

**NIATx Bridge Project
Linking
Residential and Outpatient**



Goal: To improve outcomes for residential treatment by improving engagement and retention rates post residential level of care.

Business Case:

1. Could increase our outpatient utilization by 10-15%.
2. Could increase our reputation for residential service, thus making it easier to fill our private pay beds.
3. Make us better positioned to survive if the State ever seeks to impose a managed system of care for residential level of care.

Some Strategic Observations:

The linkages between most residential programs and the outpatient programs are too weak to support strong outcomes for clients who enter residential programs.

There is no strategic plan to determine what types of residential treatment we need in Oregon or what type of treatment is most effective and efficient for each client.

Key variables, such as length of stay or treatment modality, are left up to the treatment provider to determine what to offer.

What program a client is referred to is dependent on

(a) what is available,

(b) what program the referring agent is familiar with.

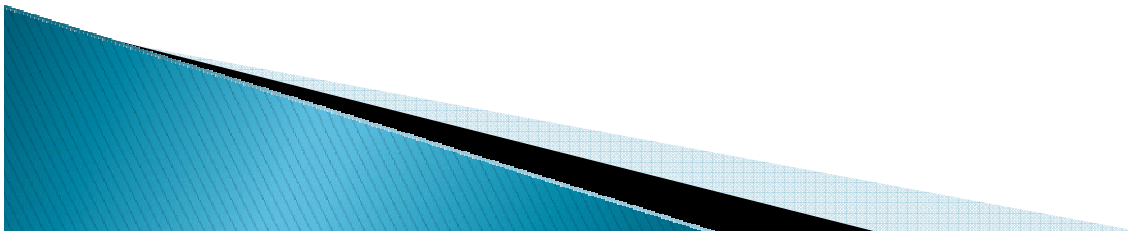
Neither the provider, in designing the system, nor the referring agent, in choosing the program, is guided by outcome data.

No actual data correlating client characteristics, length of stay, and outcomes.

No data ties residential services for severe addicts with savings in health care utilization, child welfare, or criminal justice recidivism.

Elements we found necessary for engagement and retention of residential clients:

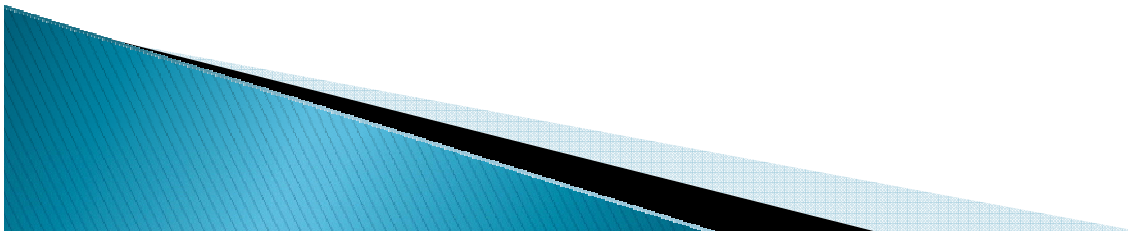
1. Continuous attention to outcomes, especially to engagement and retention of services post-residential



Elements we found necessary for engagement and retention of residential clients:

2. Continuous involvement of the outpatient counselor that the client will go to after their stay in all elements of residential treatment

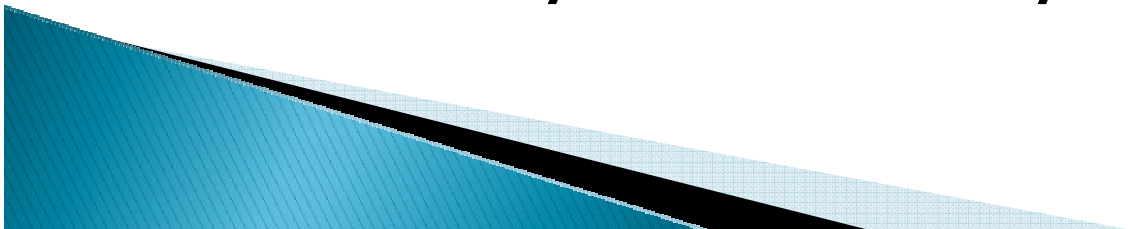
3. Strong family component in treatment



Elements we found necessary for engagement and retention of residential clients:

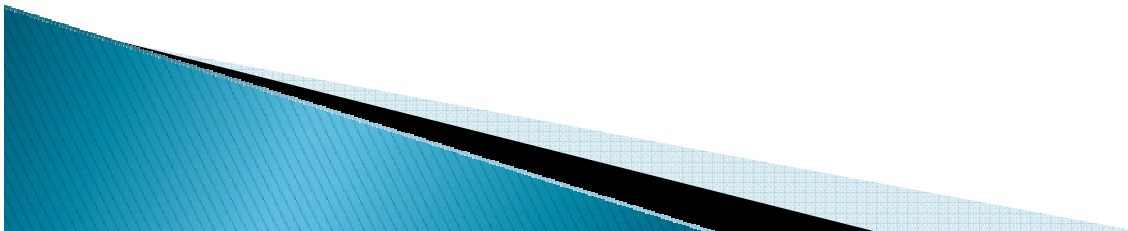
4. Engagement of **recovery coaches** beginning at the start of residential treatment and continuing that involvement many months after discharge

5. Strong engagement with local recovery community



Elements we found necessary for engagement and retention of residential clients:

6. Outpatient groups that are geared to graduates of residential programs and are not pre-contemplator DUII groups



**Elements we found necessary for
engagement and retention of
residential clients:**

7. Safe and Sober Housing

