

OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

The [Oklahoma Department of Mental Health and Substance Abuse Services](#) (ODMHSAS) houses the single state authority for substance abuse prevention and treatment. In this role, ODMHSAS regulates and monitors substance abuse prevention and treatment and provides funding and technical assistance to over eighty contracted substance abuse treatment providers.

EXECUTIVE SPONSOR: Terry Cline

CHANGE LEADER: Jennifer Glover

TEAM MEMBERS: Ben Brown
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PROJECT AIM: Reduce waiting time for services at the outpatient level of care (as measured by time from initial contact to treatment) and increase admissions for all levels of care.

STATEWIDE AIM: Remove state processes that form barriers to access and retention—specifically focusing on certification rules, contract requirements, myths, and/or miscommunication that had developed between the state and providers. Improving provider collaboration was also a goal.

GOALS AND MEASURES

Oklahoma was undergoing a transformation to a culture of performance improvement throughout the addiction treatment system and viewed NIATx as a centerpiece in the intervention portion of this strategy. This gives the state a simple constructive approach when partnering with providers. The Change Project was to reduce the paperwork burden, which in turn would improve client engagement, access, retention, and outcomes.

ODMHSAS made these changes:

- Suspended financial eligibility requirements that originally involved extensive paperwork, delayed client engagement, and lengthened the time to treatment
- Reduced paperwork duplication for intake and admission procedures
- Examined residential regulations that impact access and retention
- Developed and pilot-tested a state-wide process improvement dissemination strategy
- Pilot-tested and adopted a new progress note form in residential treatment
- Restructured state rules to require that all substance abuse and problem gambling certified agencies conduct a walk-through and write up their results

OVERALL IMPACT

Changes to paperwork and regulations at the state level had a clear impact on client access to and retention in treatment. Efficiency leads to increased consumer access to services, positive

client engagement, increased retention—all of which lead to better outcomes. In addition, increased efficiency can lead to increased revenue for providers.

Eliminating duplicate required paperwork shortened the admission process and made it easier for both providers and clients. The elimination of the financial eligibility requirement alone resulted in a reduction of time to admission from more than thirty days to just three days. Other reductions in paperwork allowed residential treatment providers to shorten their admission process from eight hours to just 2–3 hours. Outpatient treatment providers shortened their admission process from 4–5 hours to 2–3 hours.

Two participating agencies were able to reduce their paperwork by 38 percent, from 119 pages to 74 pages. They were also able to reduce their intake time by 24 percent, from 6.92 hours to 5.29 hours. When these agencies worked with the state team to further examine the paperwork and the intake process, they were able to reduce their paperwork by an additional 19 percent while also further streamlining their intake process. Overall, these agencies reduced their paperwork by 50 percent (from 119 pages to 60 pages) and decreased intake time by 37 percent (from 6.92 hours to 4.36 hours).

Other positive results included:

- Increased average daily residential census by 10.3 percent across two sites
- Increased assessment conversion rate for three outpatient sites by 98.5 percent from 21 to 41 admissions per 100 assessments
- Decreased time from first contact to first treatment by 45.3 percent across three sites
- Increased residential continuation by 26.8 percent
- Decreased residential clients absent without leave 46.4 percent
- Decreased residential time to admission by 54.5 percent

LESSONS LEARNED

- Forming positive working relationships with treatment providers is vital.
- Maintaining the relationship is critical.
- Leadership buy-in is essential.

PLANNED CHANGES

- Add 40 more treatment providers to the group.
- Build an incentive plan to assist the treatment providers to incorporate change and the aims of NIATx into everyday treatment practices.
- Restructure the state quality improvement initiatives to incorporate the NIATx approach.