Increasing Outreach Efforts for Pregnant Women, Intravenous Drug Users and Individuals Meeting Criteria for Care Coordination

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Webinar Objectives

– Identify the components of an effective recruitment and retention strategy;
– Identify outreach and retention strategies for priority and hard to serve populations; and
– Learn how to develop a process oriented strategy to make recruitment and retention of priority and hard to serve populations more effective
What is the Substance Abuse Prevention and Treatment Block Grant (SABG)?

– The Substance Abuse Prevention and Treatment Block Grant (SABG) and Priority Populations (Section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service Act) program provides funds prevent and treat substance abuse.

– The Substance Abuse Prevention and Treatment Block Grant (SABG) aims to help plan, implement and evaluate activities that prevent and treat substance abuse.

– The SABG program treats priority populations and service areas.

Source: SAMHSA
What are Priority Populations?

- The federal Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, has identified certain populations that must receive priority admission to treatment when the cost of the services is covered by the federal Substance Abuse Prevention and Treatment Block Grant (SABG).

- These populations are given priority status because of their impact on families and society.

- Any substance abuse treatment program that receives funding from the SABG Block Grant is required to give preference to treatment to these individuals.
Engagement of Priority Populations

– While all individuals served have unique needs, there are priority populations identified in the State of Florida as a result of the Block Grant funding.

– The priority populations include:
  - Pregnant and Post Partum Women
  - Intravenous Drug Users
  - Services for Communicable Diseases (including tuberculosis and HIV/AIDS)
  - Prevention Services
Engagement of Priority Populations (continued)

– The Block Grant funding imposes specific requirements for outreach and engagement activities

– Identification of and immediate attention to the individual’s needs is an effective engagement strategy

– Providers need to ensure that all staff are aware of the requirements
Engagement of Priority Populations (continued)

– Care coordination is “the organization of care activities between two or more participants including the person served and family... involved in an individual’s care to facilitate the effective delivery of health care services”

– Priority populations include:
  * Persons with serious mental illness (SMI) awaiting placement in a civil state mental health treatment facility or awaiting discharge from same facility
  * Individuals with SMI or substance use disorder (SUD) who account for a disproportionate amount of behavioral health expenditures
  * Persons with a SMI or SUD who have a history of multiple arrests, involuntary placements or violations of parole leading to institutionalization or incarceration
  * Caretakers and parents with a SMI and/or SUD involved with child welfare

Source: 2016 Care Coordination Framework, Office of Substance abuse and Mental Health, Department of Children and Families
Demand for Services

– Addiction affects between 20 million and 40 million individuals in the United States (Mohammad, et al, 2017)

– The economic impact on the country is estimated to be $200 billion dollars per year in terms of lost productivity, health-related treatment costs and criminal justice expenses (Kuehn, 2013)

– One in seven individuals in the U.S. is expected to develop a substance use disorder at some point. Only one in ten will receive treatment (Seelye, 2016)

– 78 people die every day in the U.S. from opioid overdoses. This has quadrupled since 1999 (Seelye, 2016)

– 50% of those in treatment do not complete (SAMHSA, 2015)
Demand for Services

- 60% of parents in verified child maltreatment cases had evidence of a substance use disorder (DCF, 2015)
- Parental substance abuse accounts for 31% of children in child welfare (ACYF/HHS, 2014)
- 37% of homeless individuals in Florida experienced a substance use disorder (DCF, 2016)
- Between 2010 and 2015 the number of neonatal abstinence syndrome in newborns in Florida have increased by 86 percent (Florida DOH, 2015)
- Alcohol was found to be present in 49% of all drug related deaths in Florida in 2015 and was determined to be a cause of death for 17% of the decedents in which it was detected (FDLE, 2016)
Demand for Services-Drug Overdoses in Florida

– Since 2000, the rate of deaths from drug overdoses has increased 137%, including a 200% increase in the rate of overdose deaths involving opioids

– Five lives per day are lost to opioid overdose in Florida

– Florida’s mortality rate for opioid drug overdoses of 6.8 per 100,000 exceeds the national average. Florida ranks 21st out of all 50 states on this measure

– From 1999-2014, Florida’s mortality rate for opioid overdoses almost tripled

Demand for Services

(National Institutes of Health, 2014)
Demand for Services

- If there is a demand for services, why do providers experience problems with recruiting and retaining individuals in treatment??
- If there is a demand for services, why do providers experience high no show rates??
- If there is a demand for services, why do individuals not complete treatment??
- Is it us? Or is it them?
What Do We Mean by Retention and Recruitment?

– Recruitment is defined as outreach efforts to engage individuals into appropriate levels of care.

– Retention is defined as keeping clients involved in treatment activities and receiving required services.

– Both are critical for program and client success.
Why is Effective Recruitment and Retention Important?

– Drop out is a major problem in substance abuse treatment, especially during the first three months

– Drop out rates of 50-80% are typical (SAMHSA, 2015)

– Attrition results in spending considerable resources on individuals who do not subsequently engage in the treatment process

– Attrition contributes to staff frustration and burnout

– Time in treatment is a predictor of positive outcomes
Factors That May Influence Recruitment and Retention

- Sociodemographics
- Criminal justice referral and involvement
- Child protective services referral and involvement
- Pregnancy
- Supportive Therapy
- Collaborative Approach
- Same sex versus mix gender groups
- Service delivery
- Ancillary services
- Therapeutic alliance
- Counselor characteristics
- Confidence in the process
- Support systems
What is a Recruitment and Retention Strategy?

– Living, ever-changing document
– Ensures recruitment and retention is thoughtful and intentional
– Specifies action to be taken with an identified person responsible
– Created along with the implementation plan and updated frequently
– Informed by the needs assessment and environmental scan
Components of an Effective Recruitment and Retention Strategy

– Statement of need to identify the community/population’s needs—who are you trying to recruit and retain

– Recruitment and retention strategies that include recruitment and outreach efforts, selection, assessment process, orientation, supervision, training, and support)

– Appropriate intervention(s) to support the strategies identified
Components of an Effective Recruitment and Retention Strategy

- Recruitment and retention implementation plan to meet the needs of the organization and community (ies) served

- Responsible parties and timeline to implement
Who Writes the Strategy?

– Typically, managers involved with the program management write the strategy
– Front line staff implementing the strategy should have a voice in the development of the strategy
– Anyone who will be actively recruiting and providing direct services
– Individuals served
## Factors Influencing the Strategy: Potential Barriers

- Basic needs-Maslow’s hierarchy
- Similar or competing programs
- Transportation challenges
- Ability to meet the individual’s needs
- Stakeholder buy-in
- Stigma/Perceptions
- Cultural Values
- Support System
- Demands on the agency
- Funding challenges
Factors Influencing the Strategy: Individual Served

- Voluntary versus Involuntary participant
- Participants who are present but not engaged
- Motivation level
- Legal status
- Co-occurring issues
- Social determinants
Factors Influencing the Strategy: Agency Specific

- Visibility in the community
- Referral sources
- Agency reputation
- Marketing and branding
- Human capital
- Partnerships
- Ability to meet the needs of the individuals served
- Understanding of the population served
- Rural versus urban
Factors Influencing the Strategy: Staff

- Staff recruitment
- Cultural awareness
- Respect
- Reflective of the community
- Training
- Understanding of the individual’s served
Why Process Improvement?

– Customers are served by processes
– 85% of customer related problems are caused by organizational processes (NIATx)
– To better serve customers, organizations must improve processes to meet the needs of their customers
– Today’s society wants quick solutions and rapid response
Why Organizational Change?

- Small changes increase client satisfaction
- Satisfied individuals are more likely to show up and continue their treatment
- More individuals staying in treatment make the work more rewarding
- More admissions and fewer drop-outs improve the bottom line
- It’s the right thing to do!!
Efficiency and Productivity

- Reducing no-shows increases direct service hours
- Better access can bring in more admissions
- Improved continuation of services yields more billable services
- Reduced paperwork liberates more clinical hours
Staff Retention

- Staff members who view themselves as vital are more likely to stay
- Staff whose contributions are recognized and appreciated are more likely to stay
- Staff who view the organization as successful in carrying out its mission are more likely to stay
Treatment Outcomes

– Individuals who stay longer in treatment are more likely to have better outcomes
– Individuals who have good attendance are more likely to continue and benefit from treatment
– Individuals who participate in more treatment sessions are more likely to show measurable progress
Individual Satisfaction

– Individuals are sensitive to good service
– Individuals who value the care they receive are more likely to stay in treatment
– Efficient processes are more rewarding and professional
– Satisfied individuals stay and encourage others to stay
Why Do Individuals Give Repeat Business?

✓ Quality of Service
✓ Consistency
✓ Service Satisfaction
Recruitment and Retention: Is it a Problem for Our Agency?

– More than 60% of individuals leave treatment within the first month...

– In our agency, the wait time for an assessment or admission appointment is two and a half months...

– Our outpatient treatment census has on average 21 individuals a month, but we have room for 50...

– Many of the individuals who have an assessment appointment don’t show up, we have a huge no show rate...

– Why do people not show up for their treatment sessions? They must not be motivated to change...
Maybe Your Organizational Culture is Affecting Recruitment and Retention

- Attitude of indifference
- Careless environment
- Services do not live up to expectations
- Unfriendly staff
- Lack of warm handoffs
- Not meeting the needs of the client
- Misinformed staff
- They need us more than we need them

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Insanity is Doing the Same Thing Over and Over again, and Expecting a Different Result.

Albert Einstein
Key Principles of NIATx Process Improvement Model

- Understand and involve the individual
- Fix the key problems
- Pick a powerful change leader
- Get ideas from outside the organization or field
- Use rapid cycle testing to establish effective changes

Source: www.niatx.net
Process Improvement – Five Key Questions

1. What’s it like to be our customer?
2. What are we trying to accomplish?
3. How will we know a change is an improvement?
4. What changes can we test?
5. How do we sustain the gain?
What’s it Like To Be Served By Our Agency?

– A walk-through is a key component
– Staff members take roles of a new client and family member
– The goal is to see the process from a client’s perspective
– What is your agency’s experience like and what are the barriers?
What Are We Trying to Accomplish?

– Create change teams
– Initiate a change project/process improvement activity that targets one aim, one level of care, one location and one population
– Team members learn to conduct a change project to get more people into treatment and keep them engaged
How Will We Know a Change is an Improvement?

- What changes are the most important and how will we know which changes worked and which did not?
- Data is collected before, during and after testing the change
- Data is used to measure, evaluate and compare progress towards the goals that have been set
What Changes Can We Test?
PDSA Cycle

- Plan, Do, Study, Act
- **Plan** the change and how to test if it is an improvement or not...Who? What? Where? When?
- **Do** the plan. Document problems and unexpected observations. Begin to analyze the data
- **Study** the results
- **Act** on the new knowledge. Adopt, abandon or adapt the change
How Can We Sustain the Gain?

- Monitor effectiveness
- Adapt the change
- Keep the change alive
- Use data to track sustainability efforts
Examples of Walk-Through Learning

– Telephone answering protocol
– Information needed to provide assistance at first contact
– Wait time and availability of services
– Need to address access barriers
– First impression of facility
– “Welcoming” nature of the first encounter
– Helpfulness of the intake/assessment process
– Smoothness of transition from one level of care to another
Principles of Effective Treatment

– No single treatment is appropriate for everyone

– Treatment needs to be readily available

– Effective treatment attends to the multiple needs of the individual, not just his/her substance misuse

– Remaining in treatment for an adequate period of time is critical

– Many individuals with substance use disorders also have other co-occurring disorders
Principles of Effective Treatment (continued)

– Treatment does not have to be voluntary to be effective

– Substance use during treatment must be monitored continuously as lapses during treatment do occur

– Medically assisted detoxification is only the first stage of a substance misuse treatment and by itself does little to change long term substance abuse

– An individual’s treatment and services plan must be assessed continually and modified as necessary to ensure that it meets his/her changing needs
Outreach and Engagement Strategies

- Is your agency easily reached by public or private transportation?
- Are your services provided in age, gender and culturally appropriate ways?
- Does your agency provide multiple services (one stop shop) to minimize transportation time and reduce confusion for the individual served?
- Are the hours of service convenient for the individuals you serve?
- Are your staff appropriately trained?
- What is your recruitment strategy?
- What engagement practices does your agency utilize?
- Is your agency a safe place for the individuals you serve?
Importance of Retaining Priority Populations

– Case Study 1: Martin
– Case Study 2: Mara
Promising Practices: Timeliness

- Ensure access when individuals need it
- Reduce intake and assessment paperwork
- Offer assessments daily, in the evening and on weekends
- Encourage same day assessments
- Provide walk-in assessment clinic
- Ensure that your system is user friendly
- Train staff to answer questions and provide appropriate information
- Include use of peer or recovery support specialists
Promising Practices: Do Not Keep Appointments

– Engage individuals as soon as possible
– Clearly explain what the individual can expect at their first appointment
– Model individual communication or Motivational Interviewing techniques
– Get individuals in for the first appointment quickly
– Make reminder calls for scheduled intake/assessment appointments
– Identify and pay attention to immediate needs
– Call individuals who do not keep appointments to re-engage them in treatment
– Ask individuals about barriers to coming to their next appointment and help them find solutions, e.g., transportation, child care, work
– Train reception staff in Recovery Oriented Systems of Care (ROSC) and new practices
Promising Practices: Increase Admissions

• Offer outpatient orientation, pre-contemplation, and/or skill training groups
• Eliminate required length of stay; individualize and negotiate treatment plan; move to the next level of care when ready
• Build special relationships with referral sources
• Use assessments that focus on the complex needs of the individual.
• Train staff to be non judgmental and identify critical immediate needs
• Treat the person’s entire needs, not just the addiction
• Offer services during intake/one stop shop method
• Stages of Change/Motivational Enhancement Techniques
Promising Practices: Retention

- Connect individual & counselor within 48 hours
- Provide a welcoming orientation
- Identify individuals at-risk for leaving
- Use motivational enhancement strategies
- Use positive reinforcement for desired behavior
- Employ patient centered treatment
- Provide a comfortable, non-judging environment
- Assess individual needs frequently
- Offer contingency management – rewards for continuing in treatment
- Utilize motivational interviewing and enhancement strategies
- Have peers help orient and connect with new individuals
- Offer welcoming environment
- Give thank you notes and birthday cards
- Provide positive and caring staff
- Use the group to engage and reengage the individual
Summary

- Person centered treatment
- Increase customer service
- Meet the needs of the individuals served
- Recruitment and retention strategy critical to success
- Rate your agency
- User friendly system of care
- Care coordination
- Process Improvement Model
- Walkthroughs critical
- Data is your friend; identify trends
- Staff know how to answer questions and provide accurate information
- Recruitment and retention strategies are reviewed frequently
- Block grant requirements can be used to engage priority populations
QUESTIONS??

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