



Promising Practice

Overlap Levels of Care

Problem

Clients leave treatment without knowing where they will need to go or meeting any people at the next level of care.

Solution

Overlap outpatient treatment with treatment from the referring level of care so that clients have the opportunity to experience outpatient care before being discharged from the referring level of care.

Featured Stories

Port Human Services in Greenville, North Carolina increased the percentage of clients who continued from detoxification to aftercare from 61.9 percent to 80.9 percent by changing their procedures so that the client's first aftercare appointment with their counselor took place while the client was still in detoxification and the second aftercare appointment was scheduled during that session.

Prairie Ridge Addiction Treatment Services in Mason City, Iowa increased continuation for clients discharged from residential to outpatient treatment from 18 percent to 62.5 percent by scheduling a joint appointment that included the client, the residential counselor, and the new outpatient counselor during the week of the planned transition. The client also had weekly one-on-one appointments with the new outpatient counselor for four weeks, starting the week after transition. For information about the initial change, see the Prairie Ridge [transitions case study](#). Although overlapping levels of care was effective, they found that [blending levels of care](#) by having clients stay with the same counselor and same peer group was even more effective and a more efficient use of staff time.

Jackie Nitschke Center, Inc. in Green Bay, Wisconsin offered a free, six-week intensive outpatient program at the Huber Center, targeting inmates with multiple drunk driving offenses. Participants continued treatment in a 16-week aftercare program, paying \$25 per week, along with mandatory weekly Alcoholics Anonymous meetings. Of the 284 inmates, 38 percent began treatment and 75.7 percent of the attendees completed the six-week intensive program; 48 percent completed both the initial and aftercare programs. Although they had been court-ordered to get treatment, they had never done so previously. For more information, see the Huber Treatment Program [story](#).

Lessons Learned

- Overlapping levels of care is helpful only for clients who will be geographically located close enough to the outpatient treatment agency after discharge, to attend outpatient treatment.
- Have clients attend a group led by an outpatient counselor.
- Hold a joint individual session between the client, the counselor from the referring agency, and the outpatient counselor.

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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- Arrange for the client to meet peers who will be in the outpatient treatment program, while still in treatment at the referring agency.
- Arrange for the client to attend outpatient treatment at the outpatient agency, while still in treatment at the referring agency.

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. Decide how you will offer a session (individual, group or assessment) to clients who will be transitioning to the next level of care, prior to discharge from the referring level of care.
3. Collect baseline data for the percentage of referred clients who were admitted for two weeks.

Do

4. Have a limited number of clients who will be referred to your agency after discharge, attend a session during the next two weeks.
5. For the clients who attended the session in the next level of care, track and calculate the percentage of referred clients who were admitted.

Study

6. Check the fidelity of the change. Was the change implemented as planned?
7. Evaluate the change:
 - What feedback did clients offer about attending the session in the next level of care?
 - For the clients who attended the session, did the percentage of referred clients who were admitted increase?

Act

8. 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 overlapping care available for all the clients from the selected referrer.
 - Expand the use of this process to other referrers.
 - Document the processes that resulted in an improvement so that you



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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

- [Blend Levels of Care](#)

More Stories

Manatee Glens Corporation in Bradenton, Florida had clients attend support groups when in outpatient detoxification that allowed them to continue to associate with the same group of peers when they transferred to outpatient services. For more information, see the Manatee Glens [project profile](#).

Palladia, Inc. in New York, New York increased the percentage of clients that continued from residential care to attend four outpatient sessions from 40 percent to 84 percent by offering a tour guide and by requiring their Starhill residential clients to complete a continuing care treatment intake and attend at least two group sessions in the outpatient program before leaving Starhill. For more information, see Palladia's [case study](#).

Lakeview Center in Pensacola, Florida had the outpatient counselor give an introduction to the outpatient program on the detox unit one or two times a week. Clients also sat in on an outpatient group meeting prior to discharge from the detox unit.