

Prairie Ridge Addiction Treatment Services

- In business since 1969
- Forty-seven staff persons
- Funding is approximately 50% Block-Grant & 50% Private
- Eight county catchment area, with a population of approximately 140,000
- Provided service to ~2500 persons in FY '02-'03
- Main office is located in Mason City, Iowa, with satellite offices in Algona & Charles City
- Only full-service provider (adults) in 80 mi radius within state
- Services Provided:
Adults: ASAM Levels I, II.1, III.1, III.5
Adolescents: ASAM Level I, Prevention

TEAM MEMBERS

- Jay Hansen, Executive Sponsor
- Mark Dodd, Change Leader
- Chuck Sweetman
- Tina Belz
- Larece Bartusek
- Michele Eng
- Julie Butler
- Ted Bair
- Jane Nelson
- Phil Heath

Aims Addressed

Increase continuance of highest severity clients, from Levels III.5-II.1, in Level I – Continuing Care (I-CC) services through first month after transition.

Reduce no-shows for I-CC services.



Measures Used & Why this Change?

Baseline data indicates that when clients leaving Levels III.5-II.1 and recommended for I-CC attend at least 75 % of their scheduled I-CC services during the first month after transition they have a nearly 100% chance of successful discharge or continued involvement.

Baseline data shows that only 14% of clients leaving III.5-II.1 services and recommended for I-CC services who transition to a new primary counselor attend at least 75% of their scheduled I-CC services during the first month after transition.

We would like to increase to 70% the number of clients attending 75% of their scheduled I-CC services in the first month after transition. Further, we want this to produce a successful discharge or continuance through 90 days after transition.

Prior to involvement with NIATx, one of our Level III.5-II.1 primary counselors established his own I-CC group and carried a caseload of I-CC clients for individual sessions. Continuance rates for clients who stayed with this counselor were superior (46% attended at least 75% of their scheduled I-CC services during first month after transition) to clients who had to transition to a new primary counselor for I-CC services (see above). Our III.5-II.1 counselors are not able to meet the demand of all clients transitioning from III.5-II.1 to I-CC of services. Therefore, we decided to focus on the transition from one primary counselor in Level III.5-II.1 to a new primary counselor for I-CC services.

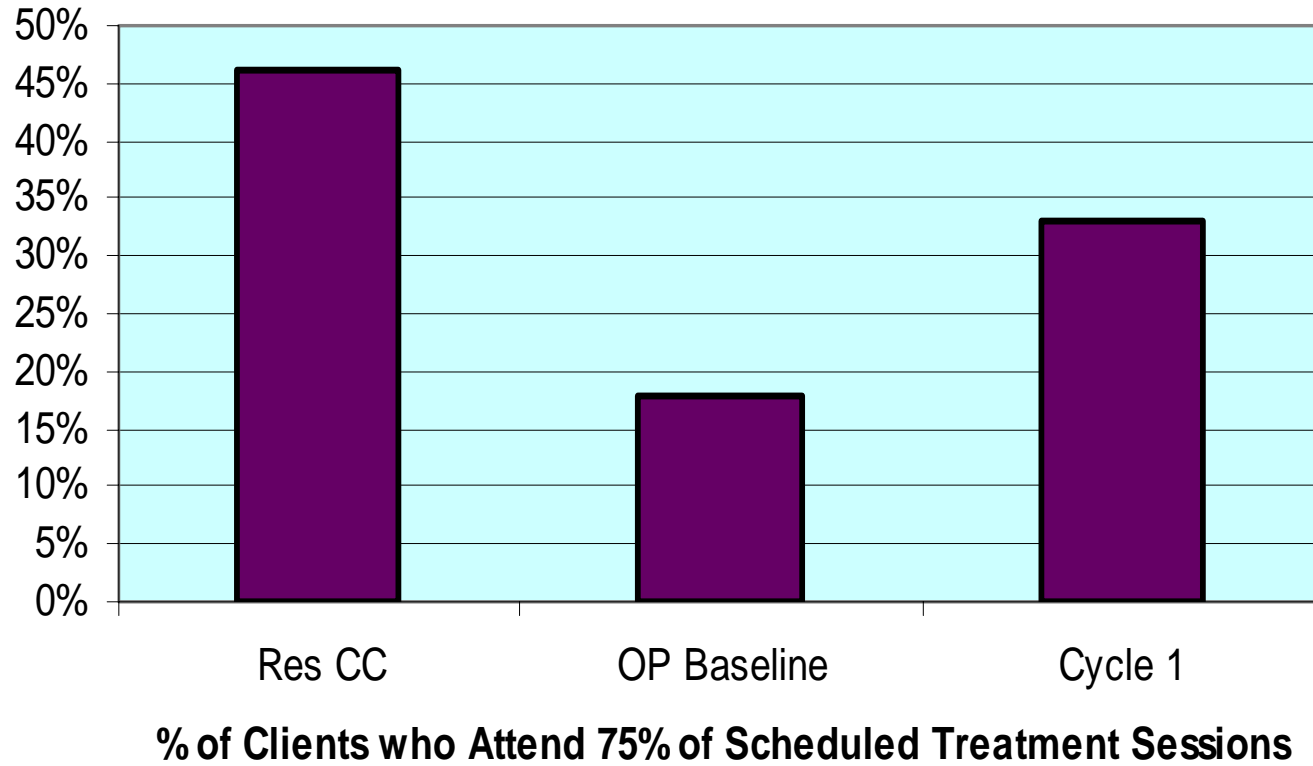
Changes Made

We established a process where any client who was to transition to a new primary counselor for I-CC services was scheduled to have a joint one-to-one session that included the client, the current III.5-II.1 primary counselor, and the new primary counselor. This joint one-to-one appointment was to be held the week of the transition date and was to focus on the client beginning to establish a relationship with this new primary counselor. Additionally, within the premise of 'commitment language' from motivational interviewing, the client was asked to schedule at least one I-CC one-to-one appointment with the new primary counselor for the week following transition (preferably the client schedules weekly one-to-one appointments for 2-3 consecutive weeks following the transition date).

Other Changes made:

- MIS codes were developed to facilitate tracking these clients over time.
- Administration approved Outpatient counselors participating in the joint one-to-one sessions without being able to be directly reimbursed for the time.
- III.5-II.1 counselors were required to have their schedules included in the computerized scheduling system.

Continuing Care Connection



Challenges/Successes

Approximately 50% of the referrals for III.5 services at Prairie Ridge come from outside our catchment area, resulting in our not being able to follow them into I-CC services.

How limited our communication & coordination was for these transitioning clients, and how important it is to their success. And, how easy it is to lose clients at transition points.

How important communication is to working as a Team, not separate services.

We were not consistent, across clinical staff, in defining 'successful completion' of services.

Through the data, reminding clinical staff of the importance of I-CC services to successful outcomes for our highest severity clients.

Reminding clinical staff of the importance of relationships on continuance in services.

Again, how awesome our staff is with change when they can see a direct benefit to client success.

Current Status of Project

The first cycle of this change exercise ran from 1/19/04 – 2/20/04. This first change exercise produced a 33% rate of attendance of 75% of scheduled I-CC services during first month after transition for the identified population (the raw numbers are small at this point, 2 of 6). We have started a 2nd tracking cycle for first month after transition, and we are tracking the first group through their 2nd month after transition looking at extended impact on follow through.

We hope that the Joint one-to-one session can produce a 50% rate of attendance of 75% of scheduled I-CC services during first month after transition.

We are planning to incorporate Motivational Interviewing strategies, with special emphasis on commitment talk, into the transition planning process, including in the joint one-to-one in attempt to produce the 70% continuance goal. As well, we will be looking into how to reduce transportation barriers.

We would like to establish a change exercise in the future to try to determine if clients are continuing in I-CC services when referred outside Prairie Ridge for this service.

Future Goals within NIATx Project

Maintain 4 days or less average wait-time from application to assessment through continuing 'On-Demand' scheduling of Assessment appointments.

Achieve 5 day average wait-time from assessment to admission to outpatient services.

Decrease No Shows & decrease wait-time to enter primary outpatient treatment groups by 'opening up' groups to allow entrance at least every other week.

Achieve/Maintain a 10 % or less No Show rate for assessment appointments through continuing 'On-Demand' scheduling of assessment appointments & applying appointment scheduling engagement process identified effective in Algona office.

Reduce individual session No Show rates to 10 % or less through implementation of session-by-session outcome measures to improve provision of effective, meaningful services, and by all clinical staff becoming competent in Motivational Interviewing.

Achieve 70% of clients transitioning from Prairie Ridge III.5-II.1 into PR I-CC attending at least 75% of their scheduled I-CC services during 1st month after transition.

Increase continuation through 1st 4 sessions (and beyond) through implementation of session by session outcome measures to improve provision of effective, meaningful services, and through all clinical staff becoming competent in Motivational Interviewing.

On-Demand Scheduling Continued

Wait Time - Application to Assessment

