

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
OFFICE OF DRUG CONTROL POLICY**

TREATMENT TECHNICAL ADVISORY # 05

SUBJECT: Welcoming

ISSUED: October 1, 2006

PURPOSE:

The purpose of this technical advisory is to establish expectations for the implementation of a welcoming philosophy.

SCOPE:

This technical advisory applies to the Regional Substance Abuse Coordinating Agencies (CAs) and their provider network, as administered through the Michigan Department of Community Health, Office of Drug Control Policy (MDCH/ODCP).

It is expected that all CA and provider network staff involved in the provision of substance abuse services understand and take action to operate within these welcoming principles. These actions consist of reviewing business practices, identifying areas in need of improvement, and implementing identified changes.

BACKGROUND:

A welcoming philosophy is based on the core belief of dignity and respect for all people, while, in turn, following good business practice. The concept of welcoming became popular in the 1990s, when there was an increased emphasis on co-occurring disorder treatment. In this context welcoming was determined to be an important factor in contributing to successful client outcomes.

The goal of addiction treatment is to move individuals along the path of recovery. There are two main features of the recovery perspective. It acknowledges that recovery is a long-term process of internal change and it recognizes that these internal changes proceed through various stages. As addiction is a chronic disease, it is characterized by acute episodes or events that precipitate a heightened need for an individual to change their behavior. It is important for the system to understand and support the treatment-seeking client by providing an environment including actions/behavior that foster entry and engagement throughout the treatment process and supports recovery.

The Network for the Improvement of Addiction Treatment (NIATx) has expanded the application of welcoming principles to include all customers of an agency (agency staff, referral sources, client families). This technical advisory concurs with this expanded perspective. The NIATx "Key Paths to Recovery" goals of reduced waiting, reduced no shows, increased admissions, and increased continuation in treatment, incorporate an expectation for a welcoming philosophy.

TREATMENT TECHNICAL ADVISORY # 05

ISSUED: October 1, 2006

Page 2 of 5

RECOMMENDATIONS:

Welcoming is conceptualized as an accepting attitude and understanding of how people ‘present’ for treatment. It also reflects a capacity on the part of the provider to address the client’s needs in a manner that accepts and fosters a service and treatment relationship. Welcoming is also considered a best practice for programs that serve persons with co-occurring mental health and substance use disorders.

The following principles list the characteristics/attitudes/beliefs that can be found at a program or agency that is fostering a welcoming environment:

General Principles Associated with Welcoming

- Welcoming is a continuous process throughout the agency/program and involves access, entry, and on-going services.
- Welcoming applies to all “clients” of an agency. Beside the individual seeking services and their family, a client also includes the public seeking services; other providers seeking access for their clients; agency staff; and the community in which the service is located and/or the community resides.
- Welcoming is comprehensive and evidenced throughout all levels of care, all systems and service authorities.
- A welcoming system is ‘seamless’. It enables service regardless of original entry point, provider and current services.
- In a welcoming system, when resources are limited or eligibility requirements are not met, the provider ensures a connection is made to community supports.
- A welcoming system is culturally competent and able to provide access and services to all individuals seeking treatment.

Welcoming – Service Recipient

- There is openness, acceptance, and understanding of the presenting behaviors and characteristics of persons with substance use disorders.
- For persons with co-occurring mental health problems, there is openness, acceptance, and understanding of their presenting behaviors and characteristics.
- Welcoming is recipient-based and incorporates meaningful client participation and ‘client satisfaction’ that includes consideration to the family members/significant others.
- Services are provided in a timely manner to meet the needs of individuals and/or their families.
- Clients must be involved in the development of their treatment plans and goals.

Welcoming – Organization

- The organization demonstrates an understanding and responsiveness to the variety of help-seeking behaviors related to various cultures and ages.

TREATMENT TECHNICAL ADVISORY # 05

ISSUED: October 1, 2006

Page 3 of 5

- All staff within the agency integrates and participates in the welcoming philosophy.
- The program is efficient in sharing and gathering authorized information between involved agencies rather than having the client repeat it at each provider.
- The organization has an understanding of the local community, including community differences, local community involvement and opportunities for recovery support and inclusion by the service recipient.
- Consideration is given to administrative details such as sharing paperwork across providers, ongoing review to streamline paperwork to essential and necessary information.
- A welcoming system is capable of providing follow-up and assistance to an individual as they navigate the provider and the community network(s).
- Welcoming is incorporated into continuous quality improvement initiatives.
- Hours of operation meet the needs of the population(s) being served.
- Personnel that provide the initial contact with a client receive training and develop skills that improve engagement in the treatment process.
- All paperwork has purpose and represent added value. Ingredients to managing paperwork are the elimination of duplication, quality forms design and efficient processing, transmission, and storage.

Welcoming – Environmental and Other Considerations

- The physical environment provides seating, space, and consideration to privacy, a drinking fountain and/or other ‘amenities’ to foster an accepting, comfortable environment.
- The service location is considered with regard to public transportation and accessibility.
- Waiting areas include consideration for family members or others accompanying the individual seeking services.

Staff Competency Principles

- Skills and knowledge appropriate to staff and their roles throughout the system (reception, clinical, treatment support, administrative).
- Staff should have the knowledge and skill to be able to differentiate between the person and their behaviors.
- Staff should be respectful of client boundaries in regards to personal questions and personal space.
- Staff uses attentive behavior, listening with empathy not sympathy.

Performance Indicators

CAs are expected to include a provision in their provider network contracts requiring welcoming principles be implemented and maintained.

TREATMENT TECHNICAL ADVISORY # 05

ISSUED: October 1, 2006

Page 4 of 5

Client satisfaction surveys are expected to incorporate questions that address the ‘welcoming’ nature of the agency and its services.

CAs include consideration to welcoming principles in their provider network site visit protocols. MDCH/ODCP may review these provider network protocols during their visits to the CA.

REFERENCES:

5 Promising Practices Improving Timeliness. Retrieved July 6, 2006, from Network for the Improvement of Addiction Treatment website: www.NIATx.net

5 Promising Practices Increasing Admissions. Retrieved July 6, 2006, from Network for the Improvement of Addiction Treatment website: www.NIATx.net

5 Promising Practices Increasing Continuation. Retrieved July 6, 2006, from Network for the Improvement of Addiction Treatment website: www.NIATx.net

5 Promising Practices Reducing No Shows. Retrieved July 6, 2006, from Network for the Improvement of Addiction Treatment website: www.NIATx.net

Center for Substance Abuse Treatment. (2005). *Substance Abuse Treatment for Persons With Co-Occurring Disorders*, Treatment Improvement Protocol (TIP) Series 42. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

Key Pathways to Recovery. Retrieved July 6, 2006, from University of Wisconsin Madison website: <https://chess.chsra.wisc.edu/pathstorecovery/PathsToRecovery/TopPaths.asp>

Key Pathways to Recovery – First Request for Service. Retrieved July 6, 2006, from University of Wisconsin Madison website: <https://chess.chsra.wisc.edu/pathstorecovery/PathsToRecovery/FirstRequest.asp>

Key Pathways to Recovery - Intake. Retrieved July 6, 2006, from University of Wisconsin Madison website: <https://chess.chsra.wisc.edu/pathstorecovery/PathsToRecovery/Intake.asp>

Key Pathways to Recovery – Moving Patients Into and Through Appropriate Levels of Care. Retrieved July 6, 2006, from University of Wisconsin Madison website: <https://chess.chsra.wisc.edu/pathstorecovery/PathsToRecovery/LevelsCare.asp>

Key Pathways to Recovery - Paperwork. Retrieved July 6, 2006, from University of Wisconsin Madison website: <https://chess.chsra.wisc.edu/pathstorecovery/PathsToRecovery/Paperwork.asp>

TREATMENT TECHNICAL ADVISORY # 05

ISSUED: October 1, 2006

Page 5 of 5

Key Pathways to Recovery - Outreach. Retrieved July 6, 2006, from University of Wisconsin Madison website:

<https://chess.chsra.wisc.edu/pathstorecovery/PathsToRecovery/Outreach.asp>

Key Pathways to Recovery - Scheduling. Retrieved July 6, 2006, from University of Wisconsin Madison website:

<https://chess.chsra.wisc.edu/pathstorecovery/PathsToRecovery/Scheduling.asp>

Key Pathways to Recovery – Social Support. Retrieved July 6, 2006, from University of Wisconsin Madison website:

<https://chess.chsra.wisc.edu/pathstorecovery/PathsToRecovery/SocialSupport.asp>

Key Pathways to Recovery – Therapeutic Engagement. Retrieved July 6, 2006, from University of Wisconsin Madison website:

<https://chess.chsra.wisc.edu/pathstorecovery/PathsToRecovery/Therapeutic.asp>

Mee-Lee, David. (2004). *Tips and Topics*, Volume 2, No.7. Retrieved July 6, 2006, from David Mee-Lee, M.D. Training & Consulting website:

<http://www.dmlmd.com/2004.11.ezine.html>

Owens, Betta H. (2006). *Network for the Improvement of Addiction Treatment Update.* Retrieved July 6, 2006, from Network for the Improvement of Addiction Treatment website:

www.NIATx.net

White, W.L., Kurtz, E., Sanders, M. (2006). *Recovery Management.* Chicago, IL: Great Lakes Addiction Technology Transfer Center.

White, William. (2005). *Recovery Management: What If We Really Believed That Addiction Was A Chronic Disorder?* Retrieved from Great Lakes Addiction Technology Transfer Center website: <http://www.glattc.org>

APPROVED BY: _____



Donald L. Allen, Jr., Director
Office of Drug Control Policy