

UTAH BEHAVIORAL HEALTHCARE NETWORK

The [Utah Behavioral Healthcare Network](#) (UBHN) consists of all of the community mental health and substance abuse providers in Utah that operate under the responsibility of the local mental health and substance abuse authorities (county governments). Its fourteen members deliver the public services for mental health and substance abuse throughout the state.

The [Utah Division of Substance Abuse and Mental Health](#) (DSAMH) is the single state authority (SSA) for public substance abuse and mental health programs in Utah, and is charged with ensuring that prevention and treatment services are available throughout the state. DSAMH contracts with the local county governments statutorily designated as local substance abuse authorities and local mental health authorities to provide prevention and treatment services.

The [State Associations of Addiction Services](#) (SAAS) is a national organization of state alcohol and drug abuse treatment and prevention provider associations. Through the member associations, SAAS has a direct link to the thousands of prevention and treatment programs that form the core of the publicly-supported substance abuse system. Utilizing the organizational capabilities of member organizations in three states, state provider associations brought the state, member agencies, and regional Addiction Technology Transfer Centers (ATTC) into a collaborative relationship to support the NIATx project.

PARTNERS: Davis Behavioral Health
Weber Human Services
Four Corners Community Behavioral Health
Utah County Substance Abuse Assessment Center
Valley Mental Health Alcohol and Drug Unit

PROJECT AIMS:

- Reduce no-shows
- Reduce wait times from first contact to the first appointment

STATEWIDE AIM: The state acted in a supportive role and intends to continue the NIATx process improvement into the future and to defuse it throughout the state. The state will assist in funding additional projects.

GOALS AND MEASURES

The Utah Behavioral Healthcare Network (UBHN) was selected as one of three state associations to participate in this initiative. As part of the project, each provider association was to secure support from its membership, identify and recruit providers, and involve partner agencies. This collaborative model offered flexibility and adaptability because each state association was able to quickly adjust to the distinctive and specific characteristics of their membership. UBHN chose to focus reducing no-show rates.

Five substance abuse providers formed a planning committee and designed the project. Utah's substance abuse treatment manager with DSAMH was a part of the planning process and pledged financial resources for continuing the project after CSAT funding ended. The Mountain States ATTC offered assistance in coordinating the project and the development of story boards for an annual conference. The Utah Medicaid agency attended the initial meeting to see if this model could be used as a process improvement model for mental health.

PROVIDER CHANGE PROJECTS

Two provider results are highlighted below.

Utah County Substance Abuse Assessment Center

Utah County Substance Abuse Assessment Center began this project by surveying clients over a ten day period to identify the major barriers to attending their assessment appointment.

Twenty out of twenty-one surveys indicated the major barrier was a lack of evening appointments. Other problems included length of the assessment appointment, waiting time for an appointment, and cost.

During September they began making reminder phone calls to clients and experimented with offering clients the opportunity to complete their paperwork before their appointment. They hypothesized that this change would shorten the time clients spent at the assessment. The change was not sufficient by itself to reduce time spent in assessment. In November, the team offered an evening appointment each week.

Baseline data indicated that their no-show rate was 46 percent before they began offering evening appointments. After adding evening hours, their no-show rate dropped to 17 percent.

Valley Mental Health Alcohol and Drug Unit

Valley Mental Health Alcohol and Drug Unit implemented two change cycles to try to reduce no-shows for the first intake appointment. Welcome letters were mailed to all scheduled intakes that reminded them of the date, time, and location of their appointment and provide information about bus transportation. The agency also increased the number of available weekly appointments by three.

Their overall no-show rate dropped from 62 percent to 28 percent. However, the agency had some concerns about capacity and their ability to handle more clients, so they decided to try to reduce no-shows for first treatment appointment. Based on walk-through findings, they made major changes to their waiting room to insure that clients have a more supportive and private experience when they come for their initial appointment.

OVERALL IMPACT

All five providers that participated in this project were able to provide treatment more readily and quickly. In addition, they now serve as ambassadors for process improvement by making presentations at their monthly association meetings. This allows them to report on the progress of their Change Projects and to generate enthusiasm for ongoing process improvement.

The overall results of this project were positive for all five providers. One agency reduced no-shows from 50 percent to 27.8 percent over a six-month period and reduced waiting times from the first contact to the first appointment by 25 percent. Another agency reduced no-shows from 46 percent to 17 percent over three months.

All the providers improved their organizational efficiency and increased the number of clients served through state and block grant funding.

LESSONS LEARNED

- Having providers involved early is an asset.
- Inviting partners is a good part of the project but some need additional guidelines about



PAYER-PROVIDER CHANGE BULLETIN

- how they can best contribute to the project.
- The right Change Leader is as critical as the right change.

PLANNED CHANGES

Continue to diffuse the NIATx process improvement to other providers through the use of state funding.