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HIGHLIGHTS...

Offenders have high no-show rates, but a new report on treatment programs working with Proposition 36 clients provides recommendations on reducing no-shows, as well as on getting clients employed. Promising practices include those fostered by the NIATx process improvement approach. And job assistance, while best done when job training is incorporated into the program, can also be provided inexpensively, the report shows. *See story, top of this page.*

Treatment outcomes for adolescents can be improved by involving their parents in sessions, a program in Oklahoma has found. The duration of treatment is shorter, which is an incentive for parent participation. This benefits the bottom line as well because of new revenue sources provided by family members. *See story, bottom of this page.*

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Proposition 36 report identifies promising practices in treatment of offenders

Treatment alternatives to incarceration could have better outcomes with the increased use of employment assistance for offenders and process improvements for providers, according to a new report on California's Proposition 36. Released last week by the state's Department of Alcohol and Drug Programs (ADP), the annual report was completed by the University of California Los Angeles Integrated Substance Abuse Programs (UCLA ISAP).

Proposition 36 is the Substance Abuse and Crime Prevention Act (SACPA), the 2000 initiative under which addicted offenders can be diverted to treatment instead of incarceration. The report, released Oct. 14, for the first time identifies new

promising practices in process improvement that can improve outcomes for Prop. 36 clients.

The process improvements were accomplished using the model developed by the Network for the Improvement of Addiction Treatment (NIATx) under a demonstration project conducted in seven Los Angeles County treatment programs. The programs followed NIATx methods to select, implement, and test innovative strategies aimed at increasing the show rates for assessment and treatment, and the treatment completion rate. There was an 80 percent reduction in assessment no-shows as a result of the 2005-2006 project.

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Okla. agency finds creative application of incentives to spur family involvement

An outpatient addiction services agency in the Oklahoma City area has found an uncommon way to engage family members whose previous involvement with their teen's treatment ended when they dropped off the youth at the front door.

By offering youths a shorter overall treatment stay if their parents agree to attend weekly family sessions with them, the program has been able to address larger family issues in treatment and even to identify new revenue sources from within the family.

"We were just trying to brainstorm ideas; we all know that addiction is a family disease," Mike Maddox, adolescent program direc-

tor at Specialized Outpatient Services, Inc. (SOS), told *ADAW*. "In shortening treatment we believed that with family participation, youths would benefit more than they would if they spent more time in treatment but with no family involvement."

The idea of offering an incentive based on treatment stay rather than a typical reward of cash value arose out of both financial necessity and an entrepreneurial spirit in the Oklahoma agency. SOS leaders attribute the latter to their four years of participation in programs under NIATx, a University of Wisconsin-affiliated organization that has been the cata-

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No shows are a significant problem for the offender population, said Darren I. Urada, Ph.D., principal investigator of UCLA's Proposition 36 evaluation and author of the report. "With Proposition 36, people go to the court, they get convicted, and the court says go get assessed," Urada told *ADAW*. "Then they go to the assessment center, and then they go to the treatment center." This gives them two chances — assessment and treatment — not to show up.

The report found that more than 50 percent of no-shows were due to the offenders using drugs again before getting into treatment. This underscores the need to get people into treatment as quickly as possible.

That's why the UCLA researchers have always recommended that assessment be located within the court and done immediately after conviction. However, the NIATx project in Los Angeles County showed that there are less costly ways to improve the no-show rate.

NIATx process improvements

"I'm most excited about the NIATx project, because the pilot program proved it works," Urada told *ADAW*.

The strategies were selected by staff at each program, and most

showed modest to significant improvements in no-show rates, counseling session attendance rates, and treatment continuation rates. Even a modest reduction in no-show rates was linked to increased reimbursement due to the added counseling sessions.

In NIATx, there are four steps to process improvement: 1) Define a goal that is reasonable and measurable; 2) Established a change team; 3) Use PDSA (Plan-Do-Study-Act) in a rapid cycle, including collection of data before, during, and after a change; and 4) Make adjustments to continually improve and sustain changes.

The heart of the NIATx model is the rapid cycle change. Instead of studying and waiting months for results, the results are measured and acted on immediately.

Urada stressed that programs must be committed to the entire NIATx program to get these results. "You can't just do one part of it," he said. "If you just do walk-throughs, then you know what needs to be changed, but if you don't monitor the results, you don't know if your changes helped." In addition, for every program the process improvements that are necessary will differ.

Before the 2005-2006 NIATx pilot, the no-show rates for the Los Angeles County treatment programs were dismal. About 25 percent of

the people scheduled for an assessment in this system failed to show up, and another 25 percent of those assessed and referred for treatment didn't show up for treatment. In addition, 25 to 50 percent of clients dropped out in the first 30 days.

Funding for the pilot came from the Center for Substance Abuse Treatment for a maximum of \$10,000 for logistics costs. Staff time was provided in kind by the NIATx National Program Office, the PSATTC, and the Los Angeles County ADPA. The process improvement coach contributed about 15 days over the 11-month tenure of the pilot project, and mentored the project director.

Measuring no-shows

As is typical of NIATx process improvements, many changes were deceptively simple and produced significant rewards.

One of the sites — the adult outpatient program of the Los Angeles Centers for Alcohol and Drug Abuse — focused on the need to collect data in order to measure whether its changes reduced no-shows. Counselors did this by logging clients' scheduled visits on a weekly basis. At the end of each week, they would indicate which sessions were attended and the number of sessions missed.

The program implemented in-

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centives for perfect attendance. The incentives were \$5 gift cards to local merchants, to be selected from a fish bowl. Clients were also given pledge cards to sign, which constituted an agreement to strive for perfect attendance. There were also potluck lunch celebrations, and clients with perfect attendance were recognized. The incentives were publicized by full-color banners hung up in the facility. Clients had a month to make up missed sessions.

As a result of these changes, the no-show rate dropped from 40 percent to 28 percent.

The biggest challenge, according to staff, was gathering data. But it paid off. Due to the 30 percent increase in attendance, revenue increased, since programs are paid based on sessions.

Job assistance

Helping the offenders find jobs was also important to the treatment of Prop. 36 clients, said Urada. Receiving employment services increases the likelihood of successful completion of treatment (in one subsample, 51 percent of clients who received employment services completed treatment, compared to 39 percent of clients who didn't receive employment services).

"We looked at all the counties," said Urada, "and some were doing better than others at getting people employed." Some of the methods that seemed to work involved "one-stop shopping" — in which a client would be able to get assistance that including job training and counseling in the same place that they were getting treatment. Unfortunately, the county that did this had to discontinue it because of budget cuts, said Urada. "So we tried to concentrate on efforts that are less expensive."

One strategy that works is to put together a list of "felon-friendly"

employers — various local companies that are willing to hire people with criminal records. The number-one reason that many offenders don't even apply for jobs is that they are afraid of having to list their offender status on the application

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Darren I. Urada, Ph.D.

form. These people face a double stigma — addiction and criminal history — and the fact that they must tell the truth on job applications can be daunting.

"You need to give them some strategies to present themselves" to prospective employers, Urada said, adding that this can be done during treatment with little or no extra cost.

Another strategy that can help a Prop. 36 client find a job is to connect with a network of graduates who have gotten jobs. "They can hook up with people who are still in treatment," he said.

The promising practices for employment assistance came out of focus groups with treatment providers who work with Prop. 36 clients, said Urada. They are not "evidence-based" the way the NIATx strategies are.

Increased use of other promising practices — including methadone treatment and residential programs — have been recommended in the past by the UCLA evaluators, and are still recommended in order to increase retention and improve

outcomes. There has already been a response. In 2006, there was a 98 percent increase in methadone treatment program clients and an 8 percent increase in residential clients among counties that requested and received funding to expand these services.

More still needs to be done, particularly in terms of adding residential treatment, said Urada. It produces better results for many Prop. 36 clients. "Right now, 85 percent of Prop. 36 clients are getting outpatient treatment," Urada said. "We need more residential."

Budget cuts

However, residential treatment is expensive and California is having a budget crisis. In fact, the UCLA ISAP is no longer officially doing the evaluation of Prop. 36. "Governor Schwarzenegger signed an Executive Order cutting our budget August 1," said Urada, noting with good humor that he was speaking to reporters about the report while "on vacation." Funding for Prop. 36 itself was cut 10 percent this year.

"Improving outcomes and accountability continues to be a major focus," said Renee Zito, ADP director. "New and promising practices recommended in the UCLA evaluation could have a positive impact on Proposition 36 outcomes."

Zito told *ADAW* that she is "encouraging treatment providers in the state to consider process improvement as part of their overall treatment effort."

She urged that treatment providers make process improvements "based on data collected that will improve outcomes, such as extending the amount of time that a client is in treatment." According to Zito, "This will increase the chances of long-term recovery, while also having a beneficial impact on the organization's bottom line." •

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