

## **New York Strengthening Treatment Access and Retention-State Implementation: Creating a Process Improvement Learning Collaborative**

The first breakthrough performance we call a “WOW” moment in STAR-SI occurred in March 2007 during our second monthly conference call with Year I providers. All of our groups had been introduced to NIATx methods at a recent Kick-Off session and were in the process of establishing change teams and launching projects. Marty Gaffney, Executive Sponsor of the change team at Elmhurst Hospital Medical Center/ NYC Health and Hospitals Corporation, reported that time between assessment and admissions had been cut from 13 to 9 days at their clinic as a result of retraining administrative staff on setting up appointments. There was real excitement on the call and many congratulations for Marty and his team. Elmhurst Hospital’s success increased interest in testing the NIATx approach across the other agencies. Notably, Elmhurst has maintained a reduction of five days on this measure for over 24 months. The power of this simple change continues to inspire STAR-SI participants as well as programs just learning about NIATx in New York.

STAR-SI is a three-year implementation grant awarded to the New York State Office of Alcoholism and Substance Abuse Services (OASAS) in 2006 by the Robert Wood Johnson Foundation. The grant enabled OASAS to increase the organizational capacity of addiction treatment providers to use NIATx process improvement methods to improve client access and retention in addiction treatment. STAR-SI also helped the state identify strategies to better support these efforts through related system changes.

A collaborative spirit emerged early among NY participants that characterized work throughout the grant. On monthly calls and at learning sessions, providers problem solve with each other, borrow ideas that have application in their own sites and celebrate successes that they have watched develop over time. Providers do not receive stipends to participate, but they do receive help in using process improvement methods, in collecting and interpreting data, and in applying rapid-cycle changes in ways that benefit clients and strengthen their organizations. Most will say the “unintended outcomes” of participating, such as higher staff morale, increased revenues, and a culture that is more open to change, are as important as their original objectives of improving client access and retention.

OASAS has nurtured this culture. Throughout the project, executive and senior leaders and managers within the OASAS demonstrated commitment to STAR-SI, serving on the grant’s project management team, attending learning sessions and authorizing new resources for the program. The State Change Team included a Project Director, Bonnie Primus Cohen, whose job was dedicated to STAR-SI. Her leadership, an essential component of success, enabled OASAS to maintain a continuous presence with participants, develop activities responsive to varying levels of provider proficiency with NIATx, and enlist state resources to support this grant.

State efforts guided development of the group but also provided for specific individualized attention to help agencies deal with specific challenges, e.g., changes in agency leadership, data accuracy, or building agency support for expansion of programs.

OASAS developed a *staged process* for engaging providers in use of NIATx methods and incorporating process improvement within their agency practices. This includes:

- **A formal, *competitive* application process**  
Potential participants were first invited by OASAS to a briefing to learn about NIATx and the benefits and expectations for STAR-SI providers. Written applications helped OASAS to assess provider interest in improving quality of services and “readiness” for addressing challenges facing their programs.
- **Assistance in use of a comprehensive data system to assess the impact of change projects**  
OASAS created a comprehensive data collection and reporting system (the first of its kind in NY) to support provider monitoring of change projects. Executive sponsors, change team leaders, and data coordinators all participated in early data calls and trainings. Team participation in learning about the range of information to be collected and the types of “real time” reports that can be generated reinforced allocation of resources to support collection of baseline and on-going encounter data. Having multiple teams participate in these early meetings reinforced that NIATx process improvement requires group effort, and demonstrates that other agencies support this investment of staff time.

Providers have different “data” support needs. OASAS technical assistance includes encouraging data discussions across groups to share strategies developed by state and providers to address common problems.

OASAS required collection of baseline data to inform the development of change teams and the selection of projects.

- **Staged training on process improvement methods and organizational change at strategically timed Learning Collaboratives.**  
New STAR-SI providers attended Kick Off sessions. These sessions give providers a fun taste of conducting a Plan-Do-Study-Act Cycle. Executive Sponsors made short presentations on their first change projects, reinforcing the involvement of senior staff in STAR-SI. Participants shared results from clinic walk-through assessments, discussed team building and interpreting data and began selection of change projects.

A follow-up learning collaborative was scheduled within three months following the kick-off session. At these sessions, providers shared hurdles in getting projects started, offered feedback to peers to help them surmount challenges and learn process improvement skills. All the learning session activities contributed to the providers’ investment in NIATx.

More experienced STAR-SI providers attended semi-annual learning collaboratives. These sessions promoted process improvement skill building, but also focused on incorporating and advocating PI methods within provider

agencies to improve treatment services. Each learning collaborative included opportunities for:

Provider presentations: Providers shared experiences that help others tackle similar challenges, e.g. revamping intake processes, introducing client “orientation” programs to promote retention, and/or developing “client inspired” workshops and services. Participants created and displayed storyboards to highlight current change activities.

Opportunities for peer problem-solving: “Rapid-fire cafes” are a favorite learning collaborative activity. In small groups, teams share challenges experienced in conducting change projects and get feedback from peers on ways to address them. Participants meet with others who have common roles, e.g., at a table reserved for “change team leaders” at lunch or at a session workshop, e.g., a meeting of Executive Sponsors and state staff to discuss system wide barriers to client access and retention.

Expert speakers: New York challenged thinking among STAR-SI providers in interesting ways related to a “theme” established for each learning session. Topics past speakers have addressed include “Using PI to Transform Agency Culture,” “Integrating Cultural Competence into Service Delivery,” and “Recovery-Oriented Systems of Care.”

Use of evidence-based practices (EBPs): As OASAS recognized providers’ growing comfort with “change,” evidence-based practices and other clinical research in the field became a focus for group discussion and skill development. Some of our providers volunteered to work on additional related OASAS projects.

- **Involving partners in planning activities to support provider use of PI**  
A STAR-SI advisory committee was established in 2008 that included Year I and II providers, OASAS Field Office staff, the Alcoholism and Substance Abuse Providers of NYS, Inc. (ASAP), peer mentors, our NIATx coach and the state STAR-SI Director. This group planned subsequent learning collaboratives as well as other events to encourage statewide statewide use of NIATx methods. They also provided important insights that helped strengthen our collective.

New York’s “community of practice” greatly benefited from having individuals who are committed to use of NIATx process improvement methods involved in our grant. This includes state Central Office and Field Office staff, our terrific NIATx coach, Tom Zastowny, Ph.D., and peer mentors who had participated in previous NIATx projects in their own agencies. Representatives from counties where STAR-SI providers are located in New York City and Long Island supported our work and their interest further demonstrated to participants that they had embarked on an important journey. ASAP also partnered with us,

providing opportunities to share our results with other treatment programs across New York State.

STAR-SI helped promote increased client access and retention in outpatient programs. It also helped us to cement and expand relationships between the state and participants based on a common commitment to quality treatment.