

State Change Project Story 2

Access To Recovery (ATR) Paperwork Reduction Project

During the first year of the STAR-SI project, the Iowa Department of Public Health was awarded an Access to Recovery grant. This statewide change initiative was designed to create a regionally supported, case managed approach to providing substance abuse recovery support services to Iowans recovering from addiction.

In the fall of 2006, the Iowa Department of Public Health, in its role as Single State Agency, convened a stakeholders' meeting to review treatment barriers and gaps in Iowa's substance abuse service delivery system. Working with the Iowa Substance Abuse Program Directors Association, (ISAPDA), IDPH began a self-review process. Baseline data review indicated that Iowa's outpatient services needed to reduce the time between initial contact and first appointment for treatment. The number of individuals lost after initial contact is a documented barrier to client access—nearly 43 percent are recommended for treatment, but do not make it for services (Substance Abuse Reporting System). Clients who accessed treatment within two days of assessment/referral tend to stay in treatment longer than clients accessing treatment services at 30 and 60 days. Retention issues were statewide. Only 50 percent of admitted clients complete or substantially complete treatment after admission. Over 30 percent of the clients leave against the advice of the agency. We know that the longer clients stay in treatment, the greater percentage of those completing treatment: For those completing 28 days, 65.2 percent completed; for those retained in treatment 56 days the completion rate was 68.4 percent.

Structural Barriers to adequate service delivery included childcare, transportation, and waiting periods. Childcare and transportation are essentially important in rural Iowa where persons often receive treatment and support services in communities away from their homes. These barriers translate into no-shows, or non-positive discharges, and lead to system inefficiencies.

With this background, Iowa applied for and was awarded the ATR grant. The ATR project's service delivery system was really very simple; enable a network of care managers to authorize recovery support services for clients in substance abuse treatment, create a voucher system for billing, and pay for the services.

Project Director Kevin Gabbert observed that “as the project began to diffuse throughout the state, agencies providing the services began to recommend more and more supports for clients that were not really services. While we always knew these were important, we underestimated the demand for needs and goods such as new clothes for job interviews, car repairs, educational needs such as tuition or books, and wellness programs. As it turned out the greater burden was the time it took us to process the requests for these supplemental needs.”

Having noted this key problem, a change team was formed to apply the NIATx approach and improve the process for ruling on these requests. The change team included IDPH staff administering the ATR grant, the STAR-SI data coordinator and state change leader. The focus of the ATR change project was to remove the requirement of care coordination

providers to submit supplemental needs and sober living activities requests to IDPH for approval. IDPH staff theorized that if care coordination providers were given the ability to approve these requests internally the time to service delivery would be slashed. After thinking through this process, IDPH staff began to realize that specific categories of eligible supplemental needs would need to be developed, with established limits care coordination providers can approve. By completing this process, IDPH staff believed it could reduce their time spent performing these duties and allow more time to focus on areas such as recruitment of care coordination providers, recruitment of clients, and program development.

As a benefit for care coordination providers, the change leader believed this change project could reduce time spent completing supplemental needs and sober living activities requests, reduce client wait time to find out if their request has been approved, and provide these services in a more seamless fashion.

Plan: Reduce the eight hours/week IDPH staff time spent reviewing supplemental needs and sober living activities requests. Reduce the number of requests processed by 50 percent. Scheduled completion date was 1/31/09.

Do: IDPH staff decided they needed to revise the provider manual by removing the requirement that care coordinators receive pre-approval for supplemental needs and sober living activities. The new policy would shift the approval responsibility to care coordination providers. The state change team was responsible for this change project. The manual rewrite start date was January 1, 2009.

Study: During the three months prior to the project start date (October–December 2008), IDPH staff processed an average of 867 supplemental needs and sober living activities requests each month. As of February 1, 2009, IDPH staff had received only four requests, all of which were submitted in error.

Act: Adopt!! This change allowed increased productivity of IDPH staff, reduced paperwork and time spent for providers, and a reduced delay in getting client needs met. But the more important aspect is that it cut the client's supplemental needs and sober living activities requests wait time by up to five days; time that is vital in supporting client recovery.

To date, this project has cut the processing time needed for supplemental needs and sober living activities requests to over 4,100 clients in substance abuse treatment.