

## State Change Project – Reducing Paperwork



It was not quite as easy as kayaking in this tranquil lake in the upstate region of South Carolina. It was not as hard as deciding to vacation in the mountains or at the beach, either.

Nonetheless, the DAODAS STAR-SI Change Team made it look easy. The secret was the leadership of George Crosland, teamwork, and sticking to the NIATx model. First, the SSA Team called each of the Cohort 1 Executive Directors and asked them what statewide obstacle they would remove if they were the SSA. The answer overwhelmingly was to reduce paperwork.

The next step was for each member of the SSA Team to conduct a walk-through at one of the Cohort 1 providers. *SAMHSA News* captured the results of the walk-throughs in a story by Rebecca Clay. It related the experience of George Crosland and Carl Kraeff (shown at the right after his exhaustive interview by Ms. Clay) at LRADAC, the Cohort 1 provider serving Richland and Lexington Counties and captures the experience of most of the SSA team members:



“As a would-be client, Carl Kraeff posed as a distraught man seeking substance abuse treatment at a local agency. His story: because of his drug use and serious drinking problem, his wife was leaving him. He couldn’t pay his rent. His life was ruined. But no matter how melodramatic he made his tale, the agency’s intake staff didn’t seem interested.

“Everybody was very friendly and helpful, but every time I tried to interject a comment, they would ignore me and go on to the next question,” said Mr. Kraeff. In real life, he is a management consultant in South Carolina’s Department of Alcohol and Other Drug Abuse Services. “They were trying so hard to be efficient, but I felt like I was being processed. I wasn’t treated like a person.”

The SSA Team conducted a Road Map exercise in mid-December 2006 and determined that there were three concurrent issues: the amount of the intake paperwork was excessive; the length of the intake process was too long; the intake personnel, although very proficient, did not engage the clients; and, provider agencies were wedded to a rigid intake methodology. The Team then



brainstormed change strategies, chose four of them, and split into four change teams, each headed by a different team member.

**Team One** developed and promulgated an SSA policy that encouraged out-of-the-box thinking by the providers. The policy was adopted on January 4, 2007 a mere two weeks after the start of the cycle. (Leader—George Crosland; Members—Carol Hammond (pictured at left), Harry Prim and Carl Kraeff).



**Team Two** addressed the engagement problem by developing and implementing Motivational Interviewing Techniques training for provider front line personnel. This took four months to accomplish as the team arranged for two training sessions for the front line staff.

(Leader—Hannah Bonsu (pictured to the right of Lachelle Frederick); Members—Lachelle Frederick), Jim Maxwell, Carl Kraeff).

**Team Three** tried to shorten the intake process by investigating the possibility of obtaining some intake information over the phone. This project was not put into effect because the Joint Accountability Committee was working on electronic health records (Leader—Harry Prim; Members-Hannah Bonsu, Carol Hammond, Carl Kraeff)

**Team Four** addressed the paperwork reduction issue directly. The team’s work took a year but, at the end, a new consolidated intake form was made standard throughout the state. (Leader—James Wilson (pictured at right); Members—Frankie Long, members of the Uniform Clinical Records Committee, Jim Maxwell, Carl Kraeff).



The final results of this project were:

- An 84 percent reduction in the number of forms from eight to one;
- A 41 percent reduction in the length of the intake process;
- Resultant savings of \$111,000 statewide per year; and
- The change was diffused statewide, after coordinating with CARF and the Legal Action Center.

