

# **STAR-SI Grantee Meeting**

## **STAR-SI Role in supporting SAMHSA's Public Health Approach to Substance Use Disorders Treatment**

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**February 13, 2008**

**H. Westley Clark, M.D., J.D., M.P.H.**

**Director**

**Center for Substance Abuse Treatment**

**Substance Abuse and Mental Health Services Administration**

**U. S. Department of Health and Human Services**



*President George W. Bush*

*“...Addiction crowds out  
friendship, ambition,  
moral conviction, and  
reduces all the richness  
of life to a single  
destructive desire.*”

*January 28, 2003*



*“At SAMHSA, our mission includes helping prevention and treatment counselors, clinics, and health care providers develop ways to change their service systems to increase positive outcomes for their clients.”*

*Terry L. Cline, PhD  
Administrator*

*Substance Abuse and Mental Health Services  
Administration*

*September 2007*

# What do we mean by “Health”?

The World Health Organization defines “health” as:

*“A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”*

# What do we mean by Public Health?

*The science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations -- public and private -- communities and individuals.*

-- C.E.A. Winslow, Professor of Public Health,  
Yale School of Medicine, 1920

# Substance Abuse and Mental Health Services Administration/CSAT

## SAMHSA's Mission:

- To build resilience and facilitate recovery for people with or at risk for substance abuse and mental illness.

## Center for Substance Abuse Treatment (CSAT)

### Mission:

- To improve the health of the nation by bringing effective alcohol and drug treatment to every community.

# SAMHSA/CSAT's Public Health Approach

- Population-based
- Comprehensive and holistic
- Incorporates early intervention, treatment, recovery support, and health promotion
- Works across systems and professions
- Involves people in recovery, the community, the public and private sectors
- Evidence-based

# We Face Multiple Challenges

- Reaching those in need of services
- Providing adequate resources
- Developing culturally-appropriate, evidence-based interventions
- Building and sustaining a qualified workforce
- Integrating substance use disorder services into the public health paradigm



# A Public Health Imperative

## *Substance Misuse can:*

### Lead to:

- **Worsened medical conditions** (e.g. diabetes, hypertension) and
- **Worsened brain disorders** (e.g. depression, psychosis, anxiety & sleep disorders)
- **Unintentional injuries & violence**

### Result in:

- **Dependence**, which may require multiple treatment services
- **Low birth weight, premature deliveries, and developmental disorders, child abuse & neglect**

# **A Public Health Imperative**

## *Substance Misuse can:*

Contribute to or be associated with :

- **Homelessness**
- **Criminal justice involvement**
- **The effect and abuse of prescribed medications**
- **Unemployment**
- **Gambling**
- **Bankruptcy**
- **Legal Issues (e.g. DUI, DWI, domestic violence)**
- **Dropping out of school**

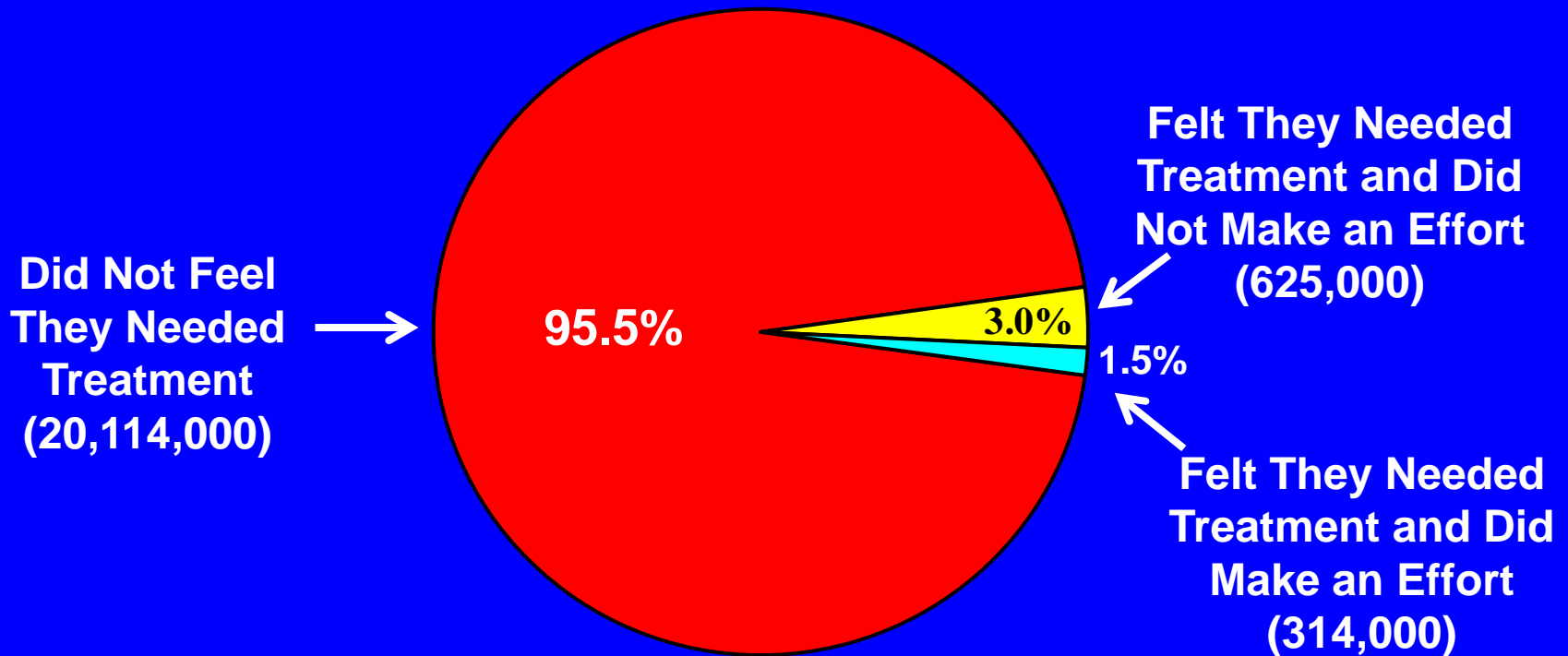
# A Public Health Imperative

## *Substance Misuse can:*

### Induce or facilitate:

- **Medical diseases** (e.g. Stroke, dementia, hypertension, cancers)
- **Acquiring Infectious diseases & infections** (e.g. HIV, Hepatitis C)
- **Suicide attempts or tendencies**

# **Past Year Perceived Need for and Effort Made to Receive Treatment among Persons Aged 12+ Needing But Not Receiving Specialty Treatment for Illicit Drug or Alcohol Use: 2006**



**21.1 Million Needing But Not Receiving  
Treatment for Illicit Drug or Alcohol Use**

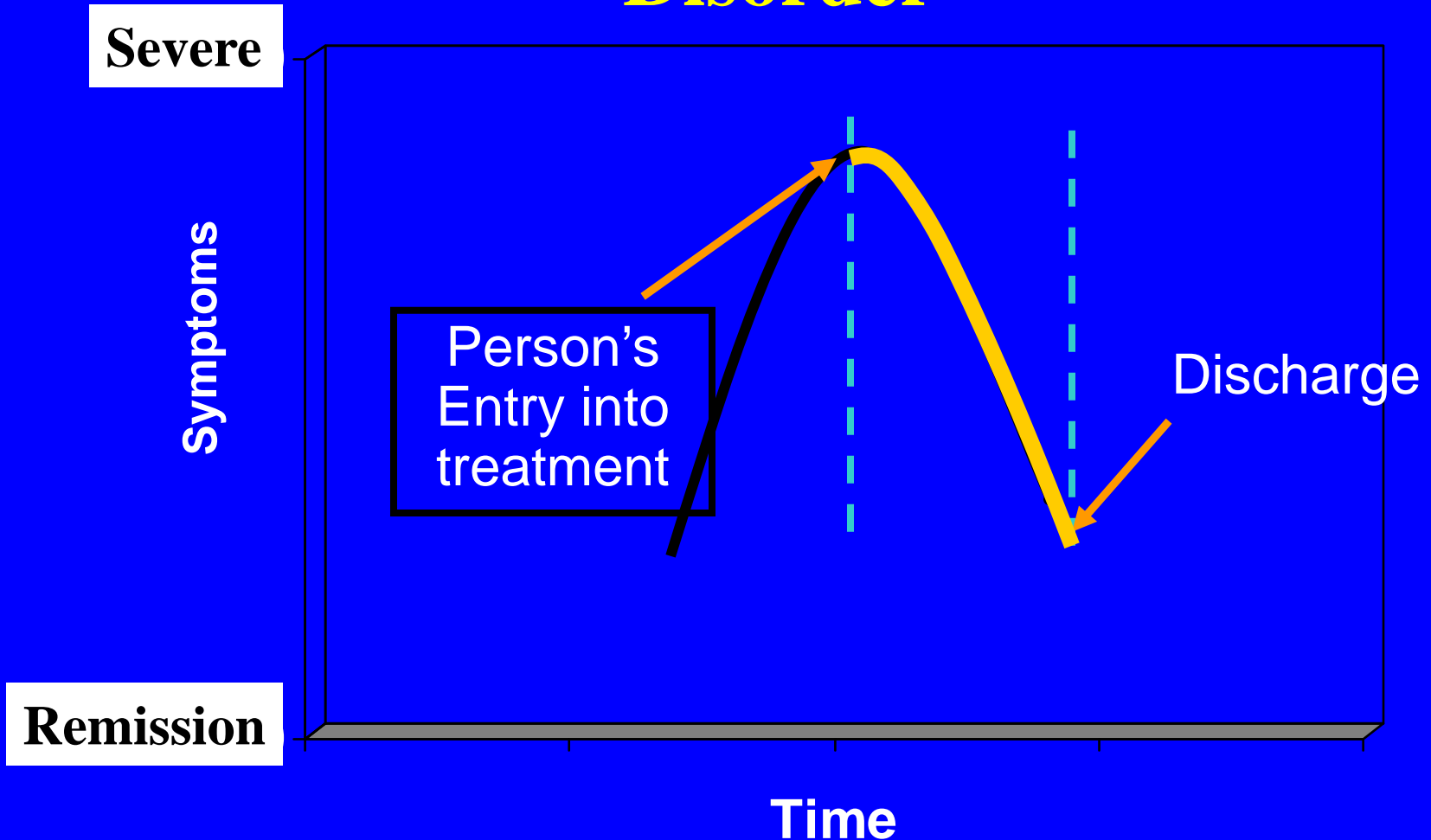


**Shifting our Paradigm to a  
Recovery-Oriented Systems of Care**

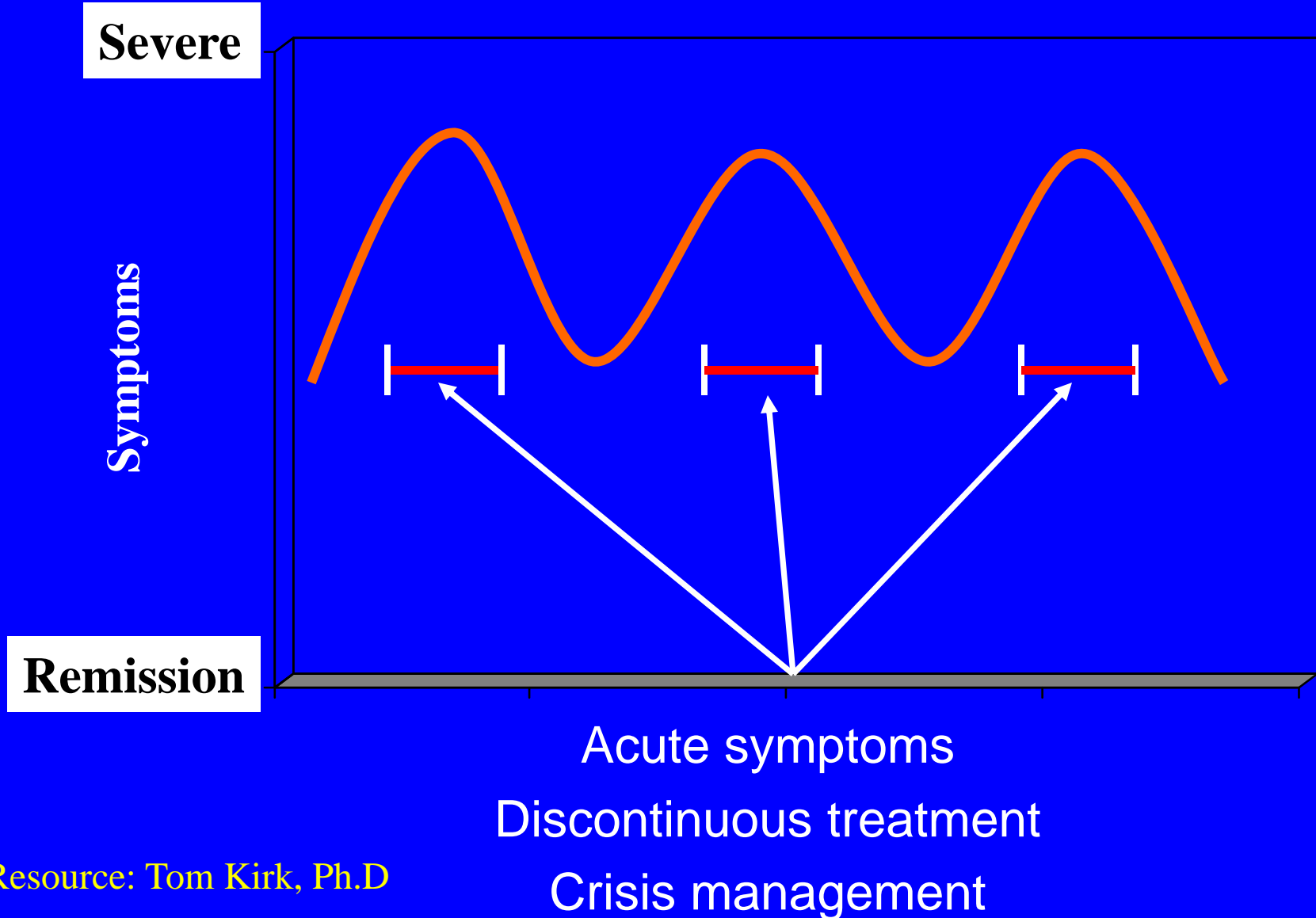
# What We Mean by “Recovery”

Recovery from alcohol and drug problems is a process of change through which an individual achieves abstinence and improved health, wellness, and quality of life.

# A Traditional Course of Treatment for a Substance Use Disorder

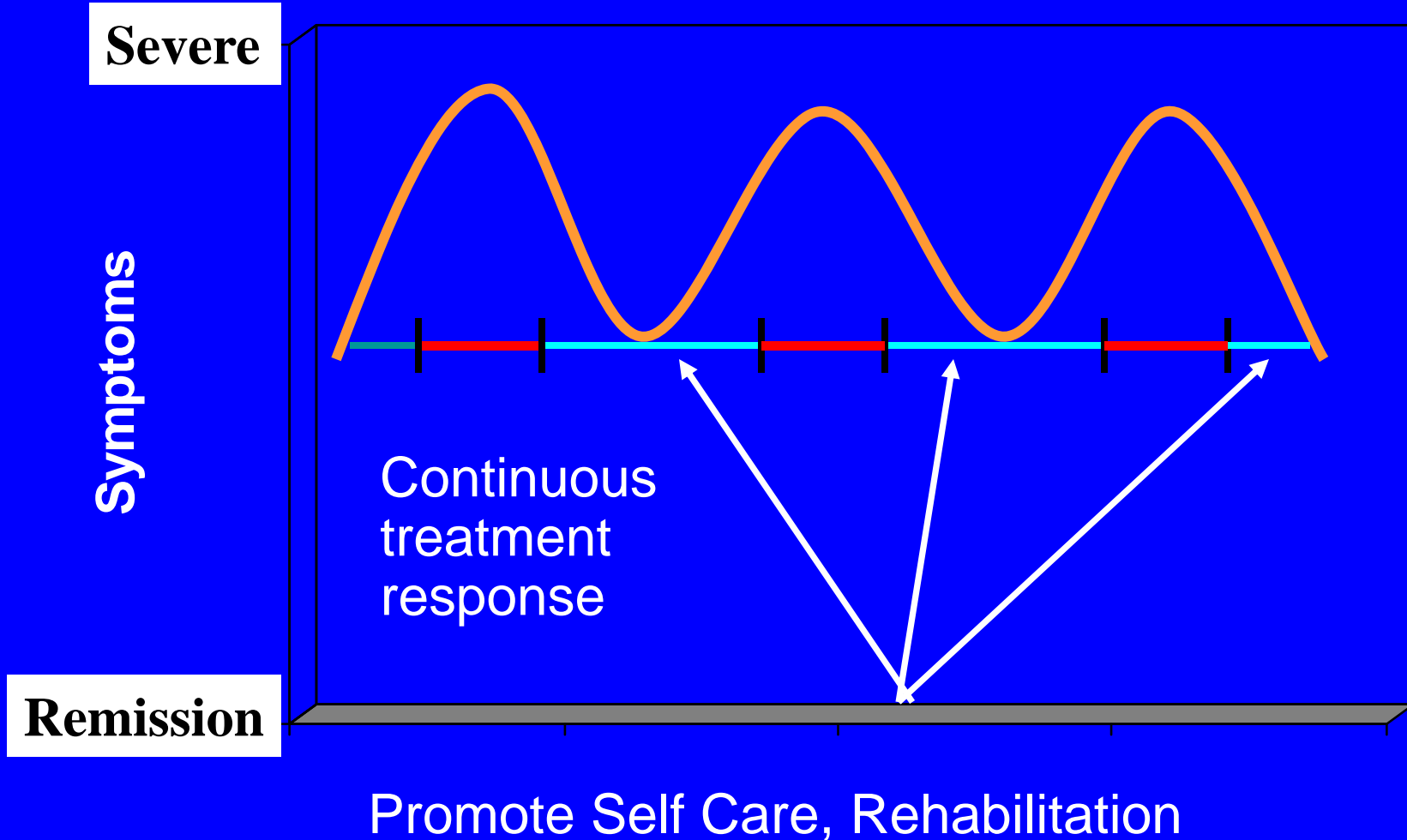


# A Traditional Service Response

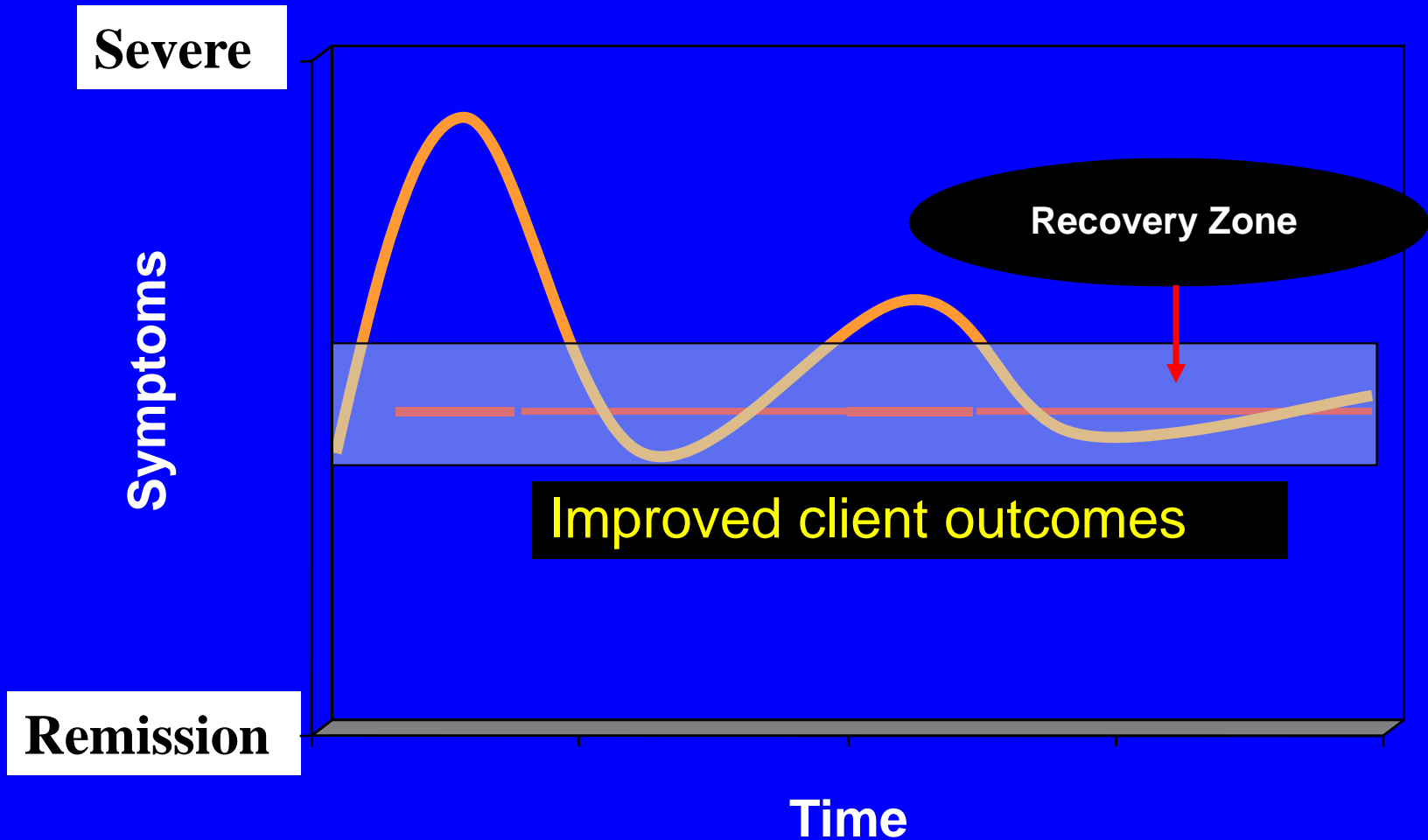




# A Recovery-Oriented Response



# Helping People Move Into A Recovery Zone



# Benefits of Moving into a Recovery Zone

- Most clients undergo 3 to 4 episodes of care before reaching a stable state of abstinence <sup>1</sup>
- Chronic care approaches, including self-management, family supports, and integrated services, improve recovery outcomes <sup>2</sup>
- Integrated and collaborative care has been shown to optimize recovery outcomes and improve cost-effectiveness <sup>3</sup>

<sup>1</sup> Dennis, Scott & Funk, 2003

<sup>2</sup> Lorig et al, 2001; Jason, Davis, Ferrari, & Bishop; 2001; Weisner et al, 2001; Friedmann et al, 2001

<sup>3</sup> Smith, Meyers, & Miller, 2001; Humphreys & Moos, 2001)



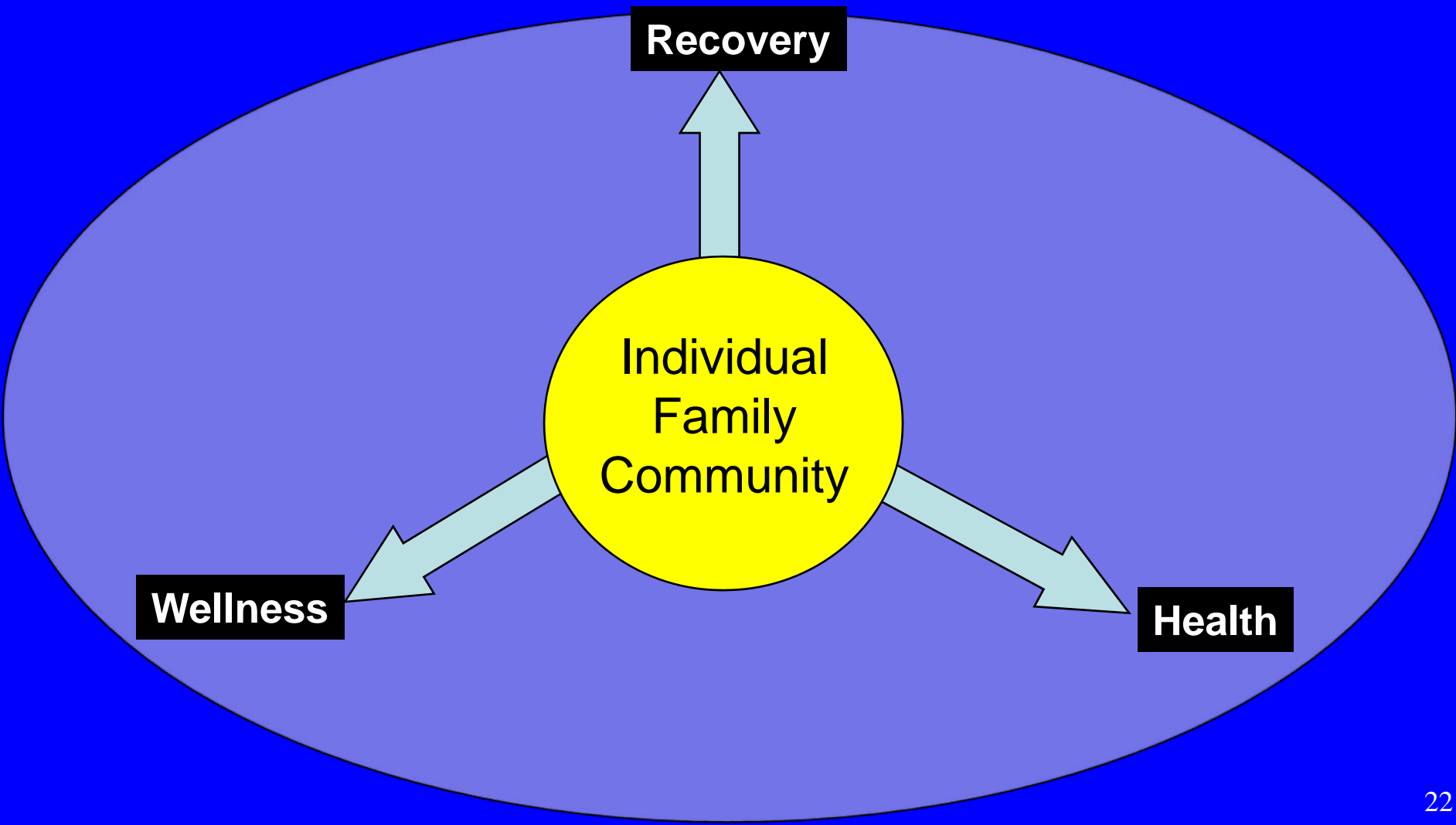
**Defining  
Recovery-Oriented Systems of Care**

# Recovery-Oriented Systems of Care Approach

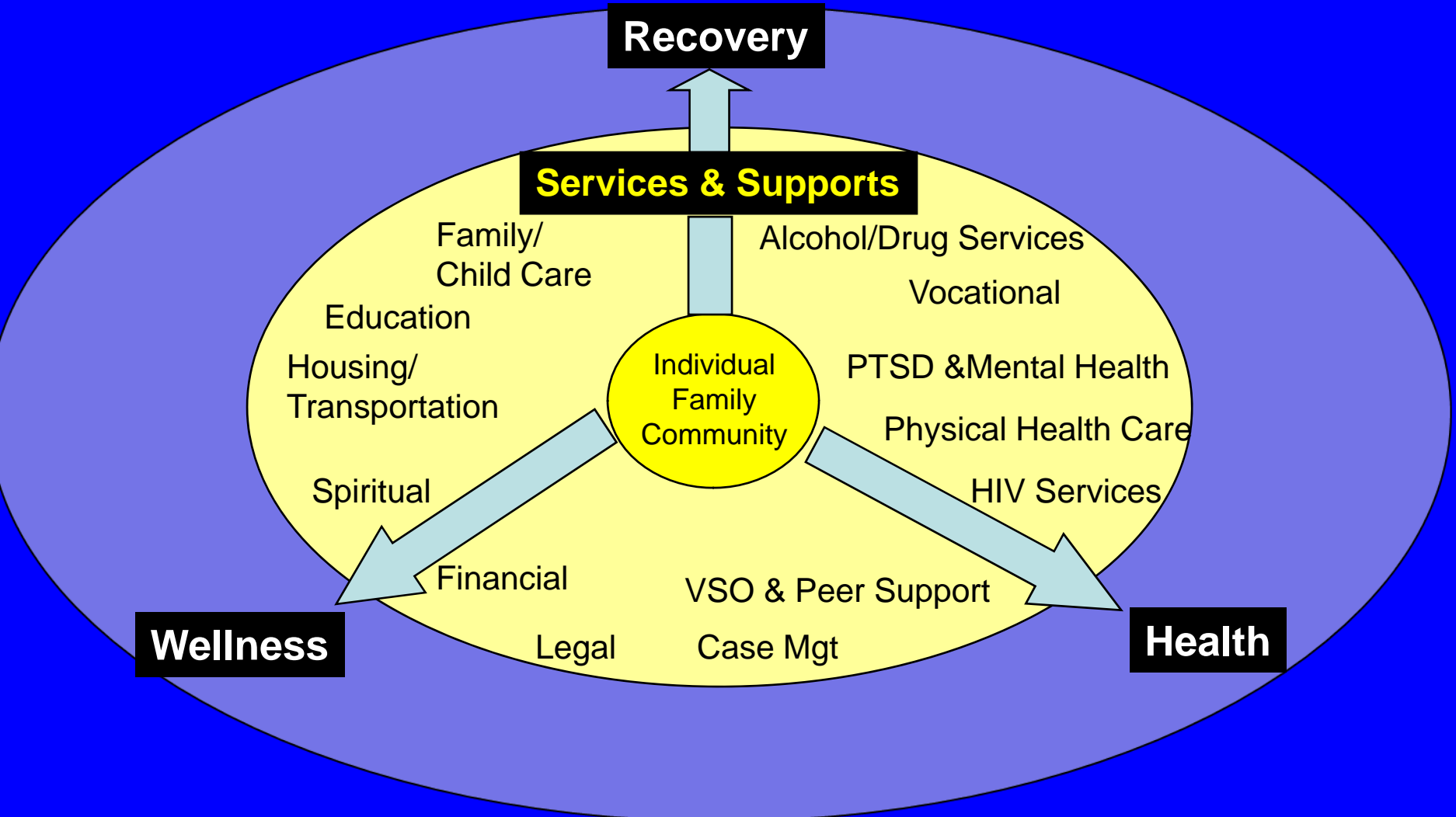
- In the recovery-oriented systems of care approach, the treatment agency is viewed as one of many resources needed for a client's successful integration into the community.
- No one source of support is more dominant than another.
- Various supports need to work in harmony with the client's direction, so that all possible supports are working for and with the person in recovery.

Source: *Addiction Messenger*, November 2007, Vol. 10 Issue 11, published by the Northwest Frontier ATTC.

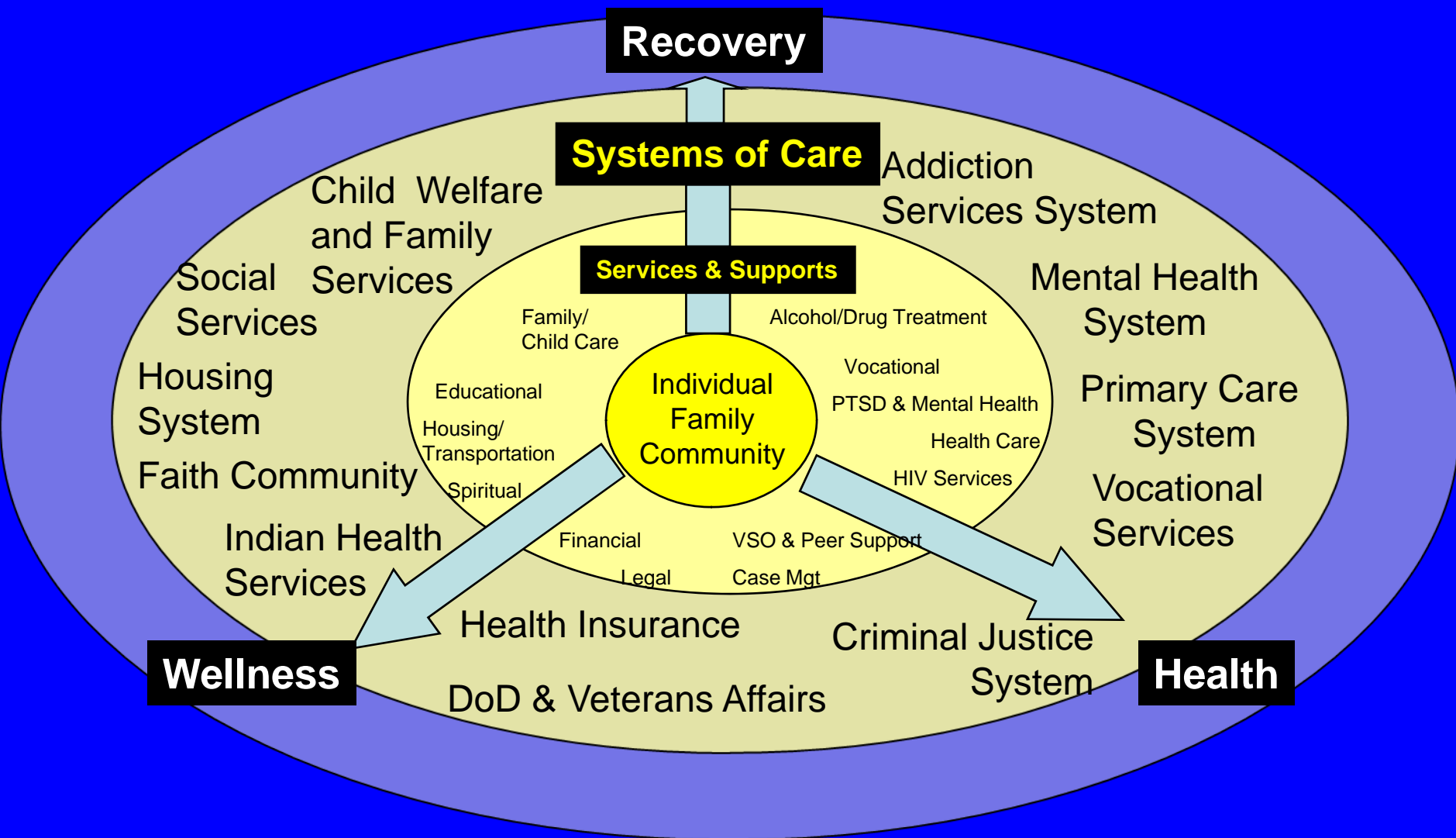
**ROSC support person-centered and self-directed approaches to care that build on the personal responsibility, strengths, and resilience of individuals, families and communities to achieve health, wellness, and recovery from alcohol and drug problems.**



**ROSC offer a comprehensive menu of services and supports that can be combined and readily adjusted to meet the individual's needs and chosen pathways to recovery.**

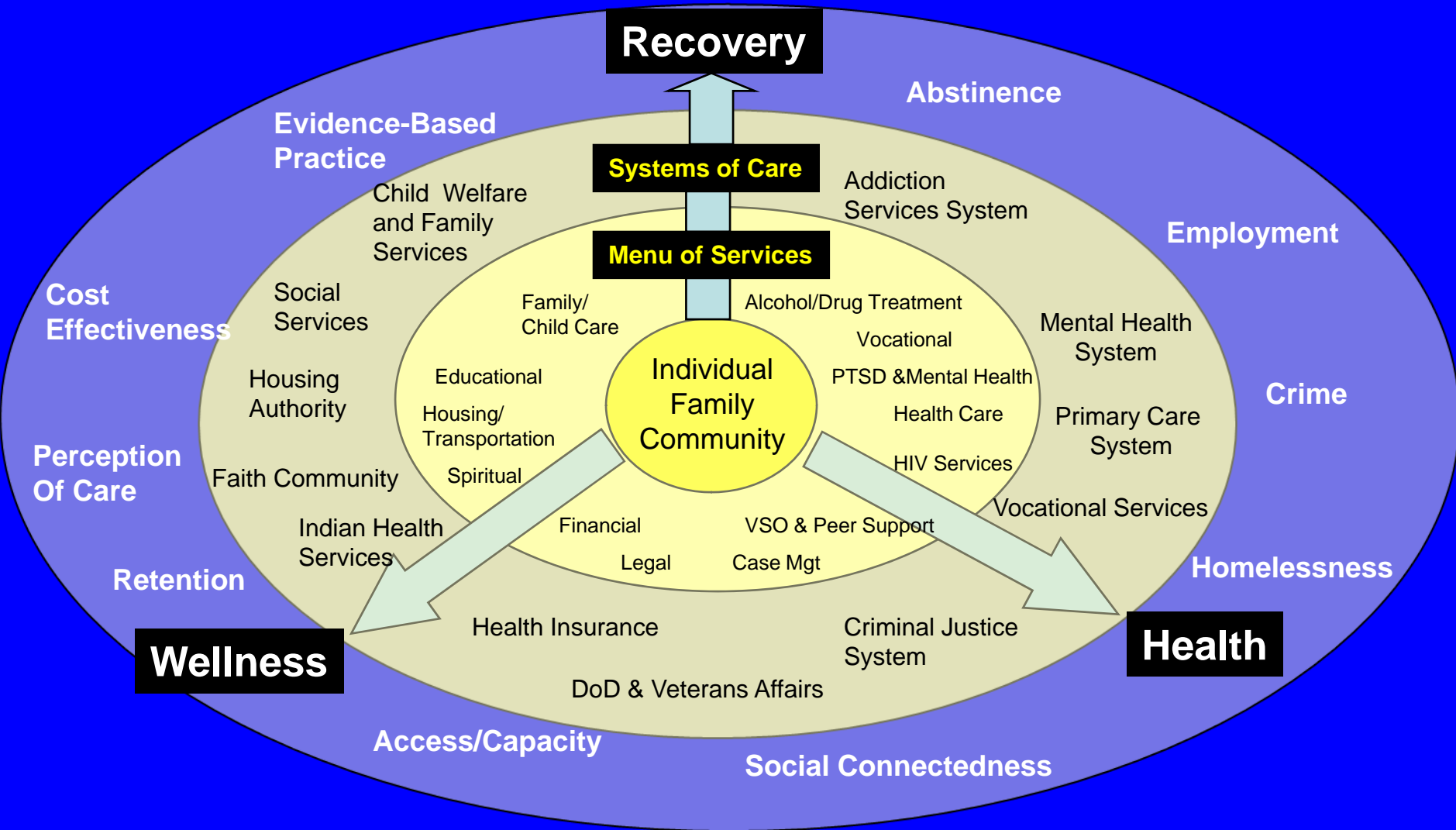


# ROSC encompass and coordinates the operations of multiple systems...

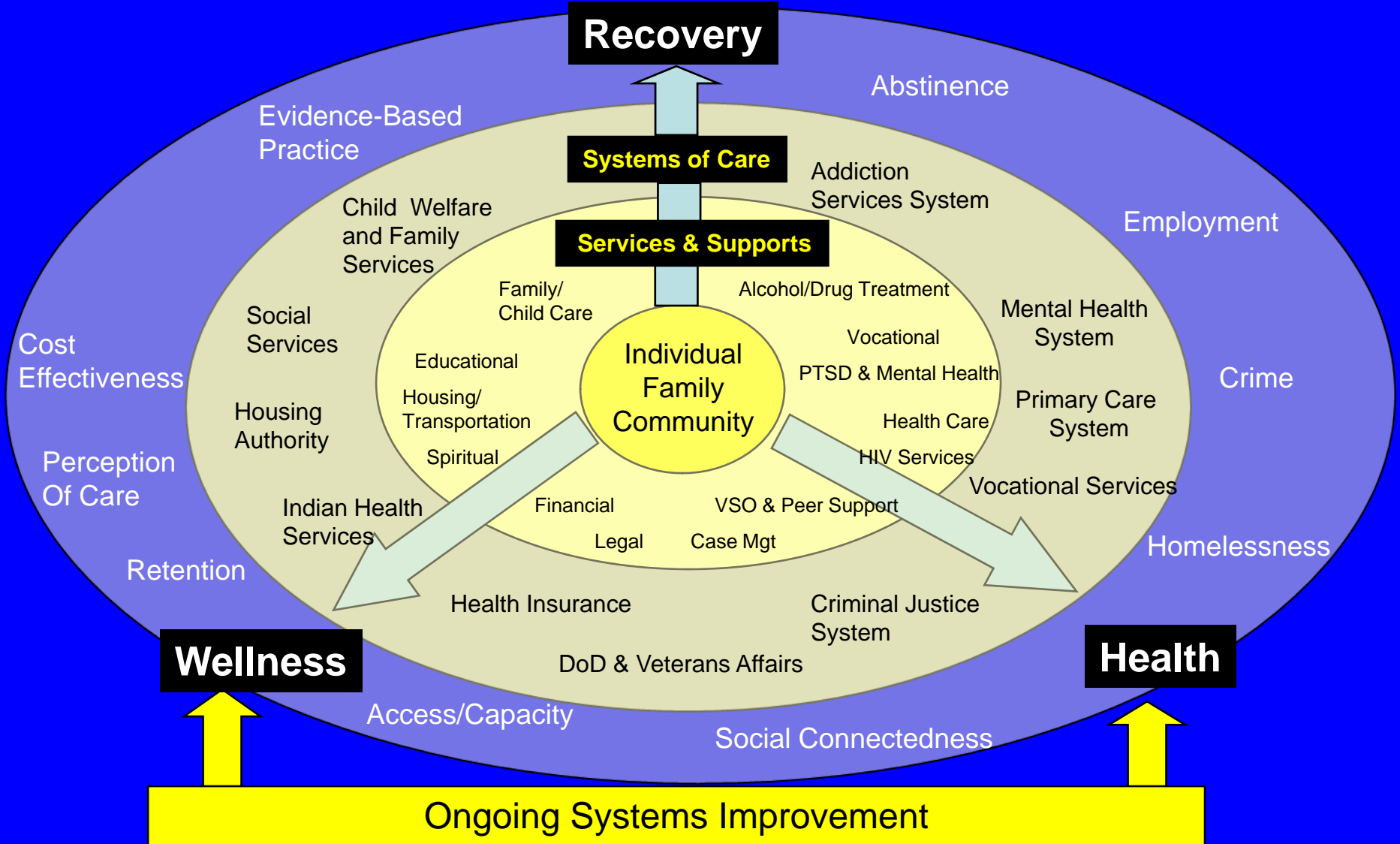




# ...providing responsive, outcomes-driven approaches to care.



# ROSC require an ongoing process of systems improvement that incorporates the experiences of those in recovery and their family members.



# Recovery-Oriented Systems of Care

- Support person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families and communities to take responsibility for their sustained health, wellness, and recovery from alcohol and drug problems.
- Offer a comprehensive menu of services and supports that can be combined and readily adjusted to meet the individual's needs and chosen pathway to recovery.

# Recovery-Oriented Systems of Care

- Encompass and coordinate the operations of multiple systems, providing responsive, outcomes-driven approaches to care
- Require an ongoing process of systems improvement that incorporates the experiences of those in recovery and their family members

# Elements of Recovery-Oriented Systems of Care

## Person-Centered:

- Individualized & Comprehensive Services
- Responsive to Culture & Personal Belief Systems
- Community-based
- Commitment to Peer Services
- Involvement of Family and other Allies
- Ongoing Monitoring & Outreach

# Elements of Recovery-Oriented Systems of Care

## Cost Effective:

- Outcomes Oriented
- Integrated Services, resulting in Non-Duplication of Services
- Competency-based
- Effective use of Collaboration & Partnerships
- Systems-wide Education and Training
- Continuity of Care
- Research-based
- Flexible Funding



**Strengthening Treatment Access and  
Retention – State Implementation  
(STAR-SI)  
and  
Recovery-Oriented Systems of Care**

# STAR-SI

A services and system improvement approach being implemented in 10 States to improve client access, retention and continuation across levels of care by:

- Implementing access and retention improvement best practices demonstrated by the Network for the Improvement of Addiction Treatment (NIATx)
- Utilizing evidence-based quality improvement processes (i.e. process improvement)



# Process Improvement Incorporates ROSC Key Elements.....

- Client and family member centered
  - Customer walkthroughs
  - Elicits customer feedback and satisfaction on service system improvements
- Cost-Effective
  - “Plan, Do, Study, Act” (PDSA) improvement cycles and performance tracking systems are outcomes oriented
  - Reduces duplication of paperwork
  - Improves the business case

# How STAR-SI Supports ROSC

- Implements customer friendly approaches to individuals seeking treatment and their family members, such as:
  - open admissions;
  - engaging family members during the admissions process;
  - redesign of waiting and reception area spaces to ensure privacy;
  - elimination of burdensome paperwork;

# How STAR-SI Supports ROSC

- Increases retention of clients in outpatient treatment and across ROSC systems of care, such as:
  - Client involvement in treatment goal setting
  - Appointment reminder systems and missed appointment telephone follow up
  - Personalized referral methods
  - Engagement of clients in recovery support groups prior to discharge

# How STAR-SI Supports ROSC

- Establishes “State Learning Collaboratives” that involve a broad range of payers, providers, persons in recovery, and other interested partners in implementing process improvement
- Develops customer focused data systems and performance feedback reports on access and retention outcomes.

# Adopting Changes To Improve Outcomes Now (ACTION Campaign)

- Provides online training to any SA service provider interested in improving access and retention
- Online resources include best practice tool kits, teleconference tutorials and peer to peer networking
- Invites recovery support services and other ROSC providers to join with NIATx and STAR-SI members to improve 55,000 lives
- STAR-SI States are inviting ACTION campaign members to participate in their learning collaboratives

# STAR-SI is Leading the Way!

- Demonstrating how the multiple service providers in a Recovery-Oriented System of Care can drive system improvement
- Providing the tools providers and payers need to achieve “National Outcome Measures” (NOMs) targets
- Developing State/provider partnerships that include peer mentoring and networking

# STAR-SI

*“The STAR-SI initiative is based on the idea that small changes can bring big rewards...It’s an incremental approach that can have a huge impact.”*

*-- Terry L. Cline, Ph.D.  
Administrator  
Substance Abuse and Mental Health  
Services Administration  
SAMHSA News, September/October 2007*

# SAMHSA/CSAT Information

- SAMHSA website: [www.samhsa.gov](http://www.samhsa.gov)
- ACTION Campaign website: [www.actioncampaign.org](http://www.actioncampaign.org)
- SHIN 1-800-729-6686 for publication ordering or information on funding opportunities
  - 1-800-487-4889 – TDD line
- 1-800-662-HELP – SAMHSA's National Helpline (average # of tx calls per mo.- 24,000)



# Recovery Month – September 2008

## Goals:

- Support the administration's goal of reducing demand and promoting the message that recovery is possible
- Generate momentum for hosting state and local community-based events
  - Enhance knowledge, Improve understanding, Promote support for addiction treatment
- Publicize messages that:
  - Reduce the stigma & discrimination associated with addiction
  - Encourage those in need to get treatment
  - Support those who are already in recovery

# Get involved in Recovery Month

Help bring hope and healing to others

- Visit the *Recovery Month* Web site at [www.recoverymonth.gov](http://www.recoverymonth.gov)
- Use the tools to spread the *Recovery Month* message:
  - Toolkits, presentations, giveaways, public service announcements, and more
- Join thousands of individuals and organizations by hosting a *Recovery Month* event in your community
- Educate others about the effectiveness of treatment and the hope of recovery
- For more information call 1-800-662-Help

REAL PEOPLE. REAL RECOVERY

SEPTEMBER  
2008



# STAR-SI

## “At a Glance”

STAR-SI is a partnership between the Center for Substance Abuse Treatment and the Robert Wood Johnson Foundation.



# STAR-SI

## In the Beginning

- Spread evidence-based organizational change techniques
- Develop payer/providers partnerships to united the system
- Bring performance management to Addiction Treatment



# STAR-SI

## Meeting the Future

- High performing organizations
- Partnering to improve systems
- Accountability & “proving value”



## Debunking Myths

Myth #1

Large public bureaucracies can't change.



# STAR-SI

## Change Champions

**Data is our friend....**

- Iowa: data validation project
- Illinois: initial encounter tracking
- Several: feedback reports
- New York: data system development



# STAR-SI

## Change Champions

Regulation is not our friend....

- All states: addressing licensure myths
- Ohio: “closed record” requirements
- South Carolina: paperwork reduction





## Change Champions

Not only providers can reduce wait time...

- Maine: DEEP project cut 3 days from wait time for DUI consumers



## Myth Busted?



**Myth Busted?**

**YES !!!**



# STAR-SI

## Myth #2

- Social service organizations can not achieve high performance.



## High Performance – Walk-ins

- CATALYST Behavioral Services (OK)
- Catholic Charities Counseling Services (ME)
- DACCO, Manatee Glens, Stewart-Marchman, and Meridian Behavioral Healthcare Inc. (FL)
- Behavioral Health Center of the Midlands (SC)

## High Performance

- Community Resource Center (IL) –  
*87% Assessment Show Rate*
- Pathways (IA) –  
*95% Post-Assessment Show Rate*
- SASC (IA) –  
*82% had 4 or more appointments*



## Myth Busted?



**Myth Busted?**

**YES !!!**





# STAR-SI

## Myth #3

- No business case for applying changes across state systems.



# Detox to Nowhere

## Detox to Nowhere

- Represents 20-35% of treatment in urban areas (Phil., & NY)
- Over 50% relapse w/in 3 months
- 25-30% “retoxed” each year

Statistics provided by Tom  
McLellan, Ph.D.



## Business Case - \$

- Approximately \$25 Million spent in one urban area alone on “detox to nowhere” care

## Business Case - \$

Those involved in recovery were...

- 58% more likely to have housing
- 46% more likely to be employed
- 20% less likely to be involved in judicial system

Vermont based study

## Successful Detox Transitions

- Two agencies in Florida have increased detox to treatment transfer rate by 40%
- Has become Florida's aim



# New Admissions in STAR-SI



## New Admissions in STAR-SI

Across STAR-SI...

- 1,500 new admissions have resulted (w/o new program funding)





## New Admissions in STAR-SI

Across STAR-SI,

- 1,500 new admissions have resulted (w/o new program funding)
- Impact is \$4,000,000 in additional care



## Myth Busted?

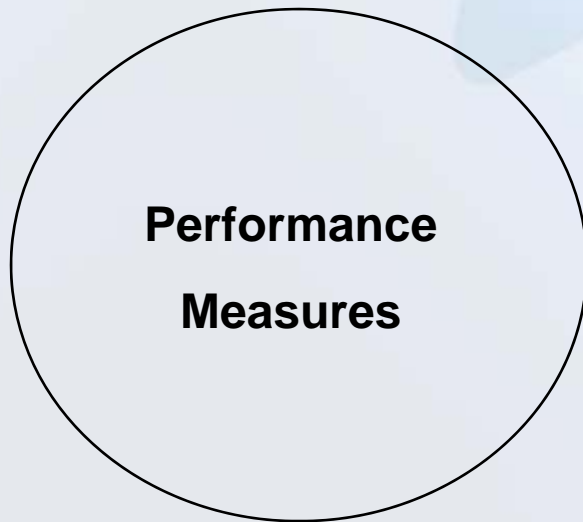


**Myth Busted?**

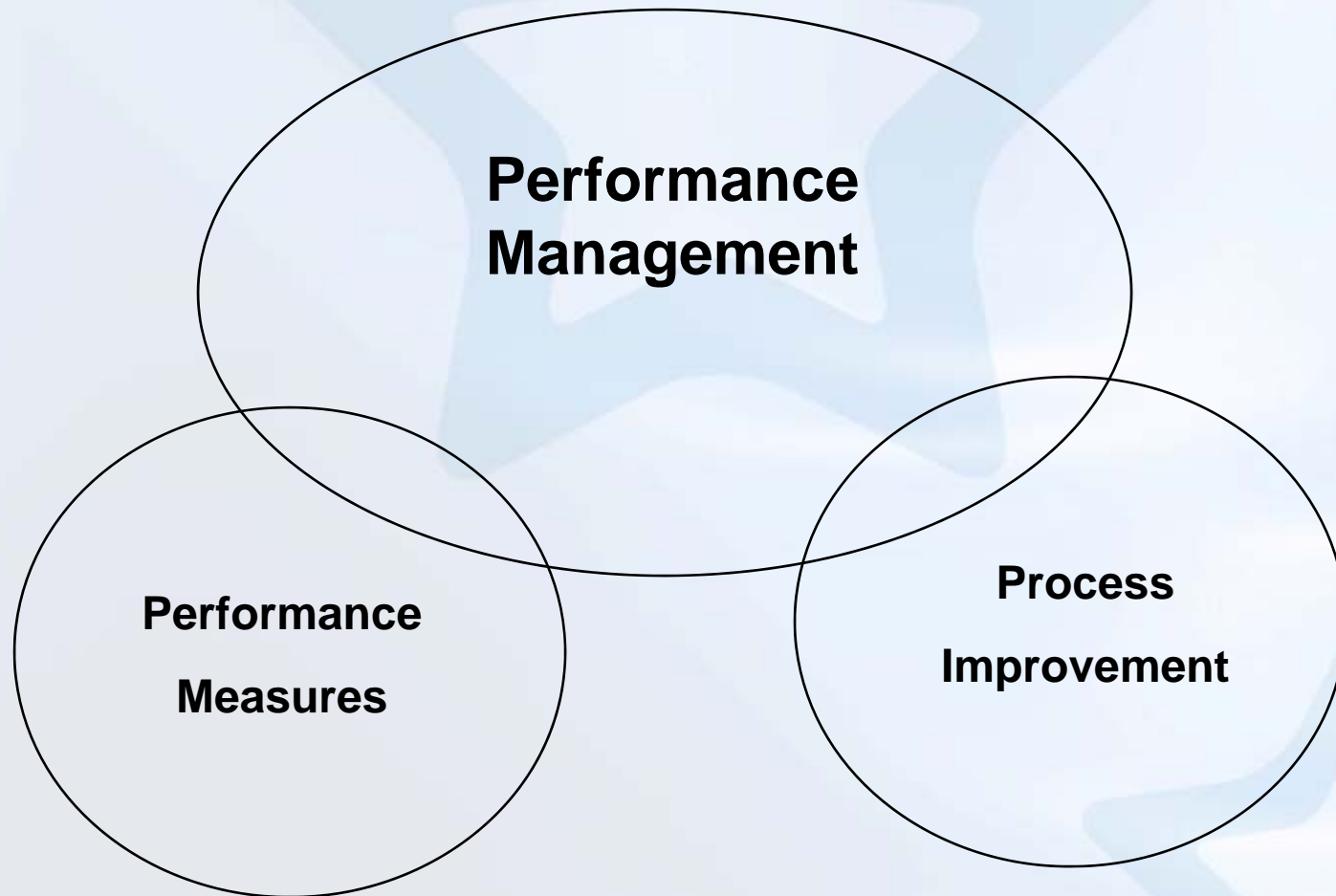
**YES !!!**



# Performance Management



# STAR-SI



The logo features a white five-pointed star with a blue outline, positioned to the left of the text 'STAR-SI'.

# STAR-SI

## Performance Measures

- Identified set of measures
- Data collection
- Data validity



# STAR-SI

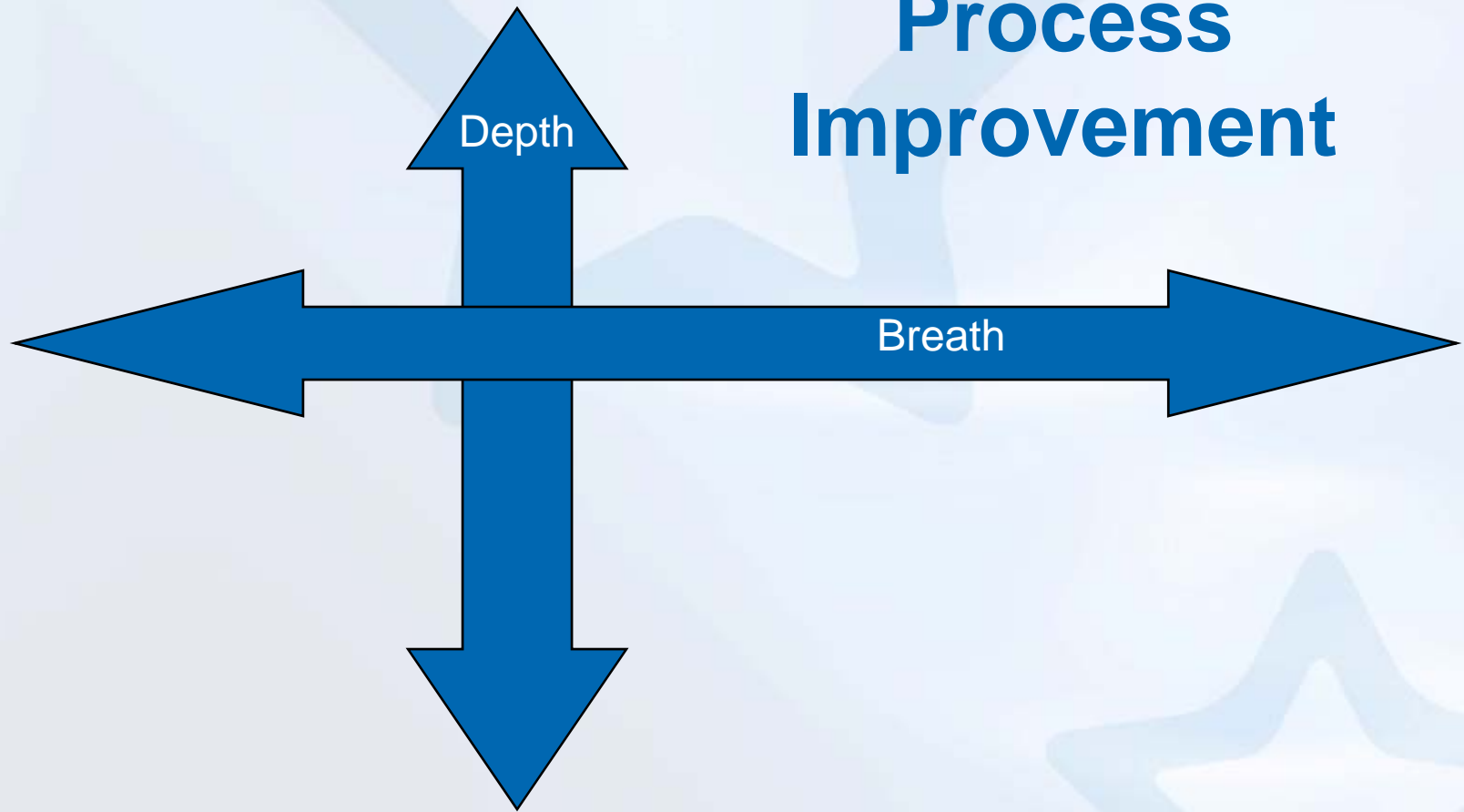
## Process Improvement

*Building PI capacity...*

- Payer
- Provider

# STAR-SI

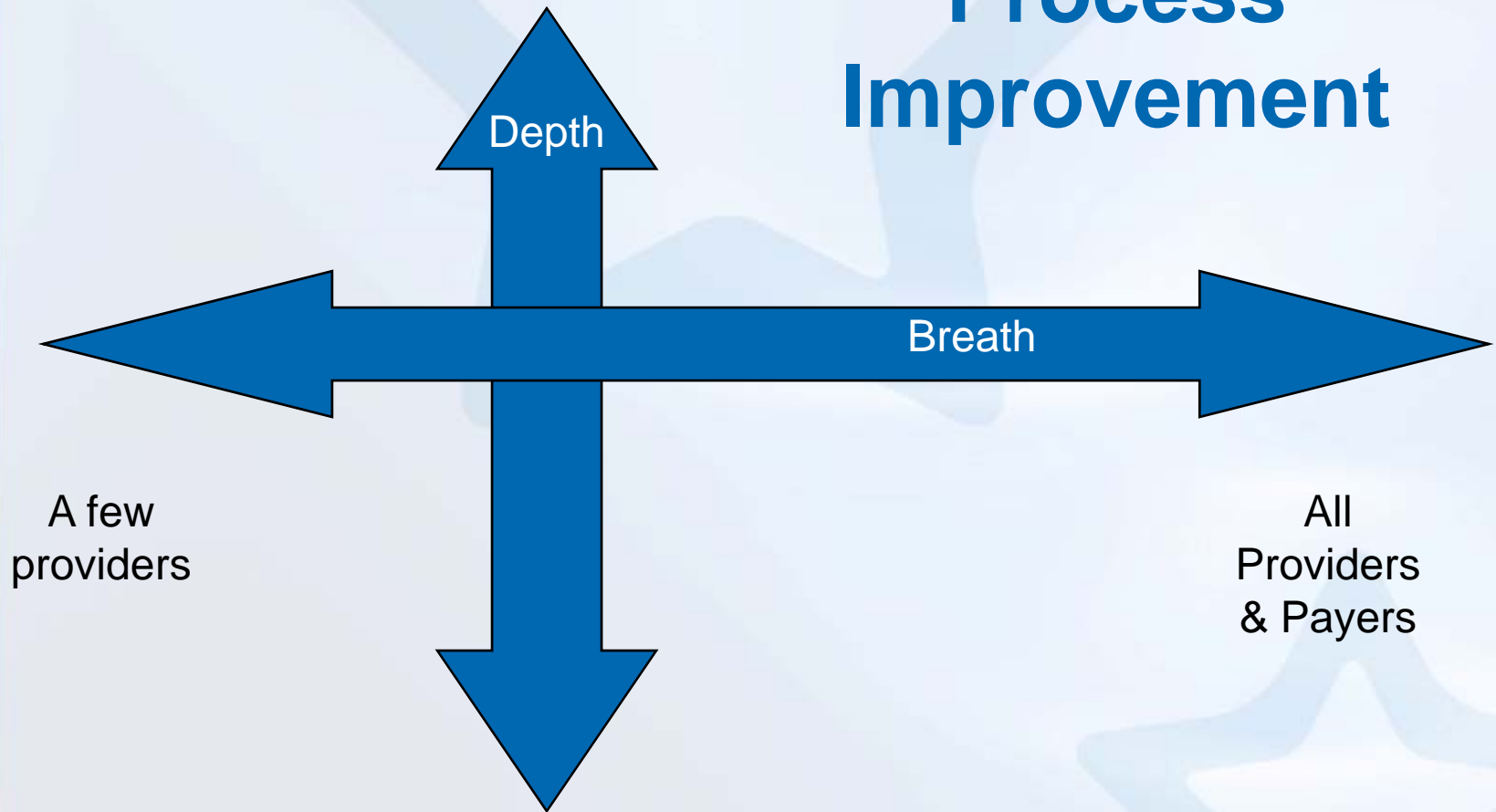
## Dimensions of Process Improvement





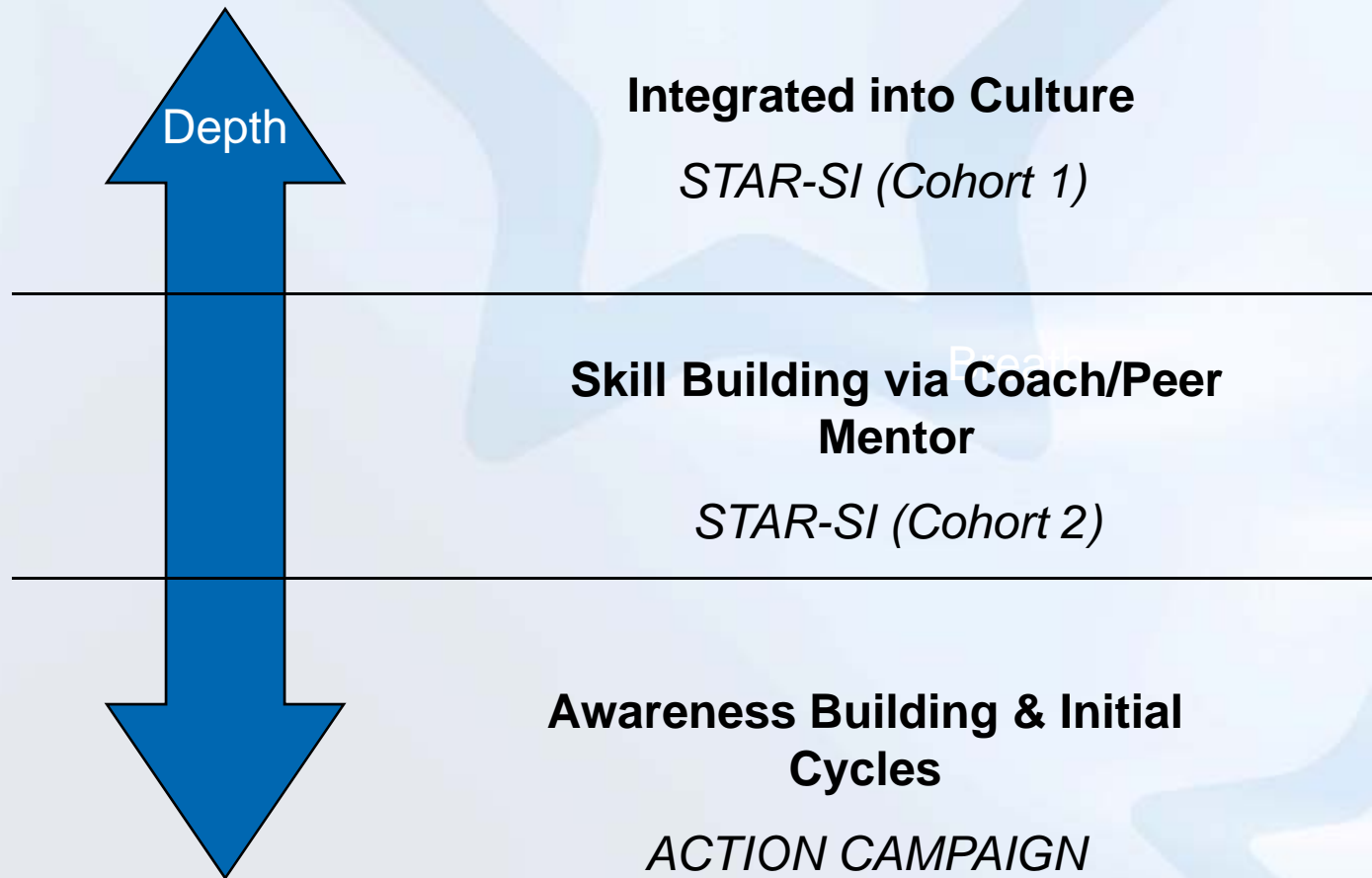
# ★ STAR-SI

## Dimensions of Process Improvement



# STAR-SI

## Depth of Integration





# STAR-SI

## Performance Management

- Data for Decision Making
- Strategic Aims Identified



## Performance Management

Single Aim Examples (cohort 1)...

- New York: Wait Time Reduction of 20%
- Iowa: 19% increase in UOS in first 30 days
- WI: Reduced No-Show Rates from 31%-22% (n=5)



# STAR-SI

## Performance Management

Impacting a system...through improvements  
in multiple aims

- South Carolina
- Oklahoma



# STAR-SI

## Performance Mgt. Caveat

- All we do is for the individual consumer



## Moving Forward

- All we do is for the individual consumer



## Moving Forward

- Changing a system does not have to be a myth





## Moving Forward

- Changing a system can not be a solitary endeavor



## Moving Forward

- We all must be leaders in “Meeting the Future.”



**Thank You**

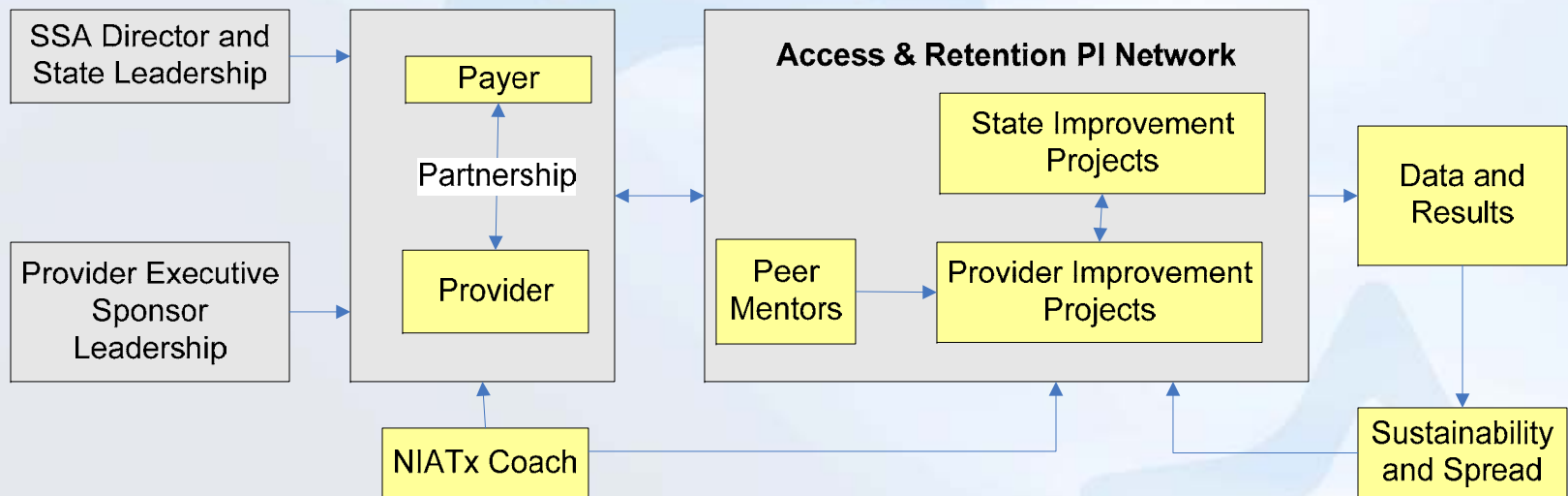


# **PERFORMANCE MANAGEMENT: LESSONS FROM YEAR ONE**

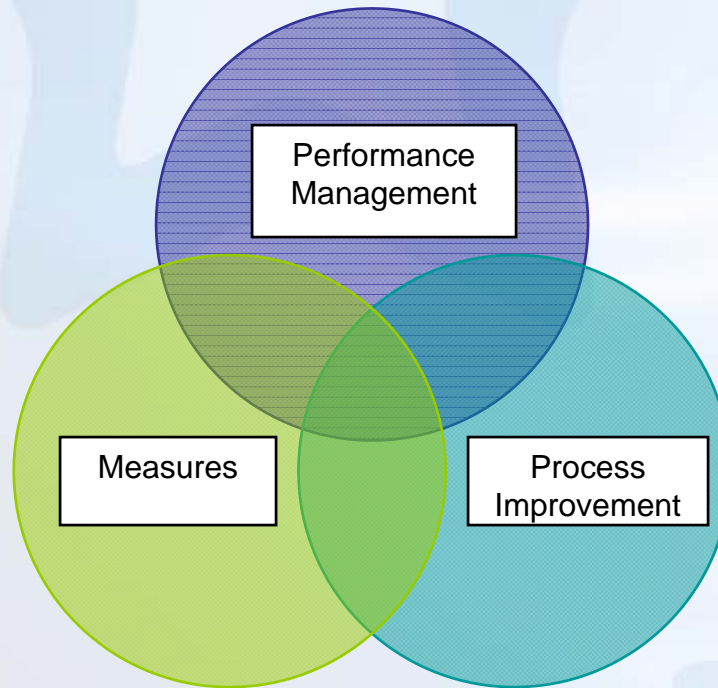
STAR-SI is a partnership between the Center for Substance Abuse Treatment and the Robert Wood Johnson Foundation.

# STAR-SI

## Performance Management

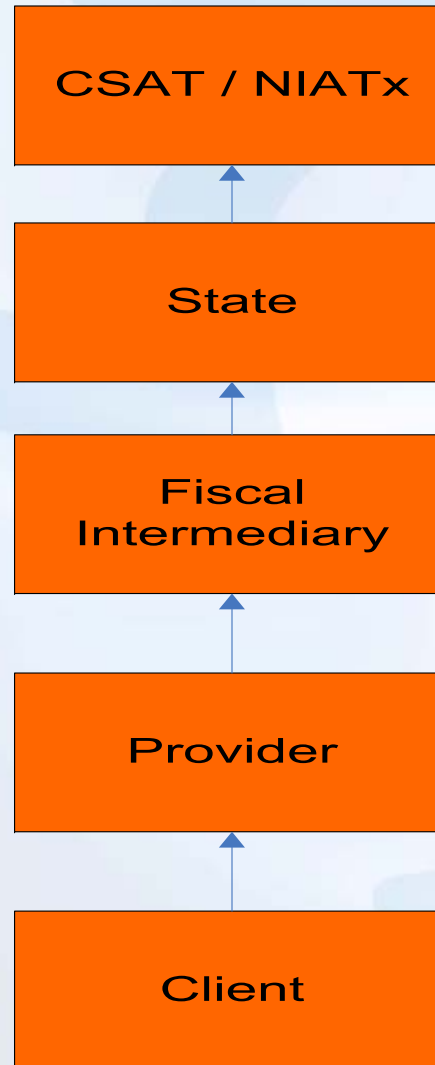


# STAR-SI



# STAR-SI

## Performance Management Challenges





# STAR-SI

## Challenges to Overcome

- The right data at the right place at the right time
- Defining “the box”
- Telling the story





# STAR-SI

## Performance Management Outcomes

- Leading indicators
- Lagging indicators
- Admission X Units of Service = Capacity

 **STAR-SI**

# Structural Elements of State Addiction Treatment Systems

- What elements help or hinder effective implementation of performance management?

# Synergy in Action

STAR-QI :

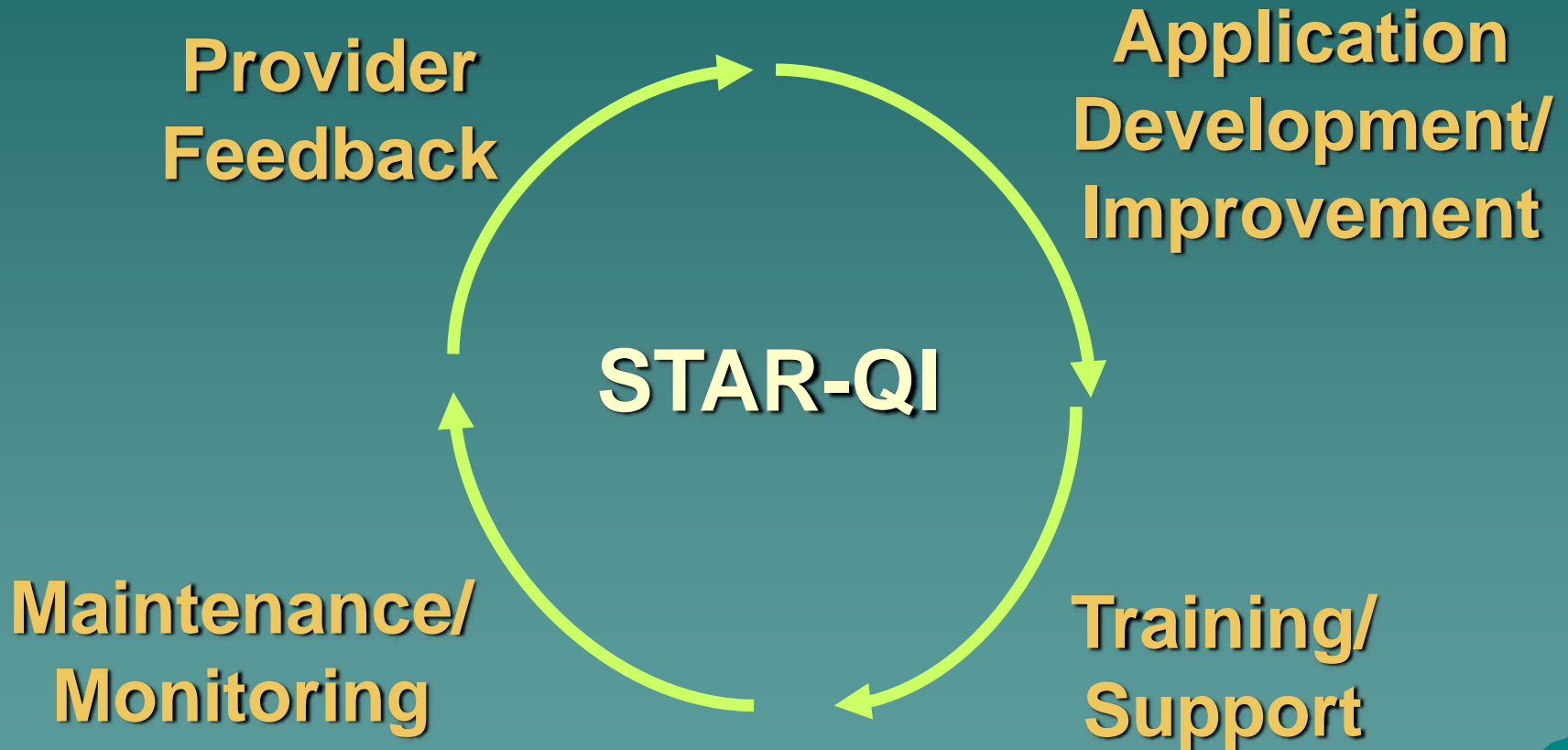
*The Tool and the Process*

STAR-SI is a partnership between the Center for Substance Abuse Treatment and the Robert Wood Johnson Foundation.

# New York Objectives

- ◆ Build sustainable data infrastructure/capacity
- ◆ Maximize NIATx opportunity
- ◆ Foster stakeholder buy-in
- ◆ Create real-time feedback loops

# Our Ongoing Process is an Integrated **Feedback Loop**














# Development of STAR-QI Web Application

OASAS Applications  Home  Close Application  Help


**STAR-QI Episode** Episode List Indicator Reports

[STAR-QI Episode Search >](#)  
**Enter New STAR-QI Episode** Save



\* Provider :    
\* Program :  



**Client ID Information**

Provider Client ID :  CDS Provider Client ID :






\* Sex :  Birth Date :   Last 4 SSN :  \* Last Name 2 Char :   
(mm/dd/yyyy)

**Preadmission Information**

\* First Request for Service Date :   Previous Discharge Date :    
Did Client Show for First Appointment? :

First Assessment Date :   CDS Assessment Date :   
Second Assessment Date :    
Assessment Disposition :  CDS Admission Disposition :

**Treatment Information**

Admission Date :   CDS Admission Date :   
Second Date of Service :   Third Date of Service :    
Fourth Date of Service :    
Discharge Date :   CDS Discharge Date :   
Discharge Status :  CDS Discharge Status :   
Completion Status :  Flex Item 1 :  Flex Item 2 :



# STAR-QI Data (Exportable)

Provider Client ID	Sex	Birth Date	Last 4 SSN	Last Name Char	First Request for Service Date	Previous Discharge Date	Did Client Show for First Appt?	First Assessment Date	Second Assessment Date	Assessment Disposition	Admission Date	Second Date of Service	Third Date of Service	Fourth Date of Service	Discharge Date	Discharge Status
221xyza	Female	03/18/1981	2210	EW	04/09/2007		Yes	04/09/2007		Admitted	04/11/2007					
201	Female	02/06/1981	2010	CY	03/15/2007		Yes	03/15/2007			03/21/2007	03/23/2007	03/27/2007	03/28/2007		
204	Female	02/12/1981	2040	CV	03/19/2007		Yes	03/21/2007			03/26/2007	04/06/2007	04/17/2007	04/19/2007		
206	Female	02/16/1981	2060	CT	03/05/2007		Yes	03/06/2007			03/13/2007	03/15/2007	03/19/2007	03/20/2007		
207	Female	02/18/1981	2070	CS	02/20/2007		Yes	02/21/2007			03/13/2007	03/15/2007	03/16/2007	03/20/2007		
208	Female	02/20/1981	2080	CR	03/20/2007		Yes	03/22/2007			03/26/2007	03/29/2007	04/03/2007	04/05/2007		
210	Female	02/24/1981	2100	DY	03/20/2007		Yes	03/22/2007			03/29/2007	04/05/2007	04/10/2007	04/17/2007		
203	Female	02/10/1981	2030	CW	03/28/2007		Yes	03/23/2007		Admitted	03/26/2007				03/28/2007	All treatment c
204	Female	02/12/1981	2040	CV	03/23/2007		Yes	03/23/2007		Admitted	04/03/2007					
205	Female	02/14/1981	2050	CU	03/26/2007		Yes	03/26/2007		Admitted						
206	Female	02/16/1981	2060	CT	03/27/2007		Yes	03/27/2007		Admitted						
207	Female	02/18/1981	2070	CS	03/27/2007		Yes	03/27/2007		Admitted						
208	Female	02/20/1981	2080	CR	03/28/2007		Yes	03/28/2007		Admitted						
209	Female	02/22/1981	2090	CQ	03/28/2007		Yes	03/28/2007		Admitted						
210	Female	02/24/1981	2100	DY	03/27/2007		Yes	03/28/2007		Admitted	04/02/2007				05/03/2007	All treatment c
211	Female	02/26/1981	2110	DX	03/28/2007		Yes	03/28/2007		Admitted						
212	Female	02/28/1981	2120	DW	03/30/2007		Yes	03/30/2007		Admitted						
213	Female	03/02/1981	2130	DV	03/30/2007		Yes	03/30/2007		Admitted	03/31/2007					
214	Female	03/04/1981	2140	DU	03/30/2007		Yes	04/02/2007		Admitted	04/05/2007					
215	Female	03/06/1981	2150	DT	04/03/2007		Yes	04/03/2007		Admitted						
216	Female	03/08/1981	2160	DS	04/05/2007		Yes	04/05/2007		Admitted						
217	Female	03/10/1981	2170	DR	04/05/2007		Yes	04/05/2007		Admitted						
218	Female	03/12/1981	2180	DQ	04/05/2007		Yes	04/05/2007		Admitted	04/17/2007					

# NY Created 35 Access and Retention Reports

Indicator Reports - Mic

File Edit View Favorites

OASAS Applications

Indicator Reports

\* Output Type : PDF

\* Provider : 99999

Program : 1411

Report Options

\* Indicator Type :

\* Period Type :

\* Date From :

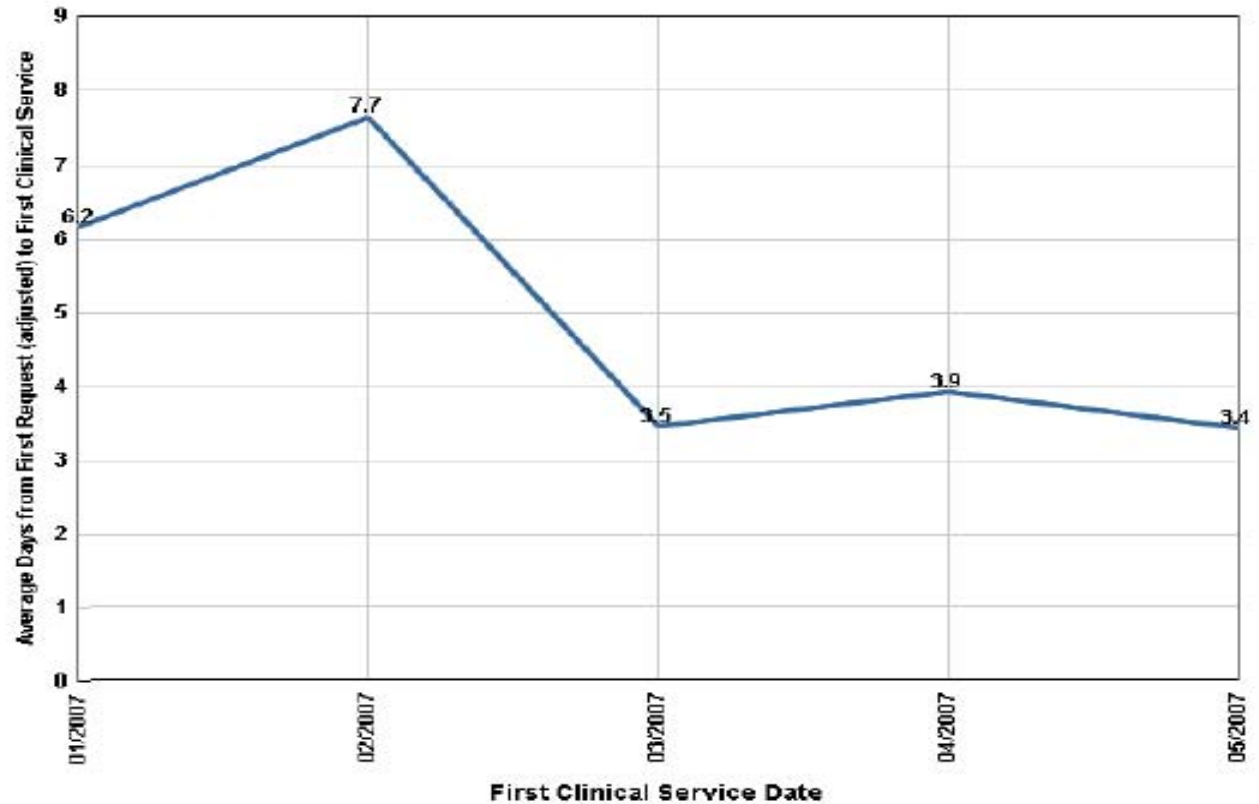
Page Header Notes :

AS-1: Percent of First Appointments Kept  
 AS-2a: Percent of First Requests Resulting in a Clinical Service  
 AS-2b: Percent of First Requests for Service Resulting in an Admission  
 AS-3: Average Days Between First Request and Assessment  
 AS-4: Average Days from First Request to First Clinical Service  
 AS-5: Percent of First Assessments Completed  
 AS-6a: Percent of First Assessments Resulting in Admission  
 AS-7: Average Days from First Assessment to Admission  
 AS-8: Average Days from Last Assessment to Admission  
 AS-9: Average Days from First Request (Unadjusted) to Admission  
 AS-10: Average Days from First Request to Admission  
 ER-1: Percent of Admissions with 4 or More Services Within 30 Days  
 ER-2: Percent of Discharges with 4 Dates of Service  
 ER-3a: Average Client Length of Stay (Admission to Discharge)  
 ER-4: Percent of Clients Discharged Successfully Completing Treatment  
 ER-5: Percent of Clients Admitted Successfully Completing Treatment  
 ER-6: Percent of First Requests Successfully Completing Treatment  
 ER-7: Number of Clients Currently in Treatment for 2 Months or More  
 VE-1a: Number of First Requests for Service  
 VE-2: Number of First Appointments Kept  
 VE-2a: Number of First Clinical Services  
 VE-3: Number of First Assessment Visits (by Admission)  
 VE-3a: Number of First Assessment Visits (by Assessment)  
 VE-4: Total Assessment Visits (First and Second)  
 VE-4a: Number of First Assessments With An Admission (by Assessment)  
 VE-5: Number of First Assessments Completed (by Assessment)  
 VE-6: Number of Admissions (by Admission and Assessment)  
 VE-6a: Number of Admissions (by Admission)  
 VE-7a: Number of First Clinical Service Events

STAR-QI Episode



# STAR-QI Report Example by Month



Source Data

Report Period	Average Days from First Request (adjusted) to First Clinical Service	Total Episodes with a First Clinical Service	Total Episodes with Requested Data
01/2007	6.2	1174	190
02/2007	7.7	1280	167
03/2007	3.5	678	196
04/2007	3.9	634	161
05/2007	3.4	279	81

# Training and Roll-Out

STAR-QI Technical Assistance Log	Question	Answer
870007 Phone	What if there is no previous discharge date?	Sometimes a provider cannot get a SS # from a client. Can they use 0000 in this instance?
870007 Phone	Size #2 below	Providers don't have a client tracking ID until a patient comes in. (This is ok of course)
870007 Phone	When do you do a completion report?	How to find existing clients
870007 Phone	How to find existing clients	Address
870007 Phone	Address	What does it do if I can't get a social security number?
870007 Phone	What does it do if I can't get a social security number?	1) What should she use for tracking ID, and what does she need to track it?
870007 Phone	1) What should she use for tracking ID, and what does she need to track it?	2) If someone comes in for an assessment, but we need over to urgent and come back 2 weeks later, what should she do? (give discharge date)
870007 Phone	2) If someone comes in for an assessment, but we need over to urgent and come back 2 weeks later, what should she do? (give discharge date)	3) Can she change incorrect information on a record or does she need to start over?
870007 Phone	3) Can she change incorrect information on a record or does she need to start over?	Do they need to track data of a stable client?
870007 Phone	Do they need to track data of a stable client?	1) Why can't she enter a future assessment date?
870007 Phone	1) Why can't she enter a future assessment date?	2) When she searches for full data, only 1 row is returned.
870007 Phone	2) When she searches for full data, only 1 row is returned.	3) Entering new episodes is very slow when you enter one, and then select how star-q episode
870007 Phone	3) Entering new episodes is very slow when you enter one, and then select how star-q episode	4) How can she track whether or not a client showed for an appointment?
870007 Phone	4) How can she track whether or not a client showed for an appointment?	1) Can't find the data that she entered
870007 Phone	1) Can't find the data that she entered	2) How do you delete an episode
870007 Phone	2) How do you delete an episode	1) If client completes assessment, but refuses treatment, is "other" the appropriate access disposition code?
870007 Phone	1) If client completes assessment, but refuses treatment, is "other" the appropriate access disposition code?	1) What do you report for a client that did not appear - it was an issue with pop-up blocker other PC worked
870007 Phone	1) What do you report for a client that did not appear - it was an issue with pop-up blocker other PC worked	2) If data entered what do you use if SS# and CO# used 0000
870007 Phone	2) If data entered what do you use if SS# and CO# used 0000	Questions about the "Did Client show for first app?" item
870007 Phone	Questions about the "Did Client show for first app?" item	1) Current session's submitter who go to first field after saving a new record.
870007 Phone	1) Current session's submitter who go to first field after saving a new record.	2) Some people don't want to come in for a while, do you still use the 30 day rule for them?
870007 Phone	2) Some people don't want to come in for a while, do you still use the 30 day rule for them?	3) Questions about the "Did Client show for first app?" item
870007 Phone	3) Questions about the "Did Client show for first app?" item	4) Wanted to do a search of all records in process, but those records that were "done" were also returned?



User Guide  
Data Definitions

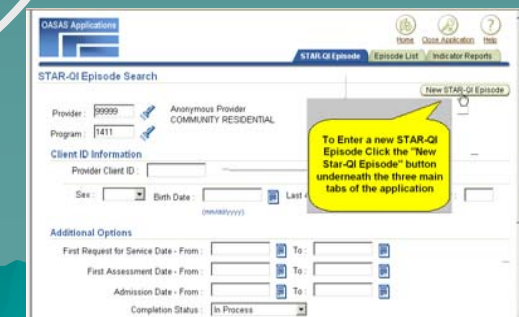
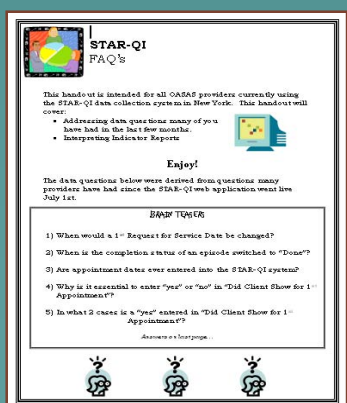
SSA  
Providers

Peer Mentors  
Program Managers  
Provider Association

Online Videos

Technical Assistance

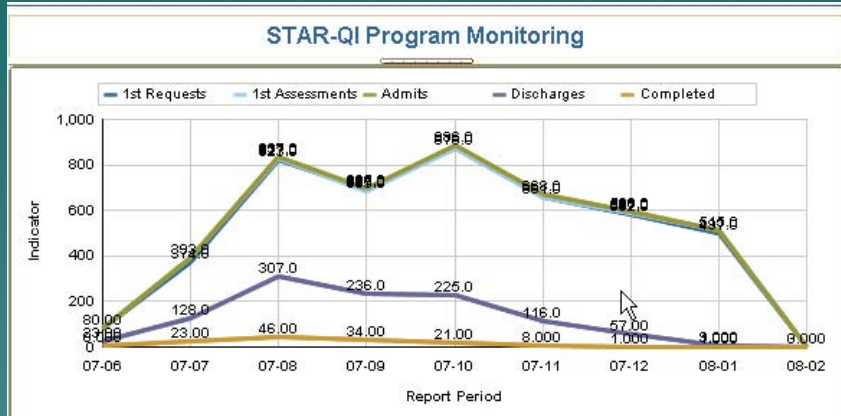
Quarterly FAQ Sheet





# Project Monitoring & Management

# Feedback Reports to Providers



	Old Report Period	1st Requests	1st Assessments	Admits	Discharges	Completed
1	07-06	80.00	80.00	80.00	23.00	8.00
2	07-07	374.00	393.00	393.00	128.00	23.00
3	07-08	823.00	827.00	837.00	307.00	46.00
4	07-09	687.00	685.00	695.00	236.00	34.00
5	07-10	876.00	876.00	886.00	225.00	21.00
6	07-11	661.00	661.00	668.00	116.00	8.00
7	07-12	582.00	587.00	596.00	57.00	1.00
8	08-01	497.00	511.00	515.00	9.00	1.00
9	08-02	3.00	3.00	3.00	0.00	0.00
10	<b>Sum</b>	<b>4583.00</b>	<b>4623.00</b>	<b>4673.00</b>	<b>1101.00</b>	<b>142.00</b>

Source NYS OASAS Data Warehouse, Run: 06-FEB-08  
Report Name: STAR-QI-Monitor-Program-CDS, STAR-QI Project Counts

- ◆ Quarterly data reports
- ◆ Provider specific A & R tables
- ◆ Data issues

2nd Quarterly Report: 1/2008				
Quarter 1 = January-March				
Quarter 2 = April-June				
Quarter 3 = July-September				
Quarter 4 = October-December				
<b>AS-1: Percent of 1st Appointments Kept*</b>				
	Q1: 2007	Q2: 2007	Q3: 2007	Q4: 2007
STAR-SI	48.5%	75.6%	66.2%	70.5%
Provider	N/A	N/A	N/A	78.2%
<b>AS-6A: Percent of 1st Assessments Resulting in an Admission*</b>				
	Q1: 2007	Q2: 2007	Q3: 2007	Q4: 2007
STAR-SI	61.2%	55%	65.9%	47.0%
Provider	55.3%	57.8%	56.5%	25.8%
<b>ER-1: Percent of Admissions with 4 or More Services Within 30 Days*</b>				
	Q1: 2007	Q2: 2007	Q3: 2007	Q4: 2007
STAR-SI	63.2%	32.4%	59.5%	27.7%
Provider	95.2%	58.9%	81.3%	38.5%
<b>% Admits Initiated: The percent of Admissions that have a second date of service within 30 days*</b>				
	Q1: 2007	Q2: 2007	Q3: 2007	Q4: 2007
STAR-SI	81.3%	48.1%	75.1%	44.7%
Provider	94.2%	61.2%	77.3%	47.8%
<b>AS-4 Average Days from First Request to First Clinical Service**</b>				
	Q1: 2007	Q2: 2007	Q3: 2007	Q4: 2007
STAR-SI	3.8	3.9	4.2	4.4
Provider	3.7	3.3	3.2	4
<b>AS-10 Average Days from First Request (adjusted) to Admission**</b>				
	Q1: 2007	Q2: 2007	Q3: 2007	Q4: 2007
STAR-SI	8.4	6.5	6.2	3.6
Provider	8.9	6.9	6.5	3.0

\* Report run 1/17/08

# Contact Info

New York State Office of Alcoholism and Substance Abuse Services (OASAS)

- ◆ Susan Brandau 518-457-6129
  - [susanbrandau@oasas.state.ny.us](mailto:susanbrandau@oasas.state.ny.us)
- ◆ Dawn Lambert-Wacey 518-485-2116
  - [dawnlambertwacey@oasas.state.ny.us](mailto:dawnlambertwacey@oasas.state.ny.us)
- ◆ Katie Haverly 518-485-1393
  - [katiehaverly@oasas.state.ny.us](mailto:katiehaverly@oasas.state.ny.us)

Web Application training materials including videos at  
<http://oasasapps.oasas.state.ny.us>



Strengthening Treatment Access & Retention  
-State Implementation

***South Carolina  
Provider Feedback Systems  
and Lessons Learned***

STAR-SI is a partnership between the Center for Substance Abuse Treatment and the Robert Wood Johnson Foundation.

# STAR-SI

**“ We must improve access and, through increased retention, produce better client outcomes: clients whose quality of life has improved and who are more productive at school or at work.”**

**SSA Director W. Lee Catoe**







# STAR-SI

## Feedback to Providers – SC

- Statewide enterprise-level Internet-based computer system
- Providers can pull their own data
- SSA provides quarterly reports to all that show each provider's performance in relationship to state-level performance targets and/or state average



# STAR-SI

## Feedback to Providers – Pre-STAR-SI

- Quarterly reports on client outcomes, particularly Governor's Outcome Objectives (NOMS)
- Quarterly reports on 4 process outcomes required of each SAPT BG subgrantee
  - **2 related to access**
  - **2 related to data integrity**



# STAR-SI

## Feedback to Providers – STAR-SI

- Coaches, mentors and SSA Team
  - **Regular calls and visits**
- Learning Collaboratives
  - **Three times a year**
- Quarterly Reports
  - **STAR-SI A&R Table, plus associated data and analytical tables**



## Feedback to Providers – STAR-SI

- Comparison of baseline to actual performance at the provider and cohort levels
- Comparison of provider and cohort performance to state-level objectives
- A Pivot Table that allows each provider to compare itself to its cohort or to another provider
- Admissions by referral source, demographics, levels of care, and presenting problem



## Feedback to Providers – STAR-SI

- We are constantly working on simplifying our data feedback
- Dan Walker of our MIR Section will illustrate the new interactive report that he has been working on

[Cohort One Comparison Tool](#)

## Lessons Learned

- **We could not look at the data by cohort and statewide if we did not have KIS-E. Our robust statewide system allowed us to see that providers who participate in STAR-SI did better in all measures than those who were not yet in the STAR-SI program.**
- **Care must be taken not to analyze data too quickly at the agency and state levels**
- **We must have a uniform set of definitions**



## **Lessons Learned (cont.)**

- **While our providers' change projects have been phenomenal, they have not resulted in comparable agency-wide changes yet. We need to take a closer look at agency-level diffusion, to include differences between large and small, and single vs. multi-site agencies.**
- **At provider level, care should be taken (1) not to complete a change project prematurely or to drag it out for an inordinately long time, and (2) to give sustainability of a change as much attention as the PDSA cycle itself.**



# Business Case For Our Work

**Lynn M. Madden, MPA**  
**CEO, APT Foundation**  
**New Haven, CT**  
**Process Improvement Coach**

STAR-SI is a partnership between the Center for Substance Abuse Treatment and the Robert Wood Johnson Foundation.





# STAR-SI

## Five Key Principles

### Evidence-based predictors of change

- Understand and involve the customer
- Focus on key problems
- Select the right change agent
- Seek ideas from outside the field and organization
- Do rapid-cycle testing



# STAR-SI

## ? The Sixth Principle - the Business Case is the Key to Sustainability

- Economics really do drive an organization's ability to offer services and the government's ability to pay for services
- A positive economic position is a better leverage point for clinical and/or organizational change
- Programs that drain resources from the organization/State are rarely expanded – they also have more difficulty attracting staff



# STAR-SI

## Where does the money for treatment come from?

Government, in one way or the other, is the largest payer -

13% Medicaid

35% other government sources

1% Medicare

6% commercial insurance

12% free care

23% self pay

10% unspecified

TEDS 2005



## What is it like to be the government?

Prioritized motives  
Limited Resources  
Public justification  
Public safety/benefit

## **Public Health Issues**

### **Some concerns for the opioid dependent population**

HIV Northeast U.S. - 27%

U.S. general population - .6%

Hepatitis C - 79%

U.S. general population – 1.5%

Sources – CIA The World Fact Book 2003 and the Hepatitis- C Information Center

## Other Public Health Concerns

- Lost productivity (even more of a concern as the age of first use and drug use patterns change)
- Disease burden – other chronic illnesses that are associated with drug use
- Family and societal stresses and traumas
- 625,000 persons KNOW they need treatment and don't seek help! (SAMHSA 06)





# STAR-SI

## What is it like to be a provider?

- Subject to budget provisions that don't always seem to make sense.
- Service planning is made more complicated by state budget timelines that don't match planning timelines.
- Sometimes doing more and/or doing it more efficiently doesn't mean financial improvement.
- Margins are slim or negative; taking on new initiatives is a challenge.



# STAR-SI

## The Business Case provides a Common Language

- “Contemplating last and late the true nature of poetry. The drive to connect. The dream of a common language” - Adrienne Rich





# STAR-SI

## Spending the public's money well STAR SI as a communication tool

- Many persons who make important decisions about how substance abuse treatment and mental health care get funded don't really know what we do all day. It is OUR JOB to communicate with them, in terms they do understand; business principles like efficiency, cost reduction, improved productivity, and improved outcomes are a common language.

## Illustrating the Business Case

- Increased \$ by service line – usually due to volume (fee for service or improved payer mix)
- Improved efficiency in a program – more people being served for the same \$, but not always more revenue (ie; capitation) or an improved process that saves a lot of time. Watch out here for ‘vapor’ – hard to claim efficiency if it is not translated into a concrete gain.
- Improved productivity.

 **STAR-SI**

## **Kennedy Center Moncks Corner, South Carolina**

- Went to all walk-in assessments, five days/week until 3 pm each day.
- Initial results – Went from an average of 3.3 assessments each business day to an average of 6.7 per business day.

## Kennedy Center - a risk pays off

- The AVERAGE reimbursement for an evaluation is \$50/person. Some do not pay at all, some pay more. Clients are told during the initial call that they will be seen even if they can't pay AND asked to bring money if they have it.
- 3 more evals/day = 15/week = \$750/week  
\$750 x 50 weeks = \$37,500/year



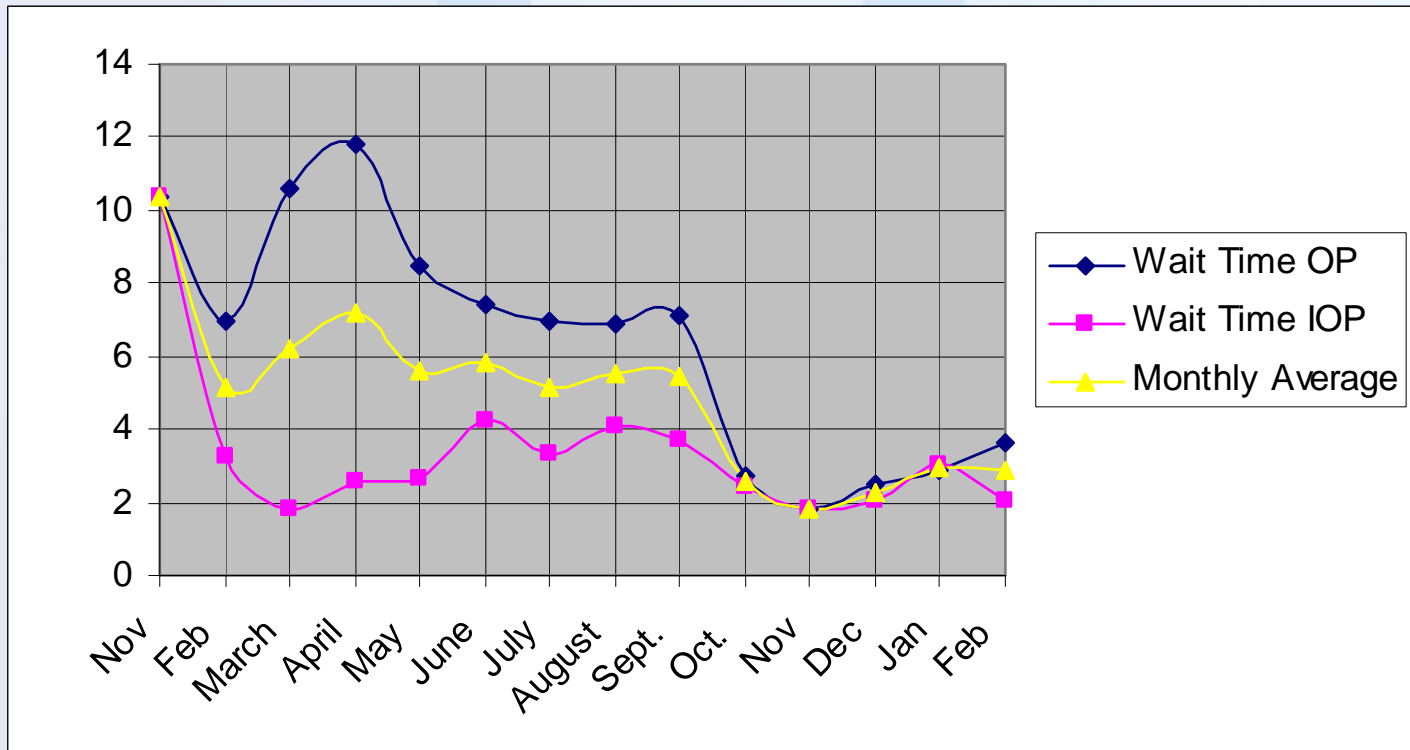
# STAR-SI

## What if more people come, but no one can pay?

- It is possible to target one payer group, but we have learned over and over again that if you open access, it will help people in every payer class equally.



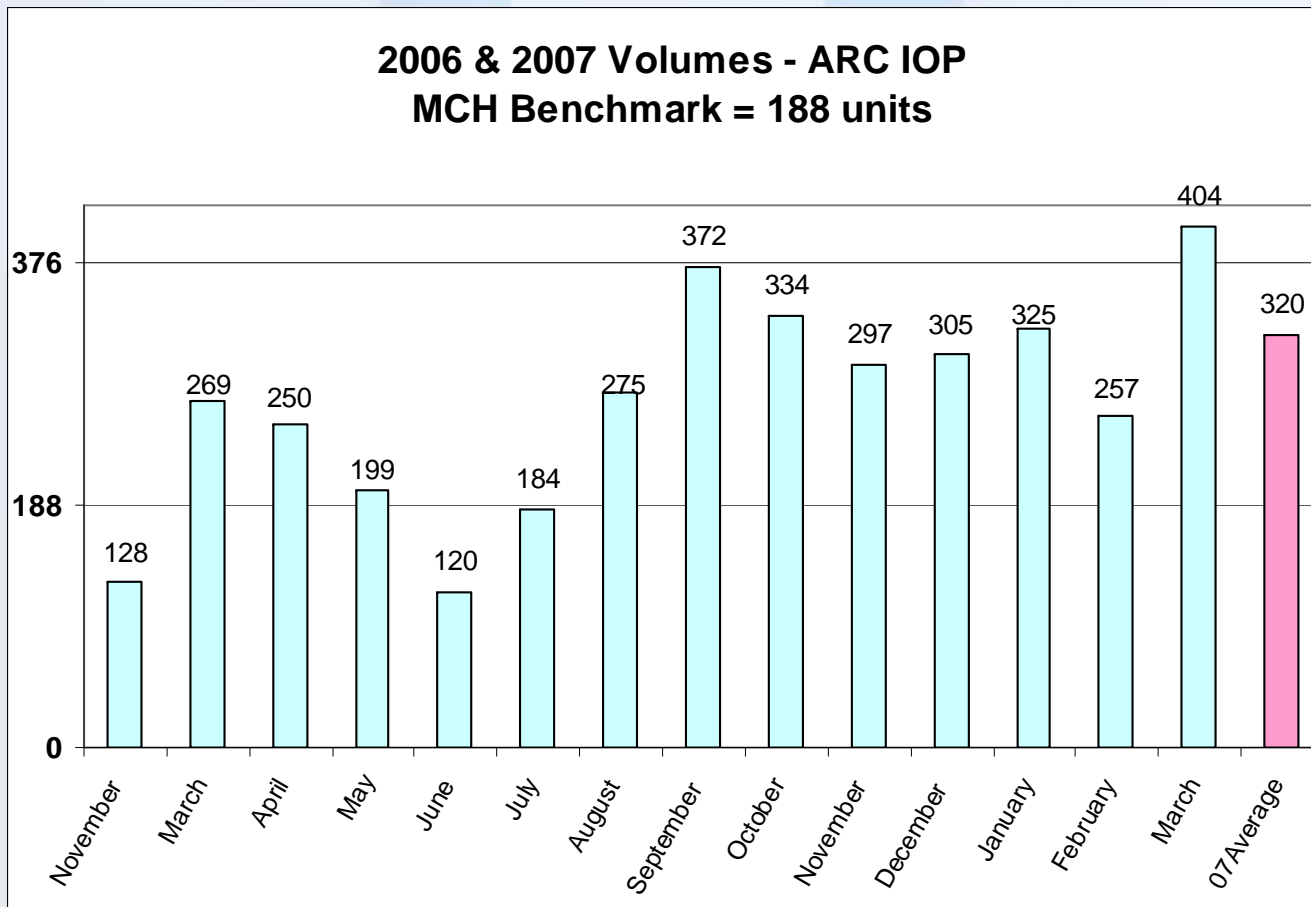
## Addiction Resource Center Brunswick Maine Wait Times Are Down 77% From Baseline





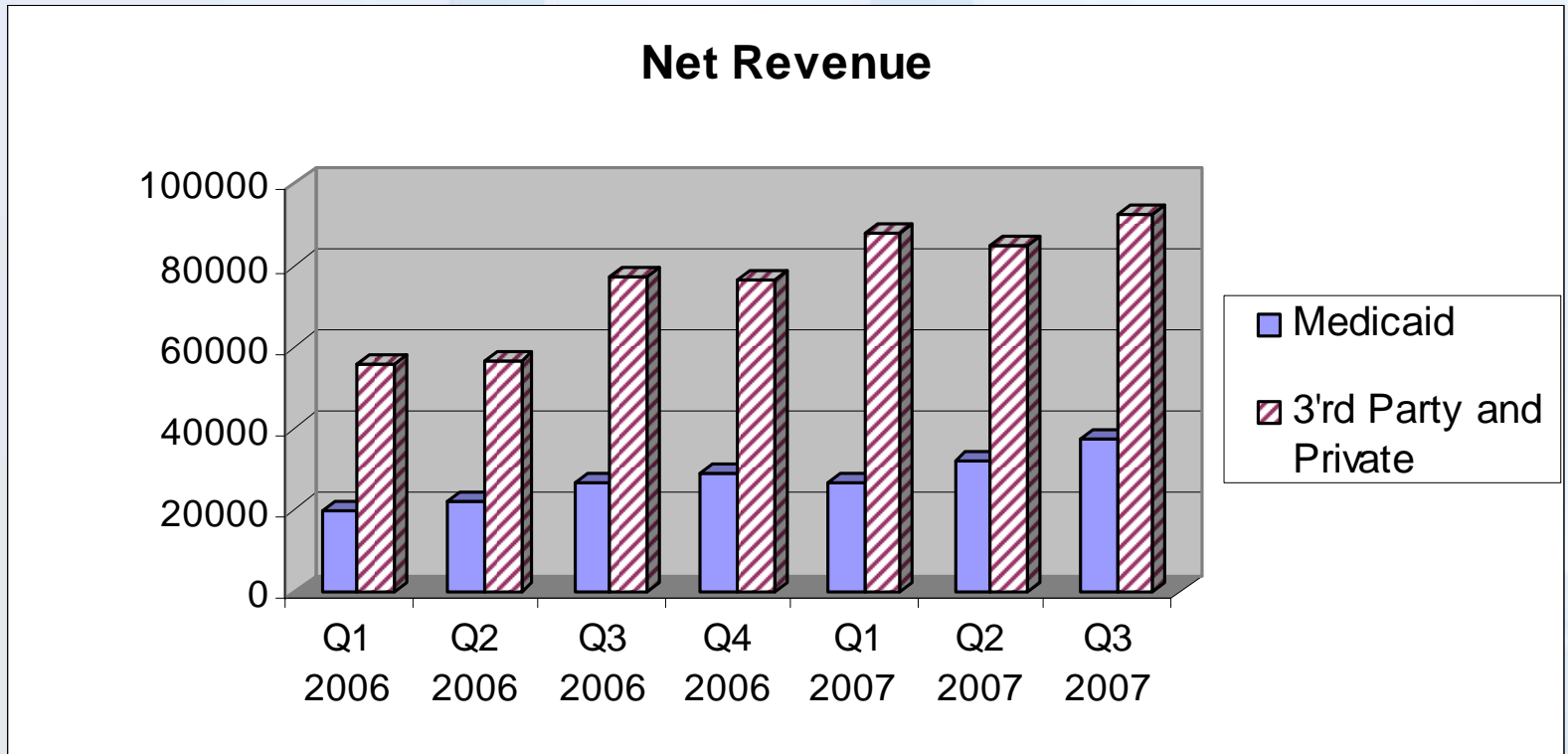


## Addiction Resource Center - IOP Volume Is Up 150% Over Baseline



## ARC Business Case

Medicaid Net is up 53% Over Baseline 3rd Party and Private Net Is Up 50% Over Baseline





## Many clients pay something!

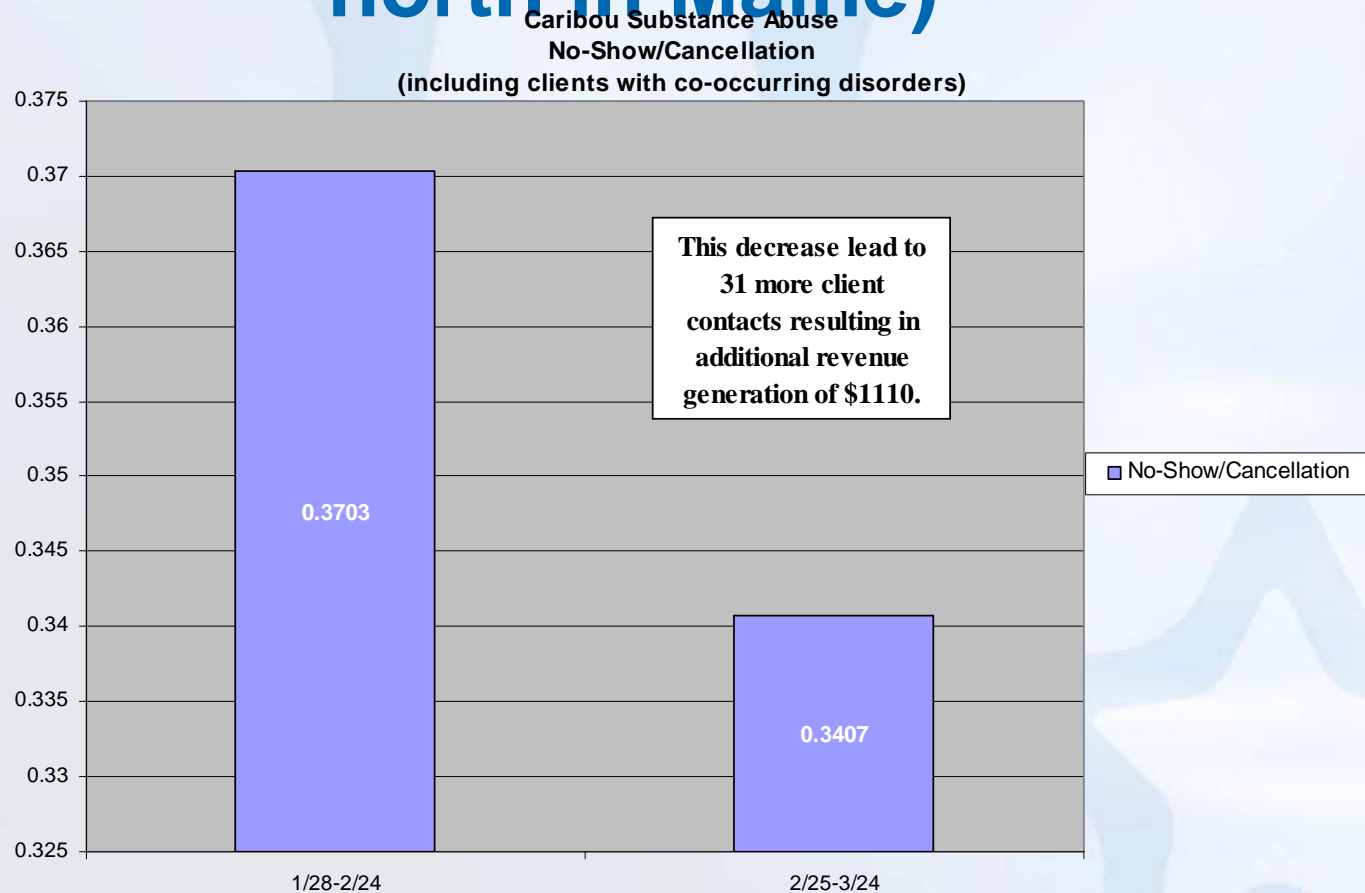
- 43.9% of clients paid a portion of the charge for their treatment
- 52.9% used two or more sources of payment
- Women are more likely than men to pay with private insurance 30.9% v 23.5%
  - with Medicaid 19.8% v 11.6%
  - with other public assistance 21% v 13.6%

NSDUH 2006



# STAR-SI

## Aroostook Mental Health Center tackles the no-show rate (really far north in Maine)



## Small Changes Really Matter

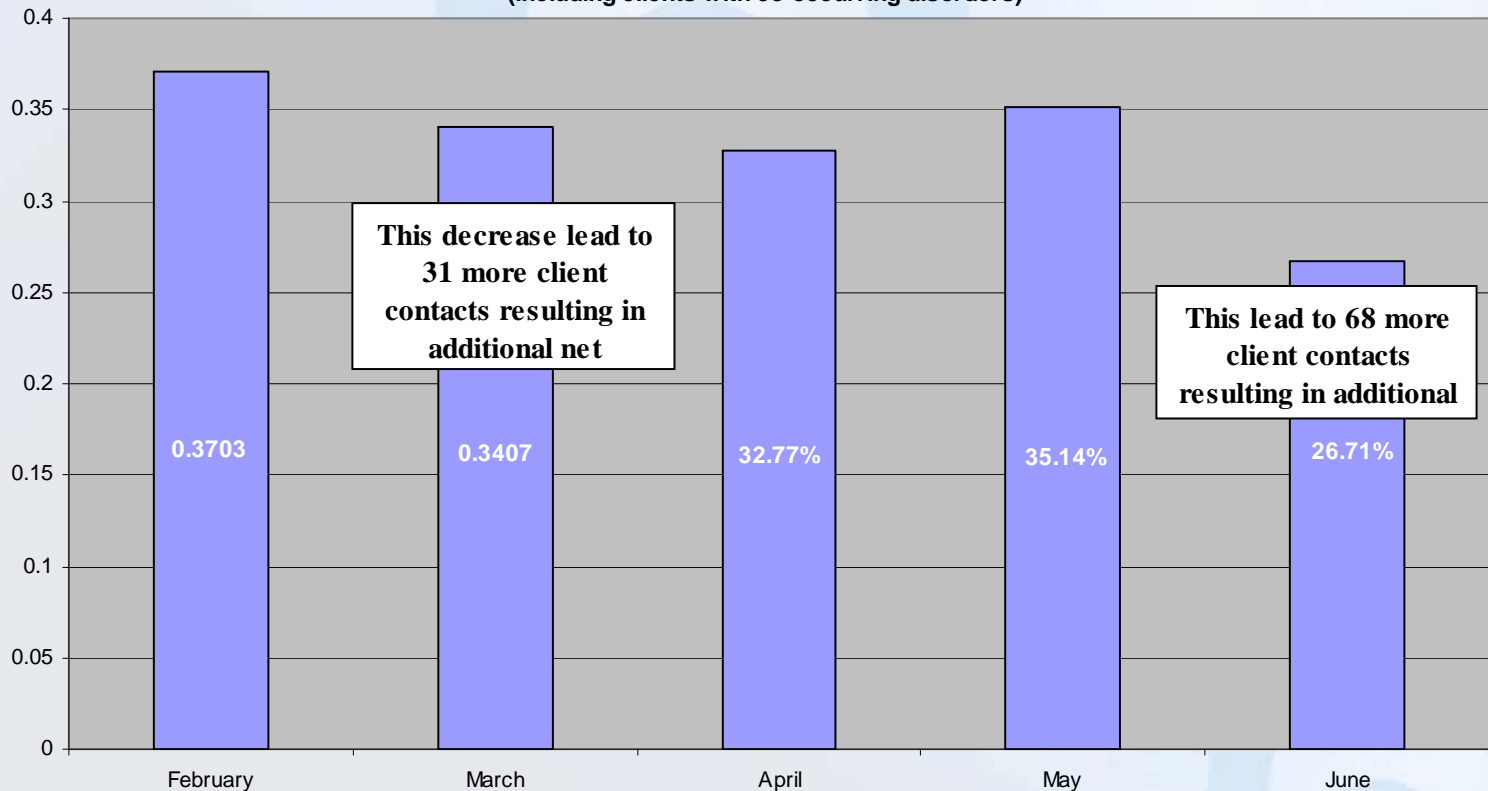
- A 3% improvement in the no-show rate = \$1100/month or \$13,300/year
- This program is in a group of programs that together were intended to produce an operating margin of \$15,123
- The results are clear and easily communicated - 31 more visits (real people) = more \$, more tx



# STAR-SI

## Aroostook Mental Health Center – decreasing no show rate

Caribou Substance Abuse  
No-Show/Cancellation  
(including clients with co-occurring disorders)





# STAR-SI

## Maine STAR-SI Reducing time to DEEP services

- Eight of our nine pilot sites participated in the change, which was a simple switch to faxing paperwork instead of mailing it
- Time to DEEP treatment dropped from just over 7 days to about 5.
- Revenues across the group rose by \$24,146 or \$313,898/year!

## SC Paperwork Reduction

- In 2007, providers did 38,451 intakes across the state
- A paperwork reduction effort by the South Carolina change team resulted in a 1 page intake form instead of an 8 page form
- Time to do the intake dropped from 30 minutes to 15 most of the time (80%)

## Reducing duplication pays off

- Average salary of those involved in intake = \$14.03
- 80% of intakes times were reduced by 50% and 20% of intakes were reduced by 5%, saving about 8000 hours! = about \$110,000 in local salaries.

the savings = two full time clinical staff = 1900 assessments/year



## Key Business Case ideas

- Improved performance can lead to an improved bottom line and/or improved stewardship
- Staff retention and morale seem to improve in organizations where staff are excited and involved
- Business principles are a good communication tool and provide us a way to advocate for our work and therefore, our clients



 **STAR-SI**

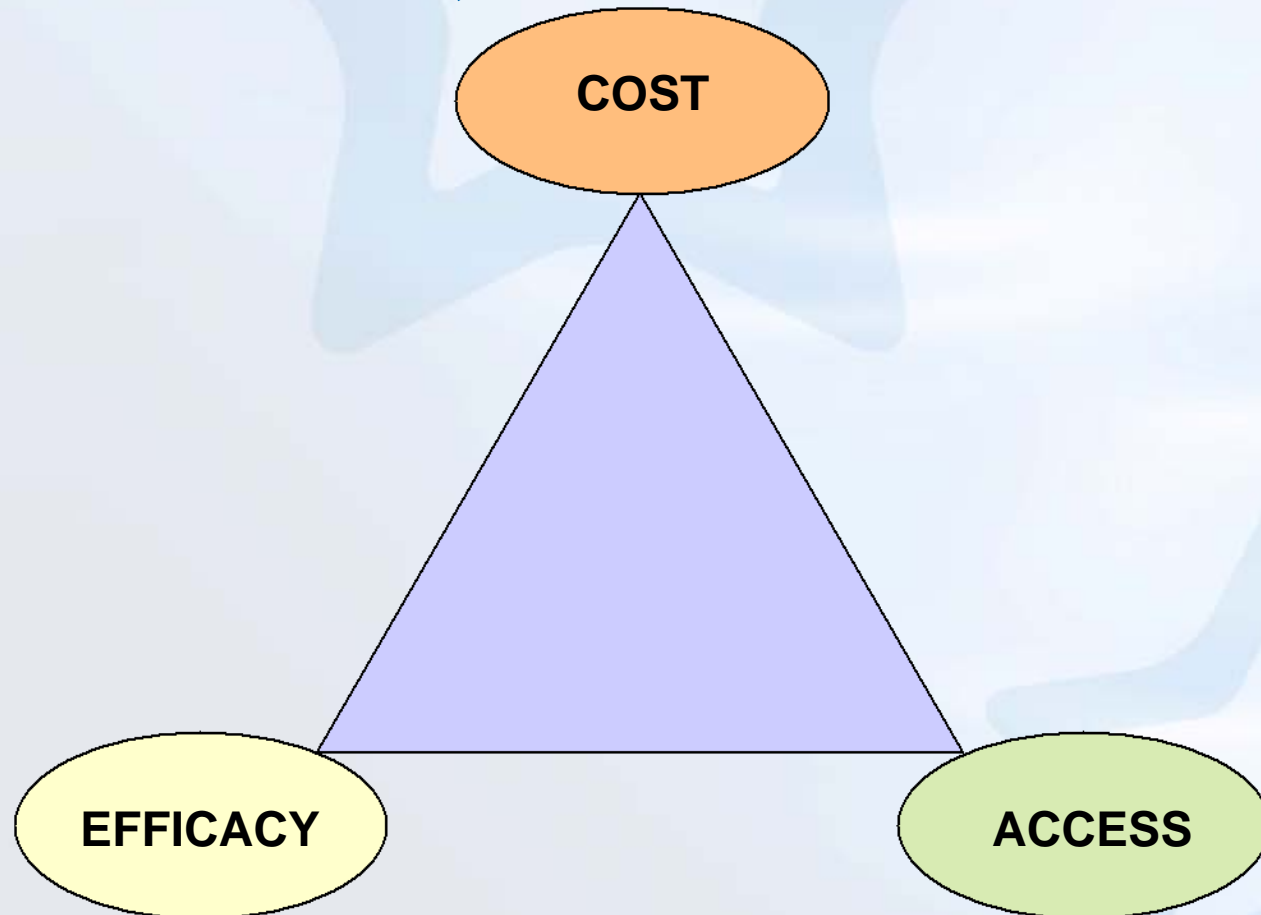
## **States/Payers are the key to sustainability**

Programs and payers must join forces to improve access and retention by aligning motives and strategies

# STAR-SI

## Strategic Decision Metric

Services that people can and will come to, that we can pay for, and that work.



## Resources

- NIATX Business Case Series  
<http://128.104.190.157/PDF/PIPractice/BusinessCaseSeries/NIATxBCaseLR.pdf>
- Your colleagues, your stories, your coaches, NPO staff
- NIATX Business Case Calculator – on web site
- National Survey on Drug Use and Health  
<http://oas.samhsa.gov/nsduh.htm>



# The Business Case for Change

**Lynn M Madden, MPA**

**CEO, APT Foundation**

**Coach, NIATx**

**Scott O Farnum, MS, MPA**

**Coach, NIATx**

STAR-SI is a partnership between the Center for Substance Abuse Treatment and the Robert Wood Johnson Foundation.

## Statistics

- 19 million Americans need treatment
- 25% are able to access treatment
- 50% of those in treatment do not complete
- The way services are delivered is a barrier to both access and retention





# STAR-SI

## Five Key Principles

### Evidence-based predictors of change

- Understand and involve the customer
- Focus on key problems
- Select the right change agent
- Seek ideas from outside the field and organization
- Do rapid-cycle testing





# STAR-SI

## The Sixth Predictor - Business Case is the Key to Sustainability

- Economics really do drive an organization's ability to offer services and the State's ability to pay for services
- A positive economic position is a better leverage point for clinical and/or organizational change
- Programs that drain resources from the organization/State are rarely expanded – they also have more difficulty attracting staff

 **STAR-SI**

## **What is it like to be the government?**

Prioritized motives  
Limited Resources  
Public justification  
Public safety/benefit



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## What is it like to be a provider?

- Subject to budget provisions that don't always seem to make sense.
- Service planning is made more complicated by state budget timelines that don't match planning timelines.
- Sometimes doing more and/or doing it more efficiently doesn't mean financial improvement.



# STAR-SI

## Reimbursement is Complex

- Seek advice by program and by level of care – the rules really are different
- Your job is to translate between business interest and clinical interest – they need to be parallel
- Don't forget your own common sense – make a case for future marketing

 **STAR-SI**

## **Basic Terms – Let's not make this too hard**

- Fixed costs – Costs that do not vary with volume

Examples: rent  
utilities  
administration

## More Basic Terms

- Variable costs – expenses that vary with census such as supplies and staffing
- Unit Cost – the cost, both fixed and variable, of delivering one unit of service – the unit is based on how you bill. For example, one outpatient visit or one day of IOP care.

# STAR-SI

## Calculating the financial impact of a change

- Simple is better – use averages such as average revenue per statistic or average cost per unit of service.
- Average revenue per statistic = the total program revenue divided by the program statistic (number of units of service)
- Cost “savings” need to be translated to client care gains.

 **STAR-SI**

## **Role of the Executive Sponsor as a Partner to a Change Leader**

- Knowledge about reimbursement
- Access to Knowledge
- Permission to seek knowledge  
(sharing of authority)



# STAR-SI

## What if more people come, but no one can pay?

- It is possible to target one payer group, but we have learned over and over again that if you open access, it will help people in every payer class equally.





# STAR-SI

## Open Access to IOP- Acadia Hospital Bangor, Maine

- Clients who fit clinical profile over phone or at local ED offered an evaluation the following morning at 7:30 a.m.
- All evaluated clients invited to start program the same day

### **IMMEDIATE RESULTS**

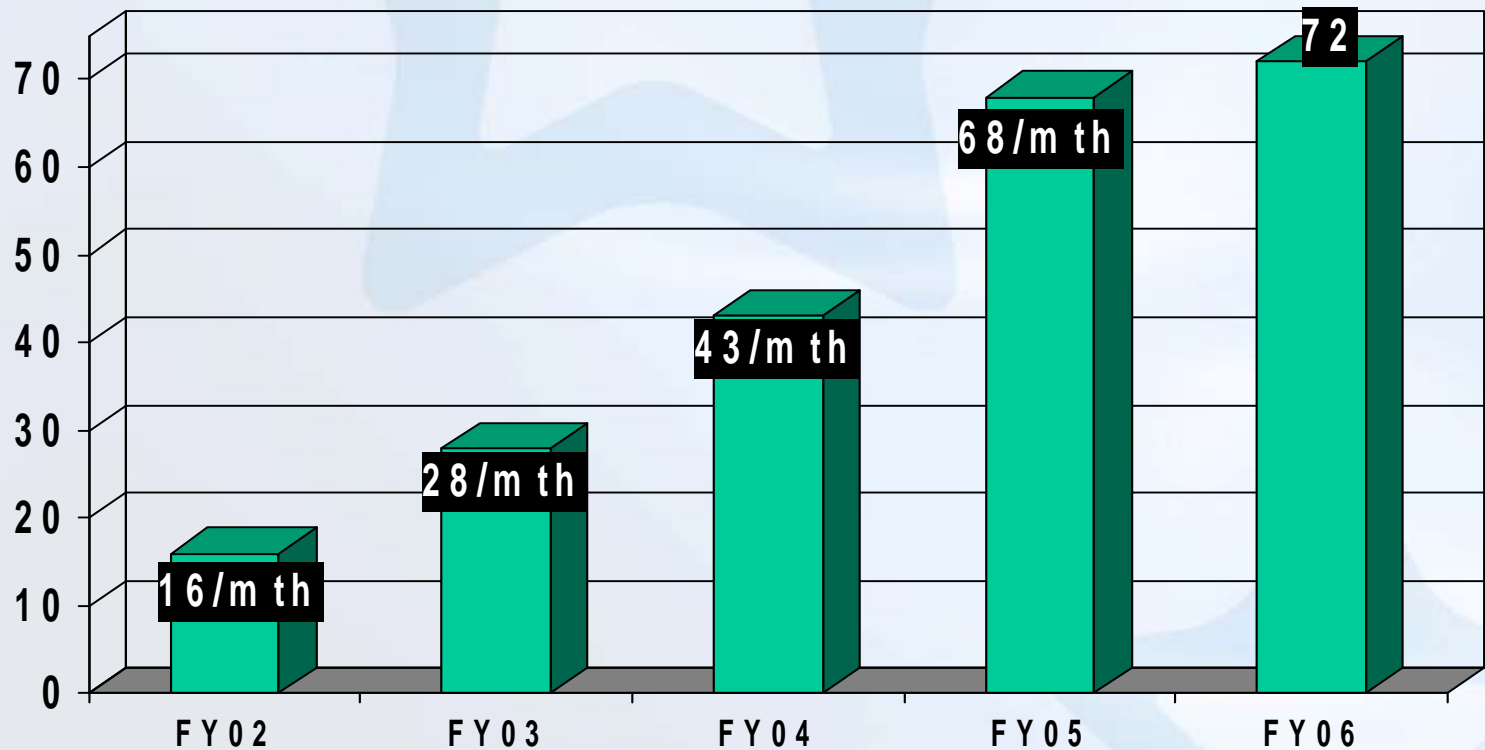
- Time between initial contact and screening dropped from 16 - 4.0 days to 1.3 days
- More people were screened the first week than in the entire previous month



## RESULTS

Open access has resulted in continued growth in the number of admissions

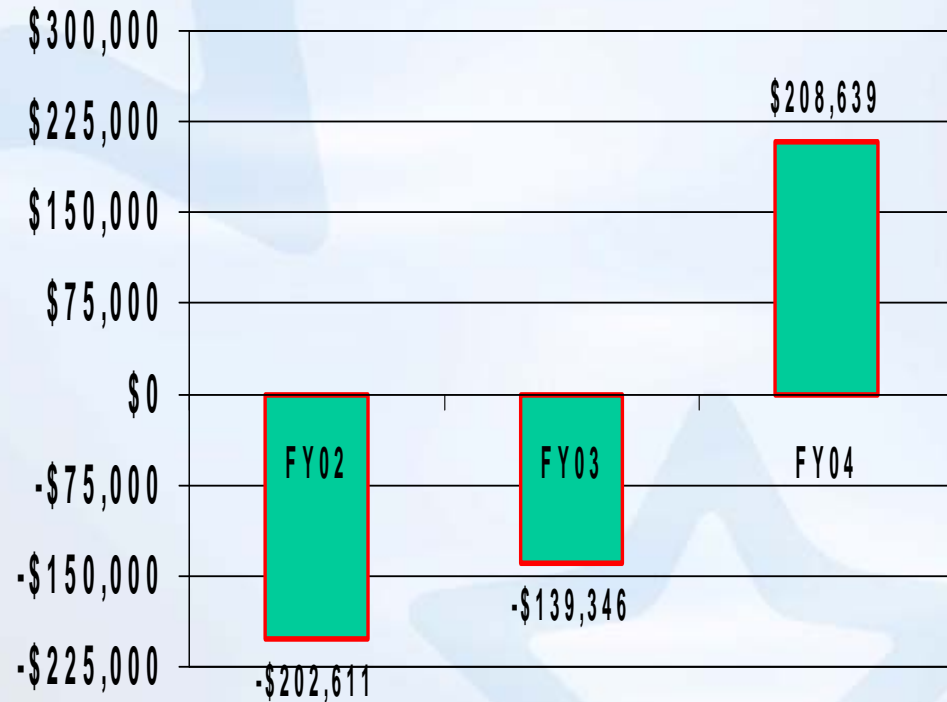
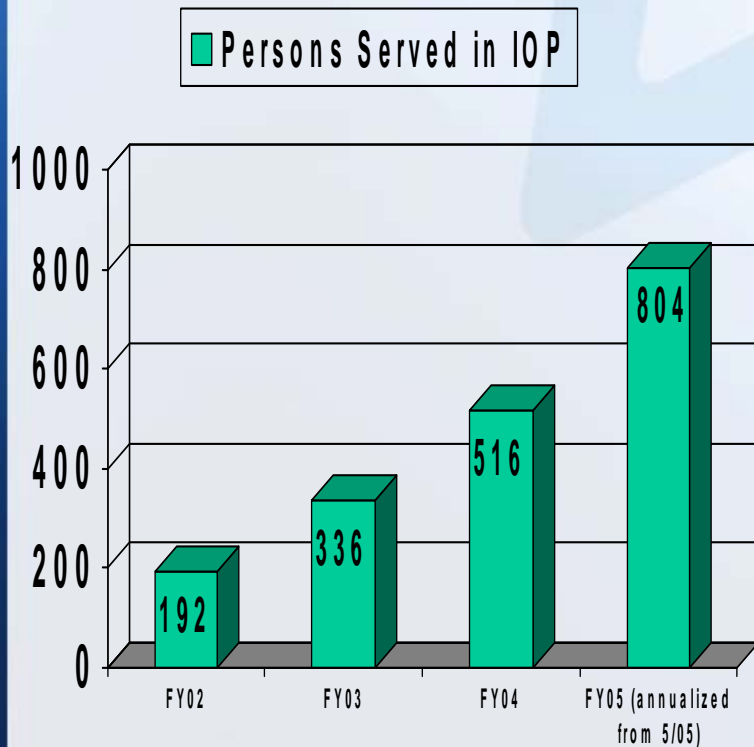
(project implemented in March 2003)



# STAR-SI

## Project #1 – Operating Results

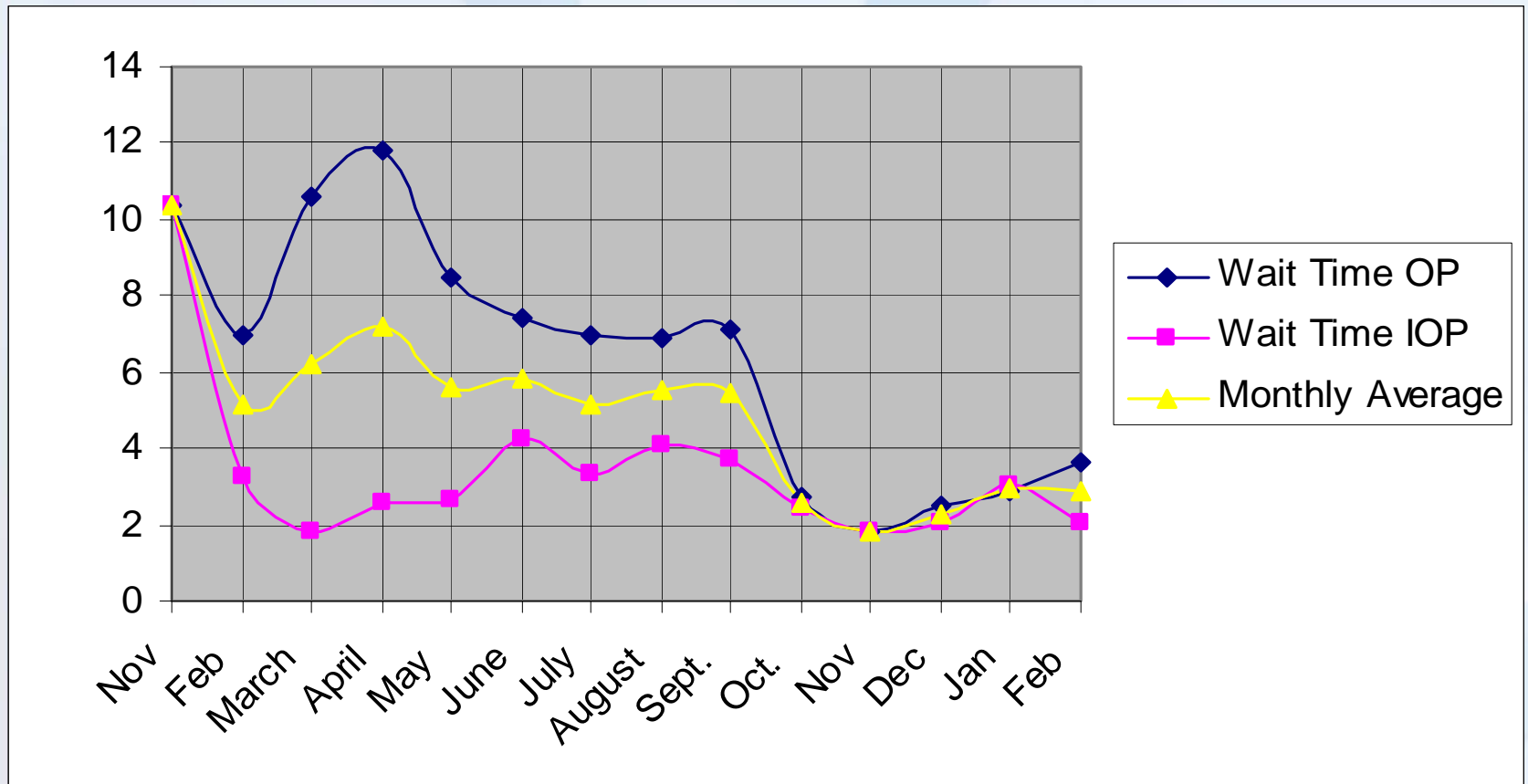
**We serve more clients and the program operates more efficiently**



Outpatient Substance Abuse Services Net Profit or Loss

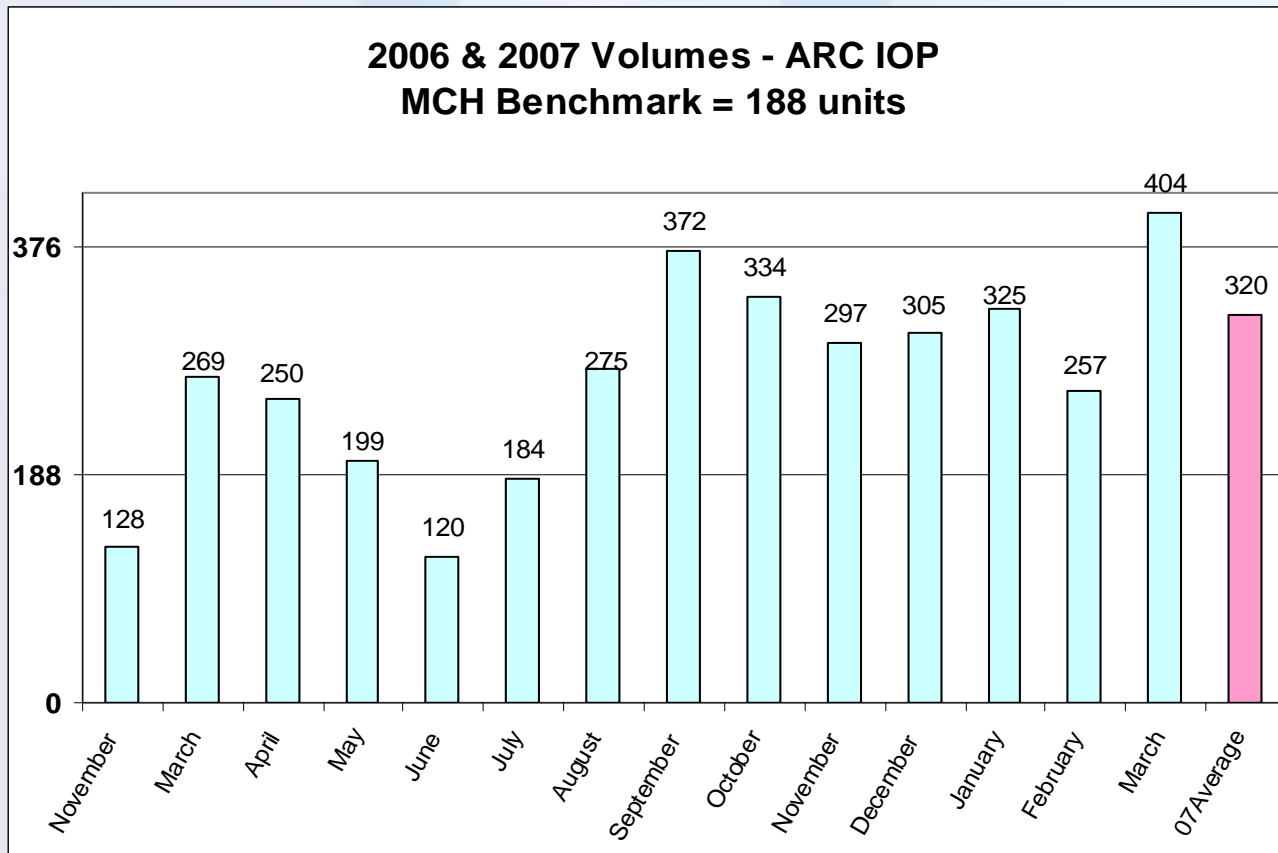
# STAR-SI

## Addiction Resource Center – Brunswick Maine Wait Times Are Down 77% From Baseline



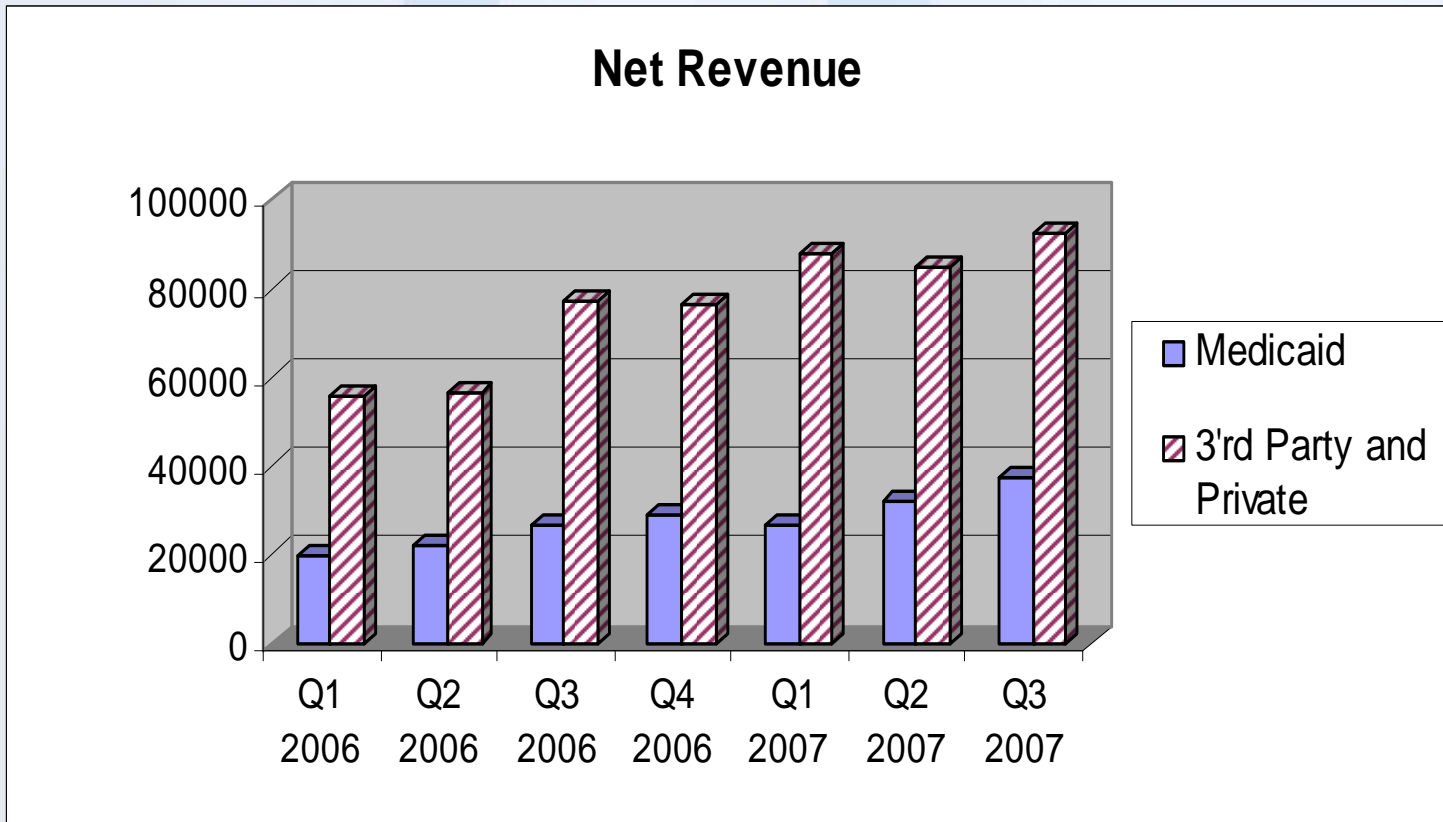


## STAR SI- ARC Business Case IOP Volume Is Up 150% Over Baseline



## ARC Business Case

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 **STAR-SI**

## **Kennedy Center – Moncks Corner, South Carolina**

- Went to all walk-in assessments, five days/week until 3 pm each day.
- Initial results – Went from an average of 3.3 assessments each business day to an average of 6.7 per business day.

 **STAR-SI**

## **Kennedy Center – Financial Results of Improving Access**

- At an average reimbursement of \$50/client, revenue increased by more than \$150/business day or more than \$750/week.
- Should they keep going with open access?
- What are the considerations for this agency?





## Axis 1 – Barnwell South Carolina

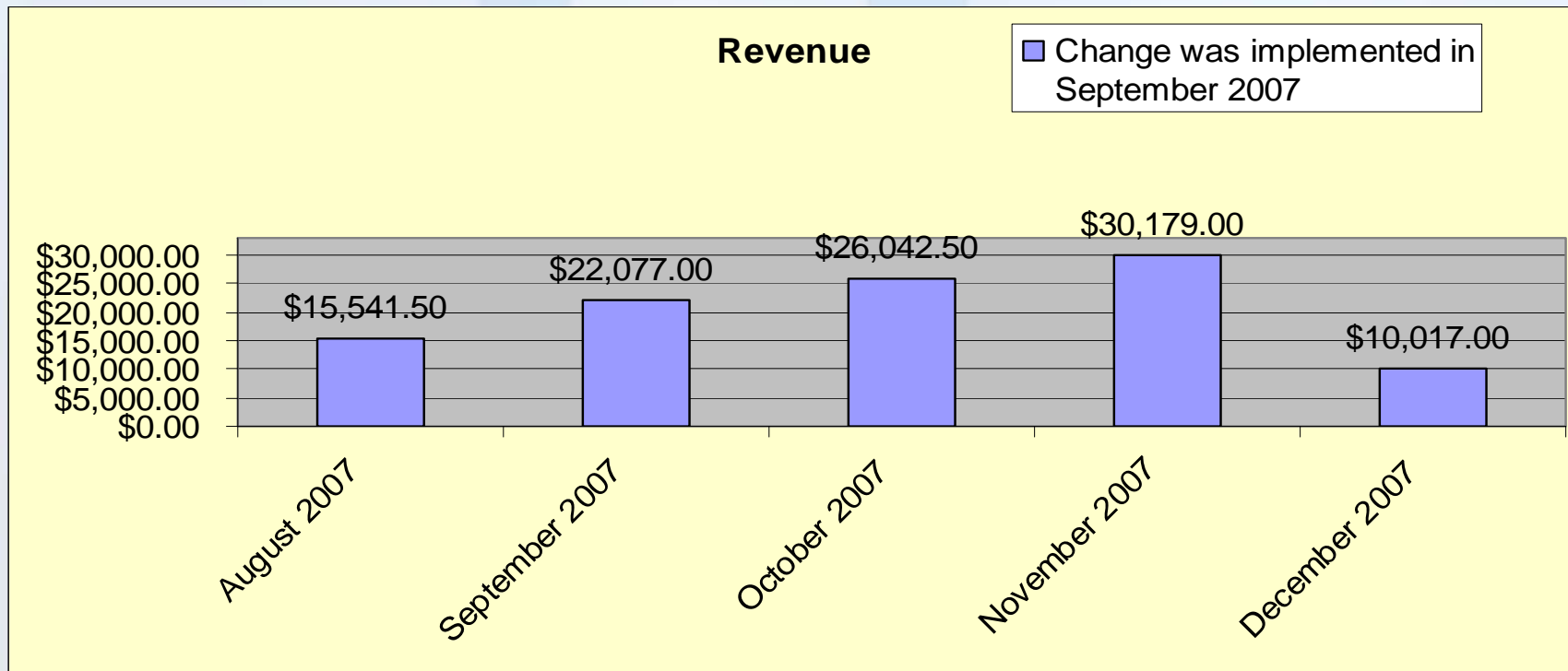
CHANGE (Started in Sept 2007)

Stop scheduling assessment appointments

- The day the client calls to make an Assessment appointment, they are told to come in at 9:00 a.m. or 1:00 p.m. and they will be seen



## Results in Revenue – Axis 1



# STAR-SI

## Aiken Center Used CM techniques to Improve Show Rate

- 1) Offer gift (shampoo, soap) for attending all client scheduled weekly groups.
- 2) Offer chance to win monthly gift (\$25.00 gift certificate) for attending all groups a client is scheduled to attend in a week.

## Aiken - Results

- Broken Appointments decreased from 38.5% to 31.2%, a decrease of 19% from the previous average. This translates to one more person being present in each group.

## Should we keep going?

- Aiken is receiving about \$10/person/ group. Though they charge indigent clients a small fee, the clients rarely pay. The question is this – how successful was this change? Should they keep going? What might they try next that would improve financial performance AND advance access/retention goals?

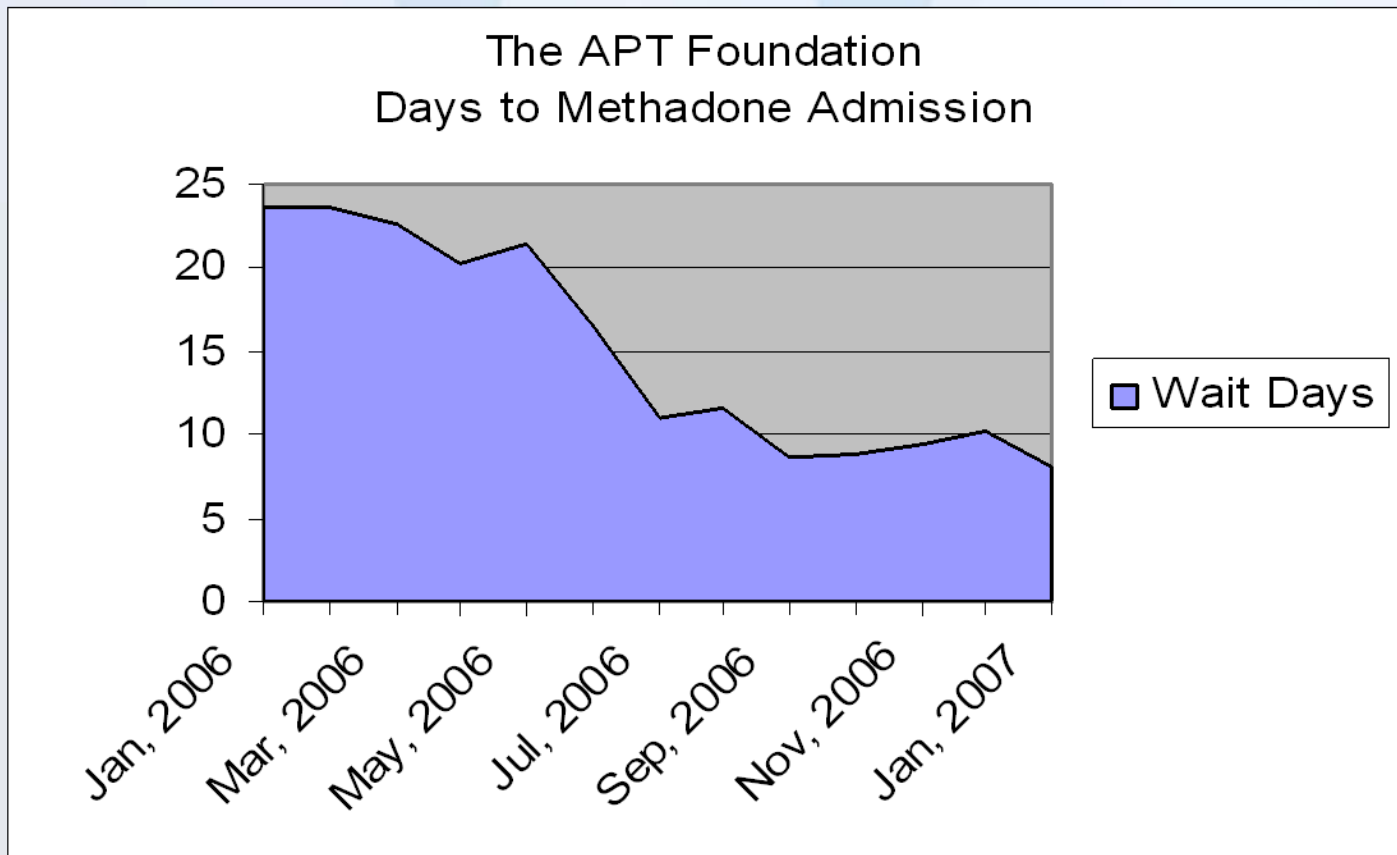


# **STAR-SI**

**What challenges do you have around developing the business case?**

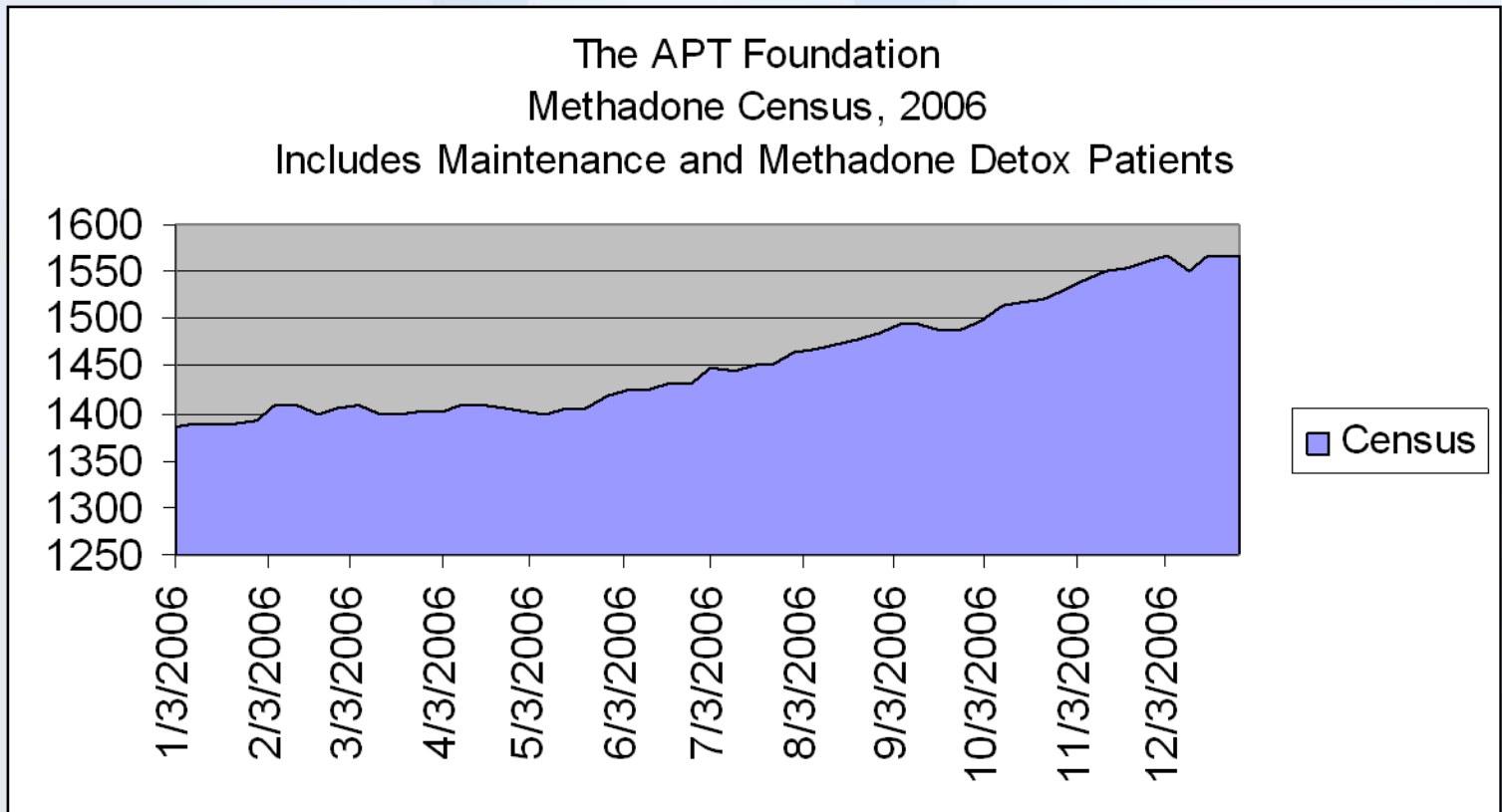


# APT Foundation – Reducing time to Methadone Treatment





# As Wait Times Decreases – Census Climbs!





 **STAR-SI**

## **APT Foundation – New Growth Means Financial Stability**

- **11,024 New client weeks =  
\$466,646 in new revenue**





# STAR-SI

## What did we do with the new revenue?

- Hired staff – learned to do it proactively.
- Fed the clients – this dramatically improved retention
- Gave all staff an incentive payment at the end of the year AND set goals for the next year's potential incentive.



# STAR-SI

**How is understanding the  
Business Case important?**

 **STAR-SI**

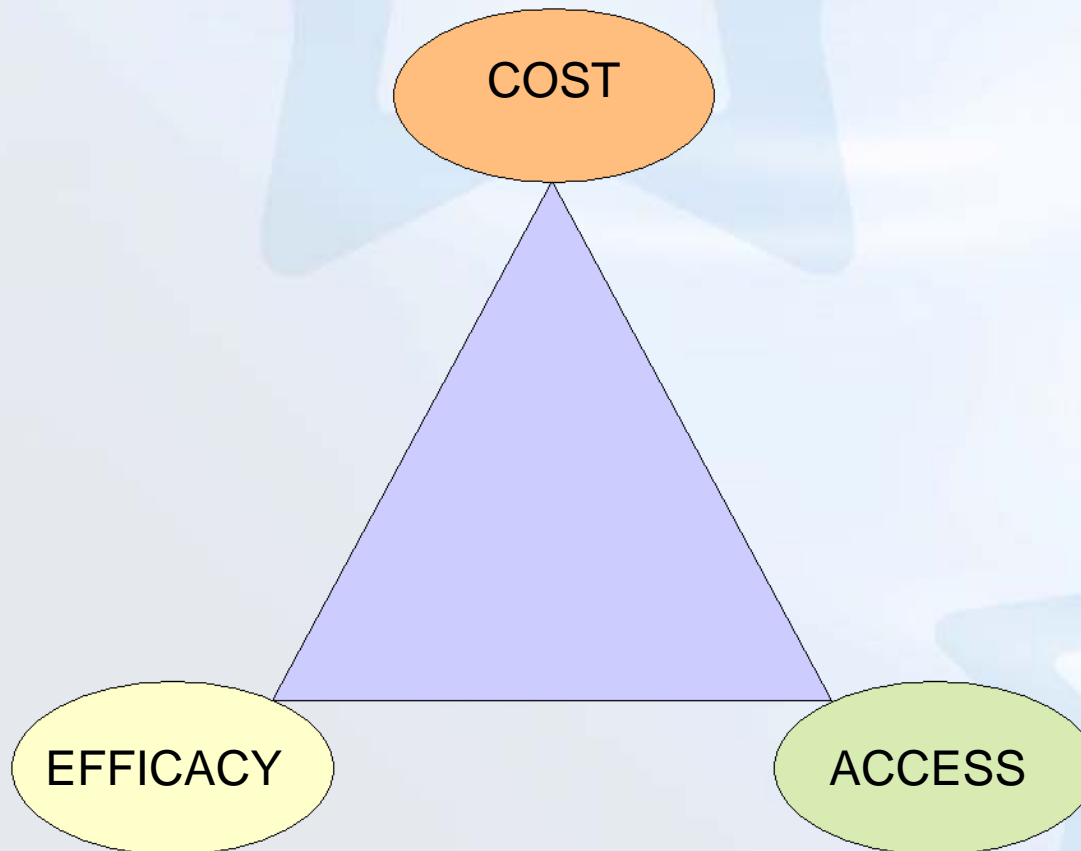
**States are the key to sustainability**

Programs and payors must join forces to improve access by aligning motives

# ★ STAR-SI

## Strategic Decision Metric

Services that people can and will come to, that we can pay for, and that work.





Strengthening Treatment Access & Retention  
-State Implementation

*Spread, Diffusion & Sustainability*  
*Dr. J & Dr. Z*

STAR-SI is a partnership between the Center for Substance Abuse Treatment  
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# STAR-SI

## Goals

**To review the concepts and measurement of spread and diffusion; to reinforce this learning with break-out work groups,**

- 1. GOALS**
- 2. AVAILABLE CONCEPTS & MODELS**
- 3. MEASUREMENT**
- 4. BREAK-OUT WORK GROUPS**



# STAR-SI

## Goals

*“During the 2nd and 3rd years of the program, STAR-SI grantees will: (1) implement demonstrated improvements in a broader network or networks of outpatient treatment providers, e.g. county region and/or state wide; (2) continue to demonstrate other improvements; and (3) expand the number of treatment providers participating in process improvement and peer learning networks”.*



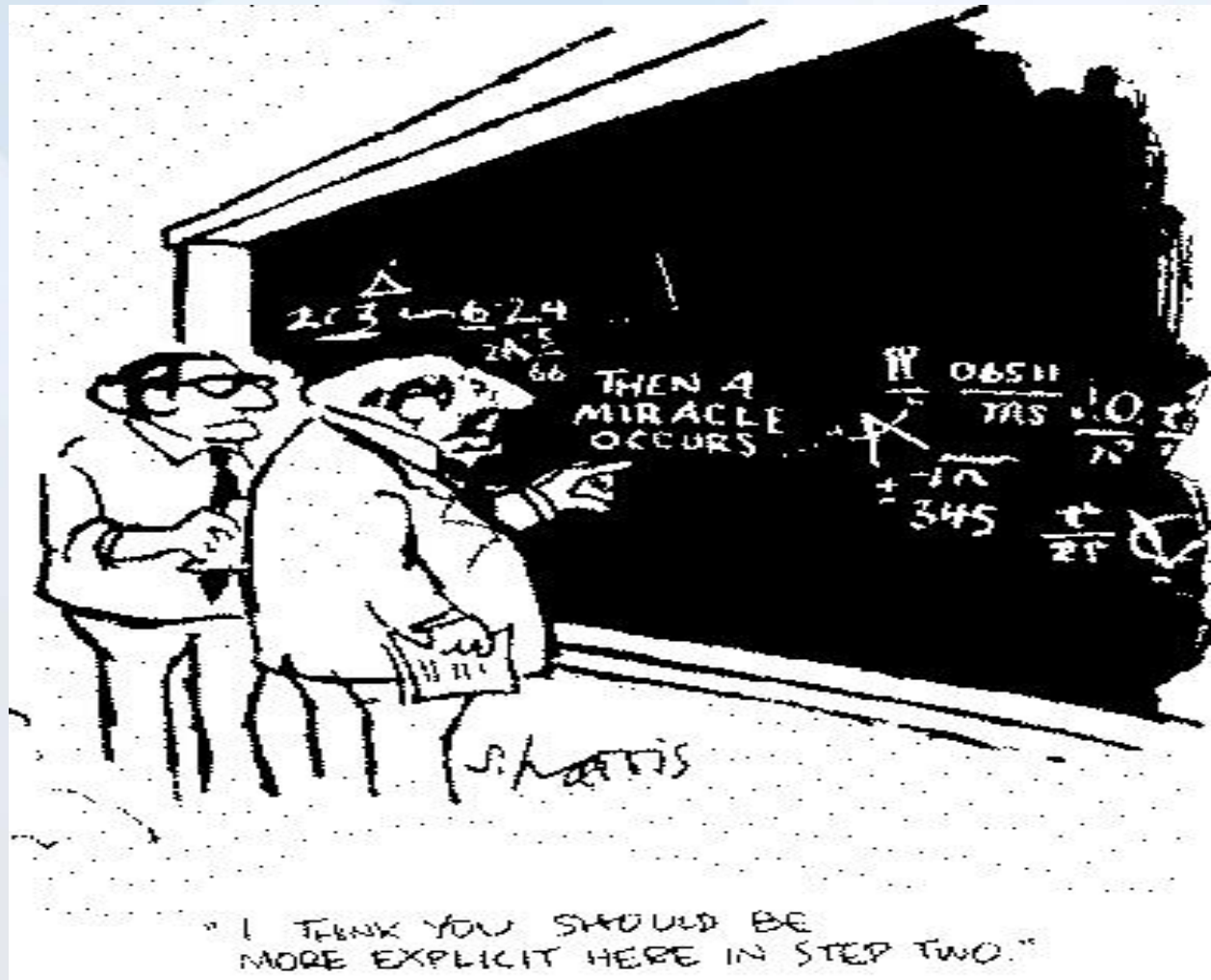
# STAR-SI

## CONCEPTS

1. ***Approach & Methods for transplanting evidence based Practice fit the NIATx effort***
2. ***Diffusion, spread and sustainability are inter-related and inter-dependent***
3. ***A specific plan, customized to organization and system, is required for maximal portability***
4. ***NIATx has achieved “first stage validity”***
5. ***Precise Definitions, Planning and Methods are required for sustainability, diffusion and spread***



Then a  
Miracle  
Occurs.....

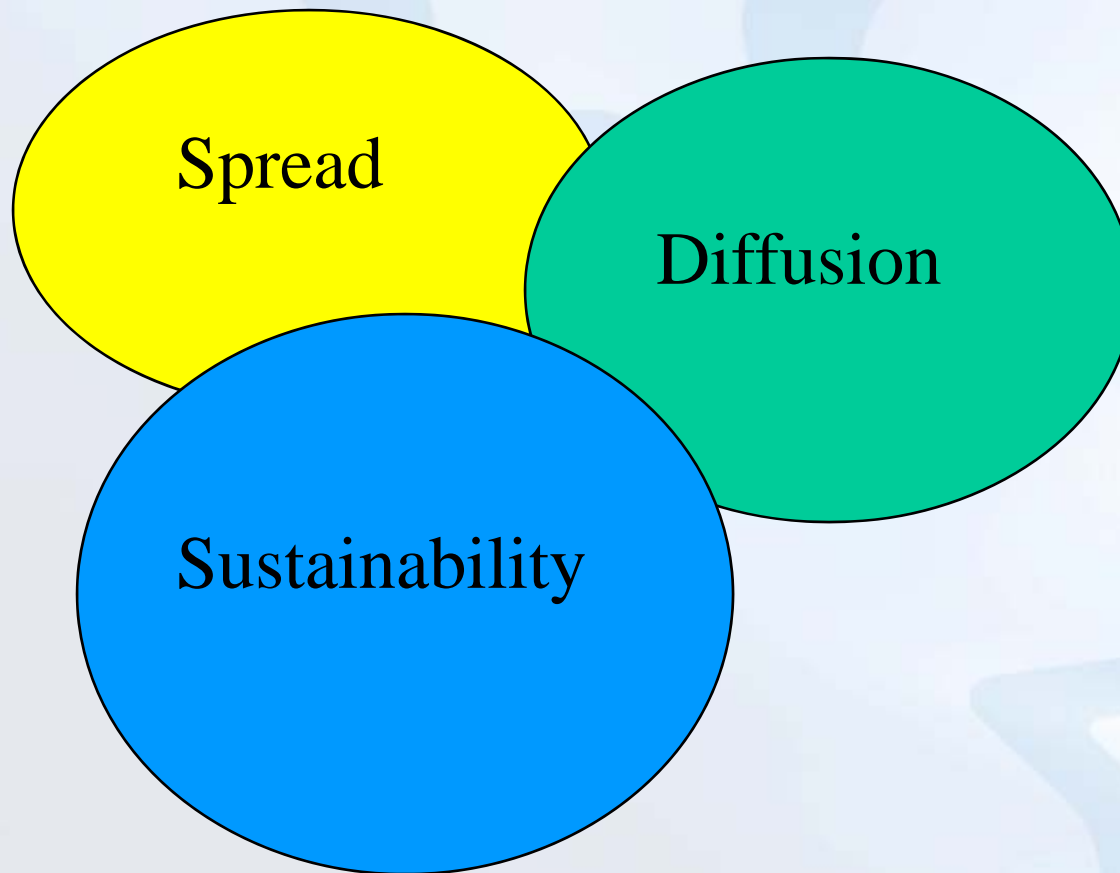




# STAR-SI

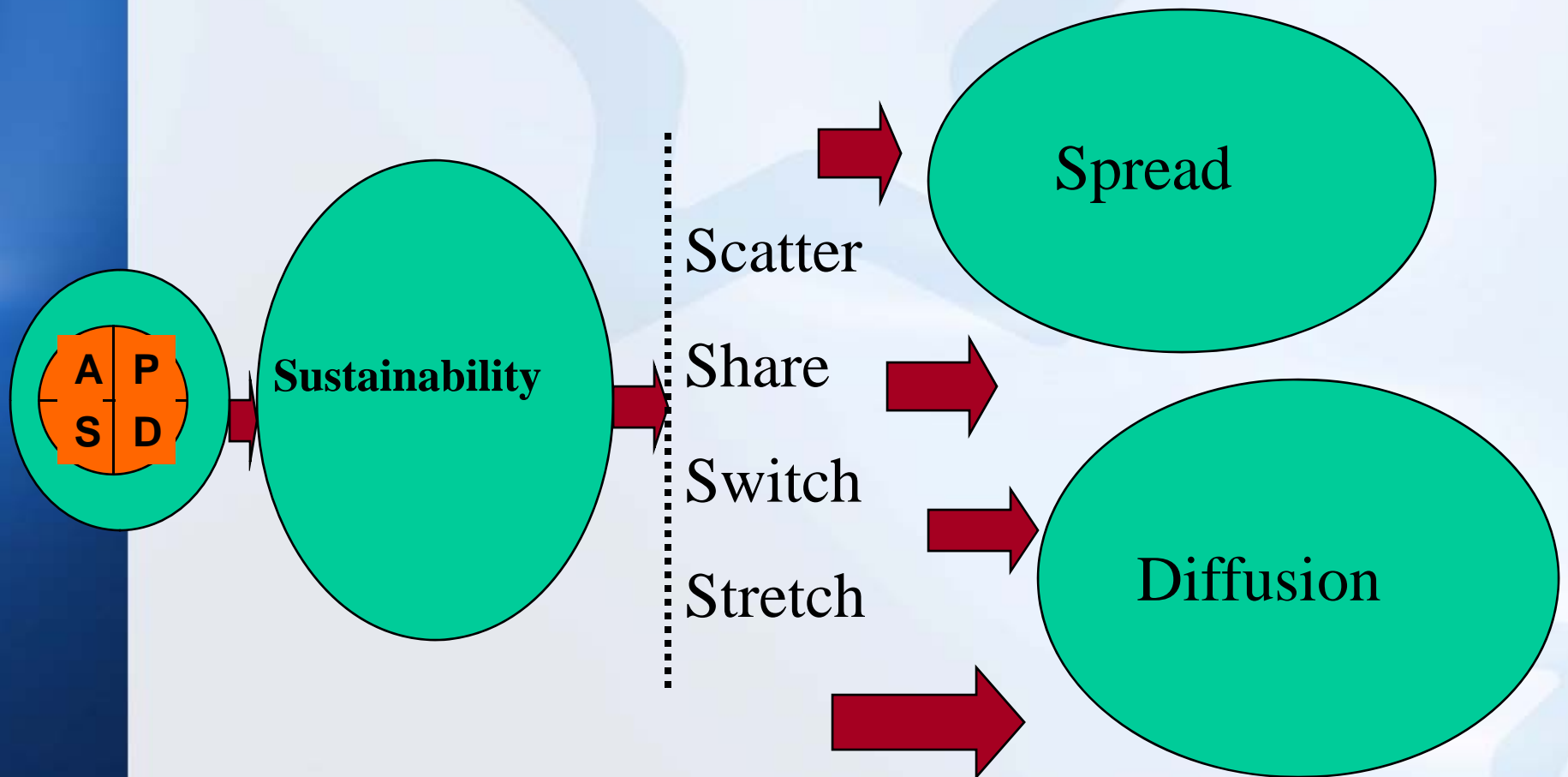
## Background

- Concept & Definition



# ★ STAR-SI METHOD

- Concept & Definition





# **STAR-SI** METHOD

- Concept & Definition

***Scatter:* One idea or practice-Many adopters**

***Share:* Replication of innovation within the organization**

***Switch:* One idea or practice from outside the field**

***Stretch:* Copy and implement an idea across many organizational boundaries**



# STAR-SI

## Guiding Definitions

- ***Generally, Spread focuses on the operational and practical components of the effort; Diffusion is generally considered the process by which a new approach or product is accepted by the field. The Rate of Diffusion is the speed by which the idea or method spreads from one site to the next.***



# STAR-SI

## What is the Desired Result of Spread?

- Ensure that improvement knowledge generated anywhere in the system becomes common knowledge across the system, thus leading to improvement action;
- Create a culture of change in the organization



**STAR-SI**

## What is an innovative idea?

According to your peers, it is:

*A simple, tangible change that has been successfully implemented and sustained and as a result, creates staff excitement for the change idea*





## *From Your Peers: Attributes of Successful and Unsuccessful Spread*

### • **Successful spread:**

- Identifies weaknesses and processes to correct
- Simple to implement
- Gives quick results
- Reduces workload
- Data shows results
- Team effort
- Win-win-win for clients, staff workload: no additional paperwork

### • **Unsuccessful spread:**

- Change not important to your customer
- Hard to implement
- Driven by research
- Individual approach without buy-in
- Not enough research into the problem before implementation
- Too large in scope, not enough resources



# STAR-SI

## Attributes of Successful Organizations

- Executive sponsor support and leadership
- Willingness to identify new leaders and adopt changes in the organization
- Staff/Teams empowered to make change
- Readily use and spread data/information to stakeholders
- Open agencies to ideas from stakeholders, staff & customers/clients
- Always building staff knowledge, skills, and attitudes



# STAR-SI

## Process Improvement

“Essential dimensions” of change may be helpful-“Content, Context and Process”.

One basic model uses three Key questions tied to three dimensions- the **WHY** of strategic change with relevance to context; the **WHAT** of change in terms of its content; and the **HOW** of change processes.

*[1] Pettigrew & Whipp Managing Change & Corporate Performance, 1992; Pettigrew et al. ,Shaping Strategic Change, 1992;*



# STAR-SI

## Guiding QUESTIONS

Why: *What were the specific motivations for change?*

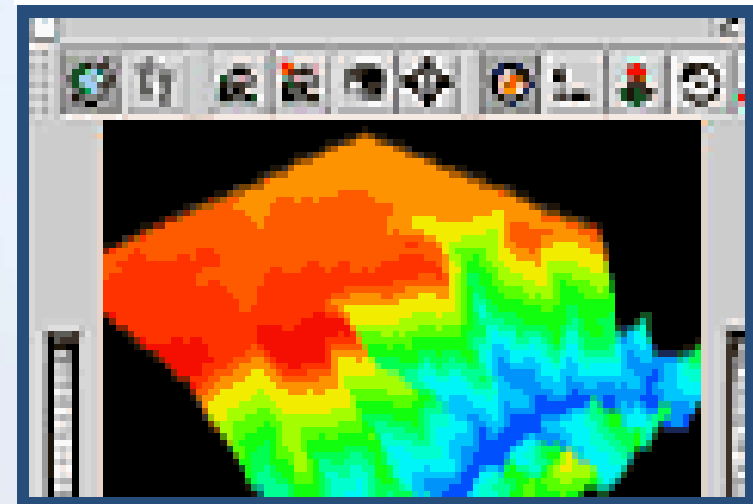
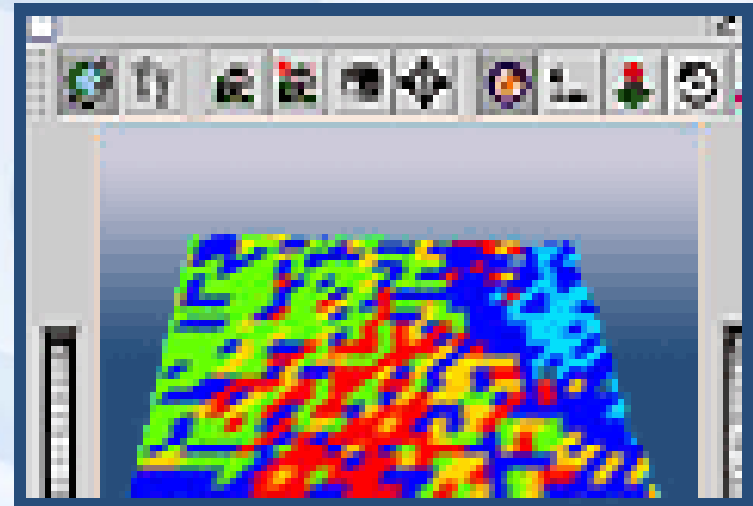
How: *What was the process to create an individual change to the Promising Practice? What was the method to implement?*

What: *What was the context of related change for acceptance and sustaining the promising practice?*

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## MEASUREMENT

**Geo-computation &  
Geo-visualization**



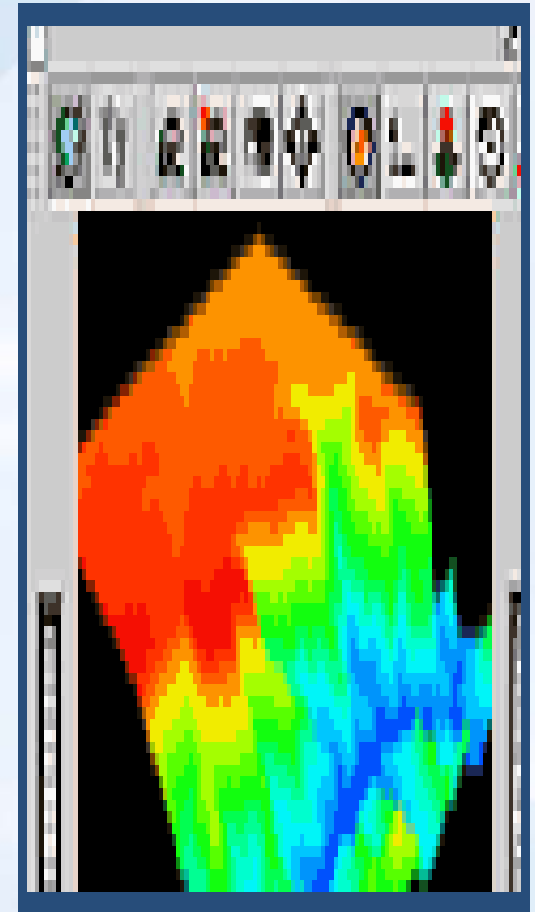


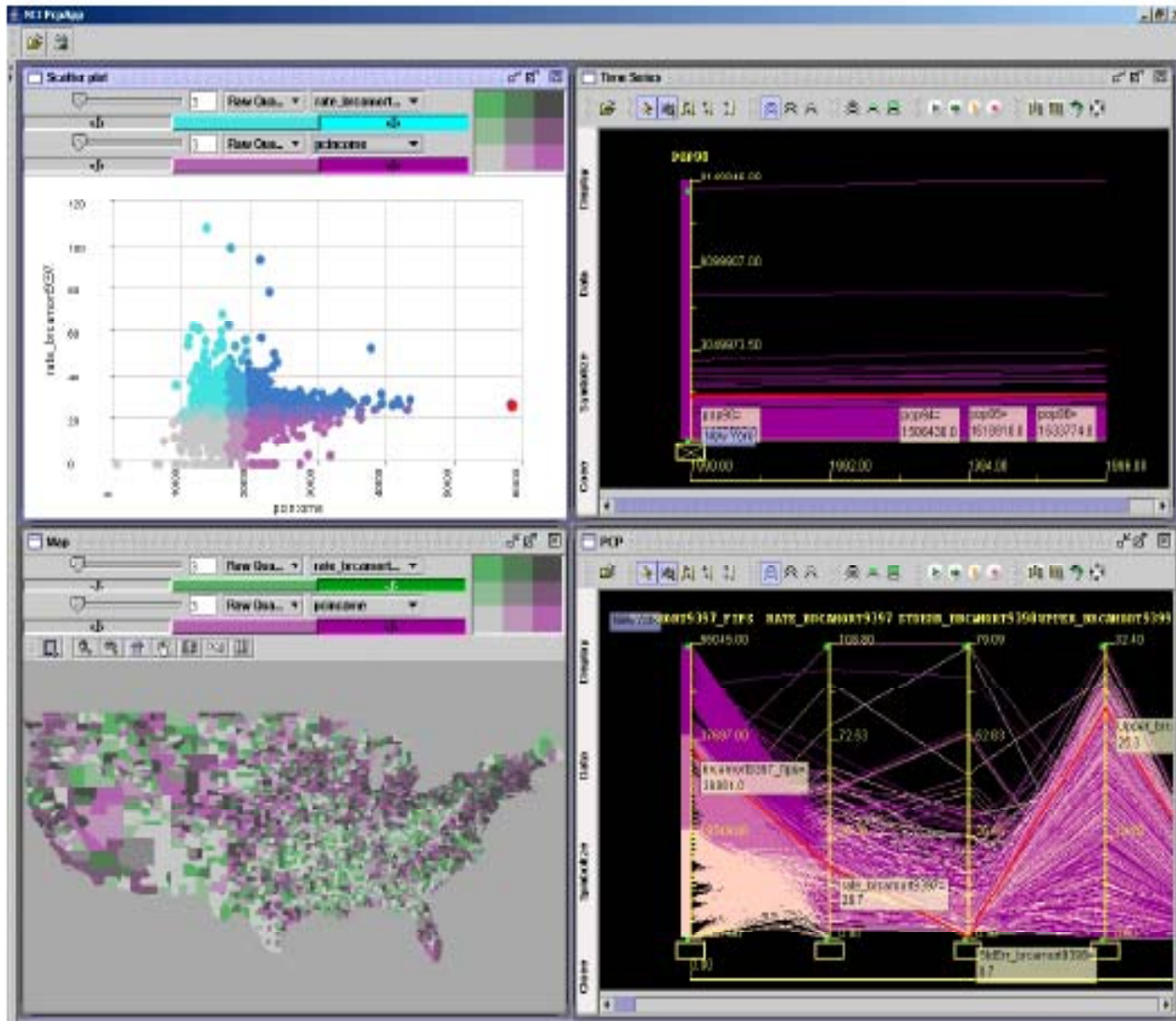


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# MEASUREMENT

- ESTAT -Exploratory Spatio - Temporal Analysis Toolkit, a geovisualization toolkit developed by the Geographic Visualization Science, Technology, and Applications (GeoVISTA) Center at **The Pennsylvania State University**, Geovisualization is generally considered to encompass methods designed to facilitate visual exploration and analysis of geospatial data



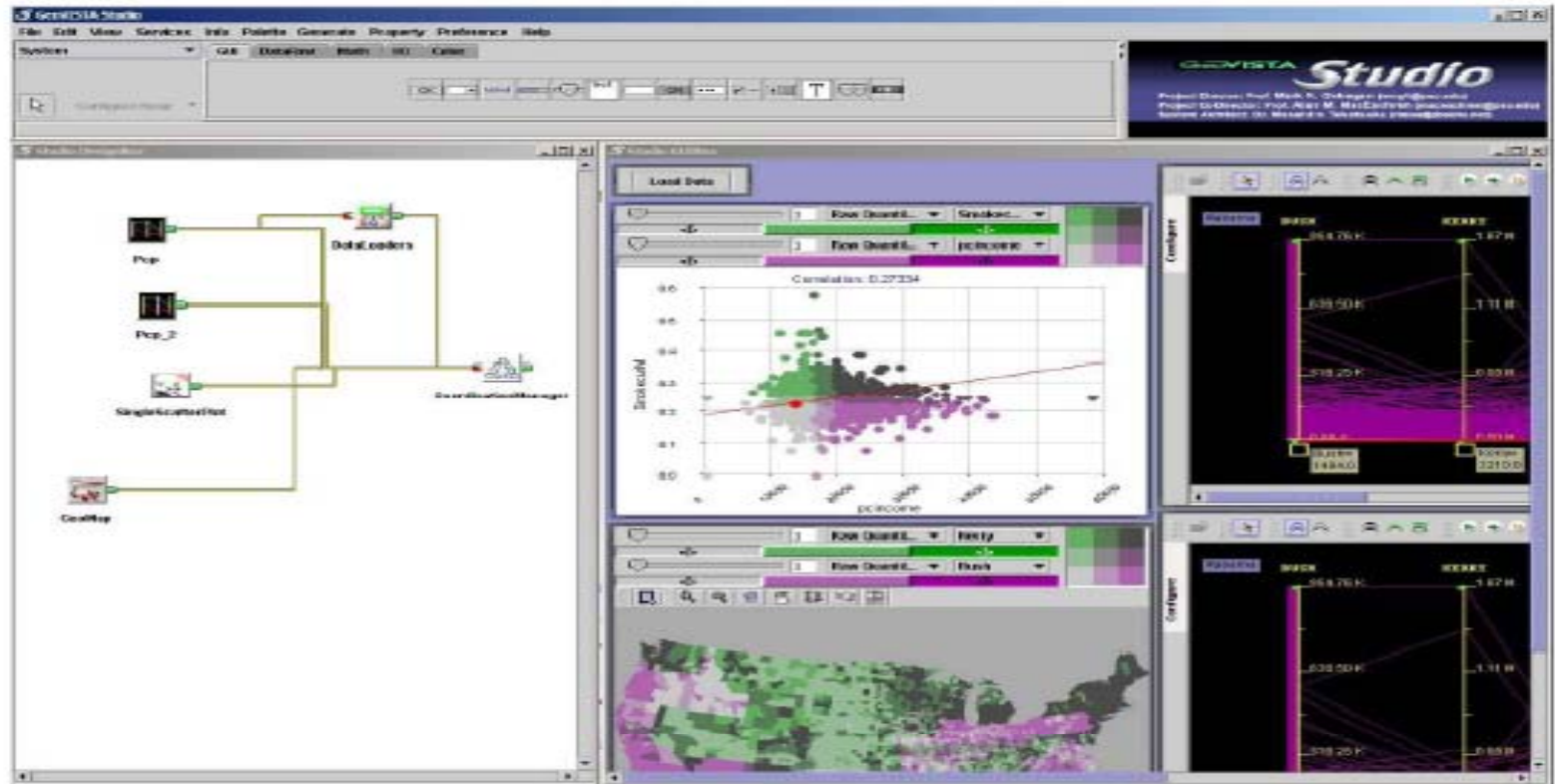






# STAR-SI

# MEASUREMENT





# **STAR-SI Use Knowledge Management to Support Spread**

- Observe how spread unfolds in the organization
- Identify best practices for spread
- Adaptability of the change during spread
  - Re-invention and improvement of the idea

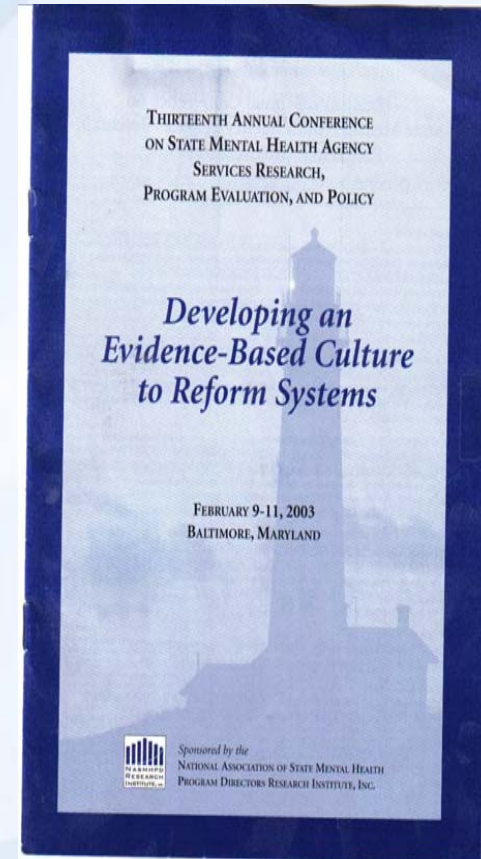


- **SPREAD –Technical Assistance Report (TAR)-  
*NIATx 2008***
- **Diffusion Of Innovation *Rogers(2003)***
- **Accelerating The Spread Of Good Practice  
*Fraser(2002)***
- **Diffusion Of Innovations In Service Organizations  
*Greenhalgy et al, (2004)***
- **Using A Framework For Spread - *Nolan et. al, (2005)***
- **Managing Change & Corporate Performance;  
Shaping Strategic Change, *Pettigrew et al. (1992)***
- **Developing An Evidence Based Culture To Reform  
Systems-Paper Presented At State Mental Health  
Agency Service Research Conference, *Jewell &  
Zastowny(2003)***



# STAR-SI SUMMARY

- **Acknowledge The Complexity Of The Effort**
- **Recognize the Importance Of A Multi Pronged Longitudinal Strategy Across The Continuum Of Care**
- **Consider Partnerships That Span Regulatory Agencies, Government, And Community**
- **Plan For Sustainability, & Anticipate The Spread Of Innovative Ideas**
- **Make Accessible Tools, Techniques, & Methods In A User Friendly Way**

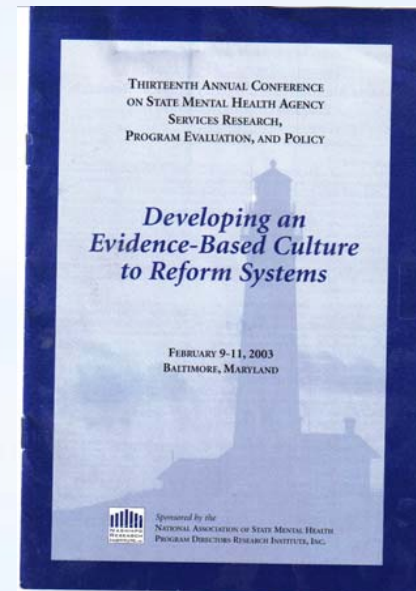






# STAR-SI SUMMARY

- Remember Clinicians Are At The “Heart Of The Matter” And Need To Be At The Design Table
- Leadership Is Vital To The Process-Planning And Support
- Support Staff Motivation, Ownership And Customization
- Information Is Vital, Communication Is Crucial
- Tailor Existing Measurement And Emerging Measurement Systems To The EBPs To Track Use And Document *ROI-the Business Case*

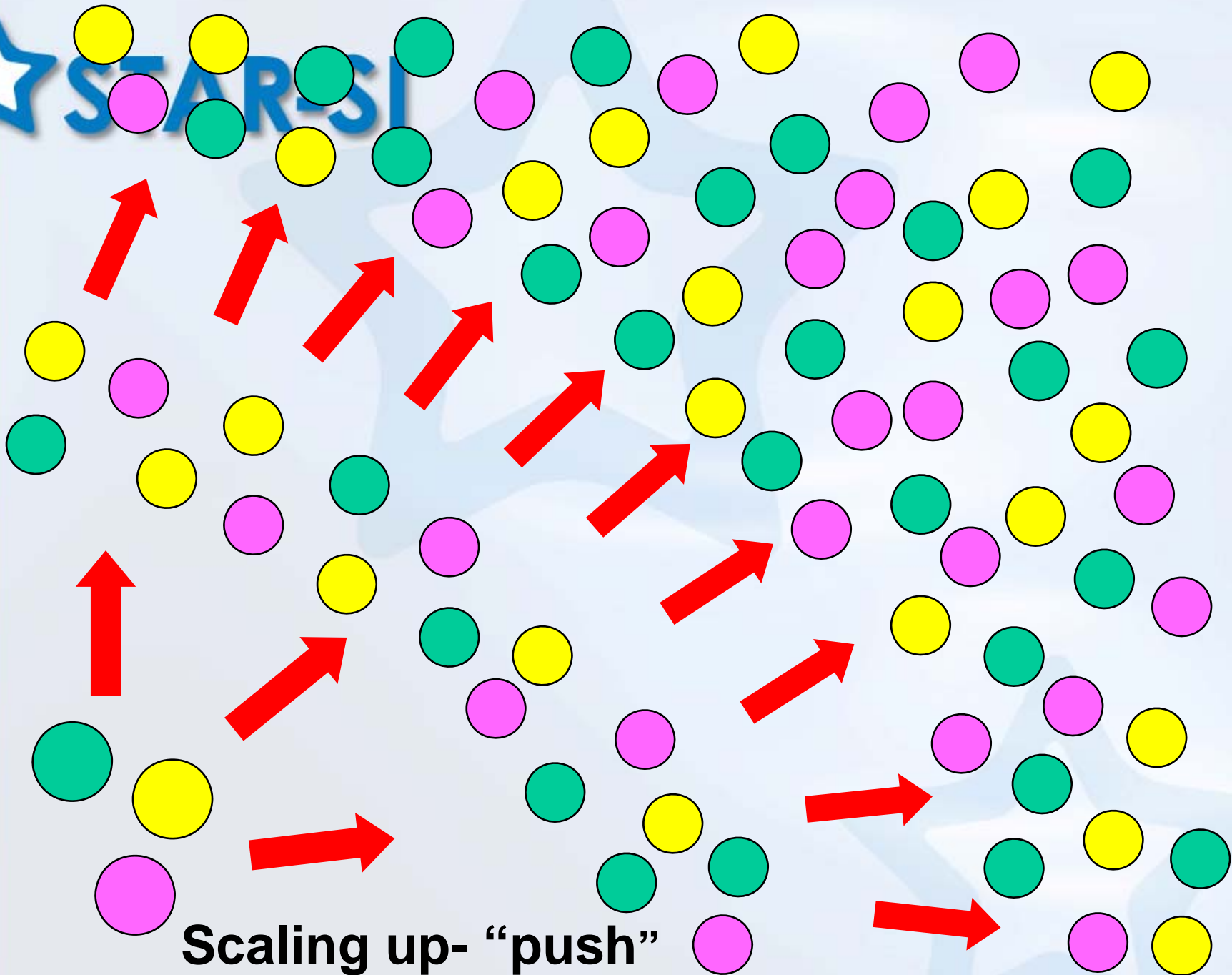


- ***Many of the above components and processes comprise part of the essence of the NIATx approach-to achieve maximal success they should be employed according to established guidelines ,with scientific fidelity, and completely within an organization.***





STARSI



**Scaling up- “push”**

Strengthening Treatment Access & Retention - State Implementation



# ★ STAR-SI

Questions, Comments, *-On to the Work-SESSION....*





# STAR-SI Spread Café Question Categories

- Identification and selection of innovative ideas
- Setting the stage for diffusion and spread
- Implementing a spread strategy
- Defining roles and strategies in spreading change



Strengthening Treatment Access & Retention  
-State Implementation

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## Iowa's NIATx Experience ...

- 2003: Prairie Ridge receives first round Path to Recovery Grant!
- 2004: MECCA receives year 2 grant
- 2005: Iowa Department of Public Health chosen as one of 4 participants in State/Payor Initiative pilot
  1. Bridge, EFR, Magellan, MECCA, SATUCI, UCS
  2. Walkthroughs

## Iowa's NIATx Experience ...

- 2006: Iowa Plan for Behavioral Health Access and Continuation Project
  1. Magellan
  2. IDPH Provider Incentive funding
  3. Medicaid Community Reinvestment



## Iowa's NIATx Experience

- June 2006: IDPH invited to participate in Robert Wood Johnson Foundation/SAMHSA “Cross Systems Financing” Project
  1. Population: Co-occurring MH/SA
  2. Services: financing, training and development of programs
  3. Funding: Medicaid and SAPTBG



## Awarded STAR-SI Grant!

- Currently working with 16 Substance Abuse Provider agencies in Iowa.
  - Improve state and treatment agency level organization processes
  - Improve client access to and retention in outpatient treatment





# STAR-SI

## Strategies related to regulations ...

- 2006 – Change Project – **Myth vs. Reality**
  - Focus Group



# STAR-SI

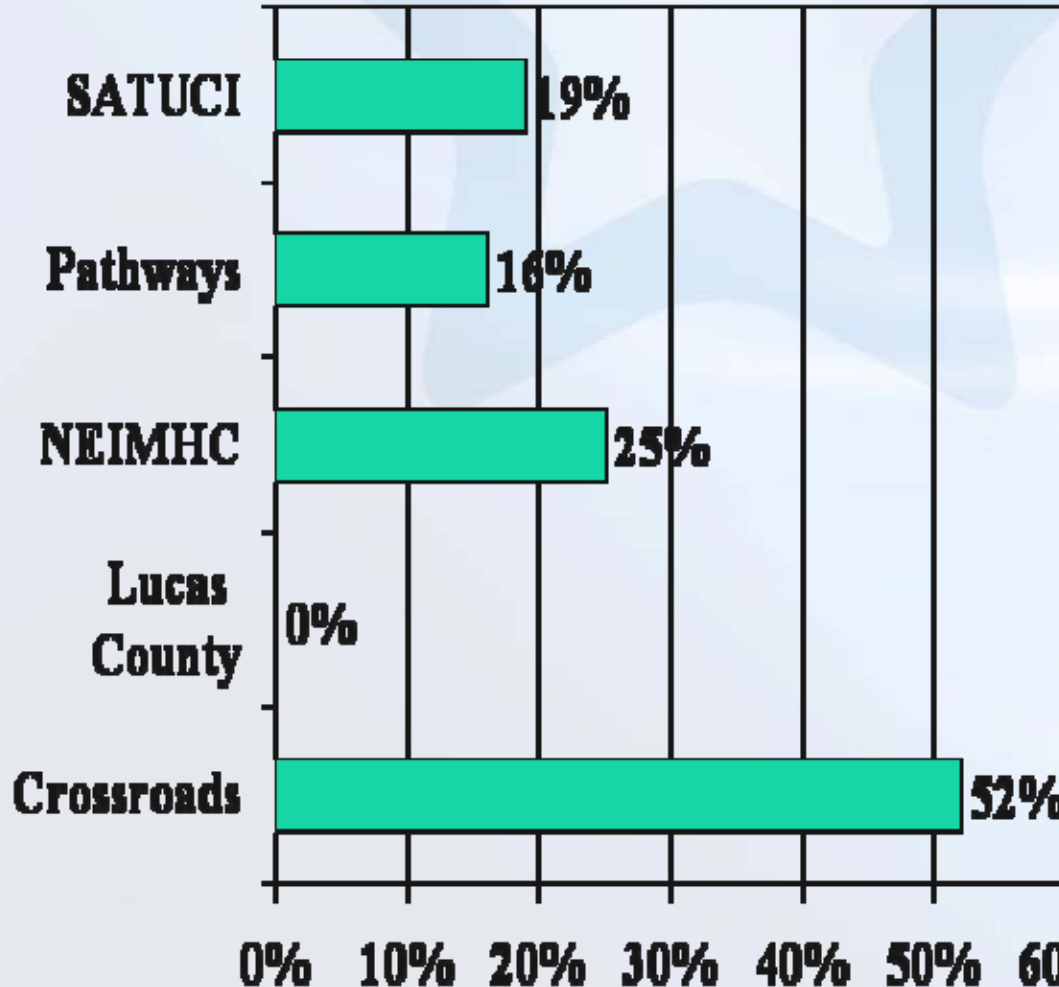
## Strategies related to regulations ...

- **Goal: Improve Efficiency and Reduce intake and Assessment Paperwork**

*Aim: Focus on intake and assessment paperwork at five pilot providers sites in order to increase admissions and continuation.*

# STAR-SI

## Percent of Paperwork Submitted By Agencies Not Necessary By Licensure Standards





## Strategies related to regulations ...

- State Learning Collaboratives – Ask the Question
  - Providers were asked by the state to identify licensure standards that were a barrier to accessing and retaining clients in treatment services



# STAR-SI

## Strategies related to regulations ...

- We have continued to find that most items on the list:
  1. are not actually required by licensure standards
  2. are processes that have continued for a very long time and just never changes

## Strategies related to regulations ...

- One provider stated that there was a barrier with the required review period for treatment planning

### **ACTION:**

The state granted a waiver to eliminate the timeframe. After 6 months the provider reported that they never used the waiver because it wasn't really a problem



# Wisconsin Dept. of Health and Family Services *STAR-SI Project*

"Improving Performance Through  
Purchasing and Regulation"

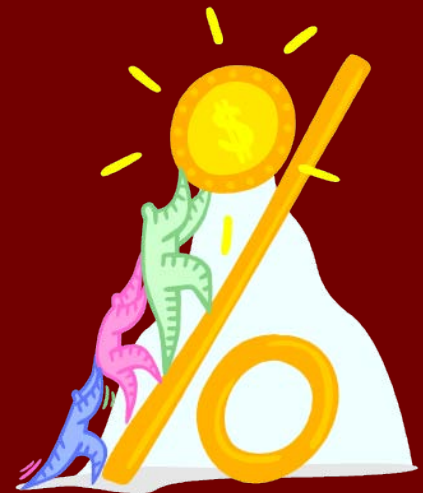
Joyce Allen, Director and State Change Leader  
Mike Quirke, STAR-SI Data Analyst  
Bureau of Mental Health and Substance Abuse Services

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# *STAR-SI GOALS*

- Impart "NIATx Model" quality improvement skills to outpatient substance abuse treatment providers
- Implement improvement projects to increase service access and retention
- Reduce waiting times
- Increase retention in treatment
- Reduce system barriers to access and retention
- Involve County Agency and Medicaid HMO partners
- Infuse NIATX Model into treatment grants/contracts



# *STAR-SI STRUCTURE*

- Project Management Team
- Outreach and training (learning sessions)
- Seed funds, on-going support, technical assistance and mentoring (learning collaboratives)
- 23 participating outpatient providers and growing (County-based system, grants/contracts, Medicaid)
- Contract management (managers and contract administrators)



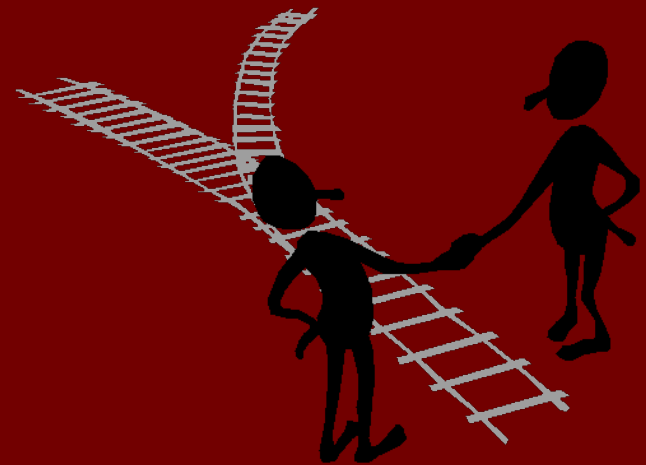
# *STATE SUBSTANCE ABUSE FUNDING*

- State Aids to Counties (\$48m)
- County Tax Revenue (\$17m)
- Other-surcharges; 3rd party; fees (\$15m)
- Block Grant Contracts (\$14m)
- Medicaid (\$13m)
- SAPT Block Grant Aids to Counties (\$10m)



# *STATE PARTNERSHIPS*

- Wisconsin County Human Services Assn.
- Licensing & Regulation
- Medicaid Program
- Milwaukee County Behavioral Health Div.



# *STAR-SI STRATEGIC PLAN*

- Eight women's treatment contracts
- Access To Recovery, Milwaukee
- Planning is underway to add four methamphetamine treatment contracts and others (e.g. SBIRT)



# *WOMEN'S TREATMENT CONTRACTS*

- Four pursuing individual aims - what keeps CEO up at night



- Four pursuing one aim - retention in treatment

# *BARRIERS TO BE ADDRESSED*

- Prior authorization policies (Medicaid)
- Resources
- Prescriptive clinical standards
- Different administrative and clinical standards for substance abuse vs. mental health services





# *GROUP STANDARDS VARIANCES*

- Later treatment plan documentation to allow client engagement
- Increase group size to reduce wait times and increase admissions
- Program evaluation = STAR-SI



# *STAR-SI PERFORMANCE MANAGEMENT*

- Joint State-Provider quarterly discussions of performance measures (admits; wait times; retention)
- Development of group improvement projects





Maine  
DEEP Project  
Driver Education & Evaluation Program

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# STAR-SI

## Maine OSA Office of Substance Abuse DHHS

- Guy Cousins, Acting Director ES
- Linda Frazier, Treatment Manager CL
- Deb Brucker, Data & Research Manager DC
- Ruth Blauer, Executive Director, Maine Association of Substance Abuse Providers PC

### **Addiction Resource Center**

- Decrease wait time; Increase IOP census; Business case

### **Aroostook Mental Health Center**

- Increase retention; Increase access; Business case

### **Community Concepts, Inc.**

- Increase retention

### **Counseling Services, Inc.**

- Decrease wait time from screening to intake

### **Crossroads for Women**

- Increase admissions in IOP

### **Day One**

- Decrease wait time from screening to intake; Improve retention

### **Kennebec Valley Mental Health Center**

- Reduce wait times

### **Maine General Medical Center**

- Decrease wait time from first call to access; Centralize initial screening

### **Wellspring, Inc.**

- Increase new client retention



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# STAR-SI

**What our collaborative asked for –  
using nominal group technique to  
find out**

- #1 Look at the practice of “giving appointments”  
to assess clients
- # 2 Paperwork issues – many – but a subset of  
concerns around time to DEEP treatment  
(OUI programming)



# STAR-SI

## The second group change – the DEEP program

- Eight of our nine pilot sites participated in the change, which was a simple switch to faxing paperwork instead of mailing it
- Time to DEEP treatment dropped from just over 7 days to about 5.
- Revenues across the group rose by \$24,146 or \$313,898/year!



# STAR-SI

PROJECT	DESCRIPTION	# OF AGENCIES REPORTING	# OF REEQUESTS FOR SERVICE	# OF ASSESSMENTS	AVG TIME B/T 1 <sup>ST</sup> PHONE CALL & ASSESSMENT
Pre-change: 12/19/06- 1/15/07	Baseline	7	38	37 (Show rate=97%)	8.34 days
#1: 1/16/07- 2/16/07	Faxing release forms & NEEDS or JASE vs. regular mail	8	77	66 (Show rate=86%)	5.84 days
#2: 3/5/07- 3/30/07	DEEP office notify providers of process (vs. OSA notification)	8	64	52 (Show rate=81%)	7.08 days
#3: 8/6/07- 8/24/07	Use multi-party release form, signed by client at 1 <sup>st</sup> face to face session	8 (2 agencies had 0 clients)	45	40 (Unable to calculate show rate)	4.91 days



## Round Two STAR SI Providers

- Mercy Hospital Recovery Center
- Catholic Charities Maine Counseling Service
- Tri-County Mental Health Services
- Crisis & Counseling
- PenBay – Choice Skyward/MidCoast Mental Health