IOWA DEPARTMENT OF PUBLIC HEALTH

The Iowa Department of Health, [Division of Behavioral Health and Professional Licensure](#) houses the single state authority for substance abuse prevention and treatment. In this role, the division regulates and monitors substance abuse prevention and treatment in the state. The division provides funding and technical assistance to substance abuse treatment providers.

EXECUTIVE SPONSOR:	DeAnn Decker
CHANGE LEADER:	DeAnn Decker
TEAM MEMBERS:	Gena Hodges, Project Director
PARTNERS:	Alcohol and Drug Dependency Services Substance Abuse Services Center Northwest Iowa Alcohol & Drug Treatment Unit Heartland Family Service Pathways Zion Recovery Services, Inc. Substance Abuse Services, SIEDA New Opportunities, Inc.
PROJECT AIMS:	• Improve Access • Improve Retention
STATEWIDE AIM:	• Develop a state-level infrastructure that supports state and agency-level quality improvement techniques that will increase access and retention • Implement process improvement techniques at the state and agency levels to demonstrate organizational improvements • Sustain the infrastructure to support ongoing quality improvement techniques to effectively identify and address issues that hinder access and retention • Use public funding more efficiently to support better provider outcomes • Recruit and train mentors for participating programs

GOALS AND MEASURES

Iowa is focusing on:

- Increasing retention from first contact to assessment, from assessment to admission, and from admission to first treatment.
- Increasing retention from admission through discharge.
- Reducing no-shows for all appointments.

PROVIDER CHANGE PROJECTS

Alcohol Drug Dependency Services (ADDS)

The Alcohol Drug Dependency Services (ADDS) in Burlington conducted client focus group interviews and telephone interviews to obtain input about client no-shows and to determine what action to take. The change team decided that on the day prior to the initial appointment the counselor will call the new client to remind them of their appointment and encourage their attendance using a script.

Following the change effort for ADDS:

- No-shows decreased from 31.71 percent to 14.81 percent
- Calls in advance of the appointment to cancel increased from 26.83 percent to 27.78 percent.
- Clients who kept their appointments increased from 41.46 percent to 57.41 percent.

ADDS also decreased the average number of calendar days between first request and admission from 2.3 days to less than one day. The number of clients that completed treatment increased by 4.2 percent.

Substance Abuse Services Center (SASC)

The Substance Abuse Services Center (SASC) in Dubuque addressed no-shows for substance abuse assessments by utilizing client surveys, 48-hour reminder calls, and revised appointment cards. This program also worked on reducing the waiting time from first contact to assessment. To meet this aim the program reassigned additional counselor time to the assessment team, changed procedures for handling readmitted clients, and developed methods to handle unexcused absences of assessment counselors.

SASC reduced the overall average of no-shows from 25 percent to 15 percent over a nine month period. By removing the impact of counselor unscheduled absences the client no-show rate was below 15 percent for five of the nine months.

No-Show Rates for Assessments - DBQ Office
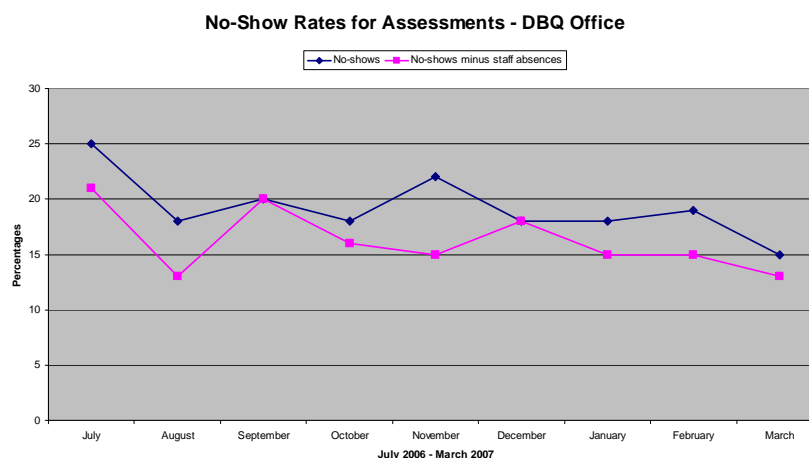
SASC also decreased the average number of days between first request and admission from 15.43 days to 8.92 days. The number of clients that completed treatment increased by 11.54 percent.

OVERALL IMPACT

The efforts of the state change team and all eight providers reduced the number of days between the assessment and admission by 3.25 days or 20.5 percent. This will assist the state in meeting the increased access to service and retention requirements included in the National Outcome Monitoring System (NOMS) performance measures.

On average, a no-show for an appointment means a 1.5 hour block of unused counselor time. By increasing counseling capacity and the number of clients receiving treatment, the providers improve the efficiency of their organization while also increasing the number of clients served through state and block grant funding.

LESSONS LEARNED

- It is important to determine the accuracy of data prior before using it as baseline data.
- Every change project has a ripple effect on other areas.
- Colorful data graphs are some of the best ways to convince people who have doubts or are reluctant to buy in to the process.
- Limit your Change Projects to one rapid-cycle change at a time.
- Change Projects are time consuming for staff members that already have a lot of other responsibilities.
- Clients are more motivated to attend an initial session when they are reminded over the phone by someone on the professional staff.
- Decreasing no-shows caused real gains because the clients attended their scheduled appointments instead of group appointments.
- Keep the Change Team small.
- Be careful, during Change Team meetings, that the Executive Sponsor does not inappropriately act as a Change Leader.
- Use data to challenge assumptions. Initially, everyone was concerned about the amount of time counselors would have to spend making reminder phone calls. When counselors timed their calls, they reported an average of six minutes per day.

PLANNED CHANGES

- Include the eight programs from the first year as a core part of the team and work with them to sustain their initial successes.
- Continue to use rapid-cycle testing to meet state goals as well as program goals.
- Add eight new programs for the second year of the project in October 2007.