

## **Consumer Services Review Summary For Amethyst House March 24-28, 2008**

### **Introduction**

#### **Amethyst House**

Founded in 1980, Amethyst House, Inc., is a not-for-profit United Way agency based in Bloomington, Indiana, providing structured living environments, treatment, education, and recovery services to individuals with addictions and substance abuse issues. The agency operates three transitional houses in Bloomington: a men's halfway program serving 19 men; a men's three-quarter program serving five men; and a women's halfway program serving 11 women and dependent children up to age six. Full service outpatient programs are available in Bloomington and Evansville providing intensive outpatient treatment; individual, group, and family therapy; and evaluation, case management, and referral services.

The goals that drive services provided by Amethyst House include the following:

1. Aiding the recovering addict in maintaining abstinence;
2. Assisting the recovering person in making the transition back into society; and
3. Aiding in the establishment of personal habits that will accomplish the first two goals.

Clients come to Amethyst House from residential treatment units, detoxification centers, hospitals, social service agencies, and self-referral. Once immediate needs are addressed—food and shelter—the client and the staff develop a personalized service plan. The halfway house is partially self-supporting; from the onset, clients find work and assume financial responsibilities. The successful client maintains abstinence, secures employment that will support him or her in independent living, establishes a supportive community network, and for women, safe housing is obtained. Clients at Amethyst House access community services including the Center for Behavioral Health, Indiana Employment Security Division, Alcoholics Anonymous, and Narcotics Anonymous.

#### **Context for Practice in 2008: A Time of Change & Challenge for Recovery Services**

In recent times, a series of challenges and opportunities have been encountered by addiction recovery programs in Indiana, including Amethyst House. These have included:

- Indiana Access to Recovery (ATR), a SAMHSA initiative with funding starting in October 2007, targets individuals recently released from the criminal justice system, pregnant women or women with dependent children, and individuals recovering from methamphetamine addictions in seven counties; however, Monroe County, of which Bloomington is the county seat, is not included in this group.

- Legislative consideration of licensure requirements for addiction counselors has created lively discussions among these professionals and their organizations.
- In recent years, the trend in the client population served by Amethyst House has become younger and includes more women of child-bearing age, which increases the complexity of the mix of services the program must provide as well as aftercare needs. Case managers must get pregnant women enrolled in prenatal care and ensure that infants are going to be cared for in safe environments once the mother exits the program.
- Public funding for substance abuse services competes with funding for mental health services. The costs of services provided by Amethyst House are not fully covered by reimbursements; therefore, successful fundraising in the community is essential to maintaining the operating budget.
- In 1992, Indiana's admission rate for marijuana was less than 50 per 100,000 persons and no state had an admission rate of 139 or greater per 100,000; in 2002, Indiana and 20 other states had admission rates for marijuana of 139 or more per 100,000 persons. (Drug and Alcohol Service Information System Report, March 2005)
- In 1992, Indiana and 15 other states had admission rates for cocaine use of 139 per 100,000 persons aged 12 or older while the rate for the U.S. was 133 per 100,000. In 2002, while the admission rate for cocaine use for the nation had decreased to 101 per 100,000 persons, the rate in Indiana and eight other states remained at 139 per 100,000 or more. (Drug and Alcohol Service Information System Report, January 2005)

### **Recent Adaptive Responses: Amethyst House's Changes and Adjustments**

To meet the challenges and take advantage of opportunities presented or created, the Amethyst House management team has:

- Hired a program director that is addressing concerns partner agencies have identified, for example, timely submission of reports to the Monroe County probation office concerning individual clients;
- Met with community stakeholders and partners to explain recent improvements in staffing, the services available, and Amethyst House's capacity to meet stakeholders' expectations;
- Placed new focus on gaining greater efficiencies in the face of concerns about increasing demands of contract funding; and
- Developed new fundraising initiatives, including a program of bequests.

### **Purpose and Scope of the Consumer Services Review**

Amethyst House was one of ten agencies in the state selected by the Indiana FSSA Department

of Mental Health and Addiction for review in the 2007-2008 Consumer Services Review (CSR) cycle. The CSR is used to examine the quality and consistency of services provided to consumers of mental health and addiction services. Results of CSRs are used to describe present strengths found in case practice, to identify challenges and limitations within the current service system, and to guide next step planning and technical assistance services provided to local community mental health and addiction service providers.

The on-site CSR involving Amethyst House was conducted during the week of March 24-28, 2008. This review included:

- Fifteen in-depth reviews of adult consumers who ranged in age from 18-69 years.
- Seven focus group and key stakeholder interviews involving a total of 28 persons, including frontline, middle management, senior management staff, and the board of directors at Amethyst House as well as other stakeholders and service partners in the community.
- Review of quantitative data as well as current and historic information provided by the Amethyst House administration.

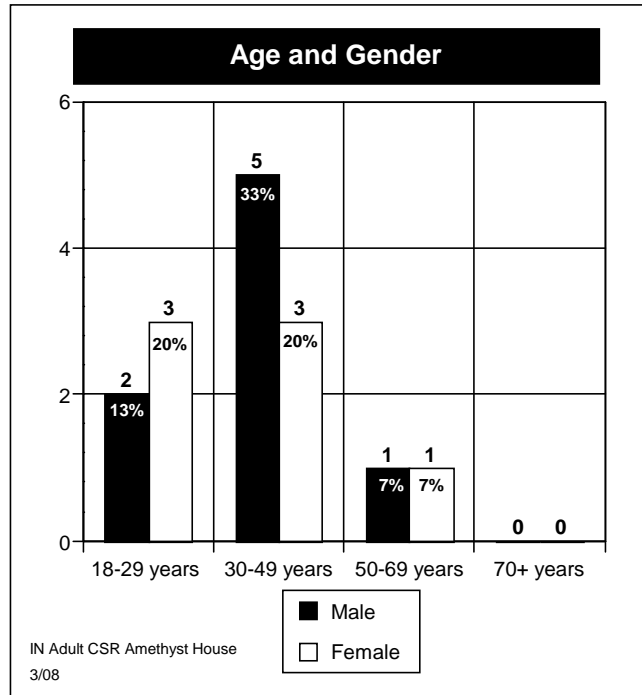
Results of the case-based reviews were shared with the frontline staff serving these consumers at the conclusion of each case review. At the end of the week, the review team invited middle management and executive staff at Amethyst House to a debriefing session at which the major findings (CSR outcomes and case strengths, challenges, and opportunities for improvement) were presented in a “grand-rounds” format. An overall “sum-up meeting” followed the debriefing. The preliminary findings of the review were presented to and discussed by meeting participants.

### **CSR Methodology**

#### **Review Sample**

A sample of 18 persons was selected for this review. On closer inspection, three of these cases represented women whose cases had been closed; the final sample included 15 cases. The CSR review process was completed for all 15 persons in the sample. Names of candidates for the sample were drawn at random from the FSSA database. Members of the sample were persons having open cases and receiving ongoing addiction services. Members of the sample gave informed consent for participation prior to the on-site review. Collectively, the sample was representative of the age and gender distribution of the general Amethyst House service population.

The sample consisted of eight men and seven women between the ages of 18-69 years. The following graph shows the distribution of the age and gender of the sample.



Other descriptions about the sample of persons reviewed include:

- **Age.** With respect to age distribution, five persons (33%) in the sample were in the 18-29 age group, eight (53%) were in the 30-49 age group, and two (14%) were in the 50-69 age group.
- **Ethnicity.** Fourteen (93%) of the persons in the sample were of Euro-American descent and one (7%) person was of African-American descent. No other racial/ethnic groups were represented in the sample.
- **Living Situation.** Ten of the 18 consumers in the original sample lived in one of the Amethyst House residential facilities; seven lived with relatives or their own home or apartment; and one lived in a residential facility operated by the Center for Behavioral Health.
- **Co-Occurring Conditions.** The most frequently conditions co-occurring with substance abuse observed in the sample included:
  - o Medical problems – 3 persons (20%)
  - o Mood disorders – 2 persons (13%)
  - o Anxiety disorders – 1 person (7%)
  - o ADD disorder – 1 person (7%)
  - o Learning disorder - 1 person (7%)
- **Chronic Health Problems.** Case records and interviews indicated no chronic health problems among the consumers in the sample.

- **Recent Life Challenges.** A variety of recent or current life challenges were experienced by persons in the sample. Among these life challenges were the following:
  - o Substance use impairment – 15 persons (100%)
  - o Unlawful behavior/incarceration – 6 persons (40%)
  - o Adverse effects of poverty – 3 persons (20%)
  - o Parent in need of skills for safe childcare and supervision – 3 persons (20%)
  - o Limited cognitive abilities – 1 person (7%)
  - o Serious mental illness – 1 person (7%)
  - o Undocumented – 1 person (7%)

Other life challenges reported included a suicide attempt and a recent serious car accident with facial reconstruction in process.

- **Level of Functioning.** Four (27%) of the persons in the sample had Global Assessment of Functioning (GAF) Scores that were rated between 41 and 60; 11 persons (73%) in the sample had a GAF score of 61 or greater.
- **Daytime Activities.** Major daytime activities for consumers participating in the review included:
  - o Competitive employment – 10 persons (67%)
  - o Vocational training/vocational rehabilitation – 2 persons (13%)
  - o Keeping house – 2 persons (13%)
  - o Adult education – 1 person (7%)
  - o Parenting children – 1 person (7%)
  - o Jail activity – 1 person (7%)
  - o Other – 3 persons (20%)

The other activities included job seeking, college, and AA meetings.

- **Medications.** The use of psychotropic medications by persons in the sample was noted as follows:
  - o No psychotropic medications – 12 persons (80%)
  - o One medication – 2 persons (13%)
  - o Two medications – 1 person (7%)
- **Noted Case Practice Challenges.** Particular factors related to case management and treatment for persons in the sample included:
  - o High caseload sizes of frontline staff – 3 persons (20%)
  - o Inadequate team member participation – 2 persons (13%)
  - o Life disruptions – 2 persons (13%)
  - o Billing requirements/limits – 2 persons (13%)
  - o Arrest/detention of person – 2 persons (13%)

- o Case complexity – 1 person (7%)
- o Treatment compliance – 1 person (7%)
- o Team member follow-through – 1 person (7%)
- o Acute care hospitalization – 1 person (7%)
- o Other – 2 persons (13%)
- o None – 4 persons (27%)

Other barriers to case management mentioned included funding and lack of funding for case management services.

### **CSR Activities**

Prior to the on-site review, the CSR Coordinator in the FSSA office in Indianapolis randomly selected the records of 18 adult consumers served by Amethyst House. CSR reviews were completed for 15 of the 18 consumers, as previously noted. The CSR review team consisted of six members plus a team leader. There were six additional persons from other regions in Indiana who “shadowed” the primary reviewers. The reviewers, including the team leader, were from other states. All reviewers had prior CSR training and review experience.

Prior to the arrival of the review team, Amethyst House staff created interview schedules for the reviewers and team leader. Reviewers initiated their activities by reading the charts of each consumer in the sample. Following the chart review, interviews were conducted with the consumer, case managers, probation officers, therapists, family members, and others connected with the case. The goal was to have each reviewer complete a full case review in one day. Some interviews were held in the evenings.

Across the 15 cases in the sample, CSR reviewers conducted a total of 68 interviews. The number of interviews per case ranged from three to seven, with an average of 4.5 per case. In the evenings during the week, the review team members met with the team leader to debrief the day’s cases. Each evening, reviewers sent data forms (gathered from the CSR protocols completed for each case) for compilation into a database designed for this purpose. These data were analyzed and reported in preliminary form to the Amethyst House executive staff at the sum-up session conducted before the team left the site.

The team leader held interviews with stakeholder groups during the week. These groups included the Amethyst House executive management team, middle management staff, and frontline staff. Interviews conducted with members of the community included the Center for Behavioral Health, Positive Link, Alcohol and Drug Information Center, Monroe County Probation Department, and the Amethyst House board of directors. A total of 28 persons participated in focus group and key stakeholder interviews during the week of the on-site review.

On Friday, members of the review team and the team leader met with the Amethyst House executive management team to present and discuss the week’s findings in a closing sum-up session. The team leader presented an overview of the CSR process emphasizing that the focus is on practice development, rather than compliance with external policy or rule. The intention of the CSR process is to stimulate improvement in the quality and consistency of practice, both on

the frontline and management levels. Preliminary CSR findings were offered with that spirit and intent.

### Overview of CSR Findings

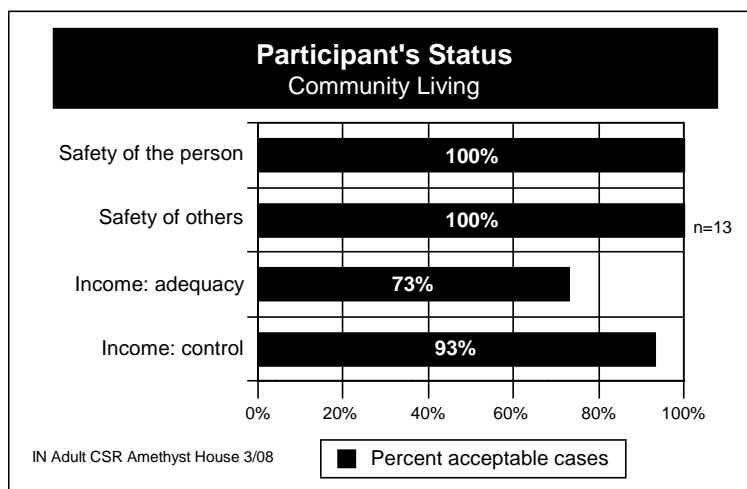
CSR findings are organized into three sections. The first section provides aggregate quantitative results for indicators in the CSR Adult Protocol (2007 Version) that were applied by reviewers to the 15 persons contained in the review sample. The second section identifies recurring themes that emerged from the “grand rounds” case presentations and discussions. The third section provides an overview of perceptions and perspectives offered by participants in the focus group and key stakeholder interviews.

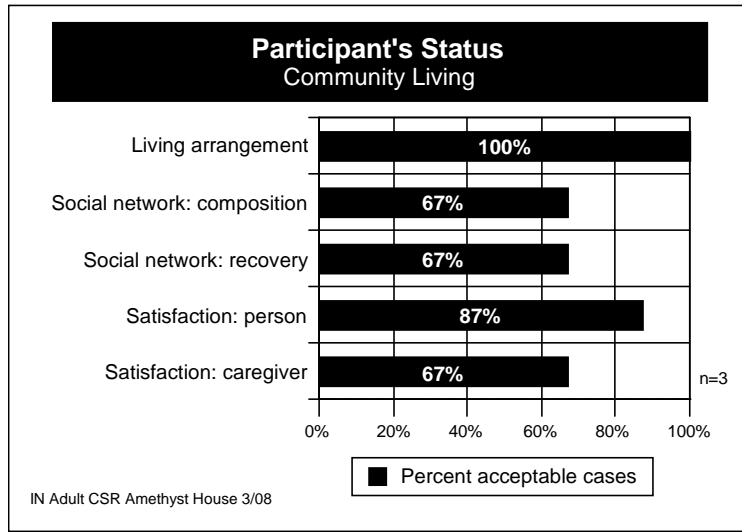
### **CSR Quantitative Findings**

The CSR Adult Protocol contains three domains of indicators measuring the: (1) status of the consumer, (2) recent progress of the consumer, and (3) performance of practice functions. These domains are used in the presentation of the aggregated findings across the number of consumers to whom these indicators were applied. Most indicators applied to most of the 15 consumers reviewed. The 12 status indicators are organized into three areas, which are used below to present findings. In each area, findings for indicators are stated briefly and followed by a display of findings.

#### Consumer Status – Community Living Indicators

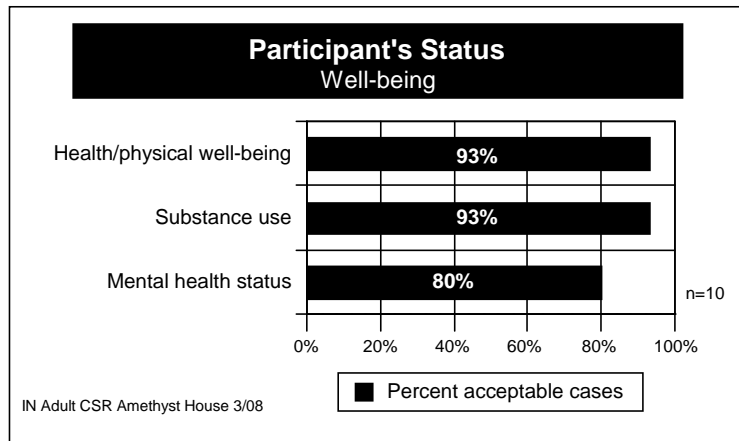
All (100%) of the consumers reviewed were found to be safe in their daily settings, as well as with persons with whom they came in daily contact. Most consumers were found to have at least minimally adequate income (73%) and control (93%) of their income. Living arrangements were adequate for 100% of the consumers reviewed. Two-thirds (67%) of the consumers in the sample were found to have adequate social networks that were necessary to support their recovery. Most consumers (87%) were at least minimally satisfied with their services; three caregivers interviewed indicated they were satisfied with the consumers’ services.





Consumer Status – Well-Being Indicators

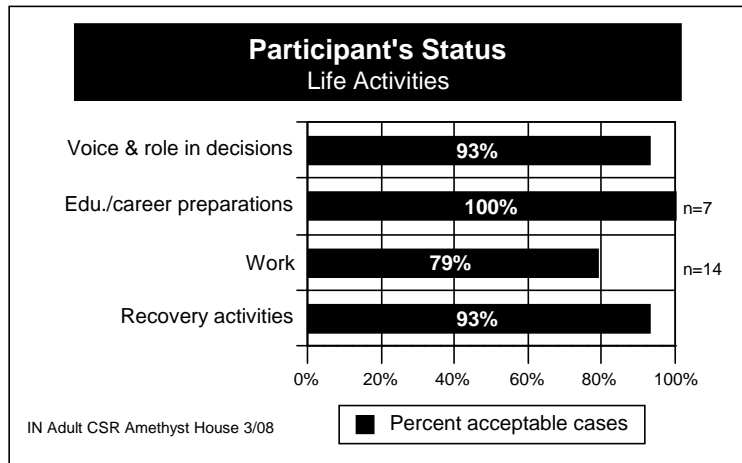
Nearly all of the consumers (93%) were found to have minimally adequate or better health status. Substance use impairment was found to be a current issue for 93% of the consumers at the time of the review. For the ten consumers for whom mental health status was applicable, 80% were found to have at least minimally adequate mental health status at the time of review.



Consumer Status – Life Activity Indicators

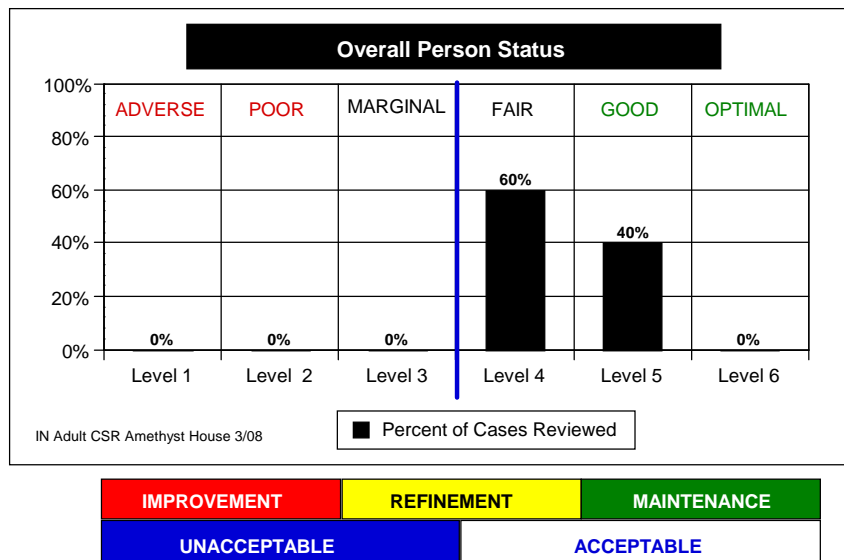
Four areas of life activities were included in the review. Some of these indicators are substantially influenced by a person’s life stage, functional status, health condition, and personal choices. For example, an older person may not be interested in vocational training or employment because the person may consider him/herself to be “retired” and may have physical challenges that could limit activities and motivation. Thus, several of the indicators in this area were applied to fewer persons in the sample.

Almost all (93%) of the persons in the sample were found to have an active role and influential voice in decisions made about the person’s care and treatment. Of the seven persons to whom the education/career preparation indicator was applied, all were found to have access to such services even though they may have a desire for employment. Of the 14 persons to whom the work indicator was applied, 79% were found to be working to some degree. The recovery activities indicator was applied to all 15 persons; 93% were found to have adequate services available to support recovery goals.



Overall Status of Persons in the Sample

All of the consumers in the sample were found to have fair or good overall status.



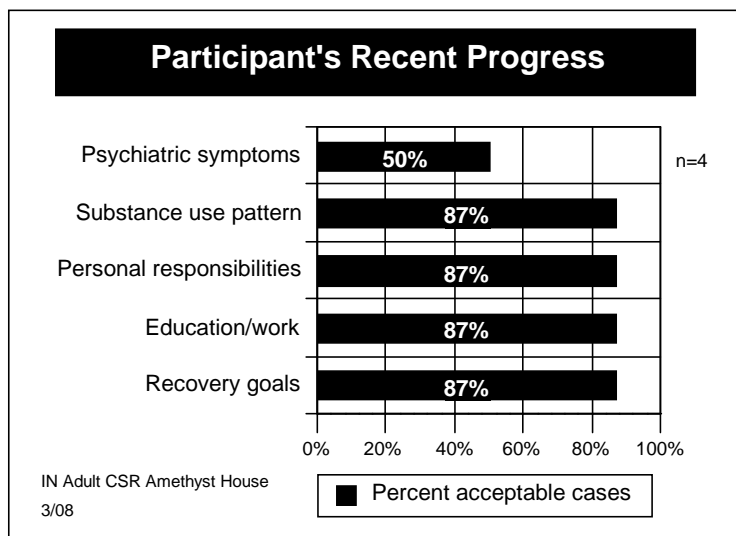
Consumer Progress Indicators

The CSR Adult Protocol contained nine possible indicators for use in assessing recent progress made by a consumer. The applicability of some progress indicators was substantially influenced

by a person's life stage, functional status, health condition, and personal choices. Thus, some progress indicators did not apply to some consumers in the sample.

Of the four persons in the sample who were receiving services to manage current psychiatric symptoms, two of them (50%) were found to be making adequate progress in reducing symptoms or maintaining those symptoms at low, manageable levels. All consumers had histories of substance use impairment, and most of them (87%) were making at least fair progress in reducing substance use or maintaining sobriety.

Thirteen of the 15 consumers (87%) were making progress in improving personal responsibilities in important areas of their lives. All of the consumers were aspiring to gain career preparation or work, and 87% were making progress in this area. All 15 consumers had expressed recovery goals, and most (87%) of these persons were making an adequate level of progress toward meeting desired recovery goals.

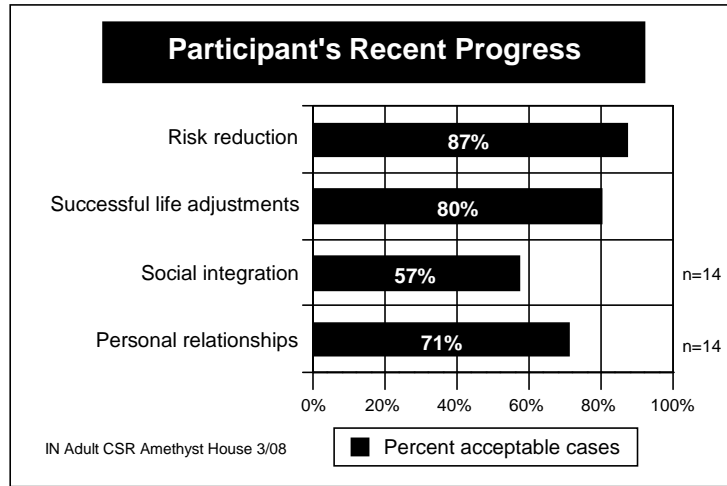


Persons who experience serious and persistent mental illnesses and/or addictions may present behaviors that increase risks of harm or have later adverse effects. Recovery-oriented supports and services are intended to help consumers reduce such risks. Progress in risk reduction was an indicator applied to the 15 persons in the sample. Of these, 87% were found to have an adequate level of risk reduction over recent months.

Of the persons who were experiencing life changes and adjustments, 12 or 80% were found to be showing at least fair progress in making successful life adjustments. Eight (57%) of the 14 persons in the sample for whom progress in integration into social groups and activities was applicable were making progress. Similarly, 71% of 14 persons in the sample had made some gains in building or maintaining personal relationships.

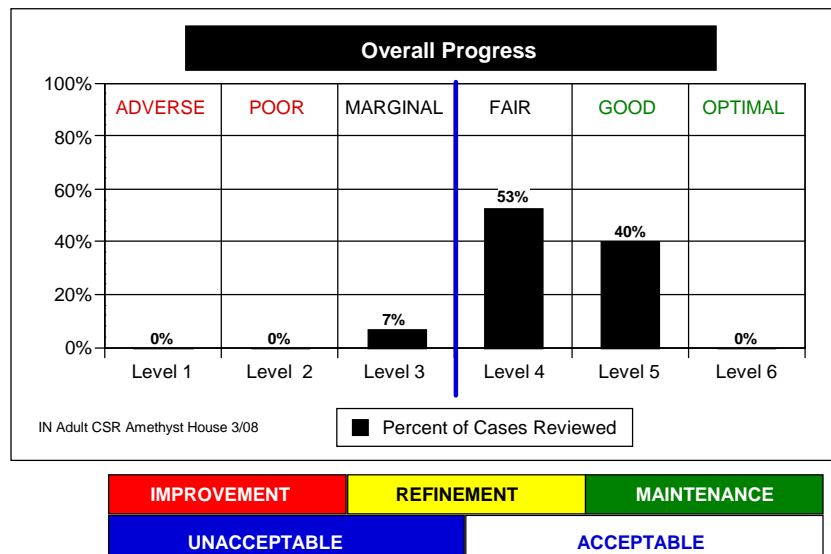
**Amethyst House CSR Summary**

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Overall Progress

With respect to overall progress, the majority of persons were found to be making some degree of recent progress across relevant indicators. In the sample, 93% were found to be making a good overall level of progress, taking all applicable indicators into account. One person (7%) was making minimally adequate to fair overall progress.

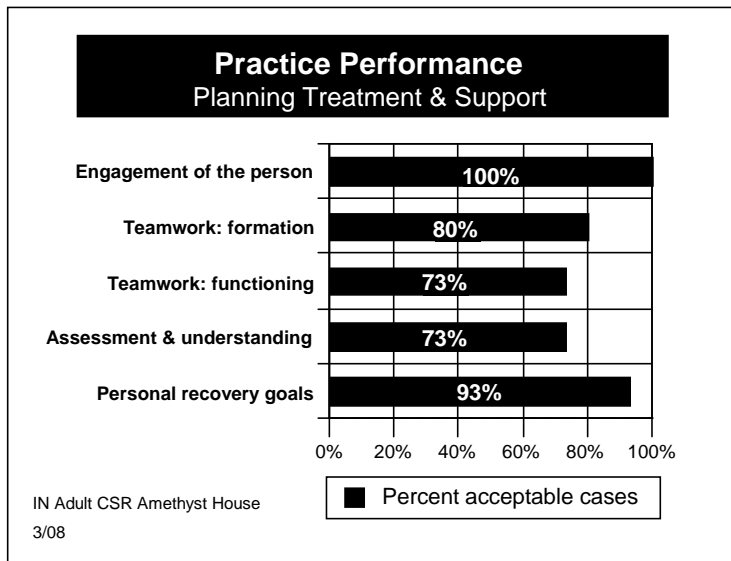


Practice Performance Indicators for Planning Treatment and Support

The CSR Protocol provided five indicators related to the planning of treatment and support services: engagement of the consumer and key supporters, teamwork, assessing and understanding the person and his/her situation, defining personal recovery goals with and for the person, and planning recovery strategies and supports to assist the person achieve recovery goals. Engagement efforts by staff to form trust-based working relationships with consumers provide an important foundation for the recovery process. Engagement efforts by Amethyst House staff

were found to be adequate or better for all of the consumers in the review. For 80% of the consumers reviewed, team formation (getting the right people together) was rated as fair or higher. For 73% of those in the sample, team functioning (the right people working effectively as a team that supports a person’s recovery) was rated as fair or higher. Teaming appeared to be supported by a flexible, informal meeting and communication style that was used by staff to make plans and solve problems with and for consumers.

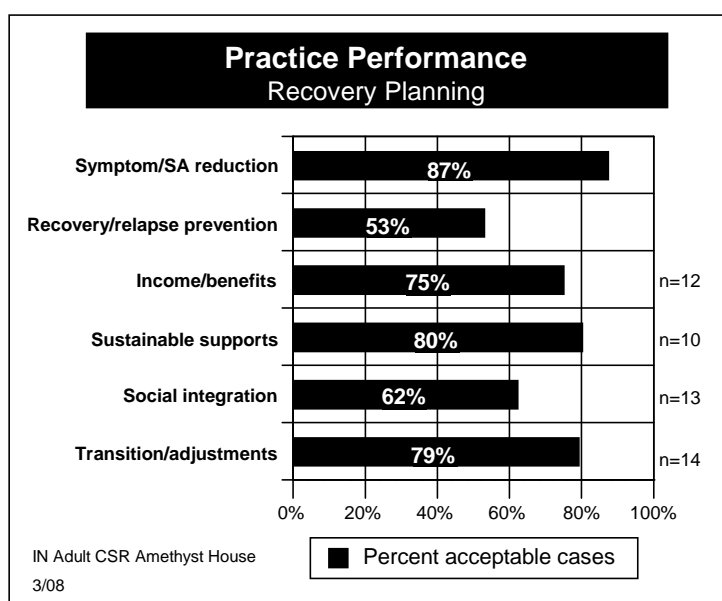
Engagement efforts and teamwork provide a basis for developing a good understanding of a consumer’s situation through ongoing assessment and interpretation. Assessment and understanding efforts, necessary to support a successful recovery process, were examined for persons in the sample with a finding that 73% of these persons had assessments with sufficient scope, depth, and timeliness. Useful assessments guide team decisions about what things must change to help the person in the recovery process and what strategies to use in bringing about those changes. Working with a consumer to set meaningful personal recovery goals depends on the quality of engagement, teamwork, and assessment and understanding. Reviewers found that 93% of the consumers had active and meaningful personal recovery goals that were known, were reflected in treatment plans, and were being used to guide the treatment process for the consumers.



The recovery planning indicator contained in the CSR Protocol has six possible aspects that can be applied in the cases reviewed. Due to matters of life stage, health status, level of functioning, and personal choices, some areas of recovery planning may be addressed with given consumers while other areas may not be selected.

The area of planning strategies for symptom reduction and/or reduction of substance use was applied to all 15 persons in the sample. Review findings revealed that 87% of these consumers had adequately planned strategies for reducing symptoms or substance use in their plans. Planning strategies and supports for recovery and relapse prevention were found to be adequate or better for only 53% of the persons in the sample. Planning strategies and actions for securing or maintaining income and benefits was found to be adequate or better for 75% of the 12 persons

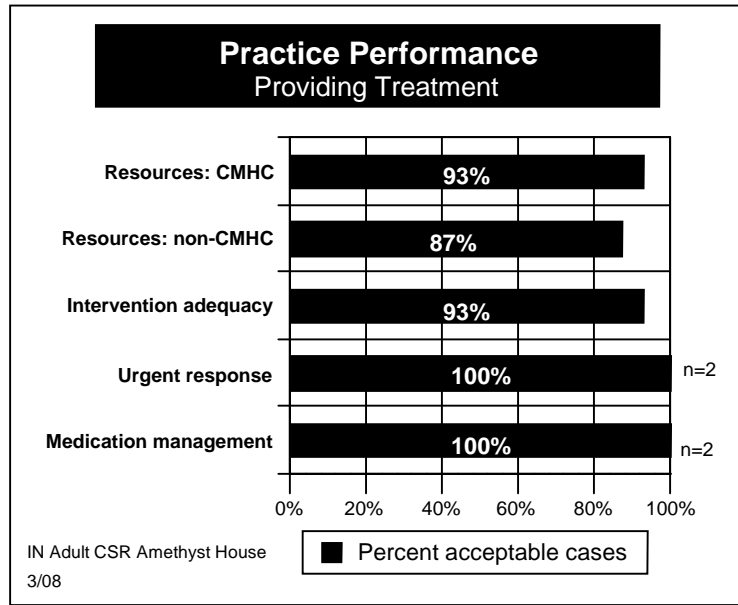
to whom this indicator was applied. Planning strategies and supports to improve social integration was determined to be adequate or better for 80% of the ten consumers to whom this indicator was applied. Social integration was limited but found adequate for 62% of the 13 consumers to whom the indicator was applied. Planning strategies and supports to assist the person in making adjustments to major life changes was found to be adequate or better for 79% of the 14 persons to whom this indicator was applied. For these consumers, the scope and detail of treatment planning was found to extend beyond stabilization and medication management to a broader set of strategies and services that helped some consumers to envision and work toward personal recovery goals.



Practice Performance Indicators for Providing Treatment and Support

The CSR Protocol provided six indicators related to the provision of treatment and support for persons reviewed. These indicators related to resources necessary for implementing treatment and supports, adequacy of implementation of planned treatment and supports, adequacy of urgency responses where necessary, and medication management.

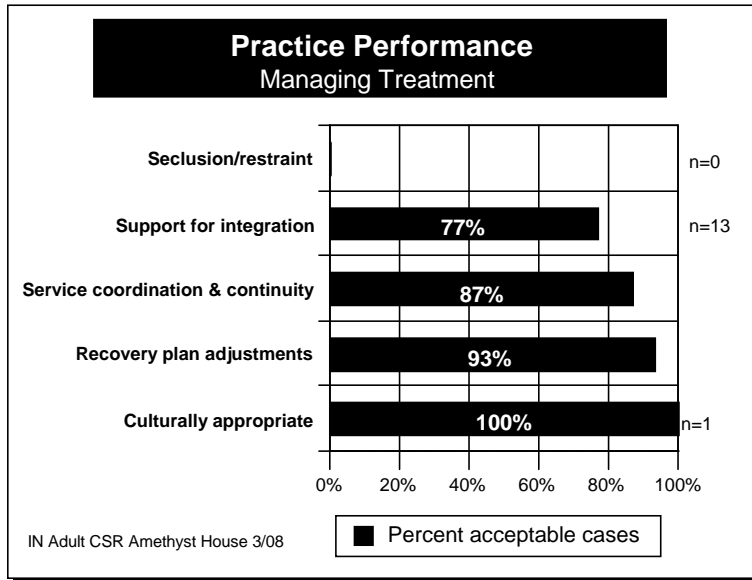
Having timely access to adequate resources required to implement plans for a person’s treatment and support is necessary for providing intervention to achieve desired results. Reviewers found that 93% of the persons in the sample had adequate resources available through Amethyst House, and 87% of the 15 consumers had adequate resources from other sources to carry out the plans made for treatment and support. Adequate intervention was being delivered to achieve stated goals for 93% of the persons in the sample. Thus, treatment tended to be adequately powered and resourced in most of the cases reviewed. Urgent response was found adequate for both of the persons to whom this indicator was applied. Medication management was found to be adequate or better for both of the persons to whom this indicator was applied.



Practice Performance Indicators for Managing Treatment and Support

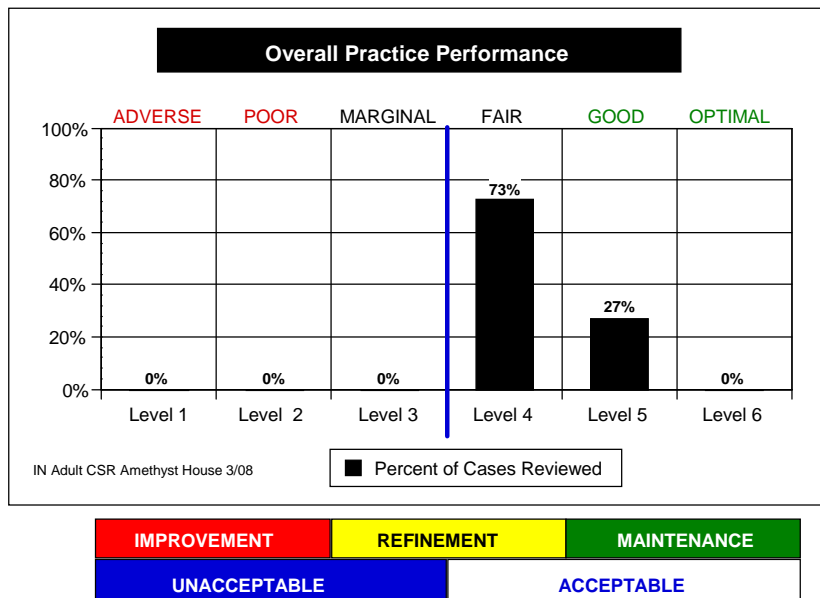
The CSR Protocol provides five indicators related to the management of treatment and support for persons reviewed. These indicators relate to emergency use of seclusion or restraint (a rarely applied indicator, but very important when these emergency management techniques are used), managing supports for social integration, coordinating services, tracking and adjusting a person’s recovery plan, and managing a person’s treatment in a culturally appropriate manner.

Use of seclusion or restraint applied to none of the persons in the sample. Managing coordination of supports for social integration (community supports) applied to 13 persons and was determined to be adequate or better for 77% of those consumers. Coordination of services and continuity was found to be adequate for 87% of the persons in the sample. Historically, high retention rates for case managers and therapists account for a high level of continuity in care coordination. Tracking recovery plan progress and making necessary adjustments (management processes related to coordination) were found to be adequate for 93% of those in the sample. The indicator addressing culturally appropriate practice was applied to one person in the sample and was rated as adequate for that person.



Overall Practice Performance

The CSR Protocol provided a sum-up indicator that looked across all the indicators applied in the 15 cases reviewed to give a larger view of the quality and consistency of practice taken as a whole. The display below illustrates the distribution of overall practice performance for consumers in the sample.



In summary, more than one-fourth (27%) of the consumers in the sample received overall practice rated as good and nearly three quarters (73%) rated as fair.

CSR Outcome Categories

The CSR process provides a method for categorizing review outcomes for the 15 consumers reviewed. The following display illustrates four outcome categories and shows the distribution of the cases reviewed among the categories.

		<b>Case Review Outcome Categories</b>			
		<b>Status of the Participant in Individual Cases</b>			
		Favorable Status	Unfavorable Status		
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <b>Acceptability of Service System Performance in Individual Cases</b> </div>	Acceptable System Performance	<b>Outcome 1:</b> Good status for the participant, ongoing services acceptable.  <b>100% (15 cases)</b>	<b>Outcome 2:</b> Poor status for the participant, ongoing services minimally acceptable but limited in reach or efficacy.  <b>0% (0 cases)</b>	<b>100%</b>	
	Unacceptable System Performance	<b>Outcome 3:</b> Good status for the participant, ongoing services mixed or unacceptable.  <b>0% (0 cases)</b>	<b>Outcome 4:</b> Poor status for the participant, ongoing services unacceptable.  <b>0% (0 cases)</b>	<b>0%</b>	
		<b>100%</b>	<b>0%</b>		

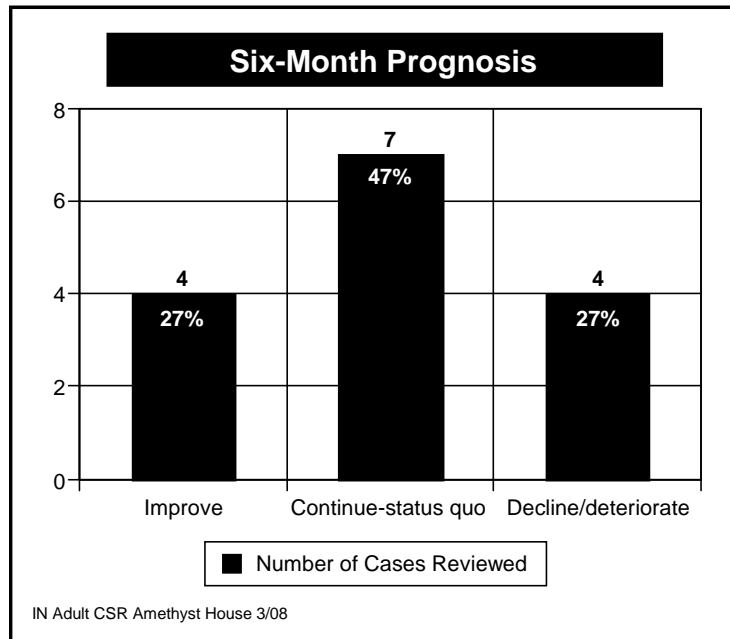
IN Adult CSR Amethyst House 3/08

Outcome Category 1 contains those consumers whose overall status and overall practice performance were found to be acceptable. All of the consumers in the sample were found in this category.

Six-Month Prognosis

Based on considerations of a consumer’s current overall status, the present level of practice received, known near-term events in the consumer’s future (e.g., losing current housing or having a baby), and present trajectory of the case, the CSR review made a forecast of the consumer’s status six months into the future. The forecast was one of three possible future states: (1) the consumer’s overall status would improve to a higher level than that found at the time of review; (2) the consumer’s overall status would remain at the same level found at the time of review; or (3) the consumer’s overall status would decline to a lower level in six months.

The display below presents the six-month prognoses made by reviewers for the 15 consumers in the sample. Reviewers forecasted that four consumers (27%) would likely be at a higher level of overall status in six months, seven consumers (47%) were expected to remain at about the same level, and four consumers (27%) would likely be at a lower status level in six months.



Taken together, the overall system performance finding of 100% acceptable ratings for persons in the sample plus the positive prognoses for 74% of these persons reveal a very favorable pattern of CSR findings for most of the consumers in the sample. While no statistical generalizations are drawn from these findings, this pattern does suggest similar practice performance patterns may be found for other adult consumers in the served population.

### CSR Qualitative Findings

#### **CSR Qualitative Findings**

During the course of the on-site review, CSR reviewers presented, discussed, and deconstructed each case reviewed to surface and define themes and patterns that emerged from the case reviews. Reviewers had opportunities to review case records, interview key persons involved in each case, and observe persons, activities, and conditions found at the agency and at other places in the community where consumers may be found (e.g., homes). Noteworthy themes and patterns that recurred across cases and informants in the review process were categorized into practice strengths and accomplishments, challenges, and opportunities.

#### Strengths and Accomplishments

- Amethyst House provides a unique and essential niche within the community providing residential services to both men and women. Clients are treated in a non-confrontational, non-judgmental manner that supports sobriety and recovery. Staff uses motivational interviewing techniques with positive results.

- All of the current consumers receive services that are rated in the fair to good range of quality. Consumers are making progress.
- Caring, committed staff members “go above and beyond” the call of duty to help consumers. They use effective engagement strategies in building working relationships with consumers.
- Staff is using informal assessments to get to know and understand consumers well; this is necessary for building relationships that lead to understanding and engagement.

The above accomplishments stood out among many others noted by reviewers and community informants.

### Challenges and Limitations

Challenges and limiting factors were noted by reviewers looking closely into the lives and services received by the 15 consumers in the sample and by the participants in focus groups and key stakeholder interviews. Among frequently heard challenges were the following:

- The agency is trying to maintain the quality of their services when the quantity of funding and resources is shrinking or is at best uncertain. The pace of change runs ahead of staffs’ ability to catch and keep up; adaptation to change is very stressful. Staff spends time and effort in justifying services that may be delayed, denied, or underpowered.
- The agency depends on fundraising in the community to maintain some basic services. Reimbursement rates do not cover real costs; case management is a basic service that is not covered by reimbursements from public funds. There is also concern for persons who lack resources but are not financially eligible for services.
- Providing a strong and continuous supervisory presence is essential in a residential addiction recovery setting. Staff is challenged by the need to maintain vigilance on alcohol/drug use of residents via frequent and documented breath analysis and urine analysis. Maintaining safety and security for the residents is among the agency’s highest priorities.
- Community stakeholders have a certain set of expectations for the quality of care provided by Amethyst House when they refer a consumer for services. Staff must understand and meet these expectations, including providing supervision and accountability in the residential program, producing timely and useful reports, documenting drug and alcohol testing, monitoring attendance at meetings, and producing desired results and outcomes.
- Working effectively with other service-providing agencies in the community is essential for the continued success of Amethyst House; often, maintaining these relationships in times of tight budgets and competition for funding is difficult. The development of a relationship with the child welfare agency could be beneficial to consumers with children.

- Finding, training, and keeping capable staff in key positions is critical. Maintaining a stable, experienced frontline and supervisory staff given the high caseloads, high demands, low resources, and the changing rules of funding authorities is stress producing and takes time and energy away from the agency's primary goal.
- Maintaining an engaged service team that can help plan and execute smooth and successful transitions for consumers when they leave the program is often as important and challenging as the services provided while the consumer is in residence.

As seen in the statements above, Amethyst House staff and leaders were facing some significant challenges at the time of the review that are likely to continue in the months ahead.

### Suggestions for Moving Forward

Over the course of the review, participants were asked what steps, if taken, could improve frontline practice, recovery opportunities for adult service consumers, and agency performance. Many ideas and suggestions were offered. Some of the possibilities noted include these:

- Find ways to increase the involvement of consumers' family members to build positive relationships that lead to sustainable supports for sobriety and recovery once a consumer leaves the protective and structured environment of Amethyst House. Family members should be brought into the treatment planning process, where appropriate.
- Work with community stakeholders to create ways to reduce the waiting time for persons seeking services.
- Develop the skill sets and craft knowledge of well meaning but somewhat undertrained staff.
- Develop new strategies for planning and supporting smooth and successful transitions including individualized, strategy-based relapse prevention plans. Currently, relapse planning is not strategic—it is a rather informal and underdeveloped process. Relapse planning must extend well beyond graduation from the program.
- Consider using a person-centered teamwork process for integrating assessments, services from various community agencies, the person's recovery goals, essential intervention strategies, and ongoing supports for recovery.
- Provide adequate prior notice to consumers and stakeholders when policies or procedures change.

These suggestions are offered in the spirit of improvement for consideration and use by the leaders of Amethyst House.