INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS

ADVANCED RECOVERY SYSTEMS
an advanced approach to patient care

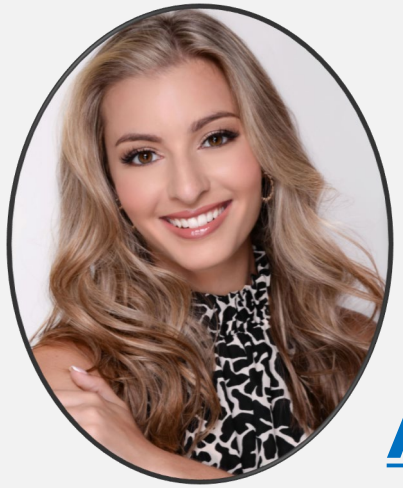
IAFF Center of Excellence for Behavioral Health Treatment and Recovery

IAFFRecoveryCenter.com | 855.900.8437

IAFF CENTER OF EXCELLENCE OVERVIEW

Presented by the IAFF Center of Excellence for Behavioral Health Treatment & Recovery

INTRODUCTIONS



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THE IAFF CENTER OF EXCELLENCE

- Residential Treatment Center, Opened 2017
- Dually Licensed to Treat Mental Health & Addiction
- Exclusively for Active & Retired IAFF Members
- Daily Boarding Fees Paid by IAFF
- 4,712 Members Served
- 15 acres, 65 beds, Average 42-day Length of Stay
- Joint Commission Accredited



THE IAFF CENTER OF EXCELLENCE

- Full Continuum Levels of Care
  - Medical Detox, Intensive Inpatient, Residential, Partial Hospitalization, Intensive Outpatient, Outpatient
- Voluntary Program
- Average Clinician to Patient Ratio 1:5
- In-Network with most major insurers
- 92% of all insurance outcomes between 2024 - 2025 were ‘positive”
  - Members were either able to utilize In-Network or Out-of-Network benefits to access care

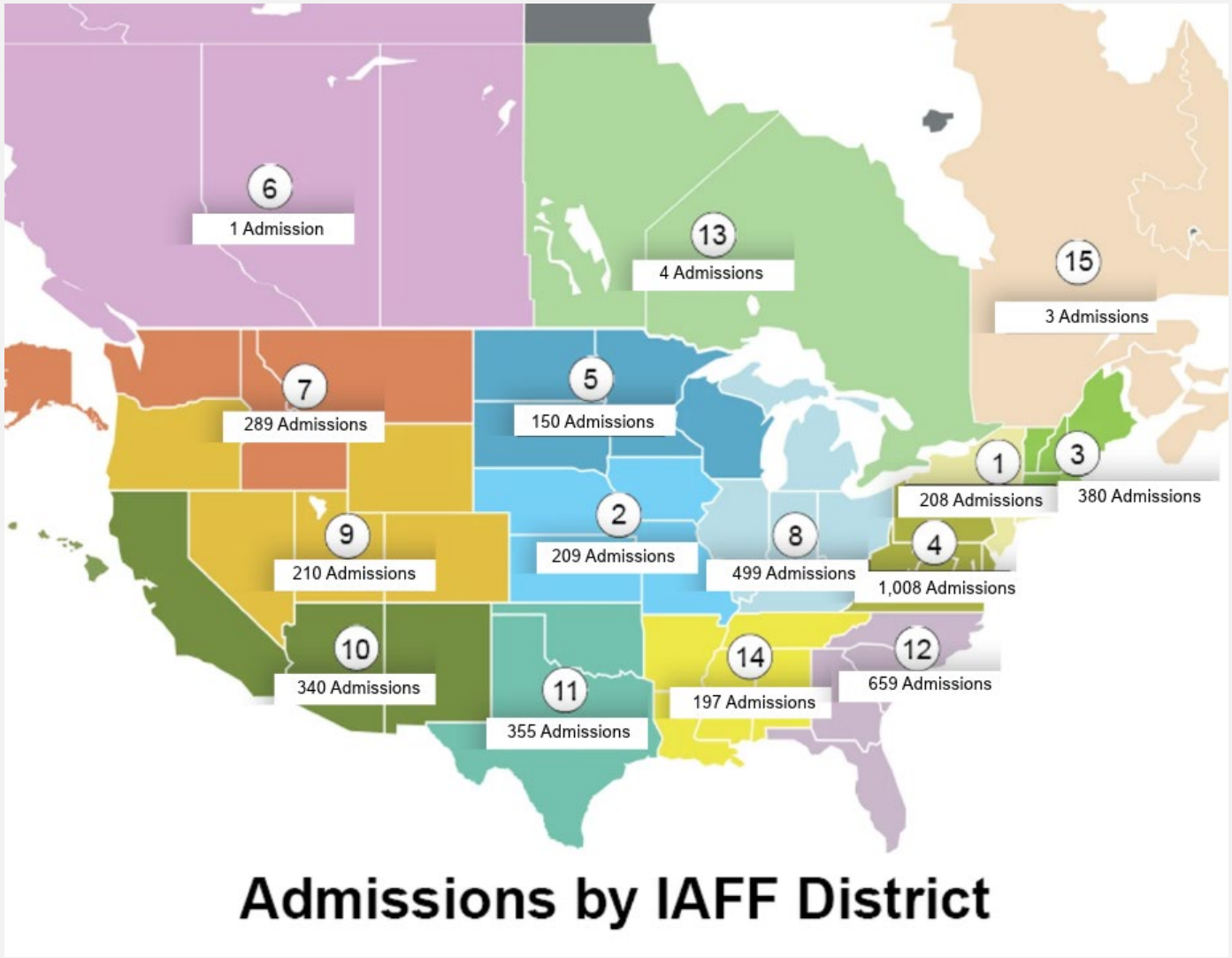


ADMISSION TRENDS

By District

1st District – 208
2nd District – 256
3rd District – 380
4th District – 1,008
5th District – 150
6th District – 1
7th District – 289
8th District – 593
9th District - 210
10th District – 340
11th District – 355
12th District – 659
13th District – 4
14th District – 197
15th District – 3
16th District – N/A*

Tracked by state of residence



Admissions by IAFF District

Top 10 States

1. Florida
2. Maryland
3. Virginia
4. Texas
5. Ohio
6. Washington
7. Pennsylvania
8. California
9. Arizona
10. Missouri

MINNESOTA UPDATES

152 Total MN members have reached out for our services for either in-patient or local resources

61 Total MN members have come into the COE

CENTER OF EXCELLENCE:
TREATING THE WHOLE FIREFIGHTER

- AA/NA Groups Provided after Programming Daily
- Worldwide Support Group Twice a Week Virtually
- Pastoral Care Available Weekly
- Gym Access
- Equine Therapy
- EMDR
- Family Support Sessions
- Financial and Case Management
- Recreational Activities both Indoor and Outdoor
- Relationship Building and Evening Campfire
- Sunday Restaurant Outing – PHP and IOP only
- Stellate Ganglion Block
- Float Therapy
- Alpha Stim
- Ear Acupuncture

CURRICULUM OVERVIEW

7-week rotating curriculum to ensure access to unique group topics and consistency across the treatment spectrum. Over 130 group topics offered to all members under the following categories:

- Resiliency
- Processing
- CBT/DBT/ACT
- CPT Trauma Processing
- Communication/Relational
- Psychoeducation
- Relapse Prevention
- Creative Expression
- Team Building
- Health and Wellness
- Relaxation, Grounding, Mindfulness
- Recreation Therapy
- Nursing Education

TYPICAL TREATMENT JOURNEY



Step 1

Client, family member, or department member contacts the admissions center at 844.316.8955

Dedicated Intake Coordinators listen to caller needs, assess need for services, and guide through admission process.



Step 2

Insurance Verification

Intake Coordinator obtains insurance information and completes pre-assessment over the phone with individual seeking services.

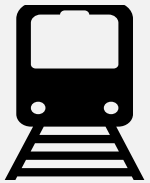


Step 3

Pre-Assessment

In-house clinician reviews pre-assessment for substance use history, psychiatric history (with focus on PTSD), and medical conditions

TYPICAL TREATMENT JOURNEY



Step 4

Transportation

The Intake Team in continuous communication with the client and facility to determine best mode of transportation to the facility.

If a pick- up is required, a staff member will arrive at the airport, train stations, etc. and will be there to greet and transport to the center.



Step 5

Client Intake

Client meets with nursing immediately upon intake to start the assessment process.

Within 24 hours, the client will meet with both Primary MD and Psychiatrist.



Step 6

Clinical Assessment

Client meets with primary therapist, case manager, and financial counselor within 72 hours of admission.

Treatment plan is completed during this phase of admission. The client can expect to have a collaborative role in completing this.

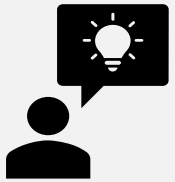
TYPICAL TREATMENT JOURNEY



Step 7

Track Assignment

After the treatment plan is complete, client is placed into the appropriate track based upon their primary and co-occurring disorders.



Step 8

Programming Participation

Client will participate in both individual, group, and “family” therapy sessions based upon the level of care they are in.



Step 9

Discharge & Aftercare

Discharge planning begins upon arrival to ensure success after completion of the program.

Aftercare will be continuous and ongoing through various means of communication and testing to ensure return to work and long term success.

Alumni Outreach Post-Discharge Outcomes January 2025-June 2026

Combined 18-month view of follow-up engagement, clinical status, recovery supports, and ongoing care needs

1-MONTH POST-DISCHARGE

January 2025 – June 2026

Combined 18-month view of patient engagement and reported 1-month follow-up findings.

PATIENTS DISCHARGED

650

January 2025–June 2026

PATIENTS CONTACTED

306

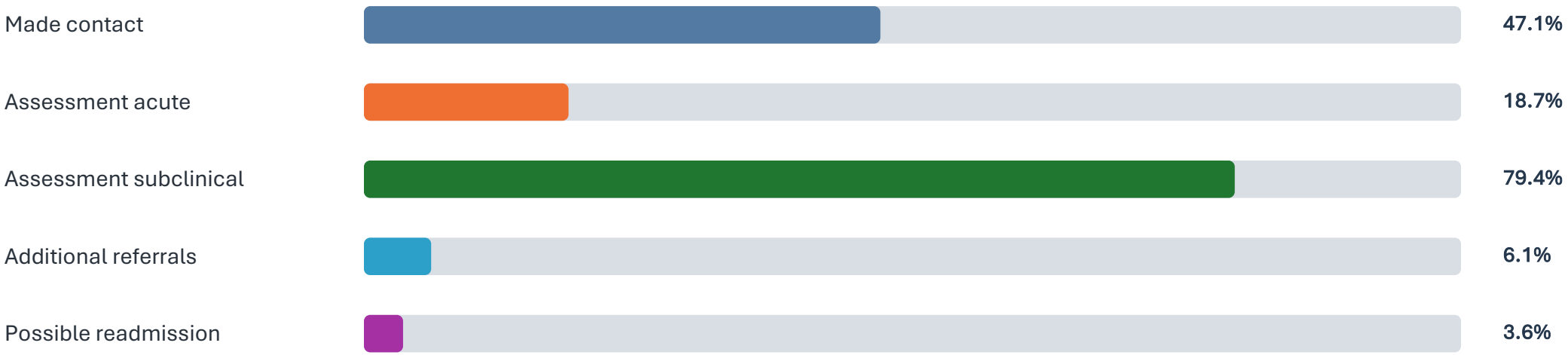
At 1-month follow-up

OVERALL CONTACT RATE

47.1%

306 of 650 discharged

January 2025–June 2026 percentage view



3-MONTH POST-DISCHARGE

January 2025 – June 2026

Combined 18-month view of patient engagement and recovery indicators reported at the 3-month follow-up.

PATIENTS DISCHARGED

650

January 2025–June 2026

PATIENTS CONTACTED

266

At 3-month follow-up

OVERALL CONTACT RATE

40.9%

266 of 650 discharged

January 2025–June 2026 percentage view



6-MONTH POST-DISCHARGE

January 2025 – January 2026

Combined 13-month view of patient engagement and clinical findings reported at the 6-month follow-up.

PATIENTS DISCHARGED

455

January 2025–January 2026

PATIENTS CONTACTED

127

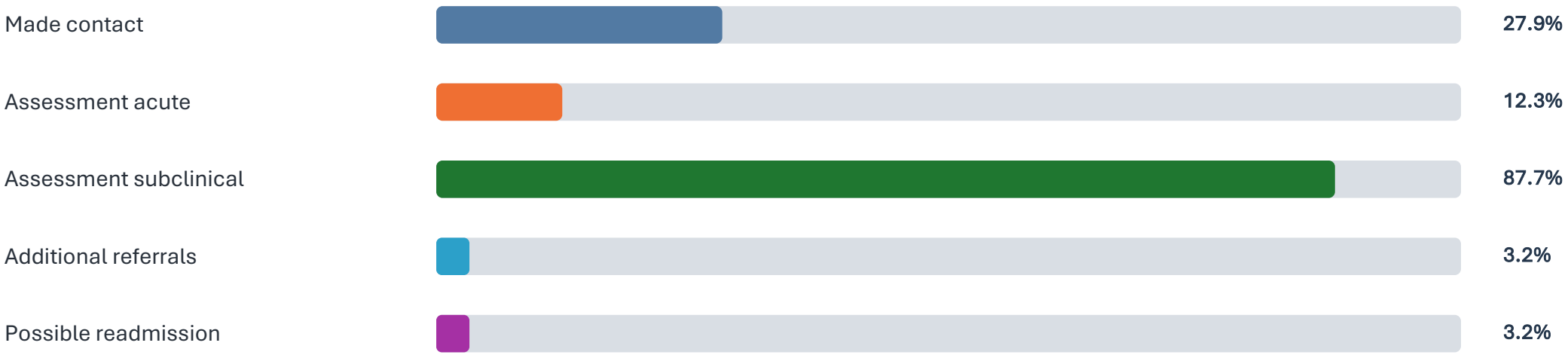
At 6-month follow-up

OVERALL CONTACT RATE

27.9%

127 of 455 discharged

January 2025–January 2026 percentage view



12-MONTH POST-DISCHARGE

January 2025 – June 2025

A six-month view of patient engagement and clinical findings reported at the 12-month follow-up.

PATIENTS DISCHARGED

231

January 2025–June 2025

PATIENTS CONTACTED

76

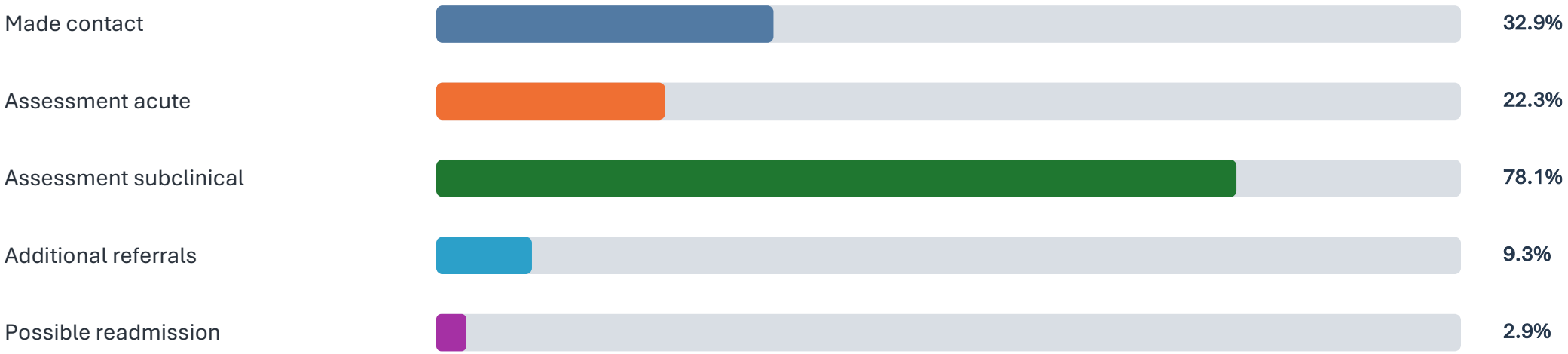
At 12-month follow-up

OVERALL CONTACT RATE

32.9%

76 of 231 discharged

January–June 2025 percentage view



18-MONTH POST-DISCHARGE

January 2025

Only the January 2025 had 18-month follow-up data available on the original slide.

PATIENTS DISCHARGED

33

January 2025

PATIENTS CONTACTED

12

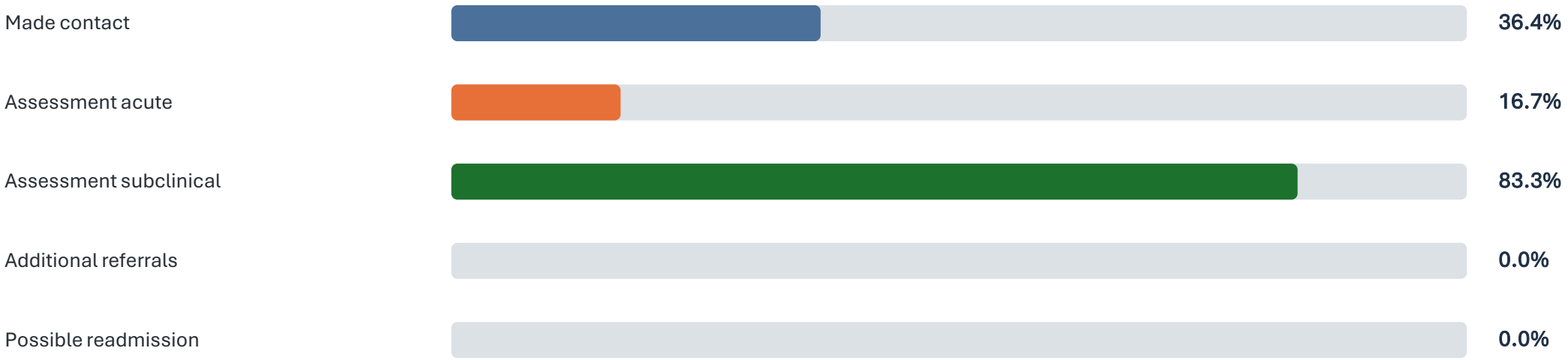
At 18-month follow-up

CONTACT RATE

36.4%

12 of 33 discharged

18-month percentage view



POST-DISCHARGE FOLLOW-UP

Post-Discharge Outreach Summary January 2025 to June 2026

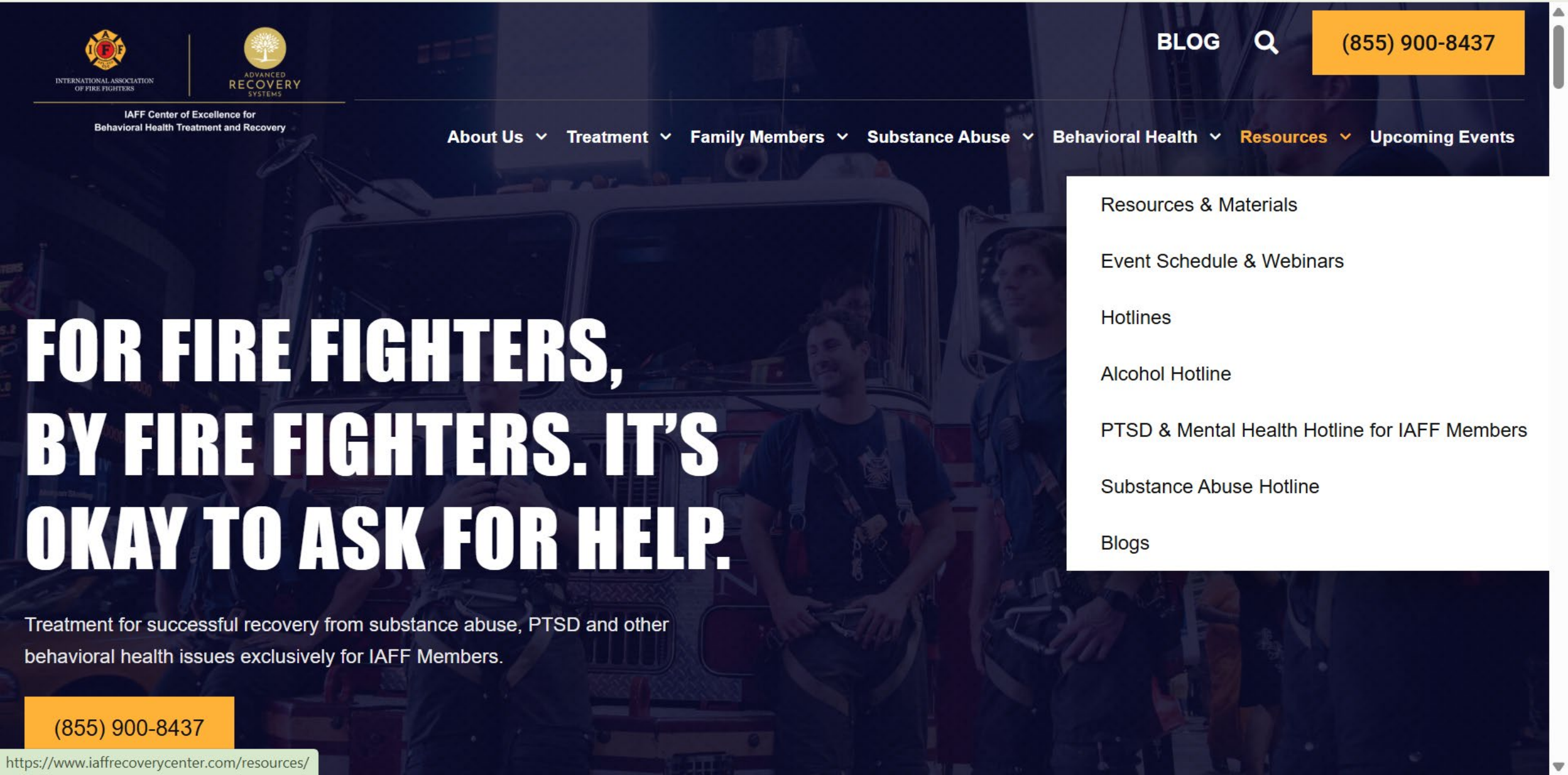
1 Month	3 Months	6 Months	12 Months	18 Months
47.1%	40.9 %	27.9 %	32.9 %	36.4 %
306 contacted out of 650	266 contacted out of 650	127 contacted out of 455	76 contacted out of 231	12 contacted out of 33

Strengths

- **1 Month:** Of the **306 patients contacted**, **79.4%** had subclinical assessment findings.
- **3 Months:** Of the **266 patients contacted**, **94.4%** reported treatment skills remained helpful in daily life.
- **6 Months:** Of the **127 patients contacted**, **87.7%** had subclinical assessment findings.
- **12 Months:** Of the **76 patients contacted**, **78.1%** had subclinical assessment findings.
- **18 Months:** Of the **12 patients contacted**, **83.3%** had subclinical assessment findings.

Limitations

- The number of patients successfully contacted decreased across the longer follow-up periods, from **306 at 1 month** to **127 at 6 months**, **76 at 12 months**, and **12 at 18 months**.
- Longer-term findings are based on **smaller contacted samples**, particularly the 18-month results.
- The follow-up periods represent **different eligible cohorts**, limiting direct comparison across time.
- Outcomes are **unknown for patients who were not successfully contacted**, so findings represent only those reached during follow-up.



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IAFF Center of Excellence for Behavioral Health Treatment and Recovery

FOR FIRE FIGHTERS, BY FIRE FIGHTERS. IT'S OKAY TO ASK FOR HELP.

Treatment for successful recovery from substance abuse, PTSD and other behavioral health issues exclusively for IAFF Members.

(855) 900-8437

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VIEW PAST WEBINARS BY TOPIC

- Addiction +
- Behavioral Health Spotlight +
- Clinical Trainings +
- Fire Service Families +
- Mental Health +
- Peer Support +
- Strategies for Success +
- Suicide Prevention +
- Trauma in the Fire Service +
- More Presentations (Misc.) +

QUESTIONS

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