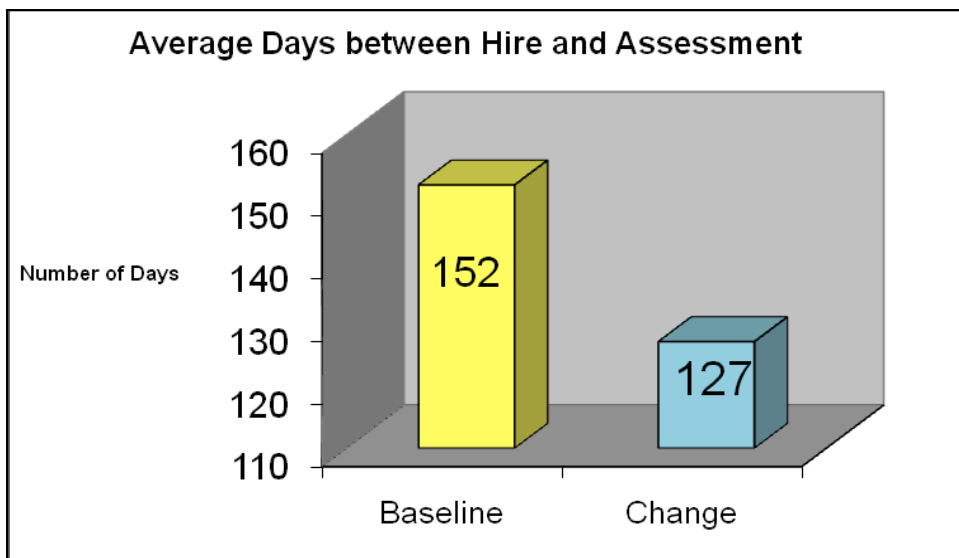


## Oklahoma Statewide Change: Improving Access to Assessment

As part of the STAR-SI initiative we asked providers to identify state-level barriers to their efforts to improve treatment access and retention. Through a nominal group exercise, providers identified the need for more American Society of Addiction Medicine (ASAM) Patient Placement Criteria and Addiction Severity Index (ASI) trainings as a top barrier. Substance abuse treatment contracts require treatment professionals to be trained in certain clinical instruments to conduct assessments. Staff cannot assess clients until they complete the appropriate trainings. For the first half of 2008, Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) offered the ASAM and ASI trainings bi-monthly. These trainings were only offered in one part of the state and provider staff would often have to drive two hours or more in each direction to attend training.

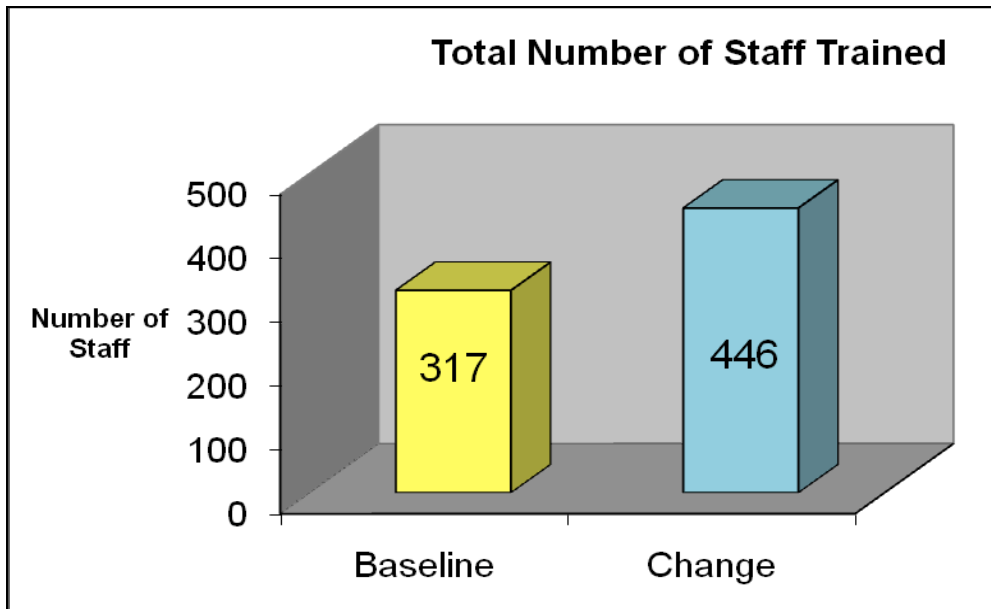
PLAN: STAR SI state team members gathered baseline data for the average number of days between provider staff hire date and date they attended training. We surveyed training participants from the baseline period of January 1 through June, 30 2008 to determine their hire dates. We also measured the number of trainings, total number of staff trained, and the number of assessments done statewide during the baseline period. Our plan was to offer trainings more frequently and thus reduce the number of days between staff hire date and when they could begin to conduct assessments. With provider staff statewide being able to conduct assessments sooner, access should be improved with shorter wait times for clients.

DO: For the second half of 2008 we offered trainings more frequently in the state's two major metropolitan areas. A total of seven trainings were offered in the baseline period and sixteen offered in the change period, this amounted to a 129 percent increase in trainings.

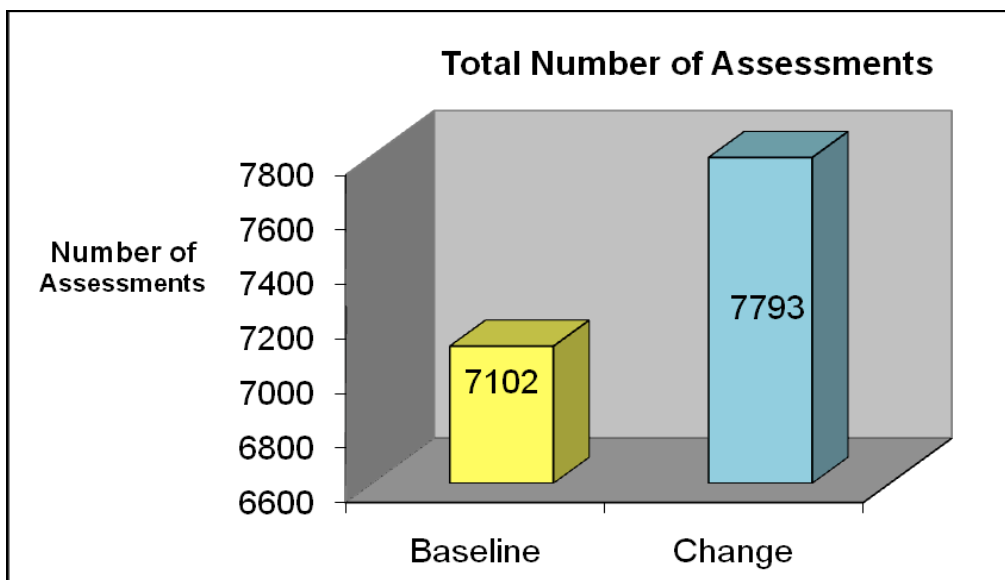


Provider staff completed training 25 days sooner = 16.4% decrease.

STUDY:



Total # Staff Trained: 446 = 41% increase



Total # of Assessments: 7793 = 9.7% increase

Our first change resulted in staff being trained an average 25 days sooner than the baseline period. This resulted in a 9.7 percent increase in assessments and reduced wait time for provider staff to begin conducting assessments. The number of provider staff who attended training during the change period increased by 41 percent.

Additionally, this created the potential for an increase in revenue for providers across the state. We subtracted weekends from the 25-day decrease between hire date and training attendance and the result was 18 working days. We conservatively estimated a clinician could complete two assessments per day.

Revenue earning potential/clinician is calculated as:

18 days x 2 assessments per day x \$240 per assessment=\$8,640

This calculates out to be \$8,640 in potential revenue that an agency could realize for every clinician that attended training during the change period.

ACT: We will continue to monitor the data and consider other options for providing trainings that reduce wait time and travel. Due to a lack of local trainers who are qualified to conduct assessment training we may not be able to maintain the monthly trainings at this time. Currently we are exploring web-based or videoconference options to provide trainings across the state. These trainings will not only be able to reach more people in a more efficient manner but also conserve resources and travel time.