

ACTION Campaign

Promising Practices



**Create
Seamless Transitions
Between Levels of Care**

*Make Connections
with the Next Level of Care
Action Guide*

ACTION CAMPAIGN
Making an Impact on Addiction Treatment and Recovery



Make Connections with the Next Level of Care

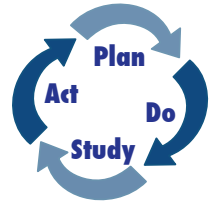
Purpose: to help your agency improve client retention through the continuum of care. Clear communication, protocols, and procedures assist clients as they transition between levels of care.

Introduction: Clients encounter a variety of obstacles in navigating the treatment system. Many begin a course of treatment, but very few make it through the continuum. We want clients to gain independence, but at the same time must provide all the support that they need to complete treatment and build a strong program of recovery. Some agencies offer multiple levels of care; others refer clients to a different organization for the next level of care. Changes to internal transfers may be easier to make – the change team and Executive Director/CEO can make changes to both sides of the transfer. A successful external transfer may require negotiation with the partner organization.

Plan: Identify barriers to successful transfer. Does duplicate paperwork make the process time-consuming and frustrating for the customer? Does the client have to wait a long time before starting the next level of care? For a first change project, consider having the clinician meet with the client to set up the first appointment for the next level of care to make sure that the appointment gets made.

Do: Before piloting the change, measure how many clients make it to the next level of care.

- Make one change and test it briefly.
- The test can last a little as a week.



You want your pre-change data set to match your post-change data set and to measure the impact of the change that you made. Some changes that have had an impact at other organizations include:

- Having one or two clinicians make personal calls to set up appointments for their clients at the next level of care, and then follow up to make sure the clients make the first appointment
- Having clinicians sit with their clients and make appointments for the next level of care; these calls need to be made early enough in treatment to avoid a lapse in treatment between levels of care
- Following up with either the client or the program for an evaluation of the transfer, and how to make it smoother for the next client

Study: Compare the pre- and post-change data. Did more people make the transition to the next level of care after the change? Ask the clinicians involved if the change had an impact. Does it need to be tweaked, or do you need to try something else? What did you learn through this change process? If possible, follow up with clients and find out what was helpful and what wasn't during their transition. Identify the next change you need to make.

Act: Implement your successful change on a broader base and begin the pilot testing cycle again for new changes. Submit your data to the ACTION Campaign Web site.



Make Connections with the Next Level of Care

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: Number of people who move to the next level of care after completing the previous level of care.



Make Connections with the Next Level of Care

Palladia, Inc.

New York, New York
www.palladia.inc



Palladia, Inc., is one of the largest not-for-profit, multi-service agencies in New York City. With more than 30 years of experience, Palladia serves largely urban, poor individuals and families of color and is nationally recognized for its innovative service delivery in the fields of substance abuse, homelessness, HIV, mental illness and trauma, domestic violence, criminality, and family services.

Project Aim

Reduce no-shows at next level of care

Change Leader / Executive Sponsor

Deb Pantin

Goals & Measures

Esperanza is a community residence program for 80 single men providing short term case management and substance abuse services. Length of treatment is subject to the needs of each individual, but averages six to nine months. Esperanza offers an array of services that promote a drug-free lifestyle, a positive sense of self-worth, and independent living skills. These services include vocational and education liaison and referrals, substance abuse counseling, and assistance in finding affordable permanent housing. Baseline data showed a 38 percent no-show rate for clients moving from Esperanza program to continuing care. The change team set a goal in March 2007 to reduce no-shows to 10 percent.

Changes Implemented

In the first PDSA Cycle, we arranged for a higher level staff member to meet with the clients to inform them of their intake appointments for outpatient treatment. The data collected indicated immediate success, as our no-shows fell from 38 percent to 13 percent after one month. We continued to tweak this change cycle for another few weeks.

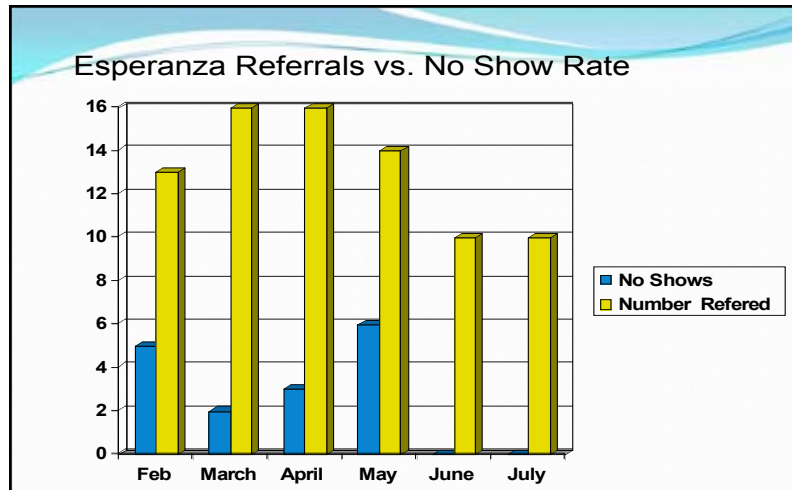
The second change was to give clients a referral form before their intake appointments, listing the date and time of the appointment and clear directions to the location, since the outpatient care takes place at another site. This change also helped to reduce no-shows. Our client member of the change team recommended the third change: to give clients incentives for attending their intake appointments. Even though we had budgetary restraints, we were able to provide clients with an incentive they all wanted: additional time on their weekend passes. This proved very successful in reducing the no shows and was a hit with all the clients. The last change we tested was to post all intake appointments on the facility bulletin board. After four successful PDSA Cycles, the no-show rate dropped to 0 in June and July 2007. We exceeded our goal of reducing the no-show rate to 10 percent. Through our new, client-friendly referral process, all clients made their intake appointments to outpatient care.



Make Connections with the Next Level of Care

Business Case Impact

The increase in appointments had a positive impact on Palladia's bottom line, generating additional revenue for intake appointments. Palladia estimates the potential additional annual revenue from clients continuing in outpatient treatment at \$560,778.00



Lessons Learned

- Including a consumer on the Change Team contributed to the success of this change project.
- Making rapid changes in response to customer needs can show immediate positive results.
- The change team leader can promote the success of a project by taking on a "cheerleader" role.



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Additional Success Stories for Make Connections with the Next Level of Care

Agency	Level of Care	Change	Action Impact
Central New York Services		Counselors called to initiate referral to next level of care	Increased referrals by 86%
Georgetown (South Carolina)	Inpatient to Outpatient	Outpatient case worker talk to patient + inpatient staff Schedule Appointment Identify/remove barriers AM reminder call	Reduced No-Shows from the Next Level of Care from 51 to 25%
Jackie Nitschke Center	IOP to Aftercare	Start Aftercare immediately Attend same Aftercare group No misses in 1 st five Aftercare sessions	Improve client attendance at 1 st five aftercare sessions from 38 to 83% Improved client completion of Aftercare from 46 to an average of 71%
Manatee-Glens Sarasota	Detox to Outpatient	OP staff meets patients in Detox Recovery coaches explain program/invite Recovery coaches + calls to remind 1 day prior Coaches + calls + detox come as a group when appropriate	Reduce no-shows for the next level of care from 66 to 26%
Patrician Movement	Residential to Outpatient	Changed procedures to create seamless transfer of client paperwork	Increased % of clients who continued from Residential to Outpatient from 10 to 30%
Signal Behavioral Health	IOP to Outpatient	Reduced steps in authorization and referral to next LOC	Improved transfer rates from IOP to OP by 30% from 13 to 43%