



# Promising Practice

## Offer a Tour Guide

### Problem

Clients are not ready, willing, or able to navigate the addiction treatment maze on their own.

### Solution

Offer clients and family a “tour guide” who speaks the languages and understands the cultures of both the client, as well as the maze of addiction treatment. Examples of titles given to this role include: recovery coach, family health navigator, case manager, and continuing care coordinator.

### Featured Stories

#### The Partnership for Advancing Recovery in Kentucky

(PARK) increased continuation from the hospital to outpatient care from about 28 percent to 52 percent; in some months continuation was as high as 75 percent. They have case managers called “family health navigators” who act as tour guides. The family health navigators visit clients while in the hospital to encourage continuation and enroll them in aftercare at the community provider level. Face-to-face meetings between the client and the family health navigator at discharge was the most successful change they implemented to increase continuation. For more information about this change and all of the changes implemented by PARK, see the [PARK Continuum of Care](#).

**Fayette Companies** in Peoria, Illinois increased the continuation rate from residential to outpatient treatment from 67 percent to 94 percent by assigning clients to a recovery coach (usually a peer who is in recovery), who acts as a tour guide. The recovery coach helps the client gain access to needed resources, services, or support services that help them achieve recovery and make the transition through the continuum of addiction treatment from detoxification to aftercare. The tour guide also provides ongoing support and helps the client develop a personal recovery plan, find a job, or secure stable housing as they return to the community after residential treatment. Fayette has written an extensive manual that explains how to implement such a program, including billing policies. See the [Fayette Manual for Recovery Coaching and Personal Recovery Plan Development](#). For specific activities performed by the recovery coach, see Appendix B.

### Lessons Learned

- Consider ways to cover the tour guide’s salary. Some providers can bill tour guide hours directly as case management or social work; others are able to increase the billable hours of case managers.
- Have residential clients meet with a case manager/tour guide prior to discharge to plan for the transition to outpatient care.
- After clients are discharged from residential care, have the case manager continue to meet with them for several weeks while they adjust to treatment in the outpatient setting.

### 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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- Have peers in recovery act as recovery coaches.
- Offer tour guide services by email or telephone.
- Have the tour guide track funding and benefits to ensure that the client moves to the next level of care or reaches closure before benefits expire.

### Tracking Measures

#### Cycle Measure

Percentage of referred clients who were admitted

#### Data Collection Forms

- [Referred Clients Admitted Tracking Form \(Starting Clients\)](#)
- [Referred Clients Admitted Tracking Form \(Transition Clients\)](#)

### Action Steps

#### Plan

1. Select one referral source.
2. Select a likely person to be a tour guide.
3. Decide what the tour guide will do.
4. Begin planning how you will cover the cost for these services.
5. Collect baseline data for the percentage of referred clients who were admitted.

#### Do

6. Offer a tour guide to three or four clients from the selected referrer for the next two weeks.
7. For the selected clients, track the percentage of referred clients who were admitted.

#### Study

8. Check the fidelity of the change. Was the change implemented as planned?
9. Evaluate the change:
  - What changes does the tour guide recommend?
  - Ask clients what it was like to have a tour guide and how the tour guide could be more helpful.
  - For the clients who experienced the tour guide, did the percentage of referred clients who were admitted increase?

#### Act

10. If this change was an improvement:
  - Adopt this change or adapt it for more improvement and re-test it with the same referral source.
  - Make a tour guide available to all of the clients from the selected referrer.



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- Expand the use of this process to other referrers.
- Document the processes that resulted in an improvement so that you can continue to use them efficiently.
- Test other, related promising practices that apply to your setting.

If this change was not an improvement and you can't make it work, abandon this practice and test other promising practices that might be more successful in your setting.

### Related Promising Practices

- [Become the Preferred Provider for Selected Referrers](#)
- [Include Family and Friends](#)
- [Encourage Referrers to Make the First Appointment while the Client is Present](#)
- [Use Spirit of Motivational Interviewing During the First Contact](#)
- [Use Motivational Interviewing During Treatment](#)
- [Hold Joint Staffings](#)
- [Orient Clients](#)
- [Offer Telephone Support](#)

### More Stories

**Manatee Glens Corporation** in Bradenton, Florida increased the percentage of clients moving from outpatient detox to outpatient treatment from 43 percent to over 70 percent by assigning clients admitted to detox to a recovery coach (usually a peer who is in recovery), who acts as a tour guide. The recovery coach meets with the client one day prior to discharge from detox to help connect the client to the outpatient program, meets with the client if the client can't get an appointment with the outpatient program within a day of discharge, holds group sessions, provides intervention services, and re-engages clients who stop showing up for outpatient sessions. After clients start attending outpatient treatment on a regular basis, the recovery coach stops seeing them. The recovery coaches have supervision and meet every two weeks. Recovery coach services are billed as case management services. For more information, see the Manatee Glens [project profile](#) and Manatee Glens Recovery Coach [job description](#).

**Georgetown County Alcohol and Drug Abuse Commission** in Georgetown, South Carolina reduced no-shows for outpatient appointments from 51 percent to 25 percent by having outpatient case workers who act as tour guides. The case worker talks to inpatient clients and staff, schedules outpatient appointments, helps identify and remove barriers for clients, and reminds clients about their appointments.

**Palladia, Inc.** in New York, New York increased the percentage of clients who continued from residential care to attend four outpatient sessions from 40 percent to 84 percent by overlapping levels of care and by assigning a case manager to act as a tour guide. The case manager meets with the client before discharge to inform them of intake appointments for outpatient treatment and to provide the client with a referral form that includes the date and time of the



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appointment and clear directions about where to go. For more information about other changes Palladia has made, see Palladia's [case study](#).

**Jim Taliaferro Community Mental Health Center** in Lawton, Oklahoma reduced the no-show rate to the first doctor's appointment from 64.3 percent to 40 percent by having outpatient managers act as tour guides. The outpatient case manager does discharge planning, transports clients home, and follows up with phone calls. The case manager follows up with the client for two weeks after discharge to make sure that the client is continuing services without interruption, following the treatment plan, and that client's needs are being met. This change also increased the number of referrals to individual sessions and increased attendance. For more information, see the Jim Taliaferro [project profile](#).

**MaineGeneral Counseling** in Augusta, Maine makes it possible to request additional funding to cover further services or arrange for clients to transition to another level of care before benefits expire. They have one reimbursement case manager who monitors Medicaid benefits administered through APS managed care for clients in all levels of care.

**Women's Recovery Association** in Burlingame, California found that having clients stay in contact with Recovery Coaches weekly increased continuation. Also, after a relapse, clients who had Recovery Coaches returned to using recovery support services sooner than clients who did not have a Recovery Coach. They bought cell phones for clients to help stay in contact wherever they were. Email also helped them stay in contact with transient clients. See the [WRA Recovery Management Continuing Care Protocol](#) and [WRA Pilot Program Weekly Risk Assessment & Progress Notes](#) for the method they used to assess a client risk.