

Powell Recovery Center, Inc.

**Treatment on Demand.
Recovery within Reach.**



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(410) 276-1773
www.prcinc.org**

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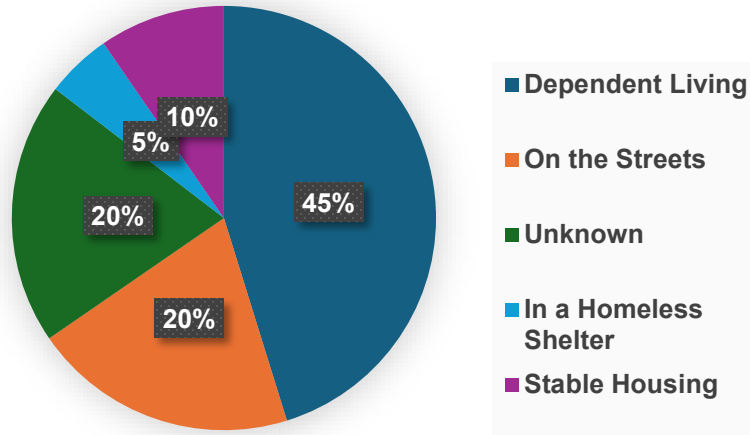
Recovery within Reach for Those Most in Need

- **Treatment on Demand & WMS**
 - 32 years at the same location
 - Withdrawal Management, 275 Licensed Residential (ASAM 3.5, 3.1), Dual Recovery (OMHC), PHP, IOP & Outpatient
 - Powell only serves Medicaid/Medicare clients.
- **Treatment – Phases 1 through 5 with Dual Recovery**
 - Solving problems along a full continuum of care
 - Throughout treatment, Medical, Mental Health, other Resources immediately accessible for clients
- **Treatment Team - Help and Support for Clients**
 - We operate as a community
 - We are passionate about service and quality
- **Powell as a Neighborhood Community Member**
 - We are On the Block with staff monitoring our facilities from 6 am to 9 pm Monday thru Friday and on weekends until 2 pm
 - We Care for our Campus & Neighborhood with our own daily street cleaning and maintenance staff

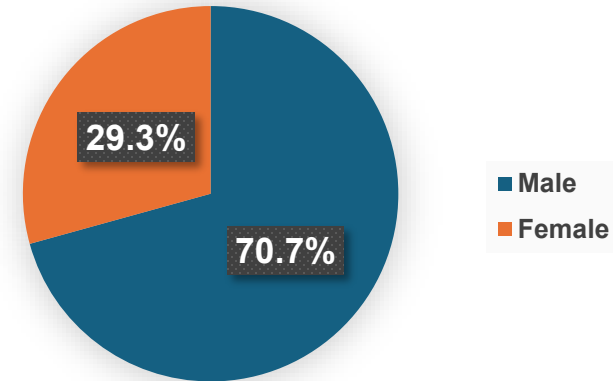
PRC Clients

Living Environment

10% of PRC clients report stable housing

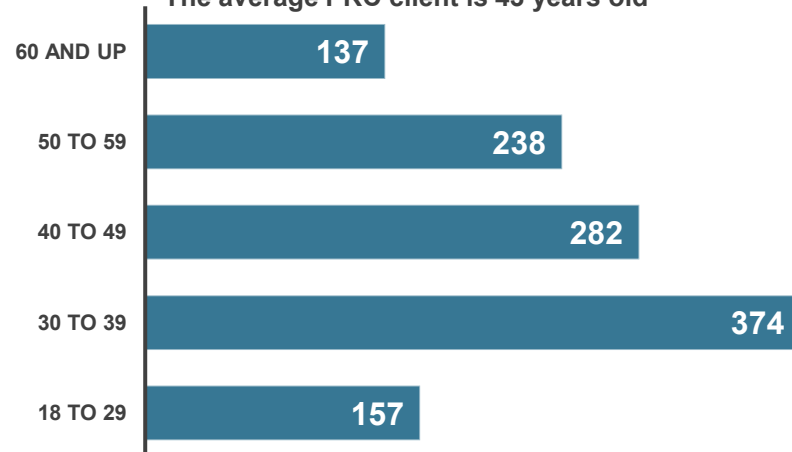


Client Gender

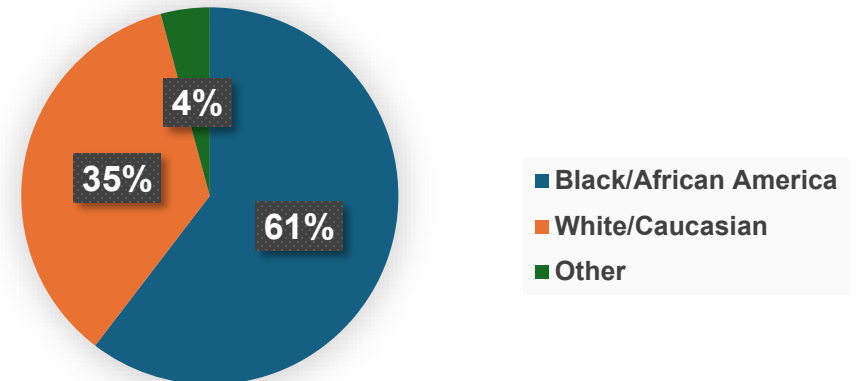


Clients by Age Range

The average PRC client is 43 years old



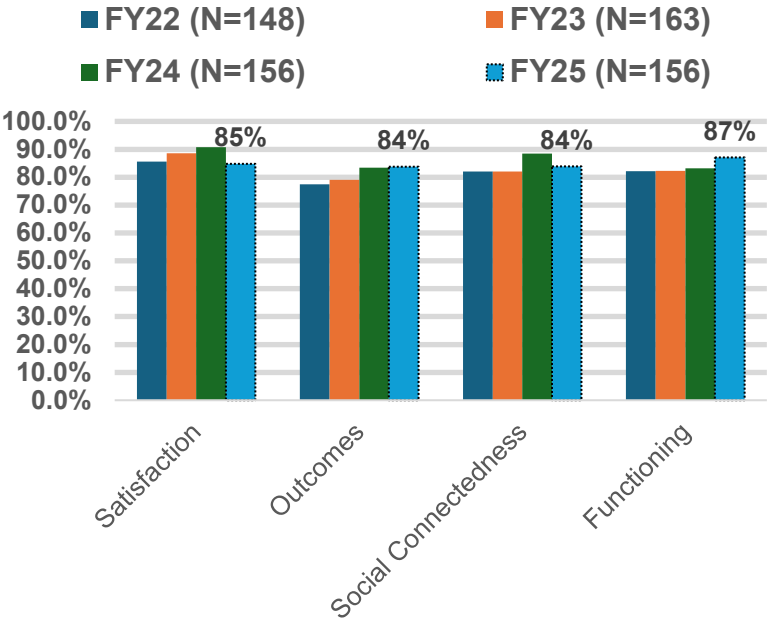
Client Race



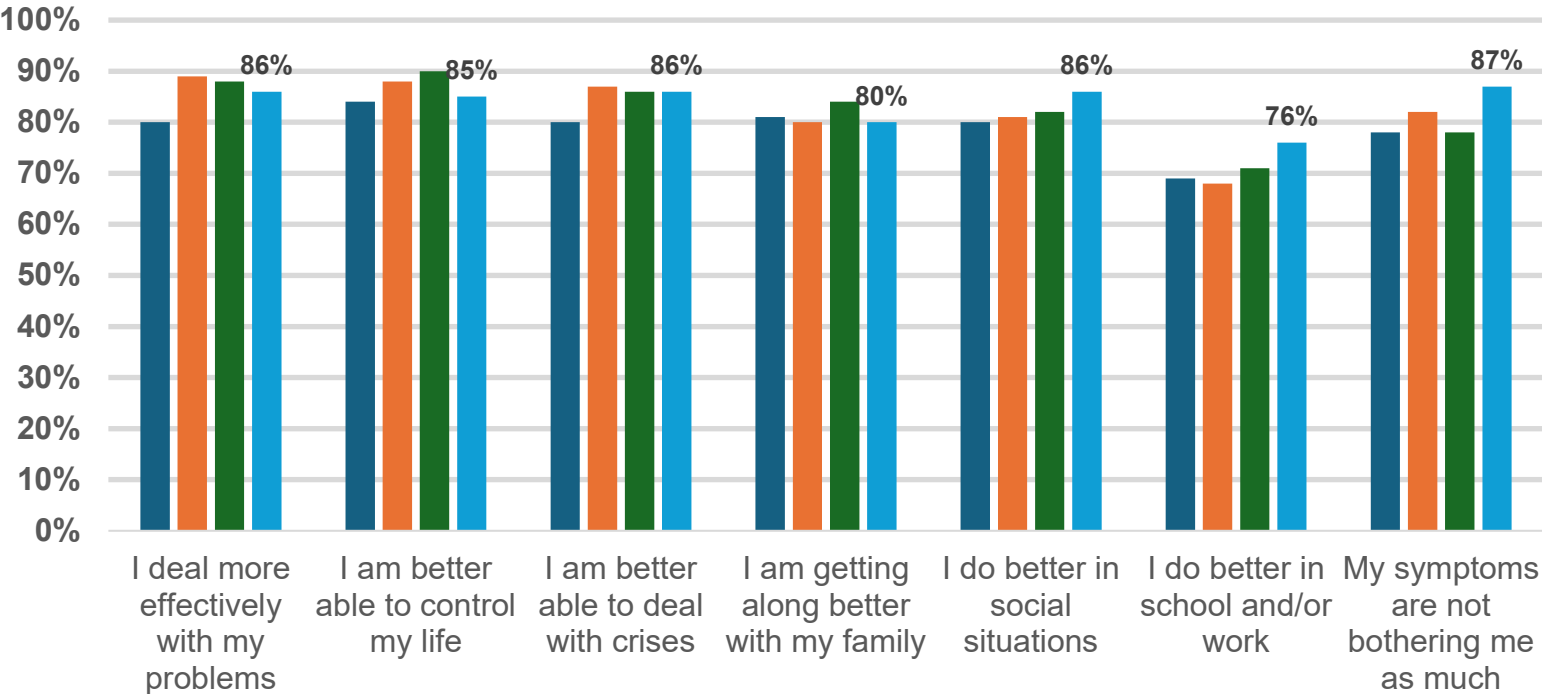
PRC's Foundations of Quality & Client Focus

- PRC has collected key performance indicators including Client Outcomes & Satisfaction with Services for approximately 5 years.
- **Client perception of care and client perception of outcomes has remained consistently high with the overall client satisfaction ranging between 85% and 90% for the last 4 years.**

PRC Client Perception of Care Domains FY22-FY25
% of Agree and Strongly Agree with Domain Questions



PRC Client's Perception of Outcomes FY22 - FY25



The Fentanyl Epidemic Continued to Cause Overdose Deaths to Soar in 2023

- In 2023 PRC asked what more we could do to save lives. PRC began a more extensive client survey program ***to use the clients' expertise on their own treatment experience*** to help save lives.

One goal focused on the “front door”: 3, 5 and 7-day retention as part of PRC’s overall goal to increase 30 and 90-day retention.

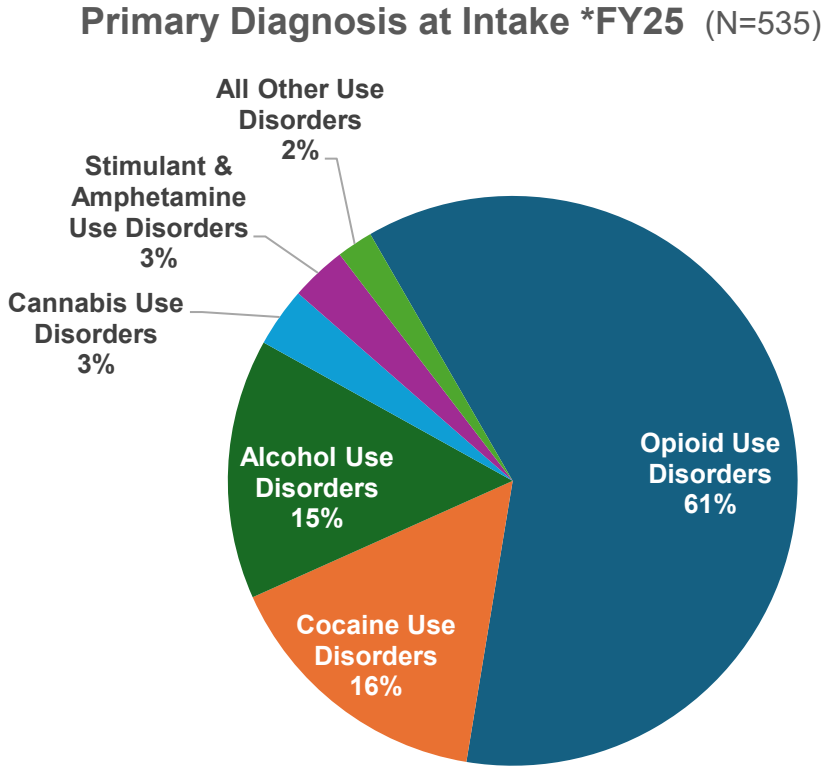
What PRC had in place:

- Walk in Treatment
- Immediate access to Bup
- Mental Health Triage – Psychiatrist within 24 – 48 hours
- Immediate access to food, clothing, personals at admission
- Annual review of 30 and 90-day retention

What PRC has added:

- Client Choice for Immediate access to Buprenorphine or Methadone at Admission
- Increased Client Bup dosing choice for initial WMS
- Client Surveys to measure withdrawal symptoms over the first 3 days from the client's view.
- Over the Counter Comfort Medications in the Residential Units for Client Use as Needed and client surveys to measure effectiveness
- CBD as an additional OTC comfort medication.
- Intensive Case Mgmt. at admission.
- Topamax protocol for Cocaine Dependence to be surveyed for effectiveness.
- Busbar protocol for anxiety at admission to be surveyed.
- Measuring 3, 5 and 7, 14, 21 and 30-day retention monthly

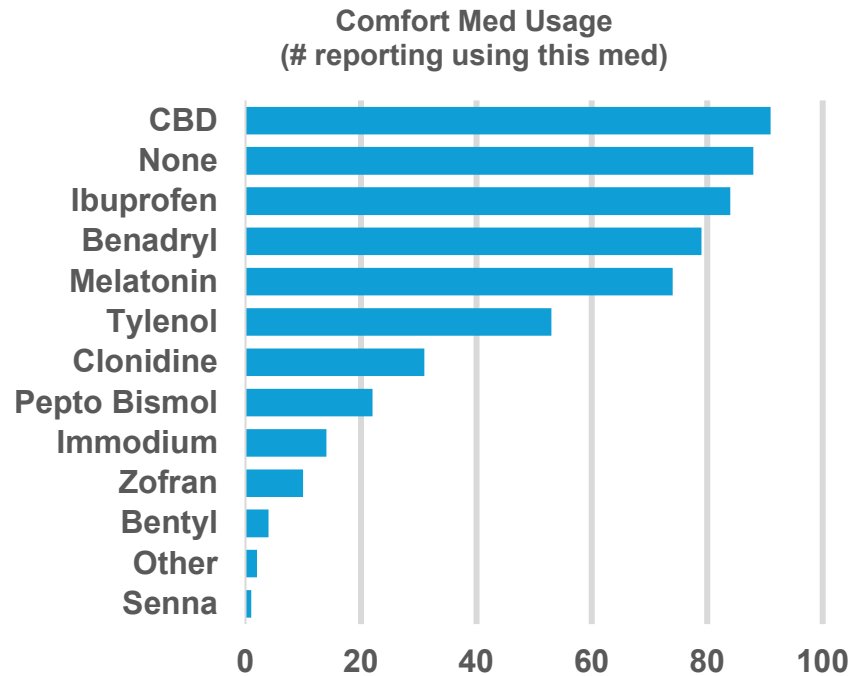
Client Survey Rating Withdrawal Symptom Reduction in the first 3 days of treatment.



1=No symptoms 5=Severe symptoms

Rating of WD Symptoms by Primary Substance	Day 1	Day 2	Day 3
Opioids - Fentanyl, Heroin, etc. (N=85)	3.73	3.40	2.73
Alcohol (N=18)	3.53	3.41	2.53
Meth/Crystal Meth (N=3)	3.67	3.33	3.67
Cocaine (N=31)	3.17	2.77	2.28
Cannabis (N=4)	2.75	2.00	2.00
K2/Spice N=4)	3.00	2.50	2.00
All Combined (N=145)	3.58	3.30	2.67

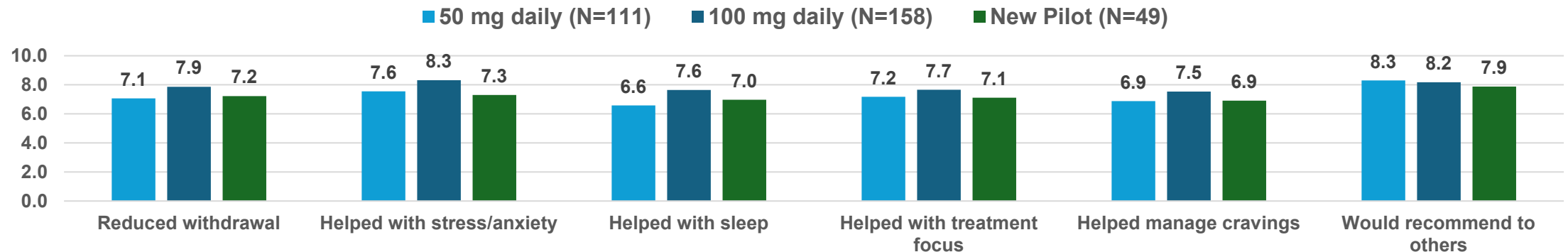
Client Survey of Withdrawal Symptom Reduction with Comfort Meds (N=307)



1=Not helpful at all
5=Helped a great deal

Comfort Med Helpfulness by Primary Substance	Average (1 to 5)
Opioids - Fentanyl, Heroin, etc. (N=91)	3.09
Alcohol (N=6)	3.36
Meth/Crystal Meth (N=9)	4.44
Cocaine (N=50)	3.00
Cannabis (N=15)	2.67
K2/Spice (N=2)	2.50
All Combined	3.23

Weighted average of CBD (without THC) helpfulness by question



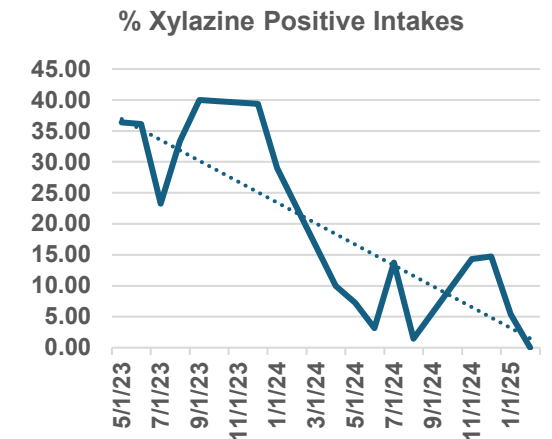
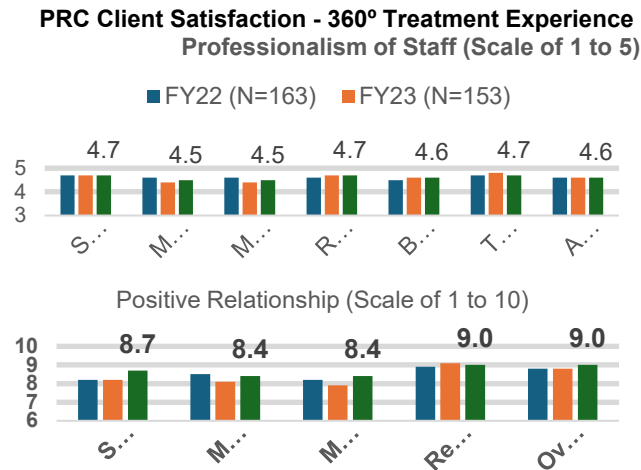
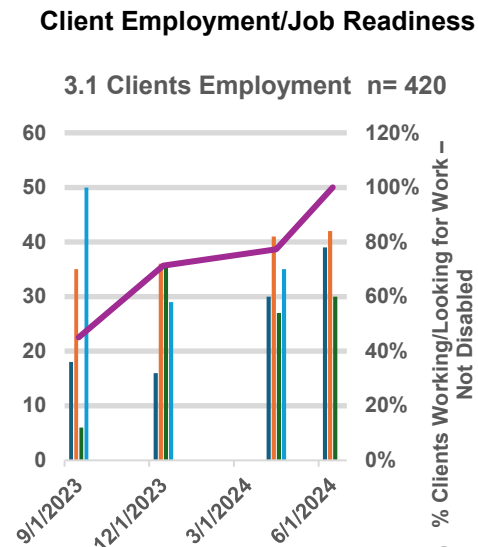
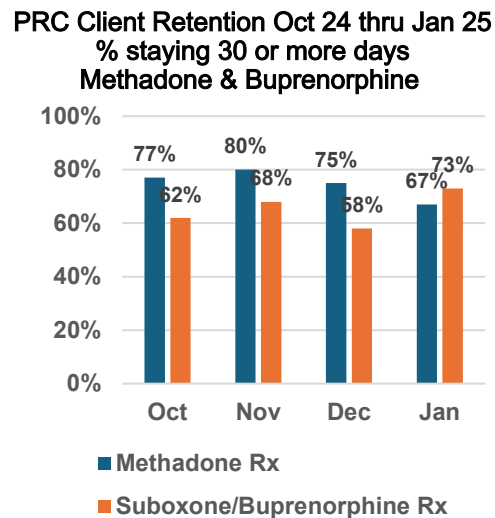
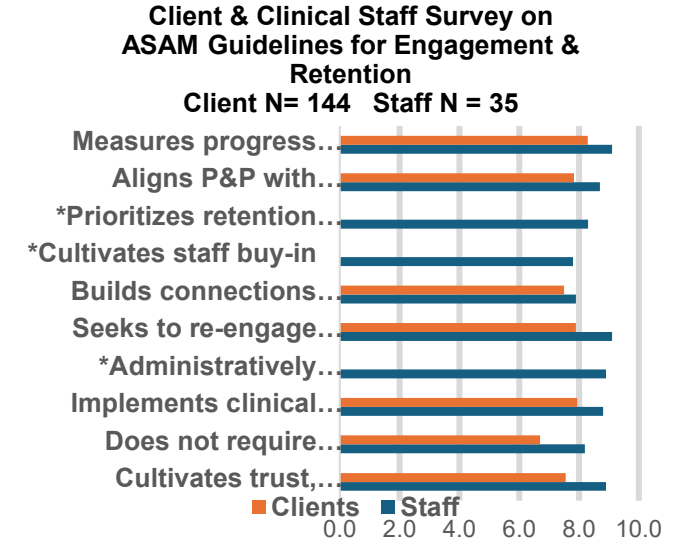
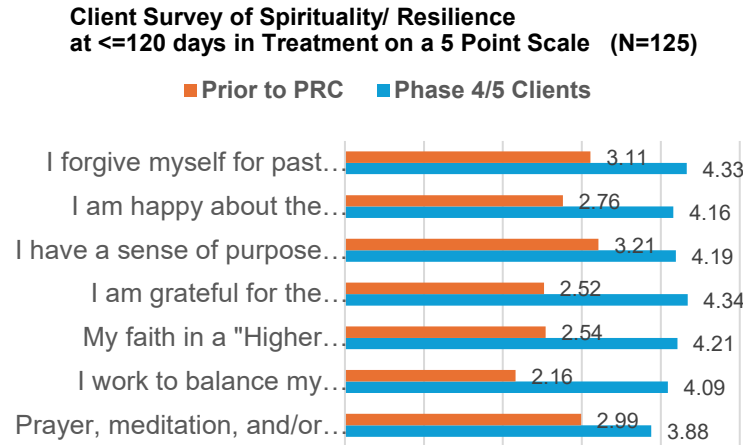
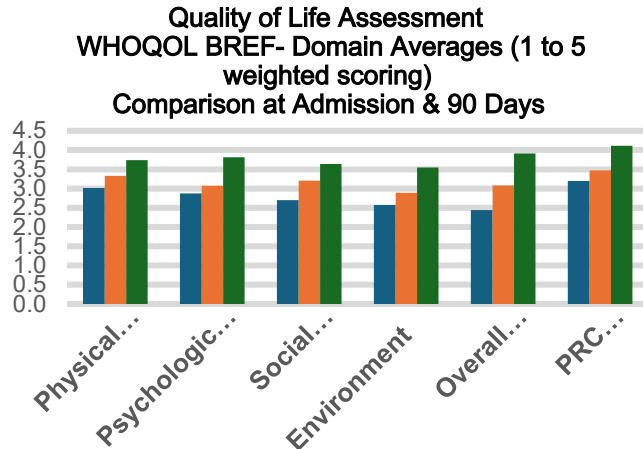
Powell - Recovery within Reach – The Outcomes

3 Day Retention	↑ 8%
5 Day Retention	↑ 9%
7 Day Retention	↑ 14%
30 Day Retention	↑ 7%
90 Day Retention	8%



Practice-Based Evidence

PRC is collecting Client Surveys & Data to Shape Better Treatment



Powell collaborates with Friends Research Institute to understand how to increase treatment effectiveness one day at a time.

Range of preferences and behaviors spanning actively seeking to avoiding fentanyl



Fentanyl exposure and preferences among individuals starting treatment for opioid use disorder

Jan Gryczynski^{a,*}, Helen Nichols^b, Robert P. Schwartz^a, Shannon Gwin Mitchell^b, Paulette Hill^b, Kim Wireman^a



Characteristics and correlates of fentanyl preferences among people with opioid use disorder^a

Karli R. Hochstetter^{a,*}, Mishka Terplan^a, Shannon Gwin Mitchell^a, Robert P. Schwartz^a, Kristi Dusek^a, Kim Wireman^a, Jan Gryczynski^a

^a Friends Research Institute, 1040 Park Avenue, Suite 101, Baltimore, MD 21201, USA

^b Powell Recovery Center, 1401 Broadway, Baltimore, MD 21201, USA

- People who preferred fentanyl:

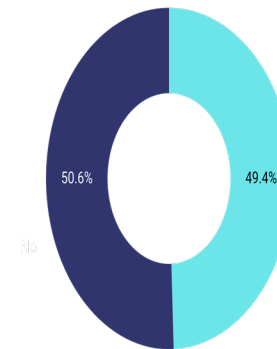
- Were younger,
- Scored higher on psychological distress,
- Scored higher on impulsivity,
- Reported fewer harm-reduction behaviors.

Research at Powell in 2022 with emergence of Xylazine

Xylazine Awareness and Preferences (n=322)

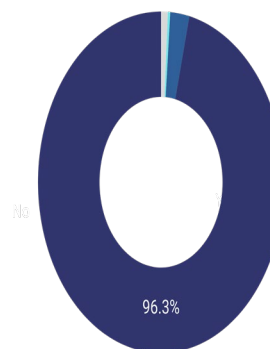
96% of the clients surveyed do not want Xylazine and 72% are worried about Xylazine in the drug supply

Q. Are you aware of Xylazine in your drug supply?



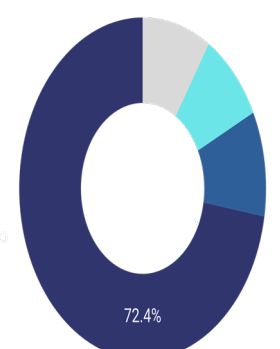
Yes No

Q. Do you agree with the statement: "I prefer drugs with Xylazine in the supply?"



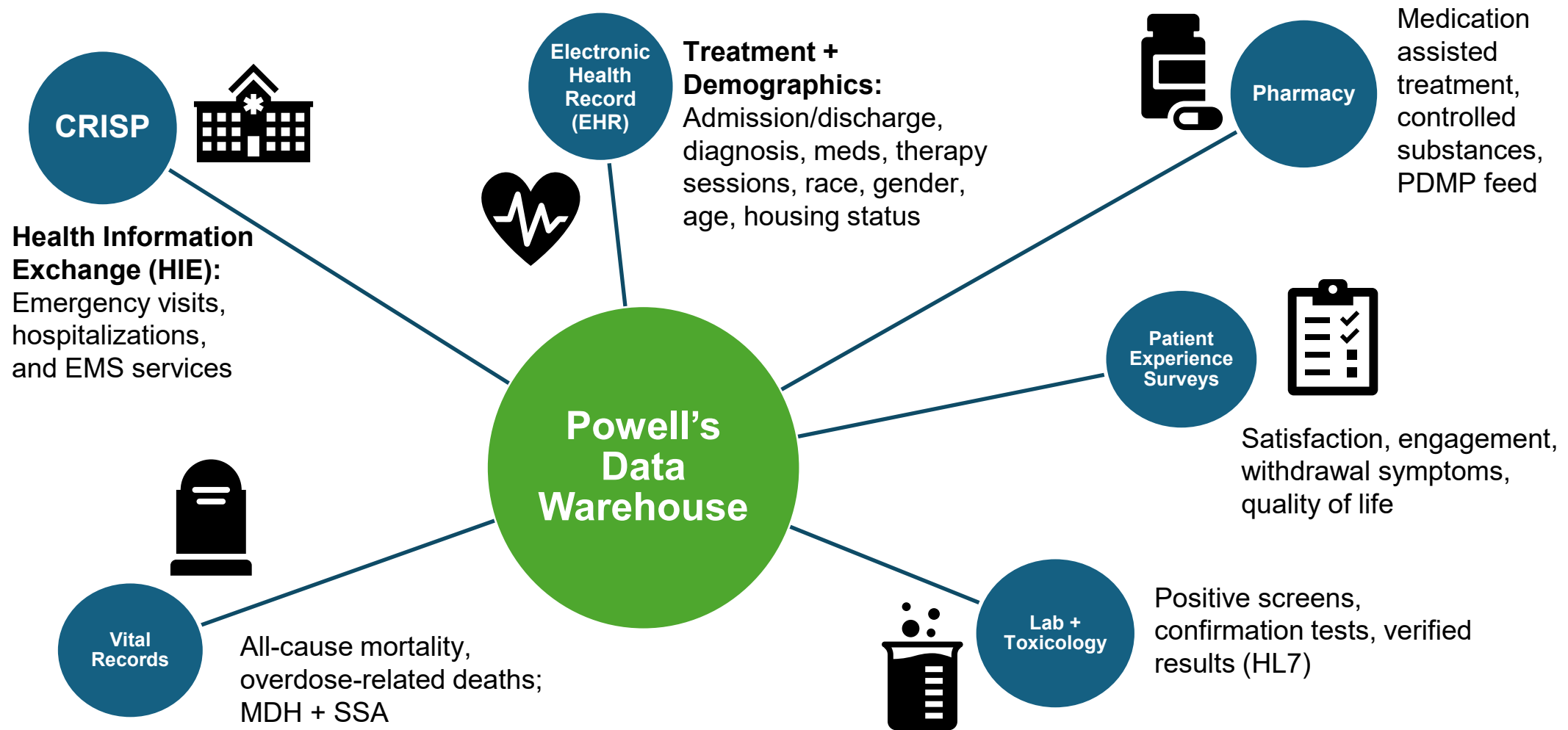
Strongly Agree Somewhat Agree
Somewhat Disagree Strongly Disagree

Q. How worried are you about Xylazine in your drug supply?

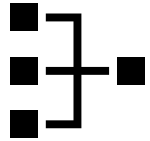


Not Worried A Little Worried
Somewhat Worried Very Worried

Linking Clinical, Experience, and Outcomes Data



From Data to Action: Predicting Risk and Preventing Harm (What's next at Powell)



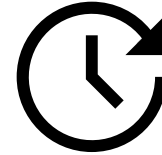
Population **Pattern** Detection

- Discover the symptoms, experiences, and timelines linked to:
 - Early dropout
 - Relapse
 - ED utilization
 - Overdose
 - Death



Patient Risk **Profiling**

- Live risk profile using:
 - Engagement
 - Symptoms
 - Treatment history
 - Social factors
- **What** are the personal risks?
- And **why**?



Predictive Modeling

- Compares the patient profile against the historical cases to predict:
 - Early dropout
 - ED visits
 - Overdose
- **These** people with similar traits has **this** adverse event happen



Preventing Adverse Events

- Alert staff and recommend interventions
- Done in real-time and at the **point-of-care**
- Intervention before the crisis/adverse event
- Save lives

Analysis of Post Treatment Discharge - ED Visits by Length of Stay

Longer stays in residential treatment result in improved health outcomes for opioid dependent patients. 40-50% reductions in ED visits after even 30 days or more of residential treatment for the 12 months following discharge from Powell.

Length of Stay (days)	All	Less than 30 days	More than 30 days	More than 60 days	More than 90 days
Discharges	1,615	873	742	530	382
ED Visits within 365 days of discharge	2,317	1,563	754	555	363
ED Visits per Discharge	1.43	1.79	1.02	1.05	0.95
Change in ED Visits per Discharge	--	+0.36	-0.42	-0.39	-0.48
% Change		+20%	-41%	-37%	-51%

Recommendations

- In 2018 Maryland transitioned to accreditation-based licensing thereby reducing State COMAR regulation which caused a lack of oversight and compliance.
 - The State is currently updating COMAR to address this.
- In 2018 Maryland received a waiver from CMS to provide licensed SUD residential treatment. Licensed residential treatment is regulated for compliance with housing codes and is regulated by COMAR with significant staffing and operational requirements ensuring quality.
- Recovery Houses should be MCOR certified providing for compliance with Baltimore City Housing Codes.
- SUD providers delivering PHP/ high intensity outpatient treatment exclusively or overwhelmingly through telehealth should have to identify “only telehealth” as part of the licensing and marketing process.
- SUD providers should be required by COMAR to report regular moderate-complexity (lab-based) toxicology results for clients as one measure of quality.

Practice -Based Evidence to Shape Better Treatment

- PRC has been collecting data from clients as well as our electronic health record to shape better treatment. This is an ongoing process.
 - We know from our own data analysis – clients who complete 30 days of treatment have over a 70% chance of staying for 90 days.
 - We have focused on retention at the front door, expanding client choice for withdrawal management, providing a range of OTC comfort medications and immediate crisis management.
 - The outcomes of our efforts over the last two years of this project are an 8% increase in engagement for 3-day retention, a 9% increase in engagement for 5-day retention and a 14% increase in 7-day retention and higher retention throughout the treatment continuum. Likewise, 30-day retention has increased by 7% and 90-day retention has increased by 8%.
- We have a data warehouse that is operational, and we are at the beginning of using the data warehouse to shape better treatment, intervene with clients in need and save lives.



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