



**Network for the Improvement of Addiction Treatment**  
<http://www.NIATx.net>

*Reduce Waiting & No-Shows • Increase Admissions & Continuation*



## ***St. Christopher's Inn***

### ***Reducing Waiting Time and Increasing Admissions by Improving Intake Procedures, Expanding Shelter and Treatment Capacity***

*October, 2004*

This case study describes changes made at St. Christopher's Inn of Garrison, New York to increase admissions to both the shelter and outpatient services; and to decrease wait times between first request for services and direct contact with the admissions department. Significant changes include improving phone coverage and capacity, and availability of staff trained in intake procedures, reducing intake paperwork duplication, as well as increasing access to treatment through new shelter beds and new schedule options for treatment groups.

**Aims** - [Decreased Wait Times](#), [Increased Admissions](#)

**Paths** - [First Request for Service](#), [Intake](#), [Paperwork](#), [Scheduling](#), and [Maximizing Revenue Sources](#)

#### **Key Words**

[NIATx](#), [walk-through exercise](#), [change team](#), [aims](#), [change leader](#)



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### Bill's Story

Bill sits alone on a bench. His face is smudged with dirt and his eyes reveal the fatigue he feels. At age forty-two, Bill has been in and out of many jobs and apartments. For almost twenty years, he has been a slave to alcohol. Most recently, Bill was working as a welder in a small town in upstate New York. He had a decent one-bedroom apartment and seemed to be "managing" his addiction to alcohol.

The holidays arrived and Bill's drinking once again got out of control. After the third time he arrived for work intoxicated, Bill was let go from the welding job. Within three months, he had lost his apartment and was back on the streets. Hungry, cold, tired and dirty, Bill was ready to make the effort to get sober.

He called a treatment organization that he knew operated a shelter in conjunction with their treatment program. The phone rang several times and then was picked up by the agency's voicemail system. Bill left a message, but he had no phone for receiving a return call. He tried again later with the same result. On the following day, Bill did reach a live person, only to find out there was a waiting list for the shelter. Two days of frustration were enough to turn Bill off of his interest in treatment - at least for the time being.

### Background

People reaching out for help with addiction too often face the types of barriers Bill encountered. The Network for the Improvement of Addiction Treatment ([NIATx](http://www.NIATx.net)) is comprised of a group of treatment providers working to reduce such barriers, and improve access to and retention in addiction treatment. St. Christopher's Inn of Garrison, New York became a member of NIATx in Fall, 2003.

Before becoming a NIATx member, St. Christopher's conducted a [walk-through exercise](#) during which a staff member posed as a person seeking admission to the shelter and addiction treatment. What they discovered was that the admissions department did not immediately answer many calls, and that it took an average of two and one-half hours to return calls. At the time the agency joined NIATx, there was also a growing demand for the shelter services that was not being completely met. Through NIATx membership, St. Christopher's has worked to improve access to treatment and increase admissions through expansion of shelter capacity.

The agency was founded by the Franciscan Friars of Atonement in the early 1900's, to provide shelter for those in need. The agency has maintained a spiritual component throughout the years. St. Christopher's prides itself in a strong commitment to quality, and a motto to provide services with love, dignity and respect. Men who stay at the shelter must be prepared to live by its rules. Such standards include: wearing collared shirts to meals; forgoing the use of profanity; treating all people on the grounds with respect; and, if they participate in the addiction treatment program, completing the work expected there.

Through its shelter, St. Christopher's offers housing and meals for homeless men, the majority of whom struggle with addiction issues. The agency also operates a licensed outpatient treatment program for individuals at the shelter, and also for people in the community with addictions. The homeless shelter service does not accept any state or private payments, but instead is funded solely through benefactors and fund-raising efforts such as the St. Christopher's thrift shop. The outpatient addiction treatment service, funded by Medicaid (75-80%) and some additional insurance and private pay clients, was licensed in 1996.



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### Capacity and Community Needs

The shelter can house up to 150 men. Those not receiving addiction treatment are permitted to stay for 21 days; those seeking treatment may stay for 90 days after starting treatment. In 2003, shelter admissions totaled 1,067; 565 of those admitted also entered the Day Rehabilitation addiction treatment program. Thirty-three people from the community received addiction treatment at St. Christopher's Evening Clinic in 2003.

### Identifying the Issues

There were two areas for improvement that had been in discussion at St. Christopher's prior to their involvement in NIATx. The first issue was that a waiting list for shelter services had developed for the first time in St. Christopher's history. The shelter had been operating at capacity for over six months and the waiting list had grown to 20 people. This signified a change in utilization patterns, and indicated to agency administration that shelter capacity could be expanded.

Secondly, St. Christopher's wanted to increase the percentage of shelter residents who also participated in addiction treatment. When the project began, approximately 53% of the men living at the shelter were attending addiction treatment groups. Agency administrators knew that increasing this figure would benefit the individuals involved, and also increase revenue through Medicaid and private pay billing for addiction treatment.

By conducting the walk-through exercise, during which a staff member posed as a consumer inquiring about services, the following additional key information about the flow of their system was identified:

- 1) Initial calls into the admissions department were regularly routed into voice mail, and the average time lapse before calls were returned was approximately 2-1/2 hours. This was determined to be due to an insufficient number of phone lines in admissions, combined with staff break schedules that left the phones unattended over the lunch hour.
- 2) Insight into the frustration felt by people calling the admissions department who were: a) put through to a voicemail system and/or, b) told there was a waiting list for the shelter.
- 3) During the intake and admissions process, there was some unnecessary duplication of paperwork.
- 4) The number of staff trained to admit new people was not always sufficient to prevent waiting.

### Setting the Aims

Within 24 hours of the walk-through exercise, the organization's change team met to discuss information gathered in the exercise, as well as data that had been available prior to the exercise. Upon examining the process experienced by the staff member who conducted the walk-through exercise, the change team set the following aims:

- A. Decrease the wait time between placing a call to the admissions department and speaking to a staff member who could provide information and assistance;**
- B. Create a more efficient admissions process;**
- C. Increase the percentage of men residing at the shelter engaging in addiction treatment at St. Christopher's, and**
- D. Increase shelter capacity to accommodate more men and reduce the waiting list.**



The 13-member change team<sup>1</sup> is led by Change Leader David Gerber, who has been instrumental in facilitating meetings and moving the team forward on project aims.

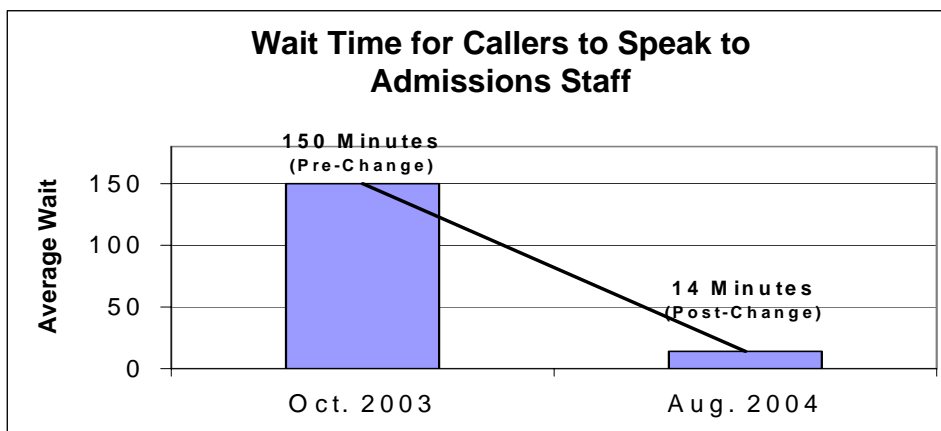
### **Implementing Change - Aims A and B**

The following changes were made, in an effort to significantly reduce chances that prospective clients calling the agency would encounter the voicemail system.

- 1) The addition of a phone line in admissions to accommodate more calls.
- 2) Staggered lunch schedules for admissions staff so that direct phone coverage was available during the entire business day.
- 3) An increase in the number of staff trained to admit new clients.
- 4) Elimination of the paperwork duplications that were found in the walk-through exercise.

### **Change Results**

These changes resulted in decreased wait time for prospective clients to talk directly to a staff member. Baseline data indicated the average wait time was 150 minutes (or 2 and 1/2 hours) prior to the changes. Currently, significantly more calls are handled live, and the average time callers have to wait for direct phone contact is now just under 15 minutes.



In addition to the reduction in wait time for admissions assistance, the availability of more staff trained to conduct admissions, coupled with a reduction of paperwork, has resulted in a smoother flow of the admissions process.

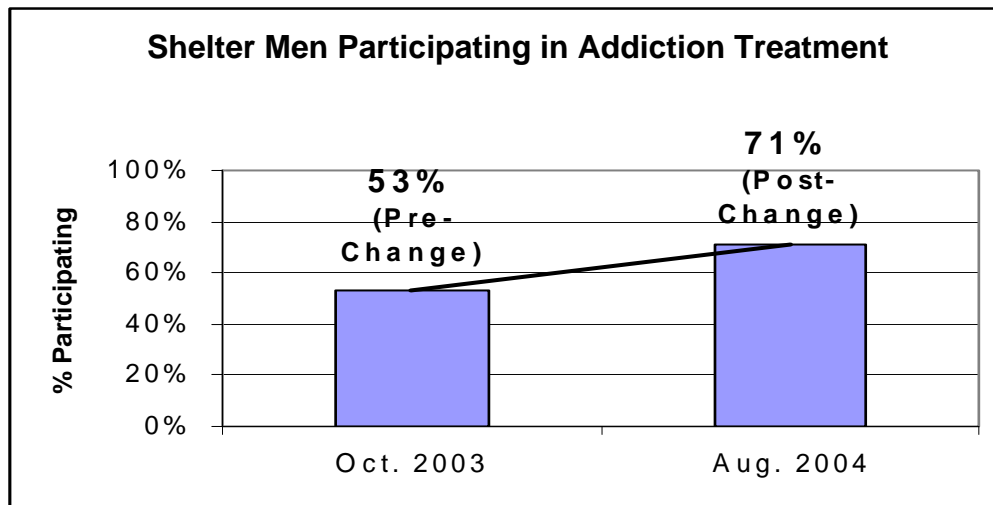
### **Aim C**

Next, the change team discussed the aim of increasing the percentage of shelter residents participating in addiction treatment at St. Christopher's. The change team decided to:

- 1) Offer morning addiction treatment group sessions (in addition to existing evening groups) as another option for the men staying at the shelter.



Prior to addition of morning groups, an average of 53% of shelter residents had attended a treatment group. Since the morning treatment sessions were offered as an option, this figure has increased to 71%. This means that more men are getting the treatment they need, and agency Medicaid and private-pay revenues for treatment services have increased.



#### **Aim D**

Beyond these three aims, the change team also wanted to increase capacity to the men's homeless shelter. As shelter is a critical need, the organization did not want men to wait or be turned down. In January of 2004, the change team first discussed the idea of converting a clothing room into a residential area, to add shelter beds in the most cost-effective manner. Project planning began shortly after the January change team meeting, and construction was underway within a few weeks.

The physical renovation was completed in about three months, and in early May 2004, the shelter was able to open 17 more beds. During the construction, shelter staff also developed plans for serving the additional men expected when these beds opened up. This included making arrangements to:

- 1) Accommodate additional men in treatment groups,
- 2) Increase allocated staff time at the shelter program and in addiction treatment,
- 3) Stagger mealtimes to accommodate the increased census, and
- 4) Prepare for increased demands in the medical department.

These renovations and preparations have paid off for both St. Christopher's and the men it serves. Since the extra beds were added, the agency has been able to accommodate the increased demand for shelter services and eliminate the waiting list.

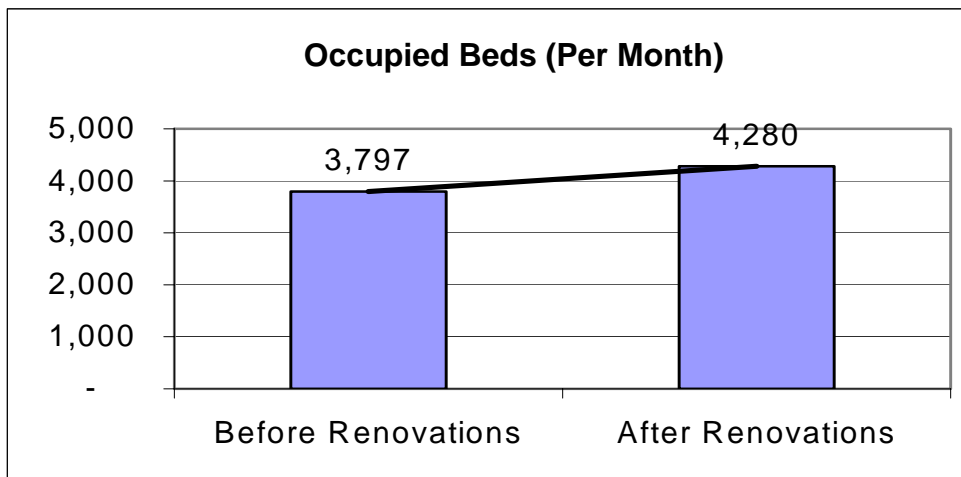
Prior to the renovations and opening of 17 additional beds, the shelter census averaged utilization of 3,797 bed days per month. The current average census at the shelter stands at 4,280 bed days per month, an increase of almost 13%. It also translates to an average daily usage of 16 out of the 17 new beds added in the renovation.



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In human terms, each day approximately 16 more men who might have been on the streets have a place to sleep, three meals a day, a positive living environment and access to addiction treatment, thanks to the forward-thinking decision made by the staff at St. Christopher's.

**Impact of the changes**

The improvements at St. Christopher's can help men like Bill realize a different outcome to their stories. It is now likely that Bill would speak directly to a staff person on his first call, and that he would be able to get into the shelter immediately. With the stability and treatment provided at St. Christopher's, he could develop a new outlook on his life, and start back on the road to a more productive future.

Now, when people like Bill are ready to get help, they have quicker access to direct phone contact with a staff person, to the housing they so desperately need, and to addiction treatment groups available on a more flexible schedule. The change team at St. Christopher's has been able to rise to the challenge of meeting the increased demand for its services and providing better access to people seeking services there.

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<sup>1</sup> **Members of St. Christopher's Change Team:**

- Fr. Bernie Palka, President and CEO;
- Marianne Taylor-Rhoades, Director of Operations and Executive Sponsor;
- David Gerber, Director of Counseling and Shelter Services, and Change Leader;
- Kate Daly, Admissions Coordinator;
- Laurel McCullagh, Director of Nursing;
- Thomas King, Family Program and Clinical Supervisor;
- Jan Volkman, Administrative Assistant;
- Donna Trezza, Admissions Clerk;
- Joe LaMontagne, Clinical Assistant Director of Counseling;
- Sophia Parker, Administrative Assistant Director of Counseling;
- Darlene Mahnken, Director of MIS;
- Kathy Fletcher, Director of Client Billing;
- and Nick Petruzzi, Director of Finance