Abstract

Aim
Disruptions in the addiction treatment continuum of care occur during transitions between levels of care. Key points of discontinuation are detox to treatment, residential to step-down services, and specialty addiction care to recovery supports. Weak transition rates are common (e.g., 0-24 percent). Sites participating in Advancing Recovery and other NIATx initiatives have developed process improvements to strengthen transitions. Qualitative review of system reforms describes successful strategies for improving retention across the continuum of care.

Method
Advancing Recovery and NIATx are system and organizational improvement initiatives that created learning communities consisting of addiction treatment agencies. Participants received process improvement coaching and in-person training through teleconferences and site visits. Qualitative interviews and a review of data included in project reports identified strategies that improved successful transition rates and retention in care following transitions in level of care. Case examples illustrate how sites improved three “high-risk” transitions.

Results
Three strategies enhanced retention in care: 1) integrate treatment plans between modalities of care; 2) conduct warm hand-offs; and, 3) assign someone to assure the individual makes it to the next modality and engages in services. As a result of these strategies, transitions between hospital detoxification and residential or outpatient treatment improved from 36 to 54 percent in a rural community mental health center in Kentucky. Residential to outpatient transfers in an urban Iowa agency improved from 18 to 62 percent. Rhode Island introduced continuing care following outpatient treatment and increased the use of recovery-based services from 0 to more than 20 per quarter.

Conclusion
The improvement strategies tested in these pilot applications could provide a theoretical framework for empirical research on the causes of and how to strengthen the continuum of care across services.

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Future Directions
1. More research to quantify transition rates and what contextual factors impact them.
2. Establish databases that track consumers longitudinally across levels of care.
3. Examine the effect of incomplete transitions on clinical outcomes.
4. Test promising practices in a randomized control trial.

References