

Institutes for Behavior Resources, Inc. (IBR)



Our Mission

R.E.A.C.H. Mobile Health Services (MHS) (Recovery Enhanced by Access to Comprehensive HealthCare)

To improve the health of chemically dependent adults by providing medication-assisted substance abuse treatment and health care services in a therapeutic environment, promoting patient dignity, well being and recovery.

To address the needs of the total person by individualizing treatment for those seeking help, utilizing “best practice” treatment services and integrating ancillary care and programs from within the community.

R.E.A.C.H. MHS

Our Vision

To develop alliances between mobile health, communities, and existing psychosocial service to ensure that substance abuse treatment will be accessible to patients where they reside. To foster community partnerships and collaborations that promote the expansion of medication-assisted treatment by assisting existing programs to expand this continuum of care.

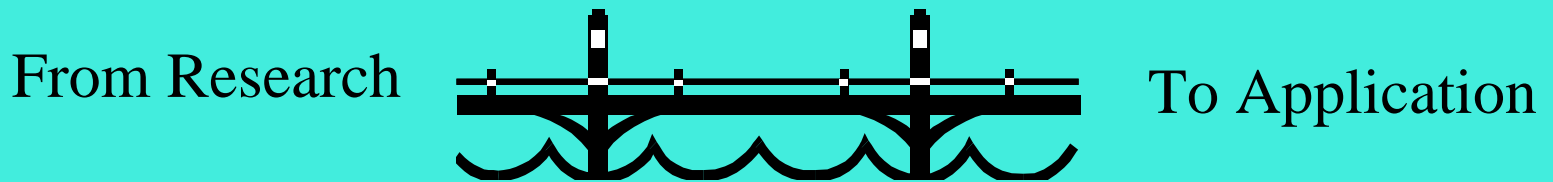
Mobile Medication Treatment

- To develop alliances between mobile health, communities and existing psychosocial programs to ensure that treatment will be accessible to patients where they reside;
- To expand the continuum of care in existing community programs by providing medication-assisted treatment in partnership with their established service programs.
- To provide access to treatment through the use of a mobile unit with greater community acceptance and minimal zoning obstacles.



The Program's History

- 1990 IBR was awarded a five year research grant from NIDA to provide full service substance abuse treatment for opioid dependency utilizing a mobile delivery concept. The research demonstrated that mobile treatment was more effective than 'fixed-site programs' vis-a-vis retention rates.

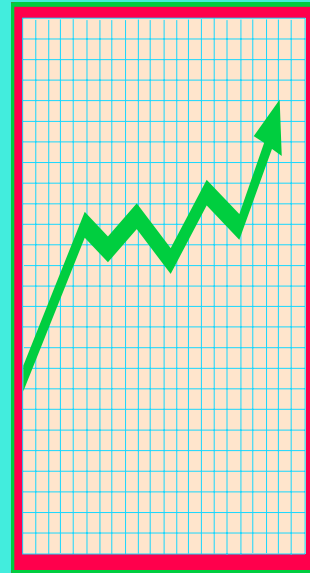


- 1996 Successful technology transfer enabled the research project to become a self-sustaining, clinical treatment program for opioid dependency.

R.E.A.C.H. MHS History

Growth and Expansion -

- R.E.A.C.H. MHS was awarded 50 treatment slots from Baltimore Substance Abuse Systems (BSAS) as part of the Mayor's Initiative in 1997;
- R.E.A.C.H. MHS entered into contacts with Medicaid/Health Choice providers to provide treatment services for opioid dependency;
- R.E.A.C.H. MHS became one of the first programs to make extensive use of computers for progress notes, treatment planning, and data analysis.



R.E.A.C.H. MHS History

- 1999 R.E.A.C.H. MHS expanded services to the Park Heights Community in cooperation with Harambee Treatment Center and the Needle Exchange Program through a grant from NIDA. R.E.A.C.H. MHS provided medical/medication services and partnership counseling services to referrals from Needle Exchange;
- 1999 R.E.A.C.H. MHS developed a program, in collaboration with the Addict Referral and Counseling Center, utilizing buprenorphine detoxification in conjunction with acupuncture. This effort was funded by BSAS;
- 2000 R.E.A.C.H. MHS expanded to the Pimlico-Arlington Community by sharing space with the Jones Falls West Counseling Center (a drug-free program) through an expansion grant from BSAS. R.E.A.C.H. MHS provided a full service counseling and medical/medication program to 125 patients;
- 2001 R.E.A.C.H. MHS expanded services to the West Baltimore community in partnership with the Echo House Multi-Purpose Center's drug-free program through a targeted capacity expansion grant from CSAT. R.E.A.C.H. MHS provided medical/medication services to 75 patients while Echo House provided the psychosocial services.

Two steps forward ... and one or two backwards

■ 2000



A fire at 2211 Maryland Avenue destroys the R.E.A.C.H. MHS counseling and administrative offices.

R.E.A.C.H. MHS History

- 2000 (December) IBR purchased the building at 2104 Maryland Avenue and applied for a Capital Program grant from the State.
- R.E.A.C.H. MHS was awarded 200 additional treatment slots from State Cigarette Restitution Funds.

R.E.A.C.H. MHS History

- 2003 Award of a State Capital Program grant begins the renovation work at 2104 Maryland Avenue (a \$1.7 million award excluding the 25% match raised through local foundations).
- 2003 R.E.A.C.H. MHS receives a two-year certification from the Office of Healthcare Quality, State of Maryland and in 2004 a three-year accreditation from CARF.
- 2004 R.E.A.C.H. MHS is forced to close the two off-site programs when LAAM is discontinued. Two hundred patients and the staff were successfully transitioned over to the core program on Maryland Avenue.

Multi-purpose Treatment Center

■ 2004 & 2005



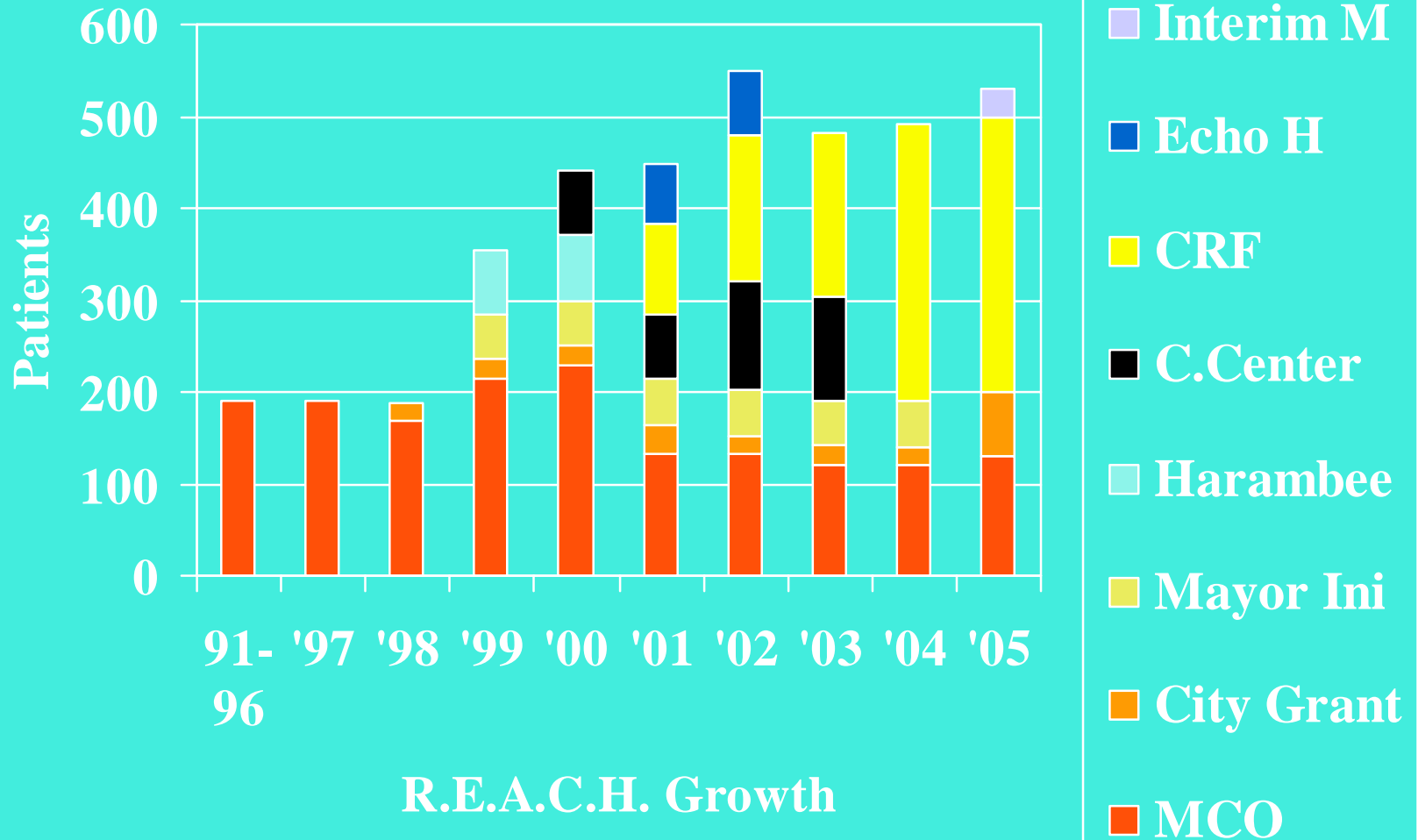
- Expanded medication-assisted treatment slots by another 50;
- Developed an alcohol assessment program;
- Instituted workforce development activities;
- Developed mental health treatment services;
- Expanded acupuncture services; and,
- Consolidated resources of IBR

R.E.A.C.H. MHS Menu of Services

This innovative delivery approach and a creative staff has guided R.E.A.C.H. MHS toward a model that offers a full menu of treatment services either on-site or in partnership with existing community programs:

- Comprehensive treatment program with ancillary services (Acupuncture, Workforce Development);
- Medical/Medication & Counseling Services;
- Medical/Medication Services only.

R.E.A.C.H. MHS Annual Growth



R.E.A.C.H. Growth

Service to HIV/AIDS Patients



- Individual, Group. and Family Counseling focusing on HIV and Addiction;
- Weekly acupuncture sessions to reduce HIV/AIDS related stress;
- Education on HIV/AIDS medical management and community support services;
- Peer counseling aimed at engaging and empowering HIV/AIDS patients to better manage their disease;
- Free confidential HIV testing;
- Case management in partnership with other community based agencies to meet the multiple needs of this population.

Using research to enhance treatment

- R.E.A.C.H. MHS follows in the footsteps of its parent organization by engaging in research activities that show promise of enhancing services to the chemically dependent community. Two recent studies have demonstrated the effectiveness of an Interim Maintenance approach to managing “waiting lists” for treatment and other, unanticipated, benefits.
- Other studies have focused on the entry and engagement in methadone maintenance treatment, effectiveness of maintenance treatment with opioid addicted probationers, and medication-assisted treatment for needle exchange referrals.
- We are currently awaiting news of funding for further study of the benefits of Interim Maintenance and the utilization of buprenorphine with a prisoner re-entry population.

Goals for F.Y. 2007

Performance Goals

- To engage patients more effectively in the early stages of treatment (Phase I);
- To promote changes in behavior that result in positive treatment outcomes (increased employment, reduced arrests, improved relationships and mental health stability);
- To provide a continuum of accessible and effective treatment services.

Measure of Performance Goals

R.E.A.C.H. MHS is held accountable to the funding sources and taxpayers through its participation in Baltimore City's DrugStat.

- Compared national benchmark's, R.E.A.C.H. MHS exceeds 30-day and 120-day retention goals and is within 3 percentage points for the 90-day and one year levels.
- Compared to the national benchmark, R.E.A.C.H. MHS reports an increase of 6 percentage points for patients who were unemployed at admission but employed at discharged.
- Compared to the national benchmarks for percentage of positive urinalysis, R.E.A.C.H. MHS exceeds the measure for opioid positives but has been running between 3 and 11 percentage points under for cocaine positives.

Goals Plan F.Y. 2007

Process Goals

- To provide appropriate services;
- To provide a healthy recovery environment;
- To enhance counselor skills and competency;
- To develop collaborative partnerships with the community;
- To develop continuous quality improvement initiatives based upon identified outcome measures.

Making the dream a reality

- When zoning obstacles to siting medication-assisted treatment programs have been resolved, R.E.A.C.H. MHS will develop more medication services in the building, e.g. buprenorphine, medication for the disabled, “on-site” medication services as a treatment incentive, etc.
- As the financial picture improves, R.E.A.C.H. MHS intends to return to the un-served or under-served communities to renew our mission and vision.
- Utilize the unfinished floors in the 2104 building to expand ancillary services that have proven to increase patient retention and success.

In Conclusion . . .

R.E.A.C.H. MHS continues to be the standard bearer of the delivery of full-service, medication-assisted substance abuse services. This innovative and creative approach to treatment has allowed R.E.A.C.H. MHS to change the lives of thousands of addicts in Baltimore as well as demonstrating effective models that have been adopted in many of regions of the country. "On-site" dispensing for a portion of the patient population will both enhance and broaden the continuum of care and patient services. R.E.A.C.H. MHS will continue to "reach out" to the addicted population in Baltimore City by forming innovative partnerships with other programs and continue to foster its mission and vision:

To improve the health of chemically dependent adults and to ensure that substance abuse treatment will be accessible to patients where they reside.