



**ARROWHEAD HOUSE PROGRAMS**

# **Intensive Residential Treatment Service**

**Arrowhead House East  
16 South 18<sup>th</sup> Avenue East  
Duluth, MN 55812**

**218-724-8844**

**[www.ahprograms.com](http://www.ahprograms.com)**

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## PROGRAM DESCRIPTION

**Arrowhead House East** is licensed by the State of Minnesota as an Intensive Residential Treatment Service (IRTS). The program provides intensive mental health and dual diagnosis treatment for an adult co-ed population of up to sixteen recipients for a maximum of 90 days. Extensions of treatment are possible with a prior authorization based on medical necessity. Professional staff includes a Mental Health Professional as Clinical Director, a Registered Nurse, 7 Mental Health Practitioners and 9 Mental Health Rehab Workers that provide 24-hour care and supervision of recipients.

Treatment modes adhere to standards that have been designed using Evidence Based Practices. These practices were developed over several years through research and pilot projects. They are the most up to date methods in providing individual treatment, focusing on learning the skills to manage one's disability and pursuing personal goals.

The core concepts of Illness Management and Recovery and Integrated Dual Diagnosis Treatment are provided by twice weekly group sessions with individual sessions as needed. Family Education, another Evidence Based Practice, is available at an individual's request. In this process, family members can participate in the treatment and education their relative receives through one to one sessions facilitated by a Mental Health Practitioner. To encourage this, staffing patterns are coordinated to make participation available 7 days per week, around family member's schedule.

Additional groups enhancing the concepts of Evidence Based Practices and skill building include: daily structure, support resources, socialization, recreation, leisure time activities and independent living skills training. Each individual will also work with their Mental Health Practitioner to begin planning discharge week one to learn of post-discharge housing options.

Upon entering treatment, an individual will progress through a Step System, allowing increased levels of independence as appropriate based upon safety concerns and the level of individual functioning displayed.

Individuals referred for treatment must meet admission criteria and be on a medical plan that funds Intensive Residential Treatment Services. Examples of this funding are Medical Assistance, a Prepaid Medical Assistance Plan or Private Funding. Admission criteria and additional programmatic information can be obtained by contacting the facility at 218-721-8844 or on our website at [www.ahprograms.com](http://www.ahprograms.com).

# INTENSIVE RESIDENTIAL TREATMENT SERVICES

Intensive residential rehabilitative mental health services are time-limited services provided in a residential atmosphere to recipients in need of more restrictive settings and at risk of significant functional deterioration if they do not receive these services. Intensive Residential Treatment services are designed to develop and enhance psychiatric stability, personal and emotional adjustment, self-sufficiency, and the necessary skills to live in a more independent setting. The services are directed toward a targeted discharge date with specified recipient outcomes and are consistent with Evidence-Based Practices. Evidence-based practices are nationally recognized mental health services proven to be effective in helping individuals with serious mental illness achieve specific treatment goals.

The main treatment process occurs through Mental Health Rehab Encounters. A recipient identifies what skills are needed to restore themselves to their desired level of functioning. The identified skills are then further developed through a daily documented encounter with the recipient and a Mental Health Practitioner working together to facilitate the skill building process.

The services provided within our program are planned and coordinated with the local mental health service delivery system. Recipients may access and receive services outside our facility for which they are eligible, specifically in situations when it would further the continuity of treatment and transition to the community. The following services are provided within the Arrowhead House Intensive Residential Treatment program:

- Recipient supervision and direction;
- Individualized assessment and treatment planning based upon a recipients goals;
- Daily skill building rehab encounters;
- Living skills development, including the following areas:
  - Medication administration and self-administration – including the capacity within the program for recipients to possess and store their own medications in a manner which is secure;
  - Household management;
  - Cooking and nutrition;
  - Budgeting and shopping – including having the capacity within the program for the recipients to possess and store their own money in a manner which is secure;
  - Use of transportation;
  - Health living; and
  - Employment-related skills.
- Crisis assistance; development of health care directives;
- Development of relapse prevention plans
- Nursing Services;
- Inter-agency case coordination;
- Illness management and recovery;
- Social and interpersonal skills development;
- Integrated dual diagnosis treatment;
- Family education;
- Transition and discharge planning;

In addition we have the capacity within the facility to provide integrated services for chemical dependency or substance abuse.

# EVIDENCE BASED PRACTICES

- **Illness Management and Recovery** is education about mental illness and treatment including characteristic symptoms and early warning signs of relapse, managing stress and developing relapse prevention plans, developing coping skills and strategies for dealing with symptoms, developing social skills to improve effectiveness in interactions across a range of settings and situations, and identify therapeutic and rehabilitative approaches available to recipients (e.g., DBT, treatment for OCD)
- **Integrated dual diagnosis treatment** is mental health and substance abuse treatment in a single treatment setting and single treatment regimen by use of an interdisciplinary approach. The program must have the capacity to assess treatment readiness, use motivational interviewing, employ harm reduction strategies and non-confrontational approach, as appropriate to the recipient's need.
- **Family Education** is treatment services for family members and recipients in need of information, assistance and support; including an educational curriculum addressing basic facts about the causes of mental illness and its treatment, including information about medication; practical advice or teaching how to manage and cope with difficult situations involving family members with a mental illness; family support groups and counseling; and community resources, including seeking crisis assistance and advocacy services. Family education can be provided on an individual or group basis.

Arrowhead House coordinates with local services to provide family psycho-education and provide referral information on the availability of family education and support services available in the community, if requested by family members, including when the recipient declines Family Education Services.

## INTRO TO INTENSIVE RESIDENTIAL TREATMENT SERVICES / EVIDENCE BASED PRACTICES

1. The goal is to improve the lives of consumers by increasing the availability of effective mental health services.
2. Evidence-based practices are services for people with severe mental illness that have demonstrated positive outcomes in multiple research studies.
  - a. Standardized pharmacological treatment
  - b. Illness management and recovery skills
  - c. Supported employment
  - d. Family psychoeducation
  - e. Assertive community treatment
  - f. Integrated dual disorders treatment (substance use and mental illness)
3. Implementation resource kits are provided and are designed to address the three stages of change.
  - a. Engaging and motivating for change (why do it?)
  - b. Developing skills and supports to implement change (how to do it)
  - c. Sustaining the change (how to maintain and extend the gains)
4. Philosophical principles:
  - a. Mental health services for people with mental illness should have the goal of helping to develop high-quality, satisfying, and functional lives.
  - b. Services should aim not just at helping consumers stay out of the hospital and reducing or stabilizing symptoms, but also at helping them to manage their illnesses and to move ahead with their lives.
  - c. Consumers and their families have a right to information about effective treatments, and in areas where evidence-based practices exist, consumers and family members have a right to access effective services.
  - d. Evidence-based practices imply self-knowledge, self-determination, choice, individualization, and recovery.
5. Principles of recovery: cessation of symptoms is not necessarily equal to recovery:
  - a. Hope
  - b. Personal responsibility
  - c. Education
  - d. Self-advocacy
  - e. Support

While the support for others is a valuable element in recovery, it does not include solving problems for another person or giving advice.

Empowerment is a critical component to recovery: A person becomes disempowered when choices are made for them.

Disempowerment occurs when assumptions or judgments are made concerning an individual and their choices.

Recovery is most easily achievable when a person and those around them recognize the individual as a whole person regardless of symptoms.

One of the most valuable things a person can do for someone with psychiatric symptoms is to listen.

## ADMISSION CRITERIA

Admission is based on the written opinion of a licensed mental health professional that the recipient has a need for mental health services that cannot be met with other available community-based services, or is likely to experience a mental health crisis, or require a more restrictive setting if intensive residential rehabilitative mental health services are not provided. The professional may consult with a mental health case manager or other county advocate, and/or, with the consent of the recipient, a spouse, family member, or significant other. The recipient:

- Must have a mental illness (based on a diagnostic assessment);
- Has a completed functional assessment using the domains specified in statute and have three or more areas of significant impairment in functioning.
- Has a completed LOCUS assessment where a level 5 is indicated.
- Is reasonably expected to commence or resume illness management and recovery skills/strategies at least at a minimal stage at this level of service and needs 24-hour supervised, monitored and focused treatment approach to improve functioning and avoid relapse requiring a higher level of treatment;
- Mental health status is not responsive to an adequate trial of active treatment at a less intensive level of care; and
- Needs a restrictive setting and is at risk of significant functional deterioration if intensive residential treatment services are not received; and
- Has one or more of the following:
  1. History of two or more inpatient hospitalizations in the past year;
  2. Significant independent living instability;
  3. Homelessness;
  4. Increased abuse of alcohol and/or drug use; or
  5. Frequent use of mental health and related services yielding poor outcomes in outpatient/community support treatment.

A newly diagnosed individual or a youth transitioning to the adult service system may be considered if he/she is at significant risk of experiencing the above characteristics.

Admission may be granted for an individual whose treatment is court ordered or the individual is a potential danger to self or others when the program offers adequate structure, the recipient has sufficient support systems in place in the community, and the safety of others is considered.