

Prairie Ridge Addiction Treatment Services

Smoothing Transitions between Levels of Care

Entering addiction treatment is anxiety-provoking. But moving from one level of care to another also causes clients significant stress, says Mark Dodd, Change Leader at NIATx member Prairie Ridge Addiction Treatment Services. Managing these transitions for clients completing more intensive care is an important challenge in the treatment continuum.

Prairie Ridge, in Mason City, IA, recognizes the needs to find better ways of keeping transitioning clients engaged. Through their “Continuing Care Connection,” they have been examining/testing ways to improve continuation of clients moving from their residential (III.5), halfway house (III.1), and Intensive Outpatient (II.1) programs into Level I continuing care services.

Prairie Ridge began studying this issue even before joining NIATx. A Level I continuing care group was being led by one of the residential counselors for clients completing residential treatment. Prairie Ridge found that in this group, 46% of the clients attended at least 75% of the sessions. Baseline attendance of 75% of the sessions in other continuing care groups for transitioned III.5 clients was 18%. The difference: these other groups involved a change in primary counselor and different peers than those the clients had known in residential or IOP treatment.

Prairie Ridge next tried holding joint sessions between the former and new primary counselor, and transitioning client. They added several individual sessions with the new counselor, supplementing the weekly group meetings. Although client attendance for 75% of the sessions rose to 33%, it still did not match the 46% attendance achieved by keeping the same counselor, and mostly the same peer group.

Prairie Ridge soon plans to start another continuing care group facilitated by another residential counselor: this one will allow clients to keep the same primary counselor/group leader as they had in more intensive treatment. The hope is that the continued relationship with the same counselor and peer group will result in improved client continuation in continuing care services.

Using PDSA cycles and process improvement techniques, Prairie Ridge will continue working towards, and gathering data on, improving continuation in level of care transitions. The challenges are significant, notes Change Leader Dodd. Some 60% of residential clients are from outside their catchment area, making it difficult to control outcomes after they are referred back to their communities. Providing Level III and II care is more resource-intensive; helping this population stay in recovery is crucial. Dodd notes transitioning clients who show for the first continuing care session appear more likely to continue services – and the agency will continue seeking ways to improve that engagement.

The Prairie Ridge mission is to reduce the impact of alcohol and other drug use on the affected individuals, families and communities of North Iowa. Prairie Ridge started as a grassroots effort to help those suffering from addiction and evolved into a preferred provider of prevention and treatment services in the state of Iowa. They strive to maintain that status by being client and quality focused. Their ASAM Level I program provides nearly 2,500 individual assessments annually. Over the past four years, requests for assessments have increased an average of 15% annually, fueled largely by Iowa's methamphetamine crisis.