Barriers to Treatment Entry: Case Studies of Applicants Approved for Admission

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1. BACKGROUND AND METHODS

This report describes an investigation of barriers to treatment entry among applicants accepted for admission in selected programs throughout the Phoenix House network of adult and adolescent treatment programs. The unique aspect of the study is that it captures the perspective of admissions counselors who have first hand knowledge of the difficult task of achieving admission to treatment. Their job is to work through a multitude of barriers that are presented by candidates for admission, the referral sources they come from, the practices and policies of their clinical programs and the administrative systems that oversee financing for treatment. This study describes the situations they encountered in a small sample of approximately 50 applicants they had recently interviewed and approved to admission. Our focus of interest is on how the application process could be modified to eliminate the barriers that often arise. In a companion paper, Linking Drug Users With Treatment: Admissions Counselors Describe the Barriers (Ebener and Kilmer, 2001) we summarize the major policy issues that were identified in the course of interviews conducted with admissions counselors about their work. In this paper we provide the details of our review of actual cases with the admissions counselors who had met and worked to obtain their admission.

BACKGROUND

Types of Barriers

One of the reasons that treatment programs find little in the research literature to assist effort to increase admissions is that we don’t know very much about the detail of applying for treatment, obtaining approval, meeting funding eligibility criteria and actually arriving on the appointed admission date. Much of the research on barriers primarily focuses on in-treatment populations who have overcome or didn’t face significant obstacles, not on those failing to enter treatment (see Farabee, Leukefeld, and Hayes, 1998 for a brief analysis). However, Farabee and colleagues (1998) interviewed 2,600 out-of-treatment injection drug users who attempted and failed to enter treatment in the past year. They found that program barriers were more prevalent than individual barriers, but the latter were still significant. Stasiewitz and Stalker’s 1999 discussion of pretreatment dropout rates and Hser, Maglione, Polinsky, and Anglin’s (1998) analysis to
predict treatment entry also focused on these barriers. Hser et al. (1998) conclude that “structural barriers to treatment access (whether real or perceived) also need to be examined. . . . [A]ttention is needed to address issues such as eligibility criteria, waiting list alternatives, and transportation” (219; parentheses in original).

By focusing only on what obstacles appear to account for not entering a treatment program after approval for admission has been given, our research focused on a different population and point in time. It seemed to us that frontline workers in the business of admitting treatment clients would have an interesting perspective on these problems. Bringing their experience to the fore might help treatment program managers and policy makers mitigate the inter-organizational and programmatic barriers that often cause delay and place burdens on the admissions candidates that in combination with their own or their families’ reluctance to enter treatment result in failure to enter.

METHODS

Our purpose was to learn from Phoenix House admissions staff in several different regions about the obstacles and barriers, historic and current that prevent or discourage accepted candidates from entering treatment and to learn how counselors overcome such barriers. The project draws on actual experience of the admission staff by examining with individual counselors case files of approved candidates who did not enter a Phoenix House program after acceptance, (some may have entered at a later point in time).

Though among the busiest of Phoenix House staff, admissions counselors nonetheless gave generously of their time to meet in person with RAND staff to review recent cases of approved applicants who failed to enter treatment. RAND staff visited participating admissions offices and waited for breaks between applicant interviews when counselors had time to go over their cases with us. They had pulled recent cases from their files in advance of our visit. The main criteria for the case selection was that the counselor could recall the details of the scenario it presented. We also asked that they select cases from a variety of referral and funding sources and that they pull cases that would give us a feel for the major obstacles to treatment entry that they encounter.
We used a standardized case review protocol (see Appendix A) and usually reviewed five cases with each participating counselor. Though our larger study of barriers involved interviews with counselors in additional regions, the case review was conducted only in New York City and in California admissions offices. The case study protocol included some background on the admission candidates, a synopsis of their drug use history, residence, involvement with the criminal justice system, and treatment elsewhere at time of application. We asked about the referral source and whether and candidate and if applicable, their parent or family member were willing for them to enter a Phoenix House program (mostly long-term residential programs). We asked whether and what type of funding was available to cover the costs of treatment and whether the candidate was placed on a waiting list at the time of approval for admission.

The final questions asked the counselors to reflect on why the candidate had not gained admission, how they learned that the candidate would not arrive, and what if anything they thought could have been done that would have resulted in an admission.

We conducted independent analysis of the responses obtained from counselors and grouped them into three categories of barriers to admission. The first group were labeled systemic barriers. These included reasons such as withdrawn approval from the referral agency, failure to obtain needed permission or paperwork associated with approval of funding, and lack of funding. The second category involved programmatic barriers such as lack of space, or unavailability of staff needed to complete the process. The third category included all the reasons that candidates for treatment gave that staff believe resulted in their failure to enter. These included reluctance to enter residential treatment, unwillingness to sign on for the length of time involved in the treatment program, relapse to drug use, and matters involving family or other relationships.

As we show in the following chapters, counselors often pointed to multiple reasons for failure to enter and overlap among the categories. A brief description of the participating sites and overview of the cases reviewed in provided in Chapter 2. In Chapter 3 we describe the barriers to treatment that were identified. In Chapter 4 we summarize and discuss possible interventions to reduce the numbers of approved candidates who fail to gain admission.
2. OVERVIEW OF PARTICIPATING PROGRAMS AND CASES REVIEWED

It is important to note that the information presented here was gathered only from selected programs throughout the Phoenix House network. If we had visited admissions offices in other regions we might have obtained different results if the candidates they screen and assess for admission represent a different mix of referrals. We were talking primarily with counselors who were responsible for admission to long-term residential programs. Again, different issues might have been important if we had been dealing with programs that were shorter in duration or non-residential.

Table 2.1 shows the Phoenix House admissions offices that were part of the study and the number of adolescent and adult cases reviewed in each of the participating offices.

A total of 16 adolescent and 31 adult cases were reviewed. Adolescent cases were reviewed with admissions counselors at Lake View Terrace and San Diego in California and 80th Street in New York. Adult cases were reviewed in Orange County, California and in New York at 80th Street, Queens and the Flatbush admissions offices.

<table>
<thead>
<tr>
<th>Admissions Office</th>
<th>Adolescents</th>
<th>Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lake View Terrace</td>
<td>4</td>
<td>N.A.</td>
</tr>
<tr>
<td>San Diego</td>
<td>5</td>
<td>N.A.</td>
</tr>
<tr>
<td>Orange County</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>80th Street, NY</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>Queens, NY</td>
<td>N.A.</td>
<td>4</td>
</tr>
<tr>
<td>Flatbush, NY</td>
<td>N.A.</td>
<td>11</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>16</strong></td>
<td><strong>31</strong></td>
</tr>
</tbody>
</table>

Table 2.2 shows background information on the approved candidates whose cases were reviewed with the counselors who had handled their applications. Most were male which also reflects the admission population in the Phoenix House programs these admissions offices serve. The percent non-white was calculated from only a subset of cases, as counselors often could not recall the race/ethnicity of the candidate. A majority
Table 2.2 Background Characteristics of Cases Reviewed

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Adolescents (N=16)</th>
<th>Adults (N=31)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>68.9</td>
<td>64.5</td>
</tr>
<tr>
<td>Race/ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-white*</td>
<td>40.0</td>
<td>68.5</td>
</tr>
<tr>
<td>Residence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>With family</td>
<td>80.0</td>
<td>61.0</td>
</tr>
<tr>
<td>Primary drug of abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marijuana</td>
<td>86.6</td>
<td>54.8</td>
</tr>
<tr>
<td>Cocaine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criminal Justice Involved</td>
<td>62.5</td>
<td>54.8</td>
</tr>
</tbody>
</table>

* Counselors could not recall race/ethnicity in approximately one third of cases

Of adults and adolescents were living in the community and those who were not were mostly detainees in the criminal justice system. Among adolescents, most reported regular marijuana use as their drug history, though several were regular crack and/or methamphetamine users. Among adults, cocaine was the primary drug mentioned, though several others were heroin addicts. About two thirds of adolescents and over half of adults were involved with the criminal justice system at the time of their admission application, though not as many were actually referred by a criminal justice agency. Most of the youth involved with the criminal justice system were on probation and most adults were in detention awaiting adjudication or release on parole.

Table 2.3 shows the referral sources for the cases reviewed in this study. For adolescents 44 percent came from family member referrals. Among adults 29 percent were family or friend referrals and 22.5 percent were self-referrals. In many of the adolescent family referrals, a probation officer had suggested Phoenix House, but had not made a referral. Several adults had been directed to Phoenix House by former participants in Phoenix House treatment.
Over half of adolescents and 45 percent of adults were agency referrals from either the criminal justice system, another treatment program, child protective services or in one case a homeless shelter. Agency referrals also make up a large percentage of the population admitted to Phoenix House programs. Because agencies are involved in many cases in both selected Phoenix House and in funding the stay in treatment, coordination with these agencies to obtain official approval, authorization for funding, and needed paperwork is a critical part of the admissions process.

### Table 2.3  Source of Referrals for Candidates Approved for Admission

<table>
<thead>
<tr>
<th>Referral Source</th>
<th>Adolescents</th>
<th>Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=16</td>
<td>N=31</td>
</tr>
<tr>
<td></td>
<td>(Percent)</td>
<td>(Percent)</td>
</tr>
<tr>
<td>Self</td>
<td>0</td>
<td>22.5</td>
</tr>
<tr>
<td>Family Member or Friend</td>
<td>43.7</td>
<td>29.0</td>
</tr>
<tr>
<td>Agency</td>
<td>56.2</td>
<td>45.2</td>
</tr>
</tbody>
</table>

Lack of funding is often viewed as a barrier to entry to treatment. Depending on the eligibility of candidates Phoenix House can draw on a variety of funding sources, including welfare, corrections, foster care, insurance and county funded Block Grant allocations. Which source is available depends not on the type of referral. For example, an adolescent on probation in Los Angeles must have a court order for suitable placement authorizing the payment of treatment costs, a probationer without such an order must rely on family insurance or the availability of a Block Grant funded space in a Phoenix House program. For our study’s population that has been approved for entry, potential funding has already mostly been secured. Only two of the 14 adolescents and two of 31 adults lacked funding for the costs of treatment.

Though eligible for a particular source of payment such as welfare, applicants sometimes must make changes in their case status such as opening a new case, closing an existing case, obtaining verification of identity or signing paperwork before the funding
can be released to Phoenix House. As described below these steps must be accomplished between the time of approval for admission and entry into a program and form insurmountable barriers in some cases.

Table 2.4 shows the potential funding sources associated with the candidates for treatment in this study.

**Table 2.4 Potential Funding Sources Among Candidates with Known Funding**

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Adolescents N=13* (Percent)</th>
<th>Adults N=29* (Percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welfare</td>
<td>38</td>
<td>79</td>
</tr>
<tr>
<td>Block Grant</td>
<td>46</td>
<td>17</td>
</tr>
<tr>
<td>Other</td>
<td>15.0</td>
<td>3</td>
</tr>
</tbody>
</table>

Welfare dollars were potentially available in many cases. For adults these represent the primary source of funding. For adolescents a combination of welfare and beds paid for through contracts with county departments of alcohol and drug program administration using funding from federal block grant, state and local dollars provided funding. Because the block grant funding is available for any county resident who cannot afford to pay it is widely applicable to the candidates applying for treatment. However, programs only have a limited amount of this funding. If the beds covered by this contract are full, no further admissions can be made using this funding until a bed becomes available. Such limitations result in waiting lists described in Chapter 3 below.
3. RESULTS: BARRIERS TO TREATMENT ENTRY

In this section we describe the reasons counselors gave us for why each of the cases we reviewed together failed to enter treatment. Of course the counselors who worked on these cases are not unbiased reporters. They told us the stories from their perspective. Others involved, e.g. in a referring agency, might have offered another perspective. If a different counselor had worked on the application they might have had a different perspective or the result might have been different. Thus the results are the product of the workers directly involved with these cases. While that poses a major limitation on the generalizability of the results, it is also the strength of this report. The views offered here are rarely captured systematically and shed new light on the challenges of obtaining admission to treatment faced by interacting systems, admissions counselors and other program staff, the candidates for treatment and their families. They suggest a number of approaches discussed in Section 4 that might help improve rates of entry among those approved for treatment admission.

Table 3.1 summarizes the types of reasons counselors gave for why approved candidates did not enter their programs. It shows the percent of cases in which each type of reason was named. There were often multiple reasons per case as discussed further below.

Table 3.1 Reasons for Failure to Enter Treatment

<table>
<thead>
<tr>
<th>Type</th>
<th>Adolescents (N=16)</th>
<th>Adults (N=31)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systemic reasons</td>
<td>75 (Percent of cases)</td>
<td>74 (Percent of cases)</td>
</tr>
<tr>
<td>Programmatic reasons</td>
<td>25</td>
<td>32</td>
</tr>
<tr>
<td>Candidate reasons</td>
<td>100</td>
<td>52</td>
</tr>
</tbody>
</table>
SYSTEMIC REASONS FOR FAILURE TO ENTER TREATMENT

As discussed in Section 1, the category labeled systemic includes reasons that have to do with the various systems that can often be involved in the admissions process, including systems that refer clients, e.g. criminal justice and systems that pay for treatment, e.g. welfare. As shown in Table 2.1 more than half of the candidates for admission in this study were involved with the criminal justice system. Welfare dollars could have covered the costs of treatment for 38 percent of the adolescent and 79 percent of the adult candidates. Other systems involved with the cases we reviewed include mental health; child protective services; parole; the courts; medical care, e.g. detox hospitals; SSI public housing; private insurance and other community based treatment programs. The regulations and administrative procedures in these systems often present problems for admission counselors and treatment candidates trying to obtain approval for treatment admission. In our companion paper, Linking Drug Users With Treatment: Admissions Counselors Describe the Barriers (Ebener and Kilmer, 2001), we describe the bureaucracy in the New York welfare system that requires treatment admissions candidates to visit the welfare office where they opened their welfare case in order to close the case before admission so that Phoenix House can open a case on their behalf to obtain funding for their stay at Phoenix House. SSI and other payors also require paperwork in the form of acceptable identification before payment can be authorized. The admissions counselors we met with said that the completion of these bureaucratic tasks delayed admission of someone ready to enter a program and often resulted in failure of the candidate to enter.

Reasons involving the criminal justice system had more to do with judicial discretion and ongoing adjudication of cases that with paperwork requirements. Sometimes candidates about to enter treatment would have their probation of parole revoked or a warrant issued for their arrest. Phoenix House requires candidates for admission to deal with outstanding arrests and pending cases before entering treatment so that the stay in treatment will not be interrupted. In other cases the judge would decide that incarceration instead of treatment was the appropriate sentence. Often counselors said that referring probation and parole officers didn’t apply adequate pressure on the
candidate to convince him or her to enter a Phoenix House program, but would agree instead to outpatient or a residential program with a shorter length of stay.

Child protective systems have other constraints and priorities. According to the admissions counselors who mentioned this system, the highest priority of the social workers in child protective services can sometimes be to find an available community bed outside the home for an adolescent being abused or neglected. In these cases, they may opt for an alternative treatment program or other group home if it is available more readily than a Phoenix House program bed.

Parents whose children were not associated with any system met a different type of systemic problem. For them there was very little funding to pay for treatment. The number of county contracted publicly funded treatment slots for adolescents was noted by counselors as being far short of what they could use.

In our sample of cases, nearly three quarters of adolescent and adult failures to enter treatment involved problems like the examples above that arose in the systems with which Phoenix House interacts to gain admission for applicants.

**PROGRAMMATIC REASONS FOR FAILURE TO ENTER TREATMENT**

The category of reasons labeled programmatic is those that are more in the control of Phoenix House. These include delaying admission because needed psychiatric staff could not be available in timely manner, or space in the program was not available or staff were not available to deal with calls from candidates they were working with. One counselor told us that a candidate was turned away on the day of their admission because he had brought with him in his suitcase possessions that were not allowed into the treatment program. As shown in Table 3.1 admissions counselors named programmatic reasons as the source of failure to enter treatment least of all. While their unwillingness to be critical of themselves and their colleagues at Phoenix House is not surprising, our independent analysis of the scenarios they recounted for us raised a number of additional reasons that may also be related to failure to enter treatment. Sometimes transportation was needed for a candidate to get to their treatment program. In one case someone released from detox might have entered treatment if they had been picked up at the hospital. Often the counselors told us that a candidate needed help to deal with the
systemic problems noted above. In other cases where the candidates were reluctant they needed encouragement. Friends and family members who were trying to encourage a candidate for treatment to take the last step needed support. When placed on a waiting list candidates for treatment are required to call in but could well use a call from someone to encourage them to stay off drugs and plan on coming into treatment soon. Finally when a client doesn’t appear on the day of admission, they may need a reminder or further outreach. In some cases counselors reported taking these kinds of extra steps to try to affect an admission. But in most cases counselors did not follow up because their days are filled with the task of screening and assessing new applicants for admission and processing new admissions.

CANDIDATE REASONS FOR FAILURE TO ENTER TREATMENT

Few of the candidates described to us by admission counselors were highly motivated to enter treatment. Most were reluctant or had family members who were reluctant. Their lack of motivation coupled with the rigorous requirements of a long term residential program and the systems barriers they often had to work through lead counselors to conclude that it was the candidates own lack of readiness for treatment that accounted for the failure to enter treatment.

Some candidates were seeking different kinds of treatment than what Phoenix House offered. Others wanted to get a job and enter treatment later, or to defer entry for other reasons. Some candidates relapsed to drug use before their admission date. Several simply disappeared, with family members reporting they had run away or gone on a drug using binge. Families can be a help or a hindrance, but either way they are often an important player in the admissions process. Counselors told us that family crisis often brings parents with their children to Phoenix House for assessment, but that as crisis subside the parent’s willingness to place their child in residential treatment abates. With family support entry can be encouraged and when they are unwilling or unmotivated admission sometimes cannot be accomplished. For example, Phoenix House needs to obtain parental permission before most adolescents can be accepted. In multiple cases the parent was unwilling to give their consent. Overall, counselors name candidate reasons in all 16 adolescent cases and in over half of the adult cases. It is not surprising
that so many of the adolescent cases were classified this way because both the adolescent and family must be involved in these cases, making it the job of the counselor to convince both parent and child.

**OVERLAPPING REASONS FOR FAILURE TO ENTER TREATMENT**

Table 3.2 provides a breakdown of the cases according to the number and types of reasons involved in failure to enter treatment in each case. Here the totals add to 100 percent of the cases. Fewer than a third of all cases involved only one suggested reason for not gaining admission. Most often a combination of interaction between programmatic and systemic reasons or systemic and candidate reasons accounted for failure to enter among adults. For adolescents counselors more often attributed the reason to the candidate in combination with systemic reasons.

**Table 3.2 Reasons Combine to Account for Failure to Enter Treatment**

<table>
<thead>
<tr>
<th></th>
<th>Adolescent</th>
<th>Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N= 16</td>
<td>N=31</td>
</tr>
<tr>
<td></td>
<td>(Percent)</td>
<td>(Percent)</td>
</tr>
<tr>
<td>Systemic only</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>Programmatic only</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Candidate only</td>
<td>25</td>
<td>13</td>
</tr>
<tr>
<td>Systemic and programmatic</td>
<td>0</td>
<td>13</td>
</tr>
<tr>
<td>Systemic and candidate</td>
<td>50</td>
<td>35</td>
</tr>
<tr>
<td>Programmatic and candidate</td>
<td>25</td>
<td>13</td>
</tr>
<tr>
<td>Systemic, programmatic and candidate</td>
<td>0</td>
<td>6</td>
</tr>
</tbody>
</table>

An example of all three categories interacting was the case of a 21 year old, male, crack user on parole. After approval for admission this candidate needed to obtain a letter documenting his SSI award that would cover the cost of his treatment. Phoenix House did not have a space immediately available for him and before these issues could get resolved, he began using again and failed to appear for admission. In contacting his
sister, the admission counselor learned that he had begun using crack again and was “tearing up the house”. He probably gained readmission to prison on a parole violation faster than he could gain admission to treatment.

In another case, a 28 year old, male heroin user an alcoholic on parole after serving time for drug sales had obtained approval to enter treatment but needed two separate pieces of identification before he could open a welfare case to pay for his treatment. The admissions counselor did not follow up or help the person obtain the document and the candidate who was referred by his parole officer was not highly motivated to accomplish this on his own. The counselor we spoke with did not have a suggestion for what could have been done to promote admission for this person.

In another case a 29-year-old female who was shooting heroin, was referred to Phoenix House by her father who was very supportive of her entering treatment. The counselor thought there were multiple reasons why she failed to appear on her admission date. She too needs to obtain identify verification to secure welfare funding for her treatment at Phoenix House. She apparently had psychological problems, peer pressure not to enter and was ashamed. On the day of her admission her father was at the Phoenix House admission office to say goodbye to her but she did not appear. The counselor felt she wasn’t ready to quit and that the message from her father was not strong enough to convince her.

The Role of Delay

In almost half the adolescent cases the counselors felt that some delay had occurred in the course of the admission process that had contributed to the failure to enter treatment. Placement on a waiting list, which was more likely for adults than adolescents, was a sure source of delay and counselors felt that this was often a reason for not entering. Other delays could occur due to paperwork involving other systems, communication delay between Phoenix House and payers or referring agencies; Phoenix House extended assessment; or indecision on the part of a referring agency or the candidate’s parents. Counselors seemed acutely aware of how delay often tipped a reluctant candidate away from entering treatment by giving them additional time in which to relapse or lose their motivation.
4. SUMMARY AND DISCUSSION

We believe the findings reported in this study, though derived only from a small, exploratory investigation, are important for several reasons:

1) They are among the first research findings to document the very challenging and multi-faceted work that admissions counselors in treatment programs around the country undertake every day to recruit applicants for treatment to enter their programs;

2) They show that the effort and investment in gaining admission for a candidate is often unsuccessful and that there are multiple barriers to entering treatment even for those who have been approved for admission;

3) Our framework for categorizing what was known about a candidate’s failure to enter treatment reveals that most often it is a series of obstacles, involving paying or referring agencies, Phoenix House admissions staff and the limited motivations that candidates usually have to enter treatment rather than any one explanation. Delay in the process often is a contributing factor;

4) They suggest policy and programmatic interventions that are needed in order to reduce the level of these problems (see *Linking Drug Users With Treatment: Admissions Counselors Describe the Barriers* (Ebener and Kilmer, 2001))

5) They point to the need for further research on the treatment admissions process to help inform efforts by treatment programs to improve the quality of these services.

Further research to examine the characteristics of those who obtain admission compared to those who do not would be helpful in identifying whether it is certain reasons for failure to enter or the combination of reasons that often emerge that accounts for non-entry. Efforts at remediation could be targeted at the problems that are least often overcome. Developing predictors based on applicant information could also assist
counselors in targeting their efforts toward those least likely to enter on their own. RAND has proposed Year 5 work with Phoenix House that would address this issue.

The candidates in this study were all approved for treatment admission. But that doesn’t necessarily mean they were candidates for good progress in treatment and their decisions not to enter, in some cases, may have been a better decision than entering a program they weren’t prepared to participate in. Data on entrants and the barriers they encounter in gaining treatment admission, should be linked in analyses to data on retention and progress in treatment to further understand the selection process in admissions. Our Year 5 proposed work plan also contains an analysis along these lines.

A research study aimed at following up with candidates who do not enter treatment could address the question of whether they gain treatment elsewhere or continue in need of treatment. We might also find that many incur costs in the criminal justice system that far exceed what the cost of treatment would have been. While some prior research has been done with applicants for treatment who don’t obtain admission, we are not aware of studies focused at those who have actually been given admission dates and fail to enter.

Another approach might be to require admissions counselors to document reasons for non-entry in their caseload. A larger study than we have reported here, using such information, could lend further insights into the problems in admissions offices in other regions and programs and serve as a database for use in training and trouble-shooting admissions problems.

We do not know of evaluations of efforts to increase the rate of uptake of treatment among candidates approved for entry. Small-scale experiments could test various approaches in different admissions settings. Some interventions could be low cost to test, e.g. making follow-up phone calls; while others would require counselor training and outreach beyond the admissions office, e.g. to transport candidates to treatment or to accompany them to the offices of agencies where they must complete procedures such as obtaining identification or closing welfare cases. It might be possible to recruit volunteers who are family members or former treatment participants known to the candidate who could shepherd treatment candidates through the final requirements before they enter treatment. Still other interventions might test the use of specialty admissions counselors, e.g. to negotiate with government agencies, to persuade family members of
the need for and benefits of treatment or to provide psychological counseling at the admissions stage.

Any efforts that programs make to encourage the uptake of treatment will come at a cost in terms of other responsibilities and assignments. Such investments should be informed by evidence of the benefits they achieve in terms of the increased rate of uptake, progress and satisfaction with treatment among new admissions.
References


Appendix A

Barriers to Treatment Admissions
Case Study Protocol

Counselor(s):
Date:
Location:
Start time:
End time:
Residents:

Date of Contact Interview:

Sex:

Age:

Race/Ethnicity:

Drug use/history:

Where was the candidate residing at time of contact interview?

Was candidate in the criminal justice system?

Was the candidate receiving drug treatment elsewhere before and after contact interview?

Why was the candidate referred to PH?

Source of referral:
Method of funding

Was the candidate put on a waiting list? If no, why wasn’t the candidate immediately entered after approval?

How did PH learn that the candidate would not enter treatment?

What were the barriers to entry for this candidate?

System:

Program:

Candidate:

What, if anything, could have been done to promote entry into treatment?

Other: