Developing a Family-Focused Residential Treatment Model

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Look Up and Hope

• Model emphasizing Systems Theory and Attachment Theory
• Family connection impacts outcomes
• Issues facing families with addiction are multifaceted
• Mom’s wellness affects the entire family
• Attrition occurs between levels of care
The Opioid Epidemic in Indiana

- 2013- there was a 30% increase in children entering DCS, primarily due to parental substance abuse.
- Children placed in protective custody rose and cases where parental rights were terminated grew by 31%.
- 2014- Indiana ranked 15th nationally for drug overdose fatalities with 1,152 deaths, a 500% increase since 1999.
- Infants exposed to opioids in utero often have Neonatal Abstinence Syndrome (NAS)
- In Indiana, 657 infants had NAS in 2014
- 187 (28%) were born in Marion County
- Indiana hospital costs for NAS babies exceeded $64 million ($18,242,785 in Marion County).
- 2016 – Indiana ranked as the 7th highest drug use state in the U.S.
- 29,000 children on the foster care wait list (March 2018)
- Had approximately 13,000 in 2013
Our Mission

- Develop an intervention to
  - Address the deadliest addiction crisis in recent history
  - Address the foster care crisis
  - Address the incredible increase of babies testing positive for opiates at birth
  - Breaks the multigenerational addiction pathway that our families have been experiencing for decades
Actual Photo of a Planning Meeting

\[\text{THIS IS FINE.}\]
Building Upon Our Resources

- We had a building!
- We had a model that worked!
  - Look Up and Hope
- We knew addiction!
- We knew families!
- We knew our Evidence Based Practices!
CHALLENGE ACCEPTED

Pass the Pepto
Building a Framework for Treatment

• Levels of Care
• Continuum of Care
What are “Levels of Care”?

“Levels of Care” refers to the varying levels of intensity of treatment programs for Substance Use Disorders (SUD) and Mental Health (MH).

Factors that determine Level of Care can include:

- Level of oversight/supervision of individual
- Amount of medical intervention provided
- Type, Frequency and Duration of treatment services
What is “Continuum of Care”?

- “Continuum of Care” refers to a system that guides individuals through an array of treatment services that vary in level of intensity.
- The individual “moves” throughout the continuum of care based on their level of need.
- A good Continuum of Care will allow the individual to graduate into less intensive treatment services as they progress in their recovery while continuing to ensure the individual receives the appropriate level of support and intervention.
American Society of Addiction Medicine (ASAM)

The ASAM Criteria

➢ The result of a collaboration that began in the 1980s to define one national set of criteria for providing outcome-oriented and results-based care in the treatment of addiction.

➢ Today the criteria have become the most widely used and comprehensive set of guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions.

➢ ASAM's criteria are required in over 30 states.
How ASAM’s Criteria Works

• Provide separate placement criteria for adolescents and adults to create comprehensive and individualized treatment plans.

• Treatment plans are developed through a multidimensional patient assessment based on the degree of direct medical management provided, the structure, safety and security provided and the intensity of treatment services provided.
## AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Acute Intoxication and/or Withdrawal Potential</td>
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<tr>
<td></td>
<td>Exploring an individual's past and current experiences of substance use and withdrawal</td>
</tr>
<tr>
<td>2</td>
<td>Biomedical Conditions and Complications</td>
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<tr>
<td></td>
<td>Exploring an individual's health history and current physical condition</td>
</tr>
<tr>
<td>3</td>
<td>Emotional, Behavioral, or Cognitive Conditions and Complications</td>
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<tr>
<td></td>
<td>Exploring an individual's thoughts, emotions, and mental health issues</td>
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<tr>
<td>4</td>
<td>Readiness to Change</td>
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<tr>
<td></td>
<td>Exploring an individual's readiness and interest in changing</td>
</tr>
<tr>
<td>5</td>
<td>Relapse, Continued Use, or Continued Problem Potential</td>
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<tr>
<td></td>
<td>Exploring an individual's unique relationship with relapse or continued use or problems</td>
</tr>
<tr>
<td>6</td>
<td>Recovery/Living Environment</td>
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<tr>
<td></td>
<td>Exploring an individual's recovery or living situation, and the surrounding people, places, and things</td>
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</tbody>
</table>
Note:
Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.
Fresh Start Video

Video
Components of Fresh Start Residential Treatment (ASAM 3.5)

- Assessment
- 24/7 Support
- Group, individual, family, couples counseling
- Skills Building
- Case management
- Client Progress Support Meetings
- Child engagement specialists /in vivo parenting skills reinforcement
- Many community connections / community partnerships
- Medication Assisted Treatment (MAT)
- Drug Screening
- Aftercare Planning
Phase 1

- 21 Days
- 4+ Hour of Treatment Daily
- Weekly Individuals/Family/Couples Counseling Sessions
- Weekly Individual Case Management Sessions
- In program 24/7 except for medical/court needs
Phase 2

• “Step Down Phase”
• ~6 weeks
• Focus on Community Reintegration
• Can Leave w/o Providers or Staff
• Employment
• Educational Classes or Training
• Continued treatment requirements
Safety & Security Measures

- Medication Control
- Bed Bug Protocol
- Locked Facility From Outside
- Crash Doors/Alarms from Inside
- Camera/Security System
- No Tolerance for Physical Aggression/Actions
- Search Protocol
  - Patient, Facility, Belongings, & Perimeter Search
Clinical Treatment Team

Treatment Counselors
- Provide daily recovery groups
- Has 2-3x weekly, individual sessions with patients in first phase and weekly thereafter
- Provides crisis intervention
- Ensures clinical integrity of program and offers training to all staff

Case Manager
- Medical appointments Visitation with children is being establish
- Linkage to NA/AA groups and sponsors
- Housing
- Education
- Employment
- Aftercare services are setup
Operational Treatment Team

Recovery Specialist
• Ensures safety/security of building while providing a trauma informed environment for recovery
• Conducts intakes of new patients
• Teaches patients
• Daily livings skills
• Conducts groups
• Teaches food preparation skills
• Crisis intervention and recovery skill building
• General operations of building

Child Engagement Specialist
• Provides in-vivo parenting skill development
• Leads parenting skill building groups
• Provides child watch of children during groups and individual treatment
• Leads activities for children, such as arts and crafts, singing time, block play, and other developmental activities
Supervision Structure

- Director
- Clinical Services Supervisor
- Lead Recovery Specialist
- Psychologist
- Clinical Director
- Medical Director

Some of our wonderful multidisciplinary staff collaborating on client care
Foundational Approaches to Treatment: Promising & Evidence Based Practices
Evidenced Based Practices

- Interventions developed with the intention of achieving specific positive targeted outcomes
- To be deemed an EBP, an intervention must be proven to produce similar positive results when recreated
- Study of a potential EBP must adhere to scientific standards of research
- **Promising Practices** are interventions that have data showing positive outcomes, but do not yet have enough evidence to support generalizable conclusions
Foundational Approaches to Treatment: Promising & Evidence Based Practices

• Client-Centered
• Harm Reduction
• Trauma-Informed Care
• Seeking Safety
• Look Up and Hope
• Gender Responsive Care:
  • Helping Women Recover
  • Trauma Recovery and Empowerment (TREM)
Client-Centered Approach

• Acknowledges the client as a member of their own treatment team
• Emphasis on honoring client’s self efficacy
• Treatment Planning is informed by client identity, culture, and preferences for treatment
Client Progress Support Meetings: Client-Centered Approach

- Weekly meetings with the client and their treatment team
- Focus of meeting is helping client adjust to residential treatment, providing encouragement and support
- Provides client with a space to discuss needs and concerns with their treatment team
- Engages client in problem solving around any potentially treatment interfering behaviors
Fresh Start Recovery Center

• Started in August 2015
• 15 beds
• Up to 2 children ages 0-5 can reside with mother
• 24/7 supervision
• Comprehensive treatment approach
Fresh Start Recovery Center Now

- Serves Women with or without DCS cases
- 45 Bed Residential Facility in Indianapolis
- 23 Bed Residential Facility in Winchester, IN
- Total of 48 children served between all facilities
- Programming Enhancements & Research
  - Implementing two federal grants & one state grant w/research components
    - Administration of Children, Youth, and Families (ACYF)
    - Substance Abuse & Mental Health Services Administration (SAMHSA)
    - Indiana State Department of Health (ISDH)
  - Implementing housing first grant through IHICDA
Positive Impact of Expansion

Since April 2018

• 108 additional mothers were able to be served
• 27 additional children were able to live with their mothers rather than be placed in foster care
Outcomes

• 88% of children born while mother was in the program did not test positive for illicit substances
• All mothers were having negative drug screens by the time of birth so exposure was limited in those that did test positive
• Conversely, 79% of mothers who delivered before admission into Fresh Start had babies who tested positive for illicit substances
• 91% of program participants made progress toward their treatment goals
• Clients report a 97% satisfaction rate
• 63% of mothers with children in the program successfully graduate
• 54% of mothers without children in the program successfully graduate
Behavioral Health Growth

By the numbers

Number of staff  residential beds

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<th>now</th>
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<tr>
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<td>15</td>
</tr>
<tr>
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 Volunteers of America
OHIO & INDIANA

Helping America’s most vulnerable™
Winchester House, Fresh Start

Helping America’s most vulnerable™
Fresh Start Columbus, IN
Fresh Start Evansville, IN

Helping America’s most vulnerable™
Specialized Populations

• Pregnant, non-DCS involved women
• Mothers with infants testing positive at birth
• Postpartum women
Positive Impact of Expansion

- Approximately 500 additional mothers and 150 additional children can be served each year
- Regional model improves outcomes
- Rural communities without resources have a new treatment option!
Next Steps

• Expanding Behavioral Health into Ohio
• IOP/Outpatient
• Fresh Start Recovery Center
Questions?