

New Oakland Family Centers

New Oakland Family Centers: At a Glance

New Oakland is a leading provider of mental health and substance abuse care serving southeastern Michigan. At eleven uniquely positioned, modern facilities, New Oakland has grown to include programming for a continuum of mental health/substance abuse services including:

- Outpatient therapy
- **FACE to FACE** Partial Hospitalization Program
- Intensive crisis stabilization services (ICSS)
- Integrated case management capabilities
- Tele-psych online counseling
- Inpatient referrals
- In-home services
- Non-emergency transportation
- Pre-admission reviews and consults
- Medication clinic
- Criminal justice system collaboration

New Oakland has been serving the needs of children, adolescents and their families since 1991. The focus at New Oakland is on person-centered, proactive, preventive and early intervention approaches for child, adolescent and adult populations. At New Oakland, an emphasis is placed on working with the whole family while striving to maintain the integrity of each family member.

New Oakland Team, Accreditation and Locations

All New Oakland offices are fully staffed with Clinical Social Workers, Professional Counselors, Clinical Psychologists, Case Managers, Administration, Youth Specialists and General Clerical/Support Staff. New Oakland presently contracts with and/or directly employs 17 board-certified or board-eligible psychiatrists and a multi-disciplinary team of more than 150 clinicians to support all clinical programs and services.

New Oakland has eleven locations serving the metropolitan Detroit Area and southeastern Michigan (listed below):

General Background and Service Offering Summary

| | |
|---|---|
| Ann Arbor Center 501 N. Maple Rd. Ann Arbor, MI 48103 | Bloomfield Hills Center 2520 S. Telegraph Rd. Bloomfield Hills, MI 48302 |
| Center Line Center 26522 Van Dyke Ave. Center Line, MI 48015 | Clarkston Center 6549 Town Dr. Clarkston, MI 48346 |
| Clinton Township Center 42669 Garfield Rd. Clinton Township, MI 48038 | Farmington Hills Center 32961 Middlebelt Rd. Farmington Hills, MI 48334 |
| Flint Center 2401 South Linden Rd. Flint, MI 48507 | Kalamazoo/Portage Center 8225 Moorsbridge Rd. Portage, MI 49024 |
| Lansing/Okemos Center 2300 Jolly Oak Rd. Okemos, MI 48864 | Livonia Center (main) 29550 Five Mile Rd. Livonia, MI 48154 |
| Livonia Center (substance use disorder PHP) 31500 Schoolcraft Rd. Livonia, MI 48150 | Port Huron Center 500 10th Ave., Suite A Port Huron, MI 48060 |
| Southfield Center 26545 American Dr. Southfield, MI 48034 | Southgate Center 13305 Reeck Rd. Southgate, MI 48195 |
| Warren Center 8150 Old 13 Mile Rd. Warren, MI 48093 | INTENSIVE CRISIS STABILIZATION SERVICES (24 hours/day, 7 days/week) 877-800-1650 |

New Oakland is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) for the following service types and all age groups (adults, adolescents and children):

1. Crisis intervention
2. Crisis stabilization
3. Day treatment
4. Outpatient treatment
5. Partial hospitalization



**The right care . . .
. . . at the right time**

Meeting an Unmet Need for Integration of Services

Public and private mental health providers and service organizations struggle every day to make the most of a rapidly changing (and often diminishing) resource pool for mental health care. As a result, it has never been more important to balance clinical needs, available resources and the imperative of insuring the best outcomes.

To meet that challenge, the New Oakland model is organized around a single idea: **integration**. It is built to offer alternatives to the “binary” decision between inpatient hospitalization and low-intervention, long-lead-time therapies. Our goal is to integrate clients with a broad continuum of care options, delivering the right care at the right time. We seek to help integrate the many and sometimes conflicting priorities that are placed on the mental health delivery system every day, with a commitment to:

- 24-hour access to care to assure the right treatment choices at the right time.
- Emergency room screening, rapid clinical response to crises and access to a psychiatrist within the first three hours of a crisis (either in person or via telephone or video conference).
- A commitment to meeting the transportation needs of consumers enrolled in our partial hospitalization program (PHP) or intensive outpatient program (IOP).
- Thorough psychological testing as a basis for treatment planning.
- Our effort to create and maintain a family based, warmer, more nurturing environment than clients experience with inpatient hospitalization.



Most importantly, we believe by coordinating with private payers, schools, public mental health agencies and other stakeholders at the time of initial evaluation, we can work with hospitals to provide an appropriate role for inpatient hospitalization as one among many person-centered tools to support clients with serious behavioral health conditions.

By working with private and public payers to broaden options for patients, New Oakland is uniquely built to help people maintain their connections with the home, the family and the community. In the final analysis, it is this commitment to integration that is New Oakland’s defining idea — and the core of our approach to helping address the growing unmet need for a new kind of mental health service delivery.

Services Beyond Traditional “Outpatient” and “Inpatient”

As with other forms of medical care, an increasing number of behavioral health cases are presenting themselves to hospital emergency rooms in times of crisis, where attending physicians are faced with a difficult decision to choose between inpatient psychiatric admission or sending patients home, sometimes with a prescription and direction for outpatient therapy that may take weeks to schedule.

Historically, mental health crisis care has often been viewed as a “binary” kind of decision: admit or don’t admit, “in or out.” In recent years, the increasing availability and effectiveness of prescription medications has meant inpatient hospital admissions are somewhat less prevalent, but to date

Within these rapidly evolving dynamics of mental health care delivery in have created both an urgent need and an opportunity for a new kind of mental health provider and new opportunities to respond with greater customization and agility to the needs of the youth who represent the future of our region. As shown in the diagram on the following page, New Oakland’s continuum of care includes:

1. **Outpatient services:** traditional one-on-one therapy.
2. **FACE to FACE Partial Hospitalization Program:** an intensive program that is among the mental health system’s most effective alternatives to inpatient hospitalization.
3. **Mobile intensive crisis stabilization services:** for circumstances where New Oakland therapists may serve

as on-site intermediaries to help connect patients with the appropriate care at times where rapid intervention is essential.

4. **Substance abuse treatment:** New Oakland’s licensed substance abuse capability is built upon evidence-based protocols and training that assure consistent application of assessment criteria for substance abuse-related crises and other needs specifically designed sustain individual recovery and participate fully in the community.
5. **Tele-psych online counseling:** using technology to provide rapid, thorough care effectively and at lower cost to the system.
6. **Integrated case management:** New Oakland understands the critical role of case management and maintain our own team of case management professionals.
7. **Inpatient referrals:** working closely with regional hospitals to assure patients who need psychiatric hospitalization receive it.
8. **In-home services:** home visits to provide care continuity and monitor patient progress.
9. **Non-emergency transportation:** bringing patients to and from therapeutic appointments, a critical need for patients who do not have easy access to transportation.
10. **Pre-admission reviews and consults:** collaborating with payers, clinical, public mental health agencies and other stakeholders to offer alternatives and perspective.
11. **Medication clinic:** integrating medication with the therapeutic continuum when clinically necessary.
12. **Criminal justice system collaboration:** close relationships with courts and police help assure the right role for behavioral health evaluation in the judicial and criminal justice process.



the gaps or “round out” the roster of options available when patients present with behavioral health challenges. Our focus is on person-centered, active, preventive and early intervention approaches and an emphasis is placed on working with the whole family while striving to maintain the integrity of each family member.

FACE to FACE Partial Hospital Program (PHP)

New Oakland’s **FACE to FACE** partial hospital program (PHP) is the core service that separates New Oakland from other behavioral health providers in our region.

FACE to FACE program participants begins a rigorous seven-step process whose goal is to understand the root causes of the presenting behavioral health diagnosis. Clients work in exhaustive one-on-one therapy sessions, in groups and as part of their family unit to develop new coping skills and strengthen a basis for a path to wellness.

FACE to FACE PHP services are provided in New Oakland settings that feel more like schools

than hospitals. This warmer and more nurturing environment provides patients (adults, children and teens in age-specific groups) an intensive six-hour-per-day program with an average length of stay of between three and seven days. The program provides structured, yet individualized treatment that helps children, adolescents, adults and parents effectively deal with crisis, each individual diagnosis and intra-family conflict. The patient, along with the rest of the family acquires many new skills: social, interpersonal, communication, negotiation and conflict resolution.

With a team of leading psychiatrists and physicians and more than 150 social workers and other clinical professionals, the New Oakland continuum of mental health services helps fill

Importantly, **FACE to FACE** PHP clients return home or to a safe residential setting every evening, allowing time to build and strengthen the all-important reintegration with family and community.

The **FACE to FACE** program provides both (a) a clinically rigorous alternative to psychiatric inpatient admission or (b) a cost-effective “step down” intermediate level of care following a period of hospitalization. **FACE to FACE** utilizes a multi-disciplinary approach to assess, intervene and empower both the individual and the family to work towards resolution of the presenting problem.

Mobile Intensive Crisis Stabilization: At the Moment of Need

As part of our commitment to patient services, New Oakland Family Centers offers Mobile Intensive Crisis Stabilization (Mobile ICS) services. Our crisis stabilization services are structured treatment and support activities provided by a multidisciplinary team under the continual supervision of a psychiatrist.

Therapists of the New Oakland Mobile ICS team establish the first clinical assessments of the consumers upon initial contact, usually by telephone but also in person, if the ICS team therapist is called to hospital emergency department.

This initial phone assessment involves a decision about whether to deploy or not deploy to the consumer’s location, including a hospital emergency room

Intensive crisis stabilization is designed to provide a short-term alternative to inpatient psychiatric services. Indeed, our Mobile ICS program has achieved rate of diversion from inpatient hospitalization of 60-70% compared with pre-program hospitalization rates. Services may be used to avert

a psychiatric admission or to shorten the length of an inpatient stay when clinically indicated.

These services may also be provided to individuals leaving inpatient psychiatric services if such services will result in a shortened inpatient stay. Individuals must have a diagnosis of mental illness or mental illness with a co-occurring substance use disorder or developmental disability.

Mobile ICS services will be provided where necessary to alleviate the crisis and to permit the individual to remain in, or return more quickly to, their usual community environment. Importantly, services can be provided in the home, at school, at work, at medical or mental health treatment centers or any other setting that is clinically appropriate. Mobile ICS services may be provided initially to alleviate an immediate or serious psychiatric crisis. However,

following resolution of the immediate situation (and within no more than 48 hours), an Intensive Crisis Stabilization Services treatment plan must be developed.

The Intensive Crisis Stabilization Services treatment plan will be developed through a person-centered planning process in consultation with the psychiatrist. Other professionals may also be

involved if required by the needs of the beneficiary. The individual plan of service will contain:

- **Clearly stated goals and measurable objectives**, stated in terms of specific observable changes in behavior, skills, attitudes, or circumstances, structured to resolve the crisis.
- **Identification of the services and activities designed to resolve the crisis** and attain his goals and objectives.
- **Plans for follow-up services** after the crisis has been resolved.



Providing perspective and resources to decompress hospital emergency departments is one of the most important ways to improve quality and outcomes for consumers in crisis. The goal of the New Oakland Mobile ICS team is to bring as many experienced and credible resources to the ED physician as possible to develop the right care path for the crisis consumer. The spectrum of options includes alternatives from the relatively mild and unrestrictive (e.g., outpatient therapy) to more intensive modalities like PHP and IOP).

Eating Disorders Partial Hospital Program

The mission of the New Oakland Family Centers' Eating Disorders Partial Hospital Program (also known as the **FACE to FACE** ED-PHP) is to provide an opportunity for motivated, at-risk individuals struggling with eating disorders to participate rehabilitative and therapeutic community environment assisting the consumer in achieving his/her optimal level of functioning and a return to independent living in the community. The New Oakland **FACE to FACE** ED-PHP provides state-of-the-art, evidence-based treatment services for consumers struggling with a variety of serious mood/anxiety and eating disorder issues, including but not limited to anorexia nervosa, bulimia nervosa, and binge eating disorder.

The **FACE to FACE** ED-PHP provides evidence-based psychotherapy treatment for eligible consumers suffering from an eating disorder and offers medical care for health conditions that impair a person's ability to function at their highest level of independent living in the community. Additional areas addressed in the program include:

- Individual and group support
- Family therapy
- Dietetic meal planning
- Intensive day program, home every night



- Skilled, compassionate team of physicians, psychologists and mental health professionals
- Careful attention to body, mind, relationships and spirit
- Educational needs for future successful empowerment and achievement of goals.

The **FACE to FACE** ED-PHP utilizes a therapeutic community model of care where participants are expected to not only focus on their own treatment, but to also engage in positive peer support of others in the program. In this way, participants work through the process of recovery together, assisting one another, providing support, and intervening when appropriate and necessary to increase every community member's chances of success.

An extensive rehabilitative treatment approach is provided by an Interdisciplinary Team of professionals from psychiatry, psychology, pharmacy, medicine, nursing, social work, recreational therapy, and dietary services.

New Oakland also provides a domiciliary version of our eating disorders PHP. The domiciliary eating disorders program provides community based lodging. Therapeutic activities are scheduled throughout the week, and domiciliary PHP participants are expected to remain close to the New Oakland Family Center PHP and practice skills learned during the week while residing in the local lodging. Minors enrolled in the **FACE**

to FACE EDD-PHP require periodic parent-guardian program participation and continuous supervision at place of lodging. Services include:

- Full PHP day and ED programming
- Lodging
- Transportation to and from treatment and ancillary activities
- All meals/snacks except dinner
- Evening support and check in by tech/ICS staff

Case Management Services: Right Care, Right Time

Whether the issue is an eating disorder, bipolar illness, substance use disorder or a serious mental illness like schizophrenia, New Oakland case managers are uniquely positioned to help patients enter the mental healthcare system in ways that provide the best possible opportunities for success and recovery. Indeed, no other function within the behavioral health delivery continuum touches so many important decision-makers. Case managers play a role in:

- **Evaluating needs** at time of admission, evaluating the patient’s immediate needs for care coordination and eventual discharge.
- **Serving as a liaison** with the clinical team to ensure they are fully aware of care options beyond inpatient hospitalization.
- **Developing a care pathway** and discharge plan in cases where inpatient hospitalization may be clinically necessary.
- **Connecting with families**, a critically important element of reintegration and recovery that is often left unaccomplished by the clinical team who are focused on the urgency of the episode that led to hospitalization in the first place.
- **Integrating with health insurers and other payers** to report the patient’s progress and plan of care.



The in-home team draws on the expertise, capabilities and resources of New Oakland’s more than 150-person medical and clinical team as well as New Oakland’s state of the art management and administrative best practices. Our philosophy at New Oakland has always been to deliver ‘the right care at the right time. That means giving the people who use and could benefit from our services new options for accessing them. New Oakland’s in-home team is just one example of how New Oakland is growing to meet the needs of the people we serve. It also represents an opportunity to bring the vision of in-home mental health services to more of the people who could benefit from them.

New Oakland’s scale, relationships and resources in our region are unparalleled. The ability to build on those assets to create access for a wider range of people is exciting and important — especially during a time when access to counseling and high quality mental health services can be so often limited and uncertain.

Specifically, New Oakland’s in-home capability combines and integrates two powerful behavioral health service offerings: (1) New Oakland’s mobile Intensive Crisis Stabilization program, a service that has become the region’s most effective provider of crisis mental health care for episodes that require urgent triage and deployment by trained therapists during mental health emergencies; and (2) Three levels of in-home therapeutic care following an intensive crisis episode, including high-frequency of monitoring, in-home and telephone support and “step-down” maintenance offering periodic telephone and in-home contact with clients to prevent relapse.

In-Home Services: Meeting Consumers Where They Need Us

In 2015, New Oakland Family Centers established the region’s most comprehensive in-home mental health services team, providing full-service crisis and in-home therapy. New Oakland’s in-home team represents an important component of our “continuum of care” — building on New Oakland’s intensive crisis stabilization, outpatient services and **FACE to FACE** partial hospital day program for adults, teens and children. In providing in-home services, our goal has been to broaden our range of services to meet the expanding and evolving needs of the consumers of mental health services.

Autism Spectrum Disorder: Serving the Spectrum

Autism is not one condition. We use the phrase “autism spectrum” to designate the many ways different kinds of autism express themselves in the lives of people who have been diagnosed.

Overall, we can say that the prevalence of autism to be on the rise. Today in the U.S., autism spectrum disorders affect one out of every 60-70 children. It’s unclear, though, whether the growing incidence of autism represents a real increase or just improved detection.

Early diagnosis of an autism spectrum disorder is important. That’s because detection leads to treatment, and with early treatment, a child with autism can gain improved language and social skills.

Signs of Autism Spectrum Disorder include behaviors that affect three different areas of an individual’s life:

- Social interaction
- Communication skills (both verbal and non-verbal)
- Repetitive behaviors or interests

The American Academy of Child and Adolescent Psychiatry (AACAP) recommends screening children for autism during regularly scheduled well-child visits with your pediatrician. This helps doctors identify signs of autism early on and can help the child reach his or her full potential.

Each child with an autism spectrum disorder will have his or her own individual pattern of autism. Sometimes, a child’s development is delayed from birth. Other children with autism develop normally before experiencing symptoms later in childhood, typically in the form of diminished social or language skills.



Parents are usually the first to notice something is wrong. However, sometimes the diagnosis of autism may be delayed as the parents or a physician downplay early signs of autism. Children with a suspected autism spectrum disorder should be evaluated by a professional team with experience in diagnosing autism.

Substance Abuse Services: A Whole-Person Approach

The New Oakland approach recognizes the differences between crisis assessment for substance abuse issues and assessment for other mental health challenges. Our proposed approach to achieving this important goal is to build on our own organization’s familiarity as a substance abuse crisis

center — and the inclusion of a board-certified addiction medicine physician as part of our core therapeutic team.

New Oakland has developed evidence-based protocols and training that assure consistent application of assessment criteria for substance abuse-related crises and other needs.

In addition to our own outpatient, IOP and PHP services, we integrate seamlessly with other providers in the substance abuse treatment continuum to provide assessment/eligibility determination, outpatient treatment, residential, referral and medication management services to children, adolescents and adults with substance abuse disorders so they can obtain and sustain individual recovery and participate fully in the community.

New Oakland’s substance abuse service model is built on the following core capabilities and expertise:

- **A board-certified physician addictionologist** as part of the New Oakland medical team.
- **Integrating substance abuse treatment** with co-occurring mental health issues.

- A **“whole person” approach**, while dealing aggressively with immediate needs and issues.
- **In-home services and counseling** available if appropriate.
- **Opportunities to tap into the full New Oakland continuum of care as necessary.**

The New Oakland substance abuse services model optimizes clinical outcomes, the agility/flexibility of care delivery, the interconnectivity of providers across the complex continuum of substance abuse services and, ultimately, controls overall cost to the system.

Telepsychiatric Services: Using Technology to Engage

The New Oakland psychiatric and clinical teams not only provide in-person visits and evaluations, New Oakland can also provide services via the use of desktop and handheld video-based conferencing technologies to provide a much more rapid and comprehensive interaction with patients and other mental health professionals.

Technology has evolved in several respects to make telemedicine or (in this case) “telepsychiatry” a concept that is ideally suited to the needs of mental health clients. It enhances the velocity of evaluation. It provides an opportunity for “eye contact” with patients and providers that is often essential for delivering the best advice or care. It can be made HIPAA-compliant (via a secure Web-based portal) to ensure consumer rights are protected. And it can interface with New Oakland’s existing electronic medical record (EMR) system in ways that allow for the capture of key data for future analysis and reporting. Each New Oakland psychiatrist and clinician has access to the tools and training to bring this important vision to life.



Transportation Services: A Critical, Often Overlooked Need

New Oakland provides transportation on a broader and more systematic scale and any other large-scale mental health provider in the Detroit area. We maintain a fleet of 30 vehicles, trained drivers and, on average, transport more than 100 consumers every day.

New Oakland’s investment in transportation is an outgrowth of our core belief that the practical logistics of accessing care are often as important as the clinical excellence consumers experience as part of their therapy.

Transportation not only enables access to mental health care but is also a point of care provision itself. Transport carries potential risks and so deserves an appropriate level of consideration and collaboration to make the situation as safe as possible for all involved.

Mental health patients have the right to safe transport that minimizes interference with their rights, dignity and self-respect, and that reduces the likelihood they will experience the transport as a traumatic event.

This right, however, needs to be balanced with the safety of all concerned and the active management of risk. Any restriction of a person’s rights needs to be reasonable and proportional. Patients should be encouraged to make their own decisions and arrangements for transport wherever possible and when clinically and legally appropriate. The impact of transport decisions on any family, friends or caregivers involved also needs to be considered.