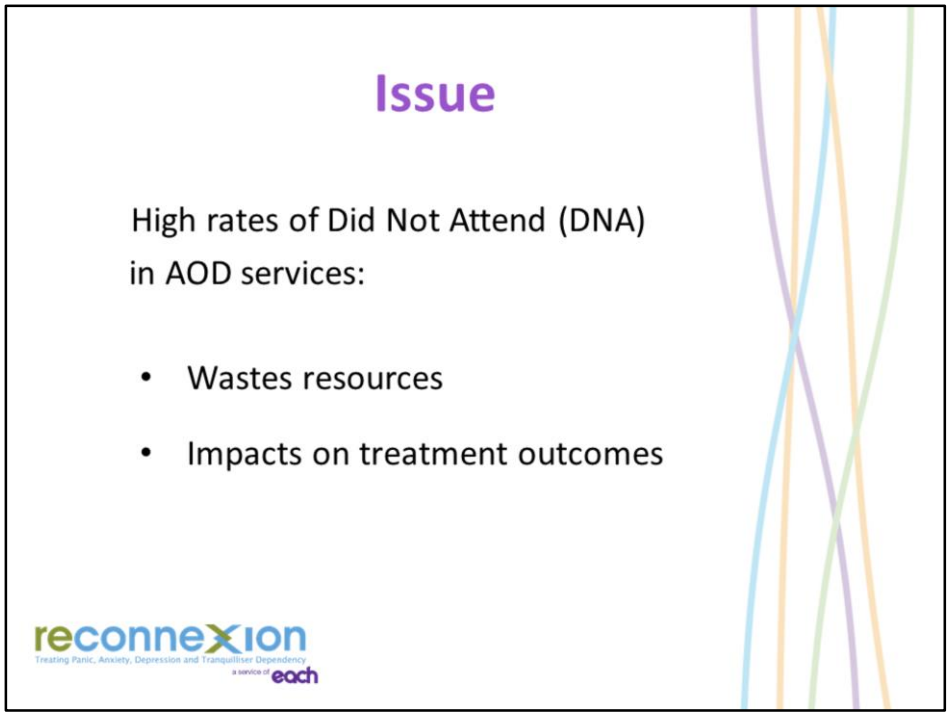
Reconnexion is funded by DHHS as an AOD service to provide specialist benzodiazepine withdrawal treatment across Victoria.

Like most services we're always looking for ways we might improve our effectiveness and being very small we can sometimes try something new without too much disruption.

The idea I'm going to step through now is a simple pilot we are doing at the moment that aims to improve attendance rates for new clients and which is looking promising.

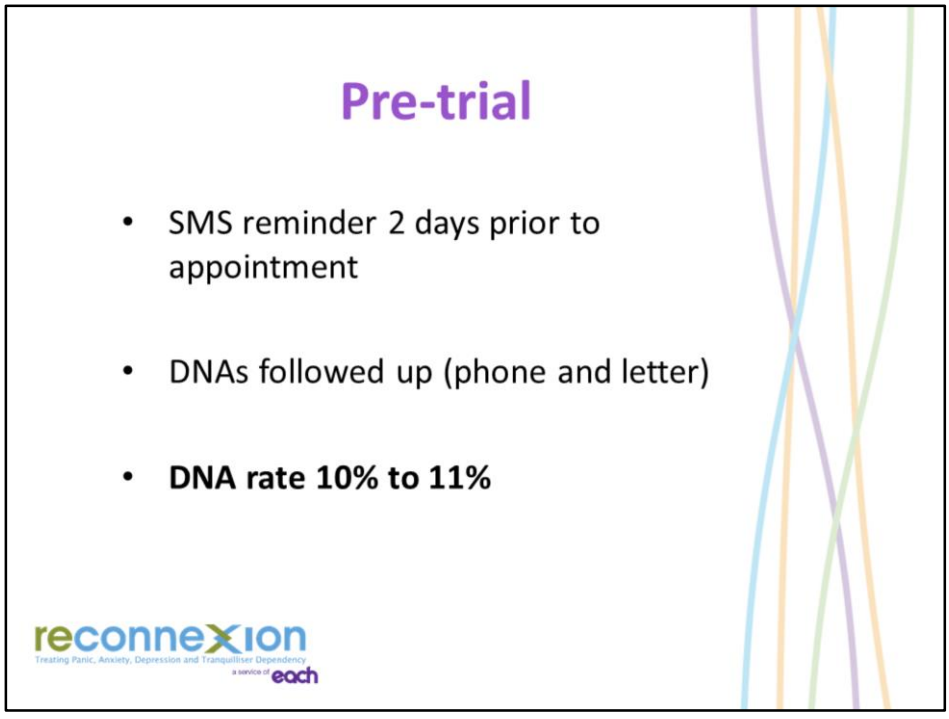
It's a simple "Welcome to the Service" phone call and it might be food for thought for some other services.



AOD services traditionally have quite high rates of nonattendance (DNA). Figures frequently quoted are from around 40% to as high as 70%. Reconnexion's rates haven't been too high - generally 10 – 11 %.

Research shows that the high risk period for non-engagement is before treatment starts and that the initial appointment is missed more often than subsequent appointments, so the optimum time for someone to engage with an AOD service is right at the start, and if that's missed, the barriers to recontacting become too high.

So we wanted to focus on improving that early engagement. Our clients tend to have quite high levels of anxiety and for many the thought of actually getting in the car or train to attend an appointment is almost overwhelming – it's a lot easier to forget about it. This was the step we wanted to make smoother.

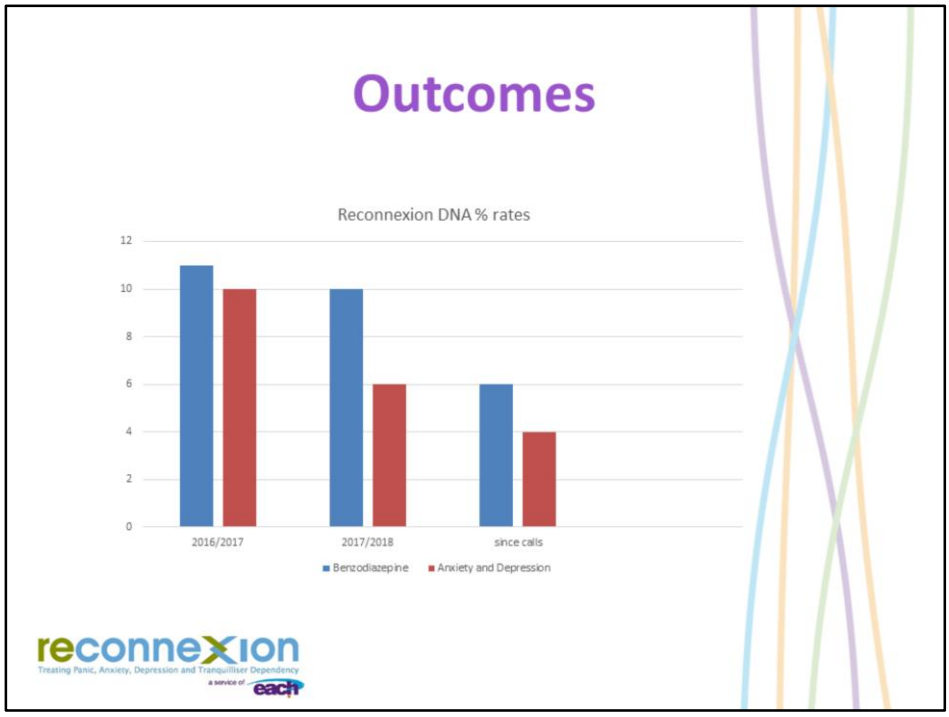


I should just mention something about the Reconnexion service model. In addition to a small team of staff (5.4 FTE in total) we have a team of competency trained volunteers who operate our benzodiazepine support line. We also run a small fee for service anxiety and depression counselling program which is funded by Medicare and uses contracted psychologists and Social Workers.

Before we began our welcome phone calls at the start of June 2018 our practice for many years had been to send a standard SMS reminder to all clients, in both programs, 2 days before their appointment. The SMS includes basic details such as address, time and a phone number. Non-attenders in the benzo program are followed up by phone (2 or 3 attempts) and letter.

From June 2018 we added to the SMS reminder – which we continue to send - a "Welcome to the Service" phone call one day prior to the first appointment.

The phone call is made by one of the Support Line volunteers, and it is not just a reminder. As well as being welcomed to the service, the new client is able to check address, parking, who they are seeing and whether their paperwork is in order, for example they might need to come early to do the self complete form. It's an opportunity for them to ask questions informally such as what will actually happen in my counselling session? It's about normalizing and reassuring. A lot of clients are very reticent about engaging and we see this call as beginning the client's relationship with the service.



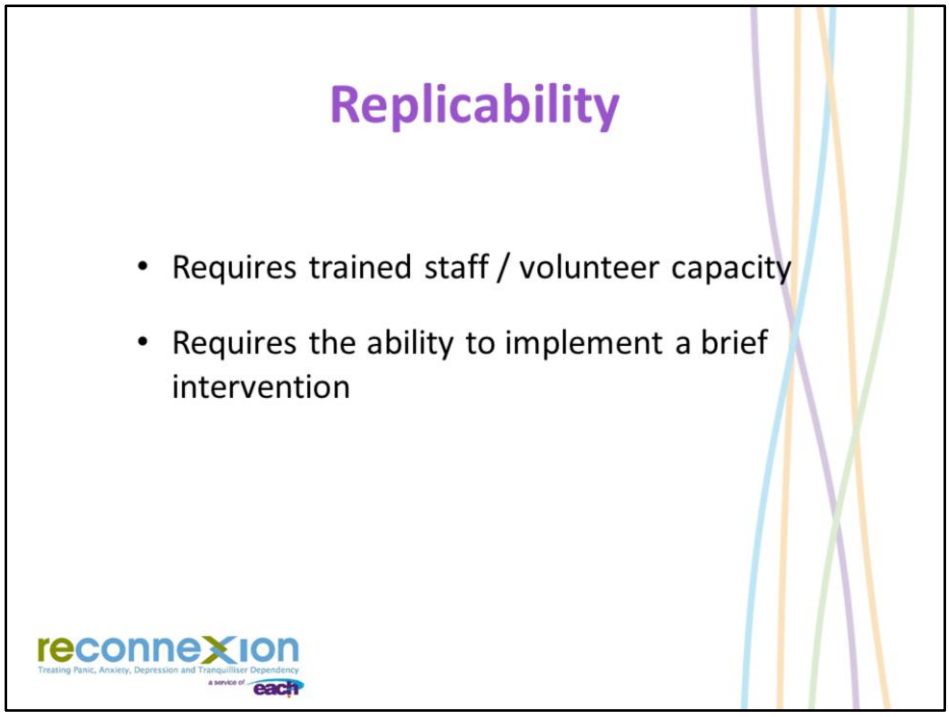
This graph shows the DNA rates for 2 years prior to implementing the trial. The blue bars are the benzo program and the red bars are the anxiety and depression program. The first pair are 2016/2017, then 2017/2018 and finally the past 6 months. Since we started the Welcome Calls in June, you can see a decent drop in the rates of non attendance.

In the benzo program, the blue bars, DNAs have dropped from 11% and 10% down to 6% so far this year. The red bars show that the anxiety and depression DNA rate has dropped from 10 down to 4%.

The monthly rates do vary and you can also see we were already finding some improvement before we began the welcome calls, but the overall rate is has been a steady improvement.

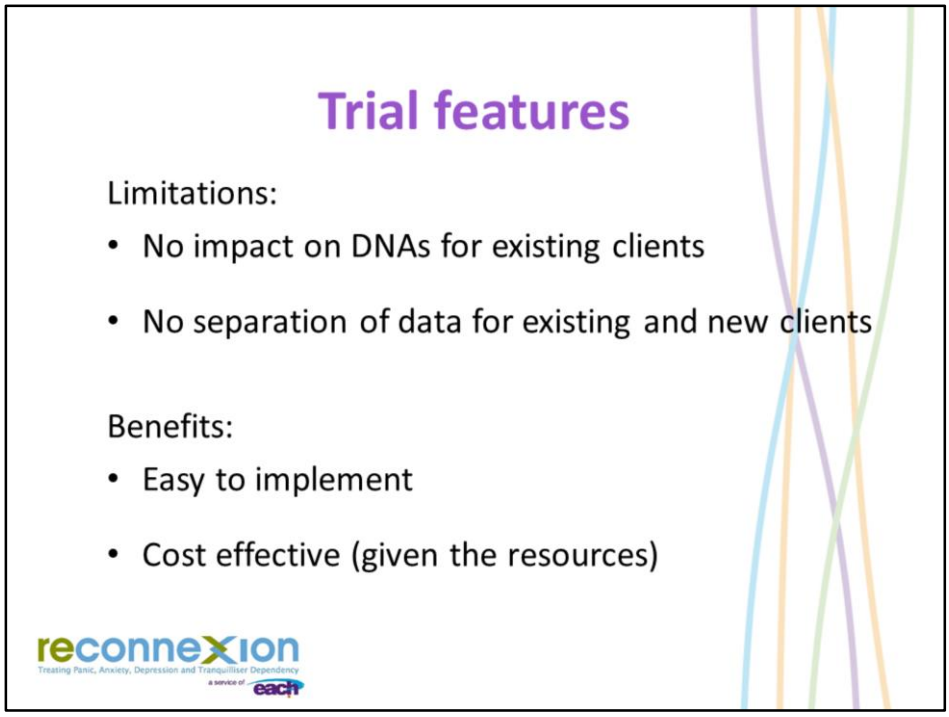
So the numbers are telling us this is promising in terms of efficiency – less time lost, less administration and so on. The literature tells us better attendance rates improve the prospect for good treatment outcomes so it's also promising in terms of efficacy.

In addition to what the numbers are telling us, what we believe we are seeing is that clients feel more comfortable about the idea of attending for treatment and that the phone call helps to normalize this.



To implement something like the “Welcome to the service” phone call you do require personnel with the training and experience to provide a brief intervention should the call turn into a support call, which definitely does happen. In our case it’s our volunteers who are trained and experienced in just that. The calls could potentially be made by Administration staff provided they were trained and supported to be able to give the appropriate interventions, or there was appropriate backup immediately available. For the calls to be made by AOD counselling staff there would need to be the service capacity, which is often an issue.

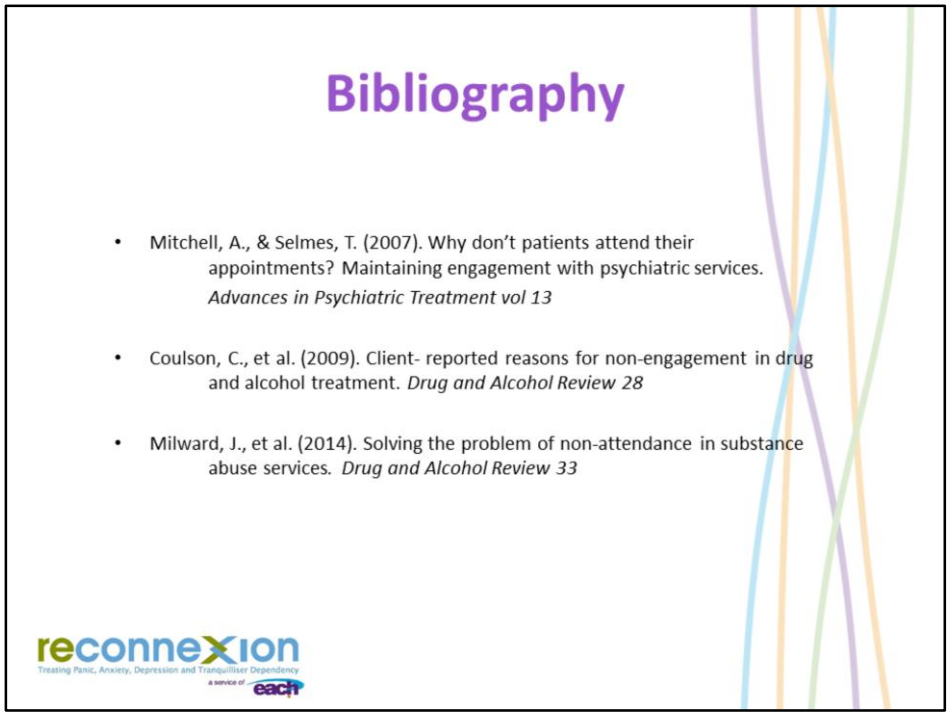
For us, being a small service the numbers of new clients requiring a call is small, typically only about 5 or 6 per week.



There are some limitations to our trail: as we have only been calling new clients there is no impact on existing clients who might DNA for a subsequent appointment.

Also unfortunately our DNA data doesn't differentiate between the two, so the improvements noted were improvements in attendance across the board, for both new and ongoing clients. (Since there has been no intervention for ongoing clients, this could actually imply that the improvement from the welcome calls to new clients has been even better than the graph shows).

The benefits for us have been that this is an easy, cheap and effective service improvement - providing you have the capacity to make the calls.



As well as these readings, many of you will be aware of, and possibly taking part in, the current Turning Point and BehaviourWorksAustralia Randomised controlled trial and qualitative analysis. (Actually I think Jasmin Grigg is here.)

This is a DNA study using SMS "nudge" options, based on a 2015 UK trial that showed an SMS indicating the cost to the service of a DNA might be an effective way to improve attendance. At the moment they are finishing their trial run-in period and I think there might be preliminary results midyear.

So in summary we saw an opportunity to improve the engagement of clients who are new to the service.

We've been able to introduce this simple extra step using our existing systems and personnel and really it's more a service improvement than a study. Anecdotally (and in the Monash study you have just heard about) our clients do tell us they feel welcomed and well supported. So we think the "Welcome to the Service" phone calls are worthwhile and we'll definitely be continuing.

Questions?