

# INTENSIVE RESIDENTIAL TREATMENT SERVICES (IRTS)

Understanding the treatment  
experience from the client perspective.

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FOCUS  
GROUP  
PROJECT

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## Project Overview

The purpose of the Intensive Residential Treatment Services (IRTS) Focus Group Project was to gather feedback on treatment experiences at IRTS facilities in the State of Minnesota from the perspective of the clients receiving these services. This feedback is intended to inform Minnesota Department of Human Services (DHS) staff on the human experience of these programs. While we often collect data on numbers and specific measures, it is important that we have an understanding of how individuals are personally experiencing this service and what recovery means to them in their own words. This information is equally valuable when making decisions at a state policy level. Through the use of focus groups, we hope to include participant's voices when making future decisions on service design policy. The focus groups were structured with questions to elicit conversation around the following themes:

- What is most helpful and least helpful about the service?
- How is this service impacting the lives of recipients?
- What additional things could improve the service?
- How does distance from home affect treatment?
- How connected are clients to outside support while in an IRTS and what factors are contributing to this?

**Note:** The complete focus group question guide is included later in this document for reference.

The project included a total of five sites visited and a focus group conducted at each site. This report includes a summary of the findings from these five focus groups.

## IRTS Background

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Intensive Residential Treatment Services are licensed by the DHS. An IRTS facility is a place for individuals to receive time-limited mental health treatment, usually ranging from 30-90 days. IRTS facilities provide around the clock supervision or assistance as needed while individuals receive intensive mental health treatment consisting of 1:1 therapy, group therapy, treatment planning, nursing services, independent living skills and other activities. IRTS programming is designed to develop and enhance the individual's psychiatric stability, personal and emotional adjustment, self-sufficiency, and other skills that will help the transition to a more independent setting. Individuals seeking services at an IRTS program often need a higher level of care than outpatient services, or may be transitioning from a more restrictive setting (such as hospitalization or jail). There are currently 47 IRTS facilities throughout the state of Minnesota that range in capacity levels of 10-16 beds. This includes nine IRTS licensed programs which offer only shorter term crisis stabilization services.

## Participating IRTS Facilities:

**Anchor House**  
People, Inc.  
Minneapolis, MN

**Arrowhead House**  
Arrowhead House, Inc.  
Duluth, MN

**Community Foundations**  
SouthMetro Human  
Services  
Maplewood, MN

**Safe Harbour**  
South Central Human  
Relations Center  
Owatonna, MN

**Transitions on Broadway**  
ResCare  
Robbinsdale, MN

## Project Methodology

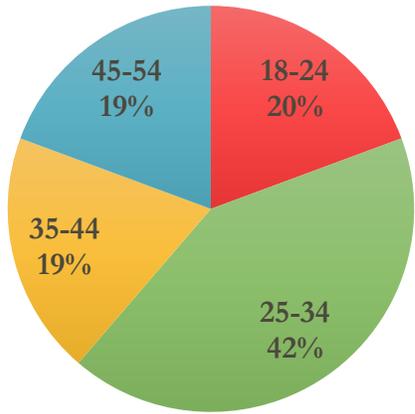
The focus group questions were developed with input from policy specialists within DHS as well as other consumer satisfaction survey projects. Each focus group consisted of seven open ended questions with additional sub questions or probes used to generate more conversation around the main themes. Participants in focus groups were given a copy of the question guide during the focus group and filled out a demographic form prior to the focus group. Groups were conducted by two to three DHS staff. Staff alternated between roles of leading discussion and taking notes.

For recruitment, eleven sites were initially contacted to request participation in the project. These sites were strategically chosen based on location in order to get a combination of facilities located in the metro as well as greater Minnesota. All participants were clients currently receiving services at the IRTS facility. The final project consisted of 5 participating IRTS facilities, with a total of 31 participants across all 5 focus groups.

Focus group participants were encouraged to share a range of opinions and perspectives, even if they disagreed with what others in the group were saying. Participants were also given contact information for DHS staff if they thought of any additional input in the days following the discussion or if they had opinions they did not feel comfortable sharing in front of the group.

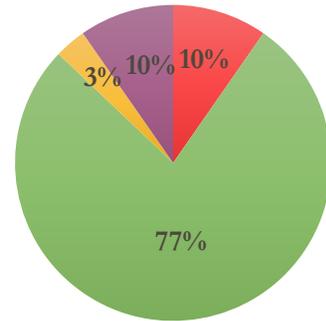
# Demographics of Focus Group Participants

### Participants by Age Range



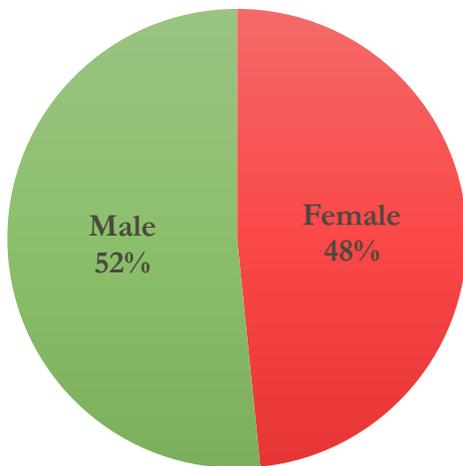
■ 18-24 
 ■ 25-34 
 ■ 35-44 
 ■ 45-54  
■ 55-64 
 ■ 65-74 
 ■ 75+

### Participants by Race/Ethnicity



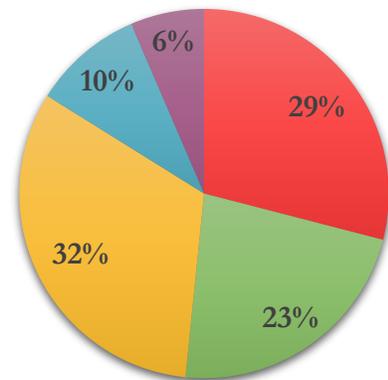
■ African American 
 ■ White (Non Hispanic)  
■ Asian/Pacific Islander 
 ■ Hispanic/Latina  
■ Native American

### Participants by Gender



■ Female 
 ■ Male 
 ■ Other

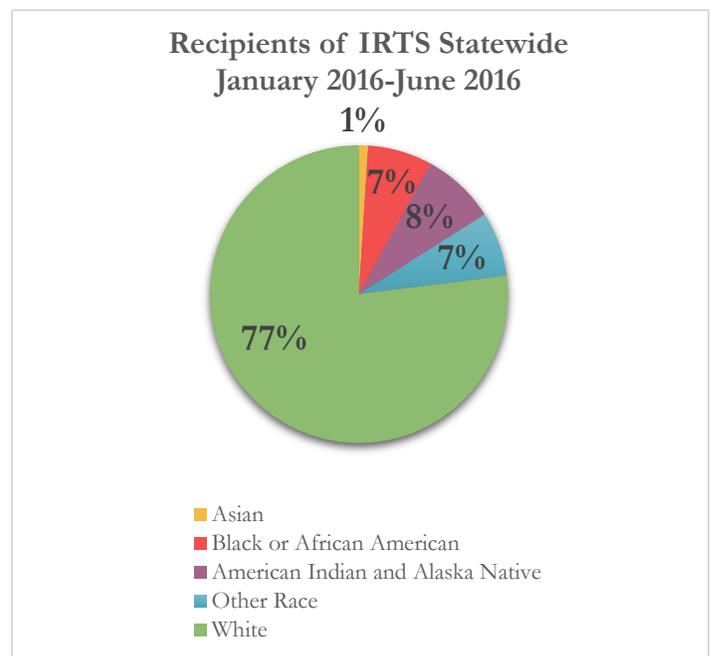
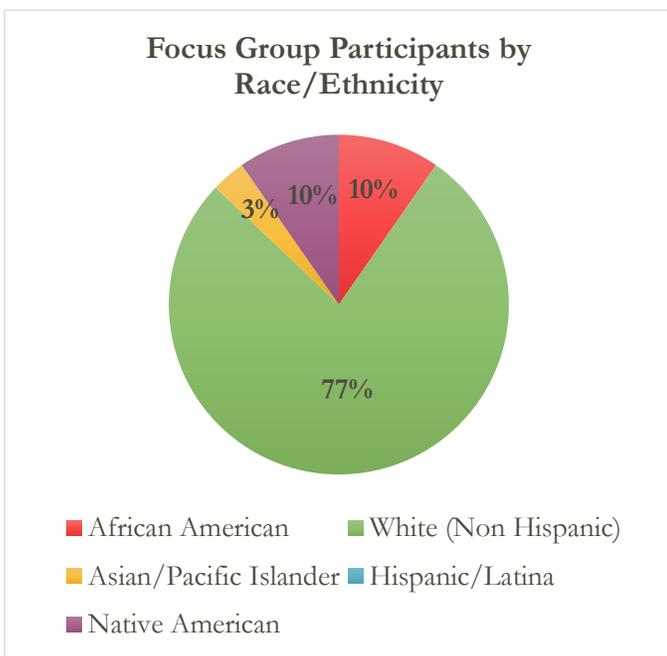
### Length of Stay



■ 2 weeks or less 
 ■ 2-4 weeks  
■ 1-2 months 
 ■ 2-3 months  
■ Over 3 months

## Participant Demographics: Equity Lens

Taking a closer look into the race/ethnicity of focus group participants and comparing it to the overall racial demographics of recipients of IRTS participants statewide, it was discovered that minority populations are accessing this service significantly less than their white counterparts. Below is a comparison of the racial demographics of the participants in this focus group project and data pulled from the statewide Mental Health Information System (MHIS) of the racial background of all recipients of IRTS from January 2016 to June 2016. As you can see, in both the focus group sample as well as total recipients of IRTS statewide 77% are white, whereas African American and Native Americans only each make up 10% of participants in the focus groups, and have even lower representation of recipients statewide with 7% and 8% respectively. Asian and Hispanic/Latina groups are even less represented. Although exploring reasoning for this difference in access was beyond the scope of this project, it is important to call attention to. Further recommendations regarding these equity concerns are highlighted in the recommendations section of this report.



Source: Minnesota Mental Health Information System (MHIS)

*“I was scared at first...But staff were respectful and very good at what they do...They listen and are genuinely concerned.”*

*“[Upon Arrival] I was impressed and comfortable. I had access to a shower, 3 meals a day, and a comfortable bed – that was exciting!”*

## What we learned

Participants in the focus groups we conducted were gracious enough to provide an abundance and wide range of opinions, perceptions and experiences. When analyzing data on what was discussed within each focus group, common themes continued to be prevalent across all groups. This section highlights some of these themes and provides context that further illustrates what participants had to say about them.

### Staff Relationships

Participants overwhelmingly expressed that the staff they are working with at these facilities are a caring, attentive group of people who do their job well. They cite this as a core reason for their success at these programs, and articulate how developing caring, trusting relationships with staff is crucial to their recovery. Several participants spoke to how when staff were friendly, welcoming and helpful upon arrival they felt a sense of initial comfort when getting settled in. One participant spoke about how developing a relationship with counselors who include the individual on goal planning was crucial, stating, “Here, they ask you what you want instead of just choosing for you...I think that’s huge because if you’re picking your own goals you’re more likely to work on them.” Participants articulated how meaningful it can be to have people who do not judge you and genuinely listen to what you have to say.

### Safety and Comfort

Participants echoed a sense of safety provided by this service that has been essential to their recovery and “getting them back on their feet.” Participants explained safety and comfort can be provided in a variety of ways ranging from the physical surroundings, to the caring people and to the predictability of having basic needs met. Participants also stressed having some form of privacy contributed to a safe and comfortable environment. Overall, they illustrate that safety, comfort, and meeting basic needs play an important role in their stabilization and recovery.

## Connections with Community and Outside Support

Participants emphasize that being able to stay connected to the community while at an IRTS facility is crucial to their recovery. Many participants report they have been able to stay in touch with friends, family and other professionals in their community during their treatment at the IRTS and that things like flexible visitor policies and access to internet have helped. Participants explain that with any residential treatment experience there is always a risk of feeling “institutionalized” which makes it harder to transition back into their communities after treatment. Participants at the facilities we visited really valued being able to still attend appointments in their communities as well as the opportunity to attend community events and activities outside of the facility. This provided them with a sense of still belonging in the community while also giving them a chance to practice various skills they might be working on. This has positively impacted their recovery.

## Housing

Housing continues to be a major concern for participants across the board. Many emphasized a need for more assistance while at IRTS facilities in navigating the process of finding as well as maintaining appropriate permanent housing. Participants do not see housing as a separate issue from their mental health needs, but instead they view housing as an integral part of their recovery. Many articulate that it is challenging and overwhelming trying to understand the requirements for eligibility in various types of housing and do not know where they will be staying when they leave treatment. Participants explained that specific groups centered on maintaining and searching for housing would be helpful, as well as a go to person for housing consultation and resources.

**Note:** While more might be able to be done in addressing housing needs while at an IRTS facility, this is also likely a reflection of the limited supply of affordable housing options statewide – an issue that advocates continue to discuss across the state.

*“IRTS helps because you still feel like you’re part of the community”*

*“I really feel like there should be specific groups on housing... I think that it’s just as important as cognitive behavioral groups – it is just as much a part of our recovery.”*

*“I feel like I have a chance at life...I feel like there’s hope”*

*“I believe this place has saved my life”*

## Co-Occurring Substance Abuse Disorders

Several participants emphasize that they have co-occurring substance abuse needs in addition to their mental health needs. Many spoke to feeling like IRTS facilities were effectively addressing both of these needs. Participants discussed how they value groups that incorporate both, and educate them on how substance abuse disorders and mental health symptoms interact. Some participants also felt that being able to address their substance abuse needs in a less restrictive setting like an IRTS was beneficial to alternative, more restrictive chemical dependency treatment settings.

## Hope

Throughout the focus groups and in response to the question, “How is your life different by receiving services from an IRTS?” many participants articulated that they are more hopeful about their recovery. When discussing this hopefulness around recovery, they often spoke about the chance to get organized and regain stability and structure in their lives, as well as learn concrete methods for better managing symptoms. Participants talked about having more control, being more prepared and being in a “better place” as a result of their treatment experience at the IRTS.

## Additional Themes

Participants gave additional insight that might not have been heard as widespread, but are still worth noting.

- **Parenting Support** – some participants discussed a desire to get more support around parenting skills while at an IRTS.
- **Physical Activity** – many participants brought up the importance of having access to varieties of physical activity and exercise while at an IRTS and how this is extremely important to their recovery.
- **Transition** –participants spoke about the difficulties around transitioning between treatments back into the community. Many called for brainstorming strategies that can bridge this gap and make it feel less abrupt.

## Conclusion

A total of five focus groups were conducted, including 31 participants who are currently receiving services at IRTS facilities across the state of Minnesota. Six main themes stood out across all focus groups, they include: 1) Relationships with Staff 2) Safety and Comfort 3) Connections with Community and Outside Support 4) Housing 5) Co-Occurring Substance Abuse Disorders, and 6) Hope. Participants had additional ideas around parenting support, physical activity, and transitioning from treatment to community. These three additional themes were explored in the report as well.

While these themes give us context and a better understanding of the human experience of IRTS programming, it was also evident that each individual has unique needs and perspectives, therefore having some degree of individualization within these programs is valuable. Although IRTS services fall on a continuum of care, not everyone's path to recovery falls in a sequence of services. For example, participants explained that some had been to an IRTS on more than one occasion, and each experience was different. Participants explained that sometimes more than one stay is necessary, and depending on where one is at in their recovery process, they might benefit from the treatment in different ways at different points in time.

## Recommendations

### **Emphasize the importance of rapport building and engagement**

Encourage staff and support them in developing these skills and relationships. Consider this when evaluating successes of programming.

### **Consider safety in all aspects of programming**

Do what is possible to make spaces physically and emotionally safe, comfortable and inviting to clients.

### **Develop plans to more effectively address housing needs of current IRTS residents**

Collaborate with experts in housing and homeless services to better navigate housing needs and increase housing stability prior to discharge. Consider offering more groups or education around housing stability in conjunction with more traditional mental health services at IRTS.

### **Encourage staying connected with community as part of programming**

Offer a variety of opportunities and ways for clients to feel like they are still part of their community. Participants expressed having a system of phases for increased independence was helpful to practice skills out in the world and left them better prepared for transitioning back to their communities. Participants also valued internet access and flexibility with visitors as helping them maintain some of their natural supports.

### **Explore Equity Concerns in Access to Services**

Based off of the demographic information on who is utilizing this service, it is recommended that further research explore this gap between whites and minority populations. Solutions as well as a concrete plan to address this gap and make services more accessible to racial/ethnic minorities should be pursued.

## Acknowledgements

This project would not have been possible without the generosity and willingness of IRTS residents to share their experiences and stories with DHS staff. Many thanks to them for giving their valuable time, knowledge and expertise.

Another sincere thank you to the providers who were willing to participate in this project. Thank you for your work, helping to coordinate this project and for welcoming us into your spaces to hold these focus groups.

Finally, thank you to Ruth Moser and the Adult Mental Health Division of the Minnesota Department of Human Services for overseeing and making this project possible. Thank you to Emily Clary for additional assistance during the focus groups.

We hope that what was learned from this project will continue to impact policy around these facilities while also encouraging the intentional seeking out of information from clients in other settings to inform policy decisions in other areas.

## Appendix A: Focus Group Questions

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1. Think back to when you first arrived at the facility--tell us about your first thoughts, impressions, and reactions to the service.
2. If you could get anything you wanted out of this program, what would it be?
3. If you were in charge of designing this service in order to support your recovery, what would it look like?
4. How is your life different by receiving services from this program?
5. How far is home from where you currently are, and how does the distance affect your recovery?
6. What types of supports and services do you have available in your community outside of this program?

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