



# Promising Practices

## Reduce Waiting Time to Assessment

### Create Capacity using Existing Resources

#### **Eliminate Excessive Paperwork**

Eliminate excessive paperwork so that the required information is captured once, in a timely fashion, in as few pages and with as few signatures as possible. Delay paperwork until it is actually needed to make a timely decision—just-in-time.

#### **Centralize Appointment Scheduling**

Centralize appointment scheduling so that counselors can focus on seeing clients instead of scheduling, making phone calls, and other logistical tasks. Use this method for appointments made both when clients call and when they are present in person.

#### **Establish Walk-in Hours**

Establish walk-in hours so that clients are able to see a counselor for an assessment without an appointment.

#### **Cross-train Counselors and Assign Backups for Assessments**

Cross-train to both assess and treat clients and assign backup counselors to see clients whenever the number of requests for service exceeds scheduled staffing levels.

#### **Re-assign Non-clinical Tasks Performed by Clinicians**

Reassign non-clinical tasks so that counselors, who are typically the most limited resource, do not perform them.

#### **Offer More Groups Instead of Individual Sessions**

Offer groups in place of individual sessions so that counselors can see more clients during the same amount of time.

#### **Double-book Time Slots**

Schedule two clients for the same assessment time slot.

#### **Use All Time Slots Including Special Use Time Slots**

Use all available time slots, especially time slots that have been set aside for special use.

### Reduce Delays

#### **Screen Callers Live on First Call (Opioid Treatment)**

Screen callers immediately to take advantage of the window of opportunity when they are seeking treatment.

#### **Make Appointments during the First Call**

Make appointment or get a commitment from the client to walk in during the first call requesting treatment.



## Promising Practices

### **Combine Multiple Intake and Assessment Appointments**

Combine multiple intake, assessment, evaluation, and admission appointments into a single assessment appointment.

### **Adjust Staff Schedules to Meet Client Demand**

Adjust staff schedules to match client demand for service, including for assessments, groups, and individual sessions.

### **Schedule the First Appointment before Researching Financial Arrangements**

Schedule first appointment and admit clients without checking their financial eligibility.

### **Refer Clients Elsewhere**

If client cannot be seen promptly, refer the client elsewhere.



# Promising Practices

## Reduce No-shows to Assessments

### Eliminate Barriers

#### **Establish Walk-in Hours**

Establish walk-in hours so that clients are able to see a counselor for an assessment without an appointment.

#### **Help Eliminate Barriers to Treatment**

Help clients anticipate and solve the logistical problems involved with starting and staying in treatment. Such barriers may include transportation, childcare, ability to pay, translation needs, other appointments, the criminal justice system, and work schedules.

#### **Adjust Staff Schedules to Meet Client Demand**

Adjust staff schedules to match client demand for service, including for assessments, groups, and individual sessions.

### Enhance Motivation

#### **Use the Spirit of Motivational Interviewing during the First Contact**

Use open-ended questions and empathetic conversation to welcome and connect with clients during their first contact.

#### **Remind Clients about Appointments**

Call clients 24-48 hours in advance to remind them about their next appointment.

#### **Orient Clients**

Orient clients about what they can expect at the first appointment, what they can expect during treatment, and what is expected of them. Orientations may begin before admission and prior to discharge from a referring level of care.

#### **Include Family and Friends**

Include family and friends in the treatment process right from the start, so that they understand how treatment works, how to support the person in treatment, how the recovery process will continue after treatment at this level of care ends, and so that they can get help as well. Include family and friends in the admission process as well as when planning for discharge.

#### **Collaborate with Referrers to Motivate Clients**

Collaborate with referrers who have the authority to follow up when clients miss an assessment appointment or treatment sessions.

#### **Follow-up with No-shows**

Follow up with clients when they miss an appointment to find out why and to reschedule another appointment.



## Promising Practices

### **Use Motivational Incentives**

Offer positive reinforcement or rewards to reinforce the desired behavior and to help motivate clients to stay in treatment long enough to experience sobriety.

### **Keep in Touch with Clients on the Waiting List (Residential)**

Keep in touch with clients on the waiting list to keep them engaged and to make sure that you know who will be ready to fill a bed when it becomes available.



# Promising Practices

## Reduce Waiting Time for Treatment

### Create Capacity Using Existing Resources

#### **Eliminate Excessive Paperwork**

Eliminate excessive paperwork so that the required information is captured once, in a timely fashion, in as few pages and with as few signatures as possible. Delay paperwork until it is actually needed to make a timely decision—just-in-time.

#### **Centralize Appointment Scheduling**

Centralize appointment scheduling so that counselors can focus on seeing clients instead of scheduling, making phone calls, and other logistical tasks. Use this method for appointments made both when clients call and when they are present in person.

#### **Re-assign Non-clinical Tasks Performed by Clinicians**

Reassign non-clinical tasks so that counselors, who are typically the most limited resource, do not perform them.

#### **Transition Clients to the Next Level of Care as Soon as They are Ready**

Move clients to the appropriate level of care as soon as they are ready.

#### **Offer More Groups Instead of Individual Sessions**

Offer groups in place of individual sessions so that counselors can see more clients during the same amount of time.

#### **Offer Groups that Remain Open to New Members**

Offer groups that remain open to new members, rather than closing groups until the entire curriculum is complete.

#### **Add Bed or Provide Housing (Residential)**

Add beds or provide housing to increase capacity.

### Reduce Delays

#### **Use Instant Urine Tests (Opioid Treatment)**

Use a “Quick-strip” or instant in-house STAT urine test to reduce waiting time for urinalysis results.

#### **Combine Multiple Intake and Assessment Appointments**

Combine multiple intake, assessment, evaluation, and admission appointments into a single assessment appointment.

#### **Adjust Staff Schedules to Meet Client Demand**

Adjust staff schedules to match client demand for service, including for assessments, groups, and individual sessions.



## Promising Practices

### **Offer Help while on the Waiting List (Residential)**

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

### **Refer Clients Elsewhere**

If client cannot be seen promptly, refer the client elsewhere.



# Promising Practices

## Increase Continuation within One Level of Care

Increase continuation to the fourth treatment session (OP and IOP) or the fourth week of treatment (residential).

### Eliminate Barriers

#### **Assign Counselor within 48 Hours of First Treatment (Opioid Treatment)**

Assign a counselor within 48 hours of first treatment to increase client engagement in treatment.

#### **Offer a Safe, Private, and Clean Physical Environment**

Provide an inviting and cheerful physical environment that allows for privacy.

#### **Help Eliminate Barriers to Treatment**

Help clients anticipate and solve the logistical problems involved with starting and staying in treatment. Such barriers may include transportation, childcare, ability to pay, translation needs, other appointments, the criminal justice system, and work schedules.

#### **Adjust Staff Schedules to Meet Client Demand**

Adjust staff schedules to match client demand for service, including for assessments, groups, and individual sessions.

#### **Meet with a Counselor and a Case Manager within 24 Hours of Admission (Residential)**

Schedule appointments for client to meet with counselor and case manager within 24 hours of admission.

#### **Eliminate the Blackout Period (Residential)**

Eliminate "blackout" period for phone calls and visitors.

#### **Avoid Friday Admissions (Residential)**

Avoid admitting clients to residential treatment on Friday.

#### **Eliminate Responsibilities during the First Two Weeks of Treatment (Residential)**

Eliminate responsibilities during the first two weeks of treatment so clients can rest, if needed.

### Enhance Motivation

#### **Establish Attendance Policy (Opioid Treatment)**

An attendance policy sets clear expectations and provides clients with structure and consistency.

#### **Orient Clients**

Orient clients about what they can expect at the first appointment, what they can expect during treatment, and what is expected of them. Orientations may begin before admission and prior to discharge from a referring level of care.



## Promising Practices

### **Remind Clients about the Next Appointment**

Call clients 24-48 hours in advance to remind them about their next appointment.

### **Follow-up with No-shows**

Follow up with clients when they miss an appointment to find out why and to reschedule another appointment.

### **Ask Clients to Participate in Treatment Planning**

Ask clients to participate in creating their own treatment plans with goals and objectives and ways of achieving them that meet their individual needs.

### **Encourage Clients to Use PDSA Cycles to Test Their Own Changes**

Encourage clients to use rapid Plan-Do-Study-Act Cycles to pilot test their own personal changes.

### **Tailor Treatment to Each Client's Circumstances and Needs**

Tailor treatment based on feedback from clients about what groups and topics that most interest them. Ask them to select the groups they want to attend.

### **Offer Groups for Clients Not Ready to Start Treatment**

Offer pre-contemplation groups for clients not ready to start treatment and address the issues that concern them.

### **Give Counselors Regular Feedback on No-show and Continuation Rates**

Keep track of clients' no-show rates and continuation rates by counselor and provide this information to counselors on a regular basis.

### **Identify Clients at Risk for Leaving and Intervene**

Get feedback from clients regularly so that you can identify clients who are risk for leaving and intervene so that they stay engaged.

### **Use Motivational Interviewing during Treatment**

Use open-ended questions and empathetic conversation to engage or re-engage clients in treatment. Express empathy and concern. Expect and honor resistance. Help motivate clients to engage or re-engage in treatment. Create discrepancy to point out that the client seems to want to change and not want to change, at the same time. Summarize their needs and concerns so that they know they have been heard.

### **Get Clients to Commit to Attend the First Four Treatment Sessions**

Get a commitment from clients to attend the first four sessions.

### **Assign Peer Buddies**

Assign peer buddies or mentors to help new clients connect with someone who knows what they're going through, and to help orient them to the agency as well as introduce them to others.

### **Build Community Among Clients**

Build a sense of community among clients to foster support and engagement in treatment so they can experience what it's like to be part of a healthy community.





## Promising Practices

### **Include Family and Friends**

Include family and friends in the treatment process right from the start, so that they understand how treatment works, how to support the person in treatment, how the recovery process will continue after treatment at this level of care ends, and so that they can get help as well. Include family and friends in the admission process as well as when planning for discharge.

### **Use Motivational Incentives**

Offer positive reinforcement or rewards to reinforce the desired behavior and to help motivate clients to stay in treatment long enough to experience sobriety.

### **Collaborate with Referrers to Motivate Clients**

Collaborate with referrers who have the authority to follow up when clients miss an assessment appointment or treatment sessions.



# Promising Practices

## Increase Continuation between Levels of Care

### Eliminate Barriers

#### **Encourage Referrers to Make the First Appointment while the Client is Present**

Schedule the first appointment before the client leaves the referrer, or is discharged. Begin treatment in the next level of care as soon as possible, preferably by offering same day service.

#### **Streamline Paperwork between Levels of Care**

Streamline the paperwork process between the referral source and outpatient program to eliminate duplication of effort.

#### **Collaborate with Referrers to Streamline the Process**

Collaborate with referrers to streamline the process.

#### **Overlap Levels of Care**

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.

#### **Blend Levels of Care**

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.

#### **Use Video Conferencing**

Use video conferencing so the client can meet with a counselor or doctor while still in treatment at the referring agency. This is especially useful in rural areas.

#### **Hold Joint Staffings**

Hold joint case consultations (often called "staffings") that include clinicians from both the referring agency and the outpatient program to discuss clients' progress, as well as the appropriateness and timing of referrals to outpatient treatment.

### Enhance Motivation

#### **Offer a Tour Guide**

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.

#### **Map Out Continuing Care**

Introduce a "roadmap to recovery" at regular intervals to show the treatment choices the client will have to make in order to continue their recovery.



## Promising Practices

### **Include Family and Friends**

Include family and friends in the treatment process right from the start, so that they understand how treatment works, how to support the person in treatment, how the recovery process will continue after treatment at this level of care ends, and so that they can get help as well. Include family and friends in the admission process as well as when planning for discharge.

### **Use Motivational Interviewing during Treatment**

Use open-ended questions and empathetic conversation to engage or re-engage clients in treatment. Express empathy and concern. Expect and honor resistance. Help motivate clients to engage or re-engage in treatment. Create discrepancy to point out that the client seems to want to change and not want to change, at the same time. Summarize their needs and concerns so that they know they have been heard.

### **Offer Telephone Support**

Stay in touch with clients during their transition from another level of care to outpatient treatment by using the telephone.

### **Use Motivational Incentives**

Offer positive reinforcement or rewards to reinforce the desired behavior and to help motivate clients to stay in treatment long enough to experience sobriety.

### **Collaborate with Referrers to Motivate Clients**

Collaborate with referrers who have the authority to follow up when clients miss an assessment appointment or treatment sessions.

### **Orient Clients**

Orient clients about what they can expect at the first appointment, what they can expect during treatment, and what is expected of them. Orientations may begin before admission and prior to discharge from a referring level of care.

### **Transition Clients to the Next Level of Care as Soon as They are Ready**

Move clients to the appropriate level of care as soon as they are ready.



# Promising Practices

## Increase Admissions

### Increase Referred Clients Who Get Admitted

#### **Collaborate with Referrers to Streamline the Process**

Collaborate with referrers to streamline the process.

#### **Encourage Referrers to Make the First Appointment while the Client is Present**

Schedule the first appointment before the client leaves the referrer or is discharged. Begin treatment in the next level of care as soon as possible, preferably offering same day service.

#### **Assign Each Referrer a Single Contact Person**

Assign one contact person to each referral source to ensure that the needs of the referral source are being met.

#### **Guide Referrers to Make Appropriate Referrals**

Guide referrers, especially if they are not providers of addiction treatment services, to screen for substance abuse problems. Guide all referrers so they know how to refer clients to your program with minimal effort.

#### **Offer a Tour Guide**

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.

#### **Use Video Conferencing**

Use video conferencing so the client can meet with a counselor or doctor while still in treatment at the referring agency. This is especially useful in rural areas.

#### **Orient Clients**

Orient clients about what they can expect at the first appointment, what they can expect during treatment, and what is expected of them. Orientations may begin before admission and prior to discharge from a referring level of care.

#### **Use Motivational Incentives**

Offer positive reinforcement or rewards to reinforce the desired behavior and to help motivate clients to stay in treatment long enough to experience sobriety.

#### **Map Out Continuing Care**

Introduce a “roadmap to recovery” at regular intervals to show the treatment choices the client will have to make in order to continue their recovery.

#### **Include family and friends**

Include family and friends in the treatment process right from the start, so that they understand how treatment works, how to support the person in treatment, how the recovery process will



## Promising Practices

continue after treatment at this level of care ends, and so that they can get help as well. Include family and friends in the admission process as well as when planning for discharge.

### Increase Targeted Referrals

#### **Reward Clients for In-reach**

Have existing clients refer new clients. “In-reach” helps teach people in recovery to act as adults with good judgment when they connect with their previous community in a more positive way.

#### **Become the Preferred Provider for Selected Referrers**

If your agency has excess capacity and can accommodate more clients or you want your agency to expand or change the payer mix, build your relationship to become a preferred provider for selected referrers. This should be done after you have improved the process so that more referrals can be admitted in a timely fashion.

#### **Tailor Brochures for Each Referral Source**

Create customized brochures for each of your referral sources to provide contact information and descriptions of your services that are specific to the clients served by each referral source.

#### **Offer New, Specialized Services**

Create new niches by offering new and specialized services.

#### **Offer intervention services**

Offer intervention services to help family members and friends get people into treatment.

#### **Publicize Your New and Improved Services**

Publicize your new and improved services, including your waiting time and continuation rates.

#### **Improve the Payer Mix**

Attract clients that will improve the payer mix.

### Increase Collections

#### **Use Contingency Management to Collect Client Fees (Opioid Treatment)**

Institute a contingency management program to provide an incentive for clients to pay their fees.

#### **Increase Collection of Client Co-pays**

Increase collections of client co-pays by making information available about how much clients owe and assign responsibility to ask clients to pay.

#### **Increase Collections from Insurance Companies**

Increase collections from insurance companies by understanding requirements for payment and following up.