

ACTION Campaign

Promising Practices



Improving Client Engagement

*What's in it For Me?
Action Guide*

ACTION CAMPAIGN
Making an Impact on Addiction Treatment and Recovery



What's in it For Me?

Purpose: to help your agency identify ways to involve clients in setting their treatment goals.

Introduction: We all do treatment plans, and for the most part we believe that we involve our clients in developing their individual plans. But clients may have difficulty describing their treatment goals, apart from work on one of the Twelve Steps. People often drop out during the first weeks of treatment because they don't experience an immediate benefit, and don't know when they will. Actively engaging clients in setting treatment goals at the first session helps to keep them in treatment long enough for it to be effective.

Plan: Do a walk-through of a first counseling session or an intake appointment at your agency. Pretend you are a client, and bring someone who has no clinical experience along to act as a friend or family member. What do you observe?

- If you were hiring another service provider, say an attorney or an accountant, would you be satisfied with information you receive at the first counseling or intake session?
- What would you want to know about the service you are buying, then?
- Does the counselor develop a treatment plan, and does it meet your stated needs?
- Are the client and counselor responsibilities clearly stated?
- Is this service something you would be willing to spend your own money on?

Share the results of the walk-through with your clinical team, and develop an action plan to address the issues that you uncover.



Do: Collect data on the percent of people who come to their first four appointments in weekly outpatient services or continue to attend for the first four weeks in intensive outpatient or residential treatment. Pilot your change with a small group of counselors. Perhaps you have decided to script the first visit to explain what services you offer, the usual course of treatment, complications that might change the course of treatment, and the cost of treatment (per session and overall, if applicable). Or you may have decided to focus on treatment planning. What are the client's short-term goals and how can treatment meet them? How will meeting those short-term goals lead to meeting longer term goals? Whatever the change you have proposed, test it for one or two months and measure the change in the percent of people that remain engaged for the first 30 days.

Study: Compare the pre-change data to the post-change data. Has your continuation rate improved? If so, can you implement additional changes to improve on your effort? If not, can you explain why not? Was your understanding of what might work "off?" Was it an implementation issue? Can you tweak the change and try again?



What's in it For Me?

Act: If your change showed improvement in your continuation rates, then it is time to implement the change agency-wide. Use the pilot clinicians to help sell the change to the rest of the staff. Share data with clinical staff so they can see the impact of this seemingly small change, because this is one area where they will surely say “But we already do that!” Continue to monitor four-session continuation rates and consider additional PDSA Cycles to build on your improvement. Submit your data to the ACTION Campaign Web site.

Measuring the Impact of Change

The length of time necessary to test a change will vary depending on an agency's size. Scientifically, the preferred sample size is at least 40 clients. However, since you are testing a hypothesis, what you need are just enough clients before and after the change to see a trend. Pilots should not last more than a month, or they tend to lose their pilot status. We recommend that you run your change project pilot long enough to have at least 20 clients experience your new way of operating. For smaller agencies, depending on the change, this may take a month. Larger agencies probably should run a change for at least a week, even if that gives a sample larger than 40.

Practice Measure: Percent of Clients who come to their first four appointments in weekly outpatient or continue to attend for the first four weeks in intensive outpatient or residential.



What's in it For Me?



Addiction Treatment and Research Services (ARTS)

Denver, Colorado

www.artstreatment.com

ARTS is the clinical program of the Division of Substance Dependence, part of the Department of Psychiatry at the University of Colorado School of Medicine. ARTS has provided empirically supported residential and outpatient substance abuse treatment services in Colorado for over 33 years, with an emphasis on psychosocial and pharmacological treatments for adolescents, women, and those involved in the criminal justice system. ARTS is on the cutting edge of scientific research, medical education, and clinical care for the purpose of reducing death and dying from addictive disorder.

Project Aim Increase Continuation

Change Leader / Executive Sponsor Erik Ennis

Goals & Measures

Our Change Project aim was to increase continuation rates by improving client engagement in the first and second treatment sessions. An earlier Change Project had shown us that our intake process was not very user-friendly. Paperwork requirements made it hard for the counselor to develop a rapport with the client.

Changes Implemented

The Change Team tested the use of motivational interviewing (MI) techniques to improve continuation rates in our Opioid Maintenance Outpatient (OMT) population. We did not change the intake procedure, but advised clinicians to use MI techniques and strategies when scheduling the second session. The clinician was told to focus on using MI only. This session did not include any client paperwork, and the clinician did not have to write up a treatment plan. The clinicians had already attended a motivational interviewing training session several months earlier. The Change Team included a certified MI trainer who also scheduled a follow-up session, which all 11 methadone clinicians participating in the Change Project were required to attend.

Business Case Impact

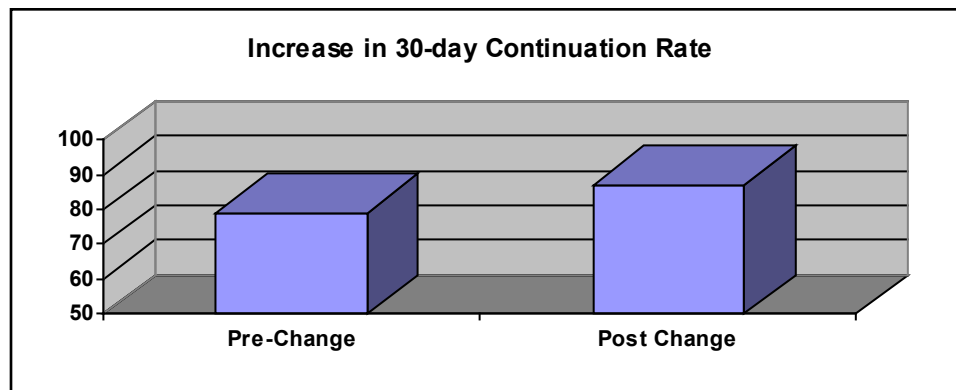
The baseline continuation rate through the first 30 days of treatment was 79 percent, based on a sample of 100 patients. APT set a goal to increase the 30-day continuation rate by five percentage points. Over a three-month period, the continuation rate increased to 87 percent. During the Change Project, the overall census increased by 12. When a new patient enters treatment, ART receives additional revenue from the typical co-payment or sliding-fee scale. When we completed the project and decided to sustain, we'd seen an increase in revenues of approximately \$3,000 over a three-month period. We also saved money by reducing the paperwork associated with discharging patients.



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Lessons Learned

- Front-desk staff members offer insight on a client's experience at first intake.
- Staff benefit from the opportunity to attend follow-up training sessions with a certified motivational interviewing trainer.
- Clinicians were pleased that the Change Project reduced the amount of paperwork associated with admissions and discharges.
- We created a checklist for clinicians to use in recording the MI techniques they used. This created a streamlined way to monitor the clinicians' fidelity to the MI technique.





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Additional Success Stories for What's in it for Me?

Agency	Level of Care	Change	Action Impact
MECCA (NIATx Change Bulletin)	Outpatient	Create individual treatment plan in the 1st session Combined appointments	Reduced waiting time by 50%
Various agencies: Prototypes Perinatal Treatment Center for Drug Free Living Women's Recovery Association*	Varies	See the Case Example	See the Case Example