



AWARE

RECOVERY CARE

Recover where you livesm

PRESENTATION FOR
**BEHAVIORAL HEALTH AND
ADDICTION SERVICES
ADVISOR COMMITTEE**

TUESDAY, 4/25/2017

INTRODUCTIONS

Maks Danilin	Strategic Account Executive- Aware Recovery Care of New Hampshire
R. Joffree Barnett, MD	Medical Director – Aware Recovery Care of New Hampshire
Rachel Boersma PhD RN	Director of Nursing- Aware Recovery Care New Hampshire



AWARE

RECOVERY CARE

**Provide
understanding of
ARC's Model**

**Introduce Aware
Recovery Care
Offerings**

**Reveal Current
Outcomes**

Discuss Needs / Next Steps

- What are the most significant points?
- How to move forward together?



ARC's PARTNERS CONDUCTED OVER EIGHTEEN MONTHS OF DUE DILIGENCE WITH THOUGHT LEADERS IN THE FIELD AND **BUILT OUR MODEL AROUND RESEARCH THAT DEMONSTRATED THE BEST PREDICTORS FOR LONG-TERM RECOVERY.**

TRANSFORMING THE HOME INTO THE TREATMENT CENTER

THE ONE YEAR CONTINUUM

Robust biopsychosocial **education and support with major focus on the family system**

Management of addiction as a chronic illness using a uniquely trained in home multi-disciplinary team **led by addiction psychiatrist**

Successful assimilation into support programs as appropriate (12 step, smart recovery, etc.)

Integration and utilization of local providers and resources

Compliance management using frequent, random urine screens as well as GPS monitoring and innovative technologies

Support use of MAT (Medication Assisted Treatment) whenever appropriate





ARC TREATS **ADDICTION AS A CHRONIC DISEASE** AND OUR CARE IS GUIDED BY EVIDENCE BASED PRACTICES SHOWN TO AID IN SUSTAINED ABSTINENCE. OUR **FOCUS** IS ON **MAXIMIZING CLIENT OUTCOMES**



ARC assigns each client an in-home addiction treatment team led by an Addiction Psychiatrist, Registered Nurse, Certified Recovery Advisor, and a Licensed Marriage and Family Therapist. The team works in consultation with the client's Primary Care Provider, a Licensed Therapist, and other attending clinicians to connect them to local professionals and resources.



We work with the client at home for a full year so he/she can build the daily habits and skills that support lifelong recovery, including assimilation into support groups, and keeping care local and lasting.



The team meets at the start of care and then at least monthly to confer on the client's care and progress, making adjustments to the program of care as indicated.



The client signs an accountability contract. In addition to specific agreed-upon guidelines, the client is subject to random supervised urine screens, GPS tracking to encourage and verify abstinence with SoberLink and other innovative technologies.

A close-up photograph of a man and a woman smiling warmly at each other. The man is on the left, looking up and to the right with a bright smile. The woman is on the right, looking down at him with a gentle smile, her arm around his shoulder. The image has a warm, orange-toned overlay. In the top right corner, there is a solid orange rounded rectangle. The text 'CERTIFIED RECOVERY ADVISOR (CRA)' is centered in white, bold, uppercase letters, with two short horizontal lines above and below it.

CERTIFIED RECOVERY ADVISOR (CRA)

The certified recovery advisor (CRA) is unique role



Walks through ARC's
Proprietary **52-week**
biopsychosocial curriculum

Guides/Directs clients utilizing evidence-
based practices including:

CBT

DBT

Contingency Management

Motivational Enhancement Therapy

Family Systems Therapy

Trained in **Motivational**
Interviewing and to **guide**
clients through the **stages of**
change

Assists the client in identifying their
personal goals which are used to
underpin their recovery

Is **in long-term recovery**
Age Matched
Gender Matched
Trained in **AWARE Family**
Systems Integrated Care



THE CRA WALKS WITH EACH CLIENT THROUGH THE CRITICAL FIRST YEAR OF RECOVERY, SUPPORTING **THE CLIENT'S DEVELOPMENT OF DAILY HABITS AND SKILLS NECESSARY FOR LASTING LIFE-LONG RECOVERY**

A True Client Centered Treatment Approach

Local

Convenient

Lasting

Aware Recovery
Care Client and
Family System

ADDICTION
PSYCHIATRIST

HOLISTIC
WELLNESS

LICENSED
INDIVIDUAL
THERAPIST

CRA

LICENSED
CLINICAL CARE
COORDINATOR

LMFT / FAMILY
SYSTEMS
CLINICIAN

Private

Communication

Collaboration

A photograph of a family of three—a man, a woman, and a young girl—standing in a field of tall grass at sunset. The man is on the right, wearing a white t-shirt, looking towards the woman. The woman is in the center, wearing a white sleeveless top, looking towards the left. The young girl is in the foreground, wearing a white top and a headband with a pink and red flower, looking down. The background is a vast field of tall grass under a warm, golden sky. The entire image has a soft, warm orange tint.

THE FAMILY SYSTEMS APPROACH

Aware Recovery Care's Home Based Addiction Treatment:



- The ARC care team therapeutically integrates into the support system.
- Allows the support system to be intimately involved in the recovery process.
- Utilizes innovative approaches to assess the family's history of mental illness and substance abuse.
- Provides an accurate insight into the home that is unique to our model of care.
- Uses family systems therapy provided by an LMFT

The intensive year long evaluation and assessment process gives the client, family, and team the best chance of building a solid foundation for supporting long term recovery.

ARC fully supports the use of MAT wherever clinically appropriate



- Care begins with full evaluation by prescriber
- As indicated, utilization of MAT wherever clinically appropriate
- ARC Team employs innovative as well as traditional tools to verify medication compliance
- Provides coordination and transportation to vetted and trusted MAT prescriber as needed

ARC is in full support of MAT when used in conjunction with other treatments. The relationships our clients develop with our staff and providers are one of many ways to maximize clinical outcomes.

Our Approach

ARC has developed an innovative approach to treat Substance Use Disorder (SUD). The In-Home Addiction Treatment (IHAT) model is a fully integrative, multidisciplinary wrap-around approach. It focuses on components of clients' lives that are important influences for recovery. These components can either support or undermine sustained recovery.

Examples include, but are not limited to, the following:

Living environment

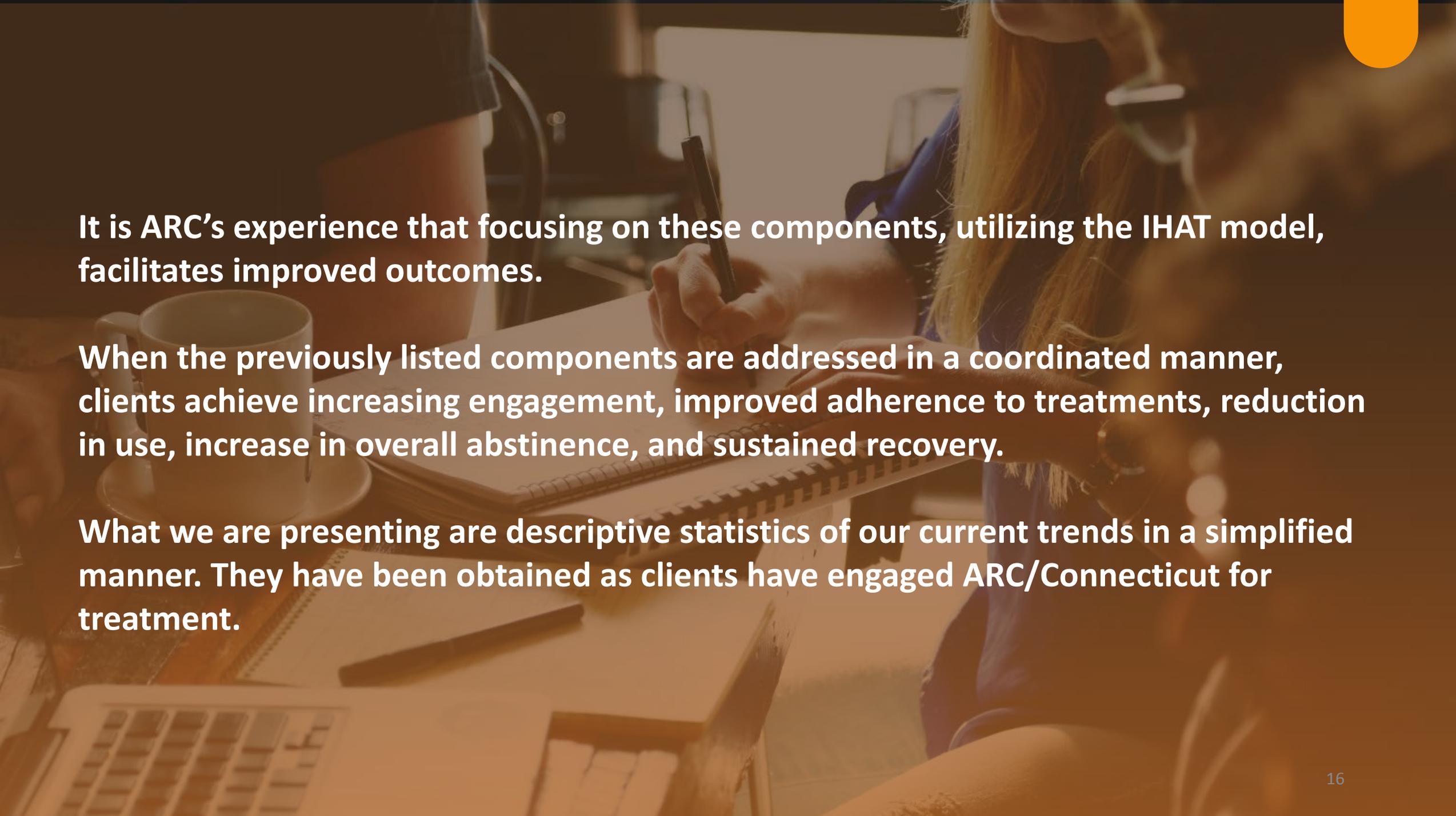
Employment and/or education

Family Systems

Referral to or coordination with ongoing medical care

Ongoing, individualized, long-term recovery support

Supporting clients with and through legal issues

A person with long blonde hair is sitting at a desk, writing in a notebook. There is a laptop, a white mug, and a pen on the desk. The background is slightly blurred, showing what appears to be an office or meeting room setting. The overall tone is professional and focused.

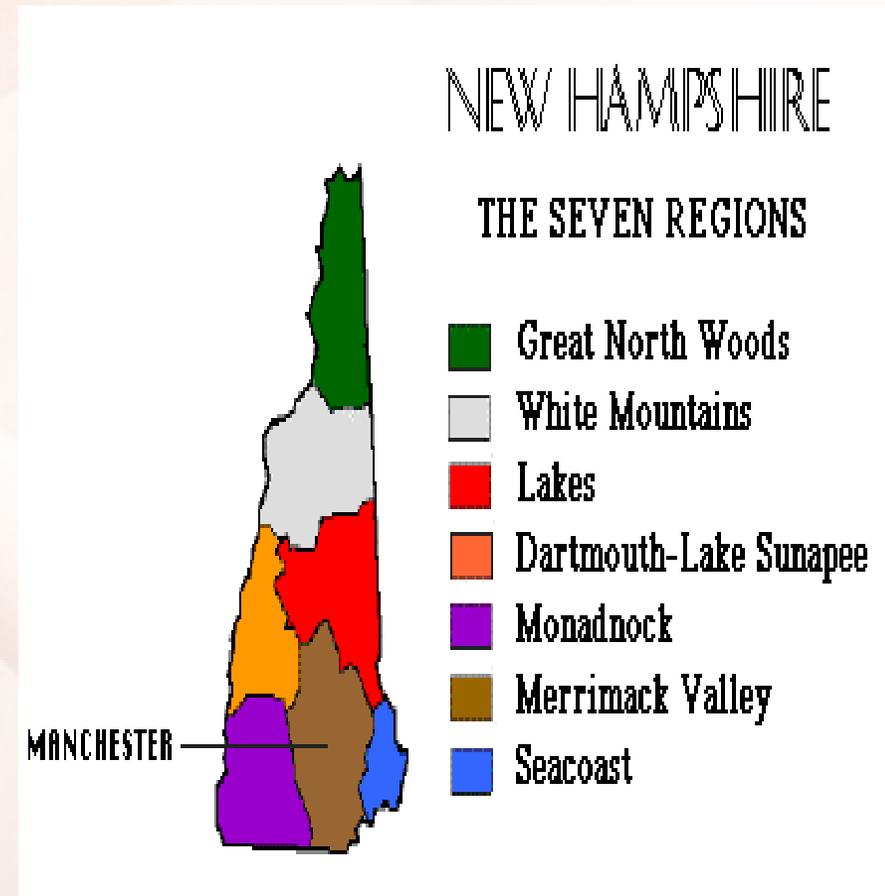
It is ARC's experience that focusing on these components, utilizing the IHAT model, facilitates improved outcomes.

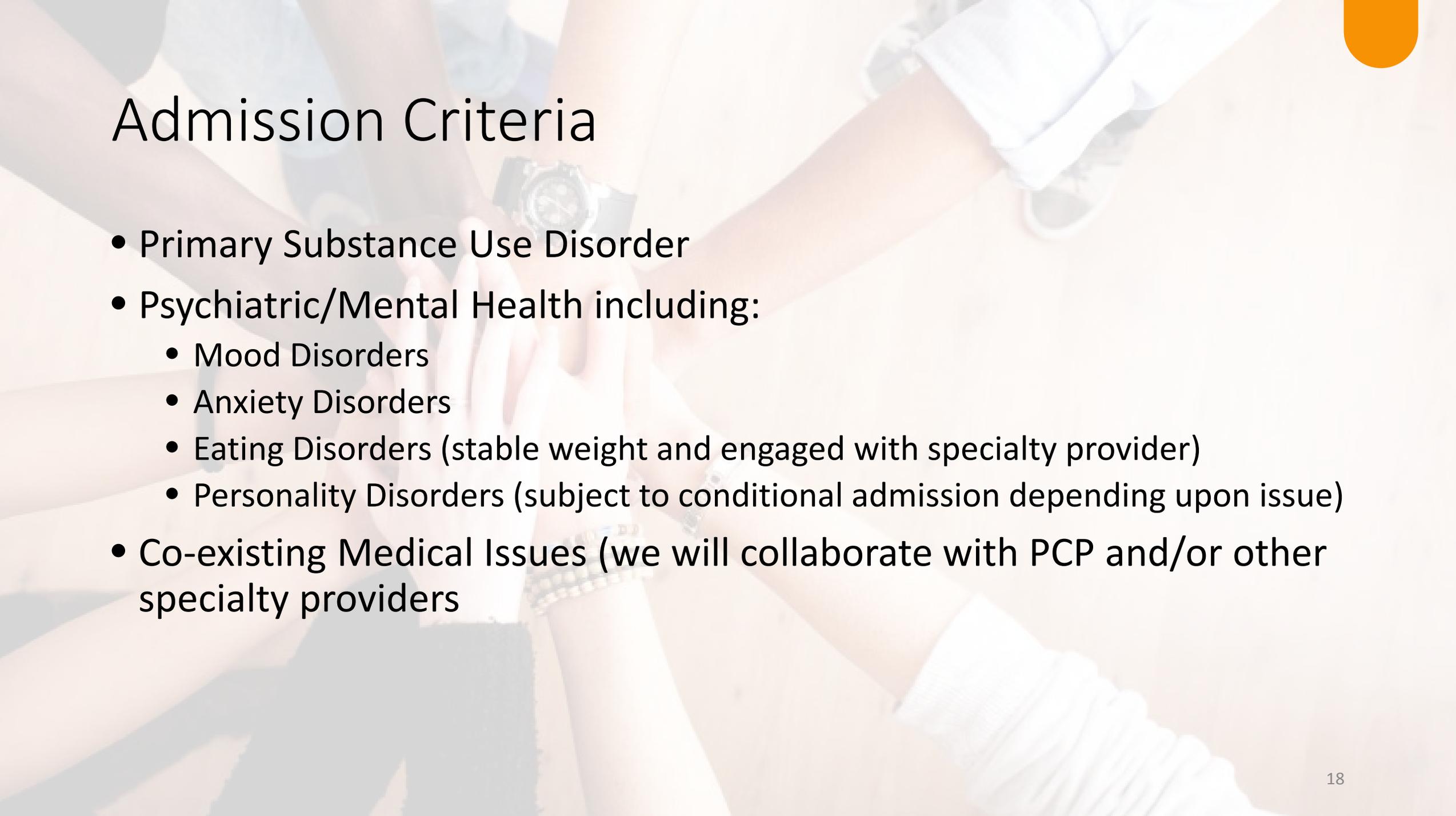
When the previously listed components are addressed in a coordinated manner, clients achieve increasing engagement, improved adherence to treatments, reduction in use, increase in overall abstinence, and sustained recovery.

What we are presenting are descriptive statistics of our current trends in a simplified manner. They have been obtained as clients have engaged ARC/Connecticut for treatment.

ARC-NH Service Areas

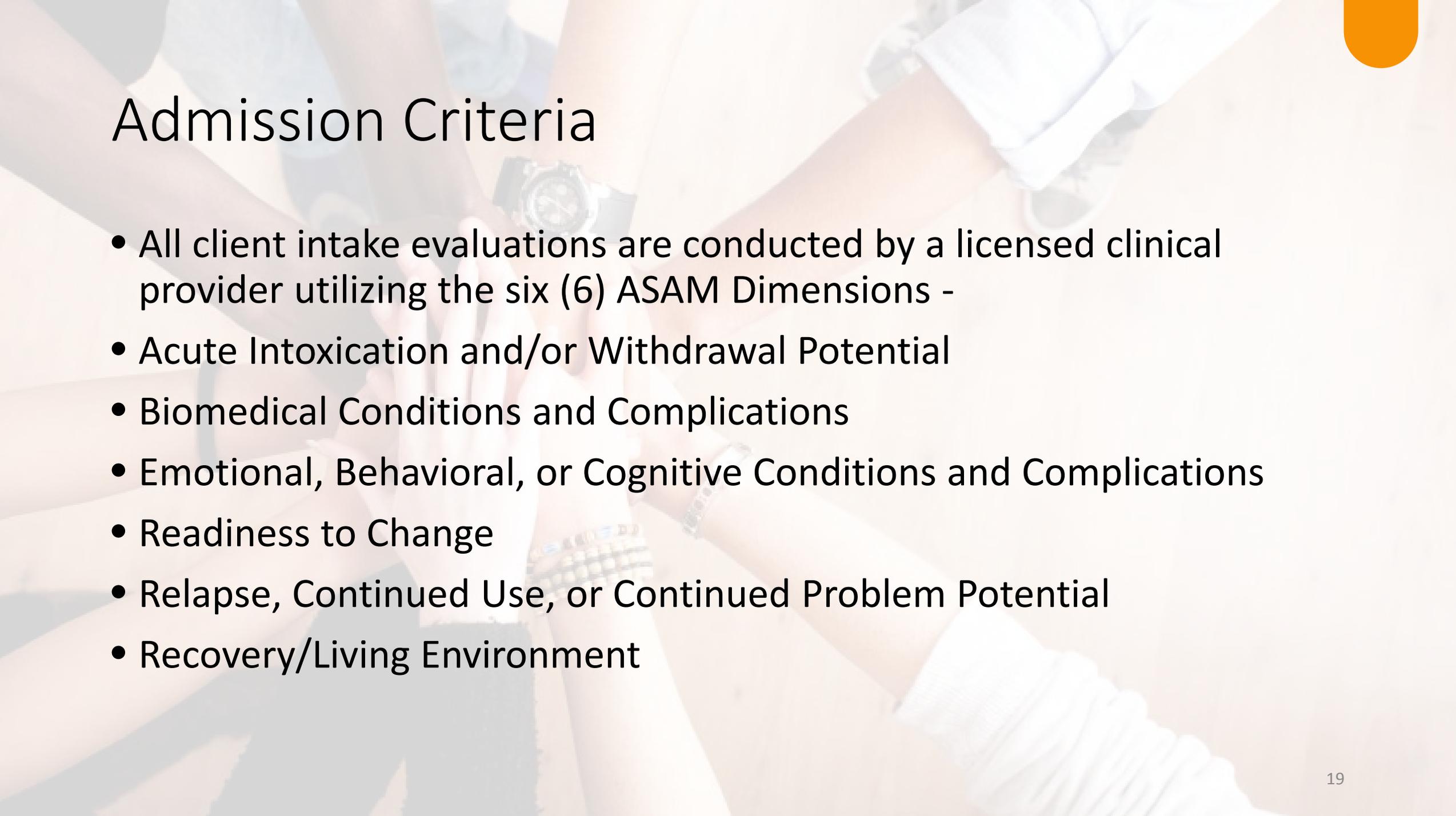
- NH Service Area's is divided into Seven Regions
- Currently we are serving four(4) regions: Merrimack Valley, Lakes, Monadnock, and the Seacoast
- Our primary service area, and office location, is within the Merrimack Region





Admission Criteria

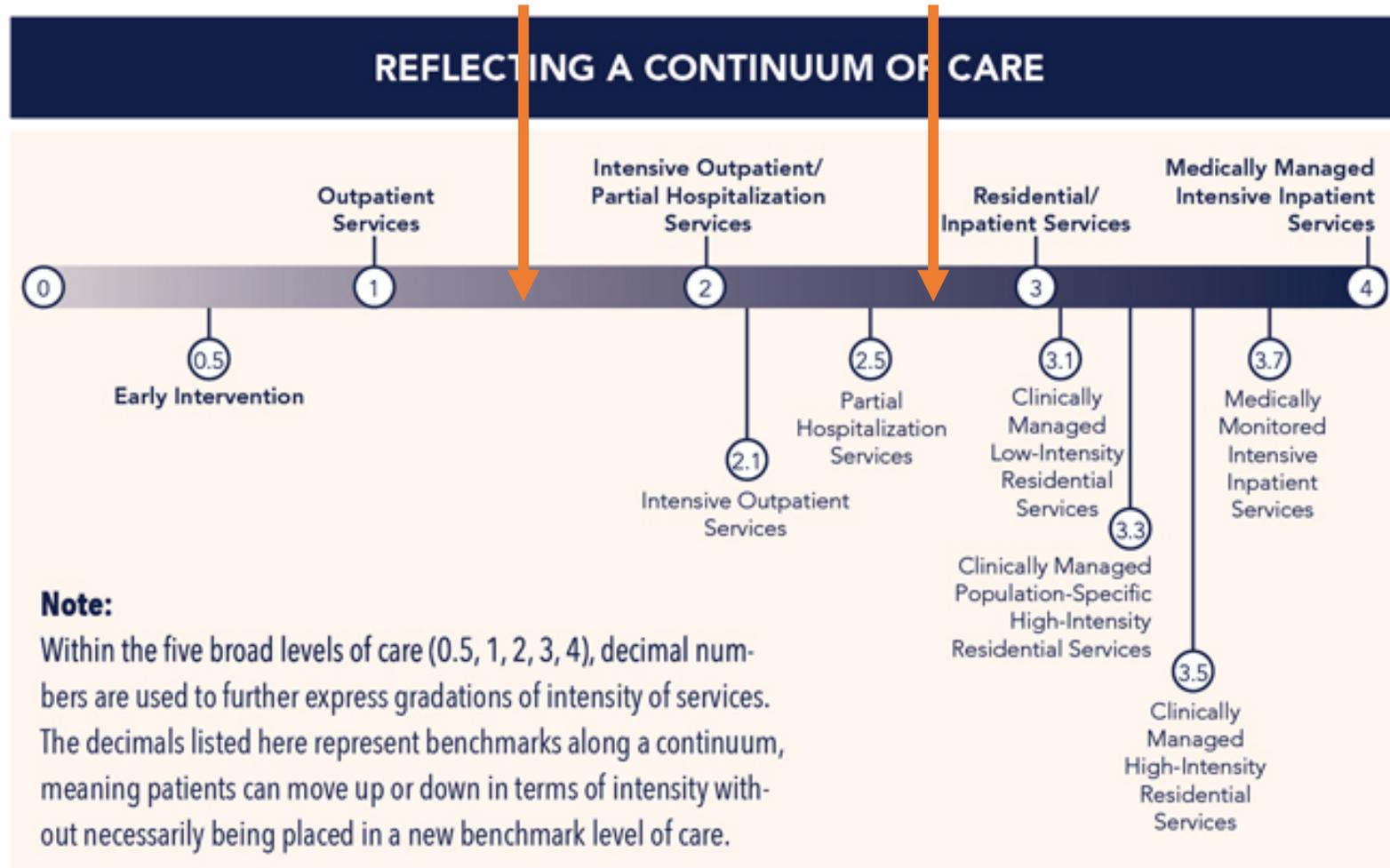
- Primary Substance Use Disorder
- Psychiatric/Mental Health including:
 - Mood Disorders
 - Anxiety Disorders
 - Eating Disorders (stable weight and engaged with specialty provider)
 - Personality Disorders (subject to conditional admission depending upon issue)
- Co-existing Medical Issues (we will collaborate with PCP and/or other specialty providers)



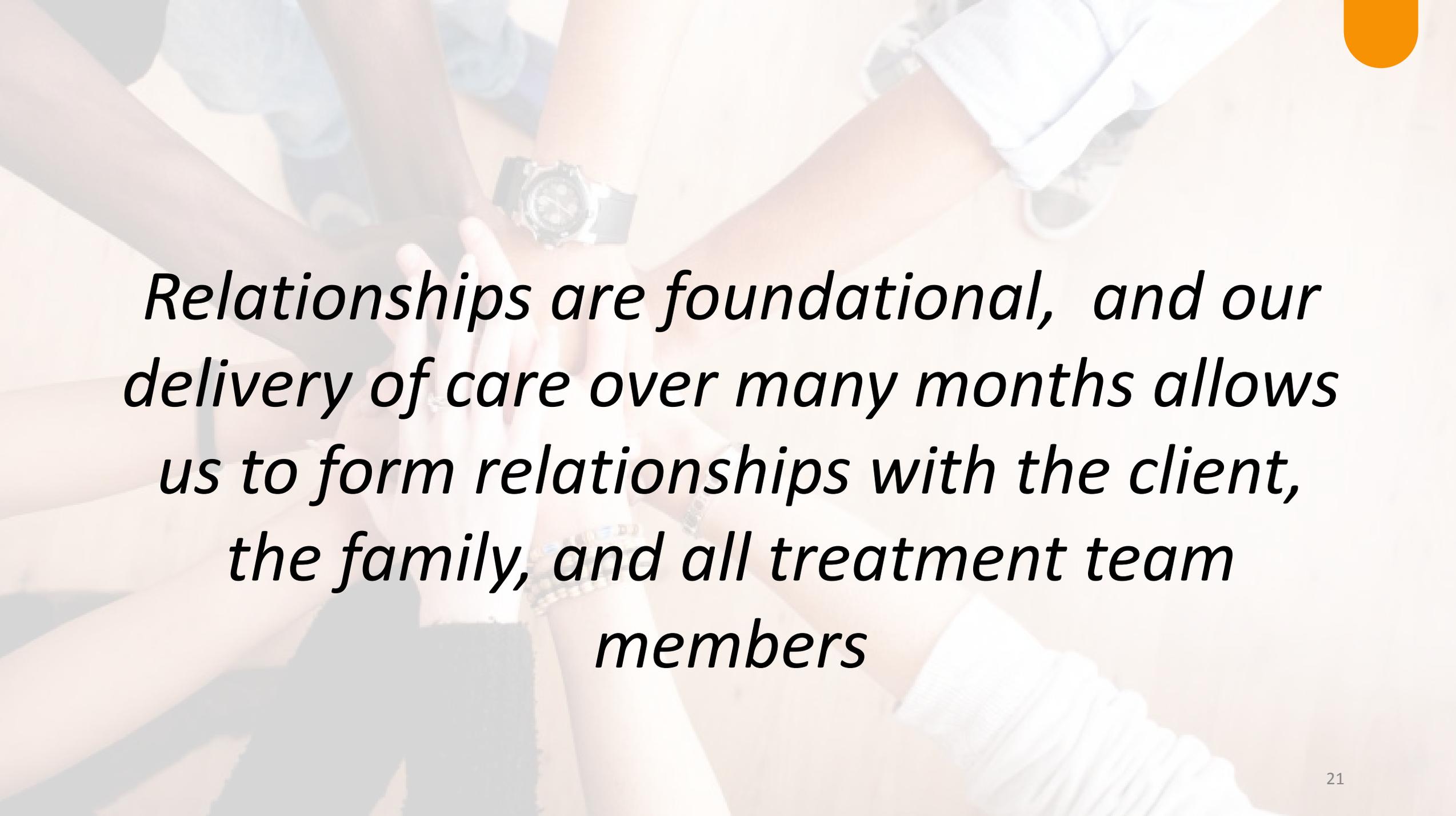
Admission Criteria

- All client intake evaluations are conducted by a licensed clinical provider utilizing the six (6) ASAM Dimensions -
- Acute Intoxication and/or Withdrawal Potential
- Biomedical Conditions and Complications
- Emotional, Behavioral, or Cognitive Conditions and Complications
- Readiness to Change
- Relapse, Continued Use, or Continued Problem Potential
- Recovery/Living Environment

Where ARC Fits



Retrieved 4/20/2017 from: <http://www.asam.org/quality-practice/guidelines-and-consensus-documents/the-asam-criteria/about>



Relationships are foundational, and our delivery of care over many months allows us to form relationships with the client, the family, and all treatment team members



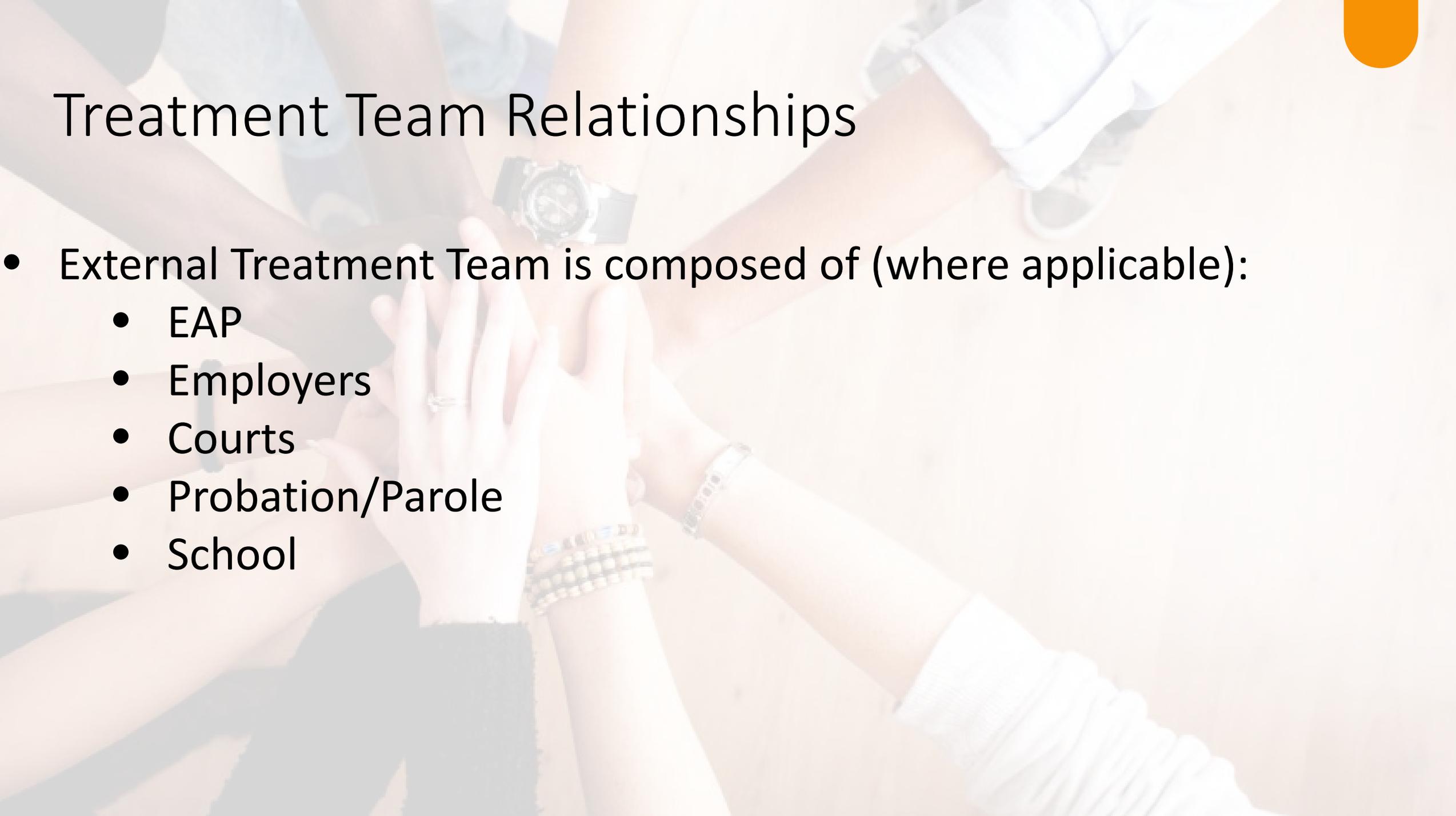
Long Term Therapeutic Relationships

- With clients and client families characterized by
 - Empathy and understanding
 - Genuineness and open mindedness
 - Respect
- Although the client is the identified individual receiving services, the client's family is included in our model of care from the day of admission whenever clinically appropriate
-



Treatment Team Relationships

- A client's primary treatment team is composed of:
 - Psychiatrist
 - Care Coordinator (licensed)
 - Two Certified Recovery Associates
 - Family liaison/therapist
- Extended treatment team is composed of:
 - Primary Care Physician
 - Dentist
 - Individual Therapist
 - Psychopharmacologist

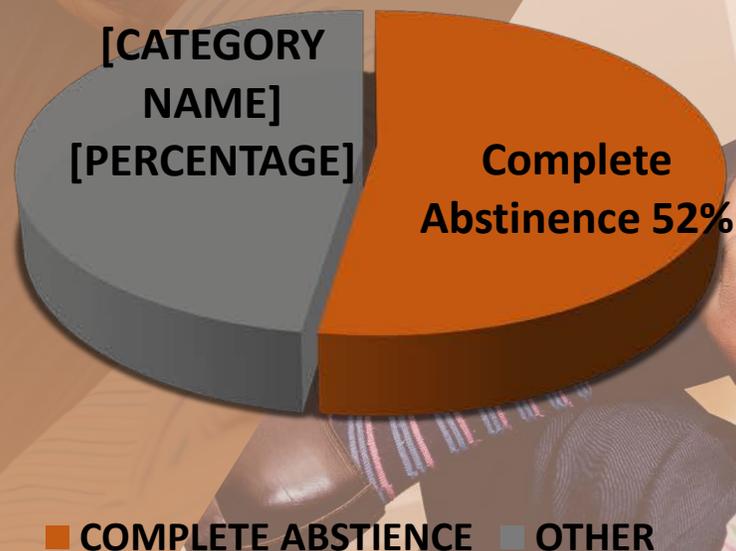


Treatment Team Relationships

- External Treatment Team is composed of (where applicable):
 - EAP
 - Employers
 - Courts
 - Probation/Parole
 - School

COMPLETE ABSTINENCE OUTCOMES FOR FULL YEAR

Percentage of AWARE Clients that Maintained Complete Abstinence for a Full Year (N=42)



ARC's data show that 52.4% of the first 42 clients eligible to participate in our 52 week program remained completely abstinent.

The other 47.6% relapsed briefly in the beginning of treatment, stabilizing and becoming fully abstinent for the subsequent program duration.

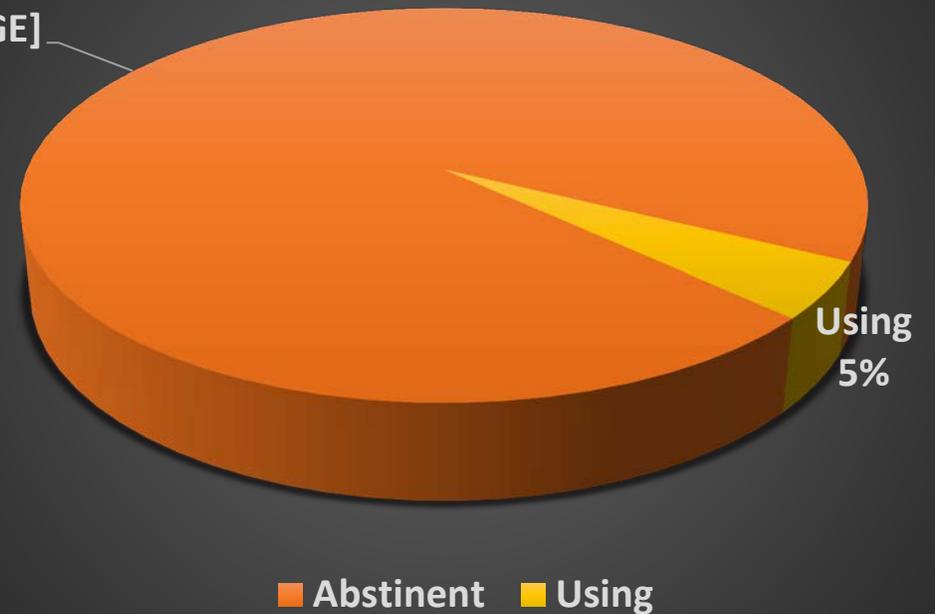
PERCENTAGE OF DAYS ABSTINENT IN ARC PROGRAM n=42

For these same 42 clients, they were abstinent 95.4% of their time (days) in treatment.

The days abstinent variable aggregated drug testing results/information from home and laboratory testing, breathalyzers, staff contact/reports, client reports and reports from client's families

[CATEGORY NAME] DAYS ABSTINENT VS. DAYS USING

[PERCENTAGE]



ARC PROGRAM COMPLETION RATES



The following graphs depict completion rates of various phases of the program. The number of clients increases with each graph.

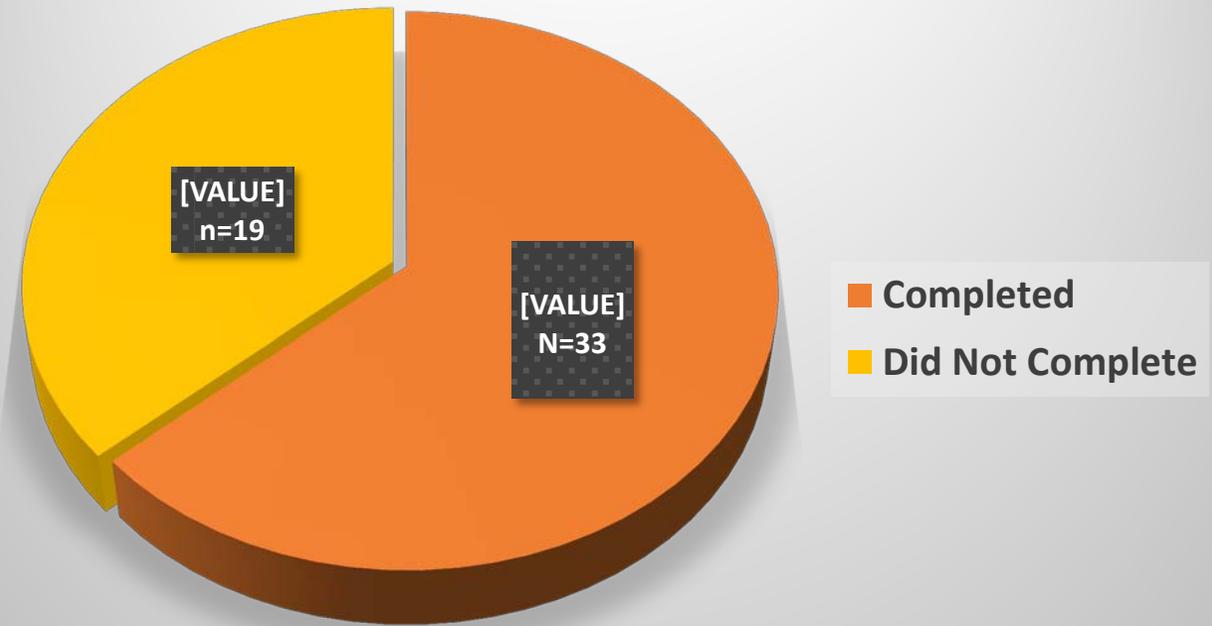
This is because clients are continuing to be added to ARC's client base and not all have achieved a full year of treatment.

For example, the first graph depicts those clients eligible to complete a full year of treatment. The second graph takes that same group of 52 clients at 6 months and adds those new clients that have undertaken ARC, IHAT treatment and were eligible to complete 6 months. Hence a larger sample for that second graph.

Looking at the first 52 clients eligible for our 1-year program 33 of them completed.

- 1 Year (Full Program)
- Clients eligible (started before 12/31/2015) n = 52
- 33 completed
- 19 did not complete
- Completion Rate: 63.5%

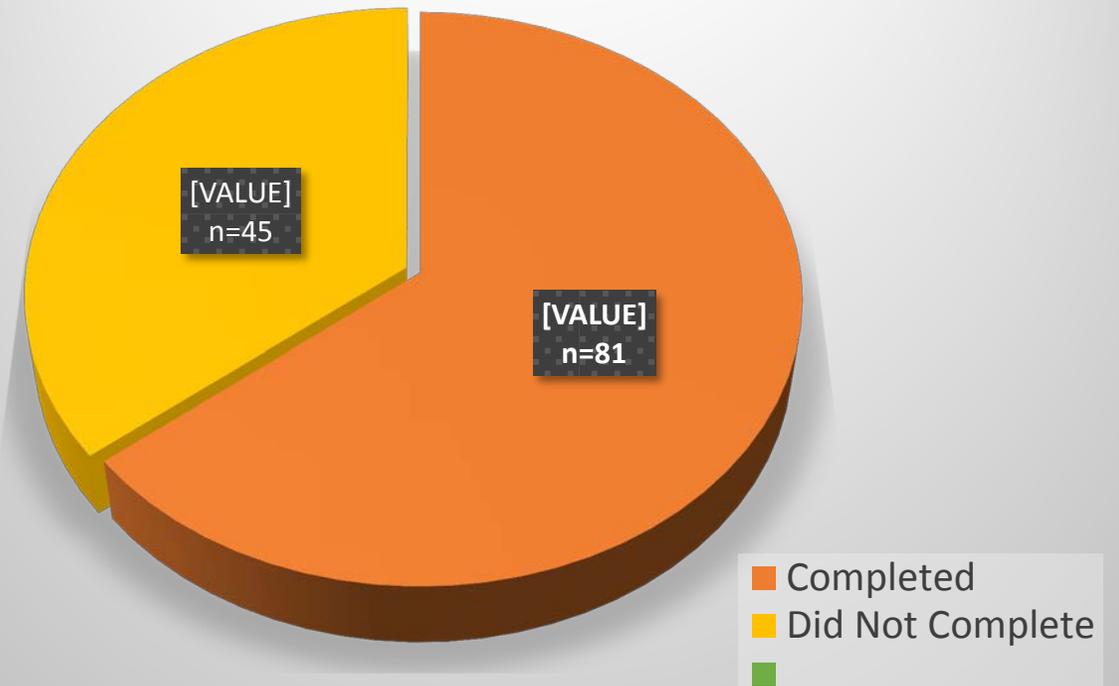
Full Program Completion



Phase 3 Completion n = 126 (52 original clients & 74 additional clients)

- Clients eligible (started before 6/31/2016)
- 81 clients completed
- 45 clients did not complete 6 months
- Completion Rate: **64.29%**

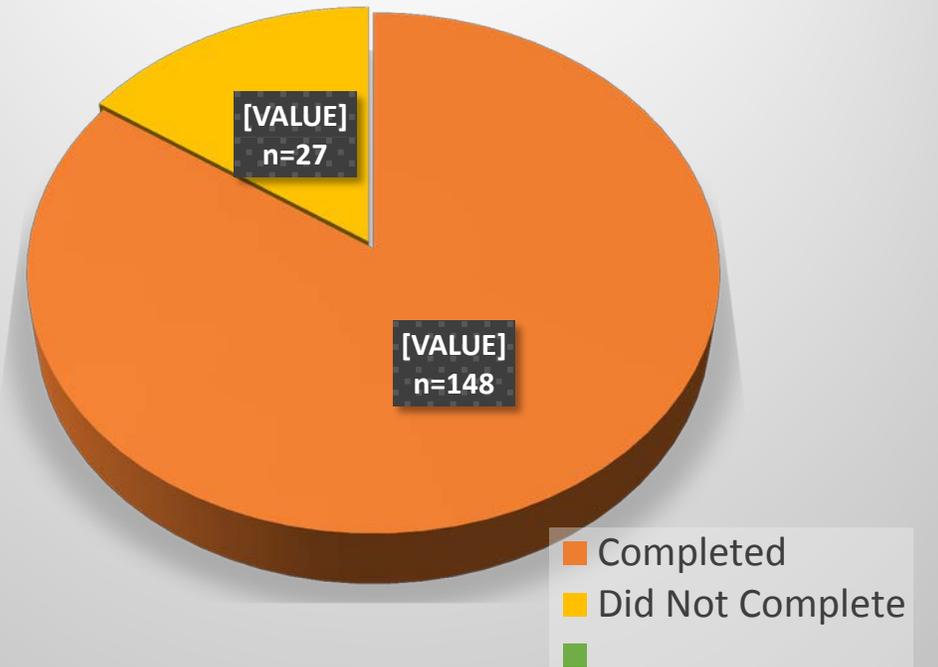
Phase 3 (6 Month) Completion Data



Phase 2 Completion n = 175
(52 original, 74 Phase 3 clients & 49 additional clients)

- 12 Weeks (Phase 2)
- Clients eligible (started before 10/18/2016)
- 148 clients completed
- 27 clients did not complete 12 weeks= 27
- Completion Rate: **84.57%**

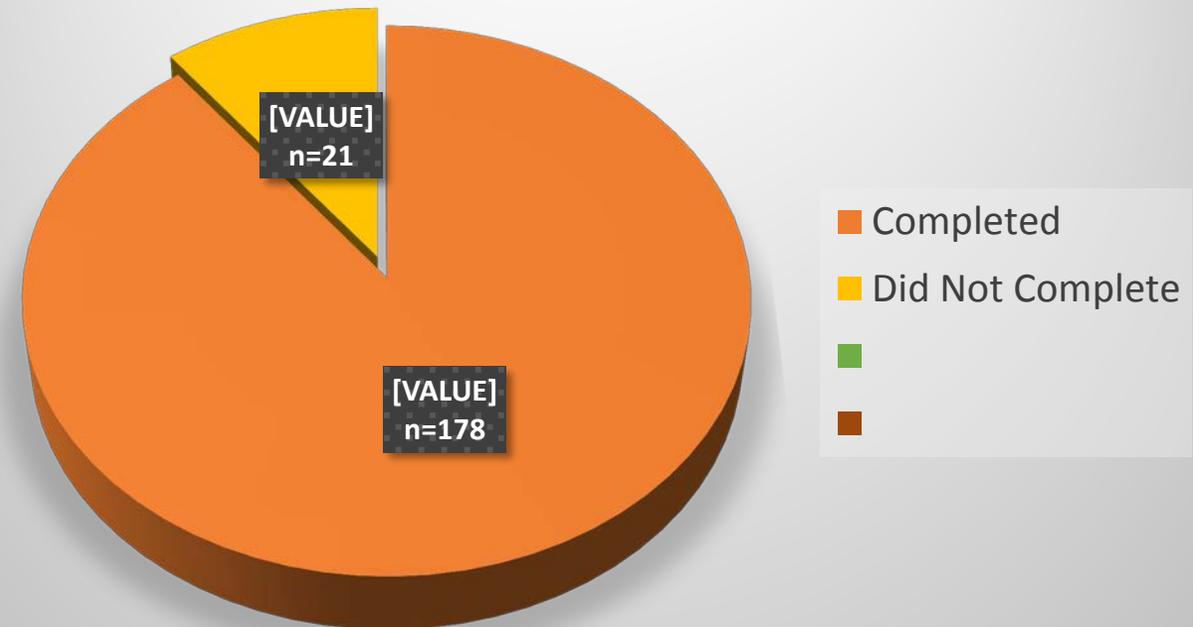
Phase 2 (12 Weeks) Completion Data



Phase 1 Completion n = 199 (52 original clients, 74 Phase 3 clients, 49 Phase 2 clients & 24 additional clients)

- 6 Weeks (Phase 1)
- Clients eligible (started before 11/19/2016)
- N = 199
- Clients who completed 6 weeks = 178
- Clients who did not complete 6 weeks = 21
- Completion Rate: **89.54%**

Phase 1 (6 Weeks) Completion Data



ARC PROGRAM COMPLETION RATES

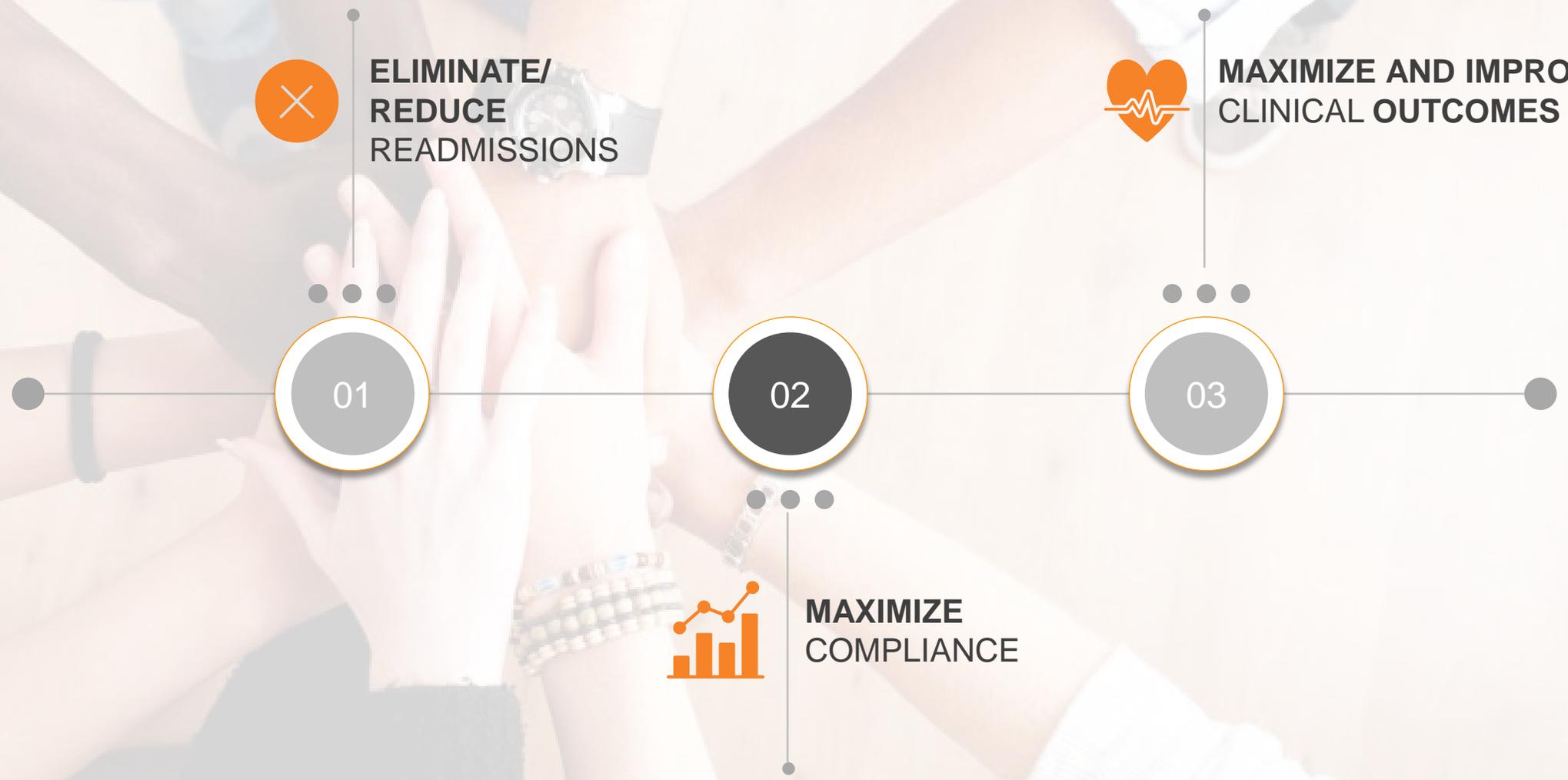


We at Aware Recovery Care are encouraged and proud of the trends observed thus far.

We realize that the above data is purely descriptive and does not, in and of itself, prove our impression that the ARC's IHAT intervention increases engagement, improves adherence to treatments, reduces use (harm), increases overall abstinence, and a longer duration of sustained recovery.

A larger sample size and analysis of ARC data will be required to address those issues more specifically, and we have plans to participate in clinical trials in the near future.

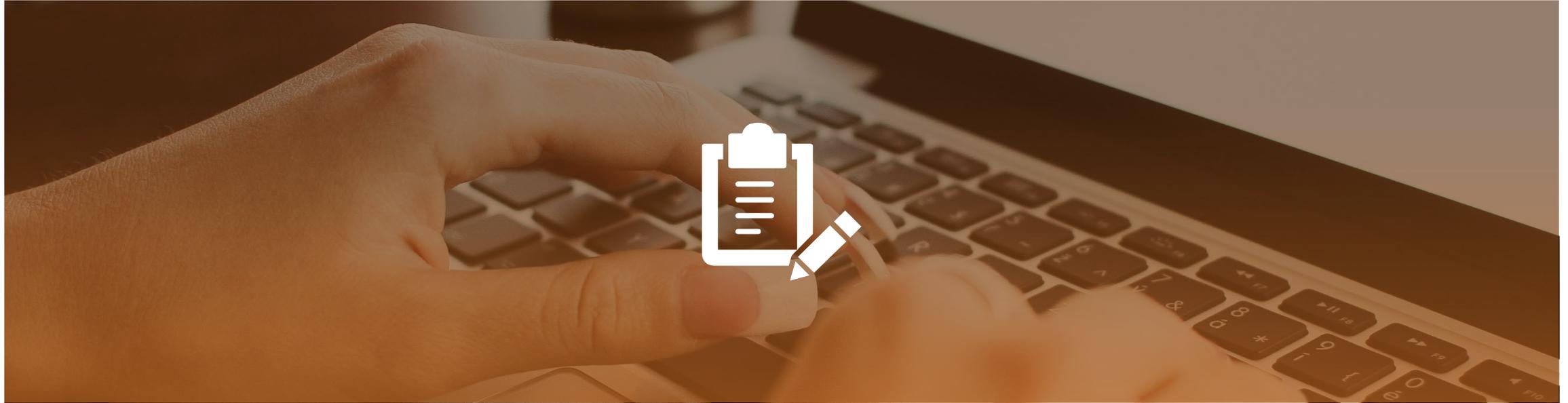
GOALS



Comprehensive Media Coverage



Summary



- **Company founded in 2011 – CURRENTLY TREATING 147 CLIENTS AT A TIME, CAN SCALE AS NEEDED (NOT LIMITED TO BED AVAILABILITY)**
- **18+months of due diligence. Leading addiction experts consulted from academia to clinical practice.**
- **Home based evidence-based practices:**
 - One year in length
 - Management of addiction as chronic illness
 - Multi-Disciplinary team led by an addiction psychiatrist
 - Use of MAT craving-cessation and opioid replacement medications
 - Accountability contract
 - Bio-psycho-social curriculum
 - Intense focus on family systems
 - Home transformation
- **We don't just teach our clients, we walk with them to master those daily habits and skills needed for lifelong recovery**
- Corporate Headquarters in North Haven, CT with statewide coverage in CT and NH
- In-network with Anthem BCBS as of 10/1/2015
- Other measures include
 - Level of engagement
 - Medications used Y/N? Indications?
 - Quality of life (as measured by WHODAS 2.0)
 - Number of contacts and consultations

Plans For The Future...

Aware recovery care will be participating in a clinical trial That will be executed by research experts at Yale University

The clinical trial will be to evaluate the efficacy of the Aware Recovery Care program when compared to a control group. In addition, researchers will be looking at the 2 years prior to starting the ARC program vs. the present data from current clients.

Aware Recovery Care has expanded into New Hampshire and will soon be in other states in the North Eastern US to effectively treat the epidemic of SUD in the region.





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RECOVERY CARE

NEXT STEPS

