



Creating a Culture of Process Improvement ODMHSAS and NIATx

Background

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) provides services to Oklahomans who are affected by mental illness and substance abuse. In fiscal year 2006, the department provided services to approximately 61,000 individuals.

ODMHSAS houses the Single State Authority (SSA) for substance abuse prevention and treatment. The Department operates or contracts with 83 substance abuse treatment centers across Oklahoma, many with satellite offices. Among these programs' offerings are assessment and referral, detoxification, outpatient counseling, residential treatment, substance abuse education, transitional living, and aftercare services.

ODMHSAS and NIATx

The increase in public awareness, rising healthcare costs, and the state's growing substance abuse problem have increased the demand for public mental health and substance abuse treatment services in Oklahoma. Committed to reviewing state processes that create barriers to service access and retention, ODMHSAS and providers across the state are working as partners in the Strengthening Treatment Access and Retention-State Implementation (STAR-SI) project, also funded by CSAT and RWJF. The state and its participating provider agencies are embracing NIATx proven practices to improve service delivery to both external and internal customer groups. As the Provider Certification Change Project that follows demonstrates, this approach reduces staff time and saves costs.

Provider Certification Change Project

For several years, ODMHSAS Provider Certification staff has conducted one or more trainings to acquaint providers with annual revisions to the Standards and Criteria for program certification as articulated in the Oklahoma Administrative Code (OAC), specifically OAC 450. Typically, this training was conducted at numerous sites and at various times. Staff prepared, copied, and distributed packets of materials that included complete copies of the applicable sections of OAC 450 and other information.

Process Improvement in ACTION: PDSA

PLAN: Staff reviewed their experiences from previous years. This included their observations that prior trainings consumed significant amount of Provider Certification staff time and this resulted in disruptions to other essential operations for which the Division is responsible. Some recalled that the work leading up to those trainings had been stressful and hard to organize. Looking forward, staff determined that ODMHSAS had in place sufficient technological support to link various sites by video conferencing technology and that training should be organized to leverage these resources. Staff predicted that offering training through video conferencing would increase efficiency and satisfaction for providers and Provider Certification staff.

DO: The 2008 training was simultaneously broadcast on June 19 via videoconference technology to four sites: Oklahoma City, Lawton, and two sites in Tulsa. Each site was supported in person by Certification staff. The training was conducted in a PowerPoint format, with hard copies of the PowerPoint presentation provided to attendees. Training content emphasized revisions and presentations were grouped into chapters of OAC 450 (Standards and Criteria) that would likely permit providers to attend any or all segments of the training, based on their need and interests. No other materials were provided at the training sites but attendees were informed that the training materials as well as copies of the OAC 450 would be provided, at a later date, in an electronic format.

STUDY: The table below shows estimates of effort and direct costs incurred in both 2007 and 2008.

Staff Time	2007 Hours	2008 Hours	Difference	%
Staff A	76	10	-66	-87%
Staff B	50	23	-27	-54%
Staff C	86	14	-72	-84%
Staff D	50	10	-40	-80%
Staff E	33	7	-26	-79%
Staff F	19	6	-13	-68%
Staff G	19	6	-13	-68%
Subtotal - Staff Time	333	76	-257	-77%
Average Hours per Staff	47.6	10.9	-36.7	-77%
Cost Efforts				
Printing, lodging, per diem, mail, etc.	\$3,247	\$579	(\$2,668)	-82%
Salaries/Cost of Benefits				
Staff A-E	\$6,636	\$1,227	(\$5,409)	-82%
Staff F-G	\$614	\$205	(\$409)	-67%
Benefits	\$3,408	\$673	(\$2,734)	-80%
Subtotal	\$10,658	\$2,105	(\$8,552)	-80%
Total- Estimate Costs	\$13,905	\$2,684	(\$11,220)	-81%

In summary, by re-designing the training, the Provider Certification change project reduced staff time by 77 percent and direct costs by at least \$11,000 or 81percent. The estimates above reflect an informal model to determine approximate costs for this single year-to-year comparison. The table does not include estimates of the time and costs incurred by the directors, or other ODMHSAS staff, or the time and costs to providers.

ACT: The Provider Certification change team reviewed the findings and recommends the following for the next PDSA Cycle:

- Repeat training in similar format next year but look for elements to improve, including better real-time interface between sites.
 - Incorporate more trainer/participant interaction in future videoconference trainings.
 - Select videoconference sites with tested compatibility with ODMHSAS system.
 - Develop mechanisms to evaluate provider satisfaction.
 - Clarify provider expectation and needs related to future trainings.
 - Incorporate a provider evaluation element in future trainings.
 - Provide written summaries with updates on each revised OAC Chapter as an additional tool for use at the training.
 - Evaluate timing of the training in relationship to the effective date of standards revisions.
 - Determine if effective date of standards can be November 1 rather than July.
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