

The Extension, Inc.

Program Description

Introduction

The Extension, Inc. is a semi-independent residential, CARF-accredited, THOR-approved, ASAM Level 3.1 substance use disorder treatment program for individuals, aged 25 and older. The organization has an 80-bed campus for men and a 24-bed campus for women; both campuses are located in Marietta, Georgia. All treatment services are provided onsite at both campuses. The Extension, Inc.'s treatment program is a nine-to-twelve-month program, based on a program participant's progress toward established treatment goals. The program also extends itself to meet the needs of participants who may need treatment for longer periods of time, in situations in which the participant has had difficulty meeting treatment goals within a nine-to-twelve-month time frame.

The Extension, Inc.'s program is consistent with American Society of Addiction Medicine (ASAM) 3.1 level of care, which is considered a clinically managed low-intensity residential treatment level of care. The program operates and provides supervision to program participants 24 hours a day, 7 days a week, including weekends and holidays. Program participants are required to actively participate in a minimum of twelve (12) hours of treatment services per week, as identified in the individual's Individualized Service Plan (ISP).

The defining characteristic of the residential program is that it serves individuals who are in need and are thus placed in a safe and stable living environment in order to develop sufficient recovery skills. Longer exposure to treatment intervention is necessary for appropriate participants to acquire basic living skills and master the application and demonstration of recovery skills. The purpose of the program is to demonstrate aspects of a positive life and recovery environment.

The Extension, Inc.'s treatment regime includes group counseling, group skills training, individual counseling, family counseling, psychoeducation, life skills training, vocational skills training, standardized assessments and evaluations, financial literacy, HIV/AIDS/STD education and testing, peer support, and case management services. The Extension, Inc. utilizes evidence-based practices and curriculums including but not limited to Matrix Model, SAMHSA Anger Management, Helping Men Recover, and Seeking Safety. The program contracts and collaborates with community partners and external providers to provide supportive services to meet the needs of program participants, as appropriate.

The Extension, Inc.'s program is structured into a four-phase system which encourages the development of skills necessary for increasing responsibility and accountability. Each phase comes with specific expectations and program participants must meet certain treatment goals to progress to the next phase of the program.

Upon admission, individuals participate in standardized assessments, including a biopsychosocial assessment, American Society of Addiction Medicine (ASAM) assessment, Adult Needs and Strengths Assessment (ANSA), Adverse Childhood Experiences (ACE) survey, Columbia Suicide Severity Ratings Scale (C-SSRS) assessment. In addition, individuals participate in the development of a Crisis Safety Plan and treatment plan, which is reviewed every thirty (30) days.

During the Orientation phase, individuals participate in daytime services and are assigned a counselor, whom they meet with on a weekly basis for individual counseling sessions. Individuals obtain full-time employment in the community and participate in the organization's financial literacy program after completion of the Orientation phase of the program. Individuals who are employed participate in services in the evenings and on the weekends.

Most individuals will complete the program in nine to twelve programs. Those that complete the program are encouraged to take an active role in our Alumni Association and are encouraged to participate in satisfaction surveys and Post Discharge Tracking project.

Admission Criterion

The Extension has a dedicated Helpline from 8:00 am to 8:00 pm, 5 days a week to offer program guidance and pre-admission screening. If pre-admission is complete and the individual is determined to meet criteria for admission, as determined by clinical staff, the second step is an in-person interview with clinical staff to determine their appropriateness for the program. If the individual is determined to be inappropriate for the program, then appropriate referrals will be provided.

To be voluntarily admitted into the program, the potential client must:

- A. Must be 25 years of age or older,
- B. Have a diagnosable substance use disorder that is appropriate for an American Society of Addiction Medicine (ASAM) Level 3.1 (Clinically Managed Low-Intensity Residential) Treatment Program
- C. Meet HUD's definition of 'homeless' and meet established income requirements.
- D. Medically stable, as determined by medical/nursing staff.
- E. Able to obtain and participate in full-time employment.
- F. Be planning to make Cobb County their home.
- G. Be ambulatory (including with the use of a wheelchair or walker) and meet personal needs without assistance
- H. Have the capacity for active participation in all phases of the program.
- I. Commit to be a resident of the program for a minimum of nine months.

Prioritization Criteria for Eligible Recipients: *As required by the Federal Substance Abuse, Prevention and Treatment (SAPT) Block Grant, priority for admission will be given to individuals who report that they currently use substances intravenously.*

Exclusionary Criterion

Individuals will not be admitted or permitted to participate in the Addictive Disease Semi-Independent Residential Treatment Program if:

- A. The individual exhibits behavior(s) dangerous to staff, self, or others.
- B. The individual is experiencing symptoms which appear to require withdrawal medical management services.
- C. The individual meets admission criteria for a lower level of care and can be effectively treated with that level of care.
- D. The individual has a cognitive or developmental disability, neurocognitive disorder, traumatic brain injury, or other medical condition or impairment that would impede beneficial utilization of services and/or requires 24-hour direct supervision by staff.
- E. The individual is not medically stable, as determined by program medical staff.
- F. The individual does not meet the definition of 'homeless,' as defined by HUD, exceeds established income requirements, or is registered on Georgia's Sex Offender Registry.
- G. The individual does not voluntarily consent to admission or treatment.
- H. The individual has already received maximum benefit from the program and/or services.

Those seeking admittance into our program who meet one or more exclusion criterion will be referred, whenever possible, to the program best equipped to meet their needs.

Individuals who are deemed appropriate for our program services will be placed on a waiting list, pending bed availability.

Continuing Stay Criterion

- A. The individual continues to meet admission criteria.
- B. The individual is making progress but has not yet achieved the goals in their Individualized Service Plan (ISP), or new problems have been identified that can be appropriately treated at the program's level of care.
- C. A timeline for expected implementation and completion is in place but discharge criteria has not been met.

Care Team

It's The Extension, Inc.'s goal that all individuals served attain the highest standard of care to facilitate and enhance the individual's ability to maintain qualitative lifelong recovery from substance use. To effectively provide this care, The Extension, Inc. utilizes a multi-disciplinary team, referred to as 'The Care Team,' and is comprised of qualified personnel to provide the most modern and optimal services for its individuals.

These personnel come from many multi-faceted diverse backgrounds, cultures, and disciplines. It is The Extension, Inc.'s philosophy that through effective communication and treatment management, the individual can best benefit from these combined service providers' care.

Care Team personnel may include Certified Addiction Counselors (CAC), Certified Alcohol and Drug Counselors (CADC), Certified Peer Specialists (CPS), Certified Counselors-In-Training (CITs), Licensed Clinical Social Workers (LCSW), Licensed Professional Counselors (LPC), Medical Physicians, Psychiatrists, Registered Nurses, Case Managers, Program Administrators, referral agents, and administrative and office personnel.

Program Outline

The program is divided into phases, with services tailored to the needs of the individuals in each phase of the program.

Orientation Phase (first 30 days) – as part of Phase I

Group Training	17 hours weekly
Group Counseling	7.5 hours weekly
Individual Counseling	1 hour weekly
Peer Support	7.5 hours weekly
Total	33 hours weekly

Phase I (60-120 days)

Group Training	8 hours weekly
Group Counseling	2.5 hours weekly
Individual Counseling	1 hour weekly
Family Counseling	1-2 hour weekly
Peer Support	7.5 hours weekly
Total	20 hours weekly

Phase II (120 days)

Group Training	6 hours weekly
Group Counseling	5.5 hours weekly
Individual Counseling	1 hour weekly
Family Counseling	1-2 hour weekly
Peer Support	6.5 hours weekly
Total	20 hours weekly

Evidence Based Practices

The Extension, Inc. recognizes that each individual brings unique strengths, needs, abilities, and preferences to their journey. By combining individuality with evidence-based interventions, and well-defined standards of care, individuals served by The Extension, Inc. will experience the best possible recovery outcomes.

The Extension, Inc. and its credentialed personnel utilize evidence-based practices and modalities including but not limited to:

- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavioral Therapy (DBT)
- Motivational Interviewing
- Experiential Therapy
- Narrative Therapy
- Solution-Focused Therapy
- Cognitive Processing Therapy
- Family Systems Therapy, Internal Family Systems
- Rapid Resolution Therapy
- Eye Movement Desensitization and Reprocessing (EMDR)
- Animal Assisted Therapy
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In addition, The Extension, Inc. utilizes evidence-based curricula, including but not limited to:

- Matrix Model
- SAMHSA Anger Management
- Seeking Safety
- Helping Men Recover
- Gorski-CENAPS Relapse Prevention
- Co-Occurring Disorders: Living in Balance

Group Counseling/Training

Individuals participating in The Extension, Inc.'s residential substance use treatment program participate in daily group sessions, including group counseling and group training services, facilitated by credentialed staff. Group counseling is a therapeutic intervention shown to be successful with identified populations, diagnoses, and service needs. Services are directed toward the achievement of specific goals defined by the individual and specified in the Individualized Service Plan. Services may address goals/issues such as promoting resiliency, and the restoration, development, enhancement, or maintenance of:

- Cognitive skills;
- Healthy coping mechanisms;

- Adaptive behaviors and skills;
- Interpersonal skills;
- Identifying and resolving personal, social, intrapersonal and interpersonal concerns (DBHDD, 2023).

Individual Counseling

Upon admission, each individual is assigned to a Counselor that they will receive services from for the duration of their participation in the program. This Counselor may be a Certified Addiction Counselor (CAC), a Certified Alcohol and Drug Counselor (CADC), a licensed clinician, or an intern under the supervision of a clinical supervisor. Counselors meet with individuals on their assigned caseloads on a weekly basis for 45–60-minute sessions. During these sessions, counselors seek to address any pending or current issues in addition to but not limited to:

- Substance use education and counseling.
- Relapse prevention skills and training.
- Coping skill development and utilization.
- Skills training including budgeting,
- Development of a support system that is conducive to the individual's recovery process.
- Effective discharge/transition planning.

In addition to weekly individual sessions, counselors will routinely complete the following:

- Treatment plans and treatment plan reviews.
- Assessments and reassessments.
- Discharge planning and summaries.

Reconnecting Families

All individuals participating in The Extension, Inc.'s residential substance use treatment program participate in the Reconnecting Families program which is comprised of family education and if appropriate: family therapy/counseling.

Family education, or training is a therapeutic interaction shown to be successful with identified family populations, diagnoses and service needs, provided by qualified staff. Services are directed toward achievement of specific goals defined by the individual and specified in the Individualized Service Plan (DBHDD, 2023).

Family training provides systematic interactions between the identified individual, staff and the individual's family members directed toward the restoration, development, enhancement or maintenance of functioning of the identified individual/family unit. This may include support of the family, as well as training and

specific activities to enhance family roles; relationships, communication and functioning that promote the resiliency of the individual/family unit.

Family counseling provides systematic interactions between the identified individual, staff and the individual's family members directed toward the restoration, development, enhancement or maintenance of functioning of the identified individual/family unit. This may include specific clinical interventions/activities to enhance family roles; relationships, communication and functioning that promote the resiliency of the individual/family unit (DBHDD, 2023).

Specific goals/issues to be addressed through these services may include the restoration, development, enhancement or maintenance of:

- Cognitive processing skills;
- Healthy coping mechanisms;
- Adaptive behaviors and skills;
- Interpersonal skills;
- Family roles and relationships; and
- The family's understanding of the person's mental illness and substance-related disorders and methods of intervention, interaction and mutual support the family can use to assist their family member in meeting therapeutic goals (DBHDD, 2023).

All services are facilitated by licensed staff, in the evenings, on weekends, and virtually to the convenience and benefit of family members and individuals served.

Expected Program Outcomes

EFFECTIVENESS

#1. **To Whom the Indicators Is Applied:** Individuals served in the program.

Outcome Rationale: As The Extension's program is a collaborative effort of many partner agencies, successful outcomes will require all agencies to work toward a common goal. Outcome measures apply to all Extension programs unless specified. For each outcome area, a lead or "responsible" agency/program is identified. The lead agency is responsible for the identified outcome. However, all Extension partner agencies have responsibility for the total success of the program.

Measurable Objectives:

Upon successful completion of The Extension's residential substance use treatment program: **100%** of program participants shall be employed upon discharge.

Upon successful completion of The Extension's residential substance use treatment program: **70%** of program participants shall transition to independent living.

87% of the program participants who complete the program, and who we are able to contact, to self-report that they have maintained their recovery, have stable housing, are employment and not received new legal charges during the 24-month tracking period following completion.

Method of Measurement: Data captured via KIPU electronic medical record.

Frequency of Measurement: Monthly and quarterly reports will be completed.

Utilization: The results will be used to evaluate the effectiveness of treatment and to assess any need for program changes.

EFFICIENCY

#2. **To Whom Will the Indicator Be Applied:** All individuals served in the program.

Outcome Rationale: Providing a higher percentage of individual engagement with services overall.

Measurable Objective:

To maintain an occupancy of **90%** of men's beds and **90%** of women's beds to insure 100% reimbursement and meet contractual requirements.

Method of Measurement: Individuals meeting criteria will be assessed and admitted into treatment, if appropriate. Data captured via KIPU electronic medical record and HMIS systems.

Frequency of Measurement: A daily census is kept for tracking purposes. The Director of Quality Assurance & Regulatory Compliance will complete a monthly report of individuals enrolled in services. The Director of Administration will submit a report to DBHDD for reimbursement.

Utilization: Information will be reviewed for program planning and development.

ACCESS TO SERVICES

#3. **To Whom Will the Indicator Be Applied:** Prospective individuals seeking admittance to the program.

Outcome Rationale: Individuals requesting services will be seen in a timely manner.

Measurable Objective:

Priority for admission will be given to individuals who report that they currently use substances intravenously. Individuals who report that they currently use substances intravenously will be admitted within **14 business days**.

Method of Measurement: The initial contact is documented in the KIPU CRM when an individual completes a Pre-Screen assessment. Clinical staff will review the completed Pre-Screen assessments and individuals who meet criteria and are appropriate for the program's level of care will be admitted to the program. If a bed is not available, the individual will be placed on the waiting list, provided with interim services and resources. Individuals who do not meet criteria or are not appropriate for the program's level of care will be provided with resources for further treatment.

Frequency of Measurement: Pre-Screen assessments will be reviewed by clinical staff on a biweekly basis.

Utilization: The program director will review admissions monthly to ensure that individuals are being prioritized in accordance with program policy and federal mandates.

CUSTOMER SATISFACTION

#4. **To Whom Will the Indicator Be Applied:** Active individuals in program.

Outcome Rationale: High customer satisfaction is an indicator of an individual -centered approach and results in a higher percentage of individual engagement with services.

Measurable Objective:

90% of individuals surveyed will report that they are satisfied with services received.

Method of Measurement: Individuals are given satisfaction surveys to complete.

Frequency of Measurement: Surveys will be completed upon discharge.

Utilization: The results of the Individual Satisfaction will be reviewed to determine changes necessary for ensuring a higher level of individual and family satisfaction.

Program Evaluation Means and Methods

The Extension employs a variety of methods to ensure the success of the overall program, as well as its individual components, including:

- Clinical practices and evidence-based practices are routinely reviewed by clinical staff for effectiveness and quality of delivery.
- Knowledge and retention of key concepts and skills for each client is monitored closely by the program staff while the client is in the program.
- Individual satisfaction surveys completed at discharge.
- Post Discharge Tracking project.
- Program Evaluation study through Kennesaw State University.

Post Discharge Tracking

Individuals who successfully graduate from the program are eligible to participate in The Extension's Post-Discharge Tracking project. This monitoring continues periodically for 24 months after a resident successfully completes the program at the 30, 60, 6 months, 1 year, 18 months, and 24 months. During this period, data is collected regarding:

- Abstinence from substance use.
- Housing
- Employment
- Legal involvement/recidivism.
- Family relationships.

Program Evaluation

There are few current studies in research literature examining the pathways into or out of homelessness and/or addictions. To address this limitation and to examine outcomes in the homeless community with substance use, The Extension has partnered with Kennesaw State University (KSU) to conduct a correlational, longitudinal study exploring what early childhood factors and environmental factors most strongly contribute to homelessness and substance use disorder (SUD). The study will also evaluate outcome measures for a treatment program using current, evidence-based treatment approaches in a long-term environment for this population.

Goals of the study include (1) identification of specific contributors to the problem of homelessness and substance use; (2) impact of evidence-based treatments offered through a 10-12 month residential and employment-based approach to SUD treatment; and (3) long-term impact on recidivism and relapse in this treatment modality.

The project uses a mixed-methods approach combining qualitative and quantitative assessments to evaluate the effectiveness of The Extension's evidence-based SUD treatment and homelessness supports to improve community re-entry and reduce recidivism and relapse. The use of validated metrics of psychological constructs related to recidivism and substance use allows findings to be generated to other similar populations.

Surveys and semi-structured interviews will be administered at baseline (first 30-days post admission into The Extension), 3-months, 6-months, at completion of the program (typically 10-12 months), and a 1-year follow-up post-completion. The interviews will be conducted by trained master-level students from Kennesaw State University under faculty supervision. A clinical psychologist trained in both SUD treatment and research will serve as the primary investigator.

Participation in the study will be voluntary, and without payment. Participants will be individuals served in the treatment program at The Extension. Admission requirements for these two facilities include homelessness, 25+ years old, able to safely engage in a community-based treatment program and being able to work full-time. For this study,

participants will have English as their primary language. It is anticipated that 60 participants will be included in the study.

Alumni Activities

Alumni are vital to the life of the organization and are an integral part of the success of our Residential Treatment Program. They work collectively through the Alumni Association and individually through a myriad opportunities to serve.

The Extension Alumni Association supports not only recovering individuals who have transitioned successfully from The Extension program but also to strengthen bonds and ties between the alumni, residents still in treatment, the recovery community, the surrounding community, and The Extension. The Association organizes social events, raises funds for the organization and fosters connections necessary for sustained recovery and growth.

Individually, alumni provide a positive and consistent influence for current residents. They serve as mentors and support sponsors. They listen and encourage. They're the proof seen every day that sticking with the program pays off in ways current residents can barely imagine.