

New York Strengthening Treatment Access and Retention-State Implementation Sustainability and Spread

The New York State Office of Alcoholism and Substance Abuse Treatment (OASAS) was interested in identifying tools to promote quality throughout our state system and help change behavior at the clinic level when awarded our first NIATx grant in 2006. *Strengthening Treatment Access and Retention-State Implementation* (STAR-SI) focuses on increasing providers' organizational capacity to use process improvement methods (PI) to improve client access and retention, as well as on identifying strategies that can be employed by the state to better support these efforts through related system changes.

Over the course of this three-year implementation grant from the Robert Wood Johnson Foundation, eighteen providers were recruited to STAR-SI. Six new agencies joined in each year of the grant, and our collaboration with these providers achieved notable results. Within the first eight months of their respective entry into STAR-SI, Year I and II providers increased admissions by 16 percent and assessments by 36 percent. Each provider conducted change projects that improved client access (e.g., reduced no-shows or time to treatment) and/or retention responsive to challenges in their respective outpatient clinics. Just as important—we are seeing providers sustain these changes.

Collaboration, Not Competition

June Lazerus, an OASAS Field Office Program Manager in New York City who has encouraged providers to participate in STAR-SI recently noted, "What sustains people in this program is that STAR-SI is about collaboration. Providers are not competing. This is an arena where people support each other."

New York providers are not given stipends to participate. Participation in STAR-SI is voluntary. In the course of the three years only one program dropped from the program due to competing organizational demands. Some of our participants saw immediate results from change projects and bought into the PI approach quickly. Others were slower to create the infrastructure needed to support and sustain this process. What impressed us is that the journey—seeing the possibility of change and learning from peers—motivated providers to remain active.

Provider investment in PI goes beyond conducting change projects and attending learning collaboratives.

- Some providers participate in monthly STAR-SI Planning Committee meetings to plan for learning collaboratives as well as for spread of NIATx within our state's system. It was the providers who came up with the idea of holding a one-day preconference training on NIATx at the Alcoholism and Substance Abuse Providers Association of New York State annual conference in January 2009. They also took an active role in leading this session.
- Two STAR-SI Executive Sponsors became NIATx Coaches, attending the first NIATx Coaching Academy with support from CSAT. Each currently works with one outpatient clinic new to the NIATx approach. Their coaching expertise and commitment will help OASAS reach more agencies interested in learning to use PI in coming months.
- Several agencies introduced NIATx methods to other programs within their systems. For example, BASICS, Inc. routinely includes staff from other program areas, such as their residential program, on clinic change teams so that they can gain experience with the process and ultimately apply these methods in their respective areas. Executive

management at The Long Island Home/ South Oaks Hospital encouraged their Executive Sponsor to introduce NIATx methods to the hospital's inpatient program after seeing the success of access projects in the hospital's outpatient clinic. OASAS and STAR-SI providers are currently forming a group to discuss "spread" issues through monthly conference calls.

- Providers are the best ambassadors for seeding interest in NIATx. They have joined OASAS in presenting NIATx to others on statewide webinars, at recruitment briefings and in conference and county meetings. "Our role in spreading NIATx", according to Ken Corbin, Executive Sponsor at The Long Island Home/ South Oaks Hospital, "is to be a resource and motivator to other agencies. We can share our experiences and provide support."
- Providers have joined with OASAS staff at the annual NIATx Summit where their skills and camaraderie have further developed. Sharing in such learning experiences contributes to use of PI in outpatient clinics as well as to support for collective enterprises that address system change.
- Providers have lauded the data collection and reporting web module created by OASAS as a state change project. They are clear that this tool permits easy monitoring of changes over time to help assure that positive changes are sustained and to inform decisions related to clinic management. The web system also assists OASAS in evaluating trends across participating programs.

OASAS and NIATx

Since the start of STAR-SI, OASAS joined in two other NIATx initiatives, *NIATx 200* and *Whole Systems Change*. *NIATx 200* is a five-year NIDA supported randomized clinical trial to test the effectiveness and cost of four combinations of collaborative services developed for making and spreading organizational process improvements. New York is one of five states participating in this project, and we have enrolled an additional 37 New York providers since its start in 2006. While the findings have yet to be reported, OASAS has received anecdotal reports from providers regarding the significant impact PI has had on practices within their clinics. These responses have further solidified OASAS' interest in spreading NIATx to additional providers.

In fall, 2008, OASAS was one of ten states invited to learn about and test a new Whole Systems Change (WSC) model developed by NIATx through CSAT funding. The model was developed to support states' efforts to sustain and expand use of process improvement within their systems to address access and retention issues. "OASAS was interested in transforming our system to increase access across the continuum of services," according to Kathleen Caggiano-Siino, Executive Deputy Commissioner of OASAS and Executive Sponsor of the WSC project. "STAR-SI and NIATx 200 have been wonderful programs, but together they account for 12 percent of outpatient admissions to our system. The WSC project provided the opportunity to focus on access more broadly."

From March 18 to April 23, 2009, OASAS conducted six world cafes/ meetings across the state to engage stakeholders (consumers, providers, counties and state staff) in conversations about expanding access to services. This remarkable effort reached over 250 people who attended the cafes and introduced them to NIATx principles and the positive achievements of current STAR-SI providers. The WSC vision statement created with stakeholders is:

Easy, affordable and welcoming access to patient-centered addiction services for all

OASAS plans to begin three state projects to address access challenges identified in the world cafes by summer 2009. In addition, WSC has been integrated into the agency's new Communities of Solution (CoS) program developed by the OASAS Commissioner and designed to provide a county-driven framework for addiction services networks to propose and launch new ways to improve service access, quality and efficiency. Under CoS, OASAS provides each of its 62 counties administrative provider data in the form of county profiles/scorecards, as well as a menu of tools to help the counties in this process. NIATx and the STAR-QI data system are identified on this menu as available resources to assist in these efforts.

OASAS is committed to seeding interest and supporting use of PI within our addiction treatment system. The agency is seeking external funding to support continued use of PI, e.g., a technical assistance grant to further refine our data system to increase reporting tools available to providers and grants to introduce NIATx to new cohorts of providers. For example, OASAS applied for a NIDA research grant to pilot the creation of local implementation infrastructures that will transition counties into becoming purveyors of NIATx methods to help expand its uptake among providers. The grant also incorporates a new shift for OASAS, as we propose to utilize a variety of provider level system levers (clinical, regulatory, and fiscal incentives) to identify if they are effective in engaging providers to integrate NIATx. OASAS is also considering ways to support the involvement of additional providers through use of NIATx change leader trainings or by incorporating NIATx into trainings furthering use of EBPs.

OASAS is determined to reach more people in need of quality addiction treatment and related services to support their recovery. Use of NIATx methods has been demonstrated to advance this goal and, even in difficult economic times, to create openness to change among participating providers. NIATx will be among the strategies used to meet New York's goal of improving client access and retention across our system.