

The Retention Toolkit: A resource to improve retention and engagement for substance use disorders treatment

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Introduction

The Retention Toolkit was created by a small team composed of a research scientist, librarians, and a prevention specialist at the request of the Washington State Division of Behavioral Health and Recovery (DBHR). The Retention Toolkit is a website with eight primary education/training modules designed to assist substance use disorder (SUD) treatment programs in improving their client retention rates – specifically, to help clinicians and treatment organizations in the State of Washington improve client engagement and retention in SUD outpatient treatment settings in order to meet county retention goals. DBHR’s goal is to increase the percentage of clients retained in outpatient SUD treatment for at least 90 days from 62% to 70.7% among adults, and from 65% to 76.2% among adolescents.

Topics include potential barriers, communication with clients, cultural competency, motivational interviewing, use of incentives, family involvement, NIATx, and TARGET (Washington’s digital management and reporting system used by all state-funded providers to track services and outcomes). Each section of the site includes a description and rationale for the approach; tips, strategies, and success stories; resources such as links to selected online trainings, videos and webinars, and other information sources;

and references and additional reading suggestions.

The Toolkit was created in support of Governor Jay Inslee’s Results Washington Goal 4: Healthy and Safe Communities, through a partnership between the Department of Behavioral Health and Recovery (DBHR) and the Alcohol and Drug Abuse Institute at the University of Washington. Research indicates that remaining in treatment for at least 90 days correlates with positive outcomes, including a reduction in substance use and criminal justice involvement. Longer involvement in treatment also increases the likelihood of employment, increased earnings, and housing stability.

Next Steps

The Retention Toolkit was well received from the DBHR Regional Treatment Managers, and The Alcohol and Drug Abuse Institute was asked to partner with DBHR and Brandeis University to launch a quality improvement collaborative focused on improving client engagement and retention.

Treatment agency staff will be invited to attend webinars and conference calls focused on implementing changes to improve treatment engagement. As part of this process, they will also learn how to use the toolkit as a resource.

Brandeis University will collect data for their study and will be able to share with ADAI and DBHR their findings about the extent to which the Retention Toolkit helped increase SUD treatment retention rates.

ADAI will maintain the toolkit with resources and trainings that are beneficial to

SUD staff according to feedback from the agencies involved.

For more information about the Retention Toolkit please visit <http://adai.uw.edu/retentiontoolkit/>



The Retention Toolkit: A Resource to Improve Retention and Engagement for Substance Use Disorders Treatment



Introduction

The Retention Toolkit is a website with eight primary education training modules designed to assist substance use disorder (SUD) treatment programs to improve their client retention rates. Topics include: addressing barriers, communication with clients, cultural competency, motivational interviewing, use of incentives, family involvement, NIATx, and TARGET (WA state's digital management and reporting system used by all state-funded providers to track services and outcomes).

Each section of the site includes descriptions and rationale for the approach, tips, strategies, and success stories, resources such as links to selected online trainings, videos and webinars, and other information sources; and references and additional reading suggestions.

The Toolkit was created in support of Governor Jay Inslee's Results Washington Goal 4: Healthy and Safe Communities, through a partnership between the Department of Behavioral Health and Recovery (DBHR) and the Alcohol and Drug Abuse Institute at the UW.

Research indicates that remaining in treatment for at least 90 days correlates with positive outcomes, including a reduction in substance use and criminal justice involvement.

Longer involvement in treatment also increases the likelihood of employment, increased earnings and housing stability.

Goals

The Toolkit was developed to help clinicians and treatment organizations in Washington State improve client engagement and retention in SUD outpatient treatment settings in order to meet court retention goals. DBHR's goal is to increase the percentage of clients retained in outpatient SUD treatment for at least 90 days from 62% to 70.7% in adults, and from 65% to 76.2% in adolescents.

- The toolkit is easy to use and includes resources for individual providers, other staff who interact with clients, or entire organizations may select as most appropriate for their needs.
- The toolkit connects users to a variety of resources, primarily online, and particularly incorporates resources on the NIATx website.
- The toolkit offers a variety of options to match programs' and providers' resources and time.
- There are helpful tips, strategies, and resources to support program-wide process improvement.

<http://adai.uw.edu/retentiontoolkit/>

Results

The Washington State Department of Behavioral Health has extended funding for the Retention Toolkit, to provide for ongoing maintenance, updates, and assisting outpatient treatment agencies with any questions pertaining to using the resources included.

Brandeis University in Waltham, Massachusetts, had been doing a study related to improving retention rates in Washington State and recently extended that study to examine the impact the Retention Toolkit has on retention and engagement for state-funded providers.

The Toolkit launched on January 1, 2015 and as of April 21st, the website has had:

- 1149 sessions
- 782 users
- 3237 pages viewed

New vs. Returning Visitors

Next Steps

The University of Washington's Alcohol and Drug Abuse Institute, the Washington State Department of Behavioral Health and Recovery, and Brandeis University will collaborate and launch a quality improvement collaborative focused on improving client engagement and retention.

Treatment agency staff will be invited to attend webinars and conference calls focused on implementing changes to improve treatment engagement. As part of this process, they will also learn how to use the toolkit as a resource.

Brandeis University will collect data for their study and will be able to share with ADAI and DBHR if the Retention Toolkit used as a resource was beneficial to increasing SUD retention rates.

ADAI will maintain the toolkit with resources and trainings that are beneficial to the SUD staff from feedback of the agencies.

More Information

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Method

- We surveyed Washington State providers about barriers to retention and engagement, and received responses from 201 participants. In addition, workshop attendees at the October 2014 Co-Occurring Disorders and Treatment Conference in Yakima provided feedback and suggestions, which were also incorporated into the final toolkit.
- A list of barriers to treatment was created and incorporated into the toolkit in order to address the specific needs of the outpatient treatment program.
- Eight education modules were selected based on identified barriers to treatment from the survey and feedback from DBHR and providers.
- Information and resources from the NIATx website were incorporated into the eight dimensions of education.
- Articulate Storyline software was used to design interactive training modules focused on effective communication methods and suitable for all members of an organization, from front-desk staff to front-line clinicians.

2014 DBHR WA State Provider Survey

Here are the top 12 most reported agency-level impediments to client care the # of times each was reported:

1. Transportation (12)
2. Lack of safe/secure housing (12)
3. Client's (12) missing or incomplete information (12)
4. Lack of funding (12) (not enough for insurance)
5. Lack of motivation (24)
6. Co-occurring disorders (24)
7. Employment/academic commitments; scheduling challenges (24)
8. Lack of family support (12)
9. Clients lack the skills to schedule and attend multiple appointments; need reminders (12)
10. Lack of services (such as case management, large case loads, timeliness of appointments) (12)