From the Field   by Todd Molfenter, MHA

Designing organizational systems to improve treatment: *The process(es)*

This article is the third in a series that describes how redesigning your organizational processes can offer an immediate and controllable path to improving quality of and access to addiction treatment services.

As another wave of funding cuts sweeps over the addiction treatment field, starting up new services and hiring additional staff are no longer prudent strategies for quality improvement.

This does not mean that improvement is no longer possible. One potential source for improvement can be found in the current staff and services within the organization. The improvement focus can shift from adding staff and services to re-designing problematic services *already* being provided. This shift begins, therefore, with a focus on existing *processes of care.*

A process is a series of steps that has a starting and an ending point. One example is the process that leads up to a client's first clinical session. This process begins when the first contact is made, continues with a series of steps that includes intake and registration, and concludes with the initial appointment. The length of this process and how it is conducted may be one of the most important factors in determining whether a client will enter the next phase of treatment.

Similar access-related processes, if redesigned, can positively impact admissions, no-show rates, and retention rates *and* improve the satisfaction of the clients and staff who must navigate these processes. For example:

- First Contact:
  First contact is vital; it sets the tone for the treatment experience that follows. In some cases, it can serve as a barrier – particularly when answering machines are used or the person who answers the phone has inadequate training.

- Intake & Registration:
  The registration process can overwhelm the intake process. Finding ways to simplify registration can help shift the focus to service assessment and tailoring. This can be done via paperwork reduction strategies, information automation, etc.

- Staffing:
  Matching counselor availability with client demand can improve access. Three common mismatches occur: 1) counselor and client availability fail to coincide (e.g., a working client may only be available in the evening, but evening hours are not offered); 2) a counselor is not available for an intake until "next week," which may result in a "lost moment of client readiness;" 3) client demand exceeds provider capacity (the time staff dedicates to clinical care, versus administrative tasks), which directly relates to how much treatment an organization can provide.

- Linkage between Levels of Care:
  Successful client recovery – and making slots available for new clients – is indirectly impacted by the ability to successfully refer a client to the next stage of care.

These are just a few of the systems that impact access and early engagement. Their improvement relies on organizational change, and organizational change, like individual change, is a challenging proposition. Extensive research on organizational change, however, has yielded a set of effective evidence-based

(more)

(continued)

practices. These practices are integrated into the improvement model described below and can be used to guide an organization's improvement efforts.

The Addiction Treatment Improvement Model

In Every Step: **Involve the customers** of the process (i.e., the clients and staff who must navigate it) to better understand their needs.

Step #1: **Select and document an urgent problem(s)** that, if solved, will meet a key organizational goal.

Step #2: **Select a change leader** who has sufficient power, commitment to change, strong communication skills, gives daily attention to the problem, and has a strong relationship with the executive director.

Step #3: **Seek advice from external experts** on successful practices and tested solutions to the problem.

Step #4: **Pilot test ideas** to learn what works; work out the "bugs."

Step #5: **Implement solutions and prevent relapse**; the goal is permanent change.

By applying this model to their quality improvement efforts, organizations have an opportunity to gain better control of the quality of their services – which translates to better control of their future. Efforts are driven, first and foremost, by customers. Given the unstable financial climate in which today's addiction treatment organizations must operate, redesigning existing services is the best way to respond to staff and client needs.

Todd Molfenter, MHA, is a consultant to the National Program Office for Paths to Recovery: Improving the Process of Care for Substance Abuse Treatment, a Robert Wood Johnson Foundation-funded initiative.