3 Promising Practices
Transfer between Levels of Care

The Problem

In 2004, an estimated 23.4 million Americans aged 12 or older were classified with dependence on or abuse of either alcohol or illicit drugs. In the same year, just 2.33 million received some level of treatment.[i] For those who do access services, retention in treatment is poor: approximately 51% of those who enter treatment stay engaged long enough to complete treatment.[ii] These statistics highlight one of the most prominent challenges faced by the addiction treatment field today: many people who enter treatment do not complete the necessary course of treatment required for success.

To overcome the barriers associated with the access and retention gaps, members of the Network for the Improvement of Addiction Treatment (NIATx) have used rapid Plan-Do-Study-Act (PDSA) cycles[iii] to test promising practices for increasing client engagement between levels of care within their agencies.

Client transitions between levels of care keep the client engaged in treatment. Successful transfer between residential and outpatient care or detoxification and outpatient care is associated with significantly better outcomes[iv,v,vi,vii,viii,ix]. These long-term client outcomes include: addiction-related illnesses, risk-adjusted substance use, family and legal outcomes, psychiatric bed utilization, and abstinence [x,xi,xii,xiii].

As of July 2005, NIATx agencies that worked towards improving client transitions across levels of care have realized increased continuation between levels of care (e.g., residential to intensive outpatient), reduced timeliness (from discharge to first treatment at the next level). As a result, these agencies also experienced increased admissions to the next level of care and demonstrated beneficial impacts on the business case for process improvement. The following examples describe different promising practices for increasing client continuation across levels of care in the treatment continuum, tried and tested by the members of NIATx.

The Pre-requisites

An important initial step for any treatment agency wishing to increase client continuation across levels of care is to carefully identify the problem, either through the use of a walk-through or a client focus group.. From here, areas for improvement can be uncovered and targeted. Additionally, it is imperative that agencies always encourage client engagement in treatment. In the absence of this encouragement, clients will be more likely to drop-out early, thus threatening continuity, completion and ultimate success.[xiv]

The Promising Practices

Several factors, including client base, organizational structure, and staffing, will help determine which of these approaches may be most effective for a given clinic or treatment center.

All practices outlined have shown promise within NIATx. The list is current as of December 05 and may change based on 1) continued practice evaluation; 2) empirical research; and 3) evolution within the field.

1. Creating Client—Counselor Linkages

Clients transferring from one level of care to the next often do not understand what to expect or have any idea who their counselor might be. This uncertainty in the transfer process may discourage clients from making a commitment to move to the next level of care. Treatment agencies in NIATx have introduced changes to create client counselor linkages that allow clients to experience the next level of care in advance.

For example, within NIATx:

- Prairie Ridge in Mason City, IA scheduled a "joint 1:1" appointment which included the client, the Residential counselor and the "new" Outpatient (OP) counselor the week of the planned transition. The client also had weekly 1:1 appointments with the new OP counselor for four weeks, starting the week after transition. These changes increased continuation for clients discharged from Residential to OP from 18% to 62.5%.
- Acadia Hospital in Bangor, ME had counselors from their intensive outpatient program (IOP) visit clients in inpatient detoxification to explain the IOP program and personally invite them to attend. This change increased the number of clients who continued from IP Detox to IOP from 55% to 75% and increased the number of IOP admissions from IP Detox by 45.5%.
- Signal Behavior Healthcare in Denver, CO established a standard protocol for client transfer from IOP to OP, including a requirement to link the client with their OP counselor.
- Port Human Services in Greenville, NC changed their procedures so that the client's first aftercare appointment with their counselor would take place while the client was still in Detoxification and the second aftercare appointment would be scheduled during that session. This change improved the percentage of clients who continued from Detoxification to Aftercare from 61.9% to 80.9%

2. Eliminate Barriers to Continuation

In some cases, processes such as obtaining pre-authorization, transfer of client paperwork, or even the absence of a procedure for connecting to the next level of care may create barriers that inhibit or discourage the client from transfering to the next level in the treatment continuum. Agencies have introduced changes to their pre-authorization procedures. They have also made changes to promote, seamless transfer of essential paperwork. In some cases, implementing client attendance requirements affected client admissions to the next level of care and increased continuation across the treatment continuum. This change also reduced wait time between discharge from one level of care and first treatment at the next level.

For example, within NIATx:

- Signal Behavior Healthcare in Denver, CO called for pre-authorization prior to the client's discharge from intensive outpatient to outpatient.
- Central New York Services in Syracuse NY implemented a change that required counselors to call and initiate the referral to the next level of care, increasing referrals by 86%.
- Patrician Movement in San Antonio, TX changed their procedures to allow for a seamless transfer of client paperwork from Residential to OP. When combined with other changes, this increased the percent of clients who continued from Residential to OP from 10 to 30%.
- Jackie Nitschke Center in Green Bay, WI required clients transferring from IOP to Aftercare to attend the first five aftercare sessions and allowed clients from the same IOP group to transfer into the same aftercare group. These changes increased the % of clients attending the first five aftercare sessions by 118% (from 38% to 83%) of clients; aftercare completion by 41.7% from 48% to 68%; continuation for the first four aftercare sessions by 51.2% from 54.8% to 82.8% and decreased the time from IOP discharge to the first aftercare session by 40.3% from 6.3 to 3.7 days.

3. Peer or Counselor Learning

Clients transferring from one level of care to the next often do not understand what to expect or have any idea who their counselor might be. This uncertainty in the transfer process may discourage clients from making a commitment to move to the next level of care. By learning from other clients or even the counseling staff about the expectations and requirements for the next level of care, clients can make a well-informed decision about continuing to the next level of care or even post-treatment groups, such as AA or agency-sponsored alumni groups.

For example within NIATx

- Patrician Movement in San Antonio, TX invited residential alumni members to present their experiences to outpatient groups. This change, when combined with other changes, increased the percent of clients who continued from Residential to OP from 10% to 30%.
- Jackie Nitschke Center in Green Bay, WI allowed clients who had successfully completed 10 aftercare sessions to attend an alumni session and have that count as an aftercare session. With this change, the number of clients who completed aftercare and continued to an alumni group increased from 3.5% to 20%.
- Pallidia in New York, NY implemented staff presentations about continuing care services in their residential facility. This change increased the number of clients admitted into continuing care from 34% to 88%.

For more information on the application of these and other promising practices, visit the NIATx website: www.NIATx.net

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[i] Substance Abuse and Mental Health Services Administration. (2005). Overview of findings from the *2004 National Survey on Drug Use and Health* (Office of Applied Studies, NSDUH Series H–27, DHHS Publication No. SMA 05–4061). Rockville, MD).

[ii] Office of Applied Statistics. Substance Abuse and Mental Health Services Administration. (2003). *DASIS report: treatment completion in the treatment episode data set* (TEDS).

[iii] Shewhart, Walter A, and W. Edwards Deming. (1939). *Statistical method from the viewpoint of quality control*. Washington: The Graduate School, The Department of Agriculture.

[iv] Lash, Steven J. "Increasing Participation in Substance Abuse Aftercare Treatment." *American Journal of Drug & Alcohol Abuse* 24, no. 1 (1998): 31-36.

[v] Gernstein, D. R., and H. J. Harwood. *A Study of the Evolution, Effectiveness, and Financing of Public and Private Drug Treatment Systems*. Washington, DC: National Academy Press , 1990.

[vi] Hubbard, R. L., S. G. Craddock, P. M. Flynn, J. Anderson, and R. M. Etheridge. "Overview of 1-Year Follow-Up Outcomes in Drug Abuse Treatment Outcome Study (DATOS)." *Psychology of Addictive Behaviors* 11, no. 4 (1997): 261-78.

[vii] McLellan, A.T. “Evaluating Effectiveness of addiction treatments: Reasonable Expectations, appropriate comparisons. In: Egertson, J.A., D.M. Fox, A.I. Leshner (eds). *Treating Drug Abusers Effectively.* Malden, MA: Blackwell Publishers

[viii] Aszalos, Rita, David R. McDuff, Eric Weintraub, Ivan Montoya, and Robert Schwartz. "Engaging Hospitalized Heroin-Dependent Patients Into Substance Abuse Treatment." *Journal of Substance Abuse Treatment* 17, no. 1-2 (1999): 149-58.

[ix] Caplehorn, John R. M., and M. Stella Y. N. Dalton. "Retention in Methadone Maintenance and Heroin Addicts' Risk of Death." *Addiction* 89, no. 2 (1994): 203-9.

[x] Moos, Rudolf H. "Addictive Disorders in Context: Principles and Puzzles of Effective Treatment and Recovery. [Article]." *Psychology of Addictive Behaviors* 17, no. 1 (2003): 3-12.

[xi] Wallace, A. E., and W. B. Weeks. "Substance Abuse Intensive Outpatient Treatment: Does Program Graduation Matter?" *Journal of Substance Abuse Treatment* 27, no. 1 (2004): 27-30.

[xii] Aszalos, Rita, David R. McDuff, Eric Weintraub, Ivan Montoya, and Robert Schwartz. "Engaging Hospitalized Heroin-Dependent Patients Into Substance Abuse Treatment." *Journal of Substance Abuse Treatment* 17, no. 1-2 (1999): 149-58.

[xiii] Caplehorn, John R. M., and M. Stella Y. N. Dalton. "Retention in Methadone Maintenance and Heroin Addicts' Risk of Death." *Addiction* 89, no. 2 (1994): 203-9.

[xiv] Hoffman, J. A., B. D. Caudill, J. J. Koman, J. W. Luckey, P. M. Flynn, and R. L. Hubbard. (1994). Comparative Cocaine Abuse Treatment Strategies: Enhancing Client Retention and Treatment Exposure. *Journal of Addictive Diseases* 13, no. 4: 115-28.