

PRC's Treatment & Data Warehouse

**Shape Better Treatment
Intervene more Effectively
Save Lives**

**A Scalable Model to Prevent Relapse,
Overdose Deaths, and Reduce the Total
Cost of Care for Baltimore's Highest
Risk Residents**

POWELL
RECOVERY CENTER

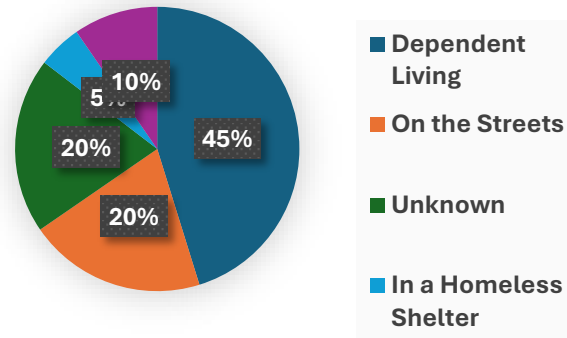


Recovery within Reach for Those Most in Need

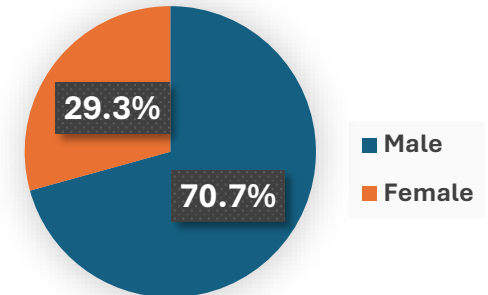
• Treatment on Demand & WMS

- A full Continuum of Care:
 - Withdrawal Management
 - Licensed Residential (ASAM 3.5, 3.1)
 - Dual Recovery (OMHC)
 - PHP, IOP & Outpatient
- Client Choice at WMS
- Crisis Management at the Front Door
- Mental Health Triage
- 275 Residential Beds
- Outpatient and Dual Recovery treatment
- Powell only serves Medicaid/Medicare clients.

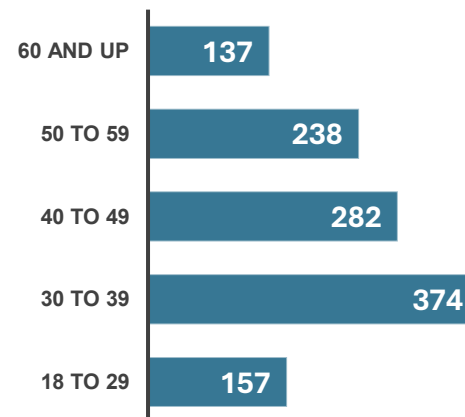
Living Environment



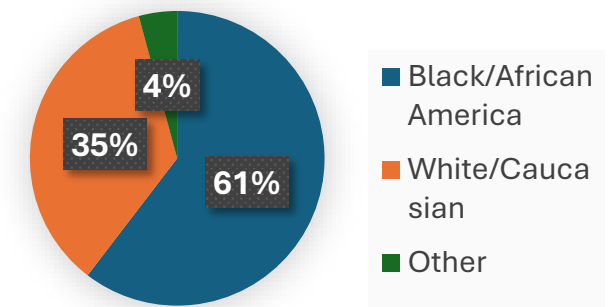
Client Gender



Clients by Age Range



Client Race



Practice-Based Evidence

+ Shape Better Treatment + Intervene More Effectively + Save Lives



- Powell Recovery Center is developing practice-based evidence to strengthen SUD treatment quality and outcomes, with the goal of shaping better treatment, intervening more effectively and saving lives.
- We are building a robust QA program and an integrated Data Warehouse to measure what's working and improve care in near real time.

Powell Recovery Center Overview

In 2024 PRC began a more extensive client survey program ***to use the clients' expertise on their own treatment experience*** to help save lives.

We knew from our own data that a client who stayed in treatment for 30 days had a 70% chance of remaining in treatment for 90 days.

Our first 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:

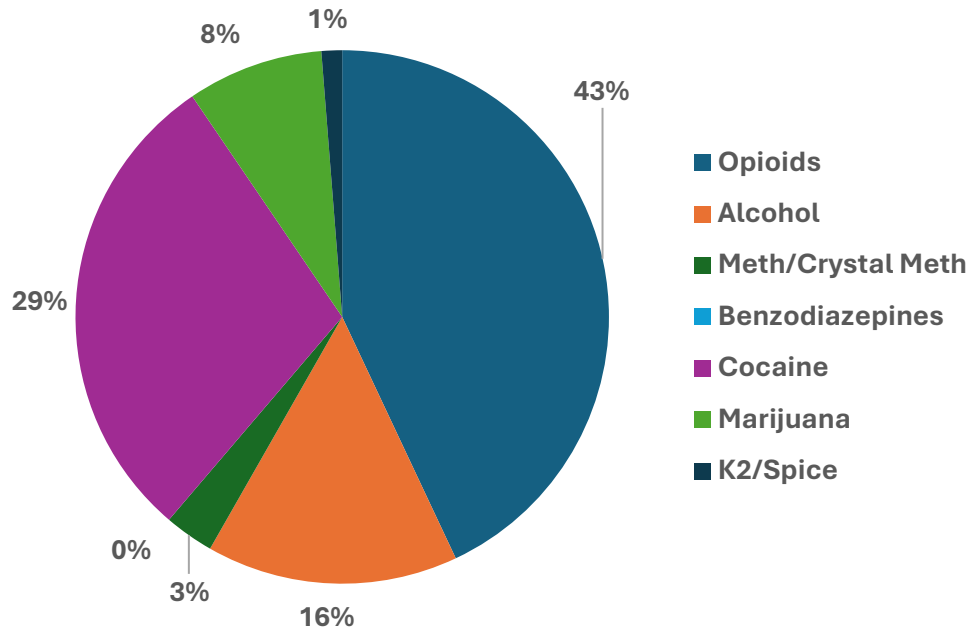
- Walk in Treatment
- Immediate access to Bup
- Mental Health Triage – Psychiatrist within 24 – 48 hours
- Immediate access to food, clothing, personals at admission
- Annual review of 30 and 90-day retention

What PRC has added:

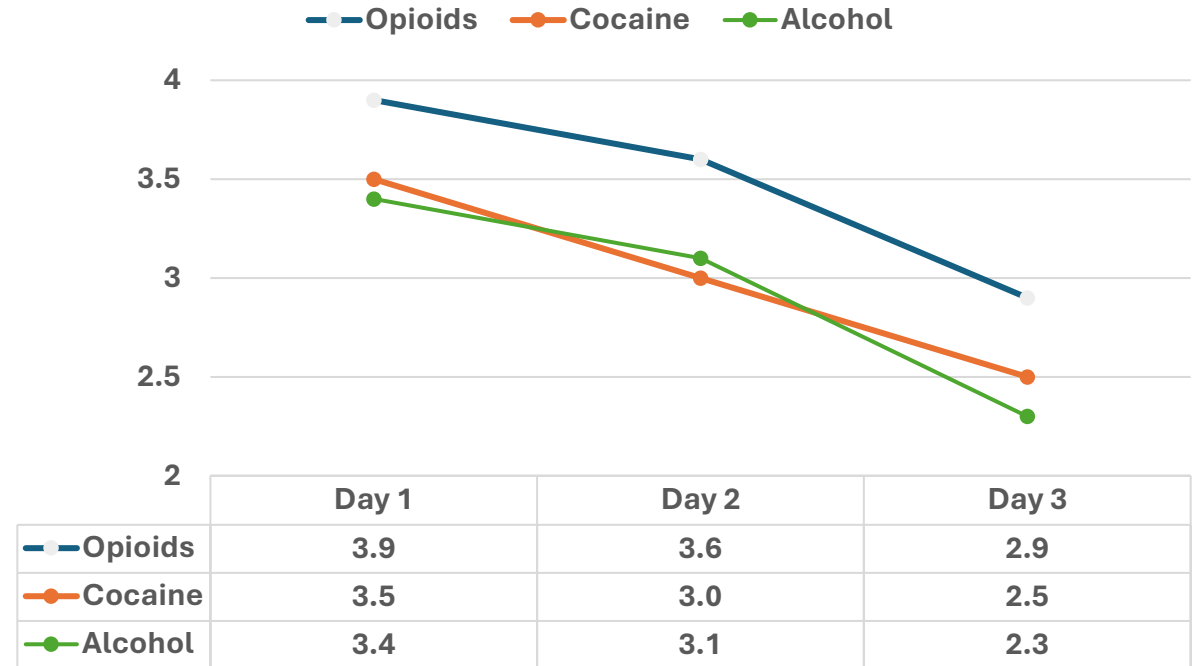
- Client Choice for Immediate access to Buprenorphine or Methadone at Admission
- Increased Client Bup dosing choice for initial WMS
- Client Surveys to measure withdrawal symptoms over the first 3 days from the client’s view.
- Over the Counter Comfort Medications in the Residential Units for Client Use as Needed and client surveys to measure effectiveness
- Weekly review of client separations for trending and action plans to address these trends.
- 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, 7, 14 and 21-day as well as 30 and 90-day retention monthly

Phase 1 Survey – Engagement/WD Symptoms (N=258)

Self Reported Primary Substance



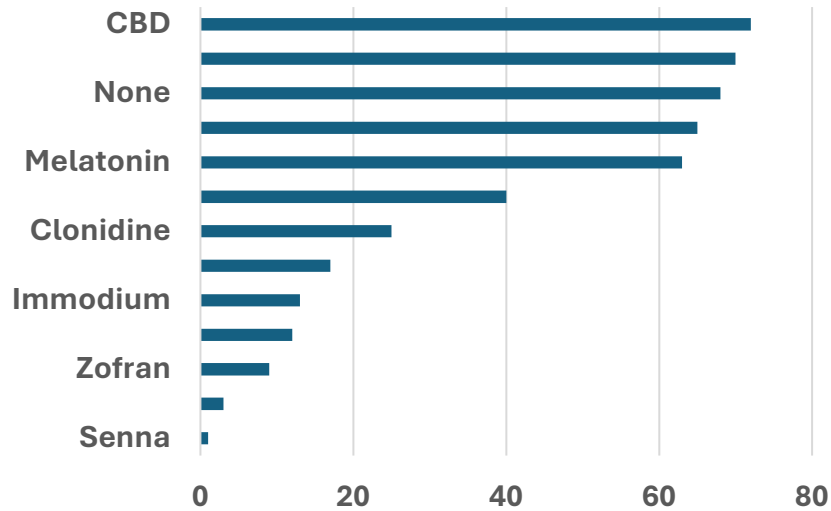
Withdrawal Severity by Primary Substance (Scale of 1 to 5)



1=No symptoms 5=Severe symptoms

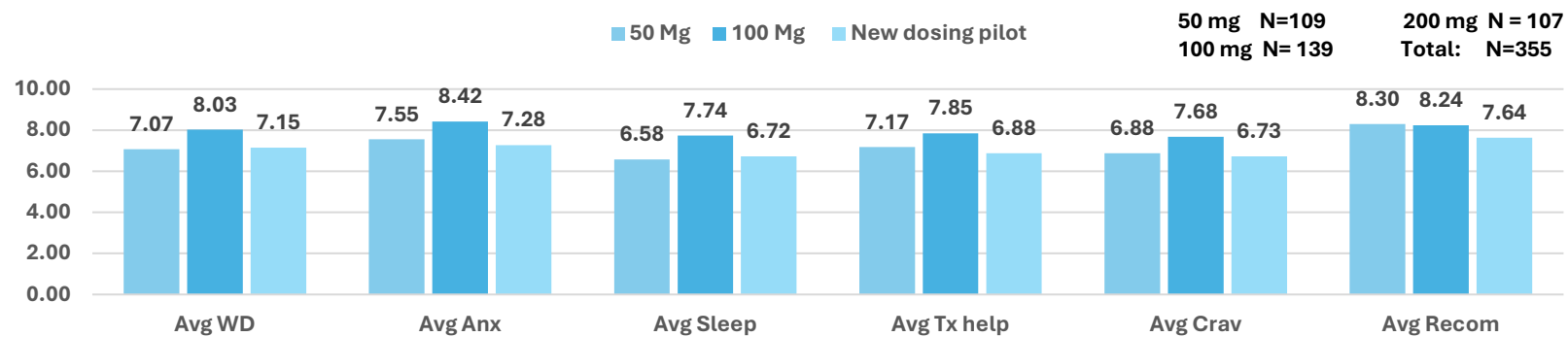
PRC Client Reports of Withdrawal Symptom Reduction by Comfort Medications

Client Report of Use of Comfort Medications



Comfort Med Helpfulness by Primary Substance	Avg (1 to 5)
Fentanyl or Fentanyl with Cocaine	3.18
Heroin	3.33
Other Opioids	3.25
Cocaine	3.42
Alcohol	2.86
Cannabis	2.69
All Combined	3.28

CBD Protocol Comparison



Powell - Recovery within Reach – The Outcomes

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

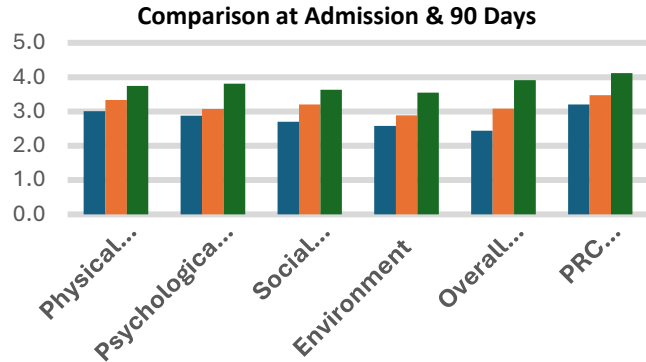


In FY25 70% of clients completing 30 days, stay in treatment for 90 days.

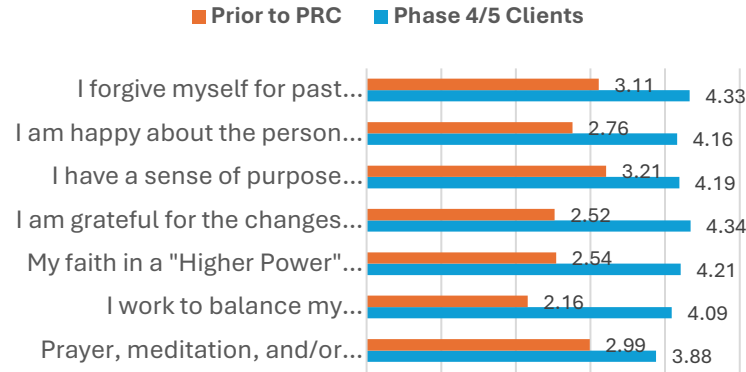
Practice-Based Evidence

PRC is collecting Client Surveys & Data to Shape Better Treatment

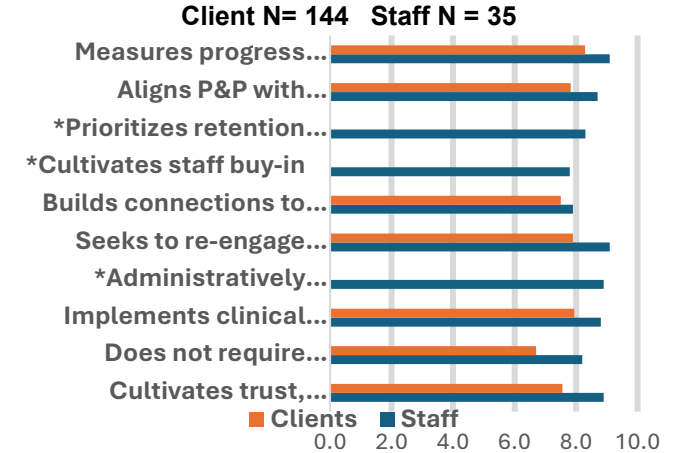
Quality of Life Assessment
WHOQOL BREF - Domain Averages (1 to 5 weighted scoring)



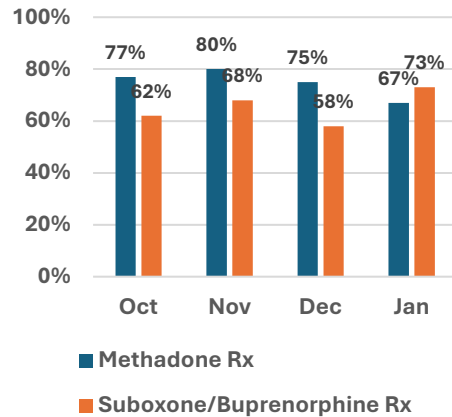
Client Survey of Spirituality/ Resilience
at <=120 days in Treatment on a 5 Point Scale (N=125)



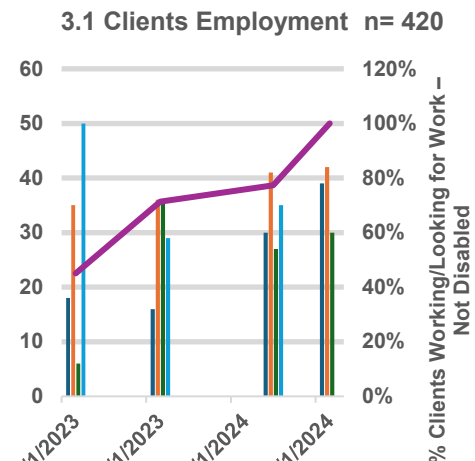
Client & Clinical Staff Survey on ASAM Guidelines for Engagement & Retention



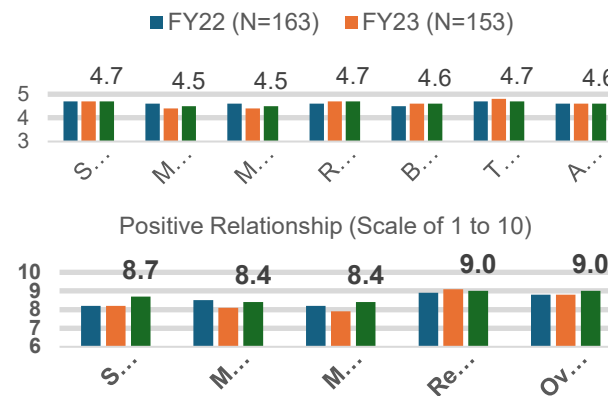
PRC Client Retention Oct 24 thru Jan 25
% staying 30 or more days
Methadone & Buprenorphine



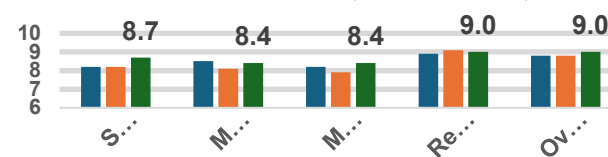
Client Employment/Job Readiness



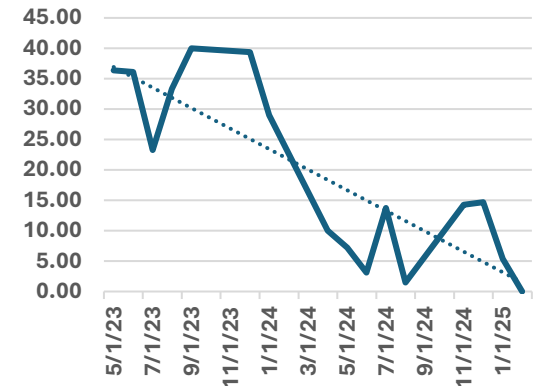
PRC Client Satisfaction - 360° Treatment Experience
Professionalism of Staff (Scale of 1 to 5)



Positive Relationship (Scale of 1 to 10)



% Xylazine Positive Intakes



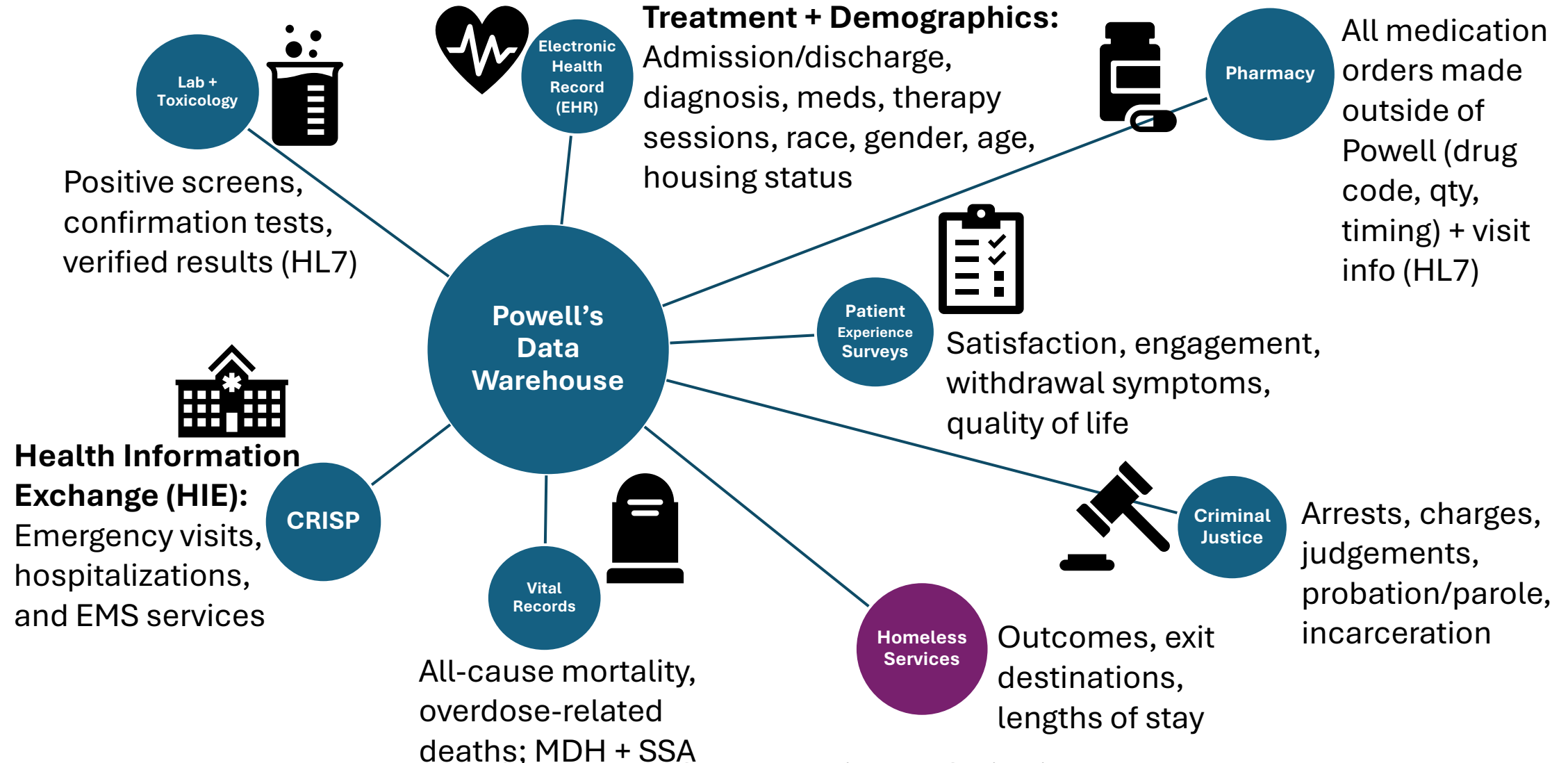
The Blind Spot is Post Treatment Success



The Status Quo is the Problem

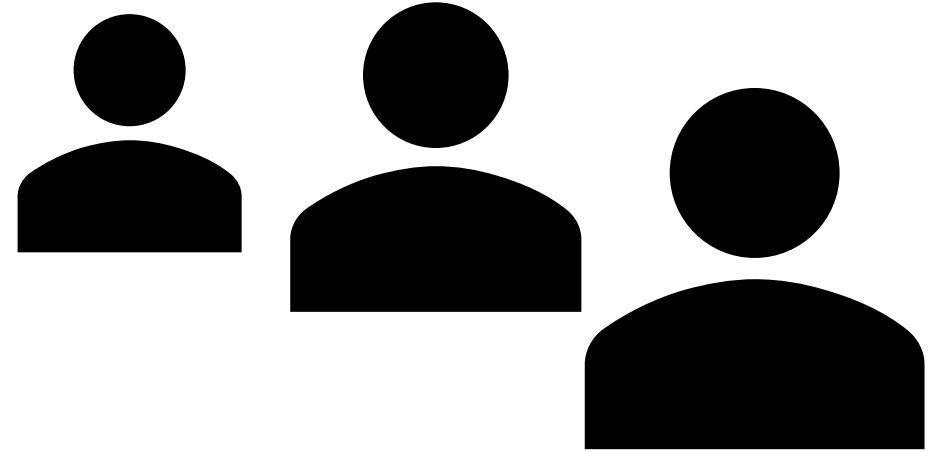
- As an industry, providers aren't able to follow what's happening after clients leave treatment yet for 70 years the statistics hold that 40% of clients leave treatment in the first 30 days. This is a huge blind spot.
- *The Urgency of Now* has 100% of focus on the current treatment episode.
- Reimbursement models now only accounts for current treatment but that may be changing with value-based reimbursement models.
- A comprehensive data warehouse for Practice-Based Evidence for real time treatment adjustments does not exist. Scholarly research is retrospective generally by at least a 2-3 years.

A Unified Longitudinal View of Recovery



Three Client Journeys

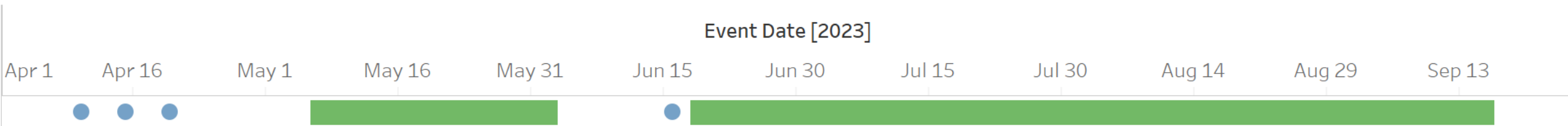
- Meet Alan, Brad, and Charlie
- All fentanyl-dependent
- All 40-45 years old, African-American
- All without stable housing at intake
- All with 3-7 ED visits in the 30 days prior to intake at Powell



Three different outcomes...

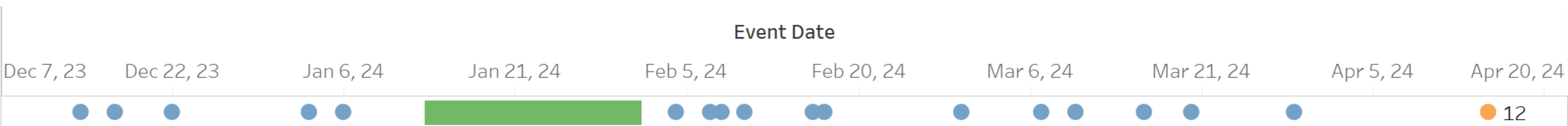
Client “Alan” – The Survivor

- 43 y.o. A-A, unhoused
- Fentanyl dependent
- High ED prior to admission (3)
- Relatively short stay (28 days)
- ED after discharge (13 days)
- Readmitted after ED (2 days)
- Long stay at Powell (91 days)
- No ED visits and **alive** (+740 days)



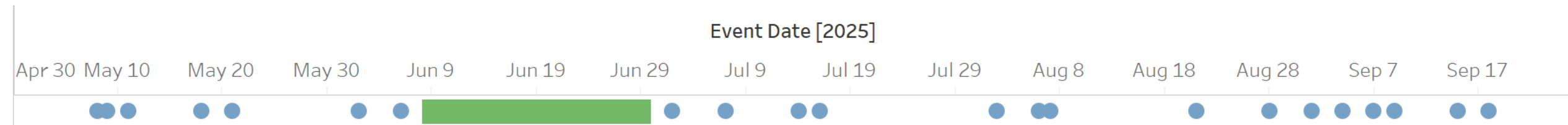
Client “Brad” – The Loss

- 41 y.o. A-A, unhoused
- Fentanyl dependent
- High ED prior to admission (5)
- Short stay(13 days)
- 12 ED visits in 2 months
- Died of overdose
- 74 days after discharge



Client “Charlie” – The Opportunity

- 45 y.o. A-A, unhoused
- Fentanyl dependent
- High ED prior to admission (7)
- Short stay (21 days)
- 15 ED visits since leaving Powell
- Alive but **AT RISK**



From Stories to Scale

4+ years of client treatment journeys
Patterns of survival
Patterns of loss
Pathways to opportunity



How did we do?



What can we do?

What Can We Do? From Scale to Individual Client Outreach

- **815** residential treatment clients
 - Admitted to Powell within the past 365 days
 - 3.1/3.5 level of care
 - Active + discharged
- **1,258** emergency department visits
 - Previous 365 days
 - **833** ED visits BEFORE admission to Powell (66%)
 - **425** ED visits AFTER admission to Powell (34%)
- **165** Powell clients in the ED
 - Previous 365 days
 - Represents 20% of clients (165/815)

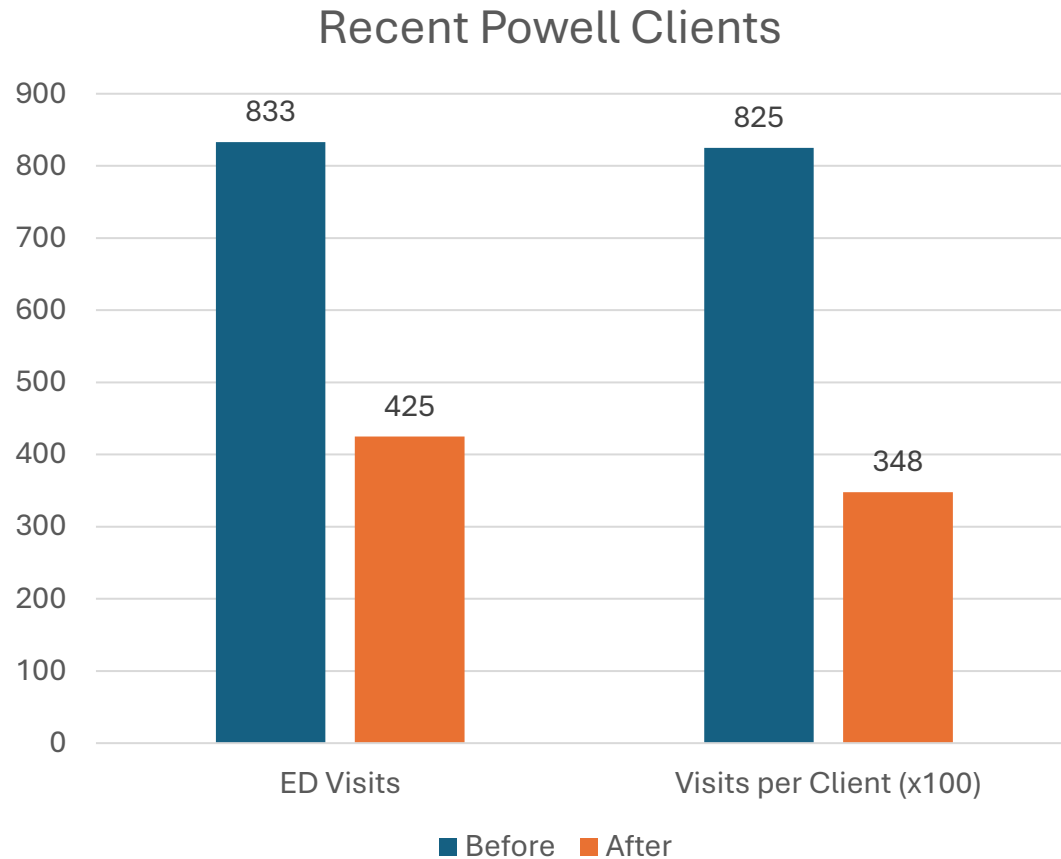
815 admissions
to Powell

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graph TD; A[815 admissions to Powell] --> B[1,258 emergency department visits]; B --> C[165 unique clients in the ED];
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1,258 emergency
department visits

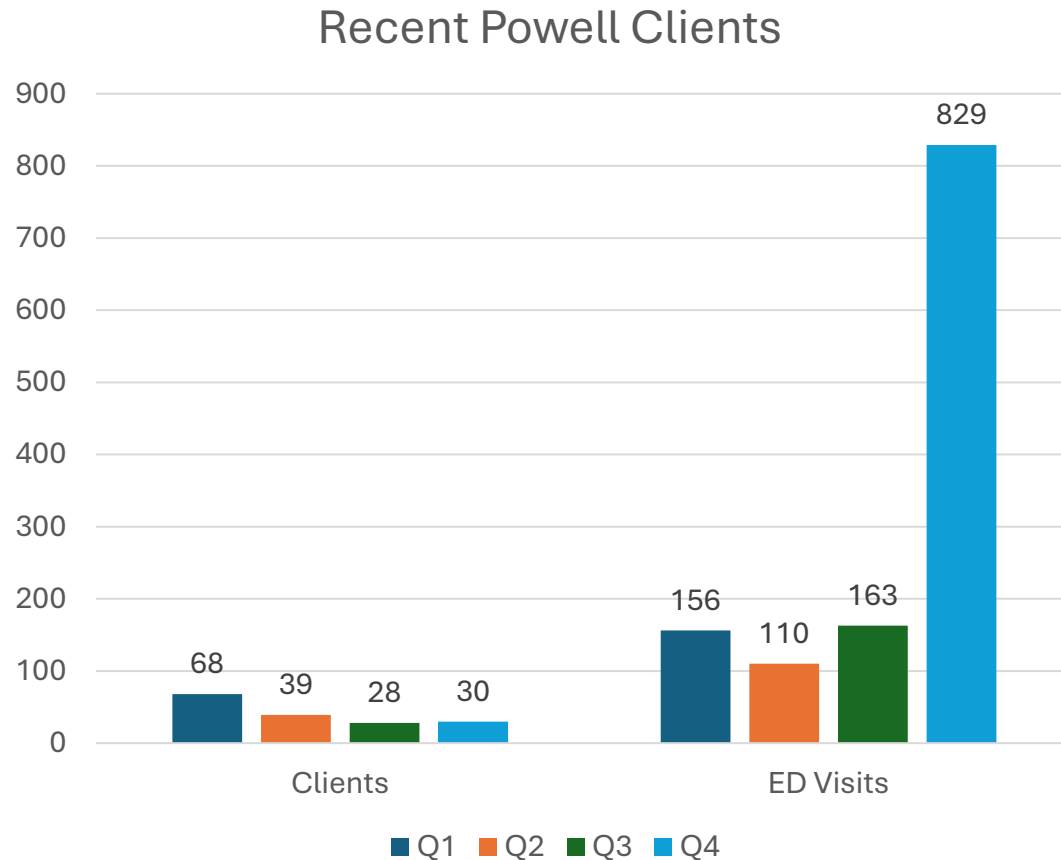
165 unique
clients in the ED

Powell Bends the Curve



- **52%** reduction in ED visits
- **62%** reduction in ED visits per client
- **44%** of Powell clients with an ED visit before admission have *no* ED visits after admission to Powell

High Utilizers Drive the Cost Curve



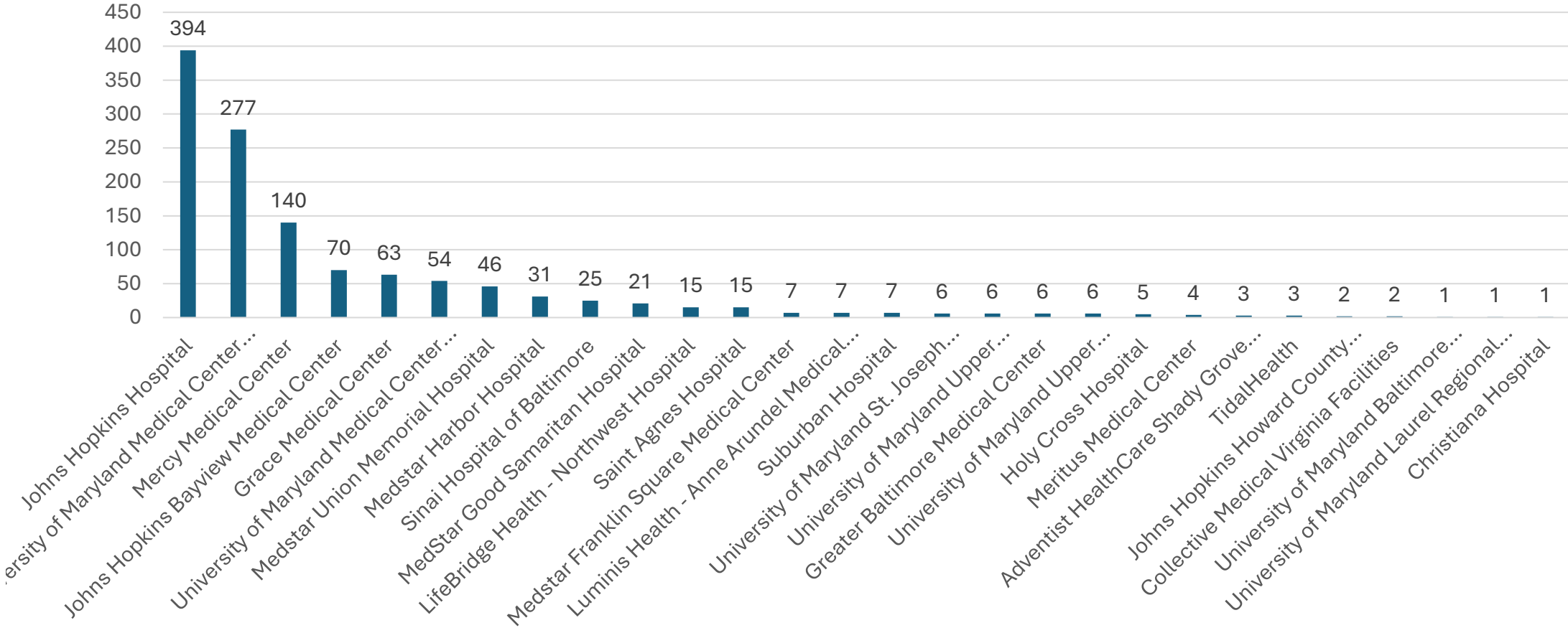
- “Quartile” Methodology:

- Q1: 1-2 ED visits
- Q2: 3-4 ED visits
- Q3: 5-9 ED visits
- Q4: 10 or more ED visits

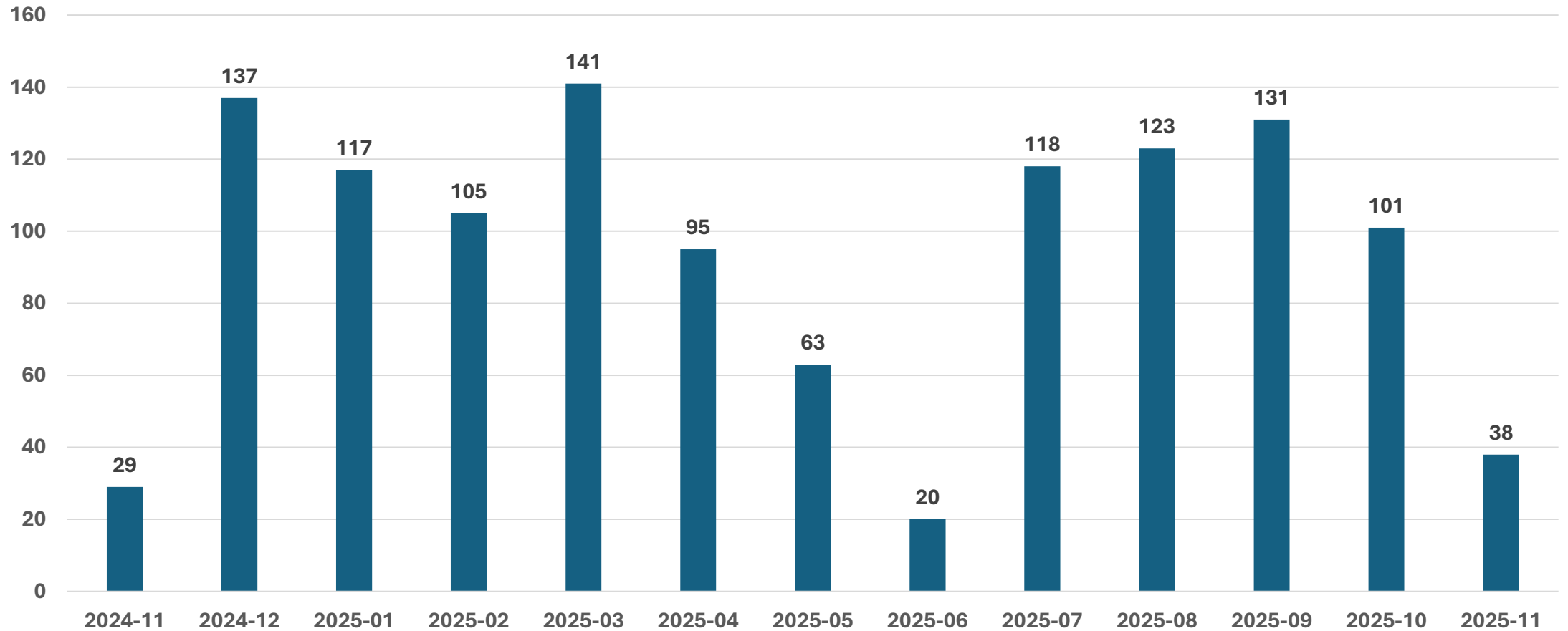
- Uses ED visits with 365-day lookback for visit count

- 66% of all ED visits coming from **only 30 clients**

With the Data Warehouse We Know Where These Clients are Going

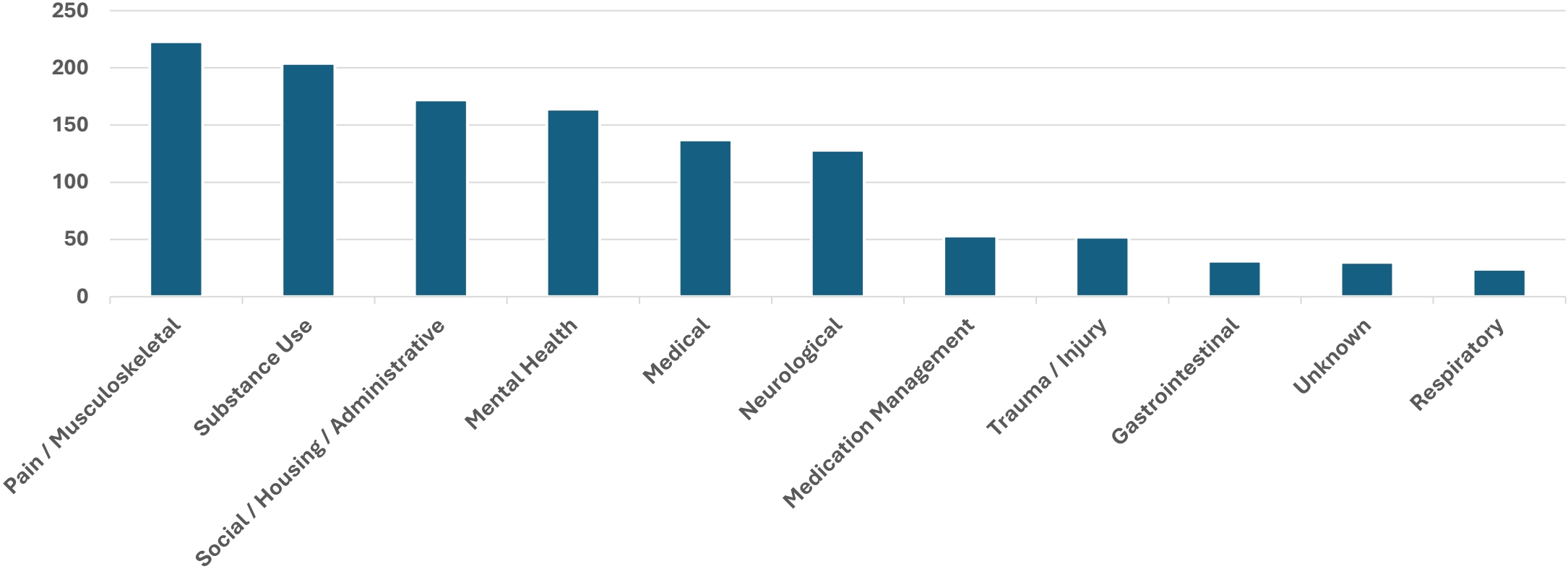


We Know When They are Arriving



We Know Why They are Coming to the ED

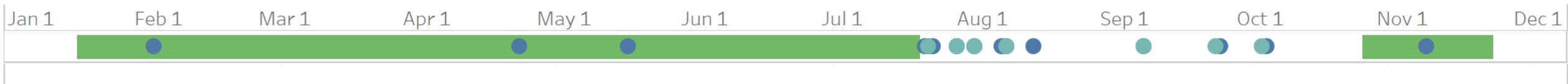
By Diagnosis



From Analysis to Client Level Data

Client “Xavier” – Another Survivor

- 45 y.o. A-A, unhoused
- Fentanyl dependent
- 10 ED visits in the past year
- Two admissions to Powell
- First admission (185 days)
- 3 ED visits in first admission, all medical related (hypoglycemia)
- 7 EMS and 6 ED visits following discharge
- Includes 3 psychiatric episode
- Back at Powell now (+29 days and counting)
- 1 ED visit (hypoglycemia)



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