**NIATx:**

Todd Molfenter-

NIATx really started from a, from an idea of Victor Capoccia and an idea that was quickly supported by, you know, SAMHSA and CSAT that, that processes in systems are a key component of addiction treatment. And so the vision there was, is OK, you would think with general care with an industry, that there, is a lot of good process improvement work happening. Could this work with addiction treatment, and it was truly a question, of whether or not it could.

Kim Johnson-

The issues that were happening in the field were that the vast majority of people that needed treatment, didn’t get it. So access was a huge issue. The other thing that was really happening is that once people finally found their way, to treatment services, they didn’t stay very long, because the process getting into treatment was so cumbersome and burdensome for them.

Todd Molfenter-

And so our initial grant in this through the past recovery program that came out Robertwood Johnson Foundation and the STAR program that came out of the CSAT and SAMHSA, was to test that, can the process improvement methods that are being used in general industry and within health care, work within addiction treatment services.

Kim Johnson-

Basically we are trying to get people to get into treatment easier and to get them to stay in treatment long enough for it to actually have an impact on their lives.

Don-

I needed help right away, and, at the time there was denial and reluctance to get help, saying “I don’t have a problem, I don’t need to be here”

Darrell Wheeler-

When they call you that means that they’re motivated, there’s something going on at that moment, that they need to be here. And we need, as an institution, we really need to make strides to get that person in our facility as soon as possible to help them with whatever their problems are at that moment, because it will reoccur.

Bill Labine-

At times we had a waiting list for our waiting list, for residential treatment.

Darrell Wheeler-
We found out we had about 32% of our clients weren’t even showing up for our appointments, which was unacceptable, when you equate that in a business case, and you do the numbers, it was phenomenal.

Todd Molfenter-

So, as we began the NIATx program, we really looked at having to space practices around innovation into optional organizational change, and one of the practices we found to be very important is for people to be able to implement you know, things, simply and quickly.

Kim Johnson-

Historically, in this industry, people have, you know, they bring big change, and it’s some huge thing from outside that gets imposed on an organization, and what’s really different, and really, I think, powerful, for these agencies, is this idea of, “we’re going to try something, for a day or two or a week or two, and see if it works, and if it doesn’t work, we’re not going to keep doing it, and if it does work, then we’re going to broaden how we do that.”

Todd Molfenter-

People tried that, and they started to see, “hey, we can make change, it doesn’t have to be complicated.” And as then they started making these small changes, big results started to happen.

Darrell Wheeler-

First change project was a no show, to eliminate no shows. I myself made some ghost calls, I made five ghost calls to the center, and I found out that all five people were giving out different information. The clients on the other end were hearing different things from different people.

Bill Labine-

We have control over a few things right now, and that’s every phone call that we get, and how we treat people when they get here.

Darrel Wheeler-

We stopped the project at that point and realized “we need to do something right now,” so we, what we did was, we, manufactured a script, and did a staff-like training, and this is the script that all the staff would start utilizing.

Bill Labine-

The training was about using the person’s name, thanking them for calling, asking, letting them know what’s going to happen when they come in for the appointment, and then thanking them for calling. Just being appreciative that they called the facility.
Darrell Wheeler-
What that did was help build rapport because, you know, we are trying to develop relationships, because that is what this is really about, developing a relationship with our clients, because without that type of relationship, it’s going to be difficult to help them with their needs.

Don-
You know, I was made to feel like a person, a human being, people cared when I came, and that’s what I needed, because at that point in my life, I didn’t have a lot of self-worth.

Bill Labine-
The no-shows dropped, we engaged people quicker, so we were operating at capacity for like the last five years

Todd Molfenter-
What happened was stunning to everyone’s, you know, surprise and appreciation was that the principles there worked very well in addiction treatment, and so, we developed another round from there. It included another 26 organizations, and then that, and then really the word started spreading of how well it was working and states wanted to get involved, and one thing led to another and now we have touched nearly 3000 organizations.

Bill Labine-
It makes me confident, because, they don’t, I have a master’s degree, but they don’t cover this in school. They don’t cover working through the unknown. They don’t cover working through the fear of the future, or fear of possibly laying someone off. They don’t teach you how to re-tool a whole treatment program, a whole billing system, how to do marketing. I guess a big part of the confidence, is we’ll be extremely overwhelming, because there is so much to do, and with the tools that NIATx provides, I can get things done in a more orderly fashion.

Kim Johnson-
Rather than having to go off and get an MBA and spend five years in school, we give them really the basic skills that they need in order to manage their business better.

Todd Molfenter-
What I’m most proud of, and it’s a recurring issue, is even this week I was out in Cincinnati, listening to people tell their story about the changes they’ve made, and you just hear over and over how the NIATx model just naturally works for organizations. And then when you listen to the management, being able to say, “yeah, we’re not only providing better care, but also our organization is stronger now, whether it’s financially or clinically.” And, that’s what I’m most
proud of, is when I hear those kinds of stories, which, thankfully, through NIATx, that happens on a regular basis.