



Serving Transition Age Youth: Addressing Challenges Using the NIATx Model

Ladder Project

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Massachusetts Law: Section 35

- Petition may be initiated by any police officer, physician, family member or court official
- Individuals who present a danger to themselves or others due to their substance use
- Civil commitment up to 30 days
- May be sectioned to locked inpatient facility or jail



Ladder Project

- 3-year SAMHSA/CSAT grant began October 1, 2009
- Assertive Adolescent Family Treatment (AAFT) Grant
- Collaboration with High Point Treatment Center Men's Addiction Treatment Center (MATC) and Women's Addiction Treatment Center (WATC)
- Serves men and women ages 18-24 in Southeastern Massachusetts who are committed to treatment under MA Law Section 35



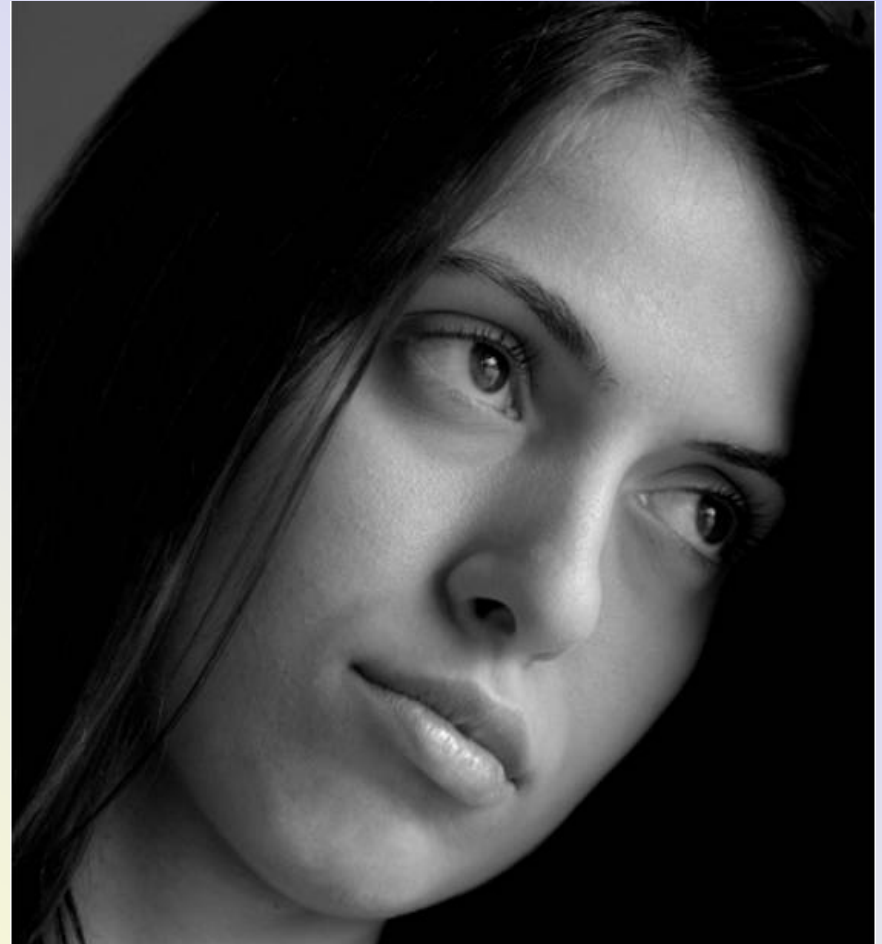
Ladder Project

- Provides assertive, community/home-based outpatient treatment to clients discharged from MATC and WATC
- Global Assessment of Individual Needs (GAIN) Assessment
- Adolescent Community Reinforcement Approach (A-CRA)/Assertive Continuing Care (ACC) Treatment



Ladder Project

- Dependent on High Point for all referrals
- No control over when clients are discharged from inpatient treatment





High Point Treatment Center

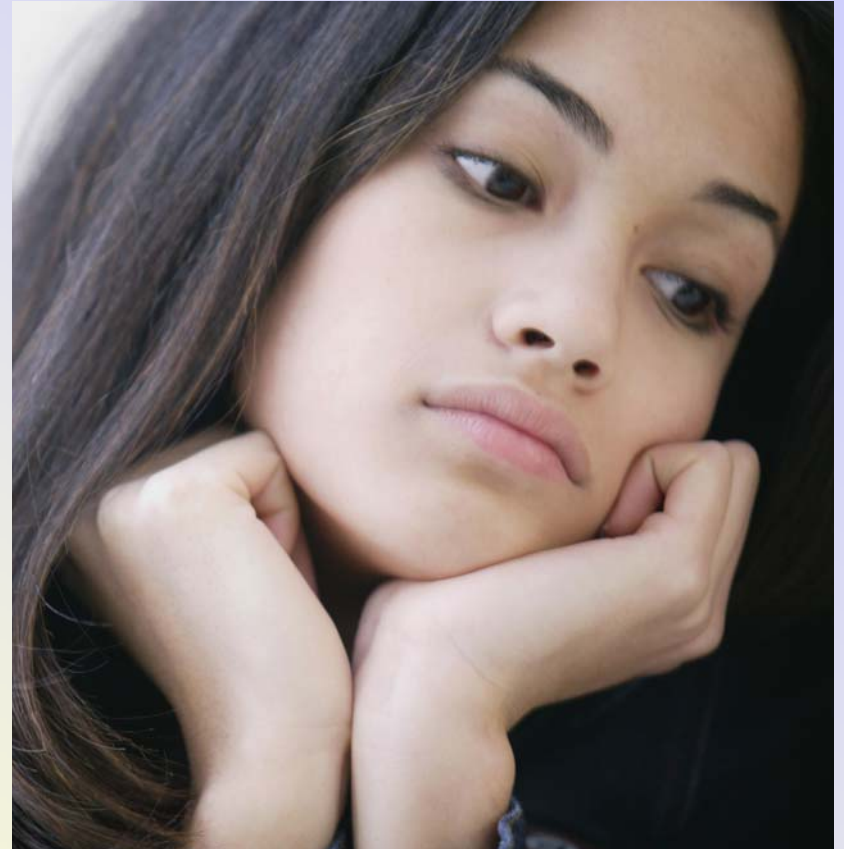
- Only agency that provides locked inpatient facilities for individuals sectioned
- Men's Addiction Treatment Center (MATC) is located in Brockton, MA
- Women's Addiction Treatment Center (WATC) is located in New Bedford, MA
- Individuals ages 18 and over can be sectioned to MATC and WATC
- 25% of all individuals sectioned are ages 18-24



Project Rates

As of June 29, 2011:

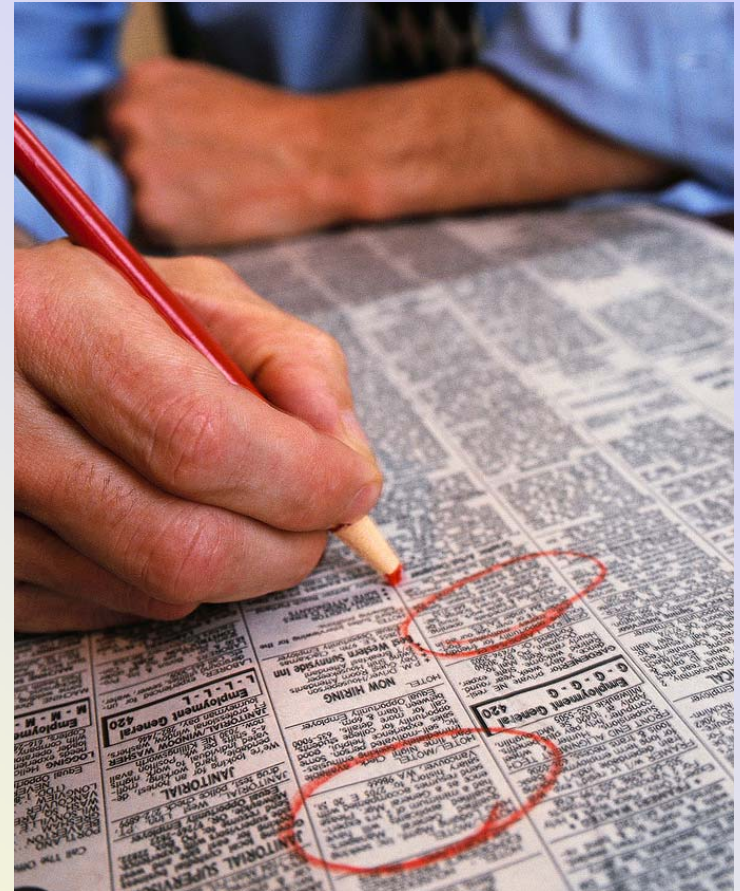
- **56 clients enrolled**
 - 26 males
 - 30 females
- **Follow up Rates**
 - 96.5% intake coverage rate
 - 95.9% 3 month rate
 - 80.5% 6 month rate





Challenges

- Motivating clients who have a low level of readiness for treatment
- Encouraging clients to remain in treatment following a relapse
- Assisting with job and housing search and with addressing legal issues that may have resulted in criminal records





Challenges

- Identifying support people in their lives
- Re-connecting with family and sober/drug-free friends
- Struggling with co-occurring disorders
 - Many refuse mental health treatment





What's working?

- Meeting clients at home and in the community
- Initial engagement while at High Point and scheduling first session soon after discharge
- Assertive outreach through home visits, text messaging and phone calls
- Open to talking about relapse
- Clients have someone to call
- Clinicians are flexible with schedule
 - Meet with clients when it is most convenient for them



What's working?

- A-CRA procedures are directive and behavioral:
 - Communication, Problem Solving, Relapse Prevention Skills, Role Playing
 - Easy for clients to learn and apply the skills
- A-CRA allows client opportunity to be honest about recovery and struggles
- Non-judgmental approach to A-CRA procedures



What's working?

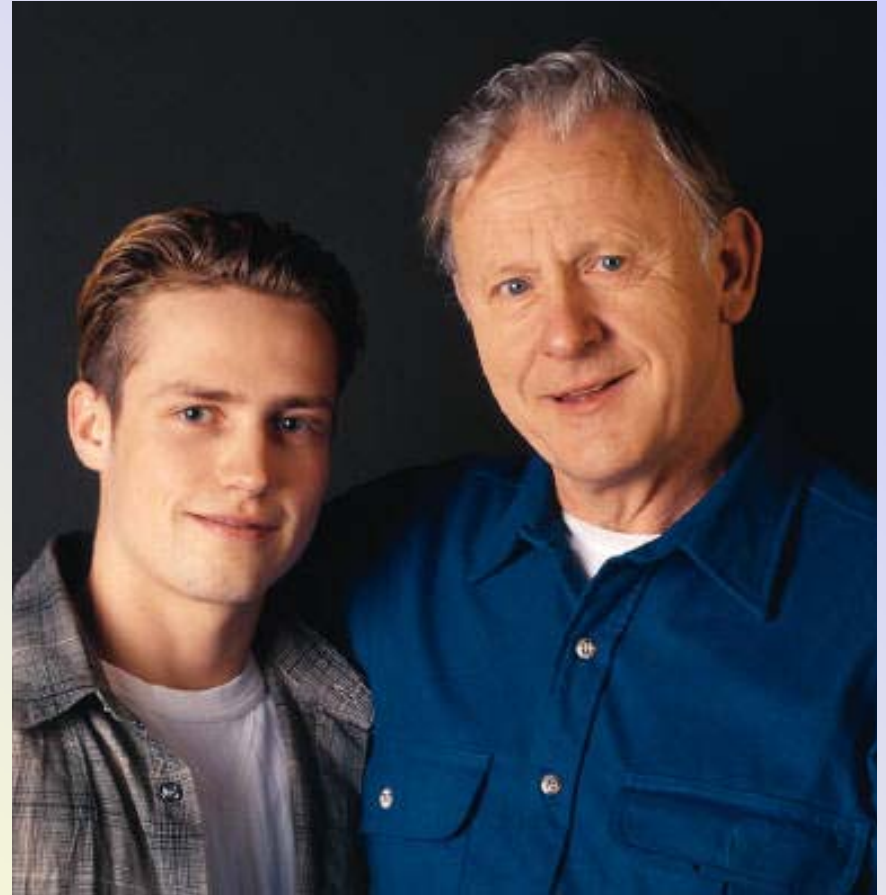
- Identify resources
 - GED programs, halfway homes, detox, etc.
- Teach job-seeking and independent living skills
- Non-punitive and non-judgmental





What's working?

- Support and encouragement for clients
 - “I wouldn't have called the halfway homes on my own”
- Parental involvement
- Building relationships with caregivers and family/communication with parents

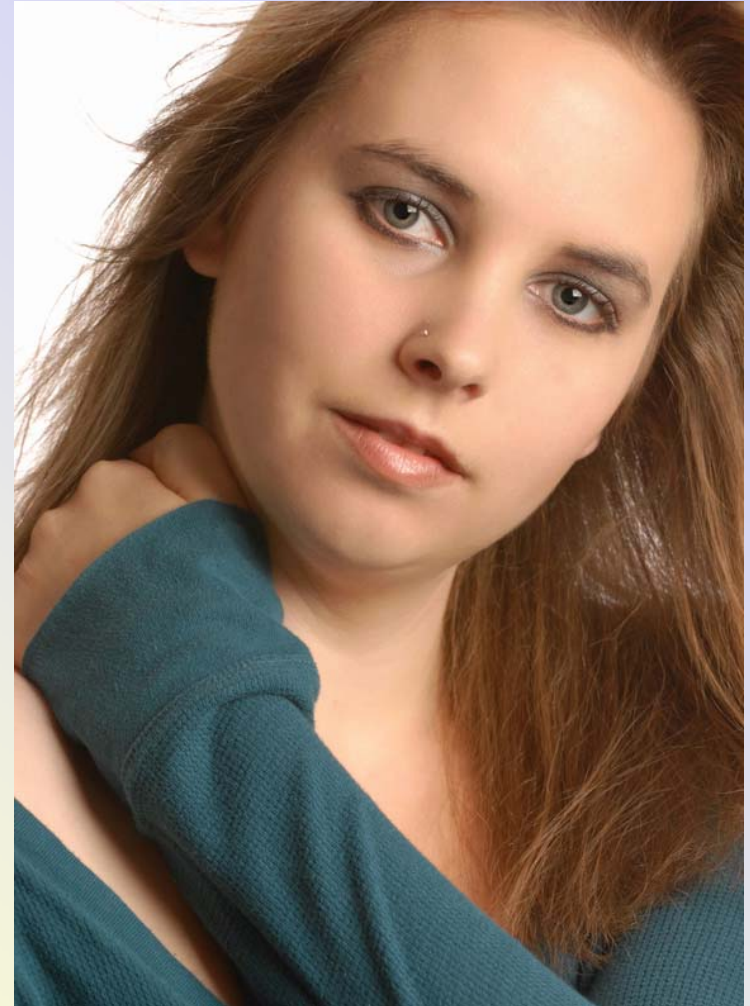




NIATx Project

Increase from WATC
in Ladder admissions:

- **Baseline: 2 admissions per month**
- **Goal: 4 admissions per month**





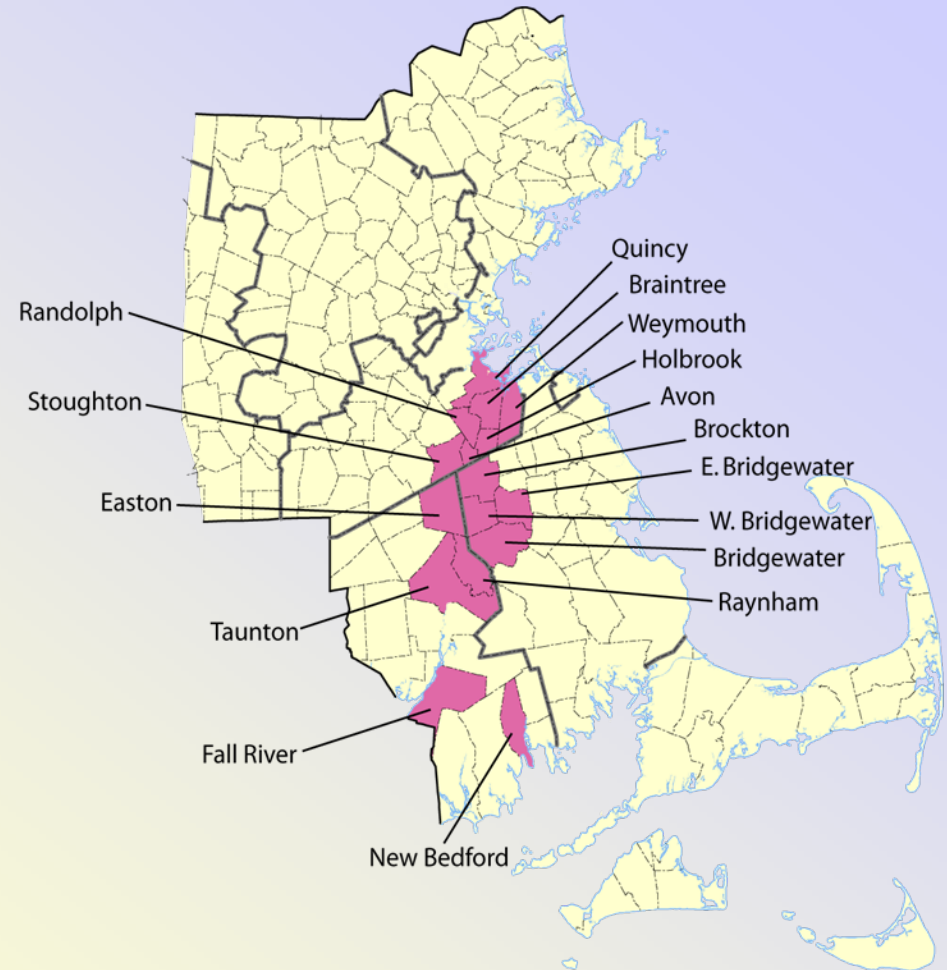
Why women's admission?

- Men's admissions were double women's admissions in the first 2 months of the project
 - 9 men's admissions vs. 4 women's admissions
- Men's unit generated more referrals than women's unit



Changes made

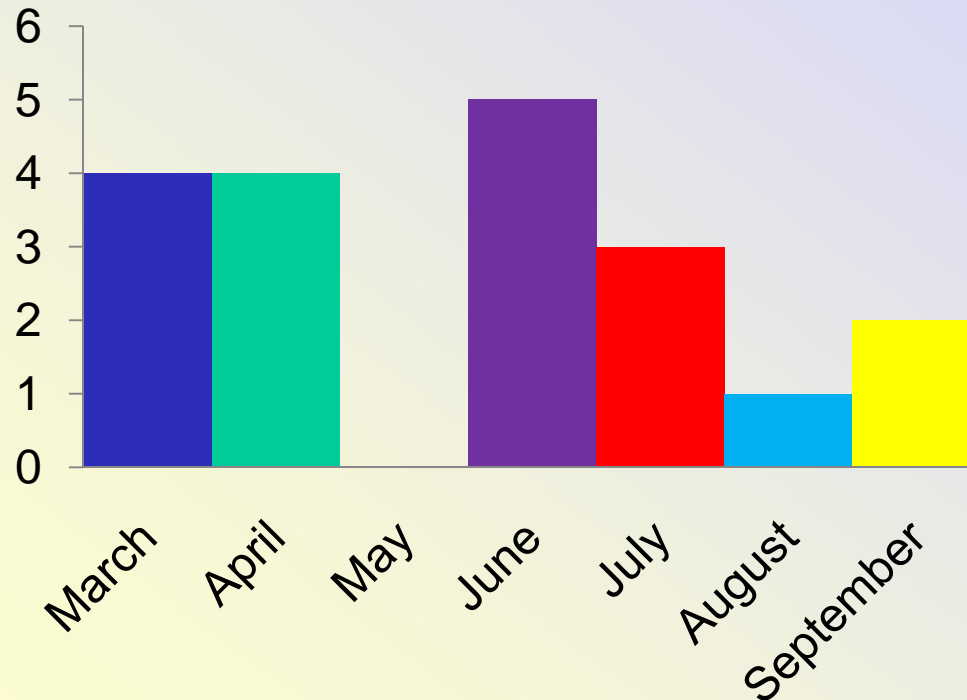
- Include detox as a point of referral
- Contact clinicians about eligible clients for referral
- Re-educate staff on script
- Attend WATC weekly clinical meetings
- Review women ages 18-24
- Expand geographic catchment area





Results

Women's Admissions



Change Cycles

March: Include detox as a point of referral

April: Contact clinicians about eligible clients for referral

May: Re-educate staff on script

June: Attend weekly clinical meetings; review women ages 18-24

August: Expand catchment area



What worked?

- Cooperation from WATC Program Director and Clinical Directors
- Collaboration between WATC clinicians and Ladder Project clinician





What worked?

- Attend WATC clinical meetings and increase presence on the unit
- Reach out to all eligible women
- Meet with clients to introduce project
- Increase catchment area to towns with women's halfway houses



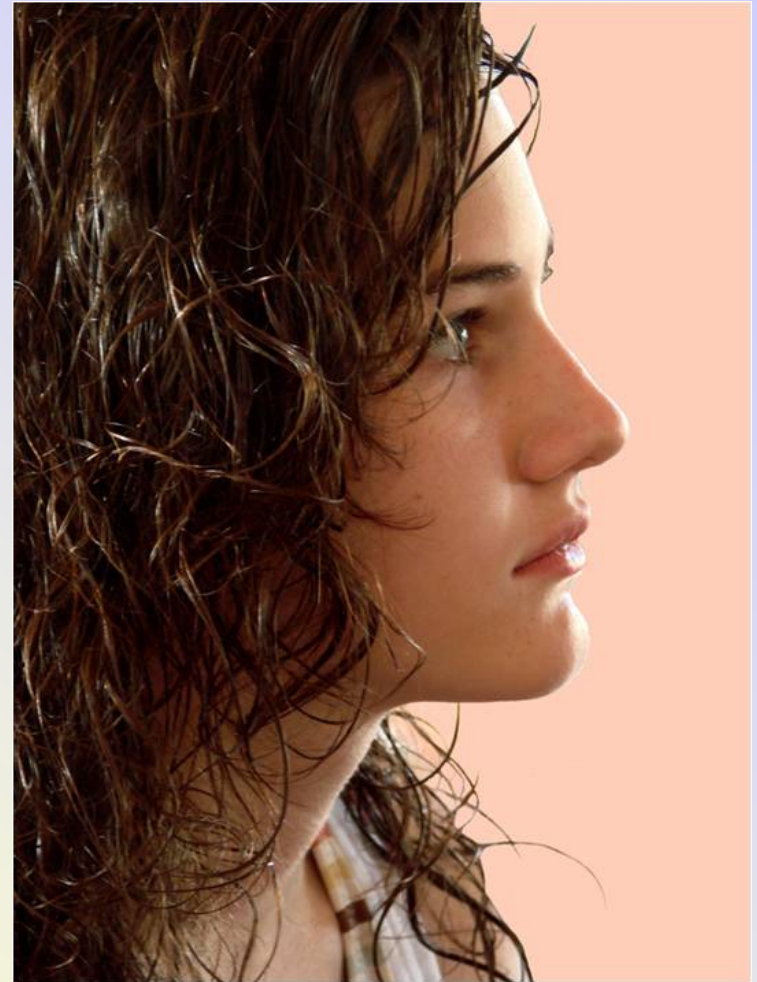
Impact & Lessons Learned

- Met federal grant requirements
- Leadership cooperation is essential
- Realistic expectations of project partners
- Maximize women referrals
- Acceptance of multiple factors we could not change



Next Steps

- Sustain women's admission change cycles
 - Continue to implement changes and monitor women's admissions
- Increase A-CRA Client/Caregiver Sessions in Ladder Project
 - Goal is to increase number of parents/families engaged in A-CRA Client/Caregiver sessions





A-CRA Client/Caregiver NIATx Project

**Increase A-CRA Client/Caregiver sessions in
Ladder project**

- **Baseline: 27% of A-CRA client/caregiver sessions conducted**
- **Goal: 42% of A-CRA client/caregiver sessions conducted**



Changes Made

- Engage, schedule and meet with parents/caregiver while clients are still at MATC and WATC
- During intake process, inform clients that parent/caregiver and family sessions are required
- Assertively reach out to parents/caregiver to schedule sessions
- Provide gifts cards to motivate participation



A-CRA Client/Caregiver NIATx Update

- **Challenge to sit down with parents and families for face-to-face scheduled sessions**
- **Expanded definition of parent, family engagement and needs**
- **Track case management with parents/family**



Moving Forward

IHR uses the NIATx
PDSA process
throughout it's
different programs

