Evaluation of Alachua County's Metamorphosis Therapeutic Community Treatment Program

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Alachua County, Florida

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Executive Summary

This report describes findings from a program evaluation of the Metamorphosis Therapeutic Community (Meta TC) program. Meta is a free community resource funded by Lutheran Services Florida (LSF) and Alachua County tax funds, and it is available to residents of: Alachua County; the Judicial Circuit 8 counties Levy, Gilchrist, Bradford, Union, and Baker; and the Florida Department of Children and Families (DCF) Northeast Region counties Citrus, Hernando, Sumter, Lake, Volusia, Flagler, St. Johns, Duval, Hamilton, Suwannee, Lafayette and Dixie.

The Evaluators gathered information using the following methods utilized on-site or through a virtual platform: planning meetings with relevant parties; review of program materials; interviews with County administrative, program, and partner agency staff; separate focus groups with active Meta clients and graduates; chart reviews; on-site observation of facility and program activities; and fidelity assessment.

Although the different evaluation methods each provided a nuanced perspective, several common themes emerged across the various methodologies. Key themes related to program strengths include dedicated staff; client satisfaction; high degree of fidelity to the TC model; high degree of structure in the daily schedule; overall level of program funding; transitional housing; and good relations with jail, probation, and court. The main theme related to program challenges is lack of staffing, which in turn is associated with many of the following additional related challenges: lack of staff expertise in mental health (licensed clinical), addiction, and community-based motivational interviewing; lack of individual counseling and family-based counseling; corrections culture with most staff more experienced with corrections-based as opposed to community-based behavioral health services; high rate of clients leaving against staff advice (AWOL) shortly after arriving at Meta; lack of discretionary funds for incentives to help motivate residents; lack of outings that could help motivate residents and provide time for staff-resident bonding outside of the facility; lack of staff availability for transports; lack of focus on job preparation early in program; prohibition of family and support network involvement early in program; and other prohibitive rules such as no candy, coffee, or smoking.

Based on these findings, the following recommendations are provided in the areas of staffing, programming, public relations, and service enhancements/areas for training.

Staffing: Lack of staffing manpower was the biggest challenge that emerged across several evaluation methods. It will be important to prioritize applicants with the following qualifications, backgrounds, and experience:

- Peer Support Specialists (with a focus on Meta successful graduates) who could help create a culture that clients interpret as more welcoming and friendly
- Community-based mental health expertise (e.g., Licensed Mental Health Counselors)
- Community-based addiction and co-occurring disorders treatment experience
- Ability to speak Spanish

Programming: Meta should consider implementing the following adjustments:

- Shorten the length of stay within program phases for residents who are able to advance through the program phases more quickly
- Incorporate additional best / promising practices that could be used to augment the program
- Provide more recreational activities outside the facility (e.g., field trips to parks, museums, etc.)

- Relax the rules regarding access to caffeine and sugar
- Find more ways to include clients' supportive family members and other members of their support network early in treatment, when available

Public Relations: Meta staff should present information about the program and its successes to the local community to help:

- Raise awareness within the community that Meta is an available resource
- Increase self-referrals
- Increase referrals from additional community partners

Service Enhancements / Areas for Training: Train staff in the following areas:

- Basic and advanced training in Motivational Interviewing (MI) from a non-corrections agency
- De-Escalation techniques
- Co-Occurring mental health and addictions
- Medication management

Introduction

Drug and substance abuse continue to be major problems across the United States, with 1 in 4 Americans over the age of 12 admitting that they used illicit drugs in 2022 (Substance Abuse Mental Health Services Administration [SAMHSA], 2023). While alcohol, tobacco, and marijuana represent the most popular drugs among Americans, many struggle with more illicit drugs, including cocaine, methamphetamines, and heroin (SAMHSA, 2023). According to the United Nations on Drugs and Crime (UNODC), an estimated 271 million people aged 15-64 years have used drugs at least once, and 35 million people suffer from substance use disorders (SUD; UNODC, 2022). SUD can have detrimental effects on individuals, families, and communities, causing physical and mental health problems, impaired functioning, social and legal issues, and increased mortality.

Therapeutic Communities

One of the most widely used and effective approaches to treat SUD is the therapeutic community (TC) model, which is a residential treatment program that offers a structured and supportive environment for people with SUD to recover from their addiction, improve their quality of life, and reintegrate into society. TCs are based on the principles of mutual help, peer support, self-governance, and personal responsibility, and they aim to foster positive changes in attitudes, behaviors, and values among their residents (De Leon, 2000).

TCs are based on the idea that SUD is a chronic and complex condition that affects not only the individual, but also their social environment and relationships. Therefore, TCs provide a structured and supportive environment where residents can learn new skills, values, and behaviors that promote recovery and social integration. TCs also emphasize the importance of peer support, mutual help, self-governance, and personal responsibility among residents, who are expected to participate actively in the daily activities and decision-making processes of the community.

TCs typically offer a long-term and phased program that consists of several stages that correspond to different levels of resident readiness and progress. TCs have been shown to be effective in reducing substance use, criminality, and psychological distress, and they have also been shown to improve physical health, mental health, and social functioning of people with SUD. TC models promote overall lifestyle changes rather than simply refraining from drug use (De Leon & Unterrainer, 2022). TC models have proven effective for improvements in substance abuse, criminal behavior, and mental health.

Some key points in the addiction recovery process are connectedness, hope, identity, meaning, and empowerment. Two important predictors of well-being in recovery include social contagion (i.e., the time spent with other people in recovery) and meaning (i.e., the meaningfulness of activities spent within social time). The main goal of supporting these individuals, who are often marginalized due to stigma, is to improve access to social engagement in meaningful ways. There is the belief that attaining deeper social and community skills helps to build personal skills essential for long-term recovery, which is the central element guiding therapeutic communities.

Background

Metamorphosis (Meta) is a long-term, clinically managed, high-intensity substance abuse residential therapeutic community (TC) appropriate for adults with co-occurring mental health and serious substance use disorders. Meta residents have acute multi-dimensional needs, including recurring criminality and an array of other related maladaptive cognitive and interpersonal deficits that cannot be treated safely and effectively at a less intensive level of care. Meta provides 24-hour supervision by behavioral health professionals and support staff trained to effectively assist individuals suffering from the predictable consequences caused by chronic substance abuse.

Meta TC employs an evidence-based treatment approach that treats substance use as a disorder of the whole person. This holistic approach intentionally challenges each participant's deleterious thinking and insalubrious behavioral patterns. Through active participation in the therapeutic processes (process groups, support groups, individual counseling, etc.), community members learn to recognize and respond appropriately to challenging situations arising from their routine daily social interactions or former lifestyle circumstances (De Leon, 1997).

At Meta, recovery is taught and understood to be a total lifestyle change. It is a form of developmental learning cultivated within the social context of self-help and mutual self-help. For Meta residents, recovery and successful community reintegration is not something that is "given" or something that a person in treatment inadvertently "gets." Instead, Meta residents learn that long-term, sustained recovery requires a commitment to a disciplined, resilient, and prosocial recovery process (De Leon, 2000).

For Meta residents and staff, the principles of "Right-Living" guide all therapeutic and interpersonal activities. These guiding principles are truth and honesty in word and deed; learning to learn; work ethic; personal accountability; responsible concern for peers; community involvement; and economic self-reliance. By practicing and internalizing Meta's "Right-Living" principles, community members begin to recognize and change problematic behaviors. Additionally, in this type of treatment modality, TC residents learn to separate individual personalities from program principles and that each fellow member is basically "good," but their prior way of thinking and behaving about some situations may have been "bad" (De Leon, 2000).

In Meta, residents' inappropriate behaviors are addressed in terms of what was done and how it affected others within the community. For community members, acquiring the ability to assess their cognitive-behavioral processes accurately and methodically and then make prosocial behavioral corrections becomes a quantifiable treatment goal. Predictably, upon entering the community, new members have difficulty readily adapting to Meta's foundational principles, leadership structure, therapeutic processes, and community expectations. However, with time and support from their fellow community members, new members learn the therapeutic importance of patience, tolerance, openness, resilience, and accountability. Community members come to understand that change is the only certainty in life and that how they deal with change is critical in their recovery (De Leon, 2015).

Screening Process

All potential clients must be screened and approved for admission. They must be self-motivated for treatment and have no history of sex offenses and/or pattern of violent crimes/behavior. People with co-occurring substance dependence and mental health disorders will be evaluated for compatibility with the structure of the program. Individuals can be referred from a variety of community providers including, but not limited to, all levels of probation, court providers, DCF, attorneys, medical providers, other mental health or substance use providers, or through self-referral.

Cost and Fees

During their residential participation, clients are funded primarily by LSF and supplemented by the Alachua County General Fund. If clients move into transitional housing, about 30% of their earnings are collected to help with the apartment costs.

Description of Program Phases

The TC is a phase driven program that reflects the sequence of challenges faced by individuals as they move from being substance-disordered and socially maladaptive towards a lifestyle that is anticipated to be more pro-social and recovery-oriented. By utilizing a sequential process, skills are developed and continually reinforced that will help community members learn to navigate and manage the inevitable and complex daily struggles they will face once they reintegrate back into society.

- **Orientation (Approx. 14 days):** To advance into Phase One, new community members must complete an orientation packet and submit it for community and staff approval.
- **Phase One (Resocialization) (Approx. 45-60 days):** New residents begin to assimilate into the new culture. New members are assisted in learning the TC rules, language, rituals, and therapeutic processes that govern the community. In this phase, members learn the value of confrontation in assisting them to increase self-awareness, and personal accountability, and practice new behaviors that reflect the community's "Right-Living" values and requirement for consistent, pro-social behaviors.
- **Phase Two (Internalization) (Approx. 4-6 months):** Members identify negative thinking patterns, attitudes, feelings, and behaviors symptomatic of a substance use disordered lifestyle. In this phase, community members are challenged to actively practice self-awareness and personal accountability, and they are continuously encouraged by the community to share newly revealed, pro-social insights that will serve as a foundation for sustained recovery.
- **Phase Three (Restoration) (Approx. 2 months):** Members are expected to demonstrate trust in the therapeutic principles and processes. As a senior member of the community, the resident is expected to satisfactorily demonstrate the "Right-Living" values and pro-social behaviors in times of emotional distress and when faced with other related anxieties.
- **Phase Four (Transitional Housing Phase, Community Reintegration) (3- 6 months):** Treatment team believes it is time for the senior community member to begin the transition back into society. In this phase, the senior peer is expected to continue to adhere to all program rules as well as continue to be a role model to the newer members. Once gainful employment is secured

and recovery meetings are identified, members are expected to complete and submit a weekly schedule that includes any additional transition/aftercare requirements.

Aftercare and Recovery Support

Upon completion of the residential program, community members expand their support system and recovery program by participating in Meta's Aftercare or Recovery Support Programs. With guidance from a dedicated and knowledgeable counselor, members participating in either of these two programs learn to create sustainable recovery plans, which can include but are not limited to transitional housing, vocational counseling, mental health treatment, medication-assisted therapy, and self-help recovery programming. This program component emphases relapse prevention and recovery support to reduce recidivism.

Purpose of Evaluation

This program evaluation examines Meta's fidelity, effectiveness, and outcomes based on data collected and materials reviewed over the past several months (January to April 2024). The evaluation used a mixed-methods approach, combining quantitative data from program materials, a fidelity tool, and chart reviews with qualitative data from staff interviews, client focus groups, and observations. This report provides a comprehensive and objective analysis of Meta's performance, impact, strengths, and challenges, and it offers practical and feasible suggestions for enhancing its quality and effectiveness.

Method

The program evaluation included both activities that were conducted virtually/offsite as well as some that were completed on-site during a site visit to Meta. **Table One** shows the modality by which each activity was conducted, and additional details describing the activities are provided below the table.

Table One. Overview of Evaluation Activities

Evaluation Activity	Mode of Administration	
	On-Site During Site Visit	Virtual through Teams / Offsite
Planning meetings		X
Review of Program Materials		X
Interviews with County Administrative, Program, and Parter Agency Staff	X	X
Focus Groups with Active Meta Clients and Graduates	X	X
Chart Reviews	X	
Observation of Client Process Group	X	
Fidelity Assessment	X	X

Site Visit

The Evaluators traveled to the program on Wednesday March 6, 2024, for a site visit to perform the following on-site evaluation activities. Details describing the evaluation activities are provided in the next sections.

- Interviews with Program Staff
- Focus Group with Active Meta Clients
- Chart Reviews
- Observation of Client Process Group
- Fidelity Assessment

Review of Program Materials

The following program materials describing the Meta program and its staff were reviewed as part of the program evaluation:

- Program information (i.e., TC manual, flyer, description, schedules, meeting agenda)
- Staff information (i.e., staff resumes, current job applications)
- Program client performance (i.e., treatment completion rates, discharge data, satisfaction data)
- Fiscal and demographic review (i.e., audit report, cost information)
- Previous evaluation of Meta conducted by Scott Bush in December 2020 that included fidelity information from the Survey of Essential Elements Questionnaire (SEEQ)

Interviews with County Administrative, Program, and Partner Agency Staff

The Evaluators requested a list of county, program, and partner agency staff who would be available to participate in interviews (see **Tables Two and Three**). Each interview was conducted in private with just the interviewee and the Evaluator(s). To help maximize candor during the interview process, the Evaluators informed all interviewees that their responses would be treated confidentially, as results would only be summarized and reported in aggregate such that no responses would be associated with specific individuals. Interviews lasted between 30 to 60 minutes each, and they were conducted either face-to-face or virtually through Microsoft Teams. Each interview used a pre-scripted set of questions regarding Meta's strengths, challenges, and areas of opportunity for improvement. The questions are included in **Appendix A**.

Table Two. County Administrative Staff Interviewees

Name	Title	Area
Joe Lipsey	Assistant Director	Court Services - Administration
Claudia Tuck	Director	Community Support Services

Table Three. Program and Partner Agency Staff Interviewees

Name	Title	Area
Scott Bush	Meta Clinical Supervisor / Program Director	Administrative / Clinical
Kellie Williams	Meta Lead Residential Treatment Counselor	Clinical (Court Services – Metamorphosis)
Rebecca Hunt	Meta Residential Treatment Counselor	Clinical
Cherelle Mouafo	Meta Residential Treatment Counselor	Clinical
Keith Woulard	Meta Residential Treatment Counselor	Clinical
Taj Allen	Meta Counselor Aide	Night Shift Coverage (9pm-7am)
Donald Menter	Meta Counselor Aide	Night Shift Coverage (9pm-7am)
Josh McCumber	OPUS (outpatient substance use treatment program) Clinical Supervisor	Clinical
Bill Nice	OPUS (outpatient substance use treatment program) Mental Health Counselor	Clinical

Focus Groups with Active Meta Clients and Graduates

Focus groups were conducted with clients currently active in Meta at the time of the interview as well as with individuals who have successfully graduated from Meta. One active client focus group was conducted face-to-face with 12 clients, and one focus group was held virtually through Microsoft Teams with 3 Meta graduates. Each focus group lasted approximately 60 minutes and was conducted in a private setting. Each focus group used a pre-scripted set of questions regarding Meta's strengths, challenges, and areas of opportunity for improvement. The questions are included in **Appendix B**.

Chart Reviews

Meta staff selected a total of six charts for review, including charts for two active clients, two clients who successfully graduated from Meta, and two clients who were unsuccessfully terminated from the program. Charts were reviewed to determine the types and nature of documentation included in each chart as well as to assess the degree of consistency maintained between charts about both structure and content.

Observation of Client Process Group

An observation of a treatment group session was conducted during the evaluators' site visit on Wednesday March 7th, 2024. At the time of the observation, Meta had 12 clients enrolled in the program, and residents currently in each of the different program phases were included.

Fidelity Assessment

Program fidelity is important to monitor and report on in an ongoing manner, as programs can and do change. Although some program modifications may be made for clinical reasons to best serve the target population in the ever-changing local context, other changes may not be purposefully made and can be due to practical reasons such as turnover or staff gradually changing over time by drifting back to what is most comfortable or familiar for them.

The fidelity of Meta's Therapeutic Community (TC) was assessed twice using the TC Scale of Essential Elements Questionnaire (SEEQ). The SEEQ contains 139 items that are each rated on a Likert response scale ranging from 0 (objectionable / not implemented) to 5 (extremely important). Each item reflects an essential ingredient of the therapeutic community model of care. Individual SEEQ items are grouped into Scale Scores, and several Scale Scores are then grouped into one of six Domain Scores. There is also a Total Score. Scores within each domain and scale are interpreted as the percentage of the maximum number of possible points obtained such that scores of 100% indicate complete adherence to traditional TC principles and practices covered by those items. The SEEQ was designed to be used as a quality improvement tool routinely implemented over time to assist with program monitoring and quality improvement planning.

The first time the SEEQ was used to assess Meta's fidelity to the TC model was in 2020, shortly after a new Program Director was hired; independent contracted evaluators used the SEEQ with Meta a second time on 3/6/2024 as part of a program evaluation. The long version of the SEEQ was used in both fidelity assessments, but the "Role of the Family" Scale was not included in the 2020 administration. For the 2024 administration, the Evaluators met with a group of four key Meta staff to discuss and respond to the SEEQ items. Meta's Program Director was on leave the date on the 2024 administration, so he completed the measure separately and the Evaluators included his input. Consensus scoring procedures for each item were used were used in 2024 such that the program score for each item was calculated as the average rating from all staff responding to the item.

Findings

Review of Program Materials

Overview of Program Staff Experience

Table Four lists Meta's program staff, and it indicates whether each staff member has experience with Therapeutic Communities (TC), mental health (MH), substance abuse (SA), and corrections. Although Meta's Program Manager and one night shift worker is very familiar with the many intricacies of the Therapeutic Community (TC) model based on their prior experience working in TCs, several Meta staff are relatively new and/or are less familiar with the TC model. Because Meta serves individuals with co-occurring mental health and substance use disorders, staff experience in these areas is also listed. Based on the qualifications, it is highly recommended that Meta should seek to train and/or hire staff with experience in mental health and addiction co-occurring disorders. Because all staff have corrections backgrounds, it is also recommended these individuals have community-based instead of corrections-based treatment experience because the program's staffing could benefit by adding more staff to the team who are not from a corrections background. Treatment approaches used in traditional correctional environments are often not as effective when implemented in nonsecure community programs, and there are different client and staff cultures in community-based versus corrections-based programs.

Table Four. Program Staff Experience

Name	Title	Degrees / Certifications	Prior Experience				Hire Date
			TC	MH	SA	Corrections	
Scott Bush	Clinical Supervisor / Program Director	MA in Human Services Counseling / Addiction and Recovery, CAP*, CSAC*, CAC*, MI*	X	X	X	X	12/07/2020
Kellie Williams	Lead Residential Treatment Counselor	BA in Psychology, CCO*		X		X	11/01/2021
Rebecca Hunt	Residential Treatment Counselor	BA in Human and Social Svcs, MSW in Progress, ICADC*, CAC*, MI*			X	X	03/06/2023
Cherelle Mouafo	Residential Treatment Counselor	BA in Law, CCO*				X	11/28/2016
Keith Woulard	Residential Treatment Counselor	BA in Health and Human Performance, CCO*				X	10/11/2021
Taj Allen	Counselor Aide	AA in Psychology / Education, MI*	X	X	X	X	07/17/2014
Donald Menter	Counselor Aide	AA in Business Admin.		X	X	X	07/06/2015

Notes. CAP = Certified Addiction Professional; CSAC = Certified Substance Abuse Counselor (VA); CAC = Certified Addiction Counselor (FL); CCO = Certified Correctional Officer (FL); ICAC = Internationally Certified Alcohol and Drug Counselor (FL); MI = Motivational Interviewing.

Key Program Statistics

Table Five presents program statistics for fiscal years 2022 and 2023 that include the average number of admissions, length of stay, residential status, total client status, number of clients terminated, and the number of clients who successfully completed the program. There was a higher number of admissions from 2022 to 2023 (24 to 38) for an average of about one year within the Meta residential program. The census was fairly similar across both years with an average a little under 15 client censuses for the residential program and 25 client census for the total program (including both aftercare and recovery support).

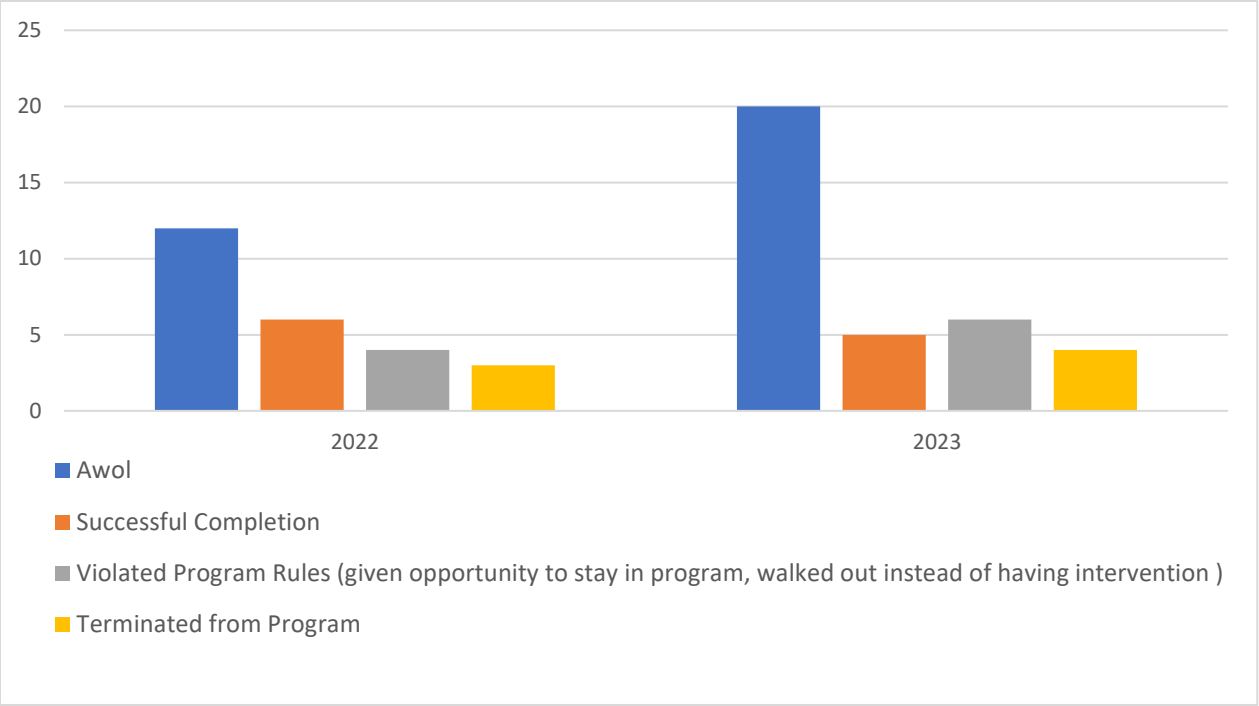
Figure One displays the number of clients discharged from the Meta program during the years 2022 and 2023. During 2022, the top reason was AWOL (against advice) followed by successful completion of the program, violated program rules (but given ab opportunity to stay in program), and terminated from the program. 2023 data suggest a somewhat different pattern with a slightly lower number of successful discharges and higher violation of program rules. These rules included theft, contraband, repeated sexually inappropriate behavior, threatening and endangerment.

Table Five. Program Statistics by Year

Year	Average # of Admissions	Average Length of Stay	Average Residential Census	Average Total Client Census*	# (%) Terminated	# (%) Successfully Completed
2022	24	13.1 months	14.8	27.2	19 (76%)	6 (24%)
2023	38	11.7 months	14.3	23.4	30 (86%)	5 (14%)
Average Total	31	12.4 months	14.6	25.3	24.5 (82%)	5.5 (18%)

*Including aftercare and recovery support

Figure One. Reasons for Discharge



Satisfaction Data

Lutheran Services Foundation (LSF), who funds the Meta program, provided client satisfaction data between January and March 2024. As can be seen in **Table Six**, Clients reported very high levels of satisfaction across the seven domains with an average 88% satisfaction and an average domain score of 4.28 out of 5 (higher scores mean better satisfaction).

Table Six. Client Satisfaction Data (N = 16)

	General Satisfaction	Access to Care	Appropriateness / Quality of Care	Outcomes of Care	Involvement in Treatment	Social Connectedness	Functional Satisfaction	Total Score
% Satisfied	88%	88%	88%	88%	88%	81%	88%	88%
Average Domain Scores*	4.28	4.28	4.30	4.31	4.25	4.25	4.25	4.28

*Scores range from 1-5 (higher scores = more satisfied)

Meta Program Key Event Timeline

The following **Table Seven** shows the timeline to summarize the timing and sequence of key events that have affected the Meta program from late 2020 to present.

Table Seven. Metamorphosis Program Timeline of Key Activities

Year	2020	2021				2022				2023				2024	
Quarter	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Fidelity Assessed w/SEEQ	X													X	
Meta Staff (Hire Date)															
Taj Allen (7/14)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Don Menter (7/15)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Cherelle Mouafo (11/16)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
William Nice (11/19)	X	X	X	X	X										
Scott Bush (12/20)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Yolondo Chess (4/21)			X	X	X	X	X	X	X						
Kory Kapitke (9/21)				X	X	X	X								
Kellie Williams (11/21)					X	X	X	X	X	X	X	X	X	X	X
Keith Woulard (11/21)					X	X	X	X	X	X	X	X	X	X	X
Chelsea Davis (12/21)					X	X	X	X	X	X	X	X	X	X	X
Albert Williams (3/22)						X	X	X	X						
Rebecca Hunt (3/23)										X	X	X	X	X	X

Interviews with County, Program, and Partner Agency Staff

Eleven separate interviews were conducted with a diverse group of Meta stakeholders that included two County administrators, seven program staff, and two staff members working at partner agencies. Results are presented in the bulleted lists below. Whenever possible, similar responses are grouped close to one another to help identify themes among the responses. **Appendix A** provides the staff interview questions.

1. **What are your <u>overall thoughts</u> regarding Meta's therapeutic community (TC) program?**
    - Love the TC model, small environment, limitations regarding staffing. Could do so much more with increased staffing. 24/7 with 8 staff and 12 clients (4 females and 8 males). Have capacity for 18 clients (8 rooms) – there is a wait list and on average 10-12 months.
    - The program is short-staffed with high turnover; staff don't even know when they can take needed breaks to recharge.
    - Meta is implementing a TC like it is supposed to be run. Hold each other accountable. TC model is like being in the service in that if one person does not do something right, everyone is responsible.
    - Been through 2 iterations – based on TC knowledge, for those people who stay the course. Prior to Scott coming – people would graduate and finish in about 8 months and less than 1 month would go back to using drugs. A lot of frequent fliers.
    - Since Scott came in 2022, he implemented a truer version of TC program with greater emphasis on accountability. Those who graduate, the majority are out practicing what they learned. The number who are doing well exceeds those before Scott. For some people, without coming to Meta, they might have ended up in prison.
    - Scott's experience comes from a forensic background. There were some differences from previous director (had been there 17 years). When Bill first came in, everyone had master's degrees and very informed in mental health and trauma-informed care.
    - Current focus is more on criminal justice and addiction.
    - Meta has been through 3 different leaders; one was for a very short time.
    - There are two types of outcomes. Those who graduate in 8 to 12 months, and those who leave in less than one month (frequent flyers).
    - Oversaw other treatment programs previously - concerned about some of the policies with the TC model.
    - Use jail menu and cannot have any caffeine or nicotine.
    - Cannot see family until phase two.

    a. **Is it an <u>effective program</u>?**
        - The program is a 3 to 4 out of 10 in terms of effectiveness, room to grow and improve.
        - It would help if we had staff and time to implement more evidence-based practices.
        - Operating as it is right now, it is an effective program.
        - It is less effective than it was 5 years ago due to staffing changes. There are now fewer staff, and they are less experienced because they have backgrounds outside of behavioral health.
        - The TC model works well when it is set up properly. It is like the pack changing the behavior of individual dogs in that the reinforcement and feedback come from the peer group.
        - It is effective for those who it works for – seems like a lot of people leave in the first week.

- Effective with limitations – staff are great but limitations with staff.
- Meta is very accessible regardless of pay, in or out of county, focusing on both mental health and substance use. Very hard to change behavior in the first couple of months – have a safety net to help you if needed. In the transitional house, paid a portion of the rent. Stripping away everything and learning about how to do basic life skills.

b. For <u>what kind of people does it work best</u>?

- It works best for individuals who are ready to change and are looking for something different.
- In a way it works well for everyone because the bigger truth is that it plants seeds for later change.
- Those who understood that they have a problem with the use of substances and if don't do something about it, destined for long prison sentence or life on street that doesn't end well.
- Works best for someone who has been in jail for 4 months – clean long enough to think clearly to focus on goal setting. To have some kind of group meet with individuals several times in the jail before they come to Meta.
- Probation works better because they can get their case expunged. Those who are in state probation know what jail/prison is like.

c. For <u>what kind of people does it NOT work best</u>?

- Individuals with a history of antisocial behavior because the TC group structure makes it harder for them to prey upon others.
- Individuals who are drug traffickers because they have serious pathology.
- Someone who is not ready to make a change in their lives – just a place to get out of jail and attend, soft place to land.
- Someone who is not ready to make a change in their lives – too many street connections that they want to go back to.
- Self-referrals because they can leave.
- Specialty court referrals do not do as well as probation folks because many have not spent a night in jail or prison to know how bad it could be, so they do not understand the consequences.
- Individuals with severe mental health problems. Program can work with depression, PTSD, anxiety, bipolar, but not severe mental health problems.
- Sex offenders are excluded.

2. What do you see as <u>Strengths</u> of the Meta program <u>overall</u>?

- Dedicated staff
- The staff is a strength, but many newer staff never worked in TC – opportunity of growth for both parties under Scott's guidance/leadership. Although there are limited staff, clients learn to work with staff that are there.
- Trans housing is good in that it provides clients an opportunity to practice and train in a real-world setting.
- Meta has solid underpinnings; its goals and core philosophy are well established, as is its history of successful outcomes.

- Happens in the phases – initial phase of first 3 months. Program doesn't necessarily break you down, but it gives you an understanding of how to navigate if you can last at least 3 months.
- Financial support for clients (funding is from two sources – tax revenues and a grant with LSF)

a. Which parts of Meta work best?

- Routine, daily schedule – because routine, know what is coming next and can focus on recovery (what need to address)
- Peer pairing / mentoring / walking partner. They use a process in which each early resident is paired with a senior resident who is their "walking partner."
- Client-led groups
- Structured schedule and curriculum

b. Can you tell me some recent examples of Meta's successes?

- Many of those in Aftercare have stated that they would be dead or in prison if Meta hadn't saved them.
- Meta has received accolades from judges and probation officers.
- Referrals have increased from probation officers and judges, so that speaks volumes to Meta's success. But sometimes getting the right kind of referrals from court can be challenging.
- Graduates who come back to the program.
- Graduates who return to the program.
- L. is a client who successfully graduated from Meta. L. cussed out Scott in the beginning and a lightbulb finally came on for him. Another participant C. was a former gang member and got shot 7 times, eventually came to Gainesville. When Scott came on, the program was so bad he made the cohort start over and those two stayed on and are now doing very well. Lots of recent examples of participants struggling and then doing well.
- C. was a fighter and made it through – comes back to the program and he is right there in people's faces.
- N. was a client whose father had a fatal overdose while N. was in the program. N. ended up being a success story.
- Client was 14 months in-house and then went to transitional, both him and wife were in jail, lost child and dad came to Meta. Main success was both parents are clean, got child back, both have jobs, one teaches a leadership, graduated from Meta. This case had the most obstacles and worked with both child welfare and drug court, yet a success.

3. What do you see as <u>Limitations, Challenges, or Barriers</u> for the Meta program?

- Facility problems: all bathrooms connect, often have plumbing problems forcing ladies to use the men's restroom even though it back us to a male bedroom with three beds.
- Public transportation in the area is poor; recently reduced the number of buses on Meta route; plus, it's bad area to catch the bus.
- Too much time during each level – why so long?

- Don't take clients with more serious mental health issues.
- Staff need more expertise with mental health.
- Liability can be a challenge. If staff were to take clients to the store, for instance, all clients are not ready for this, and they could be set up for failure. It would take multiple staff for such outings, and it would be just some clients who are ready for that experience. If you take them prematurely, you are setting the clients and staff up for failure.
- Meta serves a very difficult population, and it is also difficult to get the right type of clients in the program. Lots of people need help, but few want it.
- Though it is good to meet potential residents before they get out of jail, Becca screens them in jail; they see it as an opportunity to get out of jail, so they come to Meta and end up leaving quickly.
- Offering coffee for individuals who are in Phase 1 or 2 would be difficult logistically. There would need to be limits on how much coffee each person could have, and it would be difficult to monitor.
- Allowing clients or staff to smoke would be problematic because of government rules regarding no smoking within 50 feet of any government facility's front door. Clients would not be kicked out for smoking, but they may receive a Learning Session.
- Administrative staff do not always see and support the work done to operate the program as a traditional Therapeutic Community (TC).
- Desire to get outside – off the premises. Learning to make the transition to back in community.
- Trainings are challenging because of staffing. If all staff are in training, who is going to monitor the program? Liability.
- Sometimes peer-led groups can be problematic.
- Not having MAT – having a once a month injection (right now a barrier for opioid abusers).
- Had two transitional apts (male and female) – they were always full.

Staffing Challenges

- Staff turnover; 1 staff member seems to leave every 5 months; the populations is very needy, and staff don't have time to decompress because they are always putting on fires.
- Look at short staff, with high turnover, staff sometimes must come in on days off due to short staffing. Constantly putting out fires; biggest issue is lack of staff.
- While Meta is a god program, they do not have adequate staffing to implement it.
- No Meta staff speak Spanish.
- Limited staff – can be challenging.
- Being understaffed – with a very demanding program, really need more staff and well-trained, understand the TC principles, coaching them.
- Need more staff, would have more outings if you had more staff. Money is appropriated, so should be able to have staff. If staff are sick, there is no one to cover shift.
- Staff have a history of working in corrections and secure facilities, and this is a non-secure TC facility. The corrections mindset neither helps clients feel welcome nor fosters their motivation to change.
- They have high bed turnover because they get poor client buy-in within the first 48 hours, and they do not have staff to help with that.

- Any staff-wide trainings would be difficult to implement due to the program being understaffed and open 24/7. Wednesdays are the only day that all staff get together.
- Lack of staff training. Would like Motivational Interviewing, CBT, DBT.
- On the one hand, low staffing means that you see the same staff member more often and it is easier to form a bond that way, so it is good that way; on the other hand, there are less staff to choose from if styles do not match.
- Staffing – 24 hour facility and need good amount of staff to meet client needs as well as own needs. Often juggling, running group, individual sessions, taking notes, give out meds, and try to give good care. The more stressed we are, the less capacity we have to give good quality care.
- Not having a licensed MH counselor, and clients tend to have co-occurring disorders.

Accommodating both Genders in a Small Program

- Throwing in 12 people who are all in different phases with different genders in the same house is not ideal. From day 1 everyone is mixed in with folks at different stages of their recovery.
- Mixing men and women with poor impulse control together in the same building, fresh out of jail, can be challenging; it is especially difficult with the existing staffing pattern Would be good to have another building for separate men and women at least for phase one and two. Up until 2022, there were no cameras but now can view what is going on.

a. Which parts of Meta are least effective or least helpful?

- Sometimes the idea of incremental intervention gets lost such that consequences are too harsh to shape behavior in reaction to a (sometimes first) rule violation.
- Some of the work – outside cleaning up, it is hot in Florida. If they stick around long enough, it lends itself to skill building (outside of regular work).
- Some staff do not have much experience working in a TC.

Physically Located in a Bad Neighborhood / Area

- Many TCs are implemented in secure facilities, whereas Meta is not.
- The program is located in a bad area, and it is a non-secure facility.
- There is a homeless encampment on the back side of the fence along the property.
- The neighborhood smells like marijuana at times because people in the nearby residences smoke outside.
- Meta is not in the best area, so sometimes it is difficult when clients take the bus.

b. Can you tell me some recent examples of Meta's challenges or barriers?

- Adding more individual counseling time would be great, but they do not have the right amount or type of staff to do that.
- Residents are allowed to take antidepressants, but not other mental health meds, yet 80-100% of residents have mental health problems. As far as psychiatric support, the program is very specific about which meds residents can be on.
- The staffing needs mental health expertise/LMHC. This is a big recommendation.
- More staff need addictions training like a CAP.

- There is a very wide range of residents, so different parts of the program appeal to different people.

c. What might the program do to help overcome those challenges or barriers?

- It would be helpful if there were a matrix documenting common offenses and how to respond to them for the first violation, second, etc. This would help ensure uniformity across different staff and different clients.
- Get outdoor lighting
- It would help to train all staff in Motivational Interviewing (MI). Overall, Meta staff have a long history of working in corrections which used a "Commend and Comply" style to force change or else, which is a very different approach.
- Increase outings - As a staff, could do a better job researching opportunities in the community. Making those connections with art and culture related activities – relieve some of the tension by being inside for up to 12 months.
- Staff need to take clients to appointments and need to do transports. It would help to figure out a schedule to make it work.

Staffing

- Possibly want to change the staffing structure of the TC – currently one position available (Senior Drug Court Counselor) but would want 3 more positions: Durg Court Counselor's and 2 Aides).
- Try to hire a Peer Support Specialist – on radar but not sure about funding resources.
- Helping the staff see they might need to change by not trying to operate through power and control over clients. Switch from power to empower.
- Increase staff. It would be ideal to add 2 new counselors and 1 nonclinical staff member such that there would always be at least 3 FTE staff during the day and 1.5 FTE during the night shift.
- In a perfect world, Meta can use 3 more counselors plus 2 aides. If someone gets sick now, very tough to cover the shifts. Minimal staff overlap means that staff cannot even take earned leave.
- The program is understaffed such that the staffing pattern resembles a shelter more so than any kind of structured treatment program.
- Hire more staff with strong skills, abilities, and experience.
- If there were a couple more counselors, it would be better. They are down two counselors. Only there at night – if there is a problem, come see him. Some counselors come in with no background in addiction, it makes it hard.
- It would help to have seasoned and trained staff, and then could do more individual counseling.
- Need peer support program – back ten years ago had 12 staff that included PRNs, now have 8 staff. That staffing pattern was adequate such that staff were not overworked. LSF has approved these positions, so it would be great if they could be hired. Staff get tired so having additional staff would help alleviate this problem. May be some county resistance because of the criminal background. But having people understand the integrity of the program would be very helpful.
- Having a peer support specialist would be helpful. They could help with transportation so clients do not have to take the bus in a bad neighborhood. Meta is not in the best area, so sometimes hard when clients take the bus.
- Hire peer counselors to help round out staff.

- Hiring peer support specialists – worked previously with folks with lived experience and they were able to lend hope to individuals. No limit to what a person can do if they have support and guidance.
- Meta used to have staff members with addictions expertise as reflected by Certified Addiction Professional (CAP) credentials, but those staff members no longer work at Meta. It would help to have that expertise.
- Having a Licensed Mental Health Counselor (LMHC) on staff would be helpful.
- No Meta staff speak Spanish, so having one or more bilingual staff members would be helpful.

Strategies to Help Prevent Early AWOLs

- Increase individualized staff time that clients get early on in their stay to help increase the chances that they will stay.
- Get clients to stay be developing client-centered treatment plan short-term and long-term goals in collaboration with the clients. Everyone has a goal that is relatable, such as re-establishing relationship with daughter. Keep revisiting the plan to show you care about their goals and their progress.
- Use MI principles to increase buy-in right away when clients come to the program.
- Adding peers could be great to help engage residents right away in their stay, make residents feel more welcome, and thus make them less likely to AWOL.

4. Do you have any ideas for additional changes that could help improve the Meta program?

- Staff should be more open-minded and not want to use most funds on caffeine test strips and so many drug test strips.
- Residents should be able to smoke cigarettes, eat candy, have family members visit. The program is not normalized, and thus they do not learn to live in the real-world community.
- If residents have supportive families, they should be able to visit.
- Consider putting residents into Level 2 quicker so that they can have visitors like their family, including their children.
- It would be helpful if the program had a small pot of discretionary funds that could be used for events like birthday celebrations or outings to the Springs. It would also be helpful if they could purchase small incentives to help motivate residents.
    - Program staff can occasionally bring Level 2 clients to events if they receive donated tickets. This approach helps to motivate clients.
- The program used to have two peer support staff members, but they no longer work at the program. Hiring two of these staff would greatly assist.
- Meta used to have a Family Night. Visitation is on Sunday now. It would be nice if they did a family night for the clients who had supportive families.
- Meta used to have Grad Night back in 2010. It was helpful, the rule now is that any grads can come back any time they want as long as they are not using.
- It would be good to get graduates to come back to help out as peers.
- One of the graduates does a bike event and some of the proceeds come to Meta. Residents could participate. Have not done events like that in a long time. More events like that would be helpful.

- Staff could talk with new Sheriff to see if they can get a pod at the jail so they could tell folks and/or play a video to tell inmates about Meta so that they know about the program and what they would be getting into.
- Facility is good but would be better with private rooms.
- When was in New Jersey, program had a consumer advisory board with current clients and graduates of the program. Having an equal seat shows that our voice matters and gets people excited about recovery.
- How can we showcase Meta and show fidelity to the model and also hear from current clients and graduates. People in program are residents of Alachua County and involving other parts of community are very important (hospitals, insurance companies, etc.). Doing a cost effectiveness study would be helpful to show reductions in systems (jail, prison, drug court, hospital, etc.). Being able to show cost savings to system, can see somebody crossing systems now down to very little.

a. Are there other treatment interventions, modalities, programs, and/or practices that you think would help improve the effectiveness of the Meta program?

- Clinical staff need better tools.
- Need Motivational Interviewing (MI) training to be better and work with people with impulse control who leave early right away as soon as the cuffs are off.
- It would be good if we could implement the "Thinking for a Change" curriculum.
- Thinking for a Change curriculum (short version that might be better suited) - given the time they are in the program. Staff can assess readiness to return to the community. Opportunity to evaluate who could graduate sooner than 12 months.
- It would be helpful to hire Peer Support positions but bringing them up to speed would be very important. When they start, they could work in tandem with a clinical staff member. Important because they have not seen how manipulative clients can be.
- The previous Director Jodi had talked about having staff trained in ART and EMDR because they are very good with trauma and PTSD that are very common among their clients.
- It would be good to get trained on and use the following: Thinking for a Change; cognitive behavioral therapy (CBT); rational-emotive behavioral therapy (REBT); dialectical behavior therapy (DBT); Accelerated Resolution Therapy (ART) to help with trauma; anger management groups; building resiliency; trauma-informed care books.
- Any clinical training offered off-site that staff get paid for would be very helpful
- Would like training in "clinical paperwork."

5. Any other comments / background context / anything else that we should be aware of?

- NA, AA, and DA come to facility 3 days per week; if clients are in a later phase, they can propose to leave site to attend additional meetings; if staff are available, they can transport to meetings, but staff never have availability.
- There are typically about 15 people on the waitlist, though it fluctuates.
- If residents need to go to a medical appointment, they can take public transport or a staff member can bring them if available.

- Two main reasons for turnover: 1) Most staff are from corrections. Corrections had more structured time to get paperwork done; there is no time for paperwork or decompressing at Meta because staff may be out, always understaffed, client crises occur, always putting fires out; and 2) Work is emotionally draining; who is going to counsel the counselors?
- Would like more voluntary clients instead of court ordered.
- Interest in a shorter version of the program, or a shorter track around 6 months long.
- Are we following TC correctly – is length of stay for each phase a programmatic rule of TC? Consider modifying it.
- This evaluation was ordered back in 2018 but waited until now to complete.
- Meridian Behavioral Healthcare operates a less intensive, 90-day program nearby.
- Right Living and Prosocial Behavior are two that are starting to resonate.
- The Work Release program was shut down because it was not working. Clients arriving at Meta are not ready for work after 30 days and need a longer period to prepare to have the best chance of success.
- They use the TCU Motivation Scale and ASAM for screening.
- A shorter version of TC would be helpful.
- It would be helpful to examine the criteria of people who come on their own from the community vs. court-ordered – why aren't people from community screened and accepted into Meta? Often very short stays and resulted in time being spent screening, bring them in, stay a few days, then leave.
- Drug Court and Mental Health Court have a prison stay possibility based on post-plea agreement.
- Chelsea the staff assistant is sometimes available to help with transports.
- Trans is a two-bedroom apartment for transitional living that can be rented but is almost always empty. Meta grads could stay there for only 30% of their income.
    - Can we use it for women?
    - Maybe a 4th level that people got to apartment, get bus passes, and be able to go food shopping.
- This is the first time they have been able to hire a staff member in the last year. Could create a Level 4 and put the new staff member in the Transitional housing to monitor.

<u>Referrals</u>

- There used to be few referrals to Meta, and now there are many.
- Most of the clients served by Meta used to be residents of Alachua County, but that is no longer the case. As the pool of potential clients has increased, this has made it easier to select individuals who are good candidates for Meta.

<u>Changes Since Scott Arrived</u>

- Scott implemented a pull-up box with the caveat that for every pull-up, there should be 4 push-ups. He also implemented cameras, as there were none before he arrived.
- The program runs more like a traditional TC since Scott arrived.
- Did not used to have a formal meeting, and no rituals. Now they have a regularly scheduled AM/DM meeting that is a great class to start group.

- When Scott arrived, the previous Director said that he should teach clients about their credit score; Scott does not think that clients are ready for that, as few can cook for themselves or take care of themselves.
- When Scott started at Meta, there was a waiting list full of individuals who were not appropriate, but Meta had to serve all of them, so many left right away. Now Meta is getting more appropriate clients in the program.
- Need to do the work to get to different phases. Before Scott, it was a revolving door, People would leave and then come right back – it was constant. Didn't have the TC so didn't seem to work as well. Clients didn't seem to share as much, and it was a shorter program.
- With Scott as manager, there is no maximum number of times that you can be readmitted; the rule is that you need to be clean to come back. More likely to get a chance to come back if a community referral versus a criminal justice referral.
- If seeking recovery support, clients get drug tested and can't enroll if positive and must leave property if fail test.

Focus Groups with Active Meta Clients and Graduates

As stated in the method section, focus groups were conducted with active clients (N = 12) in the Meta program as well as those who have graduated successfully (N = 3) from the program. A questionnaire protocol was used during the focus groups that included questions regarding positive and challenging experiences with Meta as well as areas for improvement.

Active Meta Clients

Overall, clients ranged from being in the residential program from 8 to 12 months. When asked about overall feelings toward the Meta program, clients shared that *"Was questionable when you first start program – makes sense after you start doing the program." "Older peers assist with those just starting program"* and *"Repetition creates understanding."* When asked about the effectiveness of the Meta program, clients reported overwhelmingly yes. Some positive feedback included *"Having graduates come back and share success stories was very helpful."* and that *"Peer driven is very important."* Clients were asked which parts of Meta work best for them and appreciate that there is an aftercare component. *"Once you graduate, you can do aftercare and come back and have transitional housing. Having a support system and encouragement from others is very important for recovery."*

Clients were also asked about challenges or barriers for the Meta program. Some clients reported that *"Staying inside until level two was hard and more opportunities for field trips." "Not seeing family/friends until level 2." "More opportunities for group activities both inside and outside of the program."* Clients also reported that "*The Meta program appeared to be short-staffed and would like the opportunity for more individual counseling."* Other comments to improve the program included *"More involvement with outside agencies (e.g., AA/NA?"* and *"Additional in-house speakers on special topics including financial planning, legal expertise, practice job interview skills, etc."*

Meta Graduates

The three graduates resided between 12 to 14 months in the program, and all took advantage of the aftercare transitional apartments. All three discussed when they first began the program, they were very much interested in doing what they wanted then changed over time. There was a *"Period of structure*

and heal brain – took a long time and could notice when changing. Repetition helped a lot – accepting that I doesn't need to act on initial feelings." Meta made one of the graduates fight for what he needed – now works in homeless shelter and has ambition and drive. The judge told him Meta or prison and took Meta. Another graduate used for so long and in one pattern of living that took him about 5 to 6 months to shed those previous behaviors. *"The program gave me time to figure out who I was and learn acceptance and fight for what I needed."* Currently in the medical field and has to deal with disgruntled people – some things just don't matter in big scheme of things. The third graduate took about 6 to 7 months to start to repair their brain – once they got that time and clicked, finding right mentor down right path. *"I was able to understand myself and how to handle other people. How to handle the wave of emotions – can turn to chaos and take a step back and handle chaos is needed."*

In terms of strengths, all three mentioned "holding yourself and others accountable (pushups and pullups – accountability board)" was very important with the Meta program. *"You think you are holding yourself accountable and then someone calls you out – puts everything is perspective."* All three grads were very supportive of the staff, particularly Scott, Kelli, and Rebecca. *"They are amazing."*

Some of the challenges that the graduates discussed included *"Sometimes counselors think they know the right thing and interfere of daily goings and comings. Counselors need to be able to be on same page with peers. When every counselor has their own agenda, it makes it very confusing."* There was also very little one-on-one time (very random) so all three suggested more structure with individual counseling.

Other suggestions for improvement included:

- Family night once a month
- One cup of coffee/day
- Art therapy – big art project to help and do teamwork
- Graduates coming back once a month sharing what they learned
- Transitional housing should not be an option – should be required

Chart Reviews

Six charts were reviewed that included complete charts for two current clients, two clients who successfully graduated, and two clients who were unsuccessfully terminated from the program. Charts are organized with tabs for the following sections: Intervention, Medical, Biopsychosocial, Treatment ASAMs, Treatment Plans/Notes, Proposals, and Miscellaneous. Screening and intake materials include the following standardized measures that are consistent with best practices:

- Authorizations / releases
- Columbia Suicide Rating Scale
- Simple Screening Instrument for Infectious Diseases from SAMHSA TIP 11
- PHQ-9 Severity Measure for Generalized Anxiety and Depression
- Texas Christian University (TCU) Trauma Form
- TCU CTS3
- TCU SOC Form
- TCU Psy Form

- TCU Motivation Form
- TCU Drug Screen V
- Biopsychosocial assessment form
- SIMED Health - physical health workup and history, job assessment
- Health history questionnaire that includes a mental health section
- Arrest report – order of drug offender probation
- Property inventory that is updated over time

Other located chart materials to help with individualized treatment planning included the following:

- Wellness Toolbox Crisis Action Plans
- Treatment plans with sections describing problems, goals, objectives, and interventions
- Progress summary notes concerning individual one-on-one sessions held weekly or at least monthly
- Drug use history chart
- Medication forms and administration records
- Meta progress review rating and session acknowledgment

Materials specific to the TC model that were included in the charts were the following:

- Proposal forms: used for residents to propose activities that they would like, and the decision is determined through community residents voting. Examples of proposed activities include going to the gym, going clothes shopping, and holding a community cookout for the Superbowl.
- Orientation test
- Orientation checklist with goals that must be completed as part of program orientation
- Walking partner orientation guide with separate sections for within 24 hours, within the first week, and within the second week
- List of program rules
- Application for level movement
- Relating time log sheet

Reasons for unsuccessful termination noted in the reviewed charts include disrupting the community by violating Cardinal Rule 6: No sexually acting out. The chart notes that this client chose to leave the program voluntarily instead of being formally discharged for the cardinal rule violation. In addition to the aforementioned materials, for clients who successfully complete the program the charts include a discharge summary, Certificate of Completion, note of admission to Aftercare, job verification form, recovery support monthly reports.

Overall, there was a high degree of consistency between the various charts. Though many activities were documented in the charts, overall, the reviewed charts did not include many notes reflecting client participation in offsite activities or meetings, and there were few documented instances of staff offering transportation assistance to help residents get to offsite meetings, errands, or activities.

Observation of Client Process Group

An observation of a Meta process group session was conducted during the evaluators' site visit and included 12 active clients who had been in the program ranging from 8 to 12 months. The group session helps clients learn how to be accountable for their choices and behavior in a positive, caring environment. As a member of the Meta program, clients will be helped in efforts to learn about themselves and model appropriate behaviors for others by learning and practicing TC concepts. The learning process in a TC program comes from the community itself. In the beginning, the TC model challenges old beliefs and attitudes. The community, over time, believes and expects that what it has to offer is valuable and beneficial. Clients are asked and are expected to join other community members around the common bond of a substance-free and crime-free lifestyle.

Overall, most clients appeared eager to participate in the observed group session. The rapport between clients was readily apparent and most of the clients participated in the discussion. The group session clearly provided a supportive environment for the clients to engage with others, while utilizing evidence-based TC practices. Several activities were conducted during the group, which was led by older peers, to hold peers accountable for their actions. These activities were conducted for clients to learn how to address self-defeating behavior of others by "pulling up" others by reminding them of lapses in appropriate behavior or attitude or "pushing up" others by offering positive feedback and reinforcement at every opportunity. It was clear that the older peers were very passionate about their role as mentor and were not afraid to address client issues. Two staff members were part of the group and gave some feedback but as part of the group process.

Fidelity Assessment

Meta's Program Manager first implemented the Survey of Essential Elements Questionnaire (SEEQ) to assess the program's fidelity in 2020 shortly after he started working at Meta, but the tool has not been completed since that time until this program evaluation. Detailed item-level responses for each administration are included in **Appendix C**. The following tables compare the SEEQ at 2020 and the more recent implementation done in March 2024.

Table Eight lists the number of items and the percentage of the maximum points obtained for each SEEQ domain and scale during the 2020 and 2024 administrations. **Figure Two** portrays SEEQ domain scores for each year. There are two notable trends. First, Meta's scores on every SEEQ domain substantially increased from 2020 to 2024, indicating markedly increased and very high levels of self-reported adherence to the related TC principles and practices. Second, findings indicate that in 2020 Meta received relatively low fidelity ratings across all domains, with scores ranging from 7% (Educational and Work Activities) to 18% (Agency Treatment Approach and Structure); in contrast, all 2024 domain scores were very high, ranging from a low of 84% (Formal Therapeutic Elements) to a high of 95% (Process). Although Meta's lowest domain rating in 2024 was still relatively high (84%, Formal Therapeutic Elements), this suggests that Meta has the most room to grow in clinical programming.

Figure Two. Percent of Maximum Points Obtained on SEEQ Domains, by Year

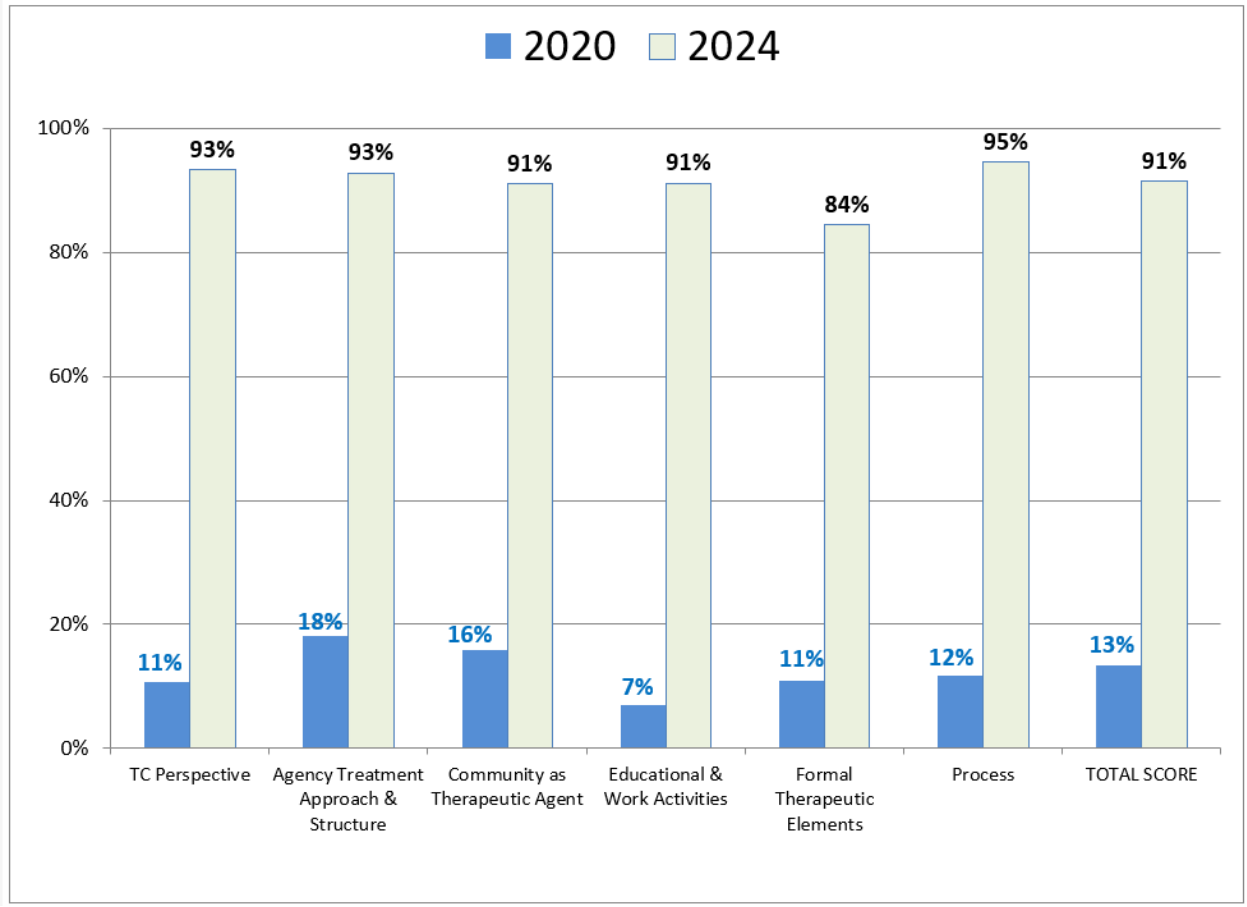


Table Eight. Number of Items and Scores by Year for Each SEEQ Domain and Scale

SEEQ Domain or Scale Name	# Items	% of Maximum Score	
		2020	2024
Domain: TC Perspective	**15**	**10.7%**	**93.3%**
View of the Addictive Disorder	3	13.3%	90.7%
View of the Addict	3	20.0%	85.3%
View of Recovery	5	12.0%	96.0%
View of Right Living	4	0.0%	98.0%
Domain: Agency Treatment Approach and Structure	**34**	**18.2%**	**92.8%**
Agency Organization	8	30.0%	94.0%
Agency Approach to Treatment	11	12.7%	97.5%
Staff Roles and Functions	7	14.3%	85.7%
Clients' Role and Functions	6	3.3%	100.0%
Health Care	2	60.0%	66.0%
Domain: Community as Therapeutic Agent	**29**	**15.9%**	**91.0%**
Peers as Gatekeepers	6	3.3%	95.3%
Mutual Help	3	6.7%	88.0%

SEEQ Domain or Scale Name	# Items	% of Maximum Score	
		2020	2024
Community Belonging	9	22.2%	84.9%
Outside Community Contact	2	40.0%	92.0%
Community/Clinical Management – Privileges	2	0.0%	94.0%
Community/Clinical Management – Sanctions	5	4.0%	96.8%
Community/Clinical Management – Surveillance	2	60.0%	92.0%
Domain: Educational and Work Activities	**17**	**7.1%**	**91.1%**
Formal Educational Elements	4	10.0%	76.0%
Therapeutic-Educational Elements	6	13.3%	94.7%
Work as Therapy	7	0.0%	96.6%
Domain: Formal Therapeutic Elements	**20**	**11.0%**	**84.4%**
General Therapeutic Techniques	6	3.3%	95.3%
Groups as Therapeutic Agents	4	20.0%	74.5%
Counseling Techniques	8	15.0%	88.0%
Role of the Family	2	--	66.0%
Domain: Process	**24**	**11.7%**	**94.5%**
Stages of Treatment	3	0.0%	97.3%
Introductory Period	4	35.0%	97.0%
Primary Treatment Stage	9	0.0%	95.6%
Community Re-Entry Period	8	17.5%	91.0%
TOTAL SCORE	**139**	**13.4%**	**91.4%**

The following figures depict additional details regarding fidelity ratings for each SEEQ scale included within each domain.

Figure Three presents fidelity scores for each of the four scales included in the Therapeutic Community Perspective domain. In 2020 scores were low and ranged from 0% (View of Right Living) to 20% (View of Addict). All scores were high in 2024, ranging from 85% (View of Addict) to 98% (View of Right Living).

Figure Three. Percent of Maximum Points Obtained on TC Perspectives, by Year

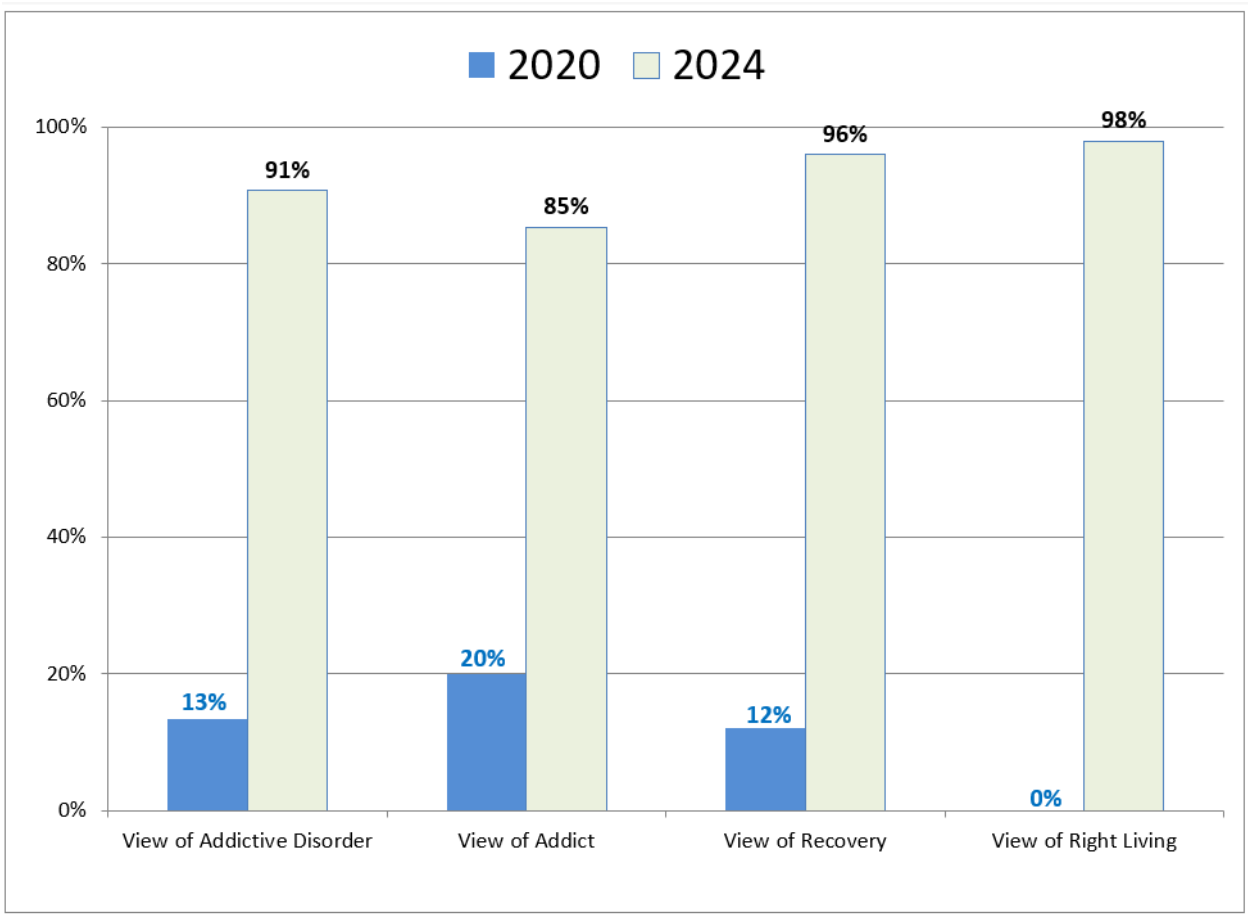


Figure Four presents fidelity scores for the five scales comprising the domain of Agency Treatment and Approach. Scores increased from 2020 to 2024 on all four scales. In 2020 scores ranged from 3% (Clients' Rols and Functions) to 60% (Health Care). In 2024 scores ranged from 66% (Health Care) to 100% (Clients' Rols and Functions). Scores on the Health Care scale changed the least over time and were the lowest of the 2024 scores in this domain; this suggests that Meta has been consistent with and should seek to increase coordination of physical exams and health education regarding prevention and control of threatening diseases.

Figure Four. Percent of Maximum Points Obtained on Agency Treatment and Approach Scales, by Year

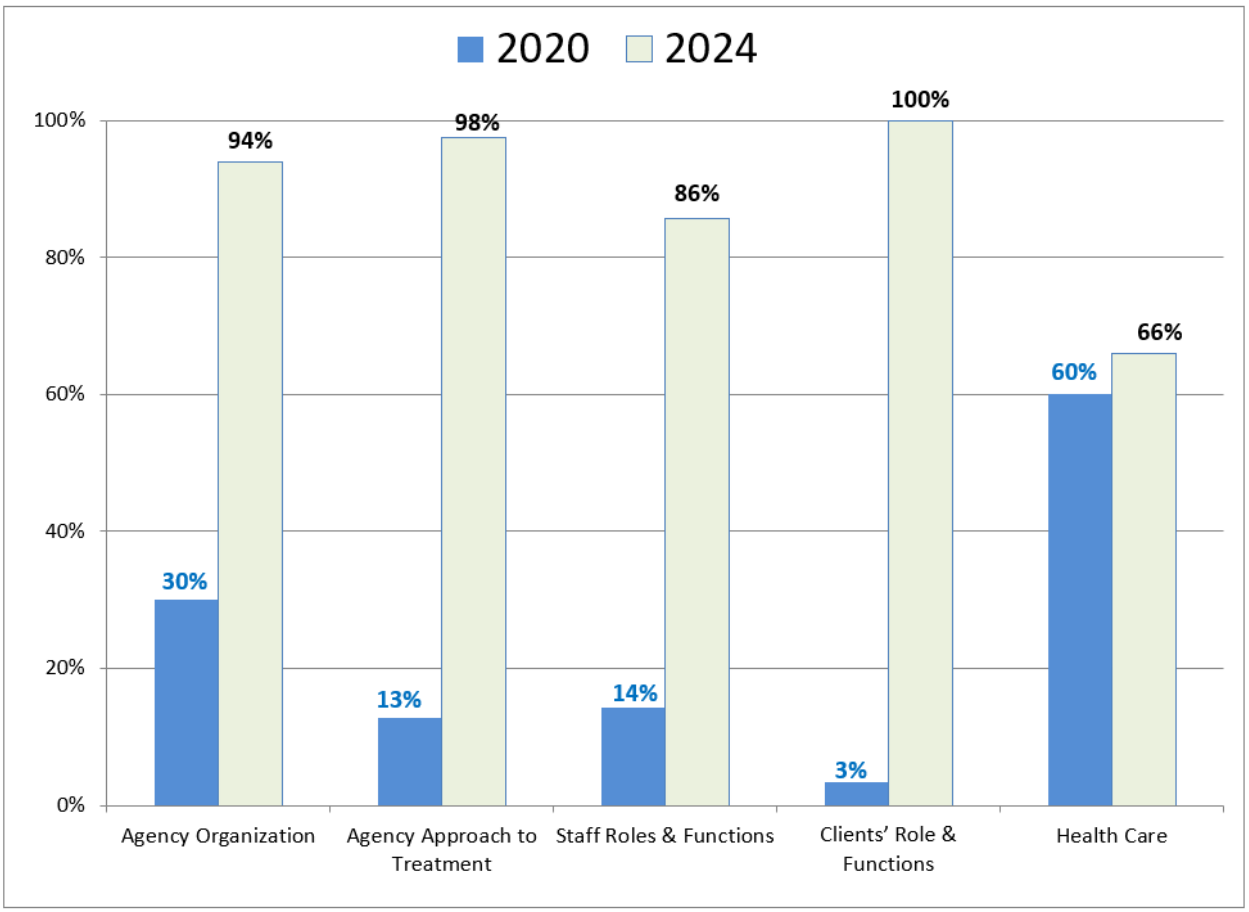


Figure Five presents fidelity scores for each of the seven scales in the Community as Therapeutic Agent domain. Scores increased on all seven scales from 2020 to 2024. In 2020 individual scale scores ranged from 0% (Privileges) to 60% (Surveillance). Scores in 2024 were less variable and ranged from 85% (Community Belonging) to 97% (Sanctions). In 2024 the lowest score was on Community Belonging; though this score was still relatively high at 85%, findings suggest that Meta could increase fidelity in this area by increasing resident involvement in program rituals and increasing staff-resident interactions by having them eat together and share leisure time together.

Figure Five. Percent of Maximum Points Obtained on Community as Therapeutic Agent Scales, by Year

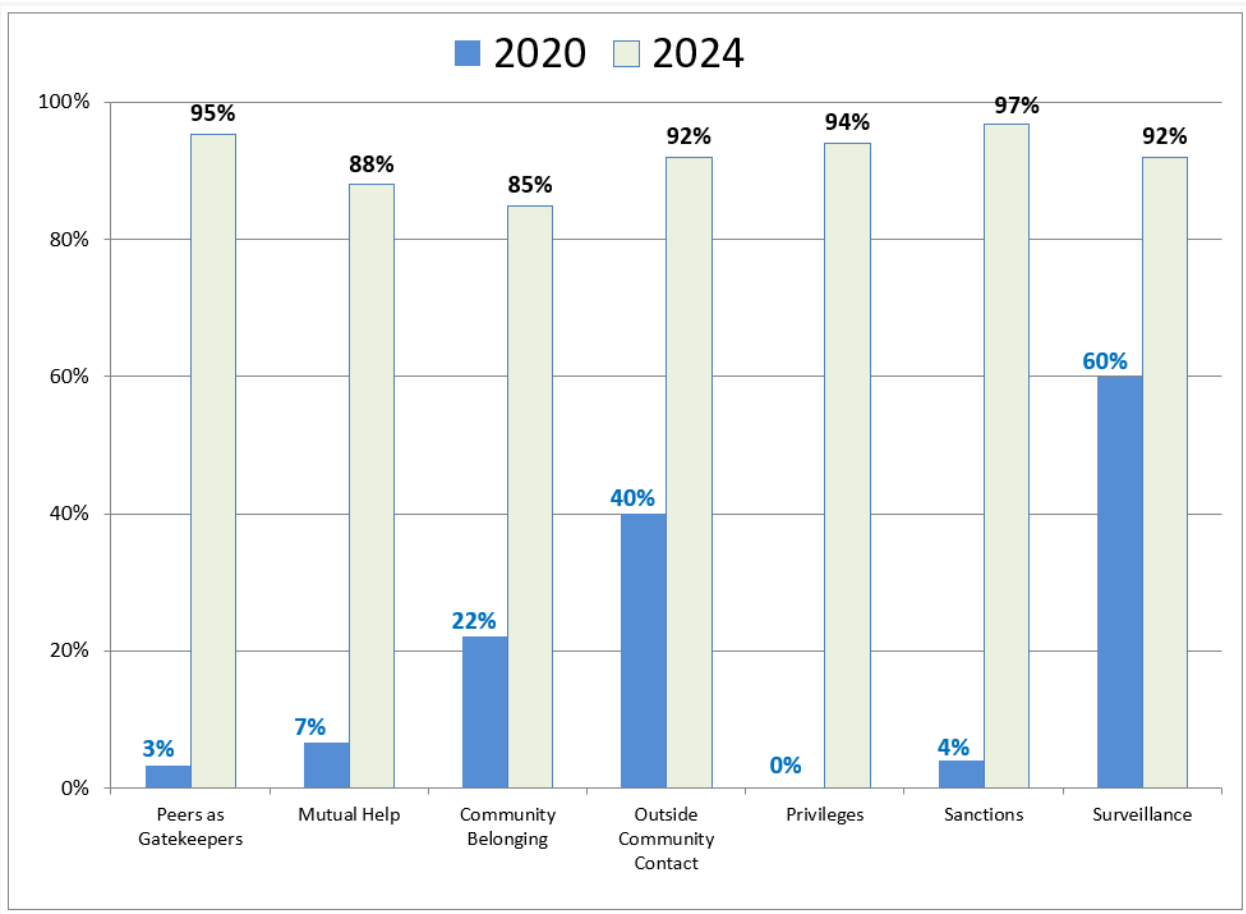


Figure Six presents fidelity data for the three scales in the Educational and Work Activities domain. Scores increased on all three scales from 2020 to 2024. Scores from 2020 were very low, ranging from 0% (Work as Therapy) to 13% (Therapeutic-Education Elements). In contrast, all three scores were much higher in 2024, ranging from 76% (Formal Education Elements) to 97% (Work as Therapy). Although 2024 scores on the Formal Education Elements scale were fairly high (76%), areas for improvement include increased programming regarding vocational training and/or experiences and educational seminars on topics of concern to residents. Regarding Therapeutic-Education Elements, an area for improvement is to increase programming designed to help residents balance the emotional and cognitive experiences of the TC program.

Figure Six. Percent of Maximum Points Obtained on Educational and Work Activities Scale, by Year

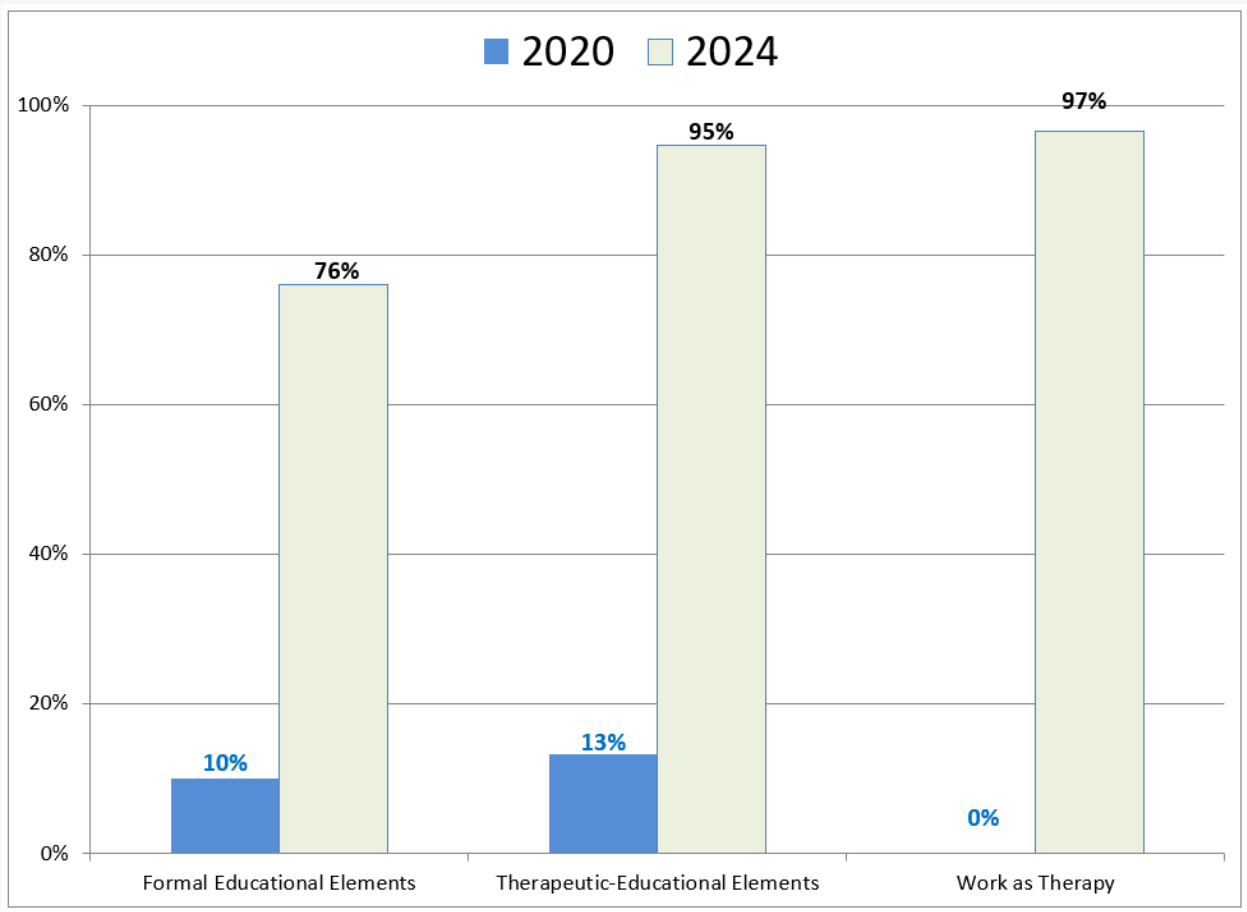


Figure Seven presents fidelity scores for the four scales within the Formal Therapeutic Elements domain. The "Role of the Family" scale was not administered in the 2020 fidelity assessment. Scores increased from 2020 to 2024 on all three scales that were administered at both time points. In 2020 scores were low and ranged from 3% (General Therapeutic Techniques) to 20% (Groups as Therapeutic Agents). All scores were high in 2024, ranging from 66% (Role of the Family) to 95% (General Therapeutic Techniques). Scores on "Role of the Family" scale were the lowest in this domain in 2024; this is the greatest area of opportunity and suggests that, when supportive and positive family role models are available, Meta could increase fidelity by including family members in the therapeutic process and placing greater emphasis on family services or counseling in resident treatment plans.

Figure Seven. Percent of Maximum Points Obtained on Formal Therapeutic Elements Scales, by Year

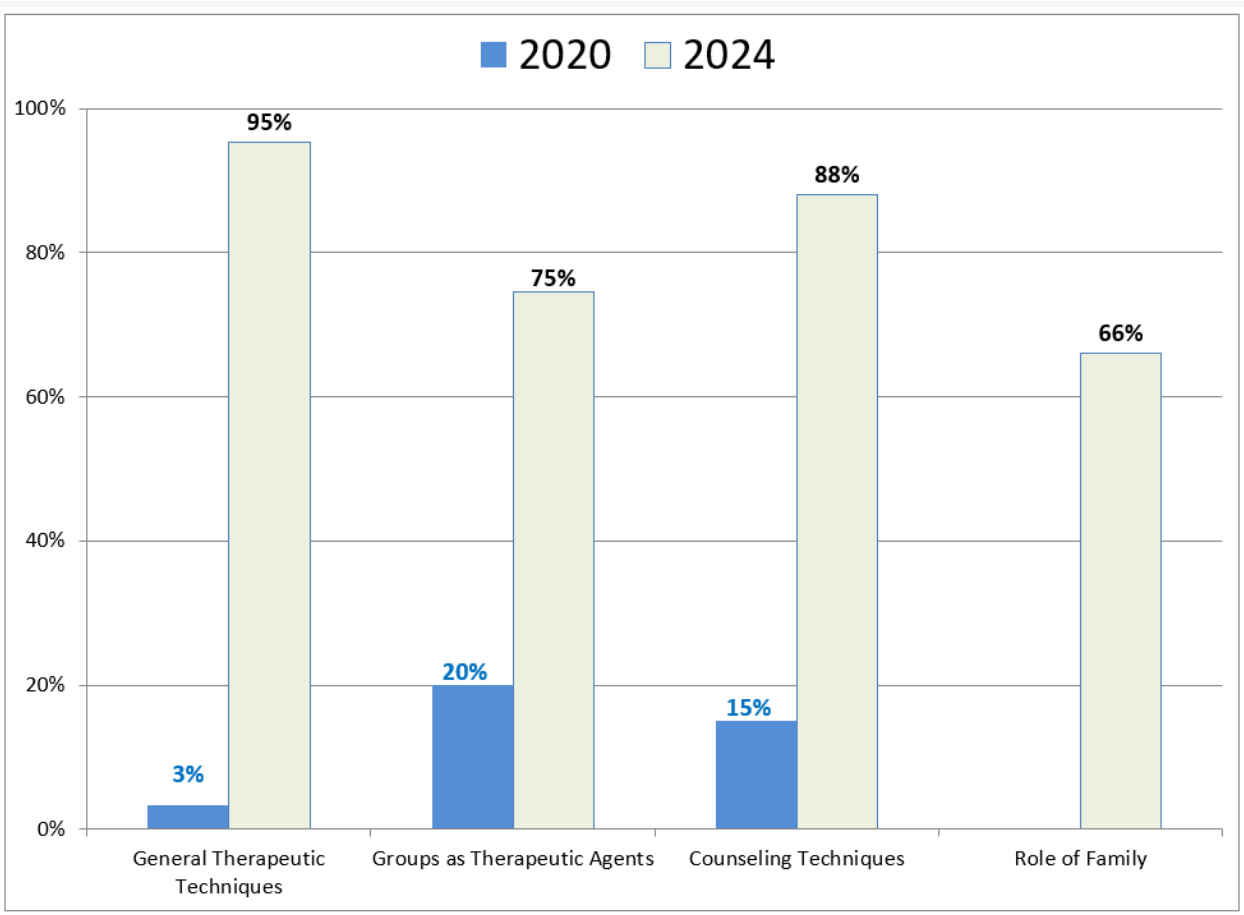
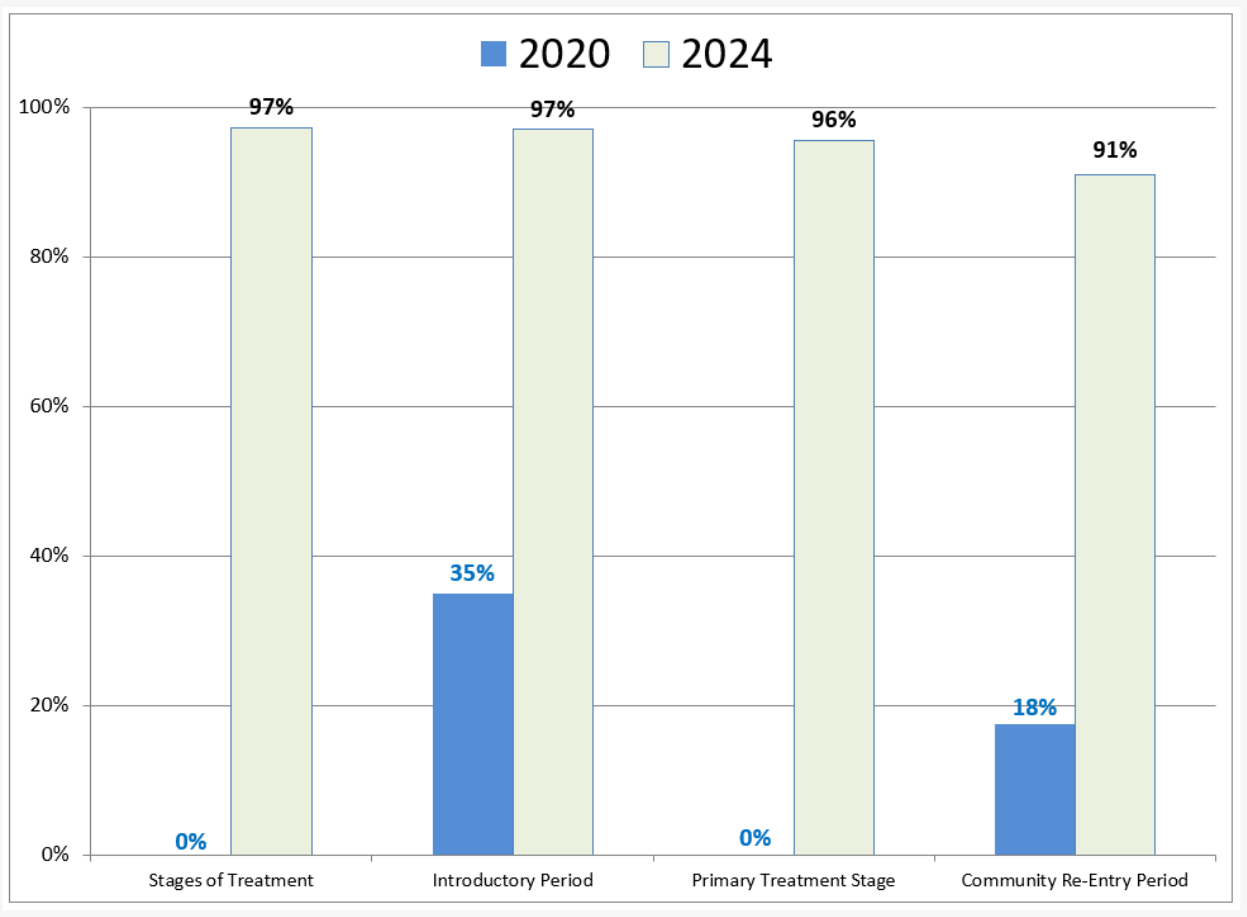


Figure Eight presents fidelity scores for the four scales in the Process domain. Scores on all four scales increased substantially from 2020 to 2024. In 2020 scores were very low and ranged from 0% on two scales (Stages of Treatment, Primary Treatment Stage) to 35% (Introductory Period). Scores in 2024 were all high, ranging from 91% (Community Re-Entry Period) to a high of 97% on two scales (Stages of Treatment, Introductory Period). Although 2024 Community Re-Entry Period scores are high, areas for improvement include increasing the level of assistance that residents receive with applicable job and housing searches, and increasing the availability of monitored/supervised work, training, or education outside of the agency facility.

Figure Eight. Percent of Maximum Points Obtained on Process Scales, by Year



Meta Facility and Staffing Challenges That Hinder TC Effectiveness. The Metamorphosis TC program faces the following significant challenges that affect its ability to implement a maximally effective therapeutic community:

- Operating the TC program within a non-secure environment in a bad neighborhood with open drug use.
- Insufficient staffing manpower to provide needed individualized attention to new residents to help foster a welcoming environment and to orient new residents to the program, its staff, and its residents.
- Lack of staff clinical training and experience to address the behavioral health needs of Meta residents.
- Insufficient staffing pattern to offer periodic off-site outings with residents and staff.
- Serving both genders in the same facility creates additional staffing challenges due to the increased need for monitoring.

Summary of Meta's Fidelity Performance and Opportunities for Improvement. Overall, findings suggest that Meta had a very low level of adherence to the TC model in 2020, with SEEQ domain scores ranging from 7% to 18% and individual scale scores ranging from 0% to 60%. In contrast, SEEQ scores in 2024 were very high overall, with domain scores ranging from 84% to 95% and individual scale scores ranging from 66% to 100%. Despite high 2024 scores, there are still several opportunities for improvement that include the following:

- Although Meta's highest 2020 scale score was on "Health Care," this was also the scale to change the least from 2020 (60%) to 2024 (66%). This suggests that Meta should seek to increase coordination of physical exams and health education regarding prevention and control of threatening diseases.

- Meta scored 85% on the Community Belonging scale 2024; though already a relatively high score, findings suggest that Meta could increase fidelity by increasing resident involvement in program rituals and increasing staff-resident interactions through activities like eating together and sharing leisure time together.

- Meta scored 76% on the Formal Education Elements scale in 2024; related areas for improvement include increased programming regarding vocational training and/or experiences and increased educational seminars on topics of concern to residents. Focusing on income is a very important area of opportunity, as most residents will need income upon discharge. This could be addressed internally by training staff on integrated employment models (i.e., SAMHSA's Supported Employment Tool Kit, SAMHSA 2009, https://store.samhsa.gov/product/supported-employment-evidence-based-practices-ebp-kit/sma08-4364) and externally by placing clients in community-based employment.

- Of all domain scores, Meta scored lowest on "Formal Therapeutic Elements," primarily due to low scores on its "Role of the Family" scale. This suggests that, when supportive and positive

family role models are available, Meta could increase fidelity by including family members in the therapeutic process and placing greater emphasis on family services or family counseling in resident treatment plans. Meta staff indicated that most residents are not connected to their family of origin or do not have supportive families; this underscores the importance helping residents to develop a supportive network that they will need throughout their stay in Meta and upon discharge (i.e., veterans, AA, NA, dual recovery, etc.). Meta should strive to increase on-site programming as well as off-site access to supportive peers and peer groups (Veterans, AA, NA, dual recovery, etc.).

- Although Meta's 2024 Community Re-Entry Period scores are high, areas for improvement include increasing the level of assistance that residents receive with applicable job and housing searches, and increasing the availability of monitored/supervised work, training, and/or education outside of the agency facility.

Summary of Findings

Table Nine summarizes the evaluation findings by presenting the key evaluation themes and specifying which evaluation methods revealed each theme.

Table Nine. Evaluation Themes/Findings across Evaluation Methods

Strengths and Challenges	Evaluation Method					
	Review Program Materials	Staff Interviews	Focus Groups w/Active Clients & Grads	Chart Reviews	Process Group Observation	Fidelity to TC (SEEQ)
Program Strengths						
Dedicated staff	X	X	X			X
Client satisfaction	X	X	X		X	
TC Model implemented with fidelity	X	X		X	X	X
Routine, daily schedule	X	X	X			
Funding	X	X				
Transitional housing		X	X			
Good relationship with jail, probation, and court	X	X				
Program Challenges						
Insufficient staffing FTE	X	X	X	X		
Lack of staff expertise in mental health	X	X				
Lack of staff expertise in addiction	X	X				

Strengths and Challenges	Evaluation Method					
	Review Program Materials	Staff Interviews	Focus Groups w/Active Clients & Grads	Chart Reviews	Process Group Observation	Fidelity to TC (SEEQ)
Lack of staff expertise in community-based motivational interviewing	X	X	X			
Lack of individual therapy time	X	X	X	X		
Corrections culture: Staff more experienced with corrections-based than community-based programs	X	X				
Unsecure facility	X	X				
Unsafe neighborhood	X	X	X			
High rate of AWOLs	X	X				
Program orientation and welcoming	X	X	X	X		
Lack of discretionary funds available for incentives that could help resident recognition, motivation, and staff-resident bonding		X	X			X
Lack of staff availability for transports results in less time for staff-resident bonding outside of program	X	X	X	X		
Lack of recreational and other needed outings prevents staff-resident bonding outside of program	X	X	X	X		
Lack of focus on job prep early in program	X	X		X		X
Prohibition of family and support network involvement early in program	X	X	X	X		X
Other prohibitive rules (no smoking, no candy, no coffee, etc.)	X	X	X	X		
No staff speak Spanish		X				

Conclusions and Recommendations

Fidelity Questionnaire: Because the SEEQ was designed to be used as a monitoring tool for quality improvement purposes, and because its scoring involves discussion among staff to reach a consensus response to each item, the Evaluators recommend that the SEEQ be routinely administered on an annual basis, with results shared and discussed with both program and administrative staff. This process could yield many benefits that include:

1. By collaboratively reviewing and discussing each item, staff would be reminded of the many TC elements and could collectively discuss their unique perspectives regarding how Meta is performing on each element.
2. Reviewing and discussing SEEQ results on an annual basis with administrative staff located off-site would help to increase their understanding of the TC model, its elements, and how Meta is implementing them; this could also foster collaborative discussion and consideration of potential modifications to the TC model, including implementation of shorter stays and lessening of program rules regarding provision of mental health medications and use of sugar, caffeine, and nicotine. For a brief review of TC modifications, see https://archives.nida.nih.gov/publications/research-reports/therapeutic-communities/what-are-therapeutic-communities).
3. Annual fidelity monitoring could also be used to identify programmatic changes over time and could help to identify the root causes.

Considerations for an Abbreviated Therapeutic Community (TC) with Shortened Program Phases: When considering changes to key program characteristics such as program length of stay, it is important to note that the vast majority of referrals to Meta are individuals who were arrested and court-ordered to participate in drug offender probation. As such, any programmatic adjustments must ensure that Meta's revised program structure and length of stay would satisfy current clients' court orders (as long as the majority of referrals are court-ordered treatment). Additionally, any such changes would also need to be consistent with all applicable accreditation, licensing, and regulatory requirements within Florida, LSF (e.g., managing entity), and Department of Children and Families (DCF). Recommendations concerning potential timeframe reductions to program phases are as follows:

1. Orientation: No changes to phase duration, keep at 15 days
2. Phase One (Resocialization): Consider reducing by 15 days by changing the phase duration from 45-60 days to 30-45 days
3. Phase Two (Internalization): Consider reducing by 2 months by changing phase duration from 4-6 months to 2-4 months
4. Phase Three (Restoration): No changes, keep at 2 months
5. Phase Four (Transitional Housing and Community Reintegration). Consider reducing by one month by changing phase duration from 3-6 months to 2-5 months

Alternative Program Models for Consideration: One possible strategy for implementing alternative program models is to implement a less intensive program or track alongside the current or modified TC. The less intensive track could be designed to meet the needs of some individuals who self-refer to Meta and/or those whose court orders could be satisfied by a less intensive program, such as an outpatient or intensive outpatient program. To the extent that a new program was developed, this process would require applying for and satisfying all applicable accreditation, licensing, and/or regulatory requirements.

Another possibility and simpler approach is to incorporate more evidence-based and promising practices into Meta's current program schedule, which would be much simpler than starting a new program. Evaluation findings indicate that Meta could benefit by training staff on the following techniques and incorporating them into the program:

1. Integrated treatment of co-occurring mental health and substance use disorders (CSAT, 2005, 2006; SAMHSA, 2009a, 2009b)
2. Self-Management and Recovery Training (SMART Recovery, 2012; Horvath & Yeterian, 2012)
3. Incorporating peers into recovery (SAMHSA, 2015, 2016, 2017)
4. Incorporate principles of trauma-informed care (SAMHSA, 2014)
5. Community-Based behavioral health treatment of justice-involved individuals (SAMHSA, 2019)

Staffing: Evaluation findings revealed the perception that Meta staff are very dedicated. Despite this, a major theme is that there is insufficient staffing manpower and expertise. We have the following staffing recommendations:

1. Additional staff manpower is needed.
2. When adding staff, seek and prioritize candidates with the following qualifications, backgrounds, and experience:
    a. Program graduates who could help at the facility
    b. Certified Peer Support Specialists who could help both at the facility and with transportation
    c. Individuals with community-based mental health expertise (e.g., Licensed Mental Health Counselor)
    d. Individuals with community-based addiction and co-occurring disorders treatment experience
    e. Bi-lingual experience
3. Peer Specialists and/or grads could help create a culture that is more welcoming and friendly toward clients

Programming:

1. Consider flexibly shortening the length of stay in some phases for residents who advance through the program phases more quickly
2. Additional best/promising practices that could be used to augment program
3. Relax program rules that limit access to mental health medications, sugar, caffeine, and nicotine
4. Find more ways to include clients' supportive family members and other members of their support network early in treatment, when available

Public Relations: Meta is a free resource for the community. Alachua County tax funds are dedicated towards the program. It would be good to present information about Meta and its successes to the local community. This could help accomplish the following:

1. Raise awareness that Meta is as an available resource
2. Consider doing talks within the community with Meta staff and graduates
3. Increase self-referrals
4. Increase referrals from local partners

Service Enhancements / Areas for Training:

1. Basic and advanced training in Motivational Interviewing from a non-corrections agency
2. De-Escalation training
3. Co-Occurring mental health and addiction training
4. Medication management training

Facility Characteristics:

1. Get outdoor lighting to increase safety
2. Facility plumbing problems – make sure routine maintenance is conducted
3. Although costly, would be good to have another building for separate men and women at least for phase one and two.
4. There had also been an additional transitional housing apartment but now there is just one apartment. Consider the possibility of adding another apartment for aftercare.

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Appendices

- Appendix A: Staff Interview Questions
- Appendix B: Client Focus Group Questions
- Appendix C: Detailed Item-Level Results from the Therapeutic Community Survey of Essential Elements Questionnaire (SEEQ)

Appendix A. Staff Interview Questions

1. What is your role in the Meta program?

2. What is your role in your organization?

3. What are your overall thoughts regarding Meta's therapeutic community (TC) program?

    a. Is it an effective program?

    b. For what kind of people does it work best?

    c. For what kind of people does it NOT work best?

4. What do you see as Strengths of the Meta program overall?

    a. Which parts of Meta work best?

    b. Can you tell me some recent examples of Meta's successes?

5. What do you see as Weaknesses, Challenges, or Barriers for the Meta program?

    a. Which parts of Meta are least effective or least helpful?

    b. Can you tell me some recent examples of Meta's challenges or barriers?

    c. What might the program do to help overcome those challenges or barriers?

6. Do you have any ideas for additional changes that could help improve the Meta program?

    a. Are there other treatment interventions, modalities, programs, and/or practices that you think would help improve the effectiveness of the Meta program?

7. Any other comments / background context / anything else that we should be aware of?

Appendix B: Client Focus Group Questions

1. How long have you been in the Meta program?
2. What are your overall thoughts regarding Meta's therapeutic community (TC) program?
    a. Is it an effective program?
3. What do you see as Strengths of the Meta program overall?
    a. Which parts of Meta work best?
4. What do you see as Weaknesses, Challenges, or Barriers for the Meta program?
    a. Which parts of Meta are least effective or least helpful?
    b. Can you tell me an example of a challenge or barrier encountered at Meta?
    c. What could the program do to help overcome those challenges or barriers?
5. Do you have any ideas for additional changes that could help improve the Meta program?
    a. Are there other treatment services or components that you think would help improve the effectiveness of the Meta program?
6. Any other comments / background context / anything else that we should be aware of?

Appendix C: Detailed Item-Level Results from the Therapeutic Community Survey of Essential Elements Questionnaire (SEEQ)

Item	Item Wording	12/7/2020		3/6/2024						
		Scores	% of Max Points	Rater 1	Rater 2	Rater 3	Rater 4	Rater 5	Average Score	% of Max Points
I. TC Perspective		**8**	**10.7%**	**72**	**72**	**66**	**69**	**71**	**70**	**93.3%**
A. View of the Addictive Disorder		**2**	**13.3%**	**14**	**15**	**13**	**11**	**15**	**13.6**	**90.7%**
1	Substance abuse is a disorder of the whole person	0		5	5	3	4	5	4.4	
2	*Item #2 on the measure is intentionally missing to match the numbers presented in the SEEQ.*	*Missing*								
3	The treatment problem to be addressed is not the drug, but the person	1		5	5	5	4	5	4.8	
4	Substance abuse is a symptom, not the essence of the disorder	1		4	5	5	3	5	4.4	
B. View of the Addicted Individual / Addict		**3**	**20.0%**	**13**	**13**	**11**	**13**	**14**	**12.8**	**85.3%**
5	Immaturity, conduct of character problems and low self-esteem are typical psychological features of substance abusers	1		5	5	5	5	5	5	
6	Substance abusers are similar in the types of psychological and behavioral disorders that must be resolved if recovery is to occur	1		4	4	4	5	5	4.4	
7	Among substance abusers, the pattern of drug use is less important than the psychological and behavioral disorders	1		4	4	2	3	4	3.4	
C. View of Recovery		**3**	**12.0%**	**25**	**24**	**23**	**25**	**23**	**24**	**96.0%**
8	Recovery involved the development of a personal identity and global change in lifestyle including the conduct, attitudes, and values consistent with the concept of Right Living	0		5	5	5	5	5	5	
9	Abstinence from all psychoactive street drugs (not prescribed by an MD) is a prerequisite for sustained recovery	1		5	4	3	5	4	4.2	
10	Recovery involves not only rehabilitation but habilitation for many substance abusers	0		5	5	5	5	4	4.8	
11	Recovery is a continuous process that unfolds in characteristic stages that extend beyond the TC treatment	1		5	5	5	5	5	5	

Item	Item Wording	12/7/2020		3/6/2024						
		Scores	% of Max Points	Rater 1	Rater 2	Rater 3	Rater 4	Rater 5	Average Score	% of Max Points
12	Recovery from drug addiction is a life-long process involving continuing growth	1		5	5	5	5	5	5	
D. View of "Right Living"		**0**	**0.0%**	**20**	**20**	**19**	**20**	**19**	**19.6**	**98.0%**
13	Right Living develops from committing oneself to the values shared by the TC community	0		5	5	5	5	5	5	
14	Right Living involves positive social values, such as the work ethic, social productivity, and community responsibility	0		5	5	4	5	5	4.8	
15	Right Living reflects personal values, such as honesty, self-reliance, and responsibility to self and significant others	0		5	5	5	5	5	5	
16	Recovery comes about through the commitment to Right Living	0		5	5	5	5	4	4.8	
II. The Agency: Treatment Approach and Structure		**31**	**18.2%**	**160**	**151**	**162**	**150**	**166**	**157.8**	**92.8%**
A. Agency Organization		**12**	**30.0%**	**35**	**35**	**39**	**39**	**40**	**37.6**	**94.0%**
17	Program involves drug free treatment (with the exception of physician prescribed medication)	4		5	5	5	5	5	5	
18	There is a minimum planned duration of residential TC treatment of 6 months or more, although exact length may vary according to individual requirements	3		4	5	4	5	5	4.6	
19	Program adheres to the Clients Bill of Rights as defined in the Therapeutic Community Certification Manual (or another acknowledged bill of rights)	0		5	5	5	5	5	5	
20	There are cardinal rules which if violated can lead to termination from program (i.e., no drug use, no violence or sexual acting out)	1		5	5	5	5	5	5	
21	There is a written, agreed upon and periodically updated treatment plan for each resident	3		5	5	5	5	5	5	
22	There are written, agreed upon, and well-known administrative procedures	1		3	5	5	4	5	4.4	
23	Program includes staff training which all clinical staff must complete	0		5	5	5	5	5	5	

Item	Item Wording	12/7/2020		3/6/2024						
		Scores	% of Max Points	Rater 1	Rater 2	Rater 3	Rater 4	Rater 5	Average Score	% of Max Points
24	Program includes staff training which all non-clinical staff must complete	0		3	0	5	5	5	3.6	
B. Agency Approach to Treatment		**7**	**12.7%**	**55**	**55**	**54**	**49**	**55**	**53.6**	**97.5%**
25	Treatment involves focusing on belonging to the community	0		5	5	5	5	5	5	
26	Treatment involves learning and becoming committed to shared community values	0		5	5	4	4	5	4.6	
27	Treatment entails participating in the treatment community	1		5	5	5	4	5	4.8	
28	Treatment involves learning by doing	1		5	5	5	4	5	4.8	
29	Treatment encompasses learning by watching others	1		5	5	5	4	5	4.8	
30	Treatment encompasses a multidisciplinary treatment approach involving therapy, education, values, and skills development	1		5	5	5	5	5	5	
31	Treatment entails both insight and the appropriate emotional experiences	0		5	5	5	5	5	5	
32	Treatment encompasses developing individual responsibility	0		5	5	5	5	5	5	
33	Treatment involves caring and sustained responsibility to others	0		5	5	5	4	5	4.8	
34	Treatment involves specialized planning to meet the specific needs of individual substance abusers	1		5	5	5	4	5	4.8	
35	Treatment encompasses developing behavioral alternatives to the use of drugs	2		5	5	5	5	5	5	
C. Staff Roles and Functions		**5**	**14.3%**	**30**	**27**	**29**	**30**	**34**	**30**	**85.7%**
36	The primary clinical staff includes ex-addicts rehabilitated in the TC or similar program	1		4	0	2	3	4	2.6	
37	Staff includes recovering drug addicts to serve as role models for clients	1		4	4	2	3	5	3.6	
38	Clinical staff function as rational authorities	0		5	5	5	5	5	5	
39	Clinical staff serve as role models for shared community values	1		5	5	5	4	5	4.8	
40	The most important role of the clinical staff is to facilitate the clients' commitment to the shared community values	0		4	5	5	5	5	4.8	
41	Clinical staff retains ultimate responsibility for the disposition of client status	0		4	3	5	5	5	4.4	

Item	Item Wording	12/7/2020		3/6/2024						
		Scores	% of Max Points	Rater 1	Rater 2	Rater 3	Rater 4	Rater 5	Average Score	% of Max Points
42	Staff provide residents with the reasons and projected consequences regarding their decisions	2		4	5	5	5	5	4.8	
D. Clients Role and Function		**1**	**3.3%**	**30**	**30**	**30**	**30**	**30**	**30**	**100%**
43	Clients are stratified by levels of responsibility and clinical status, such as Junior, Intermediate and Senior	0		5	5	5	5	5	5	
44	Senior residents acquire increasing responsibility for administrative and maintenance functions	0		5	5	5	5	5	5	
45	Senior residents take responsibility for orienting and instructing new clients	0		5	5	5	5	5	5	
46	Senior residents conduct important peer management functions (i.e., house meetings, etc.)	0		5	5	5	5	5	5	
47	Residents facilitate some groups or seminars while staff monitors	1		5	5	5	5	5	5	
48	Senior residents act as role models for more junior clients	0		5	5	5	5	5	5	
E. Health Care		**6**	**60.0%**	**10**	**4**	**10**	**2**	**7**	**6.6**	**66.0%**
49	Program provides regular physical exams	3		5	0	5	1	3	2.8	
50	Program provides health education training in both prevention and control of threatening diseases	3		5	4	5	1	4	3.8	
III. Community as Therapeutic Agent		**23**	**15.9%**	**136**	**138**	**130**	**128**	**128**	**132**	**91.0%**
A. Peers as Gate Keepers		**1**	**3.3%**	**29**	**30**	**30**	**25**	**29**	**28.6**	**95.3%**
51	Program uses groups to provide "positive persuasion" to change behavior and attitudes	0		5	5	5	4	5	4.8	
52	Program employs confrontation by peer groups when community values are breached	0		5	5	5	4	5	4.8	
53	Peers provide supportive feedback, such as reinforcement, instruction, and suggestions for changing behavior and attitudes	0		5	5	5	4	5	4.8	
54	Program fosters the development of personal relationships to facilitate individual change	1		4	5	5	4	4	4.4	

Item	Item Wording	12/7/2020		3/6/2024						
		Scores	% of Max Points	Rater 1	Rater 2	Rater 3	Rater 4	Rater 5	Average Score	% of Max Points
55	Clients confront the negative behavior and attitudes of each other and the community	0		5	5	5	4	5	4.8	
56	Clients provide affirmation of positive behaviors of others in the community	0		5	5	5	5	5	5	
B. Mutual Help		**1**	**6.7%**	**13**	**14**	**13**	**13**	**13**	**13.2**	**88.0%**
57	Much of the help received by the clients is informal and carried out by the residents themselves in their daily interaction	0		4	5	5	5	4	4.6	
58	There are therapeutic group activities in which clients help each other	1		5	5	5	5	5	5	
59	Clients are aware of the therapeutic goals of fellow residents and try to assist them to achieve these goals	0		4	4	3	3	4	3.6	
C. Enhancement of Community Belonging		**10**	**22.2%**	**42**	**39**	**34**	**39**	**37**	**38.2**	**84.9%**
60	The evaluations of client progress reflect their commitment to the community values	0		4	5	4	5	4	4.4	
61	Staff and residents eat together in the same dining room	4		4	0	3	1	1	1.8	
62	Meetings are held daily that serve to motivate clients	2		5	5	4	5	5	4.8	
63	Meetings are held daily in which community business either is or can be transacted	1		5	5	5	5	4	4.8	
64	General meetings are convened as needed to address negative (or extraordinarily positive) behavior, attitudes, or incidents at the facility	1		5	5	4	5	5	4.8	
65	There are daily or frequent seminars that convene the entire facility to provide information on recovery and Right Living	1		5	4	3	4	5	4.2	
66	Residents participate in program rituals and traditions, such as initiations, graduations, etc.	0		5	5	3	4	4	4.2	
67	Residents and staff participate together in some leisure activities, such as organized sports, etc.	0		5	5	3	5	4	4.4	
68	Problem solving in the community is a combined responsibility of the residents and staff	1		4	5	5	5	5	4.8	

Item	Item Wording	12/7/2020		3/6/2024						
		Scores	% of Max Points	Rater 1	Rater 2	Rater 3	Rater 4	Rater 5	Average Score	% of Max Points
D. Contact with Outside Community		**4**	**40.0%**	**10**	**10**	**9**	**9**	**8**	**9.2**	**92.0%**
69	The program monitors or supervises contact with individuals outside the TC	2		5	5	4	5	4	4.6	
70	Unsupervised contact with people outside the community (with the exception of family or outside ancillary treatment facilities) is related to clinical progress	2		5	5	5	4	4	4.6	
E. Community / Clinical Management: Privileges		**0**	**0.0%**	**8**	**10**	**10**	**10**	**9**	**9.4**	**94.0%**
71	Privileges are related to progress in program	0		4	5	5	5	5	4.8	
72	Status advancement (i.e., head of work unit, etc.) is used as a reward for clinical progress	0		4	5	5	5	4	4.6	
F. Community / Clinical Management: Sanctions		**1**	**4.0%**	**25**	**25**	**25**	**24**	**22**	**24.2**	**96.8%**
73	Program contains a written set of norms for governing client behavior	1		5	5	5	5	4	4.8	
74	Behavioral contracts or learning experiences are used to correct infractions of written rules	0		5	5	5	5	4	4.8	
75	Program provides sanctions for violating behavior rules	0		5	5	5	5	4	4.8	
76	Disciplinary actions are designed as learning experiences	0		5	5	5	5	5	5	
77	The choice of disciplinary actions depends upon clinical considerations	0		5	5	5	4	5	4.8	
G. Community / Clinical Management: Surveillance		**6**	**60.0%**	**9**	**10**	**9**	**8**	**10**	**9.2**	**92.0%**
78	Program includes regular drug screening (i.e., random urine analysis as well as tests for probable cause)	5		5	5	5	5	5	5	
79	There are periodic "House Runs" or thorough inspection of the premises	1		4	5	4	3	5	4.2	

Item	Item Wording	12/7/2020		3/6/2024						
		Scores	% of Max Points	Rater 1	Rater 2	Rater 3	Rater 4	Rater 5	Average Score	% of Max Points
IV. Educational and Work Activities		**6**	**7.1%**	**81**	**77**	**74**	**74**	**81**	**77.4**	**91.1%**
A. Formal Educational Elements		**2**	**10.0%**	**17**	**13**	**16**	**12**	**18**	**15.2**	**76.0%**
80	The daily activities include both therapeutic and educational/vocational goals	0		5	3	5	3	5	4.2	
81	Educational seminars are held on various topics of concern to clients	1		5	3	4	3	5	4	
82	The program includes academic training or tutoring services for those who need it	0		4	4	4	3	5	4	
83	The program includes vocational training and/or experience	1		3	3	3	3	3	3	
B. Therapeutic Education Elements		**4**	**13.3%**	**30**	**30**	**25**	**27**	**30**	**28.4**	**94.7%**
84	Listening, speaking and communication skills are emphasized	1		5	5	5	5	5	5	
85	Program includes training in personal decision-making skills	2		5	5	5	4	5	4.8	
86	Regular seminars are held to help residents balance the emotional and cognitive experiences of the TC program	0		5	5	3	4	5	4.4	
87	Clients are taught to control their emotions and release them in appropriate contexts, such as group, etc.	0		5	5	4	4	5	4.6	
88	Clients learn conflict resolution skills	0		5	5	4	5	5	4.8	
89	Work is utilized as part of an educational and skill training process	1		5	5	4	5	5	4.8	
C. Work as Therapy		**0**	**0.0%**	**34**	**34**	**33**	**35**	**33**	**33.8**	**96.6%**
90	There is a hierarchical structure consisting of different levels of resident job functions	0		5	5	5	5	4	4.8	
91	Residents' job functions are related to clinical progress	0		4	4	5	5	4	4.4	
92	Work is utilized as part of the therapeutic program	0		5	5	5	5	5	5	
93	Work is issued to help develop interpersonal skills	0		5	5	4	5	5	4.8	
94	Work is used to develop a cooperative attitude	0		5	5	4	5	5	4.8	

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		Scores	% of Max Points	Rater 1	Rater 2	Rater 3	Rater 4	Rater 5	Average Score	% of Max Points
95	Work is used to reinforce the values of the community	0		5	5	5	5	5	5	
96	Clients perform all chores, such as cooking, cleaning, and home maintenance functions	0		5	5	5	5	5	5	
V. Formal Therapeutic Elements		**11**	**11.0%**	**84**	**88**	**77**	**88**	**85**	**84.4**	**84.4%**
A. General Therapeutic Techniques		**1**	**3.3%**	**29**	**29**	**27**	**30**	**28**	**28.6**	**95.3%**
97	Clients are encouraged to "act as if" as a means of developing a more positive attitude	0		5	5	4	5	5	4.8	
98	Positive performance of clients is reinforced with praise	0		5	5	5	5	4	4.8	
99	Confrontation is used to counter effects of negative behavior and attitudes	0		5	5	5	5	5	5	
100	Confrontation focuses upon behavior, not the individual	0		5	5	4	5	5	4.8	
101	Self-help techniques are taught throughout the program and accelerated before re-entry	1		5	5	4	5	5	4.8	
102	Peer feedback occurs more frequently than staff counseling	0		4	4	5	5	4	4.4	
B. Groups as Therapeutic Agents		**4**	**20.0%**	**13**	**17**	**9**	**15**	**16**	**14.9**	**74.5%**
103	Use of encounter groups to confront negative behavior and attitudes	1		5	5	4	5	5	4.8	
104	Use of periodic probes (staff led groups) that meet to uncover important and sensitive biographical information	1		4	5	*Missing*	5	4	4.5	
105	Program uses didactic tutorial groups to teach interpersonal skills and recovery-oriented concepts	1		4	5	3	5	4	4.2	
106	Periodic use of marathon meetings and retreats to develop insight and catharsis	1		0	2	2	0	3	1.4	
C. Counseling Techniques		**6**	**15.0%**	**34**	**36**	**34**	**40**	**32**	**35.2**	**88.0%**
107	Counselors more often interact informally than formally with residents	0		3	4	5	5	3	4	
108	Counselors serve as role models for residents	0		5	5	5	5	5	5	

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		Scores	% of Max Points	Rater 1	Rater 2	Rater 3	Rater 4	Rater 5	Average Score	% of Max Points
109	Much of the counselors' influence is exerted outside the formal counseling situation	0		5	4	4	5	3	4.2	
110	Counselors function as a role model is of equal or greater importance than their formal therapeutic capacity	0		4	5	4	5	4	4.4	
111	Staff counselors meet individually with residents on a regular basis	2		5	5	5	5	5	5	
112	Staff counseling techniques sometimes include didactic instruction	2		4	5	4	5	4	4.4	
113	Staff counseling techniques sometimes include personal sharing of experiences and feelings	2		4	3	4	5	4	4	
114	Staff counseling techniques include redirecting clients to peers	0		4	5	3	5	4	4.2	
D. Role of the Family		Missing	Missing	**8**	**6**	**7**	**3**	**9**	**6.6**	**66.0%**
115	Family Services or counseling is included in the treatment plan	Missing		4	3	4	0	4	3	
116	Where appropriate, the family is utilized as a therapeutic or behavior management agent	Missing		4	3	3	3	5	3.6	
VI. Process		**14**	**11.7%**	**112**	**118**	**113**	**115**	**109**	**113.4**	**94.5%**
A. Stages of Treatment		**0**	**0.0%**	**15**	**15**	**15**	**15**	**13**	**14.6**	**97.3%**
117	The program is designed as 3 main stages, orientation / induction, primary treatment, and reentry, with sub-phases in each stage	0		5	5	5	5	5	5	
118	There are phase specific goals that residents are expected to meet	0		5	5	5	5	4	4.8	
119	There is a programmatic or planned sequence of increasing responsibility for residents as clinical goals are met	0		5	5	5	5	4	4.8	
B. Introductory Period / Reconciliation / Phase 1		**7**	**35.0%**	**20**	**20**	**18**	**20**	**19**	**19.4**	**97.0%**
120	The goals of orientation/induction center upon assimilating the residents into the community	1		5	5	4	5	4	4.6	

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		Scores	% of Max Points	Rater 1	Rater 2	Rater 3	Rater 4	Rater 5	Average Score	% of Max Points
121	There is a psychosocial evaluation of the individual at the time of entry into the program	3		5	5	4	5	5	4.8	
122	An individualized treatment plan is developed following the initial evaluation and then revised periodically throughout treatment	3		5	5	5	5	5	5	
123	There is an initial period in which new clients are assigned to senior residents or staff for introduction to the program and initial support	0		5	5	5	5	5	5	
C. Primary Treatment Stage		**0**	**0.0%**	**45**	**45**	**40**	**42**	**43**	**43**	**95.6%**
124	A major goal of the primary treatment stage is psychological growth	0		5	5	4	4	4	4.4	
125	A main goal of the primary treatment stage is building a sense of ownership or belonging in the community	0		5	5	4	5	4	4.6	
126	A main goal of the primary treatment stage is reinforcing abstinence from drugs	0		5	5	4	5	5	4.8	
127	Program encompasses clients developing a realistic view of their capabilities and prospects	0		5	5	4	5	5	4.8	
128	Program involves adhering to rules and accepting behavioral disciplinary contracts	0		5	5	5	5	5	5	
129	Program involves increasing privileges and more responsible job functions	0		5	5	5	5	5	5	
130	Program involves developing a commitment to the shared values and goals in the community	0		5	5	5	5	5	5	
131	Program includes focus on clients becoming more employable	0		5	5	4	3	5	4.4	
132	Program encompasses the development of autonomous decision-making skills	0		5	5	5	5	5	5	
D. Community Re-Entry Period		**7**	**17.5%**	**32**	**38**	**40**	**38**	**34**	**36.4**	**91.0%**
133	The main goal of re-entry is the preparation for and transition to life outside of the TC	0		4	5	5	5	5	4.8	

Item	Item Wording	12/7/2020		3/6/2024						
		Scores	% of Max Points	Rater 1	Rater 2	Rater 3	Rater 4	Rater 5	Average Score	% of Max Points
134	A major goal of re-entry in a TC is encouraging a sense of individuality and selfhood	1		4	5	5	5	4	4.6	
135	A main goal of re-entry is the development of a network of positive support systems	0		5	5	5	5	4	4.8	
136	The re-entry program involves increased individual decision making	2		4	5	5	5	5	4.8	
137	The re-entry program utilized "live out" and "working out" status	0		5	5	5	5	4	4.8	
138	The re-entry program involves monitored or supervised work, training, or education outside of agency facility	0		0	5	5	5	3	3.6	
139	The agency offers aftercare services following discharge	2		5	5	5	5	5	5	
140	The agency offers services to help clients locate jobs and/or housing	2		5	3	5	3	4	4	
	TOTAL SEEQ SCORE	**93**	**13.4%**	**645**	**644**	**622**	**624**	**640**	**635**	**91.4%**