

Promising Practices

The ideas listed below are the promising practices identified at a meeting on that subject held in Madison in September 2003 and supplemented by other ideas and priorities set by work groups of people from the Learning session in Chicago in October 2003. The bold italicized ideas are the ones that a group of addiction treatment leaders identified as being particularly important.

3-Intake and Assessment

Goal: Ensure that every client gets an answer from the very first phone call

- Idea 1. ***Make it simple with just one phone number***
- Idea 2. Have one initial point of contact with all calls going directly to the right person
- Idea 3. Always have a person answering the phone – never a machine
- Idea 4. 24/7 appointment line backed up by counselor support
- Idea 5. Provide next day appointments from all calls

Goal: Get all clients into some form of treatment within 24 hours of first request

- Idea 1. ***Place clients into a pre-treatment group - no waiting lists***
- Idea 2. ***Centralize intake employing collaboration of state wide services to reduce barriers (e.g. telephone intake to relieve transportation difficulties)***
- Idea 3. ***All clinicians maintain 1 open same-day treatment slot.***
- Idea 4. Don't charge for assessment/intake appointments
- Idea 5. Pay gas or provide transportation to & from the treatment agency.
- Idea 6. Begin 2-hour per day treatment right away or send them to AA but provide ongoing monitoring and support (e.g. take them to the meeting)
- Idea 7. Give self-help materials to those waiting for treatment and help them to initiate change on their own.

Goal: Decrease time between assessment and first treatment

- Idea 1. ***Only do necessary paperwork and ask 'what can be done later?'***
- Idea 2. ***Train counselors to be assessors – gather facts, do paperwork & start clients the same day.***
- Idea 3. "Hertz" 5 minute assessment. Use a kiosk in the referral organization to capture client responses to certain questions and link this with computers in agency.
- Idea 4. Openings so clients can go from assessment into treatment without leaving.
- Idea 5. Pre-assessment, assessment, intake – all in one day

Goal: Understand what clients want and need from their treatment program

- Idea 1. Use highly qualified counselors in intake and assessment
- Idea 2. Incorporate motivational interviewing and stages of change into the assessment process
- Idea 3. Build client profiles to capture data about how/why they sought help and how best to communicate with them.

Goal: Ensure that clients are in regular contact with the treatment agency

- Idea 1. Give pager, limited cell phone or palm pilot to client and/or care giving S.O. for continued contact through assessment, treatment, retention.
- Idea 2. Clients are telephoned post-assessment to prompt return
- Idea 3. Clients are contacted by a clinician within 24hrs of first visit
- Idea 4. Self-help and monitoring support

Goal: Provide clients with accurate expectations of treatment

- Idea 1. Use a video to illustrate a typical treatment procedure to set initial expectation
- Idea 2. Provide clients with a 'what to expect' brochure – A to Z of treatment
- Idea 3. Provide evidence about treatments that are appropriate
- Idea 4. Ask clients to think about and specify their personal goals for treatment
- Idea 5. Establish a clear treatment plan after the assessment and give it to the patient.
- Idea 6. Improve communication in waiting rooms using interactive kiosks
- Idea 7. Referral information should arrive at the agency before the patient does and the patient should be prepared for what they are likely to encounter when they get there.

Goal: Make clients feel comfortable within the treatment environment

- Idea 1. ***Clients should be connected with a counselor ASAP on arrival to provide reassurance and comfort about their decision to seek treatment.***
- Idea 2. Focus on decreasing stigma and shame. Staff involved in first contact must have some clinical training, with the goal being to make the client feel welcome.
- Idea 3. Only ask questions once, do not duplicate information gathering
- Idea 4. Introduce patient to their next therapist before assessment – face-to-face, via video or using a photograph.
- Idea 5. No time alone. Staff, volunteers, other patients 'buddies' should stay with the client throughout the day.
- Idea 6. At initial intake, give choice between answering questions on touch screen, on paper or in a personal consultation.

Goal: Develop a patient-staff relationship to make the client feel valued; and encourage commitment to treatment

- Idea 1. ***Customer service training – treat the client as a valued customer***
- Idea 2. Listen to the patient, ask for story and give them time to tell the story
- Idea 3. Assessment of 1st session limited to what person wants to discuss, not regulating requirement
- Idea 4. Allow the patient to maintain some control - give options, explain the program and then ask the client for feedback

Goal: Keep clients interested in treatment by offering incentives to return

- Idea 1. Give clients vouchers or coupons to promote visit number 2
- Idea 2. Create a hook for 2nd visit – lab tests, quick dose of Rx, results of assessment.
- Idea 3. Walk in centre with coffee, snacks, access to counselors, social support etc

- Idea 4. Case management to remove barriers, i.e. day care for kids
- Idea 5. Take payment before treatment, so that they are more likely to return.

Goal: Patient first, administration later

- Idea 1. Reduce the no. of business questions asked at 1st contact (money, demographics etc)
- Idea 2. Engage in treatment before doing paperwork – collect admin data in day two
- Idea 3. When clients contact agency, they talk to a counselor who listens to them for 30 minutes to understand their problems and needs, and enhance motivation for change before completing needed paperwork. This can increase the number of clients who complete intake, start counseling more quickly, reduce dropouts and eliminate waiting lists. (TV is now starting programs for 90 seconds before doing the first commercial)

Goal: increase support for the client by targeting family/SO

- Idea 1. ***Encourage clients to bring family member/S.O. to I&A and start building the support team from beginning of process***
- Idea 2. Allow spouse/SO to have an opportunity to talk independently with staff and involve them in the process
- Idea 3. Find out if any family members or SO are users. If they are encourage the client to spend as little time with that person as possible i.e. do not live with them.
- Idea 4. Encourage using couples to go into treatment together.

Goal: Clients stay on the right track [of care] throughout the program

- Idea 1. Set up a pre-treatment group for pre-contemplators.
- Idea 2. Provide alternate tracks for committed vs. non-committed clients
- Idea 3. Continuity of counselor & assessor. Minimize breaks in relationships with staff.
- Idea 4. Match clients to the correct level of care

Goal: Increase intake by going out into the community

- Idea 1. Trained worker may engage an individual on the street, prison, hosp, church, homeless shelter etc.
- Idea 2. Gain street credibility. Get people on the street to help you create messages and mentor.

Goal: Ensure continual communication of results with staff

- Idea 1. Feed data back to assessment staff on “conversion rates”