



ARCH, Inc. Program Plan
FY22-23



Executive Director

Ron Smith, MBA, LADC

Associate Directors

Tom Fuchs, MSW, LIMHP, CMSW, LADC-ARCH House (The Big House)

Bart Sullivan, LADC-O'Hanlon House

Clinical Staff

Ean Messerschmidt, LADC

Brian Brown, LADC

Mat Zollicoffer, PLADC

Tyler Hackett, PLADC

Quality Improvement

James Anderson

Staffing

Executive Director (1 FTE): Establishes, implements, maintains, and monitors the daily operations and services for all ARCH, Inc. programs. Ensures compliance with standards consistent with the mission and policies at ARCH, Inc. Serves as liaison between the ARCH Board of Directors and the ARCH program. Shares in ARCH, Inc. fundraising responsibilities. Serves as Agency representative for Region 6 Behavioral Healthcare (Region 6) meetings. Shares in the rotation of staff at 5:30 groups, file/case management and peer evaluations.

Associate Director-Clinical Services (2 FTE): Works to provide oversight, decision-making and supervision of clinical/operational services. Assist the Director to ensure all clinical interventions and programming adheres to the Agency's Policies and Procedures.

Counselors (6 FTE-includes Associate Directors): Provides one-on-one counseling, facilitates therapy and special groups. Shares in the overflow of other responsibilities that are required to operate a halfway house and includes but are not limited to, oversight of maintenance of the building and grounds, file and case management review for the residents, scheduling and crisis intervention. All counselors are Licensed Alcohol and Drug Counselors (LADC's/PLADC's). The LADC/PLADC certification is regulated by the state of Nebraska and requires additional workshops every two years to continue to retain this certification.

Quality Improvement Specialist/ Direct Care Staff Supervisor (1 FTE): Under the general supervision of the Executive Director, initiates and coordinates quality improvement and data management activities for purposes of performance measurement, analysis, reporting and evaluation. Performs miscellaneous job functions such as collecting client paperwork, updating policies and procedures, bookkeeping, and various other tasks. Assist in maintaining CARF accreditation standards and practices.





Direct Care Staff Supervisor: The Direct Care Staff Supervisor will take on the responsibilities of scheduling, training, orientation, and supervision of all direct care staff of ARCH, Inc. They will be responsible for recruitment of direct care staff and fill in as needed to ensure the correct staff to resident ratio is always attended to. The supervisor will also be responsible for all responsibilities inherent to the direct care staff position including ensuring the health, safety, and security of the residents, guests, and staff at the houses while clinical staff are not available. The Direct Care Staff Supervisor will also be responsible for any additional duties as assigned by his immediate supervisor and/or designee of the executive director.

Direct Care Staff (15-18 PTE): Assists and provides support to clients in meeting their daily needs in a healthy and safe manner. Monitors consumers’ physical, social, and behavioral needs and collaborates with the multidisciplinary team to ensure the provision of appropriate interventions and support. Monitors resident structure and compliance when the ARCH counseling staff are not in the office. Ancillary staff carries a requirement of either a 2-year Associate Degree in the Behavioral Sciences or 2 years of lived-recovery experience.

Length of Time in Operation

Arch, Inc. has operated in the community for 50 years and enjoys a reputation for helping those with addiction.

Program Licensing/Accreditation

Licensed by Nebraska Department of Health and Human Services as a Residential Substance Abuse Treatment Center-3.1 Level of Care. ARCH, Inc. direct care staff ratio per regulation is 12:1. ARCH, Inc. licensed staff ratio per regulation is 10:1. Overnight staff ratio includes one direct care staff per house.

ARCH, Inc. is proud of maintaining the highest possible standards through a 3-year CARF Accreditation.

Annual Number of Clients Served

150

Populations Served

Adult males with primary diagnoses of Substance Use Disorder.

Eligibility criteria:

- Adult males age 19 and older with admission priorities as outlined in the following priority order: Region 6 service area (Douglas, Dodge, Sarpy, Washington, and Cass counties), IV drug users, Nebraska residents and others.
- Primary diagnosis of substance abuse from the DSM-IV-TR or DSM-5. The American Society of Addiction Medicine (ASAM) placement criteria are utilized to determine the appropriateness for the level of care which is 111.1
- Minimal risk of withdrawal with 72 hours of continuous sobriety from mood-altering chemicals, other than those prescribed by a physician.





- Must have history of one or more experiences at other levels of care including but not limited to outpatient services, intensive outpatient services or short-term residential services.
- Person is physically ambulatory. If the individual has a physical limitation, they will be referred to the ARCH O’Hanlon House to accommodate their needs.
- Ability/willingness to seek employment; or if disabled, ability/willingness to seek community service in lieu of employment.

Mission: ARCH, Inc. helps the men we serve become productive members of society.

Program Philosophy

ARCH, Inc., believes that chemical dependency is a disease which debilitates the whole person- body, mind, emotion and soul. ARCH, Inc. further believes that no person so afflicted is ever cured, but the disease can be arrested over time with proper support and guidance and the chemically dependent person can be restored to a state of enhanced capabilities.

Key to this restoration is: a) a belief in principles which demand reliance upon resources outside one’s self rather than one’s own limited and distorted power; b) an enhanced sense of responsibility regarding handling one’s affairs; and c) a growing sense of care and concern for the well-being of others. This three-fold approach may assist the chemically dependent person’s recovery.

Program Goals

Services are designed and implemented to address the following goals:

1. Support recovery, health or well-being of the persons served.
2. Enhance the quality of life of the persons served.
3. Reduce symptoms or needs.
4. Build resilience.
5. Restore or improve functioning.
6. Support integration into the community.

Objectives and measurable indicators are developed and annually reviewed to support the individualized client goals and the program goals.

Program Modalities

The primary modalities are individual and group treatment. The majority of modalities and groups are offered by licensed personnel and other external providers. Additionally, treatment includes:

1. Relapse Prevention Support.
2. Group counseling.
3. Educational groups.
4. Recreational and leisure activities.
5. Community living support.
6. Employment support.





Licensed staff will utilize evidence-based approaches to counseling and recovery goals such as Cognitive-Behavioral Therapy, Motivational Interviewing, and Twelve-Step Recovery based on the Minnesota Model.

Settings

ARCH, Inc. has two locations: 18-bed facility located at 604 S 37th St, Omaha, NE (The Big House) and 10-bed facility located at 1502 N 58th St. Omaha, NE (O’Hanlon House). Both locations are in midtown Omaha.

Hours/Days of Services

The hours of operation for both houses are 24 hours a day/7 days a week.

ARCH's administrative office is open from 9 AM to 5 PM Monday through Friday to complete assessments, intakes, individual client appointments and a variety of other needs. Additionally, licensed staff are available on an on-call basis to residents 24 hours a day/7 days a week. Screenings take place Monday through Thursday at 3:00 PM.

Direct care staff are on premises for evening, overnight and weekend shifts and occupy an office in the main area of the resident's quarters. The ARCH licensed staff is notified by the direct care staff in the event of a crisis.

Frequency of Services/Specific Services Offered

This program provides a structured treatment and recovery-focused program. Duration of the program is based upon four to six-month length of stay. Those clients with co-occurring needs are given a referral to address their mental health needs. Programming includes the following frequency of services:

Individual Counseling: is required for all residents at least once per week with a licensed counselor. ARCH, Inc. has an open-door policy and licensed staff will be available for additional individual sessions on an as-needed basis.

Group Counseling: is required for all residents throughout the week. Two groups are scheduled Monday and Thursday evenings at 6:30 PM for 2 to 3 hours. An additional group is held daily at 5:30 PM to attend to house/client business and presents an opportunity for clients to share updates on individual treatment plans and objectives.

Self-help Groups: is required of all residents to attend three AA meetings weekly.

Peer Support: Peer evaluations are conduct approximately every 30 days. Individualized treatment plans are co-created with residents based upon constructive feedback provided at the peer evaluations by fellow residents and staff. A vast network of ARCH alumni regularly assist the men in treatment with empathy, understanding, and solution-based feedback. Graduates of the ARCH program are encouraged to remain involved in the alumni organization (attending alumni groups, aftercare groups, and speaking commitments) to further their recovery goals.

Recreation and Leisure: is available to all residents based upon the individual’s schedule.





Structure of the Program: is based upon the Minnesota 12-step program framework with the following phases:

- Phase I:* First three steps of AA (Day 1-45)
- Phase II:* Steps 4&5 of AA (Day 46-75)
- Phase III:* Steps 6-9 of AA (Day 75-110)
- Consolidation:* Step 10 of AA (Day 110+)

Employment or Community Service: is required of all residents for 30-40 hours weekly.

WEEKLY SCHEDULE

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8 AM	Mandatory wake up time for all residents (for residents looking for work, they must be out of the house).				
8 AM-5 PM	Report to Work (Development of Vocational Skills and Training Activities). If residents have the day off, they must participate in the following activities: Development of Recreation and Leisure Skills with other peers. AA meetings (Linkages to Community Resources and development of a social network). Individual Counseling with staff. Educational Activities by reading AA literature and completing assignments.				
5:30 PM	Mandatory House Meeting for all Residents (Group Therapy).				
6:00 PM	Mandatory Supper for all Residents				
6:30 PM-9:00 PM	Group Therapy	AA activity Group Function (community resources)	AA Activity Group Function (community resources)	Group Therapy	Friday Night Camel Meeting (community resources and social network)
9:00 PM-12:00 AM	Resident phase groups. Resident life story groups. Development of community living skills. Education on Wellness and Recovery. Development of recreational and leisure skills.				
12:00 AM	Mandatory curfew (1:00 AM Friday and Saturday).				





Admission/Discharge

ARCH, Inc. demonstrates a consistent effort to provide person-centered chemical dependency treatment services that are accessible to residents, staff and other stakeholders.

I. Screening/Eligibility

A. Screening is conducted and documented in the following manner:

1. An applicant to ARCH Inc. must call the ARCH O'Hanlon House at 402-556-6425 to arrange a screening.
2. An applicant to ARCH Inc. will be screened by Licensed clinical staff at ARCH House prior to admission.
3. All screening interviews will be conducted in person Monday through Thursday at a time convenient for staff and applicant.
4. All applicants who are unable to attend an in-person screening (due to being out of area, incarcerated, receiving services at another treatment center, or other acceptable reason) will be screened via telephone by a member of the clinical staff.
5. All applicants will be informed at time of screening that they will need to complete:
 - a) A general health screen upon intake. Based on results of health screen residents may be referred for medical examination if no examination has been completed within the past ninety days.
 - b) Obtain two pieces of current identification, including a picture ID.
 - c) Identify previous treatment experience and complete a biopsychosocial assessment upon intake. If no previous treatment experience, potential resident must obtain an assessment for Chemical Dependency not more than 6 months old.
5. All applicants must be 72-hours free of all mood-altering chemicals, unless prescribed by a physician, to be screened for admission and at admission.
6. Licensed staff will uniformly administer screening all screening documentation.

B. Eligibility for services

1. Eligibility will be based upon:
 - a) Eligibility criteria (see program plan).
 - b) Presenting problem.
 - c) Urgent or critical needs.
 - d) Legal eligibility, when appropriate.
 - e) Availability of funding sources.
 - f) Availability of beds.





- g) Alternative services if beds aren't available.
- h) Appropriate referrals given when applicable.

II. Admissions

- A. Licensed staff will be responsible for making admission decisions.
- B. All applicants accepted will be placed on a waiting list if space is not available with instructions on when to contact staff to check for bed availability.
- C. No one will be denied screening or admission to the ARCH Inc. treatment program based on disability or diagnosis of substance dependency, race, religion, sexual orientation, financial status, national origin, language, reading or writing ability. However, due to the physical layout of the ARCH House, all applicants who cannot navigate stairs will enter treatment at the O'Hanlon House which provides living quarters on the main level. All our services are provided in English but every effort will be made to obtain translation/sign assistance and tutoring sought for those who cannot read.
- D. Do to contractual obligations with Region 6 Behavioral Healthcare, ARCH Inc. will give admission priority to:
 - 1. Nebraska IV drug users.
 - 2. Region 6 residents.
 - 3. Other Nebraska residents.
 - 4. All others
 - 5. Should bed space not be available, every effort will be made to place those at risk, IV drug users, in an appropriate level of care until space at the ARCH Inc. program becomes available.

III. Exclusionary or Ineligibility Criteria

- A. ARCH, Inc. will determine exclusionary or ineligible criteria to include but not be limited to the following:
 - 1. Primary diagnosis is a psychiatric disorder.
 - 2. Medical problems requiring medical treatment level of care.
 - 3. Medication noncompliance.
 - 4. Current use of prescription drugs with potential for abuse.
 - 5. Low motivation/noncompliance.
 - 6. Intellectual disability with significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior, which covers a range of everyday social and practical skills
 - 7. Current suicidal, risk to self or others.
 - 8. Chronic aggressive behavior incompatible with a group living environment.
 - 9. History of severe progressive and predatory violence.
 - 10. Applicants who do not meet criteria for eligibility for admission.





- B. ARCH, Inc. reserves the right to deny an admission to the program if symptoms, behaviors, or criminal history indicates that the applicant is a danger of disruption to other applicants, staff or general programming, or may be unable to function within the program.
- C. If a person is found to be ineligible for services:
 - 1. The person is informed as to the reasons.
 - 2. Others will be informed per an authorization and the person’s choice.
 - 3. Referral sources will be informed as to the reasons.
 - 4. Recommendations are made for alternative services.

Payer and Funding Source

Primary funding comes from the Regional Behavioral Health Authority, Region 6 Behavioral Healthcare (Region 6) and Nebraska Medicaid. Additional funding comes from resident fees and fundraising activities.

Fees

The fee is \$25.00 per day/\$175.00 per week.

Referral Sources

Referrals come from other treatment providers, the criminal justice system, legal system, medical system, the 12-Step community, and other stakeholders.

Facility Approved Emergency Care and Treatment

ARCH, Inc. is committed to executing positive, nonviolent behavioral interventions that emphasize building positive relationships with the persons served by ARCH, Inc.

ARCH, Inc. will promote de-escalation procedures and manage behavior to handle potentially volatile situations.

- A. Any client who begins to escalate should be asked to relocate to another more private space away from peers. Other clients should be relocated to another area away from the escalating client. This maneuver is to provide safety to the other clients, maintain the dignity of the client who is upset, and hopefully diffuse the situation.
- B. Staff will evaluate the environment.
- C. If the client refuses to leave the environment, the other clients should be relocated to another area away from the escalating client.
- D. Verbal de-escalation techniques may include the following strategies:
 - 1. Respond to the defensive client with a verbal response to defuse the situation.
 - 2. Do not put hands on the client unless the client is in immediate danger to self or others and until all the least restrictive means have been exhausted.





3. Focus on reduction of tensions.
4. If client becomes physically threatening and/or the client is unable to be redirected, have a staff member call 911 for assistance and safety.
5. Provide a de-briefing with staff once safety of the milieu has been established and complete a critical incident report.

All staff are trained on crisis intervention and methods through RELIAS training and in-person training. For any emergency medical situation, staff will assess the situation and dial *911 if appropriate. All medical issues and decisions will be made by the individual client with the assistance of their own medical professional. If client does not have a primary care physician, ARCH has a memorandum of understanding (MOU) with Charles Drew Health Center for medical care. If client is in need of emergency psychiatric care, staff will refer the client to Lasting Hope Acute Psychiatric Hospital to help stabilize the individual before returning to treatment (if appropriate).

Outside Referrals-Alternative services

ARCH will ensure that all current or prospective residents receive medical or mental health care that is needed.

1. If a prospective client does not meet eligibility criteria, clinical staff will work with the individual and/or referral source to refer to the appropriate level of care.
2. The intake assessment documented in the resident's record provides the initial screen for the counselor to determine if further medical or mental health help is necessary.
3. Should the counselor determine that further screening is necessary, the resident will be referred to the appropriate professional facility.
4. All residents will be encouraged to continue treatment with their family physician, dentist, or other practitioner. Should they not have a professional relationship, ARCH will refer residents in need of such services.
5. All professional services rendered outside the ARCH will be documented in the progress notes of the resident record.
6. Residents are financially responsible for all medical/mental health services or treatment received.
7. Residents who present in acute emergency medical condition will be transported via Omaha Fire and Rescue Squad to the nearest hospital emergency room for immediate care.
8. Residents who present with acute emotional, mental, or behavioral health emergencies and/or crisis will be transported to the nearest Mental Health Care Facility via Omaha Police Department or ambulance.





Individual Treatment Planning-Ongoing Assessment and Evaluation

ARCH, Inc. actively demonstrates participation of persons served in the development of an individualized treatment plan that will guide the planning process and determine the direction of treatment.

- I. Written person-centered plan.
 - A. Will be developed with the active participation of the person served.
 - B. Will involve other stakeholders as need, when applicable and permitted.
 - C. Will be based upon the assessment and diagnostic (interpretive) summary.
 - D. Will be based upon the strengths, needs, abilities and preferences.
 - E. Will be based upon identified co-occurring disabilities, co-morbidities, or other disorders.
 - F. Will be developed within 30 days, with further ongoing review and updating to occur every 30 days.

- II. Integration and inclusion as identified in the person-centered plan.
 - A. Efforts will be made to assist in the integration and inclusion of the following:
 1. Community.
 2. Family, when appropriate.
 3. Natural support systems.
 4. Other services as needed.
 - B. Efforts will be made to communicate in a manner that is understandable to the person served and provided with a copy when applicable.

- III. Components of a person-centered treatment plan.
 - A. Individualized goals are expressed by the words of the person served.
 - B. Treatment goals are understandable to the person served.
 - C. Individualized goals are reflective of informed choice of the person served.
 - D. Contain objectives that are reflective of the expectations of the person served, treatment team, other stakeholders as appropriate.
 - E. Contain information reflective of age, development, culture and ethnicity, disabilities/disorders or concerns as appropriate.
 - F. Contain measurable, achievable, time-specific goals and objectives.
 - G. Identification and frequency of specific interventions, modalities and/or services to be used.
 - H. Legal requirements as appropriate.
 - I. Imposed fees as appropriate.
 - J. Other referrals and aftercare options when needed.

- IV. Person-centered treatment plan review.
 - A. Plans will be reviewed every 30 days.





- B. Plans will reflect current issues.
- C. Plans will remain relevant.
- D. Plans will modify goals, objectives and interventions as necessary.
- E. Plans will maintain visitation and/or court orders when applicable.

V. Relapse recovery plan.

- A. ARCH, Inc. Licensed staff will develop a relapse recovery plan at admission with the person served to address potential of risk and personal coping/service intervention. The relapse prevention plan will address the following:
 - 1. Triggers.
 - 2. Current coping skills.
 - 3. Warning signs.
 - 4. Preferred interventions for personal safety, resident safety and public safety as needed.

The Quality Improvement Specialist and Quality Improvement Team will oversee the administration of all client change instruments. ARCH, Inc. utilizes satisfaction surveys, the GAINS SS screener, and GAF scoring for ongoing assessment and evaluation. In addition, measurement timepoints are established at regular intervals which include: the beginning of services, appropriate midpoints, discharge and post discharge timepoints. The measurement timepoints will be consistently administrated and will be reviewed on an annual basis.

ARCH, will review the Program Plan annually and update as necessary.

