

ILLINOIS DIVISION OF ALCOHOLISM AND SUBSTANCE ABUSE

The [Division of Alcoholism and Substance Abuse](#) (DASA) is within the Illinois Department of Human Services (IDHS). The integrated substance abuse service delivery system within IDHS is coordinated by DASA and the Office of Prevention within the Division of Community Health and Prevention. These offices are primarily responsible for providing prevention, intervention, and treatment services related to alcohol, tobacco and other drugs to citizens of Illinois. DASA has been designated as the lead agency (single state administrative authority) for all substance abuse issues for State of Illinois. As such, DASA is responsible for coordinating the efforts of all state programs dealing with problems created by substance abuse.

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CHANGE LEADER: Peggy Alexander

PARTNERS: Community Resource Center
Egyptian Public and Mental Health Department
Franklin-Williamson Human Services, Inc.
Heartland Human Services
Southeastern Illinois Counseling Centers

PROJECT AIM:

- Reduce waiting times to access treatment
- Reduce the rate of appointment no-shows
- Increase outpatient treatment admissions
- Improve rates of retention in treatment

STATEWIDE AIM:

- Support earlier engagement of clients, especially during the period from first contact to the first treatment session
- Improve efficiency of services
- Clarify Illinois administrative rule requirements

GOALS AND MEASURES

- Reduce waiting times from the first appointment (screening or assessment) to treatment
- Reduce the rate of appointment no-shows
- Increase outpatient treatment admissions
- Improve rates of retention in treatment

Programs had wait times of more than a week and in some areas extending beyond a month. In addition, no-shows for the screening or assessment interview were 30 to 50 percent and in some areas, higher. Research shows that quick entry encourages engagement. Additionally, early engagement reduces no-shows, increases admission, improves continuation, and can improve the organization's effectiveness as well as its financial bottom line.

PROVIDER CHANGE PROJECT

Egyptian Public and Mental Health Department's goal was to reduce the no-show rate for intake appointments. In January 2007, the data showed a no-show rate of 54 percent. In an effort to decrease this, the agency changed its 3 hour intake to a 30 minute intake appointment. By the

end of February 2007, the no-show rate had dropped to 44 percent. With the reduction of the intake/assessment time and the decrease of no-show rates the program has expanded their assessment capacity. Overall, by increasing capacity and the number of clients receiving assessments, the program improved efficiency within their organization while also increasing the number of clients that received assessments funded through state programs and block grants.

OVERALL IMPACT

The efforts of the state change team identified confusion about DASA’s administrative rules, data collection, and billing requirements as they related to the initial screening/assessment and engagement process. To reduce confusion and better support organizations in creating a positive therapeutic connection with clients, DASA identified the minimum components required for each step in the process. DASA also allowed three rule exceptions for the five providers in the pilot program in order to reduce the amount of time between services from the point of initial contact through assessment and the first treatment session.

LESSONS LEARNED

- Monitoring of the assessment conversion measure cannot be done solely on the basis of the data submitted by providers since providers are not required to enter the initial date of contact for individuals who do not show for their assessment appointments.
- For the majority of clients admitted by the five providers, the date of initial contact and date of opening were the same. This was a data entry error and will need to be closely monitored in the future.

PLANNED CHANGES

- Enroll six state-funded providers from the Cook County area in year two of the project. The providers from round one of the project will partner with a round two provider to help reduce the learning curve.
- Adopt a statewide systemic change by transitioning rules clarification into rules amendment.
- Continue to identify and correct barriers discovered within the state system.