NIATx
The Network for the Improvement of Addiction Treatment

Business Case Series

March 2007

The Network for the Improvement of Addiction Treatment (NIATx) is a national initiative supported by the Robert Wood Johnson Foundation's Paths to Recovery program and the Center for Substance Abuse Treatment's Strengthening Treatment Access and Retention (STAR) program. Learn more about NIATx at www.niatx.net.

The Center for Substance Abuse Treatment (CSAT) of the Substance Abuse and Mental Health Services Administration (SAMHSA), a public health agency within the U.S. Department of Health and Human Services, was created in 1992. CSAT's mission is to improve the lives of individuals and families affected by alcohol and drug abuse by ensuring access to clinically sound, cost-effective addiction treatment that reduces the health of and social costs to our communities and the nation. For more information, visit www.samhsa.gov.

The Robert Wood Johnson Foundation (RWJF) focuses on the pressing health and health care issues facing our country. As the nation's largest philanthropy devoted exclusively to improving the health and health care of all Americans, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, meaningful, and timely change. For more than 30 years the Foundation has brought experience, commitment, and a rigorous, balanced approach to the problems that affect the health and health care of those it serves. When it comes to helping Americans lead healthier lives and get the care they need, the Foundation expects to make a difference in your lifetime. For more information, visit www.rwjf.org.

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Welcome to the NIATx Business Case Series!

The NIATx Business Case Series is a compendium of case studies that highlights member successes in establishing a business case for process improvement (PI). These success stories demonstrate how an organizational commitment to improving treatment access and retention can help solve key problems fundamental to organizational performance: the ability to operate at a positive margin, the ability to attract funding, and the ability to attract and retain staff members.

Many of the projects highlighted here were initiated to rescue programs in crisis—programs operating in deficit mode, and in danger of financial collapse. In many cases, extraordinary turnarounds have been achieved. When agencies operate more efficiently, not only do customers receive better care, but dysfunctional programs can be transformed into models of financial health. Without a strong business case, there is little hope of sustaining change within an organization, or spreading changes throughout the field.

As these stories illustrate, improvements in treatment access and retention really do translate into bottom-line results. All of us here at the NIATx National Program Office would like to thank those agencies that have shared their stories for this publication. We also extend a warm welcome to those agencies that are now on their way to writing their own.

Sincerely,

David H. Gustafson
NIATx Director

P.S. - Do you have a business case success story you'd like to share?
We'd love to hear about it. Write info@niatx.net today.

The Acadia Hospital

Bangor, Maine
www.acadiahospital.org

Acadia Hospital is a freestanding non-profit psychiatric and substance abuse hospital with both inpatient and outpatient programs. Addiction services are provided at two sites, and include inpatient detox, an Intensive Outpatient Program, a dual diagnosis program, methadone and buprenorphine treatment, an extended shelter residential treatment program, and a variety of homeless and transitional housing options. Opioid dependence is the primary diagnosis of the majority of our addiction patients.

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Project Aim	Reduce Waiting Time
Change Leader / Executive Sponsor	Scott O. Farnum

Goals & Measures

The Acadia Hospital was facing a budget crisis in its Intensive Outpatient Program (IOP), with a budget deficit of $202,611 in FY02. The program was severely underutilized. Acadia's walk-through exercise revealed significant barriers to treatment in the intake process. Patients were being placed in treatment "slots" in IOP as they became available. This resulted in patients having to make multiple callbacks and waiting for admission even if there were no-shows in the program. Requiring clients to make multiple calls during the waiting period was sending a message that clients had to prove their dedication to treatment to be admitted. Measurement of the impact of the Change Project was simply the length of time from first contact to admission to the program, which was over four days at baseline.

Changes Implemented

The team focused on shortening the time to treatment in IOP services. Potential clients were given next-day appointments on the first call or contact for screening, instead of requiring multiple callbacks or being placed on a waiting list. All clients seeking service who met the American Society of Addiction Medication (ASAM) Level 2 criteria were asked to show up at 7:30 a.m. the next day for a full mental health and substance abuse evaluation by a clinician and subsequently offered immediate admission to treatment if appropriate. Screened clients not found to be appropriate for IOP level of care were referred to other appropriate services.

Business Case Impact

The immediate results were that time from initial contact to screening fell from 4.1 days to 1.3 days. The percentage of clients seeking treatment who were screened rose from 25 percent to 65 percent. The percentage of clients seeking treatment who were retained in treatment went from 19 percent to 53 percent. Admissions to the program continue to climb and have gone from 16 per month in FY02 (the year before change) to an all-time high of 109 in March 2006. Because of the increased number of clients entering care, Acadia added a counselor to its staff. This added to its billable hours, which in turn increased its revenue by 56 percent and enhanced its profit margin by approximately $400,000 in two years (between FY02–FY04). The new admission process led to a quadrupling in caseload, with concurrent financial gains that have been sustained in subsequent years.

Outpatient Substance Abuse - Net Profit/Loss
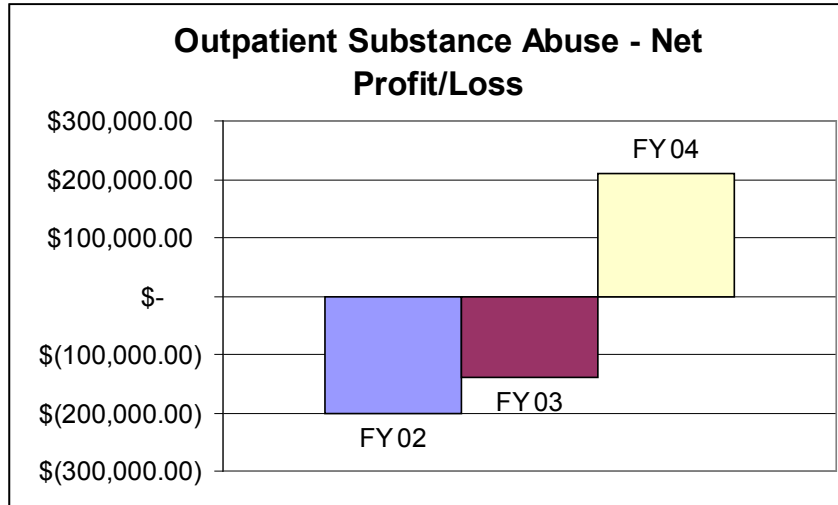
The new admission process forced Acadia to rethink how it treats clients altogether, and its caseload quadrupled in the process. Such "treatment on demand" was then spread to Acadia's extended shelter program and its mental health services.

Lessons Learned

When implementing this project, Acadia learned:

- As barriers to admission decreased, acuity level of patients increased.
- Patients really do show up for treatment when they receive more immediate appointments.
- Multiple phone calls are a poor indicator of motivation.
- Senior management staff need to model change by working with line staff.
- Program changes were needed to accommodate clients who showed up as barriers were reduced.
- From a business case perspective, the contribution margin of this program has tripled from change date to the present.

Addiction Research and Treatment Services (ARTS)

Denver, Colorado
www.artstreatment.com

ARTS is the clinical program of the Division of Substance Dependence, part of the Department of Psychiatry at the University of Colorado School of Medicine. ARTS has provided empirically supported residential and outpatient substance abuse treatment services in Colorado for over 33 years, with an emphasis on psychosocial and pharmacological treatments for adolescents, women, and those involved in the criminal justice system. ARTS is on the cutting edge of scientific research, medical education, and clinical care for the purpose of reducing death and dying from addictive disorder.

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Project Aim	Increase Continuation
Change Leader / Executive Sponsor	Erik Ennis

Goals & Measures

Our Change Project aim was to increase continuation rates by improving client engagement in the first and second treatment sessions. An earlier Change Project had shown us that our intake process was not very user-friendly. Paperwork requirements made it hard for the counselor to develop a rapport with the client.

Changes Implemented

The Change Team tested the use of motivational interviewing (MI) techniques to improve continuation rates in our Opioid Maintenance Outpatient (OMT) population. We did not change the intake procedure, but advised clinicians to use MI techniques and strategies when scheduling the second session. The clinician was told to focus on using MI only. This session did not include any client paperwork, and the clinician did not have to write up a treatment plan. The clinicians had already attended a motivational interviewing training session several months earlier. The Change Team included a certified MI trainer who also scheduled a follow-up session, which all 11 methadone clinicians participating in the Change Project were required to attend.

Business Case Impact

The baseline continuation rate through the first 30 days of treatment was 79 percent, based on a sample of 100 patients. APT set a goal to increase the 30-day continuation rate by five percentage points. Over a three-month period, the continuation rate increased to 87 percent.

Increase in 30-day continuation rate
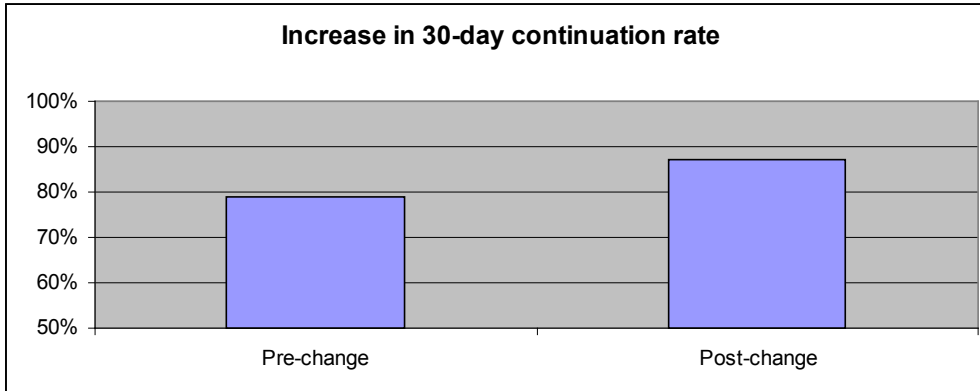
During the Change Project, the overall census increased by 12. When a new patient enters treatment, ART receives additional revenue from the typical co-payment or sliding-fee scale. When we completed the project and decided to sustain, we'd seen an increase in revenues of approximately $3,000 over a three-month period. We also saved money by reducing the paperwork associated with discharging patients.

Lessons Learned

- Front-desk staff members offer insight on a client's experience at first intake.
- Staff benefit from the opportunity to attend follow-up training sessions with a certified motivational interviewing trainer.
- Clinicians were pleased that the Change Project reduced the amount of paperwork associated with admissions and discharges.
- We created a checklist for clinicians to use in recording the MI techniques they used. This created a streamlined way to monitor the clinicians' fidelity to the MI technique.

The APT Foundation
New Haven, Connecticut
www.aptfoundation.org

apt | foundation
TREATMENT, RESEARCH & RECOVERY

APT Foundation is a non-profit substance treatment and research agency founded by members of the Yale University Faculty in 1970. At five locations, APT treats more than 3,000 people each year in residential, outpatient, intensive outpatient and opioid replacement therapy programs.

Project Aim	Reduce Waiting Time
Change Leaders / Executive Sponsors	Cheryl Doebrick, Lynn Madden

Goals & Measures
Prior to 2006, APT maintained rigid controls over patient movement and activity within their methadone program. These issues were both a controlled front gate and a high discharge rate for non-compliance. This became so problematic that a census deficit within the methadone programs would have resulted in staff layoffs if not corrected, further limiting its capacity.

One of the first changes made was to eliminate the artificial program capacities that were driven by the budget instead of patient need or demand. This change allowed the APT Foundation to close the census deficit and meet budget expectations. APT was able to pay a staff incentive as opposed to cutting staff. Likewise, we were able to determine an actual time to admission based on admission procedures, not census caps; this time decreased from greater than 30 days to an actual figure of 21.5 days. This change set the stage for the APT Foundation to look at admissions procedures that present barriers to patient access.

APT conducted a series of walk-throughs at the Methadone Intake Unit and in the methadone programs. The findings indicated that triage hours were limited and not available on all weekdays. This resulted in patients calling for treatment and potentially having to wait three days before they could start the admission process. Once the admission process started, a patient had to show up on multiple appointment days, with each step dependent on successful completion. There were multiple cases of redundant paperwork in the intake and receiving units. Finally, the waiting rooms appeared to be unfriendly, with more negative messages conveyed (e.g., things a patient could not do) than helpful ones.

Changes Implemented
Following the walk-throughs, APT addressed the multiple layers of appointments. In the prior system, a patient would need to attend a single appointment to have a TB skin test (PPD) placed. The PPD would then be read 48-72 hours later at a physical examination appointment. APT never had a case of active TB, nor did policy indicate that individuals would *not* be accepted into treatment if they were. This isolated appointment was eliminated, with a shift towards PPD placement at the time of the physical examination. This reduction in appointments resulted in a decrease in time to admission from 21.5 to 11.0 days.

The next steps were to address some of the financial issues that were affecting patient admission. For example, first-party patients were required to pay a "detoxification deposit fee," which essentially covered their 30-day "bad standing detoxification." Other upfront fees included an intake fee, physical examination fee, and arrangements made for outstanding balances for prior treatment attempts. Other patients clearly needed assistance in obtaining benefits to cover the costs of treatment. The agency also did not know how long it took to obtain

authorizations for individuals who had insurance. The first change made here was to eliminate all fees necessary for program admission. A financial review conducted prior to the change's implementation indicated that the "detoxification deposit fee" had not worked in many years, and the APT Foundation had been giving many weeks of "free treatment" before a financial taper was initiated. Although this change is still in process, early admission data indicates that another two days has been eliminated for self-pay patients, with the waiting time dropping from 7.2 to 5.0 days. The next change pertaining to the financial aspects of treatment will be a shift in obtaining treatment authorizations from the intake unit, which results in a delay, to having authorizations completed post-admission.

Business Case Impact

For FY06, the APT Foundation maintained a break-even budget with a methadone census of 1,400 patients. An analysis of reimbursements indicated the agency received on average $3,000 per patient each year, which equates to a budget of $4,200,000. With the changes made to simplify and speed up the admissions process, more individuals were able to access treatment services. Eight months into the fiscal year, APT has an average increase in census of 124 patients, which equates to an increase in revenue at $3,000 per patient to $4,572,000.

The APT Foundation
Methadone Census, 2006
Includes Maintenance and Methadone Detox Patients
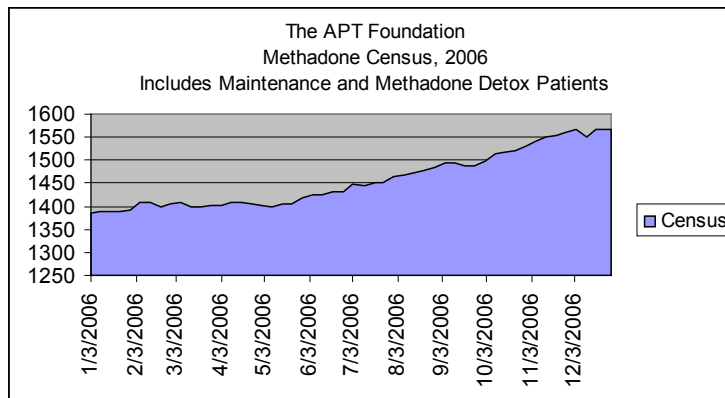
Revenue increases resulted in an operating surplus of $372,000. With better patient utilization, APT was able to add two clinicians at a cost of approximately $120,000, leaving a net gain $252,000.

Lessons Learned

Although APT is making significant progress in reducing time to admission, it is obvious that structural changes are also needed. The APT Foundation offers multiple levels of care in the current environment; each level of care completes its own triage of service. This becomes an ineffective utilization of staff via duplication of effort and often limits patient choice for treatment based on individual clinical need. In addition, certain levels of care are underutilized due to limited triage availability, and patient uncertainty that services even exist. Additional APT data indicates that only 25 percent of patient treatment inquiry calls result in a patient screening. Of this 25 percent, only 10 percent actually complete an evaluation and enter treatment.

APT is moving toward a centralized Access and Engagement Center that will complete patient triage and offer immediate engagement in treatment services. Patients will be offered services based on their clinical need, utilizing the levels of care that exist within APT; in turn, this should provide better utilization of all APT Foundation programs.

Central New York Services, Inc.

Syracuse, New York
www.cnyservices.org

Central New York Services, Inc. (CNYS) is a non-profit behavioral health care organization, providing services over a four-county area. CNYS offers a wide range of services including IOP and OP programs, a full spectrum of residential programs, and vocational and forensic mental health and case management. CNYS specializes in providing services for individuals who are most at risk and underserved in our community.

Project Aim	Reduce No-Shows
Change Leader / Executive Sponsor	Kimberly M. Aichner

Goals & Measures

CNYS conducted a walk-through of the intake and assessment process from first contact to admission in both of our IOP and OP clinics. The biggest insights gained during the walk-through were:

- Wait Time: It took four weeks in OP and five weeks in IOP to set intake assessment appointments. Admission appointments took another three weeks in OP, and five in IOP.
- Frustrations: The total time from first contact (phone call for first appointment) to admission (second appointment) took seven weeks in OP and ten weeks in IOP.

These processes were too long. Individuals reported needing services at the time that they were calling, not seven to ten weeks later. They were becoming frustrated, finding services elsewhere and/or relapsing during that time, resulting in a 55 percent no-show rate for intake appointments.

Changes Implemented

The Change Team, with feedback from program participants, implemented a centralized intake department with a walk-in assessment process. The team tested and adopted the following changes:

- PDSA Cycle 1: (a) Intake staff from both clinics were centralized into one location; (b) Paperwork was combined into one intake packet; (c) All referrals were directed through the intake department for appointments.
- PDSA Cycle 2: (a) Stop scheduling appointments; (b) Individuals walk in and have their assessment completed on the same day in the Centralized Intake Department (first contact became their assessment date); (c) Assess all incoming individuals on a first-come, first-served basis.

Business Case Impact

As a result of this project, the following outcomes were realized:

1. No-show rates for assessments decreased from 55 percent to 0 percent during Cycle 2.
2. Assessments increased from 28 to 71 per month, resulting in:
   a. During the 14-week project, this led to an increase of $1,248 in billable services over baseline.
   b. Assessment rates have stabilized at an average of 50 per month, which yields an increase in revenues of $461.20 per month or $5,534.40 per year.

3. Wait time to admission decreased by 51 percent, and continuation increased by 24 percent, resulting in:
     a. During the 14-week project, admissions increased by 30, with an average length of stay of three months or less, equaling an increase of $1,421 in billable service.
     b. The admissions have stabilized at an average of 38 per month, with an average length of stay between four to eleven months; this resulted in an increase of $72,000 in billable services annually.
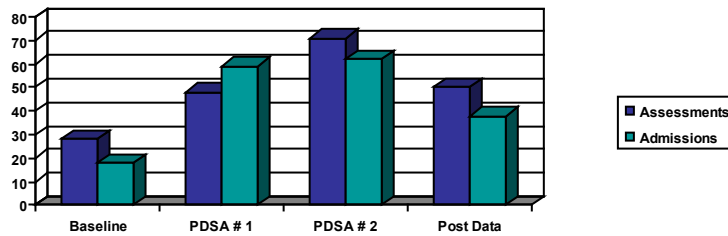
4. Staff became involved in positive change processes and as a result began to enjoy their jobs more; having a voice in making changes and acting as change agents has resulted in skill development that will help them with other professional goals. It has also increased our staff retention rates.
5. Due to the increased number of admissions, our substance abuse clinic (OP) has doubled the number of people served. As a result, we were able to expand services to include five additional staff members, develop new programming, and add more physical space.
6. We are the only service in the county that provides walk-in assessments. All others continue to have long wait times. This has made our services marketable.

Lessons Learned
We did not anticipate the high level of resistance from our referral sources regarding walk-in assessments. Prior to the change, we had sent them marketing information regarding the new procedure. We quickly learned that this was not enough. We had to do a lot of education over the phone and, in a few instances, visit agencies in person.

This was a big operational change. Combining mental health and chemical dependency regulations was a challenge. We therefore created a new system to monitor the data ("snap shots") on a weekly basis. Weekly monitoring was necessary to sustain the change. We created a new department and developed new policies and procedures to sustain this change. We continue to meet monthly to monitor all changes we have sustained.

Connecticut Renaissance, Inc.
Bridgeport, Connecticut
www.ctrenaissance.com

Connecticut Renaissance, Inc. is a not-for-profit mental health and substance abuse treatment agency that provides outpatient, residential, and halfway house services to individuals, groups, and families throughout Connecticut. We have locations in several cities and maintain several programs that serve the entire state.

Project Aim	Reduce No-Shows
Change Leader / Executive Sponsor	Kristen Isham

Goals & Measures
Connecticut Renaissance initiated a Change Project addressing the no-show rate in the outpatient clinics in an effort to achieve the following goals:

- Increase clinician productivity, ultimately resulting in financial stability within the clinic
- Improve engagement strategies
- Improve collaboration efforts with referral sources and other related parties
- Improve the overall system of care

The Change Team recognized the importance of addressing the no-show rate for group attendance and scheduled appointments. Improving the show rate would increase the overall success rate of the client in meeting his or her treatment goals. Improved attendance would also increase billable hours and generate more revenue for the clinic.

Changes Implemented
The Change Team identified, implemented, and tested several changes to determine the impact on the no-show rate. This table shows the change implemented and their influence on the no-show rate:

Month	%	Changes
February	55	Baseline
March	40	Introduction of Clinician Protocol to follow for missed appointments, including reminder calls, meetings, and contact with referral source
April	47	Continued use and implementation of Clinician Protocol
May	41	Intro of Client Letter outlining expectations and responsibilities
June	37	Continued with Client Letter; signed/discussed in second session
July	38	Working on implementation of Contingency Management Plan

The data show a positive change, with some fluctuation. Communication and collaboration with referral sources have been noted as key practices in increasing attendance. Decreasing no-shows is a continual process. The protocols and systems that we have put in place need to be consistently and constantly adhered to and monitored.

Business Case Impact

The efforts that the Change Team made to decrease the no-show rate have had a clear impact on the bottom line through increased revenues. Over a six-month period, the Change Project decreased the no-show rate by 17 percent within its Adult Outpatient Clinics. For example, before the Change Project, a clinician who had nine appointments scheduled in a day would on average have five of those appointments cancel; 55 percent of the clinician's day would be spent on activities that did not produce billable hours. Through the changes implemented, we were able to focus the clinician's efforts on engagement, which had three positive results:

1. A 17 percent increase in revenues.
2. Client and referral source satisfaction levels improved, as indicated by surveys and focus groups. Each area of the survey showed a 93 percent or higher satisfaction level.
3. We measured clients' success rate in completing their prescribed course of treatment.

Connecticut Rensaissance

No-show rate

| December-05 | February-06 | March-06 | May-06 | July-06 | August-06 |
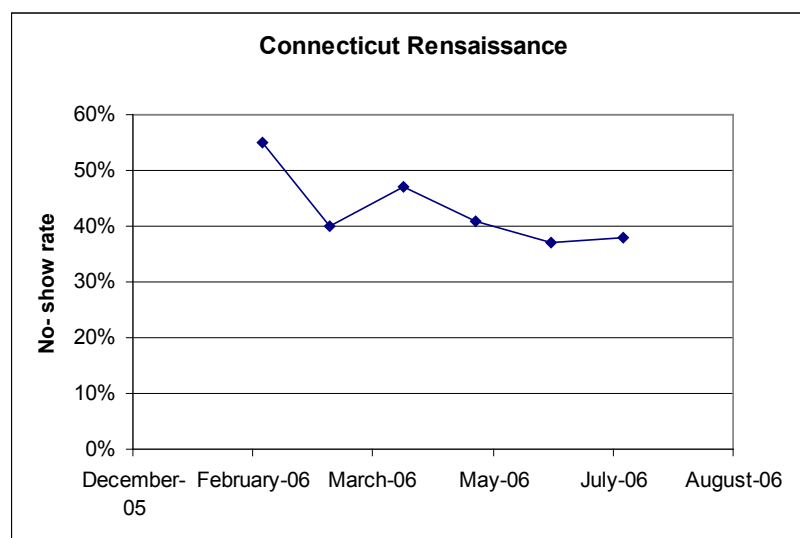
Lessons Learned

- A focus on the no-show rate using the PDSA Cycle proved to be an effective means of implementing change in an organized, structured, and achievable manner.
- The Change Team worked to include the clinicians who were not directly involved with the Change Project.
- The project would not have been successful had we not ensured that all staff affected by the change supported the new processes and systems being implemented.
- Staff support and participation was probably the most important factor in the success of the Change Project.
- The Change Team found value and motivation in reviewing the data on a monthly basis.
- The data allowed the Change Team to explore successes and identify how other rapid-cycle testing could promote the goals of the Change Project.
- We continue to monitor our show rate quarterly for any significant declines and/or need to actively address this goal.
- The overall effectiveness of the Adult Outpatient Clinic relies on client attendance and success in treatment.

Fayette Companies

Peoria, Illinois
www.bhrm.org

Located in central Illinois, Fayette Companies is a provider of services in the fields of mental health care and substance abuse treatment. For 30 years, Fayette has served men, women, seniors, and adolescents regardless of their income across multiple levels of care.

Project Aim	Increase Continuation
Change Leader / Executive Sponsor	Thomas Murphy

Goals & Measures

The first change exercise that Fayette initiated was motivated by the walk-through exercise conducted during the application process for Paths to Recovery. The results of the exercise indicated that the admission process to a women's residential addiction agency resembled the process for incarceration into a penal institution. This program had a discontinuation rate of 12.6 percent during the first week of treatment. Residential treatment is the most expensive level of care, and many resources were being wasted due to the discontinuations.

Changes Implemented

The first change exercises focused on making the facility environment less focused on processing and more welcoming. Women were rapidly assigned to their rooms and given a choice of being connected to either a peer or a staff member to orient them to the facility. They were also given a choice of immediately starting treatment activities, or spending the first day resting in their rooms. Family members were allowed to participate in the admission process and learn more about the place their loved ones were staying. Additional changes included: eliminating the "blackout period" of calls or visitors for the first two weeks of treatment, and allowing women to contact their family and friends; providing welcome packages of stationery, envelopes, and stamps; providing daily vouchers for participation in treatment that could be exchanged at week's end for a $7 gift card to purchase personal items; and eliminating Friday admissions due to a lack of structured activities on the weekends.
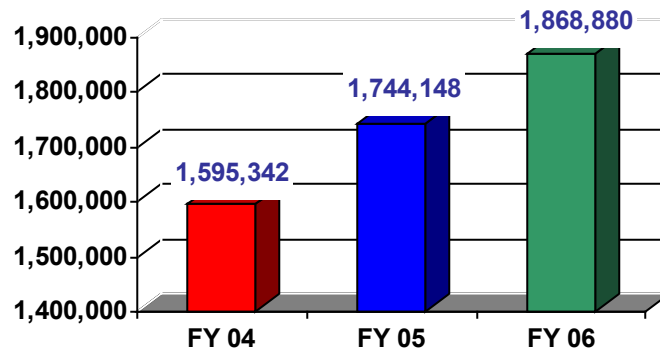
Business Case Impact

The changes that were made affected the environment and initial relationship with new clients. In the first weeks following the initial changes, no women left during the first week of treatment. Occupancy increased in the facility from FY04 to FY05 by 921 days. The average length of stay also increased by 11 days during this period of time. The increase in occupancy resulted in increased earnings of approximately $149,000.

Furthermore, sustaining changes in process improvement continued to show results in FY06. The number of treatment days increased by an additional 772 days, and the average length of stay increased by an additional 11 days, demonstrating that changes were not only sustained, but improved over time. Since the changes occurred, the annual earnings increase is approximately $274,000.

Subsequently, when the additional changes were made, the overall percentage of women leaving against medical advice (AMA) at any point in treatment was reduced from almost 30 percent at baseline to 11–12 percent in subsequent years.

Increased Earnings

1,900,000	
1,800,000	**1,868,880**
1,700,000	**1,744,148**
1,600,000	**1,595,342**
1,500,000	
1,400,000	
	FY 04 FY 05 FY 06

Lessons Learned

We have learned that process improvement starts a chain reaction that inevitably results in better services, more responsiveness to customers, and outcomes that will lead to growth and increased funding. We also learned that listening to your customers is an essential part of the change process.

Gosnold on Cape Cod

Falmouth, Massachusetts
www.gosnold.org

Gosnold is a diversified behavioral health company that provides inpatient addiction treatment and outpatient addiction and mental health services. With 190 beds at five different levels of care, Gosnold offers patients the opportunity to receive treatment over an extended time. Outpatient treatment is offered at eight clinic locations, thus assuring access and convenience to individuals on Cape Cod and in Southeastern Massachusetts.

Project Aim	Reduce Waiting Time
Change Leaders / Executive Sponsors	Tommie Ann Bower, Ray Tamasi

Goals & Measures

Gosnold's concern was the extended admission waiting period, which sometimes lasted up to two hours. This barrier to access was caused by a number of factors—some internal (multiple staff involved in the admissions process, duplicate data collection, etc.) and some external (managed care obstacles related to admission certification). To remedy the internal obstacles, the agency flow-charted the steps from patient arrival to the initiation of a treatment protocol. It was determined that too many people were involved with too many duplicative steps; this was enough to discourage patients.

Changes Implemented

Gosnold reduced the number of "staff touches" by establishing a triage protocol that called for the initial patient contact to be accomplished by a nurse (not an aide, an administrative person, or an admissions clerk). This accomplished two things—it allowed for rapid assessment of acuity, and it communicated a reassuring message to patients that they were being attended to by someone who could provide immediate assistance. Project staff also created a special room in the building (the triage room) where all patients could be screened for acuity. This process was to take place immediately for urgent cases and within 20 minutes for all non-urgent patients. They rearranged the process and trained the staff, track of waiting times before and during the improvement initiative, and scheduled spot checks. The staff met their goal. At the time this project was initiated, Gosnold had difficulty "processing" nine patients a day. Now the provider can welcome, triage, admit, and engage up to 14 patients a day.

Gosnold tested its hypotheses, walked through the steps, and then measured the results—not only quantitatively, but qualitatively, by talking to patients. Staff learned things from patients that were outside their hypotheses ("It's not the waiting that's so difficult—it's not being communicated with about what will happen to me"). Project leaders continually returned to staff to help them focus on the objective and avoid regression to old, familiar ways of doing things. This proved to be one of the formidable obstacles. Just because it looks and feels like a good idea doesn't mean that everyone is going to buy in from the start. Persisting in their objective and focusing on patient/customer satisfaction with more prompt response to needs helped bring staff around.

In the end, Gosnold implemented the change, eliminated process steps, and redefined staff responsibilities; lo and behold, patient wait time diminished, more patients were accommodated, and fewer patients began treatment with a negative impression created by the long waiting time.

Business Case Impact

1. Gosnold increased the number of admissions by 6 percent in the last fiscal year, and total revenue increased by 8 percent. Staff also identified the need for additional services to individuals who needed longer-term treatment. This led to an expansion of services with an additional 30 beds to treat patients who required longer terms of care (up to one month). This increased their bed capacity system-wide, from 160 to 190. Additional revenue generated by the new program has helped fund other programs that provide important services in the continuum, but are not as financially successful.
2. Gosnold's competitive advantage was enhanced because they were better able to respond with access on demand, not requiring patients/referrers to be put off a day or two. The admitting team became able to handle more admissions each day.

Lessons Learned
Seemingly intractable problems can be surmounted by a concerted effort that is not allowed to succumb to familiarity and rote.

Kentucky River Community Care

Jackson, Kentucky
www.krccnet.com

Kentucky River Community Care (KRCC) provides mental health, substance abuse, trauma, and developmental disability services to 45 sites in an eight-county region in southeastern Kentucky. A NIATx Founding Member, KRCC has extended the Process Improvement approach to new areas.

Project Aim	Increase Staff Retention
Change Leader / Executive Sponsor	Louise Howell

Goals & Measures

In 2005, the KRCC Workforce Development Change Team was formed to address the problem of staff recruitment and retention in several critical staff areas.

- Baseline data showed that 47.88 percent of new staff in Mental Retardation/ Developmental Disability (MRDD) and 42.10 percent of Customer Service staff left employment within the first six months. Thirty-five percent of staff working as residential technicians in children's services programs were leaving within the first six months of employment.
- The organization's residential technicians work around the clock, seven days a week. Staff turnover among residential technicians was very disruptive, affecting the behavior of individuals in the program as well as their quality of care. Equally disruptive to KRCC's delivery of services was turnover in customer service staff at outpatient sites.

The Change Team gathered information through focus groups that included staff from the targeted areas, as well as staff from KRCC's adult residential services division, which has had very good employee retention. The team also conducted exit interviews with Customer Service and MRDD staff that left employment early.

Through these activities, the Change Team learned that a key difference in employee retention was in how new MRDD and Customer Service staff were trained. Many stated that they felt overwhelmed, that they did not feel valued, and that their opinions did not matter. However, staff in adult residential services received more structured and in-depth training, with one-on-one attention from a peer mentor.

Changes Implemented

Based on this information, in late 2005 the Change Team began to test several improvements to recruit, recognize, and retain committed and caring staff in the targeted programs. These successful strategies have been implemented, with a significant positive impact on workforce development at KRCC:

1. Quick Hire Process: This process streamlined the hiring process for supervisors to assist with their need to get staff "fast." This cut the process from three weeks to five days or less.
2. Welcome Packet: All new employees now receive a welcome packet at the beginning of orientation. The packet includes a welcome letter; an overview of the history,

development, and mission of KRCC; a "What to Expect During Your First Two Weeks as a New Employee" sheet; a facility directory; a recent copy of the agency newsletter; a "New Employee Training Guide"; and a pen bearing the KRCC logo and address.

3. <u>Mentor Assignments for all New Employees</u>: During the rapid-cycle testing phase, the Change Team surveyed new employees who were assigned a mentor and those who were not. Each was asked to rate their satisfaction with orientation and new job training on a scale of one to 10, with 10 being the highest. The highest score given by staff without a mentor was four; for those with a mentor, the score rose to eight.

4. <u>New Employee Training Guide</u>: This checklist guides supervisors in reviewing policy and procedure with new staff and provides training on essential job functions. New employees learn about the purpose and process for the guide at orientation. The supervisor and new employee complete the checklist during the first two weeks on the job; once completed, both supervisor and employee sign the checklist. It then becomes part of the employee's Human Resources training file.

Business Case Impact

This process had a dramatic impact on staff retention, with 100 percent retention rate in Customer Service and 80 percent in MR/DD. Staff appreciation luncheons were held in June and July 2006. An August 2006 survey showed that response to this strategy was very positive. According to KRCC Change Leader Robert Jackson, "Almost 40 percent of KRCC staff has participated in a Change Exercise, and we're expecting to make that 100 percent. Process improvement is part of the way we run our organization now."

Lessons Learned

Kentucky River Community Care has made process improvement a part of its organizational culture, extending from service delivery to workforce development. In fact, every KRCC job description now includes participation in process improvement activities as a primary responsibility for each employee.

NRI Community Services

Woonsocket, Rhode Island
www.nricommunityservices.org

NRI Community Services (NRICS) is a 40-year-old, CARF-accredited, progressive, community-based social service agency that offers 24-hour emergency services, both independent and integrated mental health and substance abuse treatment services; residential co-occurring treatment services (known as Wilson House); violence intervention and prevention services; employment and housing programs; alternative schools for children and adolescents with special needs; elder case management services; specialized consultation to nursing homes; visiting nurse organizations and elder housing authorities; human service staffing services; and Technical Assistance Consultation & Training Services (TACTS).

Project Aim	Increase Admissions
Change Leader / Executive Sponsor	Michelle Taylor

Goals & Measures

Two circumstances influenced NRICS' decision to address admissions within outpatient services. In Fall 2004, the Rhode Island Department of Mental Health Retardation and Hospitals' Division of Behavioral Healthcare (DBH) reallocated funds for its substance abuse services. Subsequently, NRICS decided to centralize its substance abuse services at its main offices in Woonsocket, resulting in the closing of a satellite site in Providence. In addition to the reallocation of funding, DBH issued new licensing standards that fostered the expansion of co-occurring services throughout the state. This facilitated the agency's long-standing goal of creating integrated co-occurring services. National statistics suggest that approximately four million adults in 2002 had co-occurring mental health and substance abuse disorders. At NRICS, as many as 50 percent of clients with severe and persistent mental illness also have a substance abuse diagnosis. Due in part to the fragmentation of the system of care, approximately half of the individuals with co-occurring disorders do not receive treatment for either disorder. Individuals with co-occurring disorders are at greater risk for a wide array of difficulties including increased number of emergency room visits, involvement with the criminal justice system, and even death. NRICS considers it a moral imperative to ensure that the individuals it serves have access to the full array of services needed to help them achieve recovery.

Project staff conducted two walk-through exercises, which identified barriers such as arduous paperwork, intrusive questions, and lack of engagement during the first session due to the focus on completing the paperwork. While the goal of the initial assessment is to conduct a comprehensive understanding of the client's strengths and needs, it became apparent as a result of the walk-through that the impact on the client was to overwhelm and potentially alienate him or her as a consequence of the sheer volume and breadth of the information collected. This was the most surprising finding.

Changes Implemented

A significant challenge facing NRICS at the start of the grant was fragmentation of the intake process, with several phone numbers in place for intake of clients into various programs. In April 2005, the Emergency Services Team helped implement a centralized intake process. This resulted in the creation of a single intake line, making it easier for individuals and referral

sources to access the full array of services. With an emphasis on identifying individuals with co-occurring diagnoses, staff then conducted a comprehensive review of the paperwork. They modified screening, assessment, and treatment plan forms to ensure that co-occurring issues would be both identified and addressed. In addition, individuals licensed in chemical dependency provided staff supervision.

Business Case Impact

1. Bottom Line Impact: Increased admissions due to these changes led to an increase of 135 percent in outpatient revenue.

Outpatient Services Revenue FY04 - FY06
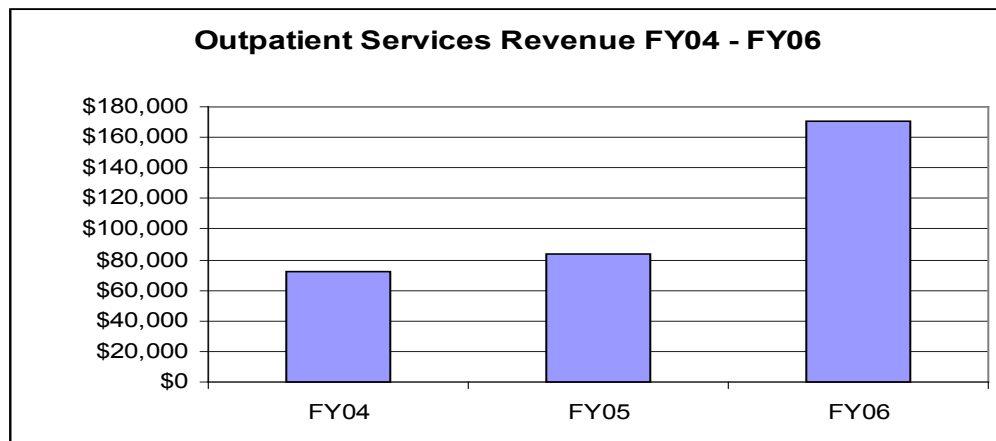
2. Marketability/Competitive Advantage: Emphasizing integrated co-occurring services has improved access for clients, eliminating the fragmentation of services that individuals with these disorders typically face. NRICS is building a reputation for being a leader in the delivery of co-occurring services, increasing the number of referrals to the agency.
3. Staff Retention/Workforce Development: By far the greatest challenge has been building a competent workforce. The barriers include: Rhode Island offers no licensure for integrated mental health and substance abuse treatment; obtaining dual licensure is a lengthy, time-consuming, expensive process that is exacerbated by the high turnover rate among staff; the disparity in compensation makes training and licensure as a mental health counselor a more attractive option than obtaining a substance abuse counselor license. At NRICS, Outpatient Services has typically been staffed by fee-for-service clinicians who are compensated only for direct service. Thus, involving these staff in training and performance improvement activities has been a challenge. NRICS has addressed these challenges by relying more on full-time staff in Outpatient Services and by developing a 42-week internal co-occurring supervision curriculum. Their goal is to continue to advocate with the state to implement a similar model statewide. Regardless of the state's choice to adopt such a program, NRICS is committed to offering a stipend to staff who complete the supervision program.

Lessons Learned
Maintaining changes over time demands the commitment of the entire organization to the process. Monitoring the business case can be a tremendously powerful tool in reinforcing the value of the changes that have been made, as well as providing a means for ensuring that the project remains on course.

Perinatal Treatment Services

Seattle, Washington
www.ptswa.org

Perinatal Treatment Services (PTS) is a residential and outpatient substance abuse treatment program for pregnant and parenting women (PPW) and adolescent females. The long-term PPW residential program is designed for women at or below the poverty level who suffer from addiction, often have mental health issues, have experienced domestic violence, and are in need of parenting education and skill support. The women and their children (under the age of six years) stay with us for up to 180 days.

Project Aim	Increase continuation
Change Leader / Executive Sponsor	Kay Seim

Goals & Measures

PTS joined NIATx in September of 2003 in a state of crisis. Its long-term residential treatment program for pregnant and parenting women was only four months into the fiscal year, with a net loss of $140,000, a 60 percent continuation rate through the first four units of service, and occupancy rates below 50 percent. Kay Seim, the Executive Sponsor of Perinatal Treatment Services, engaged in a walk-through exercise to experience the treatment process through the eyes of the customer.

The walk-through of the admission process revealed that it was extremely impersonal. It was conducted in a public area, was far too long, and was interrupted several times to deal with other client issues. The client was shown to a room that was not ready, and left there with no further directions on what to expect from that point forward.

Changes Implemented

Based on the results of the walk-through exercise, PTS formed a rapid-cycle Change Team to improve the customer experience, then implemented the following changes:

- Greeting clients by name and stating "We are so glad you are here" when they enter the reception area
- Establishing a private admission office
- Offering refreshments during the admission process
- Having the Program Manager and Primary Counselor introducing themselves to new client, during the admissions process
- Introducing a "Peer Sister" program to mentor new clients through orientation to program
- Calling a "Community Meeting," introducing new clients to all the residents, and giving them "Bravery Awards" for entering treatment

Business Case Impact

The Change Team was able to implement changes that led to an improvement from 60 percent to 85 percent continuation through the first four units of service. Now, occupancy is near 100 percent. Best of all, the link between continuation rates and revenues means that the program has improved from average monthly revenues of $60,000 in 2002 to more than $100,000 in FY06. The program is now squarely "in the black."

PTS Seattle: Revenue and Occupancy Rate
(Grant began September 2003)

Legend:
- Monthly Revenue (Thousand US $)
- Monthly Occupancy Rates (%)
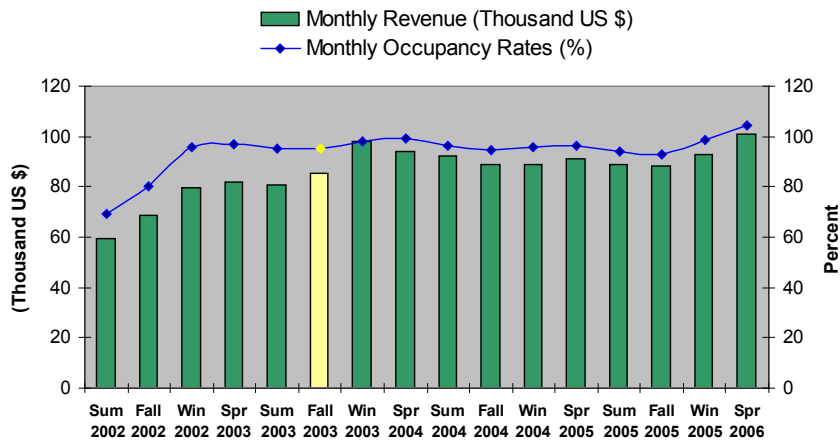
Lessons Learned

Experiencing treatment through the eyes of the customer is crucial. Improving the customer experience yields greater engagement in treatment, with concomitant increases in revenue. The changes made in this project mean that more women are getting the help they need, and the organization is operating with a consistently positive margin. Everyone is happy!

Prairie Ridge Addiction Treatment Services

Mason City, Iowa
www.prairieridge.net

The mission of Prairie Ridge Addiction Treatment Services is to reduce the impact of alcohol and other drug use on the affected individuals, families, and communities of Northern Iowa. Their ASAM Level I program provides nearly 2,500 individual assessments annually. Over the past four years, requests for assessments have increased 15 percent annually, fueled largely by the state's methamphetamine crisis. Prairie Ridge provides adult services at ASAM Levels I, II.1, and III.5, and adolescent services at Levels I and II.1.

Project Aim	Increase Admissions
Change Leader / Executive Sponsor	Jay Hansen

Goals & Measures

Prairie Ridge has historically received a majority of its revenue through the Substance Abuse Prevention and Treatment (SAPT) Block Grant, a capitation contract of 1,100 clients. With no increases in state or federal appropriations for eight consecutive years, the agency averaged 42 percent over-utilization of block grant funds between 2000–2005, resulting in up to $462,000 of annual un-reimbursed care. Costs continued to rise steadily due to annual salary increases, higher energy costs, and increased costs for food and supplies. How was Prairie Ridge going to keep afloat with the main funding source flat?

Changes Implemented

Prairie Ridge had traditionally viewed increased admissions as increased risk. Beginning in 2005, Prairie Ridge set out to remedy their funding deficit by targeting increased admissions in the 40 percent of their business that was fee-for-service. The organization's Accounts Supervisor was a member of the original NIATx Change Team. She put small Change Teams together within her department to increase collections of third party, Medicaid, and client-fee receipts using PDSA Cycles.

Business Case Impact

The project, known internally as "The 40 Percent Solution," has made dramatic bottom-line improvements, with increases in fee-for-service revenues (third party, Medicaid, and client-fee receipts) from $627,193 in FY04 to $1,008,367 in FY06.

Growth in fee-for-service revenue
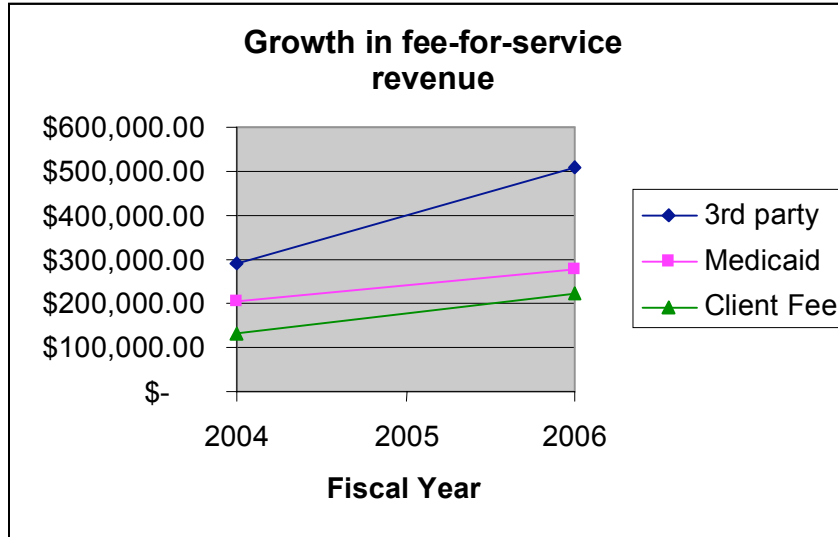
How did Prairie Ridge handle all these new admissions? They found extra capacity by driving out operational inefficiency. Outpatient direct service rates have gone from 40 percent pre-NIATx to 53 percent post-NIATx, an effective increase of 3.12 new FTEs.

Lessons Learned
There is a business case for process improvement, even in a capitation environment. Increasing admissions usually affects some part of your payer mix and translates into bottom line results. Using process improvement allows an organization to do more with the same resources.

Prairie Ridge has enjoyed further benefits beyond the bottom line. Since adopting NIATx process improvement principles, the agency has lost only two counselors, well below the average turnover rate in the field. Counselors were surveyed to understand why they've stayed, and identified things such as being on the cutting edge and dedication to a client-centered culture as important factors in their commitment to the organization. Improved workforce stability has been an extremely valuable by-product of the organization's commitment to a process improvement culture.

Southwest Florida Addiction Services
Fort Myers, FL
www.swfas.org

Southwest Florida Addiction Services (SWFAS) provides substance abuse services at all levels of intensity, including prevention, assessment, intervention, outpatient, day, and residential treatment to individuals of all ages; detoxification, halfway house, and permanent supportive housing to adults; domestic violence intervention program for adolescents; HIV/AIDS/STD testing and counseling; and an Employee Assistance Program.

Project Aim	Reduce Waiting Time
Change Leader / Executive Sponsor	Chrissy DeWerff

Goals & Measures
The goal of the project was to reduce the time Adult Outpatient patients wait for an assessment appointment from approximately five weeks to two business days. There are two different measures for the two target populations served by this program. The first measure is the number of days until the next available court-related assessment appointment, which is tracked once per week. The second measure, for self-referrals and Department of Children and Families (DCF) referrals, is the number of walk-in assessments completed per week. Previously, about four patients were assessed each week. Staff set a stretch goal to perform 21 assessments per week.

Changes Implemented
For court-related patients, the changes involved clinician productivity and the time until the next available assessment appointment. We implemented a new productivity goal for clinicians and monitored face-to-face productivity. If the time until the next available appointment rose above two business days, then clinicians were required to add more assessment appointment slots to the appointment book. Clinician productivity was monitored by the Program Director to ensure that staff were making enough appointment times available.

For the other target population, the staff implemented walk-in assessment appointments for self-referred and DCF-referred patients, as these patients had the lowest show rate by far. Change cycles included providing more reliable backup to the clinician primarily responsible for walk-in assessments, as well as adding and deleting additional walk-in times.

Business Case Impact
The impact of these changes positively affected SWFAS's assessment numbers, patient numbers, and accounting numbers.

- The number of assessments provided increased from an average of 108.4 per month in FY04 (the year before it received the Paths to Recovery Grant and implemented process improvement activities) to an average of 132.2 in FY06. This represents a 22 percent increase.
- The number of patients in treatment increased from an average of 271.4 in FY04 to 359.7 per month in FY06—a 33 percent increase. This patient increase required that we add more staff, while the increase in revenues meant that we could afford to do so. Additionally, this increase in capacity has helped us respond to a new referral/

funding source called Access to Recovery, a faith-based program through the federal government that resulted in $23,471 revenue in FY06.

- All of these have added up to an increase of $23,488 in net profits. In FY06, for the first time in over three years, the SWFAS Adult OP program operated at a profit.

Adult OP Profit/Loss
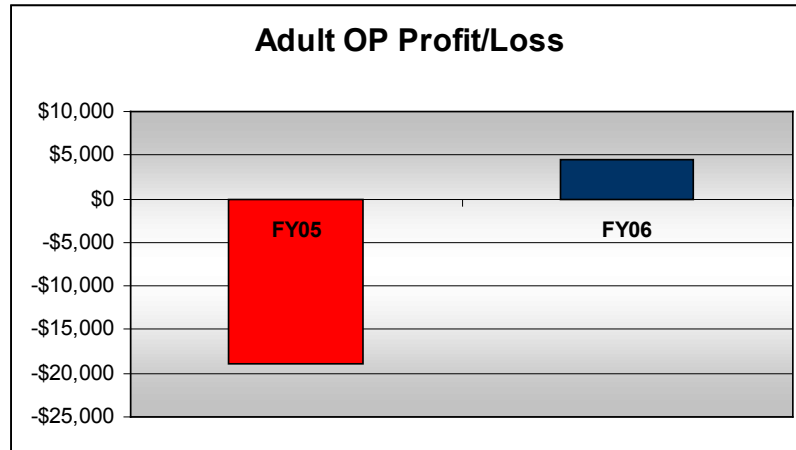
Lessons Learned

The SWFAS receptionist who schedules patient appointments collects the timeliness data. When the time between first contact and first appointment begins to rise, she notifies clinicians to make more appointment slots available. The lesson learned is that assigning the responsibility for collecting data to staff directly involved in the process helps sustain the changes.

STEPS at Liberty Center
Wooster, Ohio
www.stepsatlibertycenter.org

STEPS at Liberty Center is a private, non-profit organization dedicated to the prevention and treatment of substance abuse. In operation since 1974, it is the largest such organization in the surrounding counties, providing a full continuum of care for substance abusers and their families.

Project Aims	Increase Admissions
Change Leader / Executive Sponsor	Lara Ginsburg

Background
STEPS and a nearby organization called Every Woman's House shared administrative positions to reduce overhead costs and to allow both organizations to allocate more funds toward direct services. Even with these shared positions, it became apparent that both agencies needed more administrative help. Several employees met and came up with an Administrative Support Proposal that would allow both agencies to reorganize work among administrative staff and streamline some processes without having to add positions. In addition, STEPS performed several walk-throughs and learned the following:

- When clients entered the building, there was no one at the desk to greet and direct them.
- Clients were not getting billing information until a month or two into treatment.
- Clients were not paying their portion of the bill because no one was asking for payment (current collection rate was 22 percent even though STEPS was budgeting 50 percent).
- Appointment reminder phone calls were not always made.
- Support staff were "stretched" and unable to do their jobs.
- Callers were placed on hold several times before getting answers.
- Filing was not getting done on a timely basis.
- There were client confidentiality concerns at the support staff front desk, which is in a public area.

Goals & Measures
The goal of the Administrative Support Proposal was to make STEPS' current systems more efficient. The proposal was to achieve the following:

- Save both organizations from adding staff
- Increase admissions
- Increase client self-payment fees collection
- Make support staff available for all departments
- Improve the process, not the people
- Retain happy clients
- Retain happy staff

Changes Implemented
STEPS began by developing a workflow process without looking at staff personalities, talents, or skills. In addition, the provider studied the results from the walk-through exercises and the client satisfaction surveys. Throughout the whole planning process, STEPS staff kept their goals in

mind. The agency also kept the Executive Director abreast of the plan, so that staff could obtain "buy-in" as they were working on it. In addition, STEPS:

- Took five support staff from the two companies, combined them to create two Intake Coordinator positions, two support staff, and one Customer Service Representative.
- Did not add any staff and did not incur any additional costs for the agencies.

Prior to making the change, STEPS:

- Developed a plan and created visuals.
- Interviewed key staff to get feedback on the potential changes.
- Selected the Executive Director to explain the PDSA Cycle to support staff and inform them that the provider will try it, test it, tweak it, and perform a full evaluation in 90 days.
- Described the change and its possible effects and benefits in an all-staff e-mail.
- Met with individual departments to address any concerns.
- Prepared for physical plant changes and backup plans, since we were physically moving support staff.

In order to make the change, STEPS:

- Physically relocated employees to their new work stations.
- Greeted clients the first two weeks with info sheets and candy at the front door.
- Implemented 'just-in-time learning'; we did not take the time to try and cross-train prior to the implementation and took the approach that we would train as needs arose.
- Scheduled weekly meetings to address issues/obstacles.
- E-mailed staff with updates to keep them abreast of the changes.

Business Case Impact

- In month one, March 2005, STEPS' client self-payment fees increased from 22 to 92 percent.
- Support staff indicated they had capacity, and the provider was able to reduce their hours by 20 hours a week at their choice!
- Filing was completed daily, and more accurately.
- Callers were placed on hold less frequently.
- Intake coordinators had time to "pre-qualify" insurance eligibility prior to first appointment.
- Eighteen months later, we are still collecting client self-payment fees at 90 percent .
- For 2004–05, the total loss was $61,224.98. For 2005–06, the total loss was $9,146.48.

NIATx
The Network for the Improvement of Addiction Treatment

Founded in 2003, the Network for the Improvement of Addiction Treatment (NIATx) works with addiction treatment and behavioral health care organizations across the country to improve access to and retention in treatment for the millions of Americans seeking help with substance abuse or mental health issues. As a learning collaborative within the University of Wisconsin–Madison's Center for Health Enhancement Systems Studies, NIATx promotes peer networking and provides research, case studies, and innovative tools that encourage use of its process improvement model. This model is quality-driven, customer-centered, and outcome-focused, and it has proven effective in transforming members' business practices and the quality of care their clients receive. All NIATx initiatives are related to its four aims: reduce waiting times; reduce no-shows; increase admissions; and increase continuation. Learn more at www.niatx.net.

NIATx–A National Movement

- Paths to Recovery
- Strengthening Treatment Access and Retention (STAR)
- State Pilot Project
- Self-Initiated Members
- Strengthening Treatment Access and Retention-State Implementation (STAR-SI)
- Advancing Recovery
- NIATx 200