



Promising Practices	Financial Impact			
	Priority*	Reduce Costs	Increase Revenue	Increase Staff Retention
Reduce Waiting Time to Assessment				
Create Capacity Using Existing Resources				
Centralize Appointment Scheduling	A1	Y	Y	Y
Cross-train Counselors and Assign Backups for Assessments	A2		Y	Y
Double-book Time Slots	B2		Y	
Eliminate Excessive Paperwork	A2	Y		Y
Establish Walk-in Hours	A3	Y	Y	
Offer More Groups Instead of Individual Sessions	A2	Y	Y	
Re-assign Non-clinical Tasks Performed by Counselors	B2	Y	Y	Y
Use All Time Slots Including Special Use Time Slots	A1		Y	
Reduce Delays				
Adjust Staff Schedules to Meet Client Demand	A2		Y	
Combine Multiple Intake and Assessment Appointments	A2	Y	Y	
Make Appointments during the First Call	A1	Y	Y	Y
Refer Clients Elsewhere	C1			
Schedule the First Appointment before Researching Financial Arrangements	B1	Y		
Reduce No-shows to Assessments				
Eliminate Barriers				
Adjust Staff Schedules to Meet Client Demand	A2		Y	
Establish Walk-in Hours	A3	Y	Y	
Help Eliminate Barriers to Treatment	A2		Y	Y
Enhance Motivation				
Collaborate with Referrers to Motivate Clients	B2		Y	Y
Follow-up with No-shows	A2		Y	Y
Include Family and Friends	B2		Y	Y
Keep in Touch with Clients on the Waiting List (Residential)	A2		Y	Y
Orient Clients	A2		Y	Y
Remind Clients about Appointments	A2		Y	Y
Use Motivational Incentives	B2		Y	Y
Use the Spirit of Motivational Interviewing during the First Contact	A2		Y	Y
Reduce Waiting Time for Treatment				
Create Capacity Using Existing Resources				
Add Beds or Provide Housing (Residential)	A3		Y	
Centralize Appointment Scheduling	A1	Y	Y	Y
Eliminate Excessive Paperwork	A2	Y		Y
Offer Groups that Remain Open to New Members	A2		Y	
Offer More Groups Instead of Individual Sessions	A2	Y	Y	
Re-assign Non-clinical Tasks Performed by Counselors	B2	Y	Y	Y
Transition Clients to the Next Level of Care as Soon as They are Ready	A2		Y	
Reduce Delays				
Adjust Staff Schedules to Meet Client Demand	A2		Y	
Offer Help while on the Waiting List (Residential)	A2		Y	Y

* Expected Benefit: A=High; B=Medium; C=Low.

Ease of Implementation: 1=Easy; 2=Requires some time and resources; 3=Requires significant time and resources



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Refer Clients Elsewhere	C1			
Screen Callers Live on First Call (Opioid Treatment)	A2		Y	
Use Instant Urine Tests (Opioid Treatment)	A2		Y	
Increase Continuation within One Level of Care				
Eliminate Barriers				
Assign Counselor with 48 Hours of First Treatment (Opioid Treatment)	A1			
Offer a Safe, Private, and Clean Physical Environment	A2		Y	Y
Help Eliminate Barriers to Treatment	A2		Y	Y
Adjust Staff Schedules to Meet Client Demand	A2		Y	
Meet with a Counselor and a Case Manager within 24 hours of Admission (Residential)	A2		Y	Y
Eliminate the Blackout Period (Residential)	A1		Y	Y
Avoid Friday Admissions (Residential)	A1		Y	Y
Eliminate Responsibilities during the First Two Weeks of Treatment (Residential)	A1		Y	Y
Enhance Motivation				
Orient Clients	A2		Y	Y
Remind Clients about Appointments	A2		Y	Y
Establish Attendance Policy (Opioid Treatment)	A1		Y	
Follow-up with No-shows	A2		Y	Y
Ask Clients to Participate in Treatment Planning	A1		Y	Y
Encourage Clients to Use PDSA Cycles to Test Their Own Changes	A2		Y	Y
Tailor Treatment to Each Client's Circumstances and Needs	A2		Y	Y
Offer Groups for Clients Not Ready to Start Treatment	A2		Y	Y
Give Counselors Regular Feedback on No-show and Continuation Rates	A2		Y	Y
Identify Clients at Risk for Leaving and Intervene	A2		Y	Y
Use Motivational Interviewing during Treatment	A2		Y	Y
Get Clients to Commit to Attend the First Four Treatment Sessions	A1		Y	Y
Assign Peer Buddies	B2		Y	Y
Build Community Among Clients	B2		Y	Y
Include Family and Friends	B2		Y	Y
Use Motivational Incentives	B2		Y	Y
Collaborate with Referrers to Motivate Clients	B2		Y	Y
Increase Continuation between Levels of Care				
Eliminate Barriers				
Blend Levels of Care	A2		Y	Y
Collaborate with Referrers to Streamline the Process	B3	Y	Y	Y
Encourage Referrers to Make the First Appointment while the Client is Present	A1		Y	
Hold Joint Staffings	B2		Y	Y
Overlap Levels of Care	B2		Y	Y
Streamline Paperwork between Levels of Care	B2	Y		Y
Use Video Conferencing	B3	Y	Y	
Enhance Motivation				
Collaborate with Referrers to Motivate Clients	B2		Y	Y
Include Family and Friends	B2		Y	Y
Map Out Continuing Care	B1		Y	Y
Offer a Tour Guide	A3		Y	Y



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Offer Telephone Support	B2		Y	Y
Orient Clients	A2		Y	Y
Transition Clients to the Next Level of Care as Soon as They are Ready	A2		Y	
Use Motivational Incentives	B2		Y	Y
Use Motivational Interviewing during Treatment	A2		Y	Y
Increase Admissions				
Increase Referred Clients who Get Admitted				
Assign Each Referrer a Single Contact Person	B1		Y	Y
Collaborate with Referrers to Streamline the Process	B3	Y	Y	Y
Encourage Referrers to Make the First Appointment while the Client is Present	A1		Y	
Guide Referrers to Make Appropriate Referrals	A1		Y	
Include Family and Friends	B2		Y	Y
Map Out Continuing Care	B1		Y	Y
Offer a Tour Guide	A3		Y	Y
Orient Clients	A2		Y	Y
Use Motivational Incentives	B2		Y	Y
Use Video Conferencing	B3	Y	Y	
Increase Targeted Referrals				
Become the Preferred Provider for Selected Referrers	A2		Y	Y
Improve the Payer Mix	B3		Y	
Offer Intervention Services	A3		Y	
Offer New, Specialized Services	A2		Y	Y
Publicize Your New and Improved Services	A3		Y	Y
Reward Clients for “In-reach” (Opioid Treatment)	A2		Y	
Tailor Brochures for Each Referral Source	B2		Y	
Increase Collections				
Increase Collection of Client Co-pays	B		Y	
Increase Collections from Insurance Companies	B		Y	
Use Contingency Management to Collect Client Fees (Opioid Treatment)	B2	Y	Y	