



**Hello from  
South Carolina,  
The  
Palmetto State**

# SSA Change Team

- SSA: W. Lee Catoe
- Change Leader: *George Crosland*
- Program Coordinator: *Carl Kraeff*
- Members: Frankie Long (CLA), *Carol Hammond*, Harry Prim (CLA), Jim Maxwell, *James Wilson* and *Hannah Bonsu* (CLA)
- Peer Mentor: *Cheryl Long*
- Coaches: *Ken Farbstein* and *Jay Ford*
- Support: *Lillian Roberson*, Jimmy Mount, Carmen Tate, Lachelle Frederick

# First-Phase Providers

- Starting October 2007:
  - ❖ Aiken Center for Alcohol and Other Drug Services
  - ❖ The Phoenix Center (Greenville County)
  - ❖ Spartanburg Alcohol and Drug Abuse Commission
  - ❖ Keystone Substance Abuse Services (York County)
  - ❖ Georgetown County Alcohol and Drug Abuse Commission
  - ❖ Axis I Center of Barnwell
  - ❖ LRADAC: The Behavioral Health Center of the Midlands (Lexington and Richland Counties)
- Starting March 2007:
  - ❖ Colleton County Commission on Alcohol and Drug Abuse

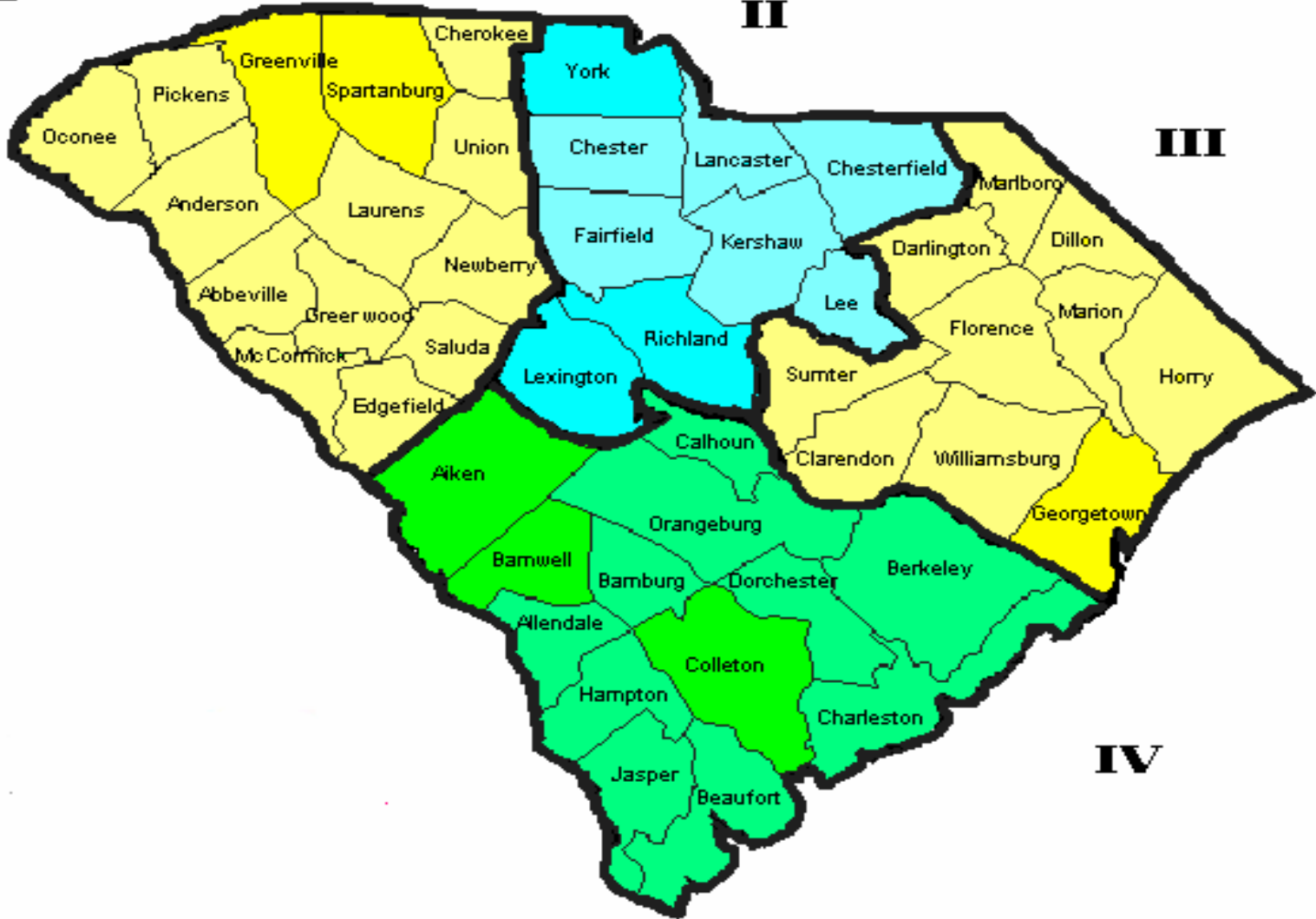
# Phase I Providers by Region

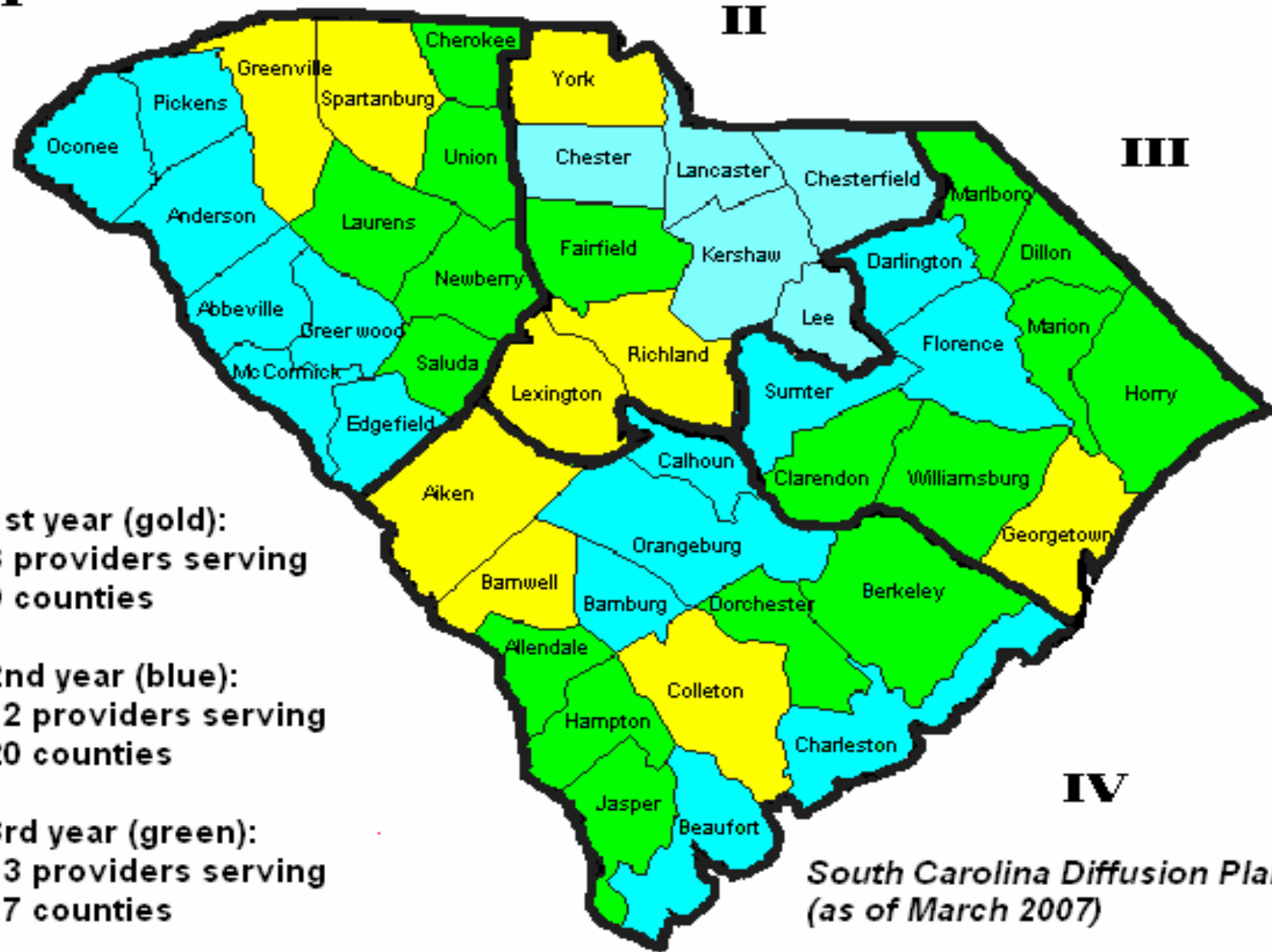
**I**

**II**

**III**

**IV**



**I****II****III****IV**

**1st year (gold):**  
**8 providers serving**  
**9 counties**

**2nd year (blue):**  
**12 providers serving**  
**20 counties**

**3rd year (green):**  
**13 providers serving**  
**17 counties**

*South Carolina Diffusion Plan  
 (as of March 2007)*

# Core Characteristics of the Project

- Strong SSA involvement and provider buy-in
- Early adopters who have experience in strategic planning and CQI
- A knowledgeable and dedicated Peer Mentor (Cheryl Long)
- Cross-functional team approach at the SSA level
- Established provider support and collaboration network
- Two diffusion strategies:
  - ❖ "Success breeds success"
  - ❖ Pattern of institutionalizing statewide changes

# SSA Involvement

In Director Catoe's Own Words:

- I remain committed to providing active leadership and support, to include personally engaging in the NIATx process-improvement program, and removing barriers as the SSA Director, Governor's Cabinet member, and Chairman of the Governor's Council on Substance Abuse Prevention and Treatment.
- I will continue to dedicate a large portion of my staff to our STAR SI project leadership.
- I will do all I can to make sure that our providers are ready, capable and committed to the highest possible quality of care and to continuous quality improvement.
- Our overall objective is unchanged: We must improve access and, through increased retention, produce better outcomes, including clients whose quality of life has improved, making them more productive at school or at work.

# State-Level Changes

- Asked providers to identify state-level barriers
  - ❖ Number-one barrier: Excessive paperwork
  - ❖ NOTE: South Carolina has a Uniform Clinical Records system.
- The State Change Team conducted walkthroughs at local providers.
  - ❖ Main problems: Excessive paperwork, length of intake process, and lack of client engagement during intake
- Under the direction of the Change Leader and guidance of the NIATx coaches, the Change Team split into three smaller teams to address identified problems.
- To support and sustain state-level PI, DAODAS sent three Change Team members to the Change Leader Academy.



# SSA Road Map Highlights

## 1. Identify problem important to management

Input from Phase One providers and from DAODAS Change Team walkthroughs indicates excessive paperwork at intake to be a major barrier to access and retention. Too much paperwork may unnecessarily lengthen the intake process and "turn off" the client, thus contributing to "no-shows" for assessment appointments or, if intake and assessments are combined, to continuation rates.

## 2. Target Objective

- Short Term: Reduce intake paperwork by at least 33% (from 6 forms to 4 forms)
- Intermediate: Reduce duration of intake by at least 20%
- Long Term (diffusion):
  - (1) Reduce no-shows for assessments by 25% -separate intakes and assessments.
  - (2) Increase continuation rate by at least 25% - combined intakes and assessments.
  - (3) Increase number of admissions by at least 2.5%.

# SSA Road Map Highlights (cont.)

## 5. Instructions for the Change Team:

Director Catoe would like the DAODAS UCR Committee to minimize all paperwork, while keeping in mind all CFR 42, HIPAA and CARF requirements. First priority will be to eliminate excessive paperwork during intake. We would like the UCR Committee to effect changes among the Phase One participants at first and, after reaching short-term, intermediate and long-term objectives, to diffuse the change across the entire provider network.

## 7. What possible changes might help achieve the objective?

Cycle 1-A. Combine forms – short term

Cycle 1-D. Electronic records

Cycle 1-E. Telephonic collection of partial intake data

Cycle 1-F. Waiver to allow providers to deviate from normal timelines in completing selected forms

Cycle 1G. Enhance front-line staff's abilities to engage clients

# State-Level Change Projects

1. January 2007 waiver to allow providers to experiment with the timing of paperwork during the intake process
  - ❖ Change Leader: George Crosland
  - ❖ One cycle, primarily to demonstrate SSA flexibility
2. Training of front-line staff in motivational interviewing to enhance client engagement
  - ❖ Change Leader: Hannah Bonsu
  - ❖ First cycle unsuccessful (Feb-Mar); second cycle ongoing
3. Reducing intake paperwork and duration
  - ❖ Change Leader: James Wilson
  - ❖ First cycle started April 2007 by fielding two forms that take the place of six separate forms (67% reduction)

# Provider-Level Change Projects

- To date, the initial seven providers have conducted:
  - ❖ 14 change projects, with
  - ❖ 20 PDSA cycles, of which 11 were completed.
  
- All of the change projects followed the NIATx principles of working on what keeps the boss awake and putting yourselves in the client's shoes (walkthroughs).
  - ❖ Most of the changes are addressing the initial contact-to-assessment phase of treatment.
  - ❖ Improving access will result in improved retention (and vice versa) – especially because South Carolina providers are networked to one another.