

# Integrated Continuum of Care for Women in Treatment

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*Meridian Community Care*

# ABOUT US

Meridian Community Care, established in 1972, is an innovative not-for-profit organization that is dedicated to Saving Lives and Serving Communities. Meridian provides a comprehensive array of services including medical and non-medical counseling and addiction treatment, workforce wellness and testing, prevention education, and supportive housing.



# OUR HISTORY

- 1972 Founded as the Mahoning County Drug Programs offering Medication-Assisted Treatment
- 1980 Expanded services to include outpatient counseling, HIV/AIDS programs, and prevention education (PANDA)
- 1989 Started Worklife division, offering drug testing and physicals
- 1991 Started first supportive housing program
- 1997 Started first Dual-Disorder Treatment program in Ohio
- 2001 Started Adolescent Residential Treatment program
- 2004 Received grant to provide gambling treatment
- 2007 Assumed all programming from Addiction Program of Mahoning County, including Donofrio Men's & Women's Centers
- 2009 Expanded MAT, offering Suboxone Therapy



# OUR ORGANIZATION

- \* **Mission:** Saving Lives and Serving Communities  
*Stemming the Tide of an Epidemic*
- \* **Divisions:** Recovery, Prevention, Worklife, Housing
- \* **Locations:** 11 locations across the Mahoning Valley
- \* **Employees:** 198 employees (professional counselors, social workers, nurses, physicians, administrative support)
- \* **Budget:** \$9 million
- \* **Licenses/Accreditations:** CARF Accredited, Certified by the Ohio Department of Alcohol and Drug Addiction Services and Ohio Department of Mental Health

# OUR VALUES

**Service**

**Integrity**

**Excellence**

# Service Continuum

Prevention (Panda, Community Education)

Brief Intervention & Therapy

Outpatient Treatment (IOP)

Day Treatment

Residential Treatment

***Specialized Programs:***

Medication Assisted Treatment

Youth & Young Adult

Gambling Treatment

Co-occurring Treatment

Aftercare & Relapse Prevention

Transitional Housing

Permanent Housing

# NIATx Overview

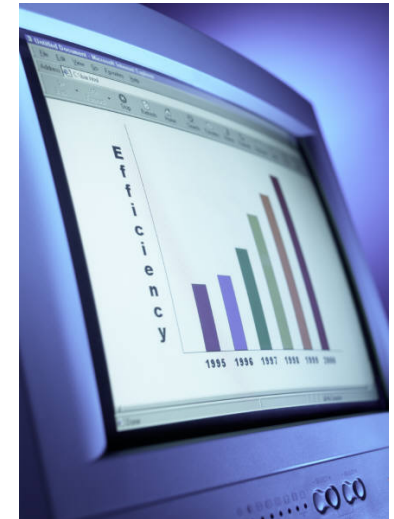
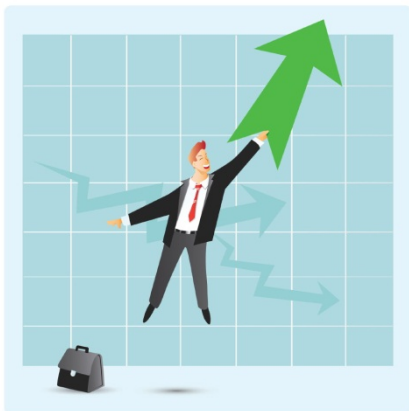
- \* Focus on Four Aims
  - \* Reduce Waiting Times
  - \* Reduce No- Shows
  - \* Increase Admissions
  - \* Increase Continuation





# NIATx Key Principles

- \* Understand and involve the customer
- \* Focus on key problems
- \* Pick a powerful change leader
- \* Get ideas from outside the organization
- \* Use Rapid Cycle testing



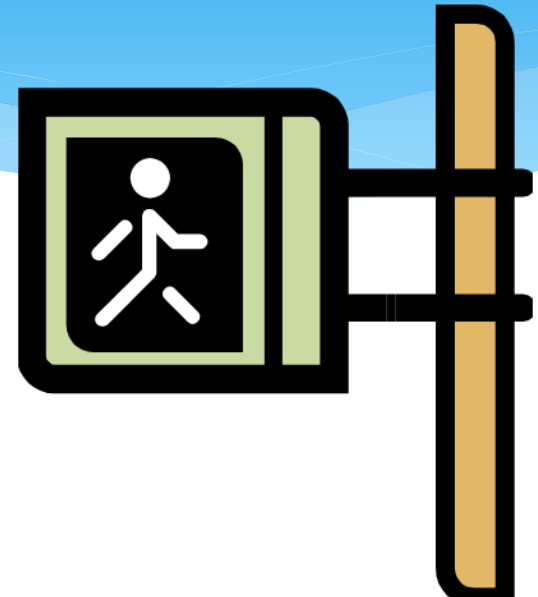
# Description of Women's Residential Program

- \* 15-bed residential treatment facility
- \* Demographics: Women over the age of 18, Pregnant Women, Women with Children (Under 5 years old)
- \* Average Length of Treatment = 94 days
- \* Program based on 12-Step Facilitation
- \* Daily Group Counseling
- \* Weekly Individual Counseling
- \* Supportive Case Management Services



# Rationale for Walkthrough & Description of the Process

- \* Rationale for Walkthrough
  - \* Long Wait List for Residential Treatment
    - \* Average Wait Time for Admission = 32 days
  - \* Outcomes
    - \* 78% completion rate at baseline
  - \* Duration of Treatment
    - \* 94 Days in Residential Treatment
- \* Description of Walkthrough
  - \* Master's Level Social Work Intern (not affiliated with the residential program) completed the Walkthrough from admission, through assessment and intake.
  - \* Additional Data Sources:
    - \* Completion of Baseline Data
    - \* Focus Group with Clients



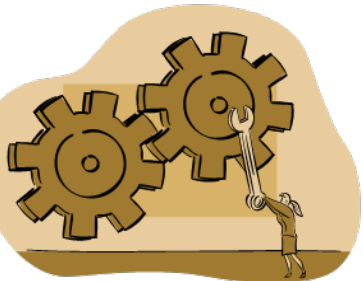
# Problems Identified at Walkthrough

- \* Walkthrough & Focus Group with Clients:
  - \* Admission Process was not Customer Friendly
  - \* The intake / admission process was “institutional”
  - \* The admission paperwork was overwhelming



# Problems Identified at Walkthrough

- \* Outcomes / Treatment Completion
  - \* Treatment Completion Rates Not Satisfactory
- \* Length of Stay
  - \* Average length of Stay = 94 days
- \* Wait List
  - \* Prospective Clients on Wait List = 15 clients



# Women's Center Retreat

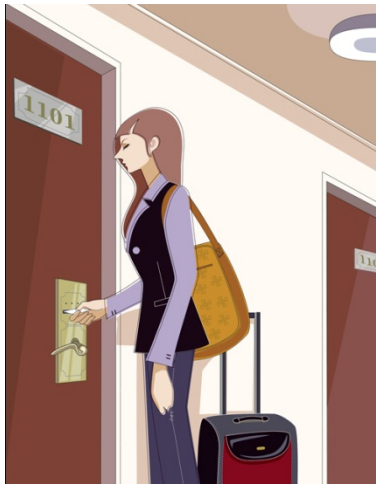


- \* Women' Center Retreat
  - \* All Women's Center Staff participated in a half-day "retreat"
    - \* Leadership Team
    - \* Program Manager
    - \* Clinical Staff
    - \* Paraprofessional Staff
  - \* NIATx Change Leader presented an overview of NIATx Principles, Change Process, and the PDSA model.
  - \* From this retreat, a Change Team was developed to address the issues identified...

# Women's Center Change Team



- \* Through the use of Nominal Group Technique, the following problems were identified beyond the initial walkthrough:
  - \* Admission Process (Also Identified at Walkthrough)
  - \* Length of Stay (Also Identified at Walkthrough)
  - \* Outcomes at Discharge (Also Identified at Walkthrough)
  - \* Missing Level of Care (i.e., Day Treatment)
  - \* Ability to Address Co-Occurring Issues (i.e., Tx didn't meet the diverse needs of clients).



# Change Project

- \* Adopted a Hotel Model
  - \* Offer Room, Shower, Food
  - \* Moved Administrative Assistant Office
- \* Developed a Phase System Based on the Principles of Motivational Interviewing
  - \* Goal = Recognize Change Talk / Increase Motivation to Change
  - \* Added Day Treatment
    - \* Used for Clients on Waitlist
    - \* Used for a Step-Down between Residential Tx and IOP
- \* Adapted Residential Program
  - \* Added Trauma-Informed Treatment (using DBT)
  - \* Added a Wellness Program Component



Change Doesn't Always Cost  
Money – Simple Fixes Can Make  
a Difference!



# Challenges

- \* Finding Space for Day Treatment (adapted an old Day Care Center)
- \* Continued Evolution of Phase System – Increasing Client Motivation for Treatment
- \* Maintain Balance between 12-Step Facilitation and Other Therapeutic Interventions
- \* Changing Client Presentation = Opioid Epidemic



# Outcomes

- \* Post Change Focus Group
  - \* Focus groups held 1 month after implementation showed that the change was successful. Clients reported they felt welcomed by staff, supported and that they were allowed to adjust to change
  - \* Staff also reported that clients seemed more engaged at the early on set of treatment, less resistive and better prepared.



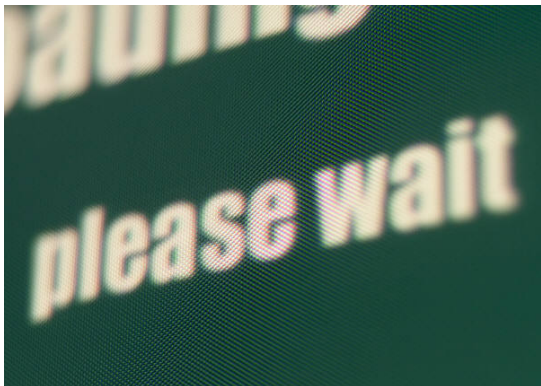
# Outcomes

- \* Average Completion Rate Increased
  - \* Baseline Measure = 78% Treatment Completion
  - \* At 4 Month Follow-up= 96% Treatment Completion



# Outcomes

- \* Average Wait Time for Admission
  - \* Baseline Measure = 32 days
  - \* At 4 Month Follow-up = 14 days



# Lessons Learned

- \* Too Many Changes at Once (although this was a necessity!)
- \* Everything that came after the initial change project is because of this first step... Leadership Team's buy-in of the Change Process set the stage for later change projects. ***Culture of Change Created....***



# Sustainability

- \* Change in Client Presenting Concerns
  - \* January 2010: Crack Cocaine addiction represents 51% of all admissions
  - \* January 2011: Opioid addiction represents 64% of all admissions
- \* Second Change Team Created to Address Methadone Maintenance Treatment in Residential Treatment
  - \* First Woman on Methadone admitted to Residential Treatment
    - \* Admission of clients on MAT treatment has led to additional concerns which need to be addressed
- \* Third Change Team Created to Address Increasing Client Motivation and Readiness for Change
  - \* Token Economy System Developed

# Questions

