

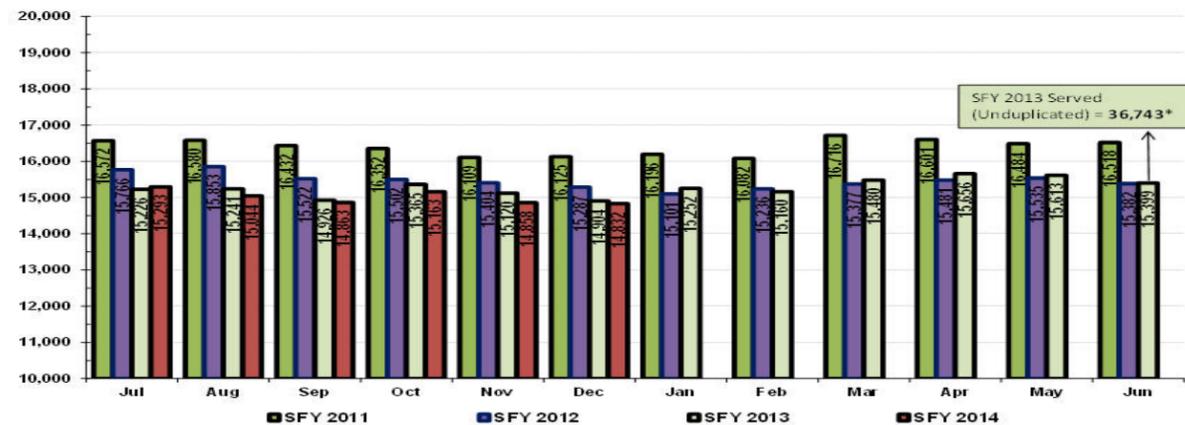
### Clarify the Problem

Retaining chemically dependent individuals in treatment, per their individual treatment plan, is essential to their recovery. The Division of Behavioral Health and Recovery is committed to working with County Governments to improve retention rates of publically funded patients in adult outpatient chemically dependency treatment. Research indicates that remaining in treatment for at least 90 days is associated with positive outcomes, such as reduction in substance use and criminal justice involvement.

### Breakdown the Problem

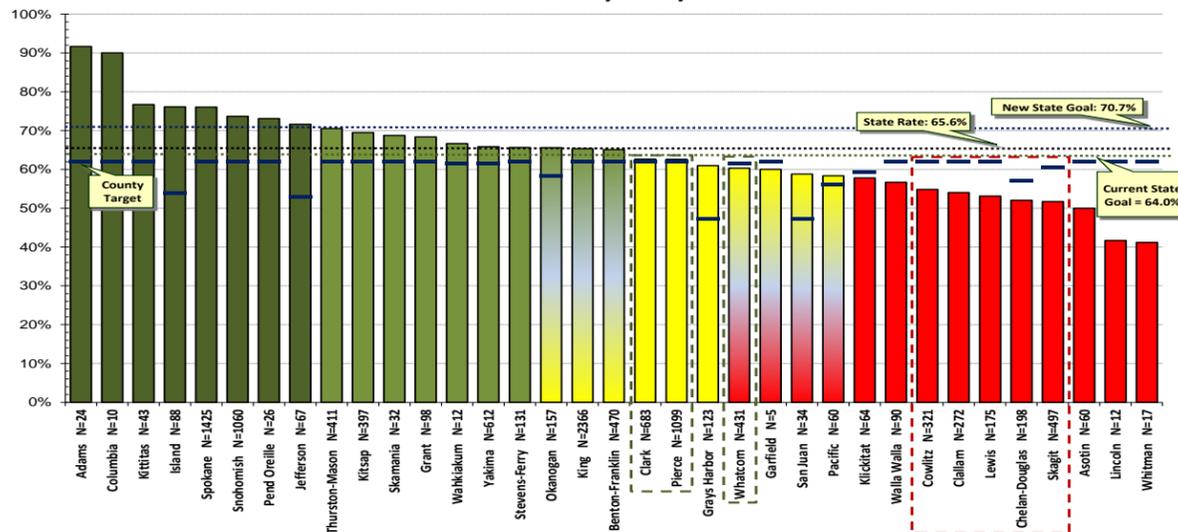
- Retention is challenging with limited funding for outreach and case management for the providers to connect with the patients outside of the office.
- While there are many counties that are performing above the goal, there are some counties with low performance that may need technical assistance.

Adult Chemical Dependency Outpatient Caseload:  
Persons Served between July and June



\* "SFY 2013 Served" is an unduplicated count of adults (persons 18 years of age and older) served in publically-funded outpatient treatment or Opiate Substitution Treatment between July 1, 2012 and June 30, 2013.

Adult Outpatient (Contract) Treatment Retention by Governing County  
February - July 2013



### Target Setting

- Increase the percent of outpatient chemical dependency treatment retention in adults from state fiscal year average of 68.7% to 70.7% by June 30, 2015.

### Identify Root Cause

- Lack of case management ability by the treatment programs for issues such as client engagement, money for transportation and assistance to get into supportive housing
- Adult outpatient clients not being retained at the rate that is set above currently

### Identify Countermeasures

Root Cause	Proposed Countermeasure	Feasibility	Cost	Risk	Impact
Lack of case management	Explore new mechanism and protocols for case management	Good	Low – staff time and policy change	Low – represents minimal risk	High – stands to directly impact retention in a short period of time
Adult outpatient clients not being retained	Continue using Performance Based Contracting to improve retention in Adult Outpatient, increase contracted target and add technical assistance tools for use by providers	Good	Low – currently implemented	Low – no risk to patients or services	High – currently in place, increased retention from 62% to 65.6% in two years already

### Action Plan

ID#	Problem to be solved	Action Item	Lead	Team	Due Date	Status
1	Further review to create actions plans	Workgroup to review identified countermeasures for feasibility and potential impact	Michael Langer; Eric Larson		March 1, 2014	Complete
2	Establish implementation of two countermeasures above	Convene internal workgroup to establish timeline, implementation plan and actual products for implementation	Eric Larson	DBHR OBHP Office Staff	May 1, 2014	

### Evaluate Results Standardize , then Repeat

An implementation plan for the counter measures will be determined by May 1, 2014. Selected plans will begin no later than July 1, 2014 to meet the goal by June 30, 2015.