Task 8: Findings

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Results of the evaluation

My agency is Lifeworks BHS and I’m evaluating their substance abuse disorder program. Through interviews, I found that the program has a lot of work left to do but has helped and made a positive impact in its local community and is trying to help in such a severe area that effects Cleveland, Ohio. I see the program as one of the many sources people can use to stay clean and keep fighting their battle of addiction. I found a lot of flaws in the program and agency, but I knew I would as they are new and small. From my interview with some of the participants they explained to me how great and helpful the staff are and how they preferred the smaller program because they felt more connected and taken care of since it was so few of them and not a lot of other participants. They explained how even the agency’s CEO/ founder comes in and speaks to them and his own journey through addiction. The participants express their wish to more frequently meet and be able to set meeting and do walk ins on days they are really suffering.

The CEO explains going to the source to get their participants through drug court, prisons, and detox centers and what he feels need to improve in the program which matches with my findings. He also spoke on his goals for the company, such as expanding out of the city of Ohio. We spoke briefly on the connected programs to the substance abuse disorder (SAD) program such as the prison reform program and how one of them just went through it and how they are helped him learn job skills and find employment and housing, so he had less to stress over when it came to remaining clean. The program participates complained on the wait time between being seen and group meetings because the agency is small. When interviewing the CEO, we spoke on his view of the short comings of the program such as the amount of specialist and location. The agency being new has plenty of problems, and they are working on it and the programs participates are patient and don’t mind helping them to grow along the way as they keep their faith, connection, and recovery.

# Evaluation Conclusion

My conclusion is that the program is doing what it is meant to do but needs to do it in a more consistent manner. It educates and supports the member’s during their recovery. The program supports people after detoxing, prison, and drug courts. The program needs to consider hiring more qualified peer-to-peer support employees to better service their clients and to decrease wait time in between meetings and consultations. The program and agency have a lot to work on to better service their community and participates. The agency and its program have good intentions and once it grows, I feel it will be a great asset to the community and fighting the war on drugs.

I would also suggest the agency to work with other agencies, both local and non-local treatment facilities such as detox centers, prisons, drug courts, and to take referrals outside of the county, as they have been doing, but later after better servicing the area they currently are in. While it is good to go to highly affected areas you shouldn’t stretch yourself out too thin. Worry about servicing who you can now and once you have more employees spread your outreach. More focus needs to be on the current participates as they feel taken care of but still wish for more frequent group and individual meetings and consultations.

## Implications

My finding can only improve and positively impact the agency’s program if considered and changed. The program is lacking in manpower, time, and trying to do too much at once. These findings currently negatively impact the program and agency because the program participates are starting to notice and complain about the frequency on meetings and consultation. The turn around time is terrible and the agency is still asking the program to do more when they can’t because of manpower. There are people who want to work for the agency is the SAD program, but they aren’t trained properly yet, so they are let in but can do limited amount of things and because of this, wait times are longer which effect the clients leading to stress and while they wait, it increases the chances of relapse. My findings can only positively impact the program if my suggestions are considered and immediately tested out because as of now the program is suffering. Due to the lack of time and manpower service is being impacted. There aren’t enough people to host meetings and groups as well as do follow up on all the things clients are going through or need regarding their substance abuse and preventing relapse.

### Recommendations

My recommendations are as follows: train and hire more qualified people, reach out to schools in the area with people due to graduate soon and start training them and make them offers and do internships to easily find qualified and possible hires. Set a limit on clients serviced so that employees aren’t over worked, can take care of clients, and do other tasks to help to grow the program. While some people like smaller program sizes you can still grow your agency and hire more people but keep the actual meetings small. They also still get their consultation and have their own person on contact. By hiring more qualified employees it reduced workload per employee, as well as allow more people available to run meetings and do check in’s, community outreach, and go out and educate SAD individuals.

 Focusing on the main area at hand will allow you to better decrease or treat SAD affected population’s bit by bit and allow you to better research and experiment if you focus efforts in on areas at a time and when you see progress or solutions you can go about expanding slowly. Being a small company as is make for limited implication of treatment and services provided. My findings will allow the service to be more effective and concentrated resulting in better outcome and turnout. This will result in a positive influence on those serviced and the agency itself. If focus is put on the area currently serviced, then as they improve they will spread via word of mouth how effective and how the agency has helped them bring in more clients and spreading your reputation but first as stated above more trained employees are needed for more effective treatment and service. More trained employees will also impact the program and agency positively because it will allow the agency and program to help more and to extend their reach when you have enough people to do as you want done. Also, bringing in new people can allow for an outside opinion and fresh set of eyes on current situations.

#### Goals

1. Getting increase grants and state/federal funding so that you may be able to hire and pay for the other future goals.
* Build reputation
* Going to city council meetings and networking there thus raising trust
* Fundraising
* Applying for grants.
1. Training any current volunteers and employees’ not up to par and recruit new people as needed.
* recruit people who may already be trained
* Have current employees who are thoroughly trained, train the volunteers
* Make connections with local colleges and students majoring in the field of social work and substance abuse and giving them internships and hiring them on as well.
* Let the trainees/volunteers/interns sit in on meetings and consultations.
1. Increase group meetings and personal/private meetings/consultations. Consistency is key here when it comes to substance abuse because it is seen a constant battle, and someone can relapse at any time
* Conducting and offering more NA meetings at many times throughout the week.
* Host not only general groups meetings but tailored meetings for those who drug of choice may have been cocaine, meth, etc.
* A suggestion here is to also every so often at the end or close to the end of the meeting asking for feedback and open a discussion to help improve care where the clients can give their input.
1. Once things are more situated and running smoothly the next goal is to implement a schedule to alternate work days and schedules and moral boosters etc. because in a field like this your employees can get overwhelmed or not enough time with family and your well-being of your employees is just as important as the clients.
* Have set hours of operation, because of the field type
* I’d also have people on call or with an after hours phone to take emergency calls and to have a list of people to watch or check up on like those new to the program or newly in recovery, a high risk sort of thing, and have that task alternate every week or two around the program office among employees.
1. From here the next goal would be slowly expanding and covering other highly inflected areas within the area already serviced
* Start networking with local treatment facilities in other counties
* Set up a referral service with them to Lifeworks
* Go in person and giving presentations and such to their patients.

##### Related Article*.*

With peer support services becoming such a huge accepted part of the treatment of substance abuse disorders with them providing a more extensive lineup of services than typically associated with other types of mutual support groups. The article I have chosen is related to my evaluation because it talks on how important and involved and connected individuals with SAD benefit from peer to peer service which is one of the main services Lifeworks SAD program focuses on. They have multiple types of Peer to peer support groups such as one’s tailored to meth, cocaine, heroin, etc. They get referrals from local treatment facilities, drug courts, and such because of how good their peer to peer support is. Peer support groups help people set recovery goals, develop a plan, and work toward and maintain recovery on a rawer setting than typical therapy. The article talks about how Peer to peer support group attendance reduced relapse rates, increased treatment retention, improved relationships with treatment providers and social supports, and increased satisfaction with the overall treatment experience on a moderate level. Peer recovery support provider’s goal is to help individuals achieve and maintain recovery. It supports my suggestions and findings in areas needing improvement and how.

References

Reif, S., Braude, L., Lyman, D. R., Dougherty, R. H., Daniels, A. S., Ghose, S. S., … Delphin-Rittmon, M. E. (2014). Peer Recovery Support for Individuals with Substance Use Disorders: Assessing the Evidence. *Psychiatric Services*, *65*(7), 853–861. doi: 10.1176/appi.ps.201400047