HITCHCOCK CENTER FOR WOMEN

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HITCHCOCK: OVERVIEW AND HISTORY

This document reports findings on the Hitchcock Center for Women's treatment services for drug abusing women in Cleveland, Ohio. The report is based on interviews with personnel at the Center and materials provided by Center staff. All the information provided here is based on the interviews and program documents alone, and no attempt was made to verify anything that was said or to seek further information through court records or other sources. Because the data are based on interviews, from time to time in the discussion, what was said has been quoted or paraphrased so as to convey the flavor of the comments.

The Hitchcock Center, located in Cleveland, Ohio has been in operation since 1979. The Center was initially designed to treat alcoholic women and was sponsored by the local "Women's General Hospital." Now it provides short and long term alcohol and other drug outpatient and residential services to women and women with children.

Originally, services were provided in three locales. In 1991, the agency moved into a former seminary site, the Saint Mary Seminary on eleven acres in central Cleveland. The facility has bedrooms, offices, conference rooms, classrooms, and recreational areas that "are conducive to the recovery environment. The courtyards of the Seminary are quiet and serene, conducive to introspection needed by women who are rebuilding their lives. The chapel, a work of art, is one of the many outstanding dedicatory opportunities." (Promotional materials)

Over 600 women addicted to alcohol and other drugs were treated between 1979 and 1990. Approximately 350 to 400 women use Hitchcock's services annually. In Fiscal Year 92-93, 121 of these participated in short-term residential treatment, 51 were in long-term residential treatment and the remainder were in outpatient services.

Client ages range from 18 to 70 with the median age range between 25 and 40. According to program materials, in FY 92-93, eighty-three percent of the clients were African-American, 1% were HIspanic and 16% were "White, Not of Hispanic Origin." No "Asian/Oriental," Native American/American Indian," or "Alaskan Native" clients were identified. Primary substance type was crack cocaine at 57%, followed by alcohol at 35%. Ninety-eight percent of admissions were medically indigent, 79% were children of alcoholics or drug abusers, 13% were IV drug users, 12% were homeless, 5% were pregnant addicted women and 4% were physically challenged. Statistics reported no admissions of AIDS or HIV-positive clients.

At least 30% of admissions are criminal justice clients. If possible, the agency would like the client to have "cleared up" any pending CJS issues prior to admission. CJS clients and individuals referred from other sources receive the same treatment regimen.

The ratio of staff to clients in the residential programs is one to six and one to five in the outpatient program. There are 26 direct treatment staff. Service capacity is depicted in the table below.

Type of Care	Current	FY 1994	Planned
Residential-short term beds	10	10	10
Residential-long term	12	12	24
Intensive outpatient (slots*)	12	12	20
Outpatient (caseload**)	36	36	36

* "Slots" = maximum number of clients on any given day.

** "Caseload" = number of clients who receive at least one program services in a 90-day period, including co-dependents (family members) who are formally admitted for treatment services.

A "13th bed" is kept available for any Hitchcock Center alumna that may need respite care due to relapse-threatening factors. The agency has also applied for a federal grant for services to pregnant women, which would add a residential program for 33 women and their children.

PHILOSOPHY, GOALS, AND OBJECTIVES

Hitchcock Center for Women provides "opportunities for chemically dependent women and their families to achieve and maintain successful and productive sobriety." The philosophy of Hitchcock Center is "based upon a desire to become and remain sober." Hitchcock Center is designed "to provide a safe and stable environment for personal, social and spiritual growth. The client also learns vocational skills necessary for sustained independence." ("A Campaign for Recovery" and other program materials.)

Staff view Hitchcock's programs as a combination of therapeutic community, gender-specific, relapse prevention and behavior modification programs with a strong foundation in 12-step philosophy and spiritual development. Staff remark that "since AA started here [in Ohio], we're strongly AA-based."

Goals and objectives within the 28-day residential program include: to provide to 120 women (who are in the mid to late stages of their disease) an "increase in the incidence of recovery from alcohol and drug addiction," by providing daily residential supervision; group therapy once per day, 5 days per week; twice daily educational groups 5 days per week; once weekly individual therapy; and, educational materials to clients regarding community aftercare resources. Sixty-percent of clients completing the program are expected to remain abstinent for three months after discharge.

Activities to achieve agency goals include an increase in services to achieve the most comprehensive approach possible. This includes the addition of a "learning center" for women (a cooperative venture with the local community college to assess and strengthen employability

skills), and plans for on-site medical care and increased job training and placement. A successful program participant would be one who has completed both primary and aftercare treatment. She will have addressed her presenting problems and will be economically and emotionally stable.

OUTREACH, REFERRAL, AND SCREENING PROCESS

Referrals may come from judge's bailiffs, probation, TASC, parole, by self-referral, other agencies or attorneys. According to staff, the agency ("one of the oldest programs around") is known by its long- standing good reputation.

Staff do a lot of community presentations but there is "no budget" for these activities. The agency is developing more structured outreach activities, on a limited basis. The agency's Alumnae association, which just received a $1000 grant for a "hotline," is also an active supporter and does outreach. According to staff, association members are the "best marketers" for the agency.

Screening and Eligibility Requirements

Screening is done with the use of an *Intake-Inquiry Form*, which records the following data: referral source, client demographic information, circumstances leading to request for treatment, client's perception of treatment need, history of alcohol/drug use and previous treatment, physical health and psychiatric condition and any legal problems. Staff completing the form make a preliminary diagnosis of the client's condition. If eligible, an appointment is made for an intake/screening interview.

To be eligible for services, the candidate must be 18 years of age or older and have at least 72 hours drug-free upon admission. For residential services, the individual must be able to live in a group setting. All candidates must need the program to stay clean. Someone who has several months of sobriety won't be accepted for treatment. (Sometimes probation officers will send them over anyway. These are primarily defendants who may have been arrested for drug-related charges, but have maintained some level of sobriety during the adjudication process.)

Type of drug use, criminal history, custody status or time remaining on sentence are not factors in determining eligibility. Motivation to change is considered, but staff admit that many women are not highly motivated at the time of referral.

In the case of criminal justice clients, caseworkers from the county jail (or other CJS resources) can call with a client referral. If the client is incarcerated at the time, HItchcock staff will screen the individual over the telephone and, if acceptable, an admissions appointment will be scheduled to coincide with her jail release. The jail will transport the client to the interview.

The candidate will not be accepted if she has had any "significant" violent outbursts or suicide attempts within the past 6 months. Generally, the individual must not be diagnosed as mentally ill. However, a candidate may be accepted if her therapist gives a "clearance" and

indicates she is able to participate in the program. No one taking any major psychotropic or antidepressant drugs is admitted.

Women who are in a romantic relationship or who have family members in the program are not generally admitted into programs concurrently. Pregnant women may not be accepted in long-term treatment if they are in their third trimester because the agency has no facilities for babies at this time. A pregnant applicant would be placed in the short term program instead. Pregnant addicts are given priority in admissions. Due to funding limitations, there is a waiting list and sometimes people are enrolled in outpatient services while awaiting placement in the residential programs.

On February 28, 1993, 26 individuals were on the waiting list for residential short-term placement and the usual time spent waiting was 4 weeks. Three individuals were on the waiting list for long-term residential treatment and had been on the list for 6 to 8 weeks. Twenty-eight people had been on the intensive outpatient waiting list for an average of 2 and one-half weeks.

Other than the waiting list, barriers to eligible clients being referred or admitted to the program include "all the legal issues" (whether or not she is considered eligible by the CJS to participate in treatment or has matters pending that would preclude admission). Staff report that there seems to be pressure to prosecute women, especially women with children, rather than offer treatment alternatives/adjuncts to legal sanctions. Generally, CJS clients are enrolled in the residential services because (according to staff) the courts, probation and parole "don't support" outpatient treatment.

Assessment and Intake Procedures

An in-depth intake is done by an admissions counselor. Several assessment instruments and data collection documents are completed. These include a "Screening Interview," a "Mental Status Exam Summary," an "Alcoholism and Drug Abuse Screening Test," and an "Alcoholism/Chemical Dependency Evaluation."

Since there is a 72-hour "clean" requirement, a urinalysis (UA) is administered. If the UA is positive, the client is referred to a detoxification center. If the client is on probation, sometimes the probation officer will re-arrest her. Probation/parole agencies also do their own urine tests because (according to program staff) they feel their operation has a better "chain of custody."

The eight-page *Screening Interview* adds to and goes deeper into the items listed in the Intake-Inquiry Form. Items on the Screening Interview address: (1) drug and alcohol use history (including a self-report inventory of withdrawal symptoms and effects of substance use/abuse and level of familiarity and prior utilization of AA/NA is investigated); (2) physical abuse, sexual abuse and incest; (3) suicide risk; (4) criminal history; (5) the status of family relationships (including whether any family members are supportive and/or willing to participate in the client's treatment); (6) sources of financial support; and, (7) a range of goals including sustained sobriety, school/training involvement, employment, improved personal relationships, self-esteem, emotional stability and increased autonomy. The interviewer writes her impressions

of the individual and makes a primary diagnosis of (1) chemical dependency/alcoholism, and/or (2) socialization deficits. This form is signed by the interviewer and the Clinical Director.

The *Mental Status Exam Summary* records the counselor's (interviewer) assessment of the candidate's general physical appearance and affect, ability to orient (in regard to time, person and place), and behavior during the interview. How the candidate presents at the interview is catalogued in terms of motor activity, speech, affect, and intellect. Cognitive functioning (memory, judgement, thought processes, insight into problems) and psychological functioning (thought content, suicidal, homicidal ideation/plans, hallucinations or delusions) is also assessed.

The *Alcoholism Screening Test and Drug Abuse Screening Test* is a 27-question instrument that staff report is an adaptation of the Michigan Alcoholism Screening Test (MAST) and the Addiction Severity Index (ASI). The client is asked whether she considers herself a normal drinker/user and responds to other questions regarding self- and other- perception of her drinking/drug use and its effect on her life. The instrument also collects information regarding previous participation in NA/AA and any history of hospitalization, arrest, and health problems. The candidate must give a written explanation to the final three questions: "Do you feel you have a drinking problem?"; "Do you feel you have a drug problem?"; and "What are you willing to do about your drinking or drug problem?"

The *Alcoholism/Chemical Dependency Evaluation* combines questions derived from the DSM III-R and the Alcoholism and Drug Abuse Screening Tests (described in the previous paragraph). This instrument is used to help the counselor decide on the appropriate level of care for the client and adds information regarding mental status and other problems. This is a seven-page document that asks a series of questions with a choice of five responses demonstrating increasing ranges of impairment. For instance, under the category, "Persistent desire, or one or more unsuccessful efforts to cut down or control substance use," the candidate is asked to rate her "attempts to regulate use" by marking only one of the following responses: (1) have never attempted to regulate use; (2) have attempted to regulate use 2-10 times; (3) have attempted to regulate use monthly; (4) have attempted to regulate use weekly; or (5) have attempted to regulate use daily. The Clinical Director reviews the counselor's admission recommendation and determines if the level of recommended placement is appropriate. If not, alternative placements will be examined. If admitted, financial arrangements are coordinated by the business office. A preliminary aftercare plan and tentative discharge date is set.

PROGRAM SERVICES

Variety of Services/Programming Offered

Medical services are provided off site through agreements with local medical facilities and public health centers. These include primary medical care, acute care, perinatal care, medical exams, HIV/AIDS and TB testing and medical detoxification. AIDS counseling is available off site. Hitchcock cannot provide methadone services, but they can be arranged concurrently through another agency.

Psychosocial and lifeskills services provided and topics addressed on site include: substance abuse counseling and education; individual and group therapy; family/couples counseling; therapeutic community meetings (in the residential programs); "Big Book" studies; 12-step groups; training in social, practical, parenting and anger management skills; values clarification; codependency recovery; self esteem support; and job readiness services. The federal Job Training Partnerships Act organizations are planning to provide services on site if the agency receives a federal grant they applied for to serve pregnant women and their children.

Case management and case coordination services include monitoring and follow-up of referrals, client advocacy, coordination of appointments and services including linkages with housing upon discharge. Education services (tutoring, GED preparation) are provided on-site through the local community college. Information regarding AIDS, nutrition and other health issues is provided on-site by program staff. Some transportation services are also available.

The Family Services Department sees about 400-500 persons per year. Services include individual and group counseling services for the client's children and male partners. The agency also has an annual parent-child event for approximately 300 people. Other social activities and gatherings are hosted on site as well.

Treatment Planning

Initial treatment plans are developed by the admissions counselor and the supervising caseworker. The client helps develop the content and timelines for achieving goals. She is allowed to request revisions before plans are finalized and signs and gets copies of the plan. The client and a treatment team consisting of the primary counselor, the supervising case worker, a psychologist and counselors in charge of admissions, family, and after care are involved in reviewing and revising the treatment plan. The plan is reviewed weekly. All individuals get the same core treatment regimen (depending upon their placement in residential or outpatient treatment). Individual counseling differs and a variety of "spiritual paths" may be explored or chosen.

Program Content

Services in all components include group and individual counseling, psychoeducation, 12-step meetings, relapse prevention, unstructured recreation, spirituality and meditation practice and family education. Guest speakers are used and clients assist food preparation staff. Outpatient services are provided in a Day Treatment model with services from 9AM to 5PM weekdays. The recommended length of stay in outpatient services is 28 days and the program is geared toward women in the early stages of their disease.

Residential treatment services have activities from 6:30AM to 10PM weekdays. Weekend activities include individual assignments, free time, 12-step discussions and journal writing. The 28-day residential "primary" treatment program is focused on women in the mid-to late stages of the progression of their disease who would be at extreme risk for relapse in an outpatient program. An "intermediate care" residential program provides "continuing education

and support in a group home environment for women who need additional time and training." The 90 to 120 day program is geared toward clients who "never learned to live as adults without abusing drugs or have been addicted for so long that they ar no longer able to function without chemicals." (Program brochures).

Communication and Linkages with CJS Providers and Others

The agency reports extensive connections with public and private agencies in the community for several purposes including fund raising and the provision of adjunct or ancillary client services. The agency's Board of Trustees includes a former client and representatives from the local medical and social services community.

The organization belongs to United Way and has ties with the local alcohol and drug abuse community, the Junior League, the Cleveland Foundation, and LINKS (a national organization for "Black Women"). Hitchcock Center facilities are often used for community events. Future plans include sectioning off part of the large facility so that it may be used for retreat and training facilities.

Agency staff occasionally meet with county probation officers to discuss issues and concerns. Program staff also sit on a committee of criminal justice and treatment providers. Staff report that they have not "once" met with local parole authorities, but do get referrals from them.

Agency brochures report a "hands-on training program with the School of Medicine at Case Western Reserve University." Hitchcock Center also provides education and training to judges and members of the County Alcohol and Drug Advisory Board. Community volunteers are used to enhance service delivery capacity.

The Center has a large, ornately decorate chapel where many client and Cleveland-area community activities take place. These include concerts and candlelight services.

Pre-release and Aftercare Activities

Discharge planning is coordinated by the client and her primary counselor. Together, they design and develop a case management plan. Depending on the individual's treatment plan, program staff provide individual counseling and/or a 12-week aftercare group. Referrals to support groups, work, halfway houses, vocational and job search assistance or housing are made available. Unfortunately, free or low-cost aftercare services are hard to find. Staff make sure that all the needed community-based referrals are "in place."

A Hitchcock Center Alumnae Association recruiter meets with the client. Participants are encouraged to get involved with the Alumnae Association. No matter how long the client has been in a Hitchcock Center program or her discharge status, she is eligible for the Alumnae Association.

Compliance Issues

The agency reports that it stopped using written lists of sanctions because clients seemed to continually find loopholes to mediate or eliminate their culpability and consequences. There has to be a major infraction of the rules such as using drugs or alcohol or being violent before a discharge is recommended. Lesser infractions may result in a treatment contract based on the magnitude of what happened. If discharged, the client is given follow up information. If discharged for compliance reasons, the client will not be re-admitted for six months. Staff report that approximately one-third of the Alumnae Association membership is made up of people that have been "put out."

PROGRAM ACCOUNTABILITY

The agency has a "Quality Assurance" department which measures cost-effectiveness and other factors. The department lists 12 QA indicators including: "pretreatment plan and case management efforts are appropriate for the resources available and the client's needs," "clients...will be appropriate for treatment at the level to which they are assigned," and "the quality and quantity of the services provided is appropriate for the client." A Utilization Review committee performs the quality assurance activities.

All clients complete a post-treatment evaluation rating how "helpful" particular services have been. During the period of January through June, 1993, residential and outpatient clients rated a combined list of services as being "very helpful" (79-87%), "somewhat helpful" (10-17%) and "of little help" (2-4%).

SUMMARY

The discussion below includes 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 peer support as part of the program. The final section summarizes the program's stated strengths and weaknesses and needs for improvement.

Sensitivity to Gender Issues

Promotional literature states that "all programs are based upon the premise that in women the disease of chemical dependency requires different treatment procedures than those applied to men." ("A Campaign for Recovery," Hitchcock Center for Women, Inc.) How these programs differ from men's programs is not explained in the literature.

Women-specific services such as addressing domestic violence, "survivor" (child sexual and physical abuse), and post traumatic stress disorder issues are included, depending on the

individual's needs. Staff feel that the "all woman" environment provides women an opportunity to heal without facing men on a daily basis. Women learn to develop "significant relationships" with other women as a vehicle for continued sobriety.

Staff report that the program provides an "unstructured rites of passage" environment through which women gradually learn to recognize and employ their own power, talents and abilities. While the majority of the staff and clients are African-American, there is no specific cultural/ethnic emphasis in programming.

Males are employed in a "limited capacity." Exception for a male counselor who works with the clients' family members, all direct treatment staff are female. Males are also employed in the quality assurance and facilities management areas.

Recovering Staff as Role Models

Staff feel that recovering women need a variety of role models and, fortunately, program staff come from and demonstrate diverse, positive lifestyles. About 50% of the staff are in recovery. Staff noted that participants often need the "hardness carved off them." Seeing staff solve problems and yet be non-violent and non-aggressive helps demonstrate positive behavioral alternatives.

According to promotional materials, three former Hitchcock Center residents are employees. One of these (the supervising cook/night manager) states: "Holding these supervisory positions shows others where I have come from and where a recovering person can go." One client commented on an evaluation form, that she was grateful to be able to look at her counselor as "a black woman who is sober."

Peer Support

The Alumnae Association conducts social events for the program participants. It is also involved in fund raising and public relations. They recently attained funding to start a hotline. The Association has many activities on site, and these become a visible incentive for participants' progress.

Agency promotional materials report that within greater Cleveland there are "hundreds of graduates" from Hitchcock Center, participating in the spectrum of therapeutic programs and support groups such as AA and NA. These women "serve as role models for those seeking treatment."

Program Strengths

The "all women" environment was listed as a program strength as well as the "intensity of programming" (which staff describe as "almost military"). According to staff, no one has left the program claiming that it was "too tough" for them.

Another strength is that the program serves indigent and low-income women who may not have otherwise received treatment. In discussing the treatment setting, staff agreed that it

is a big change from the environment to which most of these women have been accustomed. The setting and its accoutrements act as a recovery-oriented "mecca" amidst boarded-up storefronts, dilapidated buildings and other signs of urban decay. Staff feel that the former seminary environment contributes highly to their relatively low early-release and relapse rate.

Client comments include: "the counselors and staff are excellent people, very supportive and understanding." Program elements rated highest in both outpatient and residential services include: meditation/reading, films/lectures, therapy group, peer group, relapse prevention, and guest speakers.

Weaknesses and Areas for Improvement

Program staff relate that the local criminal justice system "seems rigid and unwilling" to talk about treatment in lieu of incarceration. They indicate that statutes are "on the books" for treatment in lieu of incarceration for alcoholics but not drug users. Also, since Marysville (the State Prison for Women) started its Tapestry (drug-treatment) program, there seems to be reduced support for aftercare services. Staff indicate women are frequently released from the Tapestry program with no requirement for further chemical dependency treatment.

Inadequate funding limits the program in many ways, but most evidently in bringing staffing up to capacity in the residential area and in attracting competent non-chemical dependency staff. The facility has 68 vacant beds that they cannot use because there is insufficient funding to provide staff coverage. And, while chemical dependency counseling positions are fairly easy to staff, agency management reports difficulty in hiring other qualified staff (social workers, psychologists). This is due to the low salaries available for these positions and competition elsewhere.

If more funding were available, agency management reports they "would love" to be able to provide a "one-stop shop" including immediate crisis, walk-in, and medical services. Now, the only alternative for chemically dependent women in immediate need is often jail or a hospital emergency room.