

# Substance Use Disorder Engagement and Retention (Part 2)

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

April 1, 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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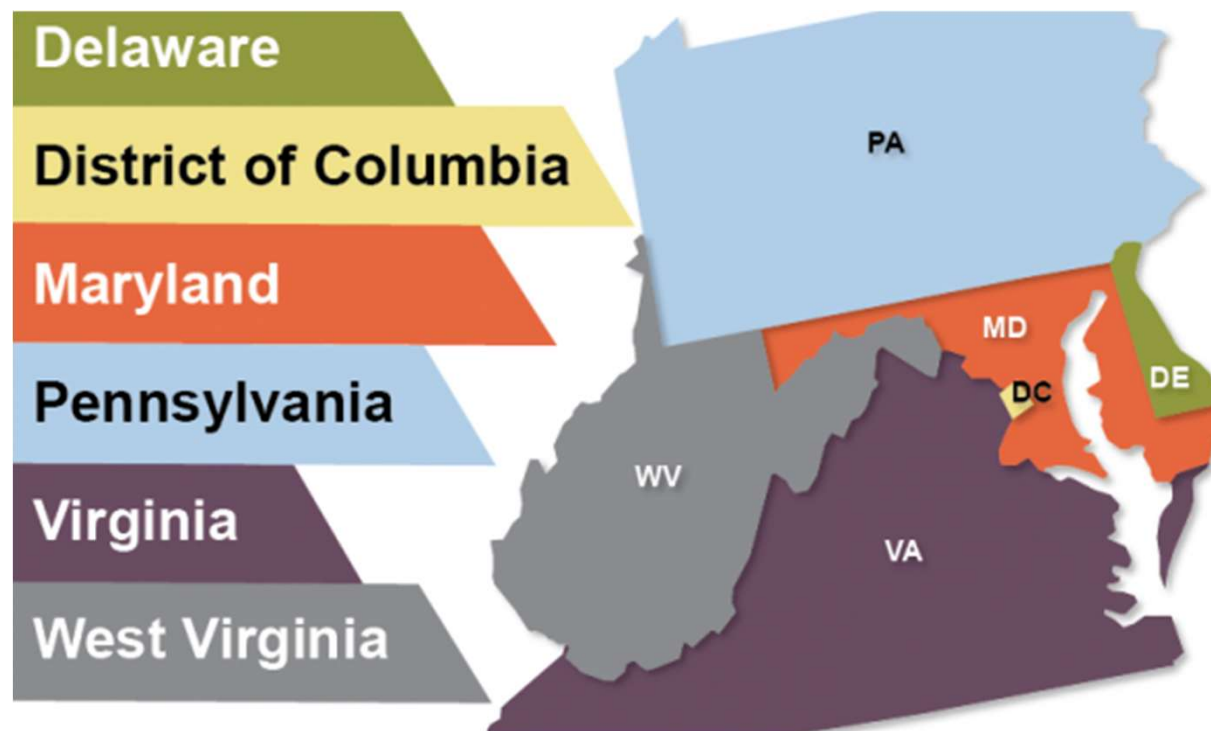
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ATTTC BRAND STATEMENT

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

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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.



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# Meet The ATTC Team



Oscar Morgan  
*Project Director*



Andrew Wilson  
*Co-Project Director*



Amelia Arria  
*Evaluator*



Tamara Moreland  
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*Technical Assistance  
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Grace McManus  
*Program Coordinator*

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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

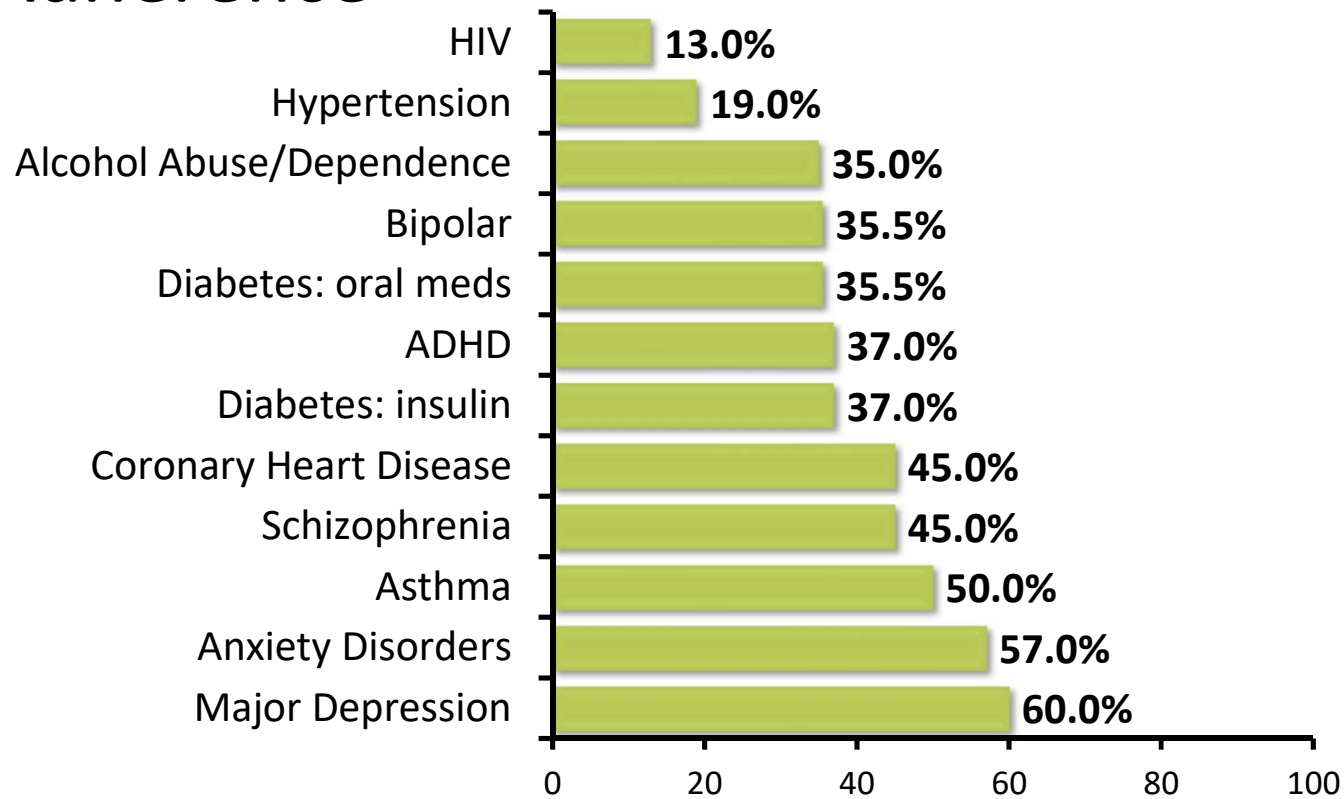
# Drop out rates

- **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

# Average Rates of Medication Non-Adherence



*The views expressed in this webinar are solely the opinions and views of the people participating. They do not necessarily reflect the opinions or views of the National Council for Mental Wellbeing, its employees or partners. We are providing this content for informational purposes only.*

# Evidence Based Strategies to Improve Retention

- Contingency Management
- Medication Assisted Treatment (MAT/MOUD)
- Integrated care models (addressing mental health and SUD)
- Flexible scheduling and low-obstacle entry points
- Ongoing Case Management/Wrap Around Services
- Integration of Peer Services and Outreach
- Collaboration with Community Supports
- Family Engagement

# Contingency Management

CM provides **tangible rewards** (e.g., vouchers, gift cards, prizes) for meeting treatment-related goals such as:

Attending counseling sessions

Submitting drug-free urine samples

Adhering to medication-assisted treatment (MAT) schedules

The principle is rooted in **behavioral reinforcement**: rewarding desired behaviors increases the likelihood that they will be repeated.

# Contingency Management-Engagement

- **Increased Retention in Treatment**
- People are more likely to **stay enrolled in SUD programs** when CM is used, compared to standard counseling alone.
- Dropout rates decrease significantly, which is crucial since early dropout is common in SUD treatment.
- **Improved Session Attendance**
- CM participants attend **more therapy sessions and groups**.
- It helps create a consistent pattern of participation, which builds therapeutic momentum.
- **Higher Adherence to Medication**
- When used with methadone, buprenorphine, or naltrexone programs, CM improves **medication adherence**, which in turn reduces relapse risk.
- **Early Engagement Boost**
- CM is especially effective in the **first weeks of treatment**, a critical period when clients are most likely to disengage.
- Rewards help overcome initial ambivalence or external challenges.

# Contingency Management

Participants in CM were **22% more likely** to maintain abstinence at median ~24 weeks following treatment than comparison groups. The likelihood of maintaining abstinence increased with longer durations of CM during treatment. Effects consistent across various aspects of life.

*Meredith K. Ginley, Rory A. Pfund, Carla J. Rash, Kristyn Zajac, 2021*

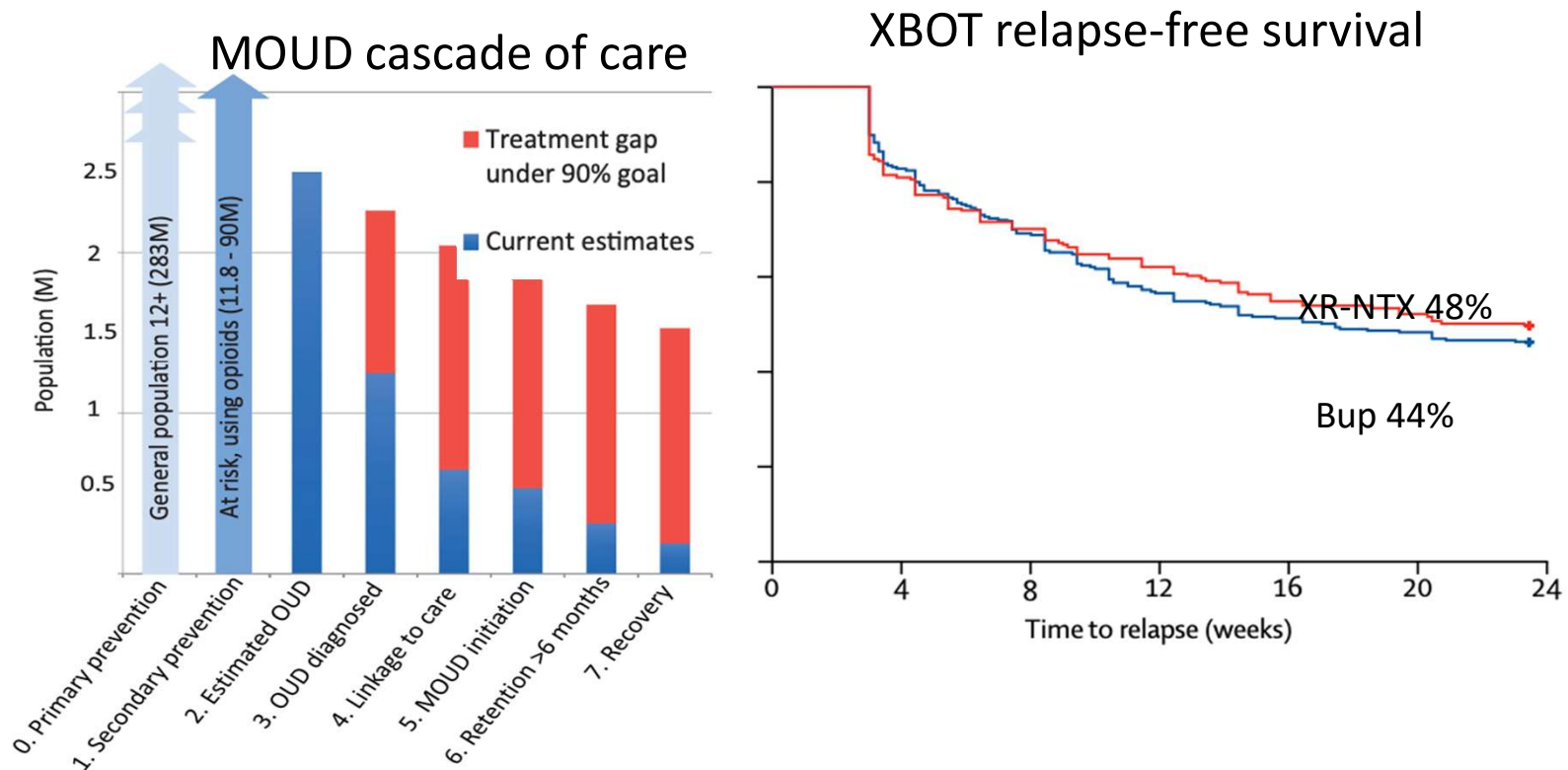
# MAT/MOUD – Opioid Use Disorder

- Consistently strong evidence for improving retention
- People on methadone are more than twice as likely to stay in treatment compared to non-pharmacological intervention (Cochrane)
- Higher doses of Buprenorphine closely mirrors methadone retention
- Flexible dosing and integrated counseling further enhance outcomes
- Research shows that those leaving a period of “enforced abstinence” relapse at a rate of almost 80% within 30 days without medication
  - MOUD can reduce that number by 50%

# Cascade of care for MOUD benchmarking

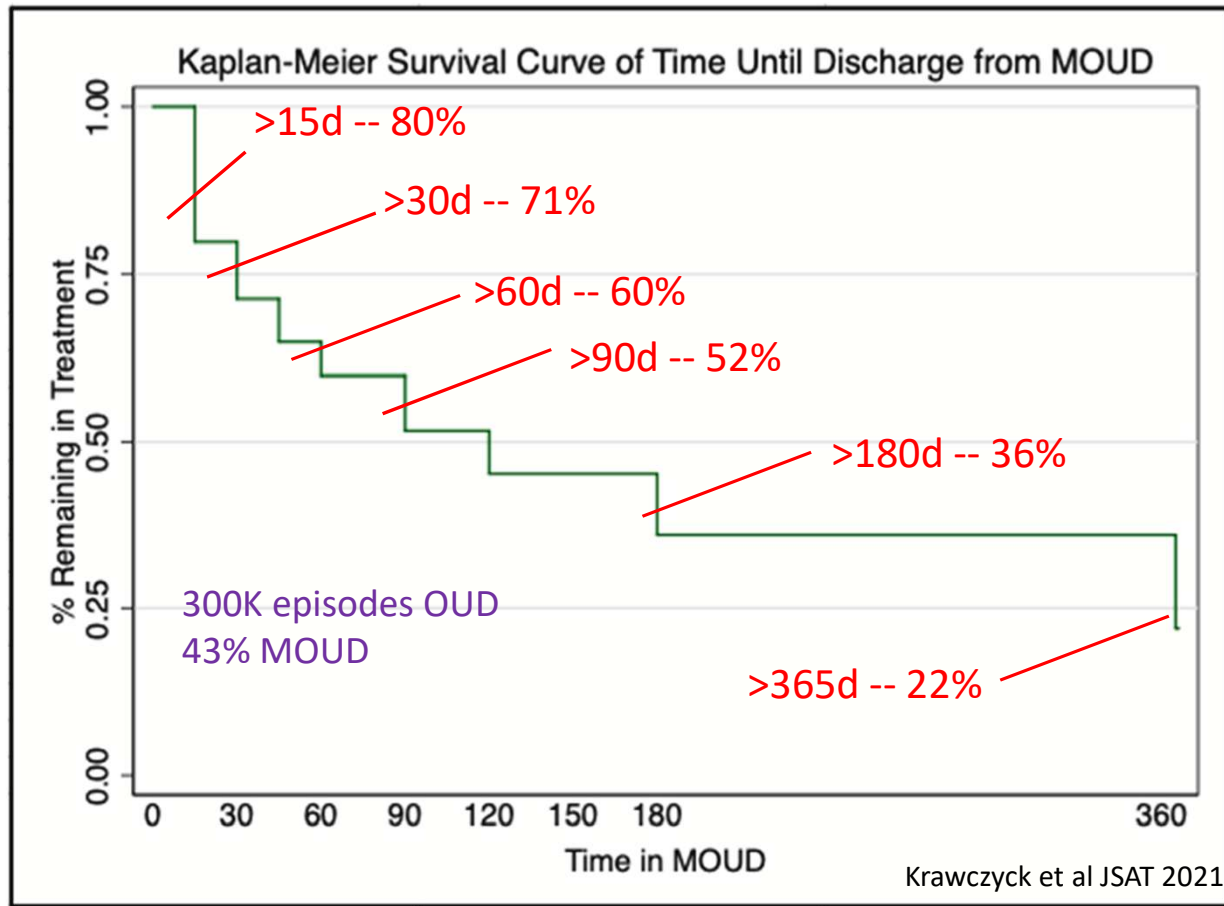
## Background

MOUD great but retention leaves much room for improvement



# Real world MOUD retention

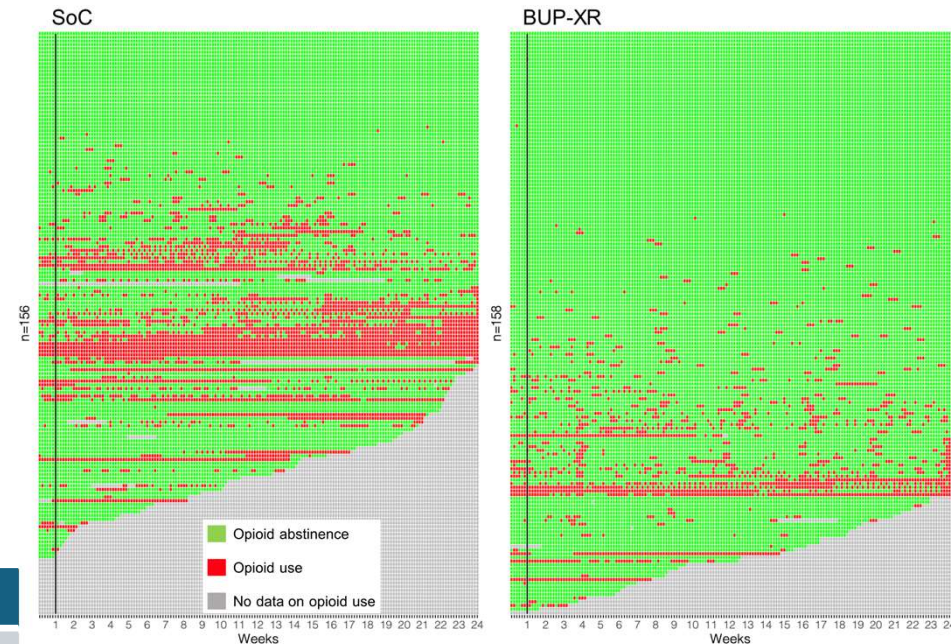
## TEDS data set --2017



# RCT of XR-Bup vs Standard of Care (SoC)

- N=314 patients in SoC maintenance treatment, daily SL Bup (mostly) or daily methadone, randomized to stick or switch to XR-Bup
- Stable in-treatment population, mean 50 wks retention at enrollment

	XR-Bup	SoC
Days opioid abtinent (out of 161d)	123d	104d
Max continuous opioid abstinence	95d	77d
Retention in study treatment	145d	129d
Rate of OUD “remission” over 24 wks	75% OR = 1.9	62%



Marsden et al. Superiority and cost-effectiveness of monthly extended-release buprenorphine versus daily standard of care medication: a pragmatic, parallel-group, open-label, multicentre, randomised, controlled, phase 3 trial. *Lancet*. 2023

# MAT – Alcohol Use Disorder

- Acamprosate, disulfiram and naltrexone most studied
  - Naltrexone (oral and XR) is associated with longer treatment adherence and lower drop out
  - Acamprosate shows modest retention benefits
  - Disulfiram retention depends heavily on supervision during dosing. Unsupervised administration see poor adherence

# Peer Services: Evidence-Based Model

- Reduction in recurrence rates (inpatient and psychiatric hospitalizations)
- Reduction in recidivism
- Improved relationships with health care providers
- Increased self-efficacy
- Reduced cost to public health system
- Increased treatment **motivation, retention, engagement, and satisfaction**

# 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.**

# Family Engagement

- Family engagement is one of the most powerful—yet sometimes underutilized—factors that influences **treatment retention in substance use disorder (SUD) care.**

# Family Engagement

- **Social support** is a consistent predictor of staying in treatment. Families can provide practical help (transportation, childcare, reminders) and emotional encouragement.
- Engagement of family members increases **accountability** and helps reduce judgement, isolation, and ambivalence about treatment.
- Families often help reinforce recovery-oriented behaviors outside of treatment settings, extending the therapeutic environment.

# Family Engagement

- **Effective Family Engagement Approaches**
- **Family Therapy Models**
  - **Behavioral Couples Therapy (BCT):** Enhances relationship functioning while reducing substance use; linked to **greater treatment retention** and satisfaction.
  - **Community Reinforcement and Family Training (CRAFT):** Teaches family members how to encourage treatment entry and support ongoing participation.
- **Family Psychoeducation**
  - Educating families about addiction as a chronic condition, relapse risks, and treatment process improves **long-term retention** and reduces premature dropout.
- **Practical Supports**
  - Programs that provide **family-inclusive case management** (help with scheduling, childcare, financial planning) report **better attendance and longer retention**.

# Family Engagement

- Family engagement is one of the most powerful—yet sometimes underutilized—factors that influences **treatment retention in substance use disorder (SUD) care.**



# Questions & Answers

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# Thank you.

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