

# Substance Use Disorder Engagement and Retention (Part 1)

Meghan Westwood, LCSW-C  
Maryland Treatment Centers, Inc.

March 25, 2026

Thank you for joining us today.  
We will begin promptly at 11:00AM Eastern.



**While waiting for us to get started, please share in the chat if there are any T/TA topics you are interested in hearing more about from us in the future.**



# Disclaimer

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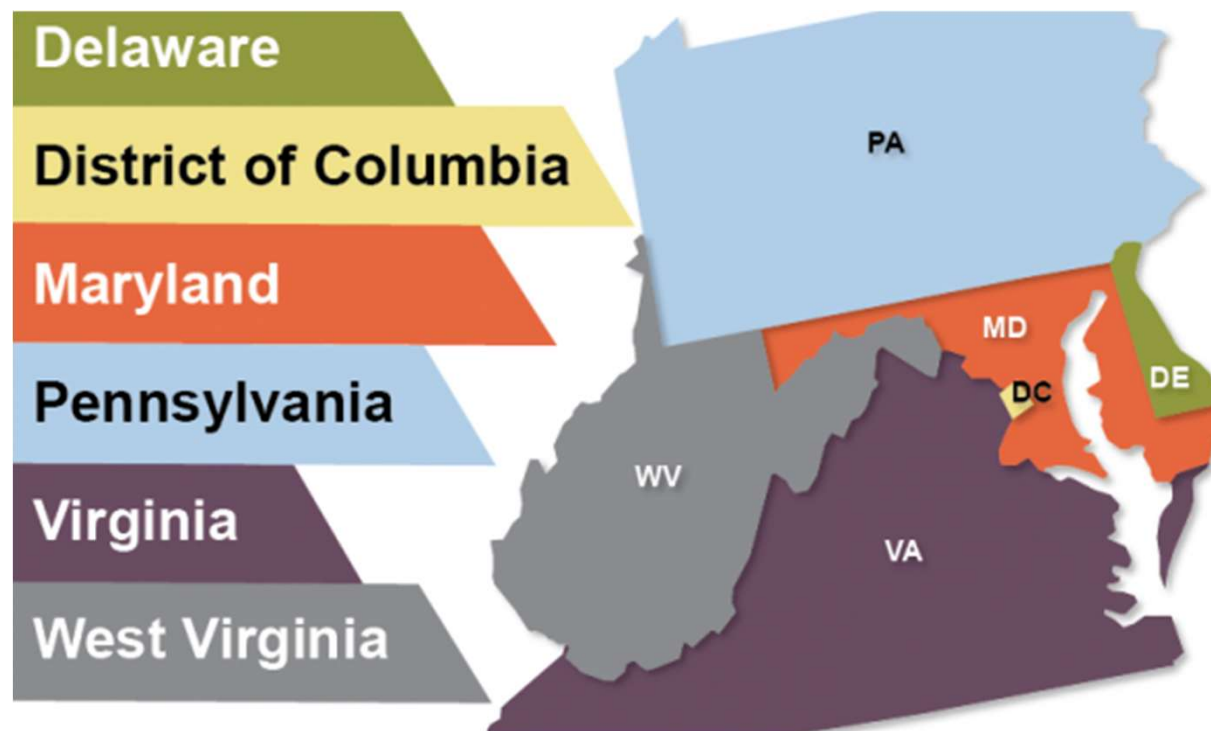
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ATTTC BRAND STATEMENT

Serving behavioral health professionals with regionally focused and evidence-based addiction tools, training, implementation support, and more.

# Central East

HHS REGION 3



TRAINING AND TECHNICAL ASSISTANCE

## Other Resource in HHS Region 3

The Danya Institute manages the Central East Prevention Technology Transfer Center and is a key partner with the Opioid Response Network.

Submit a training or technical assistance request today by visiting their website.



[www.pttcnetwork.org/centraleast](http://www.pttcnetwork.org/centraleast)



Opioid  
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# Training and Technical Assistance Needs?



Write them in the chat



Send an email to [attc@danyainstitute.org](mailto:attc@danyainstitute.org)

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## ***Meghan Westwood, LCSW-C***

***Meghan*** has been the Chief of Programs for Maryland Treatment Centers, Inc. since 2022. With over 30 years of experience in the delivery of addiction treatment services, she formerly served as the Executive Director of substance abuse treatment services ranging from outpatient to inpatient detoxification. Over the past fifteen years, she has been instrumental in expanding the continuum to include relapse prevention medications and mental health services. She brings particular experience and expertise in program leadership, including attending to the complexities of the regulatory environment, managing complex braided funding streams, and collaborating effectively with key community and government stakeholders at both the County and State levels by providing data driven results to treatment challenges. She is an active member of Montgomery County's Overdose Intervention Team, sits on Montgomery County's Overdose Fatality Review Team, and is a member of the Governor's Advisory Council for Opioid Restitution Funds.



# Introduction

- **Purpose of Presentation**
- **Importance of Topic**
- High Dropout rates in Substance use Treatment
- Correlation between retention and treatment Outcomes
- Under utilization of treatment by those with SUD.

# Substance Use in the U.S.

- What is the scope of substance use in the U.S.?
  - To what degree are individuals in need of SUD treatment receiving it?
  - What are some of the primary challenges to treatment access?
  - To answer these questions, we turn to the National Survey on Drug Use and Health (NSDUH)<sup>1</sup>
- 
- **Substance Abuse and Mental Health Services Administration. (2020). Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>**

# Overview of SUDs: Prevalence<sup>1</sup>

- Approximately 16.8% of Americans aged 12 or older (48.4 million) had a past year SUD in 2024
- Unfortunately, less than 15% of those with SUD receive treatment

# Drop out rates

- **Longer lengths of treatment engagement improve prognosis and clinical outcomes**
- Residential (bed based treatment short and long-term) have a 30-50% dropout rate or unplanned discharge prior to treatment completion
- Outpatient services have a 50% or greater dropout rate.
- Significant dropout happens during transitions from one level of care to another (i.e. residential bed to outpatient services) Some indications are that people drop out of care at a rate of 60-70% (a particularly vulnerable time for overdose)

# Definitions of Key concepts

- Engagement: What it means in the context of treatment (initial contact, building therapeutic alliance, early and consistent attendance)
- Retention: Continued participation over time

# Treatment Modalities

- Let's understand different treatment modalities to better discuss the issues of Treatment Engagement and Retention

# ASAM levels of care

- Level 3.7/3.7WM – medically monitored high intensity inpatient withdrawal management
- Level 3.5 – clinically managed intensive inpatient
- Level 3.3 – clinically managed medium intensity inpatient
- Level 3.1 – clinically managed low intensity residential
- Level 2.5 – partial hospitalization
- Level 2.1 – intensive outpatient
- Level 1 - outpatient

# Challenges to Engagement and Retention

- Individual level obstacles
  - Shame and fear of judgement
  - Motivation
  - Co-occurring disorders
  - Readiness to change
  - Negative perceptions of specific populations

# Social and Environmental Factors

- Housing instability
- Family dynamics
- Legal issues
- Geographical proximity

# Systemic and Program level obstacles

- Accessibility
- Waitlists
- Rigid program requirements
- Financial Challenges

# Evidence Based Strategies to Improve Engagement

- Motivational Interviewing
- Trauma Informed Care
- Peer Support and Recover Coaches
- Population-specific and responsive practices
- Use of Technology (telehealth, mobile apps)

- Innovative “no wrong door” programs
- Family Engagement
- Collaboration across systems of care (i.e. treatment, criminal justice, hospitals, etc)
- Integrated Collaborative care models

# Collaborative Care Models

- What are collaborative care models?
- Systemic Screening and tracking of patients
- Behavioral Health Care Manager who provides brief psychotherapies, care planning, outreach and tracking
- Consulting addiction/psychiatry expertise available
- Integration of peer recovery/recovery supports

# Collaborative Care

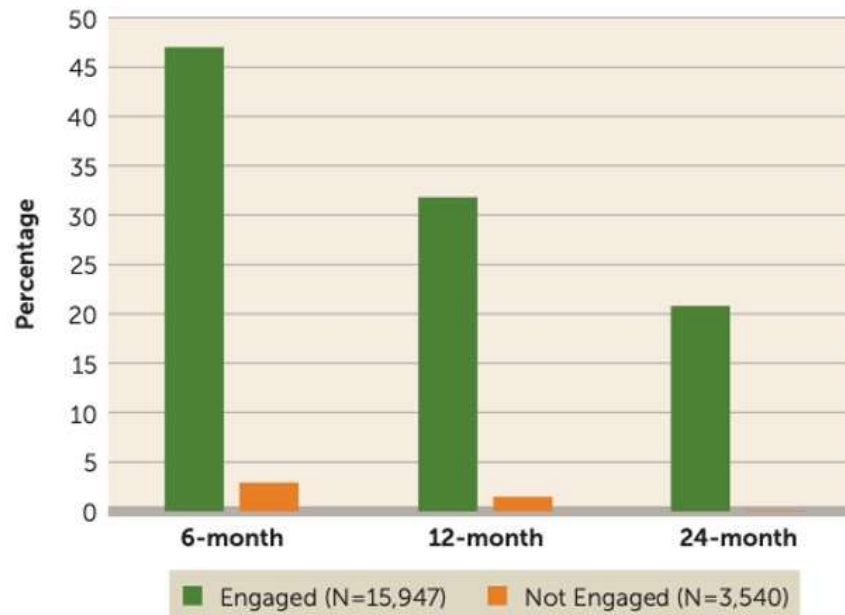
- The SUMMIT trial (Watkins et al, Jama Internal Medicine, 2017)
- Found that a collaborative-care model increased receipt of evidence based alcohol and opiate use disorders and produced higher self-reported abstinence at 6 months.
- Recent trials for OUD suggest that collaborative care models with linkage to medication for OUD can successfully manage OUD in primary care settings.

# Peer Support Services

- Opportunities for assertive outreach vs traditional models of “waiting for them to come”
- A review of peer recovery support services and recovery coaching for SUD (28 studies, 12,601 participants) found **reliable signals that peer recovery support helps with treatment initiation, engagement, and retention.**

# Early engagement predicts longer term retention

FIGURE 1. Retention rates at 6, 12, and 24 months among patients initiating buprenorphine, by engagement<sup>a</sup>



<sup>a</sup>Two additional in-person outpatient clinical visits within 34 days of the intake visit.

Williams et al. Am J Psychiatry. 2023



# Questions & Answers

Meghan Westwood, LCSW-C

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# Thank you.

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