

Conewago Indiana

Level 3.5 Co-Occurring Capable Program

Target Population

Target population includes adult men and women who are 18 years of age and older and are displaying co-occurring mental health and substance use disorder symptomology. Each individual will meet the 3.5 ASAM level of care criteria. Admission is appropriate when specifications are met in all six ASAM dimensions. Presenting symptoms will include uncontrolled substance use in conjunction with biomedical, emotional, behavioral, or cognitive problems which are so severe that they require inpatient services, but not severe enough to warrant an acute care hospital setting. The primary focus of the program will be to treat individuals whose co-occurring issues require more intensive staffing and support services. The program will address individuals who are exhibiting mental health symptomology consistent with the co-occurring capable 3.5 ASAM level of care. This is consistent with Kenneth Minkoff's third Quadrant of co-occurring disorders treatment which covers High Drug and Alcohol issues and Low to Moderate Mental Health issues.

Program Description

(Medical Screening and Assessment)

Each individual will begin the treatment process by participating in a medical screening and assessment conducted by the facility nursing staff. This process will identify any existing medical issues, the current med regime of the individual, the individual's vitals and any expressed or documented medical concerns.

(Psychiatric Nurse Medication Review)

Each individual will then meet with the facility Psychiatric Nurse to review their previous and/or existing medications to answer any questions they may have and to prepare for review with the psychiatrist during their psychiatric exam.

(Suicide Risk Assessment)

Each individual admitted to the program participates in a suicide risk assessment utilizing the Suicide Prevention Screening Guidelines form in the individual's electronic case file. A total score greater than 8 or yes answers to some specific questions requires that the facility director, clinical director, psychiatric nurse and medical director be notified. If at any time throughout the individual's treatment stay the individual expresses any suicidal ideation the counselor or nursing staff will re-administer the Suicide Prevention Screening Guidelines. Upon being notified that an individual presents being at risk for suicide, the facility director, clinical director, counselor, medical director and/or psychiatric nurse will staff the individual to determine the appropriate

course of ongoing treatment. The consultation is designed to focus on determining the type of supervision to be instituted or if deemed necessary the type of mental health referral to be made.

Any program participant who is observed to be in the actual process of physically causing damage to self or others shall receive immediate medical attention and referral for emergency psychiatric evaluation or consult.

(Physical Exam)

Within 72 hours of admission, each individual is given a thorough medical exam by the facility's medical director. Any immediate medical concerns are addressed at that time and a referral made should any of the medical concerns require treatment at a community-based facility.

(Biopsychosocial Assessment)

Within 3 days of admission, each individual meets with their counselor to complete a thorough biopsychosocial assessment. Information gathered during the completion of the bio- psychosocial history is used by the counselor to develop a bio- psychosocial assessment and evaluation on each program participant. This provides a composite picture of the individual and assists the counselor in identifying possible relationships and conditions that have either caused or lead to the program participant's current condition and referral for placement. The evaluation will include a clear description of the program participant's presenting problems and needs that may or may not be resolved through the program participant's treatment experience at this level of care. The evaluation will also identify problem areas that could possibly inhibit treatment and will identify the program participant's strengths, assets, and weaknesses including the potential sober support system. The counselor also draws conclusions from the program participant's behavior, reactions during the intake process, attitude toward treatment, and general appearance.

(Trauma Assessment)

The biopsychosocial assessment also includes an evidenced-based trauma assessment. An evaluation of any past trauma history is identified and subsequently incorporated into the participant's course of treatment.

Screening and assessment tools which can be utilized to effectively diagnose substance abuse include:

- *DSM V* - *Diagnostic and Statistical Manual*
- *DAST* - *Drug Abuse Screening Test*
- *ASAM* - *American Society of Addiction Medicine*
- *RCQ* - *Readiness to Change Questionnaire*

- *MAST* - *Michigan Alcohol Screening Tool*
- *CIWA-A* - *Clinical Institute Withdrawal Assessment*
- *SASSI-3* - *Substance Abuse Subtle Screening Inventory -3*
- *COW* - *Clinical Opiate Withdrawal Scale*
- *CAGE* - *Clinical Alcohol and Drug Quick Screen*
- *SSI-AOD* - *Simple Screening Tool for Alcohol and Other Drugs*

Screening and assessment tools which can be utilized to effectively diagnose mental illness include:

- *DSM V* - *Diagnostic and Statistical Manual*
- *BPRS* - *Brief Psychiatric Rating Scale*
- *RCQ* - *Readiness to Change Questionnaire*
- *SRA* - *Suicide Risk Assessment*
- *MMS* - *Modified Mini Mental Health Screening*
- *PTSD* - *Traumatic Life Events Inventory and PTSD Checklist*
- *Anxiety* - *Social Interaction Anxiety Scale*
- *MHSF-III* - *Mental Health Screening Form –III*

(Psychiatric Assessment)

All individuals participating in the 3.5 co-occurring capable level of care program will participate in a psychiatric assessment within the first week of admission to the program. The psychiatric assessments will be conducted via a tele-psychiatry contract with the UPMC Western Psychiatric Hospital. Firetree, Ltd has entered into a service contract with their tele-psychiatry division for the following psychiatric services for our co-occurring individuals:

- Psychiatric Evaluations
- Medication Management Reviews
- Case Consultation Sessions
- Quarterly tele-psychiatry meetings
- Monthly administrative supervision time with Tele-psychiatry program director
- Built in administrative time for caseload management

The Conewago Indiana clinical supervisor in conjunction with the facility mental health professional will be responsible for prioritizing resident need based on case presentations and making referrals for placement in the psychiatrist evaluation schedule. Psychiatric evaluations are scheduled for one hour, the case consult coordination meetings are scheduled for 30 minutes, and subsequent medication reviews are scheduled for twenty minutes.

(Mental Health Professional)

The mental health professional will oversee all residents who are involved in the co-occurring cable program. Prior to the resident being seen by the psychiatrist, the mental health professional and psychiatric nurse will create a case presentation for review with the facility treatment team). The treatment team will then evaluate the appropriateness for a referral for psychiatric evaluation and/or subsequent medication reviews. The treatment team will consist of the facility medical director, facility director, facility clinical director, and the mental health professional, psychiatric nurse, and clinical counseling staff. The case presentation will then be reviewed with the psychiatrist prior to the individual's initial psychiatric appointment.

The facility mental health professional completes a resident's case presentation note and presents to the psychiatrist for coordination of medical services review.

Case presentation will include the following elements:

- Previous history of mental illness and/or diagnosis
- Current substance abuse diagnosis
- Past or current resident medication regime
- Current observed resident behavior patterns/presenting mental health symptoms

Referring facility mental health professional will coordinate the video set up with the resident in the designated staff office in resident's treatment facility and initiates contact via video conferencing with psychiatrist. The mental health professional will remain in the room where the tele-psych connection is made in order to be available for any resident emergencies or issues with the tele psychiatric video equipment.

Psychiatrist completes a one hour video psychiatric evaluation then completes psychiatric evaluation form within the resident's electronic medical chart

Any medications prescribed will be e-prescribed through the resident's medical chart as well to the contracted pharmacy.

Facility mental health professional in conjunction with the psychiatric nurse schedule medication reviews with Psychiatrist per his Dr.'s orders and coordinates documentation with the applicable facility clinical staff.

Psychiatrist completes medication review notes within the residents' medical chart for facility clinical and medical staff to review.

All scheduled appointments will be documented on the resident's calendar by the referring facility counseling staff with the date, start and stop time of the appointment, and an indication that the service was performed via a tele psychiatry connection.

All associated case management forms will become a component of the resident's electronic case file.

(Life Skills Evaluation)

Firetree utilizes its own in-house life skills assessment tool to evaluate the individuals functioning in a variety of life skill areas and to target need areas for therapeutic intervention. All individuals complete the life skills assessment tool and their level of functioning is rated for each of the 7 targeted functioning areas. The highest priority areas are then addressed in treatment while any lower priority areas are targeted to be addressed through the aftercare planning process at the next level of care. The assessment is completed in a pre-test, post-test fashion which allows Firetree to collect and analyze outcome data for future programming considerations.

(Stages of Change Evaluations)

Each program participant is evaluated for their current stage of change and this information is then utilized to assist with their placement to the most appropriate track group.

- Precontemplation stage-when program participants don't consider their substance use a problem or don't feel they can do anything about it – Constitutes a lack of acceptance and is addressed within the Traditional Treatment Track.
- Contemplation stage- when program participants acknowledge a problem and actively begin to consider the possibility of change- Constitutes the beginning of internal motivation for change and is addressed within the Traditional Treatment Track.
- Preparation stage- when program participants make a commitment and plan to change- Constitutes the beginning process for mapping out a plan of recovery and is addressed within the Relapse Prevention Treatment Track and involves significant cognitive restructuring.
- Action stage- the process of being actively engaged in the change process- Constitutes the work of recovery and is addressed within the Relapse Prevention Treatment Track.
- Maintenance stage- integrating change into one's lifestyle – Constitutes the maintenance of life changes and is addressed with the aftercare planning process.

(Clinical Case Consultations)

An interdisciplinary team consisting of the medical director, the mental health professional, psychiatric nurse, master's level clinical staff and clinical supervisor will meet with the individual once the initial assessment is completed to formulate a plan for the individuals' treatment and make a referral for psychiatric services. The clinical team also meets with each program participant for a case consultation session at day 14 for short term stays and at day 14 and at discharge for residents in long term care. Input is provided on the individual's progress on goals, and to identify any behavioral issues which may be interfering with the individual's progress.

(Comprehensive Treatment Planning)

A Comprehensive Individualized Treatment and Rehabilitation Plan is developed through a collaborative partnership between the individual and his or her counselor within 3 days of placement. This strength-based treatment plan includes written documentation of the following:

1. Short and long term goals for treatment as formulated by staff and the program participant. Each goal shall be realistic in nature and stated in behavioral, measurable terminology.
2. Types and frequency of treatment and rehabilitative services i.e. group counseling three times per week, family therapy one time every three weeks, or daily relaxation etc.
3. Proposed type of support service or services, which may include medical, psychiatric, or psychological services, economic, legal, AA, NA etc.

(Master's level Counselor)

The Master's level Counselor will be responsible for assisting the program participant in the development of the Comprehensive Treatment Plan. The Clinical Director shall monitor compliance.

The Master's level Counselor and program participant will establish the type and frequency of treatment services. Together they will identify proposed supportive services to be recorded on the Comprehensive Treatment Plan Form.

(Treatment Plan Updates)

The treatment plan shall be reviewed and updated at the end of the first 15 days of treatment for those program participants who stay less than 30 days and at least one time per month for those who stay more than 30 days. The Primary Addiction Counselor will conduct this review along with the program participant during an individual counseling session.

The Treatment Plan Update shall include an assessment of the program participant's progress in relationship to the stated goals of the Comprehensive Treatment Plan. It shall also take into consideration information gathered during any case consultations that may have taken place since the development of the comprehensive treatment plan.

When the program participant moves from any track assignment of the program, the primary counselor and program participant will develop a treatment plan update, which will reflect the identified treatment needs established at the 30 day utilization committee review or case consultation. A Treatment Plan Update shall be conducted every 30 days thereafter. The Treatment Plan Update will reflect closure when goals have been achieved. The Treatment Plan Updates shall be dated, and then signed by the program participant, Primary Counselor, and Clinical Director.

(Aftercare Planning)

A written Aftercare Plan will be developed for each participant that is either successfully or administratively discharged from Firetree's inpatient programs. This Aftercare Plan will include identification of the participant's personal goals and objectives with applicable time frames. The focus of the plan will be on sustaining and building on the progress achieved during treatment and will include referrals to support services to be utilized upon discharge. The Primary Addictions Counselor will be responsible for assisting the participant in developing the Aftercare Plan. The Clinical Director will monitor compliance.

The Aftercare Plan identifies the individual's personal goals and objectives and outlines a program for future treatment, support, and recovery after they leave formal treatment. The Aftercare Plan should focus on sustaining and building on the progress achieved during treatment and should be representative of input from all persons playing a significant role in the treatment process, especially the participant.

At least one week prior to discharge, the Primary Addictions Counselor will meet, during an individual counseling session, with the participant to assist in the development of an Aftercare Plan for addressing goals and objectives to be followed upon completion of the formal treatment experience. The Aftercare Plan shall include:

- a. The participant's future goals with identified time frames for achievement.
- b. A description of the services that can be provided by the project after discharge, if necessary.
- c. The method and frequency of continuing contact to provide participant support.
- d. Criteria for re-entry into the program, if appropriate.
- e. Provision for the periodic re-evaluation and termination of the plan.
- f. Referrals to support services.

(Utilization Review Staff)

The utilization review staff are responsible to coordinating the individuals funding for treatment and to assist in the establishment of aftercare placement when needed. They may also be called upon to make some follow up contacts for individuals who leave the program against medical advice or have been referred to another provider for ongoing treatment.

(Discharge Summary)

Within five working days of discharge from the program the primary counselor will complete a Discharge Summary and enter it into the participant's case record. This Discharge Summary shall include a description of the reasons for treatment, types of services offered response to treatment and the participant's status or condition upon discharge. The counselor will identify the events that led the participant to seek treatment, the level of commitment to recovery, significant findings while in treatment, and a response to the clinical process. Other information contained within the Discharge Summary will include the areas of concern following discharge; participant's identified relapse warning signs, final assessment, diagnosis code, and the type of discharge.

Programming

Firetree provides an integrated co-occurring inpatient non-hospital treatment program designed to assist individuals to restore personal dignity while learning to live chemically free and emotionally stable. The overall goals of the program involve working together with the individual for the purpose of increasing levels of functioning and supporting abstinence through the provision of a comprehensive cognitive behavioral approach rooted within a 12-step recovery model.

Using a coordinated series of research based therapeutic models, the integrated substance use and mental health program provided at Firetree identifies the participant's patterns of chemical dependence, underlying emotional conflicts, and thought and behavior patterns which contribute to a less than healthy lifestyle. By exploring the individual's level of acceptance and internal motivation for change, the programming strives to empower the individual to make the necessary changes to promote a more prosocial mode of living.

Program Philosophy

Addiction is viewed as a progressive, generational disease, which negatively affects the individual in all domains of their functioning. A person suffering from substance abuse and or co-occurring mental health disorders has a negative effect on all those systems in which he or she interacts. The treatment philosophy of Firetree directs therapeutic intervention within a systems perspective and subsequently addresses the functioning of the individual in the context of the larger systems within which they interact.

Firetree's mission statement is "Together Building a New Way of Life." Firetree believes that making the individual ultimately responsible for their own recovery is the most effective way to foster the long term change. Our clinical programming utilizes an evidenced based cognitive/behavioral approach rooted in the 12-step recovery model. Primary focus of treatment is on enhancing the individuals' awareness and acceptance of their addiction and/or co-occurring mental health disorders. Firetree facilitates its programming within a modified therapeutic community model which emphasizes the community as method philosophy. Focus is placed on the utilization of peer support and emphasizing the prosocial value of working together to achieve long term success. The clinical team emphasizes the utilization of motivational interviewing techniques to enhance the individual's internal motivation for change. The primary focus of the substance abuse treatment is as follows:

Primary Treatment Goals

1. To improve the program participant's awareness of the disease process of addiction and any concurrent mental health disorders.
2. To improve the program participant's acceptance of their particular addiction problem and/or mental health disorders.
3. To foster the appropriate cognitive/behavioral changes necessary to improve the program participant's control over their addiction and thus improve their overall functioning.
4. To use program participant strengths and available community resources to foster long-term success in recovery.

Utilizing a holistic approach, Firetree addresses the physical, mental, emotional and spiritual needs of the program participant by incorporating the participant's strengths and support networks to foster motivation for change. Firetree uses MET to address the participant's motivation for change, CBT to identify and address the change needed to return the participant to appropriate functioning, and a 12-step recovery model to expand family and community resources to foster the optimum long-term treatment success.

The programming will incorporate community participation, individual, group, and family therapy sessions to address the program participant's awareness of addiction and co-occurring mental health disorders, acceptance, motivation for change, and use of support services for after care planning.

(Individual Therapy Sessions)

All individuals will receive a minimum of one D&A oriented individual session and one mental health oriented individual session per week. Additional individual sessions will occur as the presenting need of the individual dictates.

(Group Therapy)

Community Participation

Daily Community Meetings are used to address the overall functioning of the community in terms of supporting each other's recovery, fostering participant awareness of needed cognitive/behavioral change, and acting in such a way as to bring about that change.

Twice weekly Goal Setting and Positive Affirmation Groups) are utilized to address individual participant treatment goals and participant strengths which can be utilized on a daily basis to foster the long term change in participant awareness and functioning necessary to support a more productive, sober lifestyle.

Twice Weekly Inventory Groups are utilized to provide participants with feedback from staff and their peers on their daily progress with the immediate goals.

Daily Work Therapy occurs for one hour each day and incorporates daily details designed to improve investment in the treatment process, to improve personal responsibility and to improve prosocial values.

Clinical Groups

Treatment Track Groups are community based drug and alcohol groups designed to meet the participants at the stage of change at which they present to treatment. All program participants will be the focus on each group to tell their life story, have their progress reviewed by the community, and have the appropriateness of their relapse prevention plan critiqued by their peers and staff. These groups run daily allowing for each individual to participate in each component.

Traditional Group is utilized to allow the participant to voice their life story out loud to the community while the negative consequences in all areas of their functioning is noted. The group is designed to address the individual's awareness and acceptance of their personal substance use disorder while providing the community the opportunity to consistently re-evaluate their own addiction status. Participation in the group also allows the group members to identify with their addiction and any co-occurring mental health issues and to begin to take responsibility for making the necessary changes to support long term recovery and improve overall functioning.

Peer Review is a peer feedback group during which each individual is provided with feedback from staff and their peers in relation to their progress in treatment. Midway through the individual's course of treatment, the individual is provided valuable input on their progress and any barriers to change and/or behaviors the individual can implement to improve their overall recovery efforts.

Recovery Court is a very structured relapse prevention model that focuses on each participant's development of a functional relapse prevention plan that is tested within the structure of the relapse court. The court serves as a form of peer review that challenges the strengths and weaknesses of the relapse prevention plan and allows for peer feedback on methods of modification to help strengthen the relapse plan.

Twice Weekly Small Process Groups are a more intensive, small case load oriented groups that allows the counselor to get more in-depth in dealing with program participant issues and individual progress on goals. Individuals are able to delve more into their underlying emotional issues while developing trust with a smaller group participants.

Weekly Co-Occurring Disorders Group targets participant awareness of the various interrelated aspects of a co-occurring mental illness in the treatment of addiction. Focus is on the parallels between addiction and mental illness, the stages of change as they pertain to mental health, coping skills, organic v. situational depression, depression and addiction, anxiety and addiction, bi-polar disorder and addiction, PTSD and addiction, self-image, relapse prevention, and utilization of support systems.

Weekly Dialectical Behavior Therapy Group addressed the individual's awareness and acceptance of their mental health disorders. The group is designed to review each individual's mental health disorder while fostering a greater awareness and acceptance of ones' symptomology and feelings. Focus is on improving the individual's coping skills, fostering greater use of support systems, and strengthening the individual's relationships. The group will include some mindfulness training along with distress tolerance and emotional regulation.

Twice Weekly Holistic Groups will utilize outside contact staff to conduct music therapy and art therapy sessions. Sessions will focus on anxiety and depression issues, anger management, recovery, and the development of coping skills.

Weekly Gender Specific Trauma Groups target the underlying trauma issues which often become a primary trigger for the individual's addiction issues. The program utilizes Stephanie Covington's evidence-based Healing Trauma for Women and Exploring Trauma for Men curriculums to assist individuals in weekly group sessions. Focus is to assist individuals in improving their coping skills in dealing with the anxiety, depression, and avoidance behaviors associated with the traumatic events they have been exposed to in the past. Skills such as deep breathing exercises, relaxation techniques, and grounding exercises aid in the process of allowing these individuals to experience the past trauma issues without the related anxiety and physical symptoms caused by these traumatic memories.

Weekly Gender Groups are utilized to provide gender specific programming and to allow the individuals to address sensitive issues without the distraction of participants of the opposite sex. Relational skills, boundary setting, and gender specific role fulfillment issues are taught to foster awareness and improved prosocial functioning.

Weekly Nicotine Recovery Group will focus on dealing with nicotine as a drug of abuse. Focus will be on awareness of the negative impact on the health of the individual and their recovery efforts, smoking cessation, nicotine replacement therapies, and the use of support services.

Cognitive Restructuring Groups

Weekly Co-occurring Cognitive Behavior Therapy Group focuses on instruction in the evidenced-based CBT change models. The program primarily utilizes Hazelden's Co-Occurring CBT curriculum. The curriculum focuses on the individual's awareness of the cognitive/behavioral changes which occur as a result of addiction and mental health disorders. Treatment addresses more prosocial thought and behavior patterns to foster improved cognitions and promote long term recovery and a return to a more prosocial lifestyle.

Weekly Thinking Errors Groups are utilized to assist the individuals with identifying the thinking errors associated with both substance abuse and criminal behavior patterns. The individuals are taught the ABC Model of cognitive change and assisted with feedback on their own specific thoughts and behaviors which need to be addressed to support long term recovery.

Weekly Motivational Enhancement Therapy Groups are utilized to address the individual's motivation for change. As the individual progresses through the various stages of change, focus is placed on assisting the individual to move from external to internal motivation. Emphasis is directed at enhancing the individual's self-image through goal attainment and self-efficacy.

Weekly Relapse Prevention Group places emphasis on relapse prevention, triggers, refusal skills, and planning for unexpected high risk situations for long term recovery.

Educational Groups

Weekly Psycho Educational Groups utilize the Change Company's Choice and Change Drug and Alcohol Educational Journals to improve participant awareness of addiction and also review mental health disorders to improve client acceptance and awareness of their mental health issues. Focus is to assist the individual to begin to address their internal motivation for change. The groups occur twice each week and are designed to provide educational materials to improve participant awareness of addiction and any co-occurring mental health disorders.

Weekly 12-Step Lecture Groups focus on assisting the participant in learning about the 12 steps of recovery; how to apply these steps for cognitive/behavioral change and utilization of a recovery model for additional support for long term recovery.

Daily In-house 12-Step Meetings

Occur on a daily basis and are utilized to address program participant awareness of addiction, cognitive/behavioral change to support sobriety, peer support and feedback on program participant progress in recovery. The program offers groups with outside speakers at least twice per week and meeting in the community twice per week.

Life Skills Groups Four Times Per Week

Life skills is a structured group process where program participants are offered the ability to address their individual skills areas and improve their overall functioning. Instruction is provided by the facility's Life Skills Coordinator and role playing is utilized to practice skill attainment. Addressed are the areas of:

- *Section One (Family and Parenting)*

This section deals primarily with child care issues that affect our program participants and families. Building positive and healthy relationship is part of this section to place focus back on the importance of family unity and trust. Specific topics include: Child Development/Practical Parenting; Home Safety for Children;

Effective Discipline; Working with Community Agencies as a parent or guardian;

Building and Maintaining Positive Family Relationships; Dealing with Divorce; Stress Management in Parenting; the Importance of Fathers/Mothers; Expectant Mothers; Balancing Work and Family.

- *Section Two (History of Abuse: Sexual/Emotional/Physical Abuse)*

As our experience has shown over the years, many of our program participants have been abused in some way. Either, sexually or domestically, and has proven to be a direct cause of the behaviors that are exhibited in our program participant population. Specific topics include: Domestic Violence Prevention; The Impact of Domestic Violence on Children; The Cycle of Abuse; Sexual Abuse/Assault Prevention; Stalking & Harassment; Child Abuse/Maltreatment Prevention; Surviving Abuse; Suicide Prevention; Women's Criminality; Building and Maintaining Positive Relationships.

- *Section Three (Vocational)*

Program participants who are in need of vocational training, whether it is career planning, GED preparation, Adult Education, communication skills or any other pertinent skill can be addressed using the vocational section of the life skills manual. Specific topics include: Identifying Interests; Discussion: Women/Men in the Workplace; Exploring Options in Education/Career

Planning; Steps to Obtaining a GED; The College Enrollment Process; Employment Issues for Ex-Offenders; Time Management; Cultural Competency; Communication Skills

- *Section Four (Money Management)*

Money management is a basic skill all people need, our program participants are no exception. We focus on the basics, such as checking, budgeting and assessment of financial needs. We can help the program participants gain the ability to manage money. Specific topics include: Assessing your Current Financial Situation; Creating a Spending Plan; Banking Services; Basic Money Concepts; Being a Smart Shopper; Children and Money; Planning for your financial future.

- *Section Five (Health/Wellness)*

Health and wellness topics are covered with our population to raise awareness of proper nutrition, living a healthy lifestyle and addressing anger. Specific topics include: Stress Management; Anger Management; Conflict Resolution; Proper Nutrition; Maintaining a Healthy Lifestyle; Sexual Health/Birth Control; Infectious Disease Control; Suicide Prevention; Smoking Cessation, and Medication Management.

- *Section Six (Housing)*

Many program participants need suitable, approved housing upon release from our facilities, therefore we discuss ways to search for, fund and maintain a safe and clean house. Specific topics include: Apartment Searching; Obtaining Housing; Being a Responsible Tenant; Types of Housing; Purchasing a Home; Maintaining a Residence; Home Safety for Children; Basic Home Safety Tips; Selecting a Room Mate; Saving Money and Energy at Home

- *Section Seven (Employment/Job Readiness)*

Employment is generally a priority for our program participants. Without a lucrative job, they cannot support themselves well enough to be a productive citizen. We give intense focus to employment preparation, resume writing, job search skills and interviewing techniques. Our program participants want a good job when they leave the facility; therefore, we offer many tools to be sure they have the ability to secure one. Specific topics include: Conducting a Job Search and Effective Job Applications; Resume Writing and Cover Letters; Effective Interviewing Techniques; Social Skills in the Workplace; Cultural Awareness; Effective Communication; Obtaining Proper Identification/Health Insurance Options; Time Management; Stress Management in the Workplace; Employment Preparation and Maintenance; Ethics and Accountability.

- *Section Eight (Social Skills)*

Often residents either have their social skill functioning negatively affected by their substance consumption or have been utilizing substance consumption as a way of attempting to enhance their social interactions. Residents are therefore provided social skills training through the utilization of the Change Company's Transition Skills Journaling Workbook to improve their overall functioning in this area. Social Skills topics include: Realistic Expectations, Healthy Relationships, Managing Your Time, Handling Social Influences,

Road Blocks in Transition, Thinking for a Change, Authority Figures, Managing Your Anger, and Your Safety Net.

Family Participation

Firetree's inpatient programs believe that family and community inclusion is crucial to the long term functioning of its treatment population. Family participation occurs through family sessions on a weekly basis when deemed appropriate, family educational lectures on the weekends and 4 hours of available family visitation time on weekends. Family and concerned individuals in the community are encouraged to participate throughout the treatment process to assist in the long term success of the individual's treatment.

Drug and Alcohol Testing

Urine drug testing and alcohol breath testing services will be provided to assure abstinence of the participants enrolled in the Inpatient Program. All participants will participate in urinalysis and breathalyzer testing as per the program protocols. Firetree's inpatient programs, staff members will be trained in the collection, handling, and security of urine sample.

Follow up Procedures

Firetree currently completes a 7-day follow up phone call on all of its discharged individuals. During the call, data is collected in the following areas:

- Is the individual still sober
- Did the individual attend their aftercare appointment
- Are they active in a recovery program
- Is the individual interested returning to treatment

Outcome Data is also collected by a corporate outcome data collection staff by contacting the individual's aftercare placement site to collect data on the nature of the individual's discharge and the % of their aftercare attendance.

- The nature of the individual's discharge is broken down into the following categories:

Successful Unsuccessful Other
 Admin Medical
 AFA Legal
 Transfer

Outcome statistics are coordinated on a monthly basis by Firetree's corporate clinical director and then distributed to the corporate staff, facility directors and clinical supervisors for ongoing quality improvement purposes.

Medication Assisted Therapy

All of the Firetree's treatment programs provide education to their individuals concerning the utilization of Medication Assisted Therapy as an additional tool for its treatment curriculum. Firetree accepts individuals on Buprenorphine and Vivitrol into all of its inpatient programs and has been coordinating the Positive Recovery Solutions (PRS) Program to induce individuals on Vivitrol when requested.

(Program Staffing)

- Medical Director
- Psychiatrist
- Facility Director
- Assistant Director
- Clinical Supervisor
- Psychiatric Nurse
- MAT Nurse Navigator
- Mental Health Professional
- Utilization Review Staff
- Master's level Clinical Staff
- Life Skills Coordinator
- Contracted Art Therapy and Music Therapy Staff
- Nursing Staff
- Administrative Assistant
- Monitor Staff
- Facility Drivers