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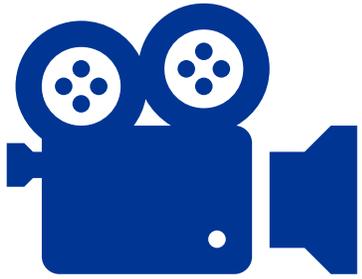


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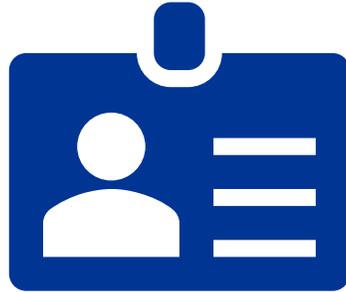
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# Mutual Agreement

- Everyone on every Program Evaluation and Research Unit (PERU) webinar is **valued**. Everyone has an expectation of **mutual, positive regard** for everyone else that respects the **diversity** of everyone on the webinar.
- We operate from a **strength-based, empathetic, and supportive** framework – with the people we serve, and with each other on PERU webinars.
- We encourage the use of **affirming language** that is not discriminatory or stigmatizing.
- We treat others as **they** would like to be treated and, therefore, avoid argumentative, disruptive, and/or aggressive language.



# Mutual Agreement (continued)

- We strive to **listen** to each person, avoid interrupting others, and seek to **understand** each other through the Learning Network as we work toward the highest quality services for Centers of Excellence (COE) clients.
- Information presented in Learning Network sessions has been vetted. We recognize that people have different opinions, and those **diverse perspectives** are welcomed and valued. Questions and comments should be framed as **constructive feedback**.
- The Learning Network format is **not conducive to debate**. If something happens that concerns you, **please send a chat during the session** to the panelists and we will attempt to make room to address it either during the session or by scheduling time outside of the session to process and understand it. **Alternatively, you can reach out offline to your PERU point of contact.**



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# Acknowledgements

- The COE project is a partnership of the University of Pittsburgh's Program Evaluation and Research Unit and the Pennsylvania Department of Human Services; and is funded by the Pennsylvania Department of Human Services, grant number 601747.
- COE Vision: The Centers of Excellence will ensure care coordination, increase access to medication-assisted treatment and integrate physical and behavioral health for individuals with opioid use disorder.



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# Intake Paperwork Reduction

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# Learning Objectives

**By the end of this session, trainees should be able to do the following:**

- Identify the **key components** of the COE intake process
- Discuss the **benefits** to clients and staff of a **streamlined** intake process
- Examine **common barriers** to intake, such as redundant assessments and questions, and **explore strategies** to address them



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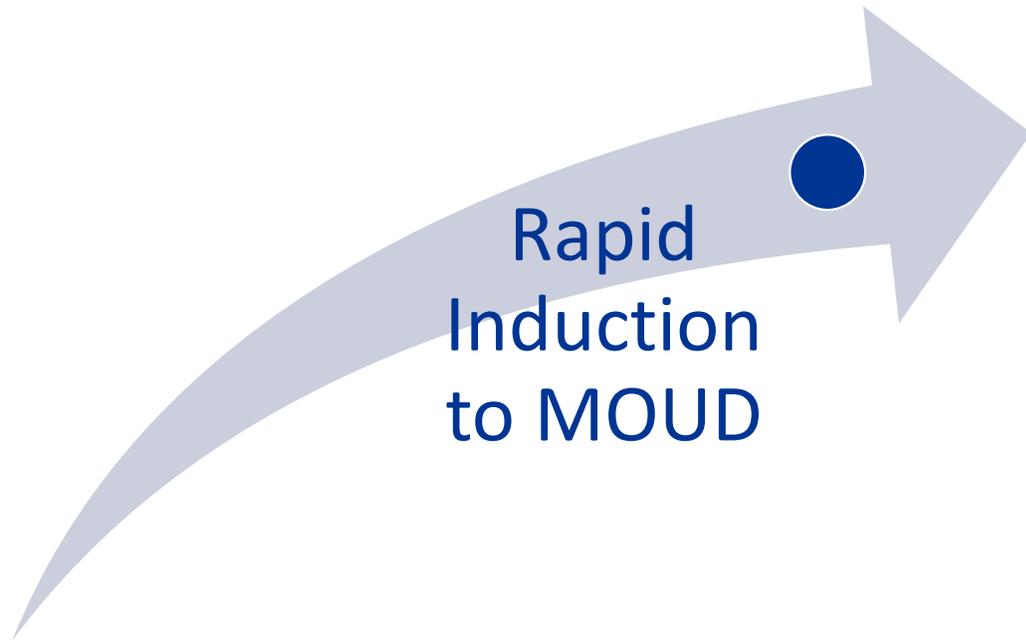
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# Background

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# Guiding Principles Connection

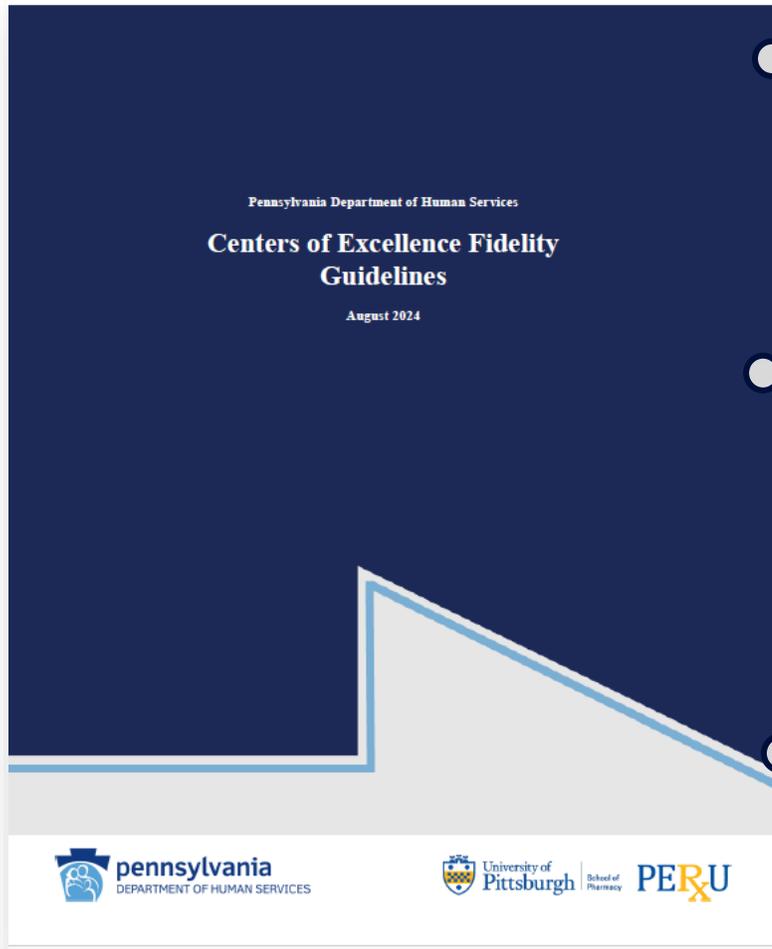


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# Fidelity to the COE Model



Covers essential components

Less than 120 minutes

Conducted by trained staff

# Care Management Intake Versus Clinical Intake

Clinical Intake	Care Management Intake
Gathers comprehensive information	Evaluates overall health status
Assess health needs	Coordinates care
Clinical approach	Holistic approach



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# The Problem with Lengthy Intake Processes

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**Client Disengagement<sup>1</sup>**

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**Barriers to Engagement<sup>1</sup>**

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**Increased Discomfort<sup>1</sup>**

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**Delays in Treatment<sup>1</sup>**

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**Reduced Satisfaction<sup>2</sup>**



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# Benefits and Challenges

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# Poll

- What is the biggest **barrier** to **streamlining** intake at your COE?
- Which part of the COE intake creates the **most stress** for clients?
- What **slows down** your COE intake process the most?



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# Challenges in the Intake Process



Regulatory  
and payor  
**requirements**



**Length of**  
assessments



Client  
**discomfort**



Difficulty in  
**answering**  
questions



Impact of  
**withdrawal**  
symptoms



Inconsistency  
with **clinical**  
**judgment**



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## Discussion Question

How do you **address** these **challenges** at your COE?



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# Client Benefits of Streamlined Intake



Improved  
**engagement**



Accurate  
**information**  
collection



Effective **level-**  
**of-care**  
placement



Identification  
of **treatment**  
**needs**



Building  
**trusting**  
relationships



**Retention** in  
treatment



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# Staff Benefits of Streamlined Intake



Enhanced job satisfaction

Better treatment recommendations

Reduced burnout



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## Discussion Question

Where do you see the greatest opportunity to make intake both **more efficient** and **more client-centered**?



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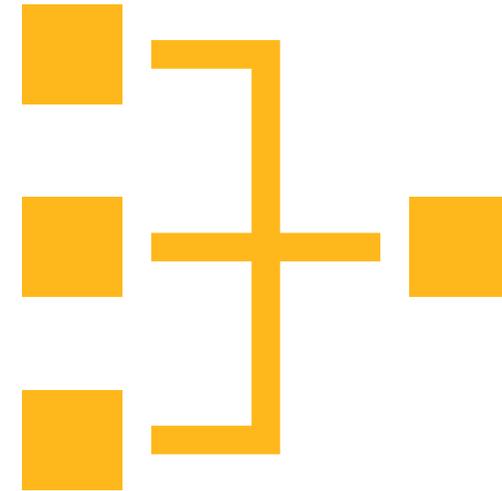
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# Application

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# Streamlining Intake Assessment

- **Standardized** intake forms<sup>1</sup>
- **Motivational interviewing** and **trauma-informed** design<sup>2</sup>
- **Electronic** forms with conditional logic<sup>3</sup>
- Focus on **essential** information<sup>1,3</sup>
- **User-friendly** format<sup>1,2,3</sup>



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# Streamlining Intake In Practice

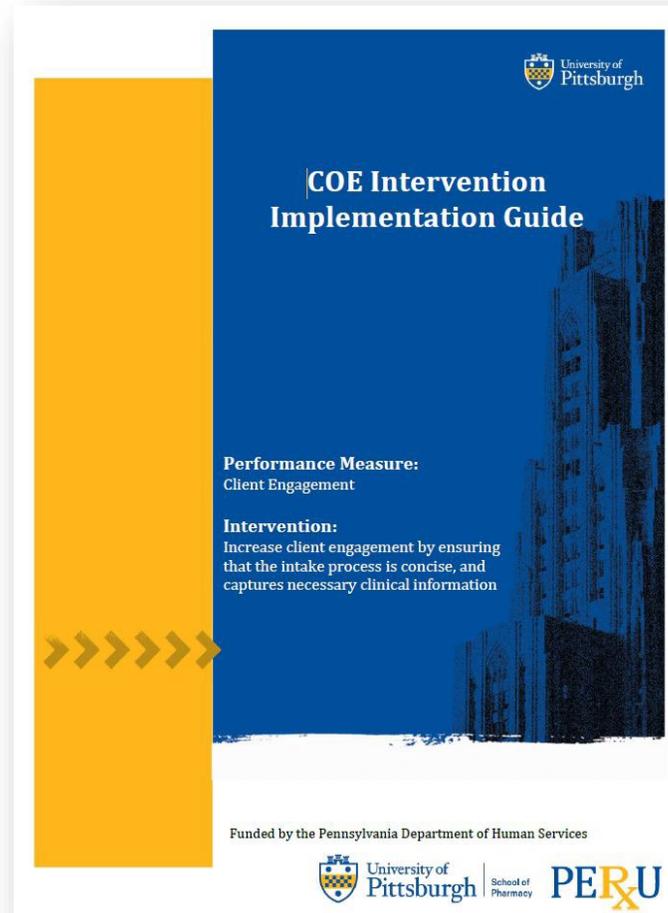


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# Intake Implementation Plan

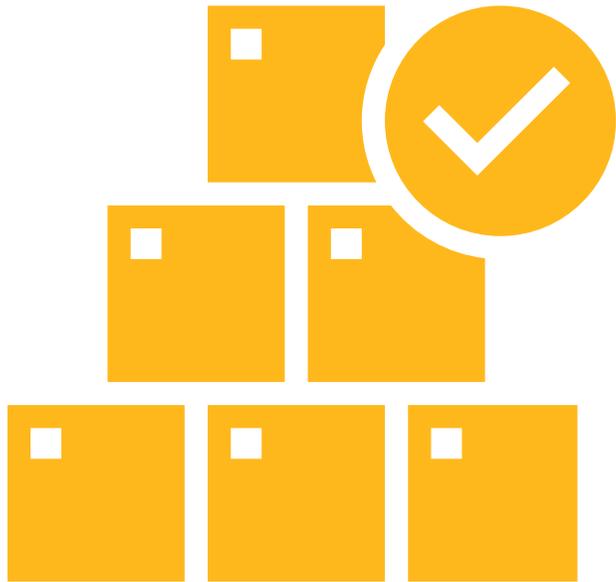


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# Other Strategies for Effective Intake Processes



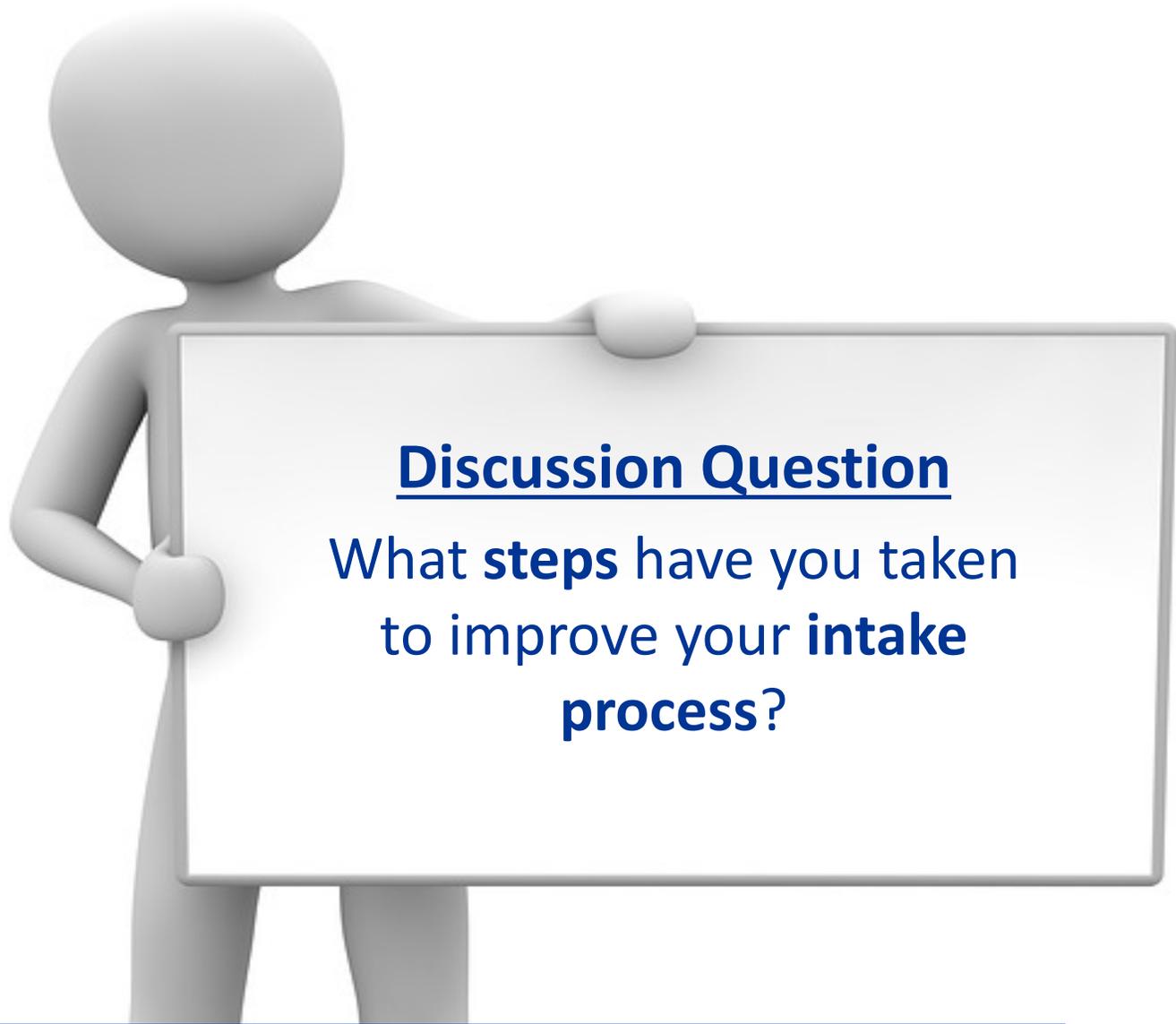
- Provide Breaks and Snacks
- Incorporate Feedback Mechanisms
- Training and Support for Staff
- Monitor Time Allocation



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**Discussion Question**

What **steps** have you taken to improve your **intake process**?



# Including Family in the Intake Process

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# Benefits of Including Families at Intake

Many clients **remain connected** to family and social supports<sup>1</sup>

Early **identification of supports** improves engagement and outcomes<sup>2</sup>

Family can help **clarify client history** and needs, improving assessments<sup>3</sup>

Early inclusion signals that recovery can be **collaborative**<sup>2</sup>

Intake may reveal protective or harmful **dynamics**<sup>4</sup>

Family input supports **safety planning** and **logistical coordination**<sup>2</sup>

Recognizing family roles **honors cultural norms** and builds trust<sup>2</sup>

Early involvement can **reduce dropout risk** and increase retention<sup>1</sup>



# Strategies for Including Families in the Intake Process

- Ask early and use **open-ended** questions<sup>1</sup>
- Let the **client** define “family”<sup>2</sup>
- Ensure **consent** and **safety**<sup>2</sup>
- Avoid **assumptions** about benefit or harm<sup>3</sup>
- Respect **cultural** norms<sup>2</sup>
- **Normalize** the conversation



# Trauma Informed and Motivational Interviewing Practices

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# Using MI at Intake

- Enhances Client Engagement
- Reduces Attrition Rates
- Client-Centered Approach
- Facilitates Therapeutic Alliance
- Addresses Barriers to Engagement



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# Using MI at Intake

Intake Questions	MI Question
Have you ever experienced an overdose?	Tell me about any overdoses you have experienced.
When was your last overdose?	
How many overdoses?	
Was naloxone used?	



# Benefits of Using Trauma-Informed Care During Intake

- Acknowledges the **impact** of trauma<sup>1</sup>
- Promotes **safety** and **trust**<sup>2</sup>
- Encourages client **engagement**<sup>2,3</sup>
- Improves **outcomes**<sup>4</sup>



# Trauma Informed Practices at Intake

Ensure	Ensure physical and emotional <b>safety</b> <sup>1</sup>
Use	Use a <b>collaborative</b> approach <sup>1</sup>
Incorporate	Incorporate <b>flexible</b> questioning <sup>1,2</sup>
Respect	Respect client <b>autonomy</b> <sup>2</sup>
Train	<b>Train staff</b> on trauma informed practices <sup>3</sup>

(1. Brown et al., 2013; 2. Hayes, 2022; 3. Tyler et al., 2019)



# Client Orientation at Intake

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# Benefits of Orienting Clients at Intake

- Enhances **retention** and **engagement**<sup>1</sup>
- Reduces **anxiety** and **stigma**<sup>2</sup>
- Supports **autonomy** and **decision-making**<sup>3</sup>
- Strengthens **therapeutic alliance**<sup>4</sup>



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# Core Components of Orientation

## Program Overview and Expectations

- Describe services and coordination with external providers
- Outline **frequency** of contact and outreach **strategies**<sup>1</sup>

## Client Rights and Responsibilities

- **Confidentiality** protections
- Client's right to **accept or decline** services at any time<sup>2</sup>

## Roles of the Care Team

- Introduce **COE care team**<sup>3</sup>

## Written and Verbal Reinforcement

- Provide **written program descriptions** in plain language
- Reinforce verbally<sup>4</sup>

## Creating a Welcoming Environment

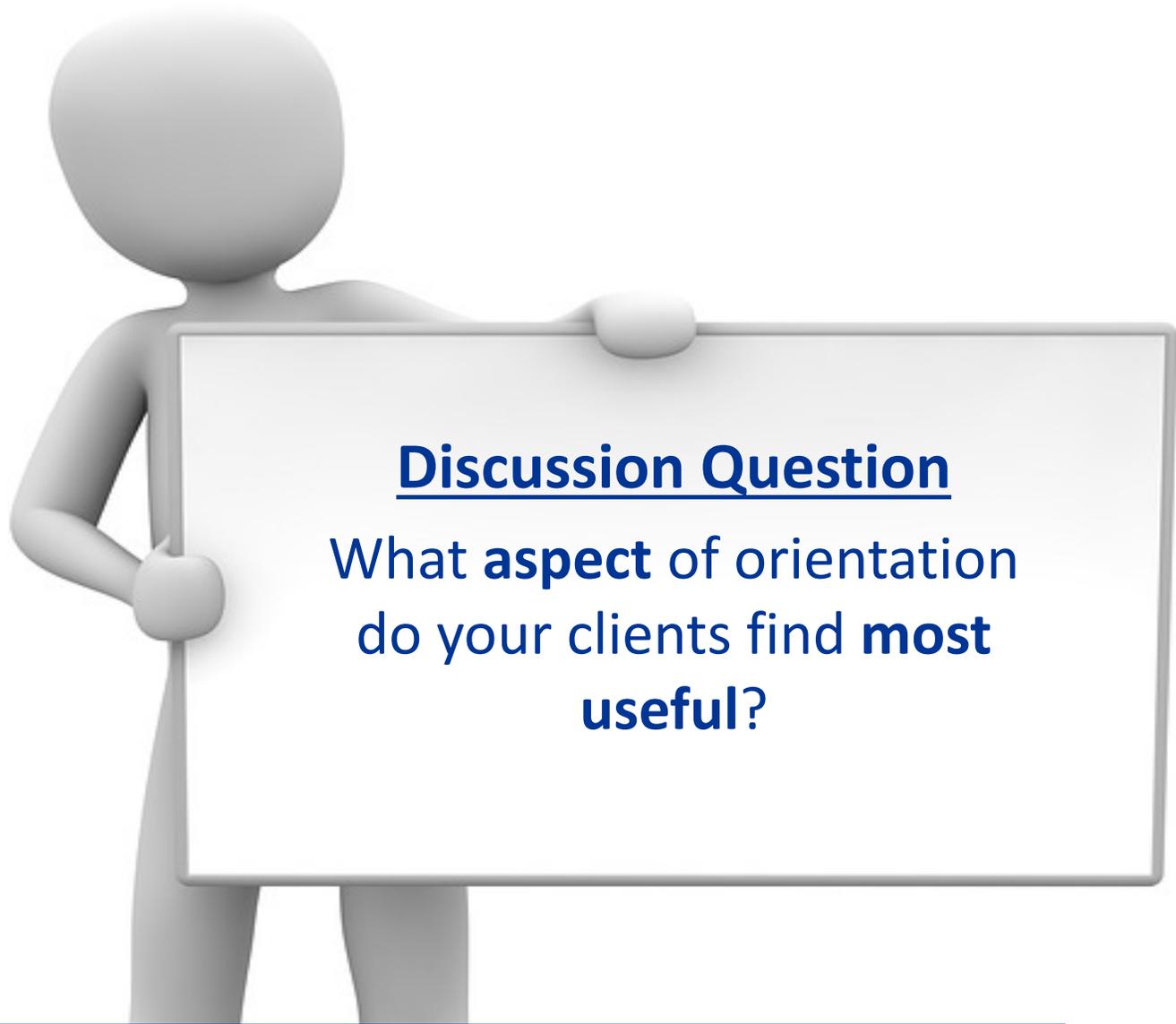
- Active **listening**, addressing immediate **needs**, and culturally responsive interactions<sup>5</sup>



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**Discussion Question**

What **aspect** of orientation  
do your clients find **most**  
**useful?**



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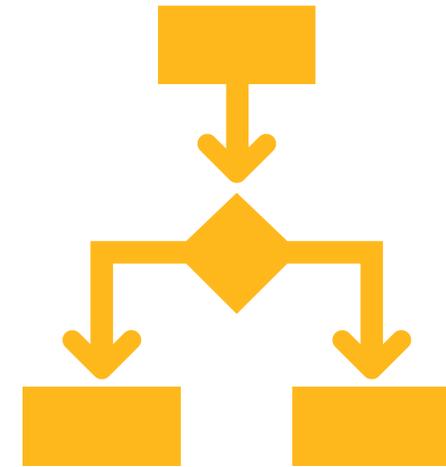
# Outcomes of an Effective Orientation

Improved client  
engagement<sup>1</sup>

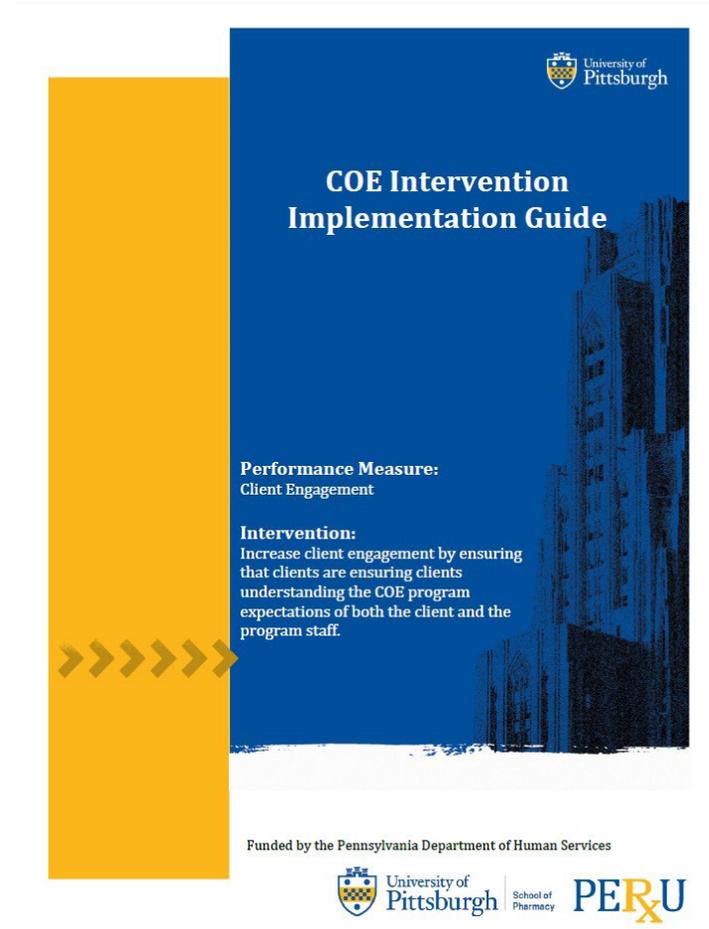
Higher  
satisfaction  
with care<sup>2</sup>

Client  
empowerment<sup>3</sup>

Continuity of  
care<sup>4</sup>



# Orientation Implementation Plan



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# Key Takeaways



- **Streamline intake** to reduce redundancies
- Use **trauma-informed** practices and **motivational interviewing**
- Create a **welcoming, client-centered** environment
- Balance **efficiency** and **thoroughness** in assessments
- Improve processes through **feedback** and **guidelines**



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## Discussion Question

What's one **change** you will explore/advocate for at your COE regarding client intake?



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# Questions?



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# Wrap up and Next Session

## COE Learning Network



### Navigation

[HOME - COE](#)



- To request CEs, complete the **session evaluation**.
- Slides and recording available on [Tomorrow's Healthcare](#)
- **Next Session:** REDCap Data for Fidelity Refresher– November 5th at 12pm



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