



# Promising Practice

## Offer Help while on the Waiting List

### Problem

Clients on the waiting list for a bed do not receive support and treatment.

### Solution

Provide interim outpatient services or self-help to clients waiting for a bed.

### Featured Stories

**WASTAR** in Reno, Nevada offers outpatient services to clients who are waiting for residential beds as a way to get them engaged in treatment, rather than placing them on the waiting list. Clients are able to access services, at least on an outpatient basis, in a timely manner.

**Women's Recovery Association** in Burlingame, California offers a Treatment Readiness group for clients waiting to enter residential treatment. Initially the provider funded this group; later the county provided funding.

**Perinatal Treatment Services** in Seattle, Washington offers outpatient treatment to local clients on the waiting list for residential treatment until a bed becomes available.

### Lessons Learned

- If clients are waiting for a bed in residential treatment, start treatment immediately with an outpatient group. It may turn out that they don't need residential treatment.
- Offer self-help materials.
- Refer the client to [Alcoholics Anonymous](#) or [Narcotics Anonymous](#).

### Tracking Measures

#### Cycle Measure

- Waiting time until some service is offered
- Percent continuation from first contact to admission to recommended level of care

#### Data Collection Form

[Next Available Appointment Tracking Spreadsheet](#)

### Action Steps

- Plan**
1. Calculate the percentage of clients who continue from the first contact to admission to the recommended level of care.
  2. Calculate the waiting time to first service.
  3. Identify interim services and/or self-help materials—outpatient treatment groups, orientation groups, self-help materials, etc.—that will keep clients

#### NIATx Aims

- ✓ Reduce waiting time
  - Reduce no-shows
  - Increase continuation
  - Increase admissions

#### Financial Impact

- ✓ Increase revenue
- ✓ Increase staff retention
  - Reduce costs



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engaged while waiting for another level of care.

- Do**
4. Select a few clients and one or two counselors to participate in interim services for two to four weeks.
  5. Re-calculate the percentage of clients who continue from first contact to admission and waiting time to first service.

- Study**
6. Check the fidelity of the change. Was the change implemented as planned?
  7. Evaluate the change:
    - What percentage of clients on the waiting list for the appropriate level of care actually utilized interim services or self-help materials?
    - To what extent did clients participate in interim services and/or use self-help materials?
    - What was the no-show rate for interim services?
    - Did the percentage of clients who continued to the recommended level of care after receiving interim services increase?
    - Did clients prefer interim services or self-help materials while waiting for another level of care?
    - Was it possible to provide adequate care to clients receiving interim services?

- Act**
8. Adjust the number of clients, the number of counselors, or the type of interim services offered and re-test this promising practice for an additional two weeks.

Repeat this series of steps until you are able to provide interim services to all clients that are interested, while waiting for the appropriate level of care.

### Related Promising Practices

- [Offer Groups for Clients Not Ready to Start Treatment](#)
- [Offer More Groups Instead of Individual Sessions](#)
- [Make Appointments during the First Call](#)

### Related Information

From [Motivational Interviewing](#) by William Miller and Stephen Rollnick, page 8:

Several studies have used waiting-list conditions as a control against which to evaluate the efficacy of brief or self-help interventions among help-seeking people. As a control group, the waiting list worked well. Often clients on the waiting list show little or no change during the waiting period. In contrast, those who are given self-help materials and are told to initiate change on their own typically do so. As a result, by the end of the waiting period there is a large difference between the brief intervention and the control groups.



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What is a bit odd, however, is that people who seek help usually show a drift toward positive change no matter what treatment they are given. Even those in no-treatment control groups often show some improvement, albeit less than that for treated groups. People placed on a waiting list, however, showed no change at all in our studies.