probation or parole may be reinstated and the offender will be released. But whatever the hearing outcome, the process may take many weeks from time of arrest until disposition, and particularly in the case of parole violation, the offender will stay in jail during that period because normally a parole violation is not a bailable offense.

This process of arresting probation and parole violators also puts tremendous pressure upon the correctional system--overcrowding is an increasing problem for the county jail. In Texas and some other states, the county jail has successfully sued the state for payment for holding state prisoners (parole violators among such). In response, Texas and some other states have hired private contractors to create some resources to take parole violators out of the county jails and put them into secure facilities elsewhere. The option for the offender is to waive a hearing, get out of the crowded jail, serve up to 90 days, and then return to the community under less probation or parole supervision.

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[1] SCS was originally called Client Management Classification (CMC) and is known by that name outside of Texas. The assessment instrument was designed and validated by Gary Arling, Ph.D. and Kenneth Lerner, Ph.D. of the Wisconsin Department of Corrections.

Probation-based Assessment

The primary assessment made by the probation department itself occurs at the Drug/Alcohol Probation Violators Facility (formerly the Drug/Alcohol Custodial Treatment Facility established in 1991). The facility, which is located a few miles outside of San Antonio, is an intermediate sanction for substance-abusing probation violators, both men and women. It provides more intensive supervision than can be afforded within the community setting. Originally, probation violators were housed at the facility for a maximum of 30 days; currently, the maximum is 60 days. The facility is drug-free. Probationers who are on methadone maintenance are referred to the Department of Mental Health and Mental Retardation (MHMR).

Two instruments are used at the Probation Violators Facility for needs assessment. One is the Client Management Classification (or SCS) instrument, which takes 45 minutes to administer and requires that correctional counselors (CC) be trained for one full week in its use. The instrument contains structured questions asking about many aspects of the probationer's life, but only two of these questions specifically pertain to drug use. However, based upon the respondent's answer to the drug-related questions, the CC is trained to probe for further information. The CMC is used to classify the probation violator into one of five case types. Eighty percent of the women in the facility are classified as the most difficult class type--the Casework Type.

A second instrument is Drug Offender Profiles: Evaluation/Referral Strategies (DOPERS). This instrument, which is similar to the old Client Oriented Data Acquisition Process form and the ASI, was developed by TAPC under a grant from the National Institute of Justice and is currently being validated at the Sam Houston University. DOPERS is used primarily in planning for the care of the probation violator following her release from the facility. Such care might be referral to a residential facility (The Patrician Movement or Alpha Home) or a return to a certain level of probationary supervision in the community.

Regardless of the assessment rating, probation violators receive the same treatment within the facility (as indicated, assessment differential affects recommendations for aftercare). The women's time in the facility is totally structured with education, group and individual counseling, the life skills curriculum developed by the American Community Corrections Institute (ACCI P.O. Box 180111, Austin, TX 78718-0111, 1989, revised 1990 & 1991), and special sessions and consultation provided by community-based health and social service agencies. In addition, there are regular meetings of AA, NA, and Kaisen (a 12-step group).

Parole Intermediate Sanction

The San Antonio program for parole violators is operated by Wackenhut Corporation, a private company that provides security-related and investigative services to business,

government, and professional clients throughout the United States and in over 40 other countries.[2]

The Parole Violators program houses 497 offenders, of which 115 are women. Not all of the offenders are drug abusers. However, those whom the state has identified as substance abusers will usually have a requirement for treatment as a condition of their parole, and those who have this special condition are put into a drug education program in the Parole Violators Facility. Those who do not have this requirement as a special condition of their parole may be identified as substance abusers during the first 72 hours of their stay in the facility when they are interviewed by the program's counseling staff. Those so identified are required to enter the drug education program. The counselors estimate that over 86% of the parole violators have substance abuse problems.

No urine testing is done to help identify substance abusers since all those who come into the program come from the county jail, and there is no release during their time in the violators' program. No other formal screening method is employed either, although at its Fort Worth Project (for men only), Wackenhut is using SASSI, which staff at that site consider to be very good, so San Antonio will consider its use in the future.

Wackenhut is in the process of reworking the drug abuse program for women violators. As with the probation department's program, parole also has had some consultation from the Hillsborough people and the American Jail Association, and has one counselor who visited the Hillsborough site and another who is participating in a workshop in Houston on Women's Issues and Drug Abuse. (A counselor on the Parole Violator's staff helped probation with their drug education program.) While Wackenhut is trying to upgrade the women's program, staff feel hemmed in by the Texas Commission on Alcohol and Drug Abuse (TCADA), which they claim inhibits innovation and demands that all programs that are labeled "treatment" be cleared through them. Wackenhut believes that the strength of privatization within corrections is to bring

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[2] The corporation was founded in 1954 by George R. Wackenhut, a former Special Agent of the Federal Bureau of Investigation. He currently serves as Chairman of the Board and Chief Executive Officer. His son, Richard R. Wackenhut, is President and Chief Operating Officer. The corporate headquarters of the company, with 39,000 employees, is in Coral Gables, Florida.

The status of the parole violators' facility is somewhat anomalous. That is, it is a secure facility, reputed to be the most secure that the parole board has anywhere in the state. Formerly, the building was a jail; it is built with much steel and concrete and technically it is by law categorized as a jail--not only because of its construction but also because in addition to parole violators, Wackenhut also holds some federal pretrial prisoners. In order to hold pretrial prisoners in Texas, the facility must meet the Texas Commission jail standards requirements. Consequently, in addition to being classified as a jail, technically, the facility is also counted as an annex of the County for the Texas Commission on jail standards for Federal Pretrial prisoners.

Wackenhut has a contract with the Division of Pardons and Parole within the Texas Department of Criminal Justice (TDCJ) for the state prisoners, and another contract with Bexar County for lease of the facility, and a third contract which provides for holding U.S. prisoners for Bexar County in the building. (This contract is with Bexar County because by law the Federal Marshal cannot contract with a private entity.)

experimentation and innovation to the field, but that private companies such as theirs are unable to do so because they have the potential of exposing current drug treatment as grossly ineffective. In consequence of the state's dicta regarding counseling, requirements for certification, and requirements for state approval of curricula, the Parole Violators program is termed drug abuse education rather than treatment.[3] Although the program is prohibited from providing substance abuse treatment without being certified, it can provide services called counseling, or personal counseling. Under this euphemistic rubric, it would appear that a certain amount of counseling concerned with offenders' drug abuse problems takes place.

Women and men parole violators are housed separately; women are housed together on the third floor; and men and women are separated in activities related to drug abuse as well as in all other activities within the facility. Drug abuse activities are referred to as "classes," although both individual and group counseling are provided as well as some special group activities (e.g., for sexually or physically abused women).

Until recently, the Parole Violators' program had 38 beds set aside for a Relapse Program. Currently, because of the restrictions on providing drug abuse treatment, the title of the Relapse Program has been changed to the "Prevention-Intervention Program." This program is directed toward those women who volunteer for these services--women who admit to having some substance abuse problems, and want to learn to deal with their problems. Most of these women share the experience of having been exposed to some kind of information or treatment on drug abuse in the past. (As a matter of fact, this is a cause of great frustration among the staff--that most of these women have *been through the mill* a number of times.) Women in Prevention-Intervention are housed together on the third floor.

For the others, those who have been identified as having a problem but do not admit to a problem or do not want to deal with their problem, a separate curriculum, "Multi-Basic Drug Education," built in part on the 12-step model, is required. In addition, the Parole Violators' program offers life skills classes and GED classes. All classes are conducted for four hours a day, five days a week. Women are placed in the various curricula based upon need evidenced by their current life experience; those who haven't worked during the past six months are required to take life skills classes; those with a drug problem who have not volunteered for Prevention-Intervention must take the Multi-Basic Drug Education curriculum; and those who do not have a high school diploma must take the GED classes. Need for specific classes is determined from the paperwork that accompanies the parole violator, which includes personal data on the offender, the conditions of parole, and may include a TAIP evaluation, and the extensive interview conducted by Wackenhut staff during the first 72 hours of incarceration.

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[3] One program that Wackenhut believes may demonstrate that there are better ways of approaching drug treatment than traditional treatment methods is at Kyle, an intensive drug abuse treatment facility. This is a Wackenhut program in which TCADA has been involved. (The Kyle program is for men only.)

COMMUNITY-BASED TREATMENT PROGRAM REFERRALS

In San Antonio, the number of publicly funded treatment options for drug abusing women released into the community is limited. Referrals of drug abusing women offenders directly from the court via TAIP recommendation or through the probation/parole departments is usually to: the Patrician Movement, an intensive residential program; Alpha Home, a combined treatment/halfway house program; and, most recently, ARC-WC, a program that accepts women and their children. These three programs are described below.

The Patrician Movement

Background

The Founder and Director of the Patrician Movement (PM) is a Catholic priest; in 1959, according to PM, *the only people who really cared about the plight of the drug dependent were ministers and priests, certainly not physicians or social workers*. The facility used by PM was provided by the archdiocese which gave it to PM in 1970 for use until the year 2025. Despite this involvement, PM does not consider that the program is currently sponsored by the Catholic Church, nor is there any requirement regarding clients' religious orientation for admission to the program or program activities, beyond the state requirement for some spiritual content in the program.

In 1959, the Patrician Movement was accredited by the Joint Commission on Accreditation of Health Care Organizations and licensed by the Texas Commission on Alcohol and Drug Abuse to provide outpatient drug treatment services. Since 1971, PM has also provided an intensive residential program. Residential treatment is provided to 140 individuals at any time, about 35 of whom are women. In addition, PM has an outpatient program that is currently working with approximately 850 clients and their families.[4] PM does not provide detoxification or methadone maintenance. The MHMR Center for Health Care Services in San Antonio provides both those services.

Funding for the Patrician Movement comes from several sources. The Texas Commission on Alcohol and Drug Abuse (TCADA), direct federal grants, the Administrative Office of U.S. Courts, the Bexar County and Probation Department, and the Texas Board of Pardons and Paroles. Very little comes from client fees or insurance. Clients are indigent for the most part, and PM has found that it would not be cost efficient to bill clients or try to collect a fee. A study conducted last year shows that PM's clients typically had incomes of about $3,500 a year prior to entering treatment. Most clients, if they ever had any insurance, had expended it on one or two treatment experiences with for-profit providers.

[4] Because of time constraints the outpatient program was not studied.

Philosophy

While PM is a residential treatment community, it is by no means a therapeutic community (TC). As a matter of fact, PM takes offense at the idea of being confused with a therapeutic community; they feel that *TCs have a long way to go, before they're doing what PM regards as treatment. TCs do inmate driven kind of stuff ("I'm an addict," hot seats, confrontation, and all that).* PM's main issue with the therapeutic community is that it creates an unreal environment. (*Delancey Street, well that's beautiful if you want to live there for 30 years. But PM's goal is to empower people--hey, go back into society where you belong.*)

PM also has strong feelings regarding 12-step as drug abuse treatment, although they think that as a free program, 12-step has a legitimate place--anyone can go to 12-step free. *Texas currently is in the middle of a big psychiatric scandal involving programs that charged $1000.00 a day to put clients into a van at night and drive to a 12-step meeting where they sat and listened to 12-steps.* PM encourages peer support groups, but does not consider that to be treatment, although it may be an adjunct to treatment. (*It's self-help. Self-help is great. If one is ill and goes to the doctor and he says that you have to take this medicine, you take it, but that isn't why you went to the doctor. You went for diagnosis and assistance.*)

While PM is neither a 12-step program nor a therapeutic community, it has elements of both. Clients have self-government, they elect their own governor, they decide their own rules, they have their own disciplinary council. Group pressure is brought upon individuals who are considering leaving treatment before discharge. If there is an infraction of rules, elected staff persons and elected clients hear the circumstances of the infraction and decide upon a response, such as withholding the next liberty pass.

In general, the intent is to involve the clients and to empower them to accept the rules and become citizens in their own community--teaching them about voting and their civic responsibilities, and to ask basic questions, such as why have I given up my freedom to a drug?

Clients are required to clean their own rooms, which takes them about a half an hour in the morning at the most. Unlike a TC, they do not work on the grounds, in the kitchen, or in the laundry (beyond taking care of laundering their own clothes). Emphasis is upon taking responsibility for oneself--*one must be empowered to care about oneself before one can care about anybody else.*

PM tries to make its program multidimensional, as befitting chemical dependence, which is considered to be multidimensional both in its causes and in its effects--it involves the whole person. PM does not subscribe to one-dimensional theories of chemical dependence, such as genetic cause, although genetic tendency may be a factor.

Population Served

About 85% of PM's referrals are through the criminal justice system for offenders who are either on bond, probation, or parole, and who are required to seek treatment as a condition of their legal status. About 70% of the clients are injection drug abusers, so they are at high risk for AIDS. The primary drug of choice for clients in the residential center is heroin,

followed closely by cocaine, accounting together for about 90%. The other 10% have alcohol, barbiturates, or some other drug as their primary drug of choice.

The average age of residential clients is about 26; adults from 18 years old are eligible. Ethnically, the population in treatment fairly well reflects the population of the area being served, South Texas. About 55% of the clients are Hispanic; African-Americans are overrepresented in the residential center, but not in outpatient. In the residential center, they constitute 20% to 25%. The rest are Anglo or other. African-Americans are over-represented in the residential program because they tend to have more severe drug problems--crack, cocaine, and injection drug abuse. In the view of PM, the African-American community in San Antonio is being devastated by crack and cocaine. In outpatient, the ethnic distribution of clients is more closely representative of the general San Antonio population.

Waiting List and Relapse

PM currently has a waiting list of about 500 people. Those who are categorized as severely dependent, pregnant women, and injection users move to the head of the waiting list for residential treatment; others (those categorized as abusers rather than dependent) are assigned to outpatient status. In the case of relapse, reentry to the residential center is at the longest two weeks. (The waiting list is primarily for people who need outpatient care; slots in the residential center are used for the sickest people.) If a crisis occurs, PM intervenes as quickly as possible and brings the client back for a period of stabilization or for additional long-term treatment, depending upon the severity of the relapse. If the person was using, she would be sent to the Department of Mental Health and Mental Retardation for detoxification, a period of four or five days, before being readmitted to the residential program.

Linkage with Criminal Justice

Direct referrals from TAIP constitute a very small percentage of the clients seen by PM. PM has been involved in criminal justice since the 1960s, and they feel that TAIP is *Johnny come lately*. The PM program is known to most of the judges and probation and parole officers who in the past made direct referrals, but currently PM has been diverting some of these direct referrals to TAIP so that potential clients can go through the TAIP screening process. TAIP then shares findings with PM from the SASSI and ASI instruments (usually raw data) on clients who are being referred.

PM is often called to give direct testimony to the courts and provide periodic progress reports to probation and parole. Clients are aware of this, and they are also made aware that PM will tell the truth concerning a client if she is in treatment as a condition of her legal status. If a potential client refuses to sign a release of information form, she is refused admittance and referred elsewhere on the grounds that the referring source cannot obtain the required feedback. PM claims that client confidentiality is not an issue because clients are made aware that PM has dual responsibility, to them and to the entity that referred them, the court system. Moreover, clients are made aware that PM considers that probation and parole officers are extensions of

the treatment team. PM considers that this is the client's choice--she would not have heard about PM, come there, or been offered admittance if it had not been for the criminal justice system.

Assessment

Clients who enter residential treatment go through an in-depth assessment phase that covers many domains of their lives and functioning abilities. This assessment is in part dictated by requirements of both the Joint Commission and the Texas Licensure Standards; however, PM does more than is required, starting with early childhood. Intake staff do a social assessment that divides clients' lives into five-year segments. During each five-year period, a history is taken that covers the woman's family situation and happenings during the period (legal, educational, substance use, and criminal activities). PM believes that many clients come from dysfunctional families and have been abused sexually, physically, and emotionally, and a relationship has been found among the individual's life events, the onset of drug use, and the beginning and continuation of severe drug use.

The social assessment protocol used by PM was developed by staff and refined through many years of use. PM also does an emotional behavioral assessment and physical examination. The emotional behavior screening is a very brief instrument with mental-status items. Also, the program psychologist administers the MMPI, if indicated.

After testing is completed, the results are reviewed and a master treatment plan is developed for the client. If needed, the client is referred for further psychological testing or psychiatric assessment.[5] For example, somebody who has a history of psychiatric problems or is on medication for a psychiatric or severe emotional problem (e.g., attempted suicide) might be referred for further testing or psychiatric diagnosis. However, psychiatric or emotional problems, unless they are intractable, will not disbar a person from entering PM's treatment program, even though TCADA has a letter of agreement with MHMR stating that individuals who are dually diagnosed will be treated by MHMR, and not by drug abuse treatment programs. Consequently, while theoretically PM would not have dually diagnosed clients, actually there might be schizophrenic clients as long as they were controlled with medication, or others with mental or emotional illnesses who were controlled with medication such as anti-depressants. (PM has no prohibition against the use of legal drugs used therapeutically, although they are against the use of methadone.)

At least once per month, a multi-disciplinary case analysis is done on each client. Members of all of the teams of teaching and service providers evaluate the client's progress and develop or modify the master treatment plan.

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[5] It is our understanding that PM uses the DSM-IIIR to determine severity of substance abuse. We have asked for and sent an official letter requesting copies of their protocol and instruments but so far have not received them. They have a board that must agree to any research, and even though we have assured them that we will not invade the privacy of their clients and will not divulge any detail concerning their instrumentation, they have a very proprietary view.

Treatment Services

Average treatment in the residential center is for about six months. It can be as short as 60 to 90 days, though that is very rare, or as long as a year to a year-and-a-half, which is not uncommon. If a client has a severe chemical dependence problem, residential treatment will be followed by one-and-a-half to two-and-a-half years in the outpatient phase of the program, where the client participates in individual, group, and family counseling.

PM uses a multi-disciplinary treatment approach--the goal is to make treatment both as comprehensive as needed and as individualized as possible. *PM is not program driven.* While PM does have some letters of agreement with external agencies for highly specialized services, most services are provided by the long-time internal staff who cover a broad range of skills and educational backgrounds including medicine, nursing, psychology, psychiatry, social work, counseling, and education. All of the staff are involved in assessment and treatment planning, in addition to providing services.

PM requires the participation of clients' families. If clients adamantly refuse to involve their families, it is suggested that they seek treatment elsewhere. PM feels that the family needs to be involved in the individual's recovery. *It is very difficult for substance abusers to maintain their sobriety, returning to the same situation, unless the family has also been given some adjunct therapy or information, at least some basic education, if nothing else, about the dynamics of chemical dependency.*

The program includes a married couples group, a family group, and individual family sessions held with the spouse or the parents of the client. These sessions are a routine part of the client's schedule that attempt to develop some kind of rapproachment between family and client. Often there is such disunity and disharmony that the focus is upon getting the client and family to start speaking to one another, and if that is impossible, to get the client emotionally free of the family. The latter may be the only realistic option in dealing with an abusive or drug-using mate.

Individual, group, and family counseling are included in residential treatment along with a daily schedule of classes and other activities. (Much as in a school, bells can be heard announcing the beginning and end of classroom periods.) The entire staff engages in teaching. The focus is on topics that are generic to the clients (e.g., "Self-concept, Cocaine Addiction.") There are many classes on AIDS prevention, clients being at high risk for that kind of illness. Some clients are HIV positive. Birth control is discussed as an adjunct to the AIDS classes, and there is a physician with whom women clients can discuss contraception on an individual basis.

About 75 different classes, groups, or activities are offered per week, and each client is assigned to 32 of these, the particular selection dependent upon her treatment needs. The master treatment plan dictates the track that each client is assigned to. For example, individuals who lack a high school diploma and who are capable of obtaining a GED are assigned to classes where they can prepare for the GED. A computer-assisted learning lab is available which provides immediate feedback. There has been a very positive response to the computer lab, and PM has been able to use the technology to teach some of the clients basic word processing and

data entry so that they would have vocational skills when they leave. Adult education is an important thrust of PM's program, reflecting PM's philosophy that adults (though substance abusers) should be approached with respect for their dignity.

About one month prior to transfer from the residential center, the vocational counselor assists the client to obtain employment, training, or school, based upon her particular situation. PM believes that clients are not in treatment long enough to undertake vocational training. PM claims that it is not a vocational training program; it is a substance abuse treatment program--the skills that clients obtain in the computer room are incidental. The vocational counselor, however, is available to assist clients to obtain employment, training, or school at the appropriate time in their course of treatment, a month or so prior to discharge. Clients are referred to community resources such as Texas Vocational Rehabilitation. Clients will go to school or work for about a two or three week period during the transitional period. Any difficulties or problems that come up related to school or work are discussed and the client is helped to resolve them. Following this transitional period, the client transfers to the outpatient phase of the program.

PM tries to create a real-world environment and believes that it is unrealistic to treat women in a facility that is solely for women, or men in a facility solely for men. A stated goal is that following the treatment phase, men and women should be able to interact in a healthy way. So having both men and women in the facility allows staff and clients to address interactional and sexual issues while clients are still in treatment.

At the present time, PM has no facilities for children. If a woman is pregnant and delivers, she is transferred to the outpatient phase of the program. PM is trying to obtain funds to either remodel the women's living area or construct a new facility that will increase beds for women to between 50 and 60 and will provide space for about 20 children (actually infants under the age of 3 or so). PM is aware that for some women the absence of facilities for children is a deterrent to entering the residential program, especially if adequate caretakers for the children are not available. However, it is PM's experience that the children become a real issue for the women as they start to recover. They are not an issue (at least not a motivating one) while the women are dependent upon drugs. (*Those children are often left alone, neglected, and abused. As the women starts to recover, frequently there is tremendous guilt.*) PM works with the women on the issues of separation from their children but not by bringing the children into the facility, since they consider this to be impractical in terms of their current set up.

Housing is always an issue for PM's clients. Many clients are in public housing, or living with family members, grandparents, or parents. PM works with the Department of Social Services, to try to get clients into an improved arrangement, but there is little transitional housing and little public housing available in the community, and clients' incomes tend to be very low. Despite the efforts of the vocational counselor and community vocational training resources, it is very difficult for clients to find jobs, particularly for those who have had criminal justice involvement. Because of the problems clients encounter on re-entering the community, PM believes that training is critical, and clients are continually encouraged to increase their skills and helped to ascertain their aptitudes and interests. Most of those who had jobs prior to treatment had entry level ones, not jobs that they had chosen based upon ability,

aptitude, or interest, but the only ones that were available to them.

Retention

PM has a close relationship with the criminal justice system. This is understood and respected by the clients. PM's attitude is that although the clients have had the sense to become involved in treatment in order to extricate themselves from drug dependence, the reality of their present situation is that they are pending trial, or are on probation or parole where their performance in treatment may determine their future legal status. PM regards a degree of coercion as beneficial (*a little coercion never hurt anybody.*) The hope is that this external motivation will in time be supplanted by an internal one. PM tells its clients that they have all made a choice to recover, because even if they are in treatment because of probation or parole, they can leave whenever they want, but they have made the choice to stay because they want to live. Moreover, clients are told: *You might have stood before a judge and thought you were taking an easy way out by saying that you would take treatment, but now that you have discovered that you really took the harder way, it is still your choice to stay, so, let's get to work.*

PM claims to lose only about one person per month and to have over a 90% retention rate in treatment completion. And program staff claim that it is not fear of jail that keeps people in treatment--clients are sophisticated enough to know that because of the overcrowding in the jails and prisons, it is highly unlikely that they will serve time. Also, clients know that treatment slots are limited; if they give up their slot, it will be taken by somebody else, and they may not be able to get it back right away. PM believes that clients stay because from the first day of treatment, the program empowers them, emphasizes that they have made a choice, and will support their choice for treatment and recovery.

Alpha Home

Background

Alpha Home is a combination drug abuse treatment program and halfway house for women located in a historical district of San Antonio. Alpha Home is part of the Trinity Baptist Church, a large church which is situated across the street from Alpha Home. Down the block there is a Singles Center, a large school that Alpha Home was able to buy a few years ago. This facility is used for AA and other group meetings. All of the staff of Alpha Home are recovering substance abusers, and attendance at Anonymous Fellowship meetings is part of their personal as well as job-related lives.

Alpha Home operates on very limited funding, last year their budget was $140,000 which was used for salaries, food, and all other maintenance. (Residents are required to apply for food stamps upon admittance to the program and during the period when they are working; while in residence, they are required to pay a minimal amount for their food and lodging.) This year with additional funds from TAIP the budget increased to $230,000; 15 residential beds were added to the original 14, and a 30-client outpatient program was started. The additional $155,000 from TAIP only paid for five additional beds plus the outpatient program, so this past year Alpha Home continued to be very short in terms of the amount of money received versus the number of beds that were maintained.

Alpha Home subsists by begging for additional funds when its yearly money is used up. Two years ago, the program was able to get end-of-the-year money from TCADA (substantial funds that other agencies were unable to use during that budget cycle). The regular TCADA allowance to Alpha Home is $26,375 a year. Also, two years ago Alpha Home was able to get $57,000 from the Texas Commission on Alcoholism with which they were able to buy a small house next door. Currently, Alpha Home has four proposals being considered by the state for additional funding. With limited staff resources, they are finding this constant pursuit of funding a serious handicap to the rehabilitative work they are trying to accomplish.

Population Served

Clients are referred to Alpha Home from a number of sources: they take women right off the street; from private treatment centers (which does not imply that the women have any money because they may have been in treatment on an ex-husband's or parents' insurance or they may have used up their own or others' insurance); from the Center for Health Care Services (San Antonio MHMR); from San Antonio State Hospital and the Bexar County hospital[6]; and most recently, from the Bexar County Jail through the Treatment Alternative to

[6] We were told that there are only four detoxification beds in all of Bexar County for adults. Persons taken to the county hospital may wind up sitting there all night and then be let go in the morning, or they may lay on a gurney all night and leave in the morning. If they are put into a hospital room, they still ordinarily are dismissed the next morning. Arrested women are returned to the jail. Sometimes, if they are in extremely bad shape, the hospital

Incarceration Program (TAIP). The regular program (non-criminal justice referrals) has a waiting list of between 100 and 120 women.

Last year the average age of Alpha Home clients was 28. Almost all had both an alcohol and drug problem. Almost all of the women had at least one child. All of the women in the outpatient program are referred by criminal justice; and 15 residential slots are reserved for criminal justice clients. While the outpatient program is set up for 30 women, the program did not start getting TAIP clients until the end of March 1993, and currently has only about 25 clients in outpatient and 14 in residence. The delay in filling the criminal justice slots in outpatient as well as the residential program is blamed on the inefficiency of the bureaucracy, and the reluctance of the judges to refer women into an outpatient program because they feel that it is insufficiently structured. (*Therefore, they just as soon keep them in jail, and cost the taxpayers an additional $50 a day to keep them there; or they let them go on personal recognizance and they don't show up in treatment anyway.*) Because the system is so inefficient, Alpha Home has done much of its own recruiting of criminal justice clients. (*Everybody at Alpha Home, with the exception of secretaries, are out at AA meetings and AA clubs all the time. We know who is coming into court and who is going out of jail. When we find eligible women, we grab them.*) On occasion, Alpha Home staff will go to court with a prospective client, talk to the judge, probation staff, and the lawyers. While they have found this a difficult and time-consuming process, it is a way to bring criminal justice clients into the program.

Assessment

Criminal justice clients enter Alpha Home with a TAIP assessment. While criminal justice can refer to Alpha Home, the program is not required to accept all referrals. However, since the program desperately needs the TAIP funding, it is not in a position to refuse too many potential clients. All referrals are personally interviewed; Alpha Home staff have great faith in the *gut feeling* that results from face-to-face contact. They believe that their experience helps them determine the extent to which the potential client is lying and which clients will do well in treatment.

Treatment Services

Alpha Home's regular residential program over the years has been for three months, with clients staying an average of four months. The TAIP program is for six months in residence and a minimum of six months in the outpatient program. Currently, all clients in the outpatient program are expected first to participate in the residential program; however, if judges should refer directly to outpatient, such clients would be accepted.

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might keep them a few days, and then let them go. There is no place to refer anybody to. There is a treatment facility called Casa Del Sol, but it has only 13 beds for women, and there is the Patrician Movement, but it has only 30 beds for women. So, for a community of one million people, the number of residential beds for women is exceedingly small--when Alpha Home added 15 beds, it increased the number of beds in the county by 20%.

While Alpha Home does not accept children, it claims never to have had anybody who was prohibited from entering the program because a caretaker for the child/children could not be found. Alpha Home acknowledges, however, that if they had facilities to take women and children, it would probably be flooded with women desiring to be admitted into treatment. Currently, most of those with a substance abuse problem who have children do not even seek admittance.

In some instances, Alpha Home staff have located foster parents for the length of the woman's stay; in one instance, a pastor from the Baptist Trinity Church who was on the Board of a Children's Home obtained a slot there for the needed time. The Texas Department of Human Resources is not helpful in such cases since it will take the children away for a extended period and the woman might experience considerable difficulty in getting her children back.

A new program, ARC-WC, takes women who are pregnant and mothers with children under age three. The director of Alpha Home has worked with the people at ARC, does some interviewing for them, and can refer clients to ARC, as needed. (ARC is described below.)

Alpha Home considers that it provides treatment as well as education, and self-help through AA, which is emphasized. Community resources are used to provide educational classes in AIDS, and there is testing for HIV and TB. Various organizations provide classes in parenting; a psychiatrist from the state hospital provides classes on alcohol and drug education and conducts sessions in role playing. Spiritual study is provided by one of the Baptist preachers one night a week. All appropriate, volunteered services are utilized. Although the program is church-affiliated, Alpha Home reports that no one is obligated to go to church. The rule is that on Sunday morning all clients and staff must be out of the house at about 11:00 A.M. and go to AA, NA, and/or the church of their choice.

For the first 30 days in the residential program, women stay in the house or are taken to and brought back by staff. The women are not locked in, they can leave if they want to but the group pressures them to stay. During this period, women are required to attend daily AA meetings, group sessions, and classes. After the 30 days when the women are required to look for and start work, some classes are still mandatory (e.g., alcohol and drug education), frequent attendance at AA meetings is expected, and attendance is required at one individual and two group meetings a week. In addition, attendance at job-related training is mandatory, and classes are offered at all hours to fit in with the women's working schedules.

Alpha Home's number one priority is sobriety, number two is working at a job. Women are given two weeks in which to find a job; if they do not do so, they are expelled from the program. It is the program philosophy that next to sobriety itself, going to work at a job is the means to improved self-esteem. The Alpha Home program helps women obtain jobs by providing job-related training, which as the name implies covers anything related to obtaining and keeping a job, including interpreting ads (knowing which ones are legitimate and for which the client is eligible); figuring out transportation (if it is feasible to get to work and back within a reasonable time by public transportation); learning how to advertise for a job (go to the mall and put in an application; plan where to work in order to utilize San Antonio's great bus system; and so on. The program also provides for practicing job interviews, teaching the women how to prepare a resume, and helping them with their dress, hair style, and make-up.

After a woman gets a job, she is required to bring her paycheck to Alpha Home where two-thirds of it is saved for her. (Many clients are not able to open a checking or savings account.) The expectation is that when clients leave Alpha Home they will have enough money saved for groceries and rent for at least 30 days. There are two apartments located nearby, which, while officially not part of the Alpha Home program, do have about 15 former clients living there. For a while, former clients may spend time at Alpha Home and eat supper with the group to help them get started on their own.

The outpatient program is not intensive. Alpha Home is budgeted for only one group and one individual counseling session per week, although it has been conducting one individual and approximately three groups per week, if clients attend.

Alpha Home staff believe that treatment should be restricted to women alone (*the prime thing to get women drunk is men, and to get men high is women*). Consequently, staff carefully scrutinize clients' male associates, and the women are prohibited from associating with men who are deemed not appropriate. If a woman insists on associating with a man who is using drugs or is considered otherwise destructive to her recovery, she is asked to leave the program.

ARC-WC (Women Clients)[7]

Within the past year a women's program was opened that accepts drug-abusing pregnant women and drug-abusing mothers and their children up to three years of age. Currently, 14 women and 11 children are in residence. Of the 14 women, 5 were referred by probation; 4 were referred by Child Protective Services, in some cases under court threat of having children removed from custody of the mother.

Principal staff at ARC-WC are closely aligned with Alpha Home, both as staff previously employed there and as recovering substance abusers. Like Alpha Home, this program makes a broad range of services available to the women, including group and individual counseling, classes, and direct medical, psychological, educational and other social services, by community agencies and organizations. Unlike Alpha Home, after women are admitted into the program, their needs are assessed by means of a number of standardized instruments including the Beck Depression Inventory, the ASI, and the Coopersmith Self-Esteem Inventory.

The ARC-WC program is based upon the 12-step model, with required regular and frequent attendance at Anonymous Fellowship meetings. The program is scheduled for eight hours daily of structured activities for a period of 180 days. During the last few weeks, clients are expected to find work or be enrolled in a vocational training program.

According to the people at Alpha Home, ARC has had considerable difficulty in getting the program going because of the need to meet requirements imposed by their funding agencies, primarily the Texas Commission on Alcoholism and the Department of Human Resources.

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[7] Information on this program is based upon response to a mail questionnaire supplemented by telephone conversation on 3/31/93.