



Centerpoint's Services at Woodside Juvenile Rehabilitation Center:
Enhanced and Integrated Substance Abuse & Mental Health Treatment Services
for Youth placed in the Woodside PRTF, addressing Substance Use
and Co-Occurring Social, Emotional, and Mental Health Disorders

Youth placed in juvenile detention and secure treatment at the Woodside Juvenile Rehabilitation Center often present with personal and family histories of substance abuse, risk for continued drug and alcohol use, risks for recidivism through substance use, and co-occurring or complex service needs based on the impact of drug abuse and addiction.

This revised proposal provides specialized services offered through Centerpoint Adolescent Treatment Services designed to enhance Woodside's treatment focus as a Psychiatric Residential Treatment Facility. This shift in focus at Woodside allows for more comprehensive, coordinated, and individualized plans of care for each resident.

Centerpoint's services are similarly well-positioned to provide the array of specialized treatment services routinely offered through their community-based programming adapted to the PRTF setting and provided in conjunction with Woodside's foundation treatment services. This proposal offers this array of services through individualized and complementary plans that are adapted to client needs and functioning based on multimodal criteria identified below and in Attachment A.

Quality of Provider's Experience

As a primary provider of integrated adolescent treatment throughout Northwestern Vermont, Centerpoint is well-placed to provide intensive individual, group-based, and family-focused substance abuse counseling to youth placed in both short-term and longer-term care. Throughout Centerpoint's 17 year history, clinical staff and programming has maintained a strong and effective collaboration with Woodside. This collaboration began as on-site Assessment and Evaluation Services to assist in discharge and care planning. Over many years, this has grown to include on-site individual, group, and family treatment throughout Woodside's programming. Consultation to Woodside staff and treatment planning processes has been present throughout the duration of this collaboration.

Centerpoint's clinical services apply a range of supports, activities, and group strategies to help young people replace substance using behavior & unhealthy choices with more effective ways of:

- ✓ managing emotions and behaviors
- ✓ coping with difficult situations and solving problems
- ✓ developing peer relationships and prosocial community connections

As identified below, Centerpoint treatment programming integrates a variety of demonstrated and evidence-based practices that can be applied in adolescent-friendly and developmentally appropriate ways. Multimodal strategies are applied through “thematic” curricula that build on past experiences and prepare for future situations. Some themes are specifically related to drug and alcohol education while others are more oriented toward developing healthy lifestyles and alternatives to drug and alcohol use. Typical themes include:

- The Physical and Emotional Effects of Drug Use
- Identifying, Expressing, and Managing Our Emotions
- Emotional Wellness, Physical Health and Well-Being
- Distress Tolerance, Coping Skills and Stress Management
- 12 Step Support and Positive Community Connections
- Problem Solving and Decision Making
- Healthy Assertiveness and Self-Advocacy
- Respect, Tolerance, Appreciation, and Diversity
- Creative and Artistic Expression
- Family Wellness
- Relapse Prevention and Drug-Free Living

Service Plan

Centerpoint’s SAMH services at Woodside draw from the full scope and range of integrated treatment services, including multiple modes and modalities that accommodate for readiness for change, level-of-care/need criteria, anticipated duration of placement, and functional assessment of substance using behavior.

Modes of Service available to Woodside residents include:

- Screening, Assessment, and Comprehensive Health Evaluation: including structured clinical interview evaluation; objective and semi-objective inventories, questionnaires, and measures; and, collateral information gathering. Evaluations result in a detailed report with clinical impression, diagnostic information, and a complete set of recommendations building on a client’s strengths and identifying resources and supports to address a client’s needs
- Individual Counseling and Therapy: Best designed for client’s with unique needs or individualized learning/growth styles that require highly individualized approaches
- Group Counseling and Therapy: Designed to teach, learn, rehearse, and practically apply new skills in the thematic domain areas identified above. Centerpoint’s Group Therapy also allows for greater influence over peer dynamics and peer influence and helps to establish peer support.
- Parent Skills Training: Designed to assist parents in developing the skills, styles, and strategies of parenting that are most effective for the needs of their particular child.
- Family Therapy: Bringing Woodside residents *who have benefitted from skill building and support* and parents *who have benefitted from skill building and support* to begin the reparative and restructuring work within the family that will best insure family and community success post-discharge

Modalities of Treatment and Support guiding Centerpoint’s services at Woodside:

- Motivational Enhancement Therapy
- Cognitive-Behavioral Therapy
- Trauma-Informed Interventions utilizing experiential, dynamic, and body-based approaches to access the limbic-regions of the brain
- Family Support Network (FSN) and Parent Skills Training
- Relapse Prevention and Recovery Support Planning
- Dialectical-Behavioral Strategies to address emotional regulation, coping skills, and distress tolerance
- Social-Thinking© skill building for Woodside residents with developmental limitations or learning impairments
- Screening, Brief-Intervention, and Referral to Treatment (SBIRT) strategies for residents with brief lengths of stay.

Level-of-Care/Level-of-Need

Consideration in this domain is based on the Quadrant Level-of-Care system as designed by the National Association of State Alcohol and Drug Abuse Directors (NASADAD). Consideration is also given to criteria established by the American Society for Addiction Medicine (ASAM), although the placement focus of this L-O-C system is less relevant, as, by design, Woodside is defined as a level IV facility. Treatment matching, including content of treatment interventions, is based on accurate assessment with the Quadrant system, including:

- Education/Early Intervention
- Services for the non-substance using child of an alcoholic or addict
- Substance Abuse Concerns: lower-level
Mental Health Concerns: lower-level
- Substance Abuse Concerns: higher-level
Mental Health Concerns: lower-level
- Substance Abuse Concerns: lower-level
Mental Health Concerns: higher-level
- Substance Abuse Concerns: higher-level
Mental Health Concerns: higher-level

Readiness for Change: “Stage of Change”

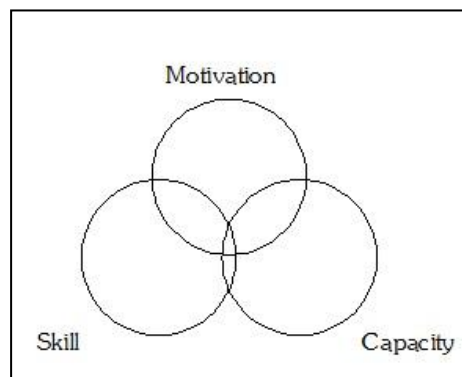
Services and interventions are adjusted for the resident’s readiness for change, as scaled using Prochaska and Diclemente’s Stages of Change Model. This commonly-applied and well-researched model recognizes the impacts on the process of learning and changing based on stages of:

- Pre-Contemplation regarding need for any change
- Contemplation about the relative benefits and challenges to change
- Preparation for change
- Action toward change
- Maintenance of the changed thoughts, feelings, beliefs and behaviors

Adding to this model, services are adapted and accommodated in the context of Barron's Frames of Performance:

- Motivation
- Skill
- Capacity

This model recognizes the dynamic interplay with these 3 domains of functioning, and adapts interventions to compensate for needs or deficits in each domain.



Motivation, or 'rationale' within cognitive-behavioral therapy models, helps Woodside residents to answer the valid and essential questions of "why?" or "why bother?" Recognizing that the behavior changes that are being asked of these youth are indeed difficult, meaningful and relevant answers to these questions must be identified if change is expected to develop and be maintained.

A focus on *Skill Building*, recognizes that, in many cases, Woodside residents are not in need of rehabilitation, but rather, are in need of *primary habilitation*. They may, in fact, never have learned the core skills and strategies of pro-social functioning. Building and learning new skills is essential to healthy, successful, and adaptive lifestyles both within and beyond the security of the Woodside environment.

In this frame, *Capacity* is understood from a *developmental perspective* (learning styles, cognitive disabilities, functional impairments) and from a *situational perspective* (including environmental and incidental impacts). Differentiation and accommodation for capacity allows for motivational and instructional strategies to be delivered through modes, modalities, and styles that are best matched to the reception of each client.

When services and strategies are designed to consider the interplay of motivation, skill, and capacity, *performance is achieved*. And this model, allows for the compensatory factors of influence between these domains. Building skills helps to increase motivation, increased motivation supports skill acquisition, differentiation for learning styles allows easier skill access and supports better engagement/motivation – resulting in improved performance and sustainable change.

Functional Significance of Substance Use

While DSM diagnostic criteria have some relevance to assessment and treatment planning, a more relevant frame for working with Woodside residents focuses on the 'function' of their substance use, and tailors intervention modes, modalities, and treatment strategies to address this function:

- *Social-Recreational Use* is often lower in frequency and intensity, and is impacted by social norms, peer group affiliation, and access to substances. Helping clients to develop replacement activities that address these social affiliational needs are often effective in exchanging maladaptive behaviors with healthier alternatives. Social-Recreational Use is often *mistakenly* referred to as 'experimental' use, although there are often *secondary* exploratory aspects within the social-recreational context (see below).

- *Symptomatic Use* is understood as a maladaptive coping response or ‘self-medication response’ to a more significant underlying mental health, social, or emotional concern. Integrated treatment that addresses the underlying anxiety, mood, trauma, or relational concern, in conjunction with substance abuse treatment interventions, is effective in addressing the root causes *and* the symptomatic concerns.
- *Problematic Use* is similar to symptomatic use, as there are typically co-occurring social, emotional, developmental, or mental health concerns. In this category, use is considered *Problematic* or *Primary*, and the treatment requires more intensive and targeted interventions to address the primary problem of substance use due to frequency of use (how often), duration of use (for how long), and specific substance(s) of use (dependency potential, physiological or psychological harm, lethality potential).
- *Chemical Dependency* is of physiologic concern and may require detoxification or pharmacologic interventions within the containment of the Woodside environment. With a period of abstinence achieved through the security of the environment, underlying social, emotional, mental health, and physiologic needs become more apparent and are more available for intervention.
- As distinguished from *Social-Recreational Use*, true *Experimental Use* is much less common and includes those individuals who are engaging in substance use primarily to explore mind or body altering effects. Experimental use is distinguished in that it occurs in isolation outside of any influenced social-relational dynamic. It is neither related to affiliation, as self-medication for co-occurring challenges, resulting from addictive behavior, or a function of chemical dependence, and therefore may be considered of greater concern. This may be seen more commonly in populations with specific thought or personality disturbances.

It should further be noted that this functional significance is distinct from the concept of Addiction. Recognized as ‘persistent pursuit and use of substances’, addiction is more accurately defined by ASAM as a *chronic disease of brain reward, motivation, memory and related circuitry*. As related to juvenile delinquency and recidivism risk, treatment of addictive, reinforced, maladaptive behavior is primary throughout both Woodside’s psychiatric residential treatment and Centerpoint’s specialized treatment.

Consultation, Collaborative Planning, and Training

To support the most effective individualized service planning, and to insure coordination between services provided by Centerpoint, by other contracted providers, and by Woodside staff, Centerpoint clinicians and consultants are available to participate in Woodside’s treatment and case planning processes.

Centerpoint staff are also available for consultation and training for Woodside staff or affiliates on any of the broad and specific areas of focus housed within Centerpoint Adolescent Treatment Services (www.centerpointservices.org).

Staffing

This project is staffed with qualified mental health and substance abuse professionals with particular skill and style to fit the needs of a juvenile justice and psychiatric adolescent and family population.

These positions are employed through Centerpoint, with clinical supervision provided by the Substance Abuse and Mental Health Services Program Director and the Centerpoint Medical Director. Routine consultation is maintained with the Woodside Leadership to insure that services are well-coordinated, collaborative, and best-fit for Woodside client and program needs.

Office space and administrative support for these positions is housed at Centerpoint. The direct services provided through this project are offered on-site at Woodside.

Primary providing clinicians include:

Chip Chamberlain, MS NCC

Ellen Gluckman, MA AAP

Additional consultation and direct services may be provided by:

Michael Hunter, LICSW LADC

Kim Burgess, MS LADC

Mitchell Barron, LICSW LADC

Service Funding and Collaborative Partnership

Direct treatment services provided through this proposal are funded on a fee-for-service basis, accessing Medicaid for those enrolled, commercial insurances for those who have a 3rd party payor as primary, and grant dollars for those who are wholly uninsured. Under these billing terms, residents are opened as clients of the HowardCenter, the designated mental health and addictions treatment agency (aka ‘preferred provider’) within Chittenden County. As such, these residents will have access to services consistent with the HowardCenter terms of Corporate Compliance, Patient Rights, HIPPA, 42 CFR Part II, and other privacy and consumer rights as afforded to a client receiving services through a DMH/VDH designated agency. Additionally, direct service provision by Centerpoint and provided on-site at Woodside will be detailed and defined through a Memorandum of Understanding and Agreement.

Consultation, Collaboration, and Training services provided by Centerpoint, including team and meeting participation are proposed to be funded through a Contract with Woodside/DCF at the rate of \$100 per hour. Scheduling an average of 3 hours of consultation, collaboration, and training services per week for 50 weeks/year, this grant proposal annualizes to \$15,000 year maximum, to be drawn based on actual utilization.

For Further Information:

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Attachment A:



Centerpoint’s Substance Abuse & Mental Health Services - Array of Services at Woodside JRC -

Client-matched service plans based on mode, modality, level-of-care, readiness for change, anticipated duration of placement, and the functional significance of substance use

Screening, Assessment, Comprehensive Evaluation			
Mode	Informed Modality	Level-of-Care ** (NASADAD Quadrant/ASAM)	Readiness for Change
1. Assessment & Evaluation 2. Individual 3. Group 4. Parent 5. Family	1. Motivational Enhancement Therapy 2. Cognitive-Behavioral Therapy 3. Experiential and Limbic-Based Trauma-Informed Treatment 4. Parent Support & Parent Skills Training 5. Relapse Prevention/ Recovery Support 6. Dialectical-Behavioral Informed Strategies 7. Developmental-Matched Social Thinking 8. SBIRT: Screening, Brief Intervention, Referral to Treatment	1. Education/Early Intervention 2. Child of Alcoholic/Addict Support and Intervention 3. Lower-Level Substance Abuse Needs/ Higher-Level Mental Health Needs 4. Higher-Level Substance Abuse Needs/Lower-Level Mental Health Needs 5. Complex High-Level Substance Abuse Needs/High-Level Mental Health Needs	1. Pre-Contemplative 2. Contemplative 3. Preparatory 4. Active 5. Maintaining Accommodating for Learning Style: • Motivation • Skill • Capacity
Anticipated Duration Of Placement: • Brief • Moderate • Extended	** Functional Significance of Substance Use: <div style="display: inline-block; vertical-align: middle; margin-left: 20px;"> </div>		
Consultation, Collaborative Planning, and Training			