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Another link in chain of care

CeDAR Launches Outpatient Program

The fences surrounding the Center for Addiction, Dependency, and Rehabilitation (CeDAR) suggest a self-enclosed world for individuals seeking shelter while they find a path to recovery.

The cottages on the campus are meant to be a place of respite. But CeDAR's mission is not to protect individuals with addictions from the wider world. Rather, it is to help them return to it in better physical and emotional health. Its leaders, meanwhile, continue to broaden CeDAR's range of services and redefine its role in recovery.

CeDAR's relative isolation from the hospital's inpatient and outpatient pavilions belies its ongoing attempts to broaden its clinical and community reach.

In the past year, the University of Colorado Hospital-based facility has added a chaplain resident program, launched a major marketing campaign, and created a treatment track for professionals – including physicians and other health care workers – battling addiction. Early this year, CeDAR began gender-responsive training to help staff understand the nuances of addiction's grip on men and women and deliver care based on the best clinical evidence available.

The newest link in CeDAR's continuum of care is an Outpatient Treatment Services program. It officially launched on June 17, with a group session at the Quentin Street campus for people in the community who aren't receiving addiction treatment, as well as for residential patients who need less-intensive "step-down" care. The program also includes outpatient aftercare sessions for health care and other professionals.

About 80 percent of people with addiction issues don't need residential treatment, noted Steve Millette, CeDAR's executive director.

"The residential program is still our anchor," he said. "But we determined an outpatient program is important to following our continuum-of-care philosophy as much as possible."

Reaching out. The 12-week primary Intensive Outpatient Program (IOP) targets both community members and professionals with thrice-weekly meetings plus individual therapy/case management sessions every other week. Prospective patients are screened for substance abuse and psychiatric comorbidities to determine if the IOP is the appropriate treatment route. The treatment team includes an addiction case manager and an attending psychiatrist/addictionologist (a specialist in diagnosing and managing patients with addiction disorders), who monitors patients' medications.

More than 12. The three-hour sessions generally focus on the principles of the 12-step program, which include honesty, openness, acceptance, a willingness to make amends to those harmed by addiction and more. But the approach is not dogmatic, said Anne Felton, RN, ND, CeDAR's director of operations, who emphasized programs that are most effective follow evidence-based practices and apply an individualized approach to care.

"We want to be careful not to put off someone who is not open to the 12 steps," she said. The general flow of the meetings includes didactic instruction and small- and large-group discussions, although the actual course they follow will depend on what transpires as

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patients dig into the material and explore each other's issues, she explained.

In fact, getting a dozen people in a room talking about their addictions and related traumas is essential to the concept of the IOP, Felton said.

"Everyone's experience adds a layer to the recovery process," she said.

A new twist. The IOP concept is not new, but existing programs have not been as successful as they could be, Felton maintained, in part because they often try to do too much.

"They tend to be watered-down residential programs that try to put everything possible into the curriculum," she said. "That doesn't work in meeting the needs of this population."

CeDAR's challenge, she said, is to identify patients who need outpatient care and those best suited for residential care and route them appropriately, a key part of the assessment process.

"We want to build our services for both populations," Felton said.

For now, patients pay for IOP services at CeDAR out of pocket, unless their insurance carries an out-of-network benefit. But Millette said CeDAR is applying for coverage from two managed care contracts.

Step down to step up. Meanwhile, CeDAR's residential programs offer a built-in referral pipeline to the new primary and professionals aftercare groups. The primary group meets once a week for 13 weeks for 90-minute sessions that rely on support from peers, chaplains and alumni, Millette said. The professionals group has the same weekly commitment, but for six months, with specialized therapy.

The aftercare program is for patients who need to continue treatment, but at a less intensive level, Millette said. Now CeDAR can fill that need.

"That's business we've been sending away," he said.

For now, the main limiting factor for the programs is space. The group rooms in the main building can accommodate two 12-person groups an evening, Millette said. A day track is a possibility if there is enough demand, he added.

The push is on to build that volume with marketing brochures, emails, the CeDAR website and regular contact with community providers in the Denver metro area.

"There is such a need for patients in this area," said Ben Cort, a business development representative for CeDAR. "If we get much beyond a 15- or 20-mile radius, it's hard for them to commit."