



**NIATx**<sup>TM</sup>

# *Business Case Series*

Volume 2

*Produced by: NIATx  
In partnership with: The Substance Abuse and Mental Health Services  
Administration's Center for Substance Abuse Treatment and  
The Robert Wood Johnson Foundation*



**NIATx** is a pioneering improvement collaborative that works with substance abuse and behavioral health organizations across the country. We teach organizations to use a simple process improvement model developed under the leadership of Dr. David Gustafson, who is an industrial engineer. NIATx is part of the Center for Health Enhancement System Studies at the University of Wisconsin-Madison. Learn more about NIATx at [www.niatx.net](http://www.niatx.net).

**The Center for Substance Abuse Treatment (CSAT)** of the Substance Abuse and Mental Health Services Administration (SAMHSA), within the U.S. Department of Health and Human Services (HHS), promotes the quality and availability of community-based substance abuse treatment services for individuals and families who need them. CSAT works with States and community-based groups to improve and expand existing substance abuse treatment services under the Substance Abuse Prevention and Treatment Block Grant Program. CSAT also supports SAMHSA's free treatment referral service to link people with the community-based substance abuse services they need. Learn more about CSAT at [csat.samsha.gov](http://csat.samsha.gov).

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This NIATx Business Case Series was prepared by the NIATx National Program Office at the University of Wisconsin – Madison. NIATx gratefully acknowledges the NIATx members who have shared data and success stories that prove the effectiveness of the NIATx model of process improvement. Please address all questions, comments, and reprint requests to [info@niatx.net](mailto:info@niatx.net).



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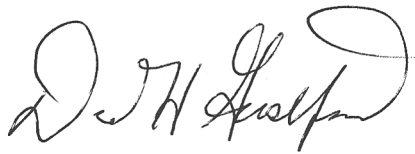
## Welcome to the NIATx Business Case Series!

Since the inception of NIATx in 2003, member agencies have time and again demonstrated that a customer-centric management philosophy and organizational commitment to improving treatment access and retention can help solve key problems fundamental to organizational performance: the ability to operate at a positive margin, the ability to attract funding, and the ability to attract and retain staff members. The NIATx business case concept is beginning to take hold in the field. Success stories are popping up all across the United States – in agencies large and small, serving a variety of client populations.

This volume of the NIATx Business Case Series highlights successful projects from the Strengthening Treatment Access and Retention – State Initiative (STAR-SI) project. STAR-SI is an infrastructure cooperative agreement program that promotes state-level implementation of process improvement methods to improve access to and retention in outpatient treatment.

These stories illustrate that improvements in treatment access and retention really do translate into bottom-line results. All of us here at the NIATx National Program Office would like to thank those agencies that have shared their stories for this publication. We also extend a warm welcome to those agencies that are now on their way to writing their own.

Sincerely,

A handwritten signature in black ink, appearing to read "David H. Gustafson". The signature is fluid and cursive, with a large initial "D" and "G".

David H. Gustafson  
NIATx Director

P.S. – Do you have a business case success story that you'd like to share? We'd love to hear about it. Send email to [info@niatx.net](mailto:info@niatx.net) today.





## Addiction Resource Center

Brunswick, Maine

The Addiction Resource Center (ARC) offers a full range of professional treatment services for persons with alcohol or drug related problems as well as co-occurring mental health issues. Individual, group and family services are available for those who are affected by a loved one's alcohol or drug use.

Change Leader: Eric Haram (eharam@midcoasthealth.com)

### Aims and Measures

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This Change Project aimed to decrease waiting times for intake appointments in the Level II.1 intensive outpatient (IOP) and Level I outpatient (OP) programs. We also aimed to increase the overall census in the IOP program.

We measured the success of this project by tracking the waiting time from first contact to the first appointment for each level of care. The average waiting time was 11 days at baseline.

### Changes Implemented

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In order to reduce waiting times and increase the overall census, we centralized the client triage and assessment process, updated our assessment tool in light of ASAM PPC 2-R, and trained staff to use this new system.

This triage and assessment process places clients in one of three pathways at the time of initial intake:

- Level I outpatient (OP) services
- Level II.1 intensive outpatient (IOP) services
- Emergency services

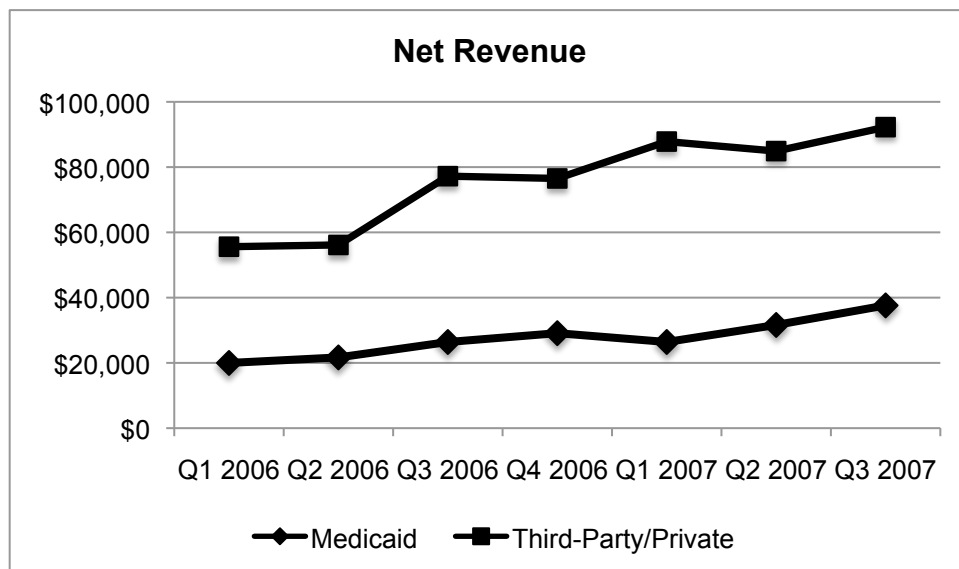
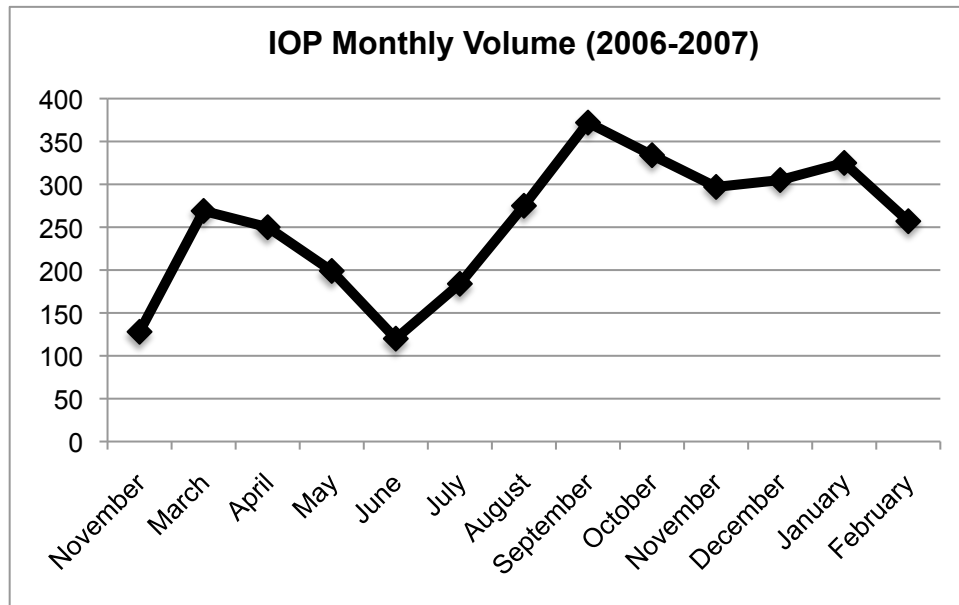
This assessment tool, based on level of care, is designed to generate a treatment disposition following the first one-hour assessment session.

### Business Case Impact

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As a result of these changes, the waiting times for clients triaged and determined to be in need of outpatient or intensive outpatient care have decreased from 11 days to 2.5 days.

The average number of initial screenings per month has increased from 35 to 86.



As a result of increased volume and increased revenue, ARC has added 1.3 FTEs to the Level II.1 intensive outpatient program.

### Lessons Learned

This Change Project caused a culture shift within the Addiction Resource Center as we moved to using a triage system for determining level of care and began using more nimble approaches to workforce availability. We now place a greater emphasis on the continuum of care and on organizational standards of care rather than the standards of care of individual clinicians, which often varied based on existing workload.

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## ALPHA Counseling Center

Camden, South Carolina



The ALPHA Counseling Center is a private, non-profit behavioral health treatment agency that provides a range of prevention, intervention, and treatment services to individuals and their families in Kershaw, Chesterfield, and Lee counties in South Carolina.

Change Leader: Mara H. Jones (mjones@alphacentersc.com)

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### Aims and Measures

This Change Project aimed to increase admissions for clients referred by the Kershaw County Summary Court for treatment of Criminal Domestic Violence (CDV).

We measured the success of this project by tracking the number of referrals and the number of admissions based on those referrals.

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### Changes Implemented

Before this Change Project, the Clerk of Court provided individuals convicted of CDV with a referral to ALPHA and the agency's phone number. The responsibility of contacting ALPHA rested with the referred individual.

We made the following changes to this process:

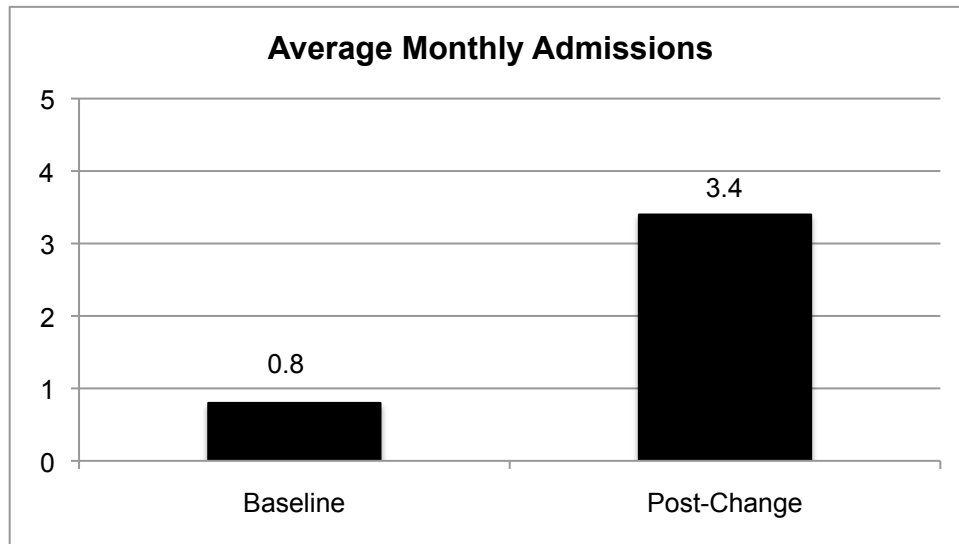
1. Staff members from ALPHA began attending court on the second Monday of each month to accept all CDV referrals in person and to schedule the intake, orientation, and assessment.
2. Staff members began initiating intake paperwork in person at the courthouse immediately after the individual had been convicted and referred to ALPHA.

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### Business Case Impact

During the six-month baseline period, ALPHA received nineteen CDV referrals, but only four of these presented themselves for intake, assessment, and admission — a monthly average of 3.4 clients.





During the first PDSA Cycle of this Change Project, we discovered that not all of the referrals would keep their initial intake and orientation appointment — for a variety of reasons. As such we adapted the process in the second PDSA Cycle so that the counselor initiated the intake paperwork at the courthouse. On average, to complete this paperwork took 15 to 20 minutes. As a result, 100 percent of the CDV referrals after this change presented for their initial appointment.

Admissions increased to a monthly average of 3.4 — a 325 percent increase. This change has generated an increase of \$10,500 in yearly revenue.



## Aroostook Mental Health Center

Caribou, Maine

Aroostook Mental Health Center (AMHC) is a private, non-profit behavioral health care organization based in northern Maine. Incorporated in 1964, AMHC has evolved into a community health organization offering a wide variety of outpatient and residential services including emergency, mental health, substance abuse, community support, and speech and language services. We also offer community education and consultation services.

Change Leader: Peter McCorison, LADC/LCSW (pmccorison@amhc.org)

### Aims and Measures

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This Change Project aimed to decrease no-shows and increase client retention in treatment.

We measured the success of this project by tracking the no-show/cancellation rate for individual and group treatment appointments. The baseline no-show/cancellation rate was 37 percent.

After making a number of changes that produced significant increases in access to service, we focused on increasing client retention in treatment by implementing contingency management.

### Changes Implemented

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In order to decrease no-shows for treatment appointments and increase client retention, we implemented contingency management with all of our clients, except Driver Education and Evaluation Program clients.

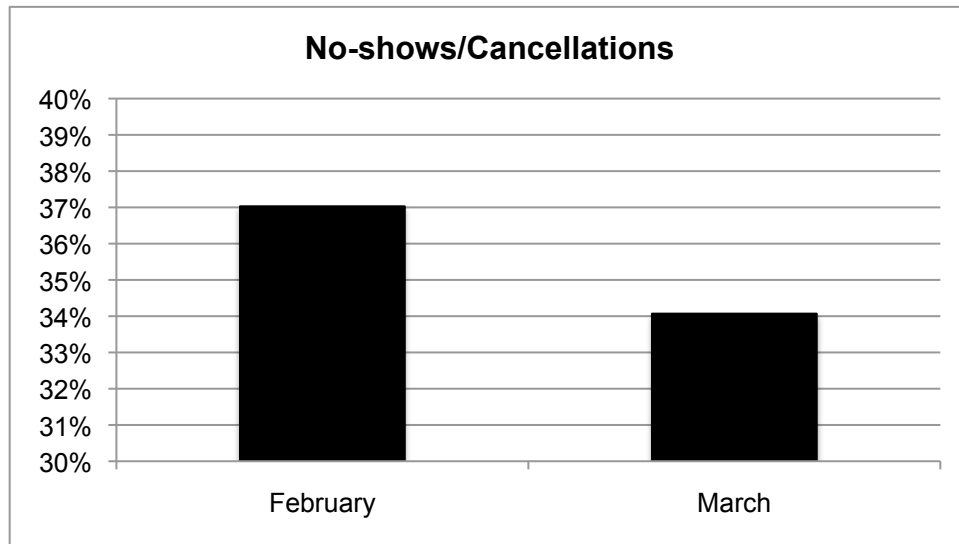
At the end of each individual or group clinical intervention, clients were asked to select a slip of paper from a basket. The basket contained 100 slips of paper; 80 contained inspirational quotations, 10 were five-dollar gift cards, and five were fifteen-dollar gift cards.

The support staff maintained and refilled the basket of slips and tracked the number and respective amounts of the gift cards selected.

### Business Case Impact

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Before this change, the no-show/cancellation rate was 37 percent. After we implemented contingency management, the no-show/cancellation rate dropped to 34 percent.



This seemingly modest change resulted in an additional 31 billable hours, which generated \$1,255 in additional revenue. The cost of the contingency management program was \$145, leaving a net increase in revenue of \$1110.

The staff is excited that such a small change created such large results. We are continuing to review this change and its possibilities for the program.

## **BASICS, INC.**

Bronx, New York



BASICS strives to provide individuals, families, and the surrounding community with long lasting tools that support and maintain holistic recovery and wellness. This includes actively working to stabilize social problems and related issues that affect recovery, economic self-sufficiency, and permanent housing.

Change Leader: Pamela Mattel (pmattel@basicsinc.org)

### **Aims and Measures**

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This Change Project aimed to decrease no-shows for the initial appointment from 61 percent to 30 percent.

We measured the success of this project by tracking the no-show rate for the initial appointment.

### **Changes Implemented**

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We designed this Change Project to test the effectiveness of our centralized admissions department, which was created approximately one year before the beginning of this project.

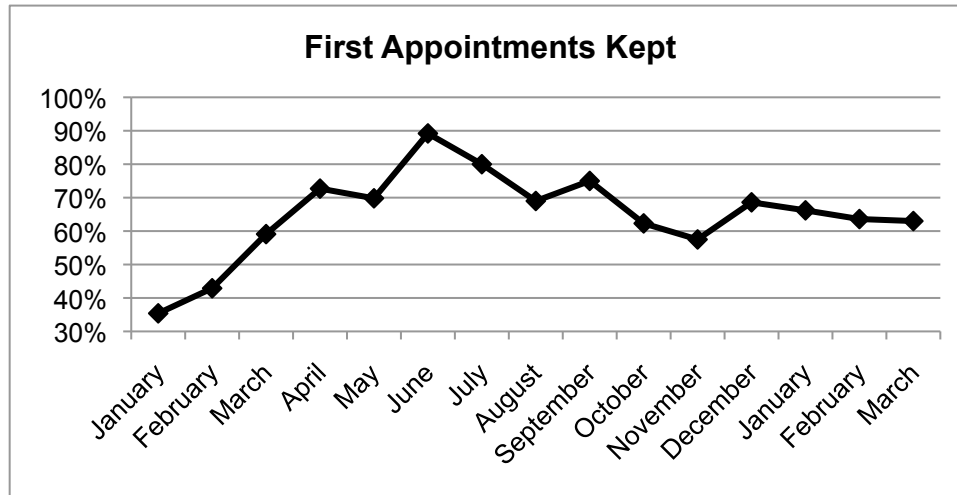
In order to decrease no-shows for the initial appointment, we made the following changes:

1. We provided a phone script and specific training to staff members who answer the phone. We also began using a timer to encourage quicker response times.
2. We updated our admissions flyer with accurate information and created a system to ensure that ongoing updates are made and distributed.
3. We improved the process for making reminder phone calls. We found that many new clients were reluctant to provide a phone number while with their probation officer. The reception staff now works to obtain additional numbers, both before and on the day of the client's first appointment.
4. We increased the number of appointments per day and per week by booking appointments at thirty-minute intervals and by using other staff members to assess clients for other modalities.
5. We focused on the need for sustainability. The Change Team discovered that the first three changes in this project were important to the overall quality of the program, even if they did not produce the expected decrease in no-shows. As such, we designed a sustainability plan that identified sustainability leaders and indicators for monitoring the changes.

While we were making these changes, we continued to measure the time between the initial request for service and the first appointment in order to determine whether we were meeting our goal for timeliness (no more than 72 hours between the first request and the initial appointment).

## Business Case Impact

At the beginning of this Change Project, the no-show rate for the initial appointment was 61 percent. By the third month of the project, the no-show rate had decreased to 41 percent and in subsequent months averaged 35 percent. We have been able to maintain a no-show rate of 40 percent or less for more than one year.



Reduced no-show rates have increased revenue and direct service time for the admissions staff. In the first month of this Change Project, the admissions staff completed 19 assessments for \$1,463 in total revenue; after these changes, the monthly average has increased to 35 assessments for \$2,695 of total revenue — an 84 percent increase.

## Lessons Learned

We learned several things in the course of this Change Project:

- Access and retention reports provide immediate feedback and allow the staff to better understand whether a change was an improvement.
- Rapid access to treatment has a significant impact on the no-show rate.
- The reception desk is the critical, central hub of the agency and the first real point of entry; phone and in-person reception influences all subsequent interactions.
- The selection of a Change Leader is critical; the person selected for this role must be able to lead the group from the beginning, instead of having to grow into the position.
- The Change Leader should provide access to information about best practices to enhance the skills of the Change Team.
- It's all too easy to get sidetracked with other tasks. It's important to maintain focus and plan for sustainability with each change.
- With changes happening at several levels, it's often difficult to determine whether improvements are the result of a specific change.

## Catalyst Behavioral Services

Oklahoma City, Oklahoma



Catalyst Behavioral Services, originally called Drug Recovery, Inc., was founded in 1973 by a group of recovering alcoholics and drug addicts to help others who wanted to stop using drugs and alcohol. The original structure of the facility was a walk-in, non-medical, non-profit clinic. In the years since its inception, Catalyst Behavioral Services has grown to encompass programs for court-ordered behavior modification, residential treatment facilities, and an outpatient clinic.

Change Leader: George A. Williams (gwilliams@catalysthelp.org)

### Aims and Measures

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This Change Project aimed to reduce the time from first contact to a completed assessment from an average of 9 days to less than 4 days.

We measured the success of this project by tracking the average time from first contact to the completion of intake and assessment.

### Changes Implemented

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Because of the sheer volume of information gathered, the screening, intake, and assessment process took a minimum of 4 hours and was sometimes spread over as many as 3 appointments.

In order to reduce the time between first contact and assessment completion, we made the following changes:

1. We examined all existing paperwork in order to determine what information was required, what was duplicated and redundant, and what data could be obtained from the client without counselor involvement. We then streamlined the paperwork accordingly.
2. We relocated the office of the intake counselor from the back of the building to a location immediately adjacent to the waiting room.
3. We eliminated scheduled intake appointments and began offering intake and screening on a walk-in basis.

### Business Case Impact

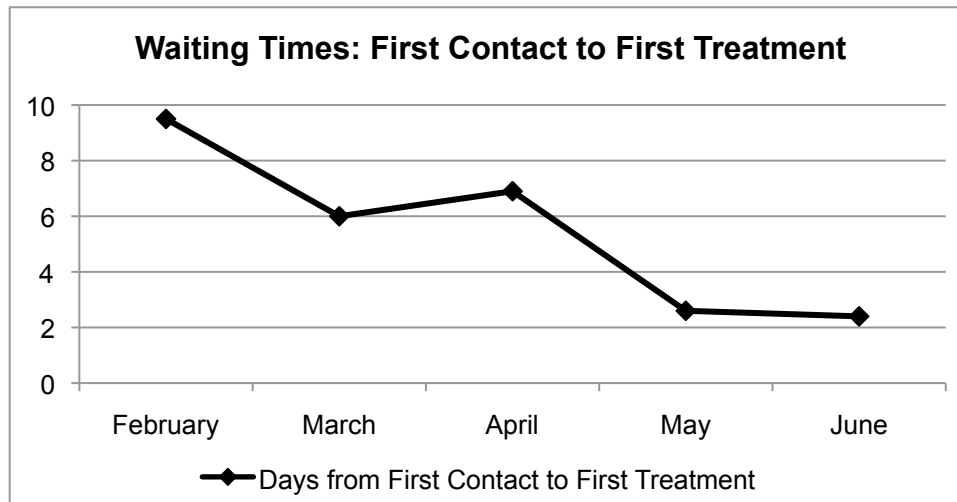
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Before this Change Project, our packet of intake and assessment paperwork consisted of 19 pieces of paper. The creation of a waiting room questionnaire eliminated superfluous and redundant questions and 7 forms, reducing the overall amount of paperwork by at least 35 percent. Further refinements and streamlining reduced the intake and assessment paperwork to just 8 forms.

Counselor involvement is no longer required at every step in the paperwork process. This change provided an additional 1.5 hours per day (30 hours per month) for the intake counselor to perform additional assessments, interviews, and admissions. More time for these activities generates an additional \$420 per week (\$5,040 per year) in revenue.

We've entirely eliminated no-shows for intake appointments by providing screening on a walk-in basis. Allowing clients to come in when it is convenient for them has also increased the overall number of clients we see.

These changes have all combined to reduce the average time between initial contact and the first treatment session (i.e., a therapeutic group or an individual session) from an average of 9.5 days to an average of 2.4 days — a 75 percent improvement.



In some ways, we've become victims of our own success. Increasing access to services has increased our intakes to the point that we have now filled every counselor's caseload and maximized our client capacity for the size of our current building. Because of this, we are making more referrals and using interim services more frequently.

However, we recently purchased and began remodeling a much larger facility. After we've moved to the new facility, we will be able to expand both the number of available counselors and the service space in order to better meet the increased demand for our services.

### **Lessons Learned**

We learned several things in the course of this Change Project:

- Examine your own process. Just because you have always done something in a particular way doesn't mean it's the best way.
- Embrace the counter-intuitive. Change Team members and outpatient counselors initially thought that walk-in service would create nothing but chaos. Now, they can't imagine doing it any other way.
- Eliminate unnecessary steps. We were amazed — and a little chagrined — when we found out how many extra and unnecessary steps we had added to our screening, intake, and assessment process.
- Never overlook the obvious. The simple act of changing the location of the intake counselor's office made the entire process friendlier and less intimidating.

## Circle Park Behavioral Health Services

Florence, South Carolina



Circle Park Behavioral Health Services provides a broad range of behavioral health services, with an emphasis on educational programs and counseling related to alcohol, tobacco and other drug abuse, and on family therapy. At Circle Park we combine treatment, intervention, and prevention to deal not just with the symptoms of abuse and addiction, but also with their causes. We also provide family therapy for those who need help coping with overwhelming personal problems and difficult family situations. Our counselors are trained to deal with couple's issues, children's behavioral problems, family crises, and a wide variety of other problems.

Change Leader: Jeannie James (jjames@circlepark.com)

### Aims and Measures

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This Change Project aimed to reduce the waiting time from first contact to assessment by at least 20 percent.

We measured the success of this project by tracking the waiting time from first contact to assessment, while also monitoring the number of intakes, number of clients served, and revenue.

### Changes Implemented

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This Change Project is designed to support the statewide goal of reducing the average number of days from first contact to first service.

In order to reduce the waiting time from the first contact to assessment, we decided to offer walk-in service:

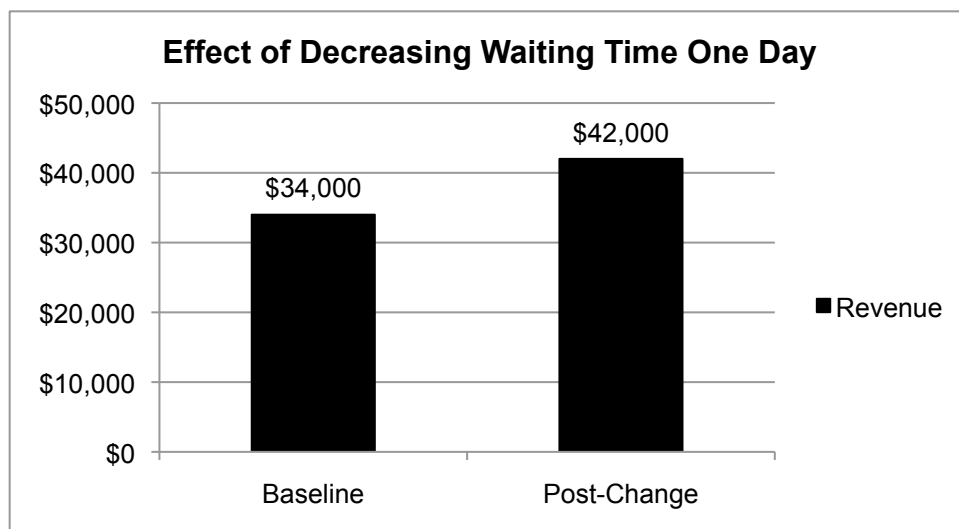
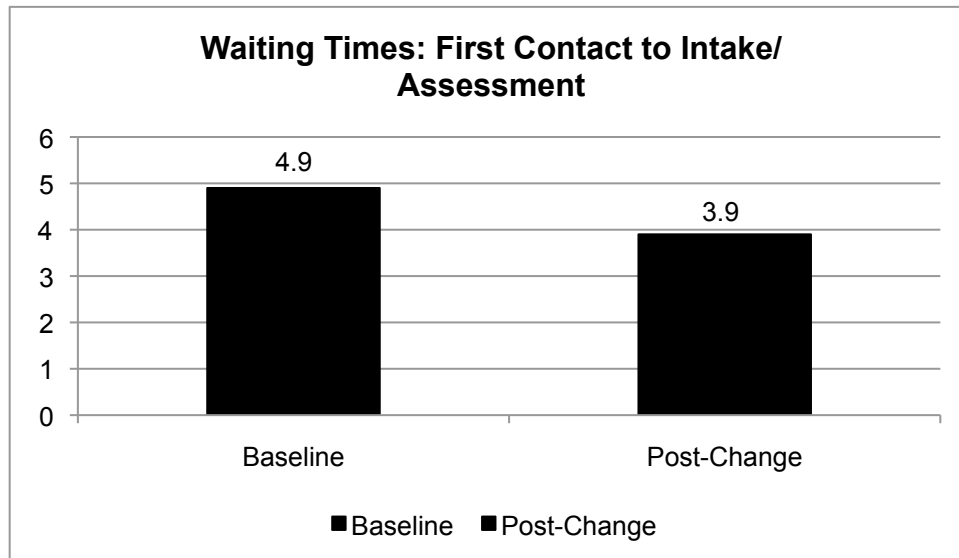
1. We reserved two full days and one half day for walk-in appointments. Participating counselors were relieved of their scheduled appointments during these times in order to give them ample time to provide service to walk-in clients, and to keep them from being overwhelmed. Because we did not adequately publicize this change with our referral sources, our waiting time increased to 5.1 days. We carefully reviewed this information and adapted our approach accordingly.
2. We changed our walk-in times to three half days — two afternoons and one morning — because most clients were more willing to come in the afternoon. We also notified our referral sources of our walk-in hours. As a result, our waiting time decreased to 3.9 days.

### Business Case Impact

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As a result of these changes, the waiting time decreased from an average of 4.9 days to 3.9 days. At the same time, the number of intakes increased by 29.9 percent, and revenue increased by 24.53 percent (\$8,256).





We reduced waiting times by 20 percent while increasing revenue by 25 percent.

### Lessons Learned

We learned several things in the course of this Change Project.

- Our intake services still need work and we need to completely revamp how we make our clients feel welcome at the agency.
- It's crucial that the Change Leader stay on top of changes in order to manage project expectations and monitor progress. For example, we learned that some clinicians were not doing an assessment on the same day as the intake, which effectively defeated the purpose of providing walk-in service. Once the Change Leader started monitoring how many of the walk-in clients were assessed on the same day, this number tripled.

## Colleton County Commission on Alcohol and Drug Abuse

Walterboro, South Carolina

Change Leader: Kathleen Padgett (kpadgett@colletonadac.com)

### Aims and Measures

This Change Project aimed to reduce the waiting time from first contact to the first treatment by at least 50 percent.

We measured the success of this project by tracking the days between first contact and the first treatment appointment.

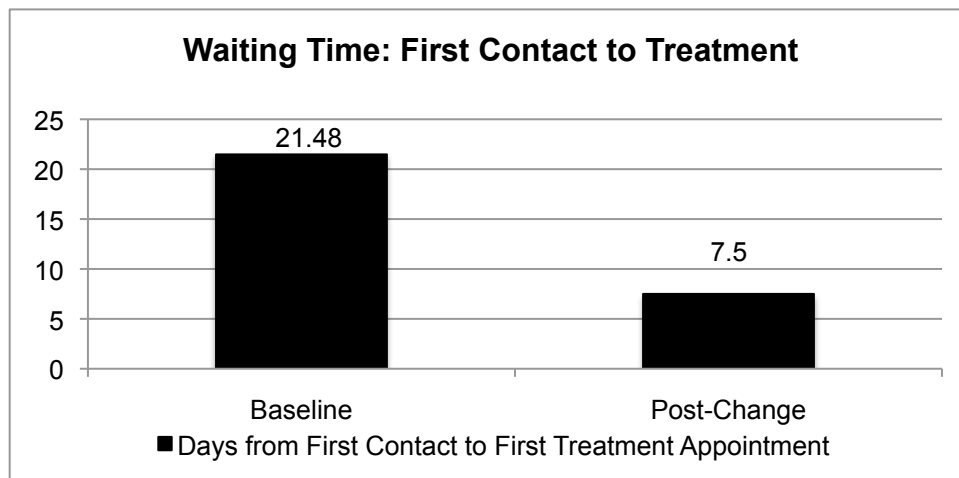
### Changes Implemented

This Change Project is designed to support the statewide goal of reducing the average number of days from first contact to first service.

In order to reduce waiting times from first contact to the first treatment session, we eliminated intake/assessment appointments and established daily walk-in assessments. After the first change cycle, we adjusted the hours of the walk-in period because our clients did not use the morning walk-in hours.

### Business Case Impact

As a result of these changes, the average number of days from first contact to the first treatment appointment decreased from an average of 21.48 days to 7.5 days.



We reduced waiting times by 65 percent, exceeding our target.

In addition, these changes led to an additional 5.5 assessments per month (billed at \$60 each) for an average monthly increase of \$330 in revenue (\$3,960 per year).



## Community and Family Resources

Fort Dodge, Iowa

Community and Family Resources (CFR) is an eight-county licensed substance abuse and problem gambling treatment facility that provides residential, outpatient, and prevention and education services to adults and adolescents. Residential services are provided to any qualified resident of the state of Iowa. Since 1968, CFR has a long history of helping individuals, families, and communities improve their quality of life by helping people learn healthy behaviors to prevent addictions and achieve and maintain abstinence from addictive behaviors.

Change Leader: Sashya Comito, ACADC (sashyac@cfrhelps.org)

### Aims and Measures

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This Change Project aimed to reduce the waiting time between first contact and assessment from 5 days or less. Baseline waiting time was 17 days.

We measured the success of this project by monitoring the waiting time between first contact and assessment. We also measured our assessment capacity by tracking the number of evaluation sessions available per week.

### Changes Implemented

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Our waiting times are directly related to our capacity for evaluations. We were averaging 20 requests for service per week, and typically our assessment specialist had only 14 available time slots.

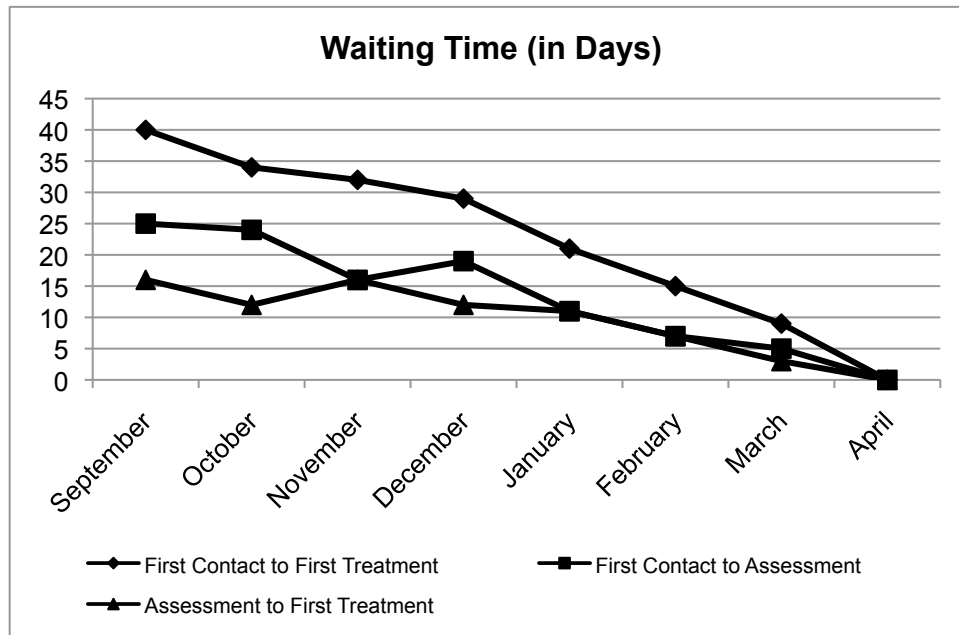
When we analyzed our walk-through results, we began to understand that our capacity for evaluations was limited by our paperwork. The evaluation took approximately 2.5 hours while only 1.5 hours of this time was spent with a counselor. As such, we decided to reduce the amount of clinical time needed for an evaluation to one hour by adjusting our paperwork.

In order to reduce the time required for the evaluation session to one hour, we moved the psychosocial history to the admission session. This change increased the number of evaluation sessions per week to 21, thereby increasing our capacity by 33 percent.

### Business Case Impact

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As a result of this change, our waiting times decreased from an average of 17 days to an average of 5 days.



By increasing capacity, we increased potential revenue by 33 percent. Prior to this change, we averaged 14 evaluations completed per week, billed at \$100 per evaluation. Now we are completing 21 evaluations per week, each billed at \$100 per evaluation, in the same forty-hour workweek. This represents a potential increase of \$36,400 in revenue per year for evaluations alone.

In addition, our clients are more satisfied with our services because they are getting treatment when they request service instead of having to wait.

## The H Group

Marion, Illinois

The H Group (formerly known as Franklin-Williamson Human Services) is a comprehensive behavioral health care agency that has provided services to individuals and families for over 30 years. The H Group is a private, not-for-profit organization that serves individuals with behavioral, emotional, mental, developmental, family, or substance abuse problems.

Change Leader: Evelyn McGee (evelyn.mcgee@fwhs.org)

### Aims and Measures

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This Change Project aimed to reduce the waiting time for treatment by reducing no-shows for admission appointments.

We measured the success of this project by tracking the no-show rate for admission appointments and the waiting time from admission to the first treatment session.

### Changes Implemented

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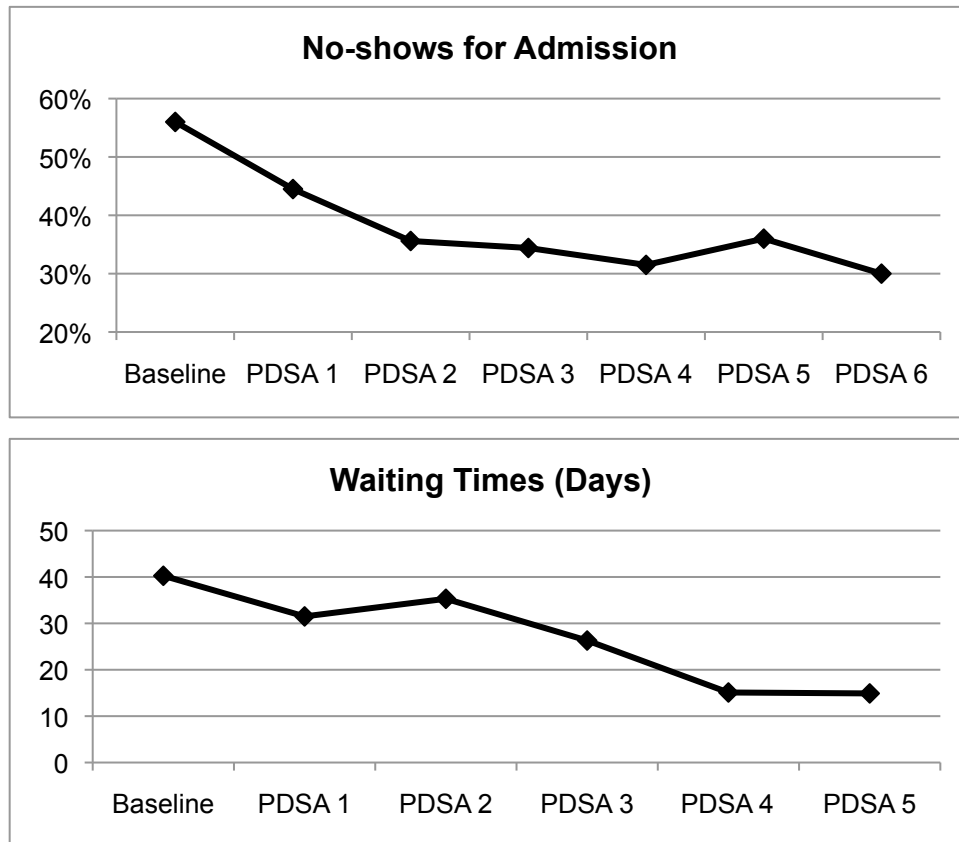
In order to reduce no-shows and waiting times for admission, we made the following changes.

1. We sent letters to all of the clients on our waiting list to request that they attend a pre-treatment group or contact us if they are still interested in services. Clients who attended the pre-treatment group were assigned to a counselor for admission.
2. We shifted our Tuesday morning pre-treatment groups to Thursday mornings to accommodate Department of Child and Family Services (DCFS) clients and to provide transportation for them if needed. This population represented a large portion of our no-shows for admission appointments.
3. We gave clients an appointment card after assessment with the date and time they were scheduled for group treatment.
4. Clients are now admitted directly to the Start Now group; if there's a barrier for admission to this group, clients call in weekly. Youth, DUI Moderate Risk and Significant Risk clients are still admitted directly for treatment by individual counselors.
5. We developed a flowchart comparing successful versus unsuccessful treatment for clients, to be handed out during assessment.
6. We divided the Start Now group and telephone agreements into separate documents and clarified the language so that clients better understand what is expected of them.

### Business Case Impact

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As a result of these changes, the no-show rate for admission appointments dropped from 56 percent at baseline to 30 percent after 6 change cycles. Waiting times dropped from 40 days at baseline to 15 days after 5 change cycles.



Decreasing no-shows and waiting times produced a positive shift in our revenue. Monthly loss of income decreased from \$1749.28 at baseline to \$296.40 after the sixth change cycle – an average net increase in income of \$1452.88 per month.

### Lessons Learned

We learned several things in the course of this Change Project:

- Requiring pre-treatment group attendance decreased the no-show rate for both DCFS clients and the general population.
- It's important to focus on the client's ability to attend a pre-treatment group, especially when there are barriers such as mental health issues, or when scheduling conflicts.
- Staff time was required to send letters requiring pre-treatment group attendance.
- It's important to pay close attention to regulatory requirements.
- Oversight of the change process and ongoing communication among staff members are both important for sustainability.



## Palmer Continuum of Care

Tulsa, Oklahoma

Palmer Continuum of Care, Inc. is an alcohol and drug abuse treatment program for Tulsa-area kids and their families. Most of our clients are between the ages of twelve and seventeen, though we occasionally work with younger and older children. We provide drug and alcohol education, counseling, and twelve-step support services. We work with kids individually, with their families, and in groups, and we also offer weekly parent support groups

Change Leader: Nadia Guevara (nguevara@palmer-tulsa.org)

### Aims and Measures

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This Change Project aimed to increase billable service hours for counselors.

The goals of this Change Project were several:

- Increase billable hours for counselors from an average of 5.5 hours per week per counselor to 21 hours per week.
- Increase the number of billable counseling services for active clients from 26 percent to 75 percent.
- Implement process changes related to increasing billable hours.

We measured the success of this project by tracking the number of billable hours per week per counselor.

### Changes Implemented

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In order to increase billable hours and billable counseling services, we made the following changes:

1. We created a detailed weekly schedule of assigned tasks.
2. We began providing counselors with a weekly report of their billable services.
3. We presented individual feedback to counselors about their performance.
4. We spread the use of reminder phone calls to all counseling services.

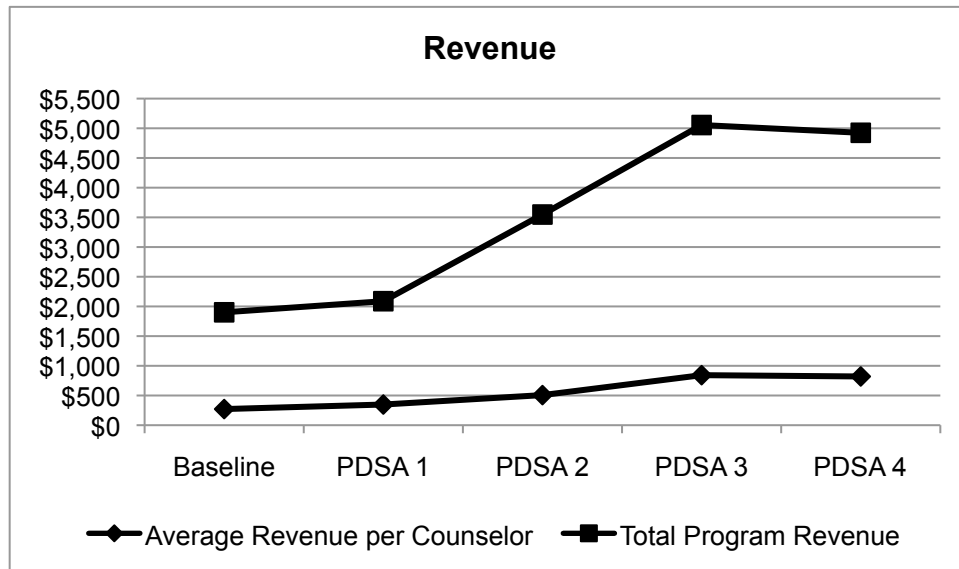
### Business Case Impact

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The changes made as part of this project resulted in incremental improvements. The effects of the first change cycle were minimal, but created standardization across the agency and helped set the stage for further improvement.

The second and third change cycles both increased billable hours – by 24 hours and 14 hours per week, respectively. The fourth change cycle increased billable service by a further eight hours per week.

The second and third change cycle each produced approximately \$1,500 per week in additional revenue, while the fourth change cycle had a negligible impact.



Both the average revenue per counselor and the average total program revenue continued to increase throughout this Change Project.

### Lessons Learned

We learned several things in the course of this Change Project:

- It pays to consider whether counselors are billing for services at the expected level.
- It is important to carefully analyze the data that you have collected.
- Accept the deficits and challenges found in your program.
- Small changes can make a real difference.
- Process improvement is rewarding.



## **SIEDA Substance Abuse Services**

Ottumwa, Iowa

SIEDA is a not-for-profit Community Action Agency that provides services in Appanoose, Davis, Jefferson, Keokuk, Mahaska, Van Buren, and Wapello counties in southern Iowa. Community Action Agencies are responsible for identifying the needs of the population in poverty within their communities, and designing programs to meet those needs.

Change Leader: Heidi L. Baker (hbaker@pcsia.net)

### **Aims and Measures**

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This Change Project aimed to reduce the no-show rate for evaluations and admissions from the baseline of 23 percent to zero.

We measured the success of this project by tracking the no-show rate for evaluations and admissions as well as the waiting times for these services.

### **Changes Implemented**

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The results of our walk-through suggested that waiting time for evaluation was much too long (10 days in the walk-through itself) and that the clients were asked too many questions during the evaluation. As such, we decided to implement walk-in evaluations.

In order to reduce no-shows, we decided to offer walk-in evaluations in incremental stages.

1. We began offering walk-in evaluations three days a week, four hours at a time.
2. We increased walk-in evaluation hours from four hours a day to the entire day.
3. We then included the entire clinical staff in the walk-in schedule to allow for double coverage on some days, and walk-in evaluations two nights per week.

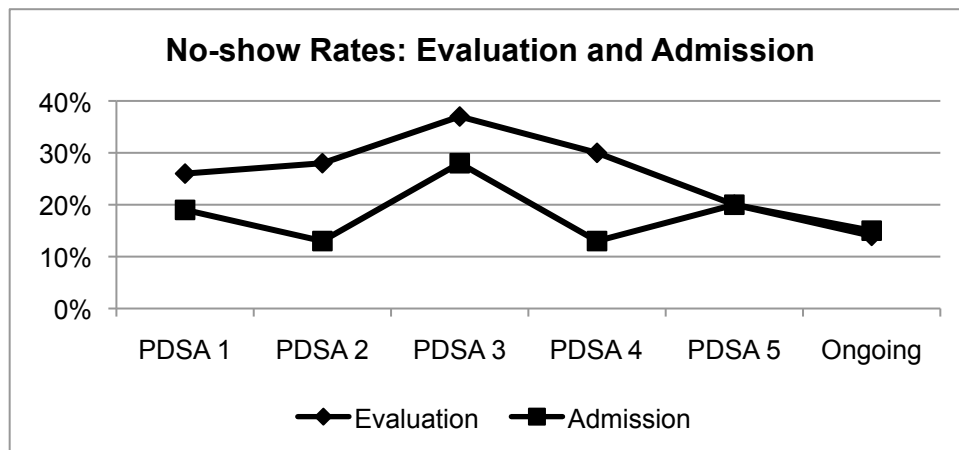
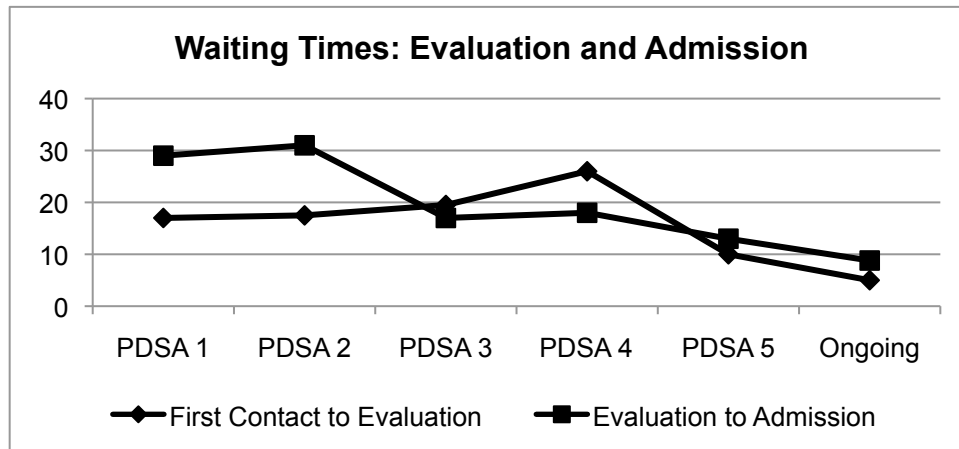
### **Business Case Impact**

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As a result of these changes, we reduced the no-show rate for evaluations and admissions from 23 percent to an average of less than one percent. Waiting times for evaluations and admissions also decreased from an average of 24 days to an average of 7 days.

When clients did not have to wait as long to be seen for an evaluation, they could be admitted in a more timely fashion. With fewer no-shows, counselors were able to make better use of their scheduled time and complete more evaluations and admissions. In addition, each no-show represents a loss of \$276 — or more than \$20,000 per year in lost revenue for six counselors.

As a result of these changes, we have both decreased no-shows and waiting times — and can now see our clients in a more efficient manner. Our referral sources are thrilled about walk-in evaluations and clients prefer to be able to come in when it's convenient for them.



## Lessons Learned

We learned several things in the course of this Change Project:

- Continual monitoring is crucial. As time went on, clients began to tell us that they were not able to see a counselor during walk-in hours because no counselors were available to see them. To address this issue, we re-grouped the Change Team and implemented scheduled evaluations alongside walk-in evaluations.
- Small changes can have a big impact on other areas in the agency. The Change Team has to predict how changes in one area will affect other areas of the client's treatment experience.
- It is important to involve the Executive Sponsor at each stage of the change process to give a larger perspective and a clear priority to the ideas generated as part of the Change Project.
- Communication outside the Change Team is crucial to the success of the project. Outside staff and referral sources need to understand how they are affected by the changes implemented.

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## Solutions Behavioral Healthcare, Inc.

Medina, Ohio



Solutions Behavioral Healthcare, Inc. is a community-based behavioral healthcare organization that fosters healthy lifestyles through individualized prevention and treatment services. The agency provides outpatient treatment services to children, adolescents, and adults who experience mental health or alcohol and other drug related issues. Services include assessment, individual and group counseling, IOP, individual and family behavioral health counseling, pharmacologic management, consultation and prevention.

Change Leader: Melanie Woods

### Aims and Measures

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This Change Project aimed to reduce no-shows for assessment appointments.

We measured the success of this project by tracking no-shows for assessment appointments.

### Changes Implemented

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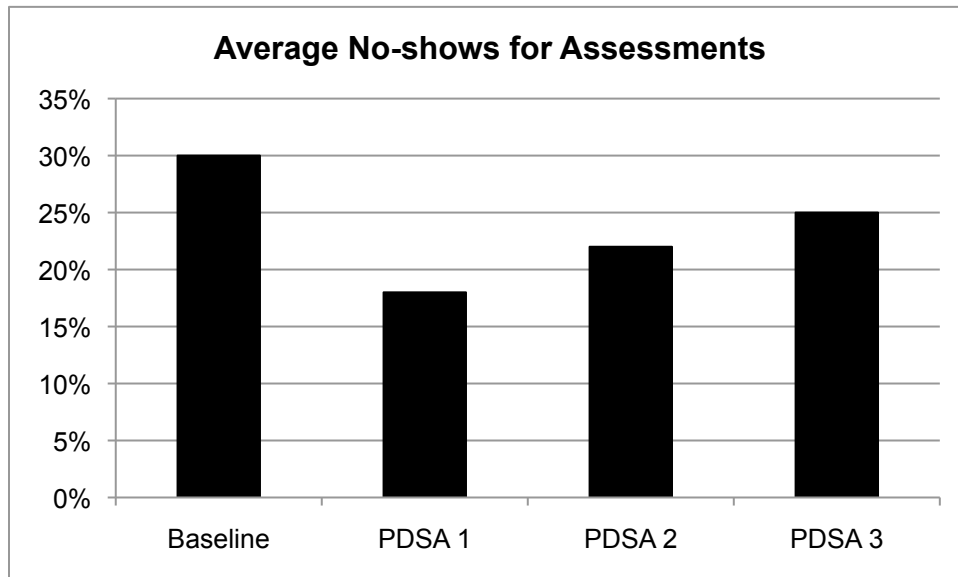
In order to reduce no-shows for assessment appointments, we made the following changes:

1. We started scheduling a single assessment appointment. Clients who cancel or fail to show up for this appointment are not allowed to reschedule until they have completed the intake paperwork and have also paid the required fees.
2. The assigned therapists started making reminder calls for diagnostic assessments instead of having support staff make these calls. This allows therapists to make direct contact with the clients.
3. After two no-shows or cancelations for an assessment, a client will only be assessed during “open clinic” hours.

### Business Case Impact

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As a result of these changes, no-shows for assessment appointments decreased from 30 percent to 18 percent (and has since leveled out at 25 percent across all three Solutions offices).



From a financial perspective, the decrease of one no-show per month (from 50 to 49 in 2008) generates a cost savings of \$2,000 per month. The cumulative impact of this project and our other Change Projects has created more than \$30,000 in additional revenue per year.

In addition, decreasing no-shows for assessment increases billable hours, efficiency, and staff productivity. Staff members are more satisfied because they are able to use their clinical skills and treat more clients. Reducing no-shows also increases client satisfaction and continuation in treatment.

### Lessons Learned

In the course of this Change Project, we've learned that:

1. Using the NIATx model has been extremely helpful in allowing us to take the time to examine our processes and to implement quick changes.
2. Other agencies have become increasingly aware of our use of the NIATx model and have been asking for details about how it works.
3. Increased interaction with other agencies is beginning to generate discussion about how the agencies might better work together.
4. Long-term sustainability of these changes is achievable because the majority of the costs associated with these changes have been minimal.

## Spartanburg Alcohol and Drug Abuse Commission

Spartanburg, South Carolina



The Spartanburg Alcohol and Drug Abuse Commission (SADAC) was established in 1971 by ordinance of Spartanburg County and City Councils. The vision of the SADAC is to be the best alcohol and other drug prevention, intervention, and treatment program in South Carolina through an agency commitment to continuous improvement.

Change Leader: Kathy Murphy (kathy@sadac.org)

### Aims and Measures

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This Change Project aims to increase retention in treatment while also increasing revenue.

We measured the success of these changes by monitoring the dropout rate for a selected population of clients, while also monitoring revenue and collections.

### Changes Implemented

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We believe that these are compatible goals because we consider responsibility — including financial responsibility — to be a key part of recovery. We also believe that clients that are financially invested in treatment will be more likely to remain in treatment.

In order to increase both client retention and revenue, we made the following changes:

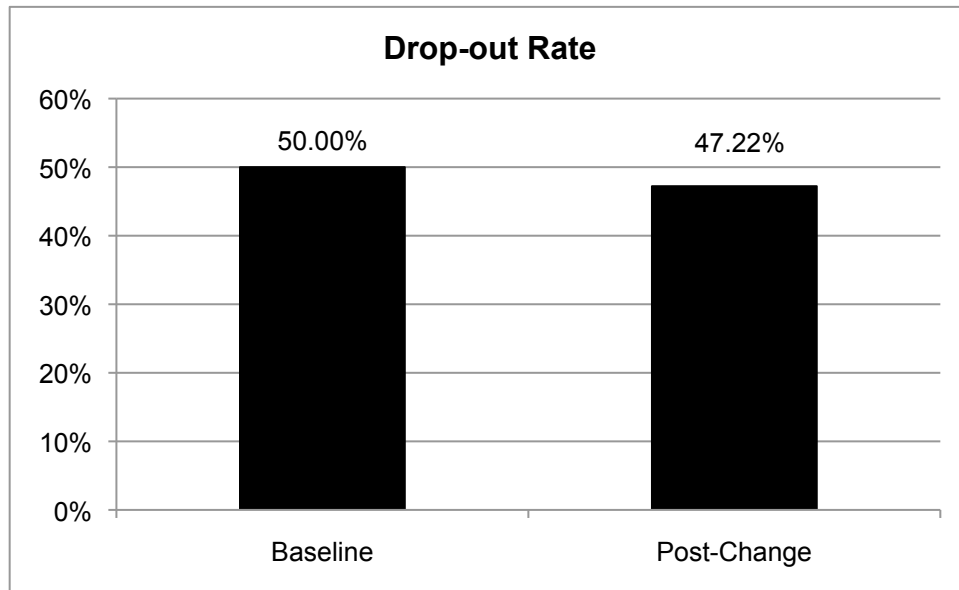
- Increased the minimum monthly payment amount from \$5 to \$25
- Revised the script used to describe payment options to clients
- Began requiring that clients provide proof of insurance or Medicaid at assessment or accept personal responsibility for payment
- Had group leaders place more emphasis on making regular payments and placed current client balances on group rolls
- Had support staff ask about fee payments when having telephone conversations with current or past clients and assigned one support staff member to handle financial processes, including meeting with clients after assessment

All of these changes were implemented together, as they seemed to work well together.

### Business Case Impact

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As a result of these changes that stress increased financial responsibility, we've seen improvements in both client retention and revenue.



The dropout rate for clients in the “First Step” group dropped from 50 percent before these changes to 47.22 percent after the changes. Revenue increased 118 percent for this same group.

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## Substance Abuse Services Center

Dubuque, Iowa

**SASC**

SUBSTANCE ABUSE SERVICES CENTER

*Believing in you....*

SASC is a not-for-profit agency governed by a volunteer Board of Directors comprised of citizens of Dubuque and Delaware counties in Iowa. SASC is licensed both as a substance abuse treatment program and as a problem gambling treatment program by the state of Iowa through the Iowa Department of Public Health.

Change Leader: Missy Homer (homerm@sasc-dbq.org)

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### Aims and Measures

This Change Project aimed to reduce no-shows for assessment appointments from 25 percent to 15 percent.

We measured the success of this project by tracking the no-show rate for assessment appointments. Our appointment-scheduling program allowed us to easily collect this data because it tracks the reasons that appointments are not completed.

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### Changes Implemented

In order to reduce no-shows for assessment appointments, we made the following changes:

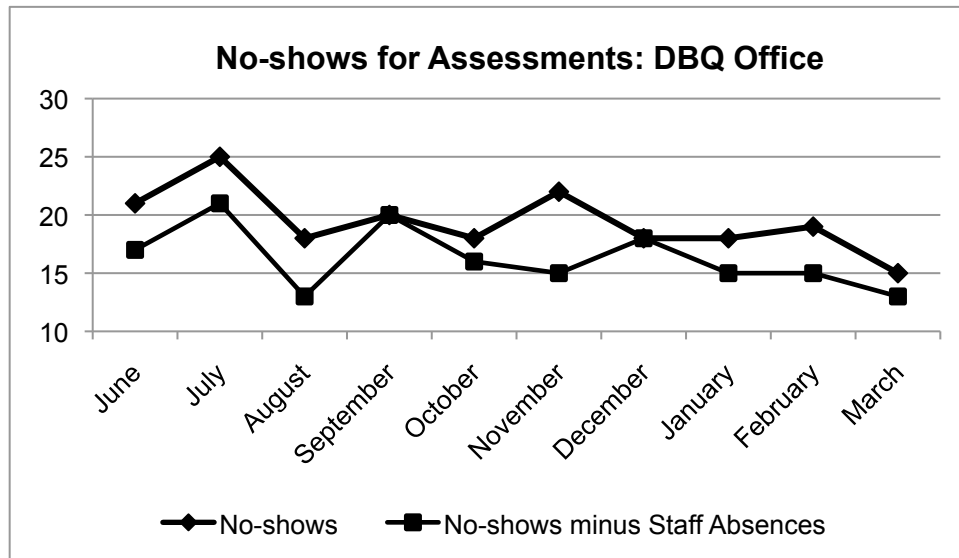
1. We made the waiting room more client-friendly by adding plants, music, new magazines, brochures, and posters. We also increased the friendliness of the waiting area by having staff at the front desk lower their voices and refrain from asking for client information where others might overhear.
2. We surveyed clients, family members, and referral sources about our assessment process. We found that our waiting times for appointments were too long and that the paperwork was too complicated.
3. We developed a procedure for reminding clients about their assessment appointments by making reminder phone calls 48 hours before the assessment appointment or by sending a reminder letter one week before the assessment for clients that could not be reached by phone.
4. We modified our appointment cards so that they are larger in size and also listed the possible consequences for missing an assessment appointment. We required the client to sign the appointment card to acknowledge that they understood the assessment process. We keep a copy of the signed card in the client's record.

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### Business Case Impact

As a result of these changes, we successfully reduced the no-show rate for assessment appointments from 25 percent to 15 percent.

In addition, the productivity rate for assessment counselors increased markedly — from a low of 40 percent — once clients began showing up for their scheduled appointments. This also opened up more assessment slots no-show because clients no longer had to be continually rescheduled.



We discovered that unscheduled absences of assessment counselors and the rescheduling of their assessment appointments inflated the client no-show data. The above chart shows both the raw no-show data and the no-show rate when assessment counselor absences are factored in.

We also began to notice changes in our organizational climate. Staff members became more mindful of the impression they were giving clients. This began an ongoing dialogue about what it means to be client-friendly.

Our relationships with referral sources also improved because clients are now being assessed in a more timely fashion.

## Lessons Learned

We learned several things in the course of this Change Project:

- Working through a Change Project ultimately leads to the identification of additional Change Projects. It was a natural transition for the organization to being work on reducing wait times for assessment appointments after reducing no-shows.
- The term *client friendly* means different things to different staff members. While many staff members support the change process, others support the process only if it doesn't require personal change. Business staff had a very hard time understanding that they could have a positive impact on clients by simply doing things differently at the front end.
- In the course of our walk-through, we discovered that the procedures in use were not those put in place by agency management, instead being those amended by the agency staff — what we've come to call *agency drift*. Sustainability plans were implemented to mitigate this problem.



## ThedaCare Behavioral Health

Menasha, Wisconsin



Our mission is to improve the health of our communities, and to always set and deliver the highest standard of health care performance in measurable and visible ways so our customers are confident they are making the right decision in choosing us.

Change Leader: James C. Cruthers (james.cruthers@thedacare.org)

### Aims and Measures

This Change Project aimed to reduce waiting times and increase admissions by reducing the number of appointments required for admission by 50 percent.

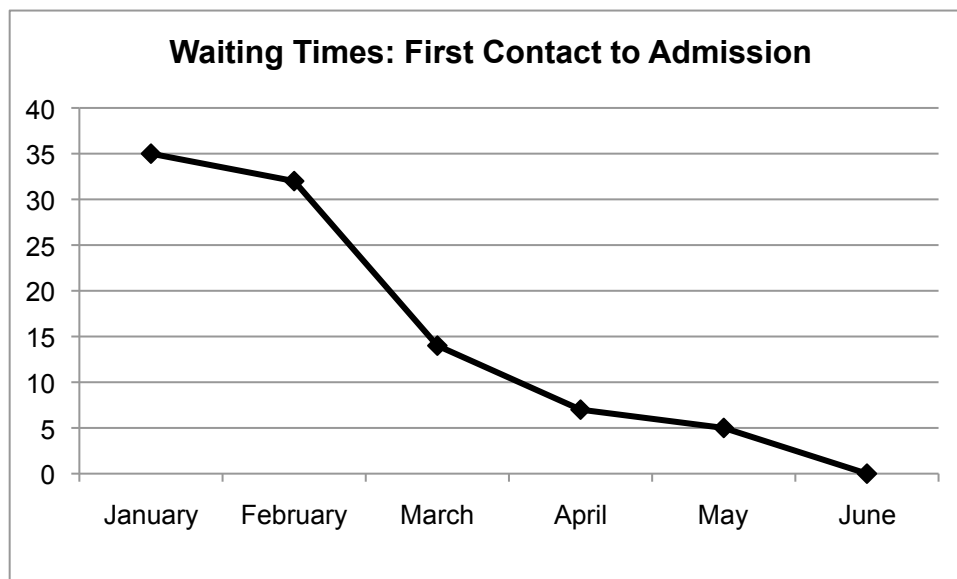
To measure our progress, we tracked both the number of admissions and the waiting times from first contact to the start of treatment.

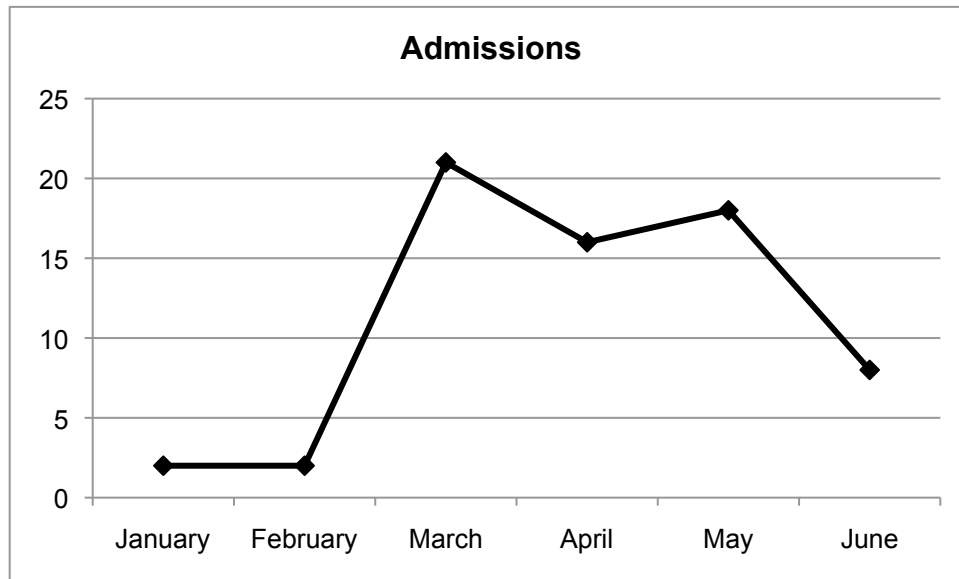
### Changes Implemented

We have combined the pre-registration appointment and the funding appointment into a single phone contact that is also used to schedule the client's IDP assessment. We have also eliminated the initial evaluation appointment.

### Business Case Impact

As a result of these changes, we have reduced the number of required appointments from six to three, reduced waiting times between first contact and admission, and increased admissions.





We created capacity for seven new clients, resulting in an additional \$1596 in monthly revenue.

In addition, both the clinical staff and the administrative staff have provided positive feedback about the new process. The clinical staff reports that the new process is much smoother and will not cause unnecessary delays in scheduling IDP assessments and subsequent treatment. Administrative staff members are more satisfied with the process and find they are able to perform their daily work more efficiently.

## Wellspring Outpatient Substance Abuse Services

Bangor, Maine



Wellspring, established as The Bangor Halfway House in 1965, is a private non-profit agency providing professional substance abuse assessment, diagnosis, and treatment to adults and adolescents regardless of race, ethnicity, sex, religion, political affiliation, marital status, physical, sexual orientation, mental handicap, or ability to pay.

Change Leader: Larry Tyler (ltyler@wellspringsa.org)

### Aims and Measures

This Change Project aimed to increase retention in treatment for new clients.

We measured the success of this project by tracking the retention rate for new clients.

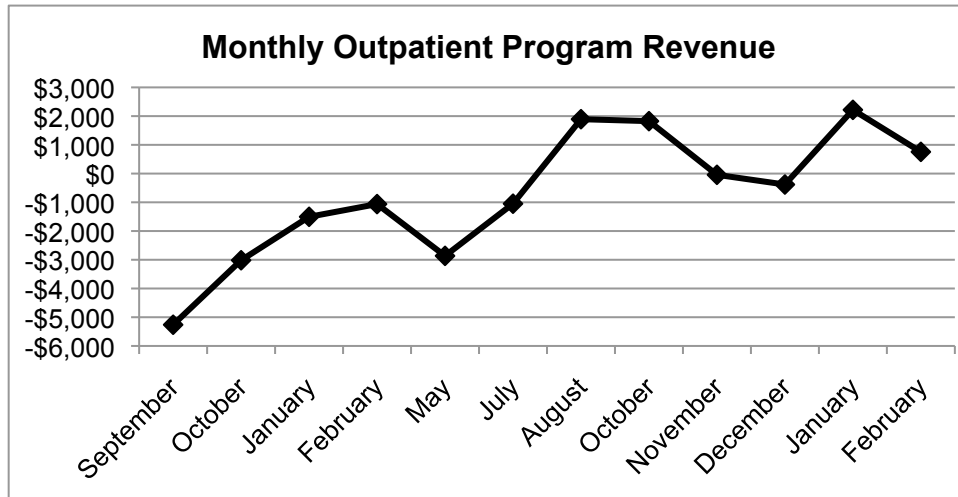
### Changes Implemented

In order to increase client retention in treatment, we made the following changes:

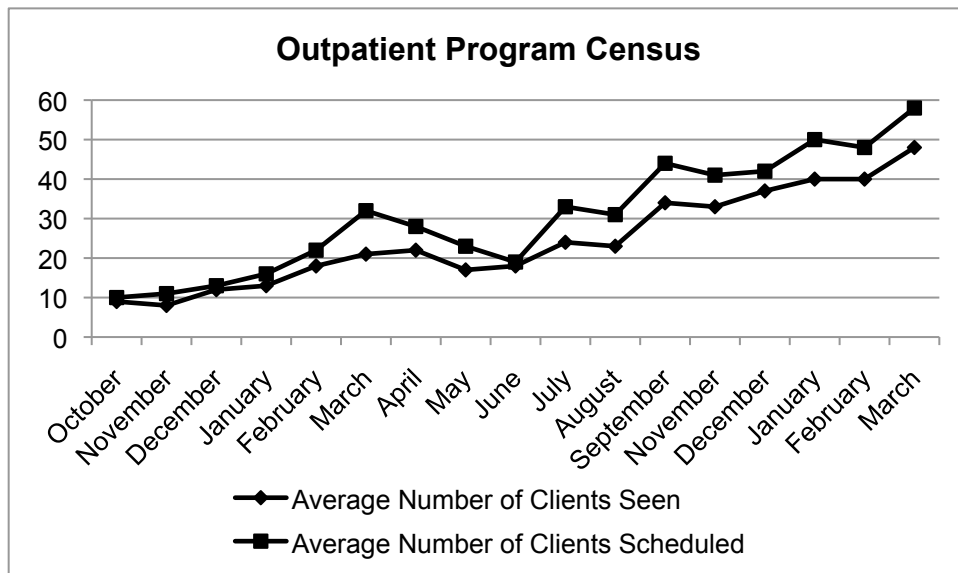
1. We created a women's group for recent graduates of the halfway house program. This group was not a success and we abandoned this change after three weeks.
2. We hired an intake coordinator and developed protocols for the intake process using PDSA Cycles in collaboration with the entire treatment team. This new intake process greatly reduced waiting times for clients entering treatment.
3. We developed an admission process to reduce the amount of time clients spend completing intake paperwork during their initial session. By giving clients a clipboard with forms to fill out prior to their first session, the time required for the intake session was dramatically reduced.
4. We developed a support group for clients in recovery who have limited support resources in the community. This group was an immediate success and became the springboard for two further process improvement projects, one of which implemented contingency management for this group.
5. We developed an abbreviated assessment form for clients who are admitted exclusively to our time-limited and topic-oriented groups. This abbreviated form shortened the intake process for these clients and made it possible to schedule them more quickly.
6. We implemented a new mandatory payment policy for each session of our probationer's group because we noticed a correlation between clients not making timely payments for sessions and unsuccessful treatment episodes. As a result of this change, the number of clients in this group has increased and we are considering adding a second probationer's group.
7. We began offering a prize drawing to clients who complete the Maine Office of Substance Abuse satisfaction survey, which increased the return rates for this survey.
8. We offered a second recovery support group in the evening. Results of this change are not yet clear, but we hope to expand the number of clients we serve by offering a choice of group times.

**Business Case Impact**

This Change Project has produced a significant improvement in our revenue. In the month prior to the first change, our program deficit was \$5,262. This deficit diminished steadily over a ten-month period and the outpatient program began operating at a positive margin at the end of this period, eventually operating at a positive margin of \$2,000 per month.



The client census has also increased while both no-show rates and waiting times to enter treatment have decreased.



We continue to schedule and see more clients per week while also operating at a positive margin.

## Zion Recovery Services

Clarinda, Iowa

Zion Recovery Services is dedicated to treatment of and recovery from substance abuse. Zion Recovery Services is a not-for-profit agency serving Adair, Cass, Montgomery, and Dallas counties in southwest Iowa.

Change Leader: Richard Mullen (rammullen@yahoo.com)

### Aims and Measures

This Change Project aimed to increase admissions.

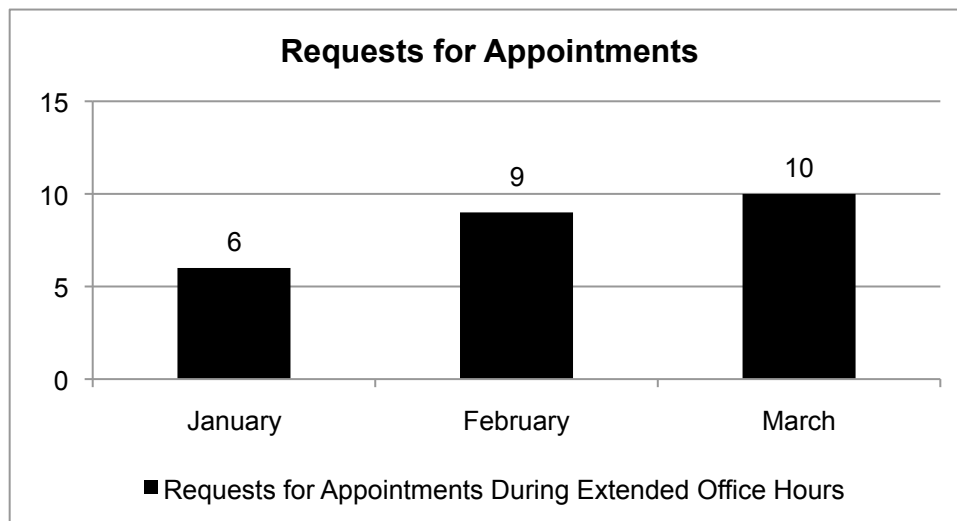
We measured the success of this project by tracking the requests for appointments during extended office hours.

### Changes Implemented

In order to increase admissions, we extended office hours to meet the needs of clients who cannot come for treatment during the day. We posted this extended hours in the office and added them to the client orientation form.

### Business Case Impact

After we implemented this change, requests for appointments during the extended office hours have been climbing steadily — six in the first month, nine in the second, and ten in the third at our Clarinda, Iowa location.



Offering extended office hours increased admissions to our treatment programs and improved our ability to retain clients in treatment. As a result, we project an additional \$500 in weekly revenue across the entire agency.