



# Promising Practice

## Blend Levels of Care

### Problem

Clients are waiting for one level of care when they could join existing treatment groups at any level.

### Solution

Blend other levels of care with outpatient treatment so that clients can develop therapeutic relationships and familiarity with outpatient clients, therapists, and locations before moving to outpatient care.

### Featured Stories

**STEPS at Liberty Center**, in Wooster, Ohio attained 100 percent continuation rates from residential to outpatient treatment by making transitions seamless, blending outpatient, intensive outpatient, residential, and even pre-release jail clients, in various specialized therapy groups. This also eliminated unnecessary repetition of material. They individualized treatment for clients by having counselors ask clients which area they wanted to address first so that clients could choose and attend groups based on topics of interest, rather than level of care. When clients moved to another level of care they already had therapeutic relationships and familiarity with other clients, therapists, and the location. This change also reduced no-show rates 29 percent, expanded capacity significantly without increasing staff—and the staff loved the changes.

**Prairie Ridge Addiction Treatment Services** in Mason City, Iowa increased attendance in the outpatient program by 13 percent by having clients continue with the same counselor and the same peer group instead of just overlapping care with the outpatient counselor prior to leaving residential treatment. They offered residential clients a “menu” of groups that were facilitated by outpatient counselors and included outpatient clients at the outset of treatment. For groups offered across levels of care, see the [Prairie Ridge Catalog of Groups](#). For more information, see the Prairie Ridge [transitions case study](#).

**Preferred Family Healthcare** in Jefferson City, Missouri assigned clients to the same counselor as they moved through all levels of care, including detox, residential treatment, and outpatient care.

### Lessons Learned

- Offer topic-based groups with clients from different levels of care.
- Have clients stay with the same counselor as they move through the levels of care.

### Tracking Measures

#### Cycle Measure

Percentage of referred clients who were admitted

#### Data Collection Form

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

### 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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## Action Steps

- Plan**
1. Select one referral source.
  2. Identify a group that will include clients in different levels of care.
  3. Collect baseline data for two weeks to track the percentage of referred clients who were admitted.
- Do**
4. Offer this group to a limited number of clients for the next four weeks.
  5. For the clients who attended the combined group, 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 the group?
    - For the clients included in the new group, 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. Make the blended group available to all clients.
    - 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 cannot make it work, abandon this practice and test other promising practices that might be more successful in your setting.

## Related Promising Practices

- [Overlap Levels of Care](#)
- [Tailor Treatment to Each Client's Circumstances and Needs](#)