Robert Wood Johnson Foundation

Published: November 22, 2011

Alabama Helps Addicted Adolescents Recover From Substance Abuse With Continuing Care

A team of substance abuse treatment providers and state officials in Alabama introduced continuing care into treatment protocols, helping clients sustain their successes. Continuing care is an evidence-based practice in which a care manager provides ongoing coordination and management of services, including monitoring of progress and recovery management support throughout the course of treatment in all care settings. Regular contact with a treatment professional (in person or by telephone) is a core component of continuing care.[1]

FINDING THE RIGHT TEAM OF PROVIDERS

Alabama was one of 12 sites selected to participate in the Robert Wood Johnson Foundation (RWJF) *Advancing Recovery: State and Provider Partnerships for Quality Addiction Care* national program. Tammy Peacock, PhD, coordinator of adolescent services for the Substance Abuse Services Division in the Department of Mental Health and Mental Retardation led the effort. Gwen Thomas LeBlanc, director of substance abuse services at Northwest Alabama Mental Health Center, describes how *Advancing Recovery* came to Alabama: "Tammy wanted to find providers interested in participating who could also make changes to improve services to our consumers."

See the Program Results Report for a complete description of *Advancing Recovery*.

Peacock recruited three treatment agencies to participate in *Advancing Recovery*. These include START, a short-term residential program for adolescent females operated by LeBlanc's agency in a section of northwest Alabama. The two additional partners are The Bridge, a program for adolescent males with seven residential facilities, and the NOVA Center for Youth and Family, a division of the Madison County Mental Health Center located in Huntsville. NOVA provides intensive outpatient services for adolescents through its New Horizons Recovery Center.

Together, these agencies provide 100 percent of the publicly funded residential substance abuse treatment for adolescents in the state and approximately 65 percent of the state's publicly funded outpatient services.

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[1] *National Standards for the Treatment of Substance Use Conditions.* National Quality Forum Report, 2007.

LINKING TEENS TO CARE IN THE COMMUNITY

"We chose continuing care and case management because we wanted to address the problem of a high relapse rate among adolescents we referred to outpatient programs. Teens were coming back to our residential programs for readmission and a lot of time that's taking up a bed that someone needs," says LeBlanc.

The initial plan envisioned that residential programs at Northwest Alabama Mental Health Center and The Bridge would refer teens to NOVA/New Horizons for continuing outpatient care. To increase the number of teens receiving continuing care services, however, the partners decided to expand the service area and began making referrals to their own outpatient sites as well. "We expanded to 11 counties, including five served by The Bridge and another five served by Northwest Alabama Mental Health," says LeBlanc.

During the first year of the two-year *Advancing Recovery* grant, the partners developed a system to first identify all adolescents referred to residential treatment by either the state Substance Abuse Services Division or Department of Youth Services and to then link them to continuing care in their communities when they left the residential program.

From February 2008 through January 2010, 365 youth received a referral from residential treatment to continuing care services: 218 in the first year and 147 in the second. More than half (58%) of the youth successfully transitioned into continuing care in their home community (119 in year one and 93 in year two).

Under the new system, making an appointment with continuing care providers became an integral part of discharge planning from residential treatment. "Teens knew they would be followed by a continuing care provider and receive the support they needed to maintain a recovery mindset during the stressful transition period. This was a significant change from the past practice of merely recommending continuing involvement in treatment with little or no follow through," according to Peacock.

OPENING UP NEW AVENUES OF COMMUNICATION

Participation in *Advancing Recovery* opened up avenues of communications among the partners, according to LeBlanc. "Prior to *Advancing Recovery* we "knew each other but had not done a lot of networking. People have a tendency to get in their own bailiwick and get involved in doing business as usual. The positive aspect of our involvement with the *Advancing Recovery* project was that we ended up being very good friends and highly collaborative for the betterment of clients."

The Bridge's Jeremy Blair agrees. "*Advancing Recovery* gave us a framework to work together. Before that, we were aware we needed to collaborate but lacked the incentive."

LeBlanc notes that *Advancing Recovery* started with a "few scattered attempts. We trained our in-house employees to make an appointment for continuing care for all clients discharging from residential treatment. We began with a networking list with contact people at all our agencies, their phone numbers, faxes, and emails. Residential staff made the continuing care appointment and followed up. Then we went to the next level."

The partners began holding weekly conference calls to discuss discharges and referrals. "Getting everybody on the same page ensured the handoff from residential treatment to continuing care," says Blair.

Having each other's cell phones helped too, says LeBlanc. "If there was a glitch or a staff complaint, I could pick up the phone and say 'This is Gwen, I'm having trouble and need to get this person in.' We went from casual business relations, to knowing each other's business, to friendship."

Making sure that all teens discharged from residential treatment had an appointment for continuing care was "not a burden on staff, but it was a case of making it part of their daily routine when it hadn't been before. The process of making it a habit was challenging," adds Blair.

The team's efforts paid off. The number of days between discharge from residential treatment and admission to continuing care dropped from 19.5 days in April 2008 to 6.5 days in January 2010.

By the end of the *Advancing Recovery* grant, the practice of making a continuing care appointment in the client's home area prior to discharge from residential treatment had spread statewide. Most of the adolescent substance abuse treatment providers outside of the *Advancing Recovery* partners also developed continuing care groups to support their patients.

"Advancing Recovery also opened up an avenue for our agencies to bring concerns to the state and have them addressed. It wasn't always to our liking or in the time frame we preferred but it was a vehicle for communication nonetheless. No framework for that existed before *Advancing Recovery*," says Blair.

A MORE TEEN-FRIENDLY CONCEPT OF OUTPATIENT CARE

Merely linking teens to continuing care after leaving residential treatment was not enough. The team also wanted to ensure these teens received the appropriate level of care. Prior to *Advancing Recovery*, youth leaving residential care were usually "stepped down" to an intensive outpatient program, often the only option available.

The problem according to LeBlanc was the nature of intensive outpatient care. "In Alabama, it [intensive outpatient] is 100 hours of treatment in a six-month period. If you

break that down, that's four hours of treatment per week. Intensive outpatient care many times was a duplication of some of the services provided in residential treatment and added several months to the outpatient treatment episode, which wasn't always what the teen needed," says LeBlanc.

Blair agrees. Teens leaving residential treatment need a flexible program that looks at stressors in the home environment and that offers tools to sustain recovery in the real world. At The Bridge, teens had the option of joining a group that met one or two times per week. "We got away from artificial requirements of a four- to six-month commitment and moved more toward individual-based programs. Kids who had stabilized in residential care and had a good support system might not need intensive services."

By the end of *Advancing Recovery's* first year all three treatment agencies offered a less intensive continuing care option that was tailored to the youth. Of the 119 youth who were admitted to continuing care, 70 were admitted to intensive outpatient programs and 54 were admitted to a continuing care group, the placement in the level of care at the outpatient location was completed by the outpatient provider.

DEALING WITH DISAPPOINTMENT

After instituting continuing care services for teens, the Alabama partners decided to implement case management and wraparound services to support youth as they reintegrated into their community. At the time they determined to do this, the state Substance Abuse Services Division planned to expand its service array to include in-home intervention and to increase rates to make case management more fiscally viable.

When it became apparent that the new service array would not be available because of state budget constraints, the state allowed the three treatment agencies to pilot an in-home intervention. The partners developed policies and procedures and proposed a rate they felt would be viable, but, even the pilot failed to move forward because of budget problems.

The Alabama team used this experience as a "lesson learned." LeBlanc says, "Our message was about dealing with disappointment. You have to recognize you're powerless in some situations and then make the changes you can. Our *Advancing Recovery* coach helped by showing us what people had tried in other states. It helped us refocus."

Blair also points to the upside of the disappointment over in-home counseling. "Although the plan we really wanted never did come to fruition, we found that just being able to ask, not accepting the status quo, and engaging in the discussions was helpful."

Despite not being able to launch the in-home counseling program, Blair stresses that case management is now part of The Bridge's core services, thanks to training from the state.

"Our clinicians were used to providing clinical services, not case management. Training from the state helped jump-start the program, and our clinicians have adapted to the paradigm shift. Case management is now part of their job description," Blair notes. LeBlanc agreed that this is also the practice with Northwest Alabama Mental Health.

SYSTEM CHANGES

To achieve its goals, Alabama used several of the *Five Levers of Change*[2] developed by *Advancing Recovery* and NIATx, the national program office based at the University of Wisconsin. For example, Peacock used the inter-organizational lever to strengthen the ties between her agency and other state agencies and stakeholders who serve substance-using adolescents.

Among these were the Administrative Office of Courts, which operates juvenile drug courts, as well as juvenile correctional school systems and oversees juvenile judges; and the Department of Youth Services. According to Peacock, "the first step in creating systems change is building relationships," so these efforts to partner with state agencies outside the Substance Abuse Services Division supported the goal of spreading evidence-based practices statewide.

To enhance its ties to the juvenile court system, the Substance Abuse Services Division used technical assistance from the federal Center for Substance Abuse Treatment (CSAT) to train a group of adolescent counselors and juvenile probation officers in motivational interviewing.[3] Counselors from the three *Advancing Recovery* agencies and juvenile probation officers from three counties took part in the training, which was intended to increase youth engagement in continuing care.

In 2010, the state legislature funded 10 new drug courts allowing for expansion of adolescent treatment services. Peacock worked with the Administrative Office of Courts and the Department of Youth Services to develop the training curriculum for the expanded program.

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Grant ID # 63728
Program area: Vulnerable Populations

[2] *Five Levers of Change* is a model for integrating evidence-based practices into treatment agencies. The levers are: Financial, Regulatory, Internal Operations, Inter-Organizational Capability, and Purchasing/Contracting.

[3] Motivational interviewing is a counseling approach that acknowledges that many people resist changing behavior and that focuses on enhancing their motivation to change.