

Family-Centered Treatment – Based on SHIELDS Model

Akeela, Inc.

Akeela Family Programs

Level of Readiness

- Problem statements: Akeela identified a need in our community for family centered services in order to reunify families and maintain recovery for the whole family.
- Readiness:
 - Expansion - In 2010, Akeela assessed our existing programming and realized we had the components of a family centered services model but needed assistance and a clear direction to integrate and expand our family programming. Our family centered services model, based on the evidenced based Los Angeles SHIELDS program, has been providing services in Anchorage for three years at this point. We have come to the stage where we are looking at outcomes, expansion- of both services, clients served, and communities in which services happen. In May of 2013, we began services in our Akeela Family Program- Mat Su, an OP/IOP program based on our very successful Women and Family programs in Anchorage.

Action/Implementation

- **Training plan for leadership and staff** that included an agency readiness assessment and training, by Kathy Icenhower, from the Los Angeles SHIELDS for Families program. Additionally, Akeela sent staff to the SHIELDS program for additional, on-site, training. The readiness assessment determined that Akeela's current programming had all of the service components for Family Centered treatment but that we needed to better integrate the services.
- **Integration, Expansion and Development of Organizational Strategies and Procedures that Support Family Centered Treatment.**
- **Building and Maintaining the Foundation of Services**
 - **Akeela's Assessment Center**
 - **Integrated SUD/MH Treatment Programs**
 - **Child Development Services**
 - **Supportive Services**
 - **Sober Family Housing**
 - **Lifetime Aftercare**
 - **Ensure services are:**
 - Culturally Competent
 - Relationship Centered
 - Client Centered
 - Focus on Development of Client Leadership
 - Focus on Community and Relationship based design
- **Seeking and Blending Funding to Support Model**

Data collection strategy

- **Akeela's Family Programs Work!** Now in the 3rd year of implementation of the Family Centered Treatment integrated model, Akeela is moving towards developing our own long term follow up data collection strategies:

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|---|------|------|
| • AKAIMS Quarterly Data (number of clients) | 2010 | 2013 |
| Program Completion | 36 | 72 |
| Children Receiving Services | 41 | 216 |
| Client's Receiving Integrated Services | 0 | 49 |

- State of Alaska CSR Pilot project – Participation in the State of Alaska's Discharge CSR data collection focused on Akeela's Family programs.
- Moving towards developing our own follow up outcome studies (see handout)
- The nationally recognized SHIELDS program, founded in 1987, is an effective evidenced based best practice that works:
 - In 2011 362 families received SUD treatment at the Shields program (with 405 youth accompanying their parents into the programs)
 - 78% of Families in 2012 successfully completed treatment
 - 69% of families were reunited with their children
 - 83% of parents gained visitation rights.
- Interesting observations or unexpected changes:
 - Unexpected increase in Father's participation in our family groups as well as enrollment in our father's programming. Originally we anticipated minimal participation in services however at this time we are at about 25 percent of our client based being fathers either on their own seeking services or with their spouses.

Lessons Learned/Next Steps

- Identify things that went well or poorly: Akeela's commitment to providing family centered services has led us to change how we view funding. We are now seeking to use funding to provide integrated services meeting the individualized needs of families.
 - Funding challenges to match identified needs
 - Adult Mental Health
 - Children's Mental Health
 - Need for expanded sober housing services
 - Transportation services
- Suggest what you would do different if anything:
 - A more intense focus on vocational and educational training.
- Next Steps:
 - Expand on our gender specific father's programming.
 - Seek additional and alternative sources of funding for housing, transportation, for employment/vocational services, and for on site child care for the OP/IOP programs.