

## Mid-Columbia Center for Living

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Mid-Columbia Center for Living (MCCFL) is a behavioral health company that provides mental health and addiction treatment services. We serve two rural and two frontier counties with program offices in each county. We provide DUI education, Drug Court, adolescent substance abuse treatment, adult intensive outpatient (IOP) and outpatient (OP) substance abuse treatment. In the last year we served 449 clients.

### INCREASING OUTPATIENT CONTINUATION AT HOOD RIVER

**Change Leader:** Rachel Spigal, [rachel\\_spigal@class.oregonvos.net](mailto:rachel_spigal@class.oregonvos.net)

**Team Members:** E. Quintanilla, C. Lopez, A. Brooks, R. Mosqueda, N. Heller, J. Patterson, K. Duby, T. Jacobson, S. Guidera, and V. Bellus

**Location:** Hood River

**Level of Care:** Outpatient

**Population:** All adult outpatient clients

**Aim Addressed:** Increase continuation rates

**Start Date:** December 1, 2004

**Project Status:** Completed as of December 21, 2005

### GOALS AND MEASURES

Continuation at the Hood River outpatient site had been low, about 44%. In the past, the staff had not observed the low rate of continuation due to a high demand for services that kept staff working at capacity. Furthermore, we had low no-show and cancellation rates for scheduled appointments. After recognizing our low continuation rates, we set a target of increasing continuation of clients, defined as four post-assessment treatment sessions, to 53%.

### CHANGES IMPLEMENTED

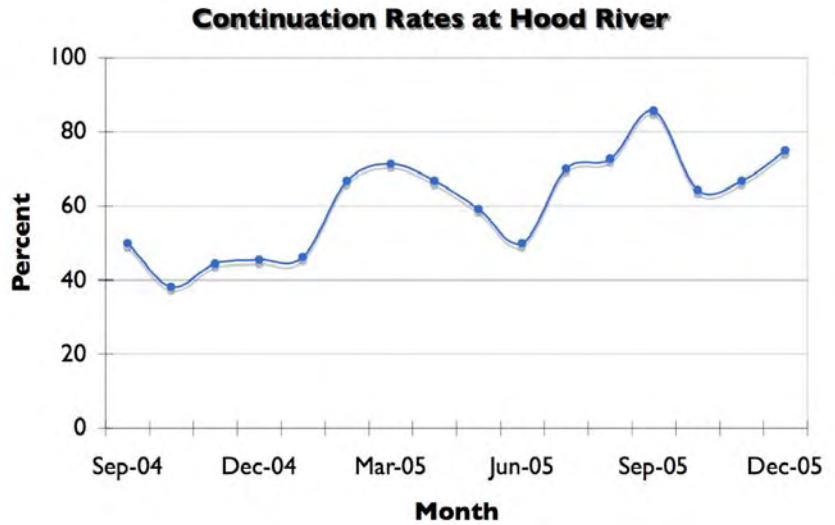
In our Change Project, we implemented the following changes:

- Created a multi-session appointment card to help clients keep better track of their appointments
- Awarded \$10 gift certificates to clients after their fourth post-assessment treatment session
- Offered a pizza party to group counseling attendees after every four sessions in which the group had 100% attendance
- Provided court mandated clients with written clarification of expectations for group attendance

- Used a motivational outreach to clients who cancelled or did not show for appointments

## IMPACT AND LESSONS LEARNED

In the first two months of the Change Project, December 2004 and January 2005, our continuation rates showed little improvement, averaging 46%. In the next four months (February–May 2005), however, our continuation rates increased to an average of 66%, a 40% improvement over our baseline data. After a few months of sustained improvement, we ran two additional change cycles. These changes resulted in a 73% average continuation rate in August–November 2005.



- After studying the problem, we found that group treatment sessions were the service that clients were most likely to no-show or cancel. We also observed that attendance in the English-language groups had been lower than the Spanish-language groups—70% attendance compared to 94% attendance, respectively. After we implemented the pizza party group incentive, attendance in the English-language groups increased to 87%. Attendance for the Spanish-language group remained stable at 94%.
- We learned that regardless of how clearly we provided directions verbally and in writing for a Change Project, there remained a possibility that directions would be misinterpreted. Providing standard information to all clients took a great deal of staff follow-through to ensure that all staff were doing the same activities the same way.
- We have sustained the gains in continuation made in these changes because we have incorporated them into the regular treatment process. We learned through other Change Projects that if a behavior is not made part of a process, it will not be sustained.
- We cannot pinpoint the precise effects of this Change Project on revenues, as we pursued other Change Projects during the same time period. Overall, the 2005 revenue in our Hood River alcohol and drug program represented a 16% increase over the 2004 revenue.