

Process Improvement Learning Collaborative Implementation Story

Ohio Department of Alcohol and Drug Addiction Services (ODADAS) selected the first group of STAR-SI providers based on their consistency in reporting of behavioral health (BH) data. We assumed that the department's behavioral health data module could provide the the data elements required for STAR-SI with one exception, date of first contact, which was an optional field in the BH system. (We later discovered that extracting the data was more challenging than expected.)

The top five performing agencies in BH that met the requirements for STAR-SI participation were from the northeast area of the state. Eventually two of the initial five providers dropped out due to the inability to produce the data in a timely manner. The department (ODADAS) selected two additional providers to replace the two that left. To assist with sustainability and spread, the department selected the next five providers for Year 2 from the northeast area. For Year 3, agencies were selected from four other areas of the state to facilitate diffusion.

Year 1 and Year 2 participants were trained as two groups at an all-day orientation led by Ohio's coach, Jay Ford. One STAR-SI co-coordinator, internal change leader, and fiscal liaison and regional coordinator met with each of the five Year 3 provider and board staff individually on-site for orientation.

The department has sponsored all-day quarterly peer networking meetings within four to six weeks after the end of each quarter beginning January 2007. All provider and board participants are required to send at least one representative. Over time, though, some providers and several boards did not have representation due to scheduling conflicts. In Year 3, the department held webinars for quarterly meetings to facilitate more participation in a shorter time period. The last two meetings will be fact-to-face. In addition to quarterly meetings, the department initiated one-hour monthly conference calls. Most of the providers have participated in these calls, though there has been little board representation. The STAR-SI network establishes the agenda for these optional calls.

Initially the department conducted site visits. However, to reduce time and expense, site visits were replaced with telephone conference calls to individual or small group participants for technical assistance and updates. Email was also used rather extensively. During Year 2, ODADAS added a STAR-SI page on its website, outlining the model, project participants, accomplishments, tools, and other resources. The department uses its electronic newsletter to keep the substance abuse field and other interested stakeholders, such as the provider and board associations, informed and current with regard to STAR-SI and NIATx activities, events and achievements.

During a quarterly peer networking meeting during Year 1, providers were asked to select a single measure to address. They selected state-specific measure #5: "Number of clients who receive an assessment and are admitted". (In Ohio, "admitted" for this purpose refers to the first clinical encounter other than assessment or case management. Also, "admission" refers to assessment.) Providers were to implement a change project related to this measure. Year 2 and Year 3 providers were asked to do the same. Several providers indicated there was not a need for a change project aimed at this measure since most clients moved from assessment to their first clinical encounter in treatment within the same day or two. Other providers, particularly Year 3

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providers, indicated that was not an immediate need. Of the 16 providers, ten implemented a change project for this measure, including two programs that focused on decreasing the wait time from assessment to first clinical encounter, which resulted in increasing the number of clients going into treatment. Four providers indicated this was not an issue, and two providers indicated it was not a priority. Since all of the providers and their clients are relatively different, each provider took a different approach and most providers achieved their desired outcomes.

From the beginning of STAR-SI, the department would consider to waive or issue variance for any treatment standard in order to implement and test a change project on a case-by-case basis. To date, no requests have been made.

The largest change in the Ohio payer-provider relationship since STAR-SI has been the building of a stronger infrastructure and interaction, particularly between providers and boards. Reporting requirements remain a challenge (see State Change Project Story #1). In addition, the Access and Retention Table and data repository suggest that data results do not necessarily reflect performance. Providers indicated they struggle to understand the process improvement data or do not find it useful at times, since there are many extenuating circumstances that can affect the results particularly as they related to customers. For example, with adolescent population continuation in treatment may vary based on the school year since there tends to be a decrease in continuation during vacation time. The department experienced this phenomenon with its Outcome Framework. The more the data were “rolled up,” e.g., from provider to board and from board to state, the more difficult it is to make inferences, which can result in misinterpretation of the actual results and learning and performance of the program.