



Illinois Strengthening Treatment Access and Retention-State Implementation (STAR-SI) State Change Team Project: Reducing Waiting Time by Clarifying the Assessment Process

Change Project dates: July 1 through December 31, 2007

Goal: Clarification of Illinois Administrative Rule requirements to support earlier engagement of clients from admission to first treatment.

In Year 1 of the Illinois STAR-SI project, the state team and five participating providers focused on client access to treatment. The results of several walk-through exercises and subsequent discussions with pilot STAR-SI providers indicated confusion about DASA administrative rules, data collection, and billing requirements as they related to the initial screening/assessment and engagement process. Providers also differed in their interpretation of terms such as “initial contact,” which had a direct impact on their data collection.

Initial contact for DASA could be a phone call from the prospective client or a family member. In other words, the first time an individual or someone representing that person contacts the provider agencies.

However, providers were interpreting “initial contact” as the first time the client appears for intake. While some clients make initial contact by walking in for an immediate intake, in most cases, first contact begins with a phone call. Many providers also had the same date for first contact and admission.

A change team consisting of state-level staff and provider representatives met regularly to review and revise the existing regulatory language. The team clarified all definitions related to data collection and the STAR-SI access and retention measures, so that all would interpret and report data in the same way.

Once they had agreed upon language clarifications, the providers began to collect data on the average time from “initial contact” to “first treatment” to see if the clarified language would have an impact on time to treatment.

To reduce confusion and better support organizations in creating a positive therapeutic connection with clients, DASA identified the minimum components required for each step in the assessment process.

DASA also allowed three rule exceptions for the five pilot providers that could also reduce the amount of time between services from point of initial contact through assessment and first treatment session. They eliminated the requirement for face-to-face

services, allowing any portion of the assessment to be conducted by phone or web-based camera; allowed an exception (for some clients) to the requirement for physician confirmation of the diagnosis and initial placement; and also allowed an exception (again, for some clients) to the requirement for physician confirmation of the initial treatment plan.

In clarifying language, the team established “point of initial contact” as when the client, or someone on behalf of the client, makes the initial request for services.

This date keys to a critical outcome measure related to the amount of time elapsed between the initial contact, the assessment, and the first intervention or treatment service. This date should not be the date of the first service unless that was the actual first contact with the client/patient.

They also clarified that initial assessment establishes a diagnosis and a recommendation to a level of care, and determines any subsequent physician involvement.

Another rule revision clarified that the initial treatment plan must be completed within 14 days of admission to care, allowing a client to start treatment services (orientation groups, etc.) prior to completion of any treatment plan.

Providers appreciated the clarification and the definitions and appreciated the freedom to gather key client information over the phone. This clarification of the assessment process allows all patients to engage in treatment earlier than before.

DASA has included the clarifications into proposed licensure rules, which are pending approval. If approved, the new policy will apply to all DASA-funded providers, and improve access statewide. Clarification of the licensure rules was a first change of many that reduced waiting time from a baseline of 34.6 days from admission to first treatment to just 7.1 days as of March 2009.

The provider performance reports that DASA developed used these definitions as a basis for performance based contracting, making this change project an unintended but important first step in the Illinois STAR-SI project spread and sustainability efforts.