

NIATx QI Model Key Principles

This sheet contains a review of the basic underpinnings of successful and sustained quality improvement using the proven NIATx model. Eighty-five percent of the problems that agencies have in serving their clients/customers and meeting funder requirements are caused by their processes (e.g., outreach, intake, scheduling, counselor-client bond, level of care changes, etc.). When complaints or problems surface, QI looks to remedy faulty processes, not find blame. At the foundation of quality improvement are the following principles:

1. Understand and involve the customer. This is by far and away *the* most important principle. Actively involve the customer in the development of the improvement. Make sure the improvement is noticeable to the customer and that it will meet one of the customer's key needs. Talk with clients on a regular basis about their needs, satisfaction with services, and how services could be improved. For example, "What is one thing you liked about our services? What is one thing you would change?" Experience first-hand clients' issues by doing walk-throughs. Collect data on their issues. Tell customers about new improvements. Substance abuse treatment programs should attract clients to services and do things that keep clients engaged in services.



2. Fix key problems (that keep the CEO up at night). What issues or complaints are keeping the CEO awake at night? The research indicates that it is important to select a QI project that addresses a key organizational problem. If the project can help the CEO sleep better, he/she will actively support the project and do everything in their power to make the project a success. The late Joseph Juran, considered one of the originators of quality improvement once said, "It is most important that top management be quality-minded. In the absence of sincere manifestation of interest at the top, little will happen below."

What other ways can help identify a meaningful problem? Conduct a walk-through (simulate being a client seeking services). Interview your clients (What would make treatment better for you?). Look at your data on key agency objectives such as admissions, capacity, appointment no-shows, successful completion, wait times, or client satisfaction. Choose one of the main complaints you're hearing from clients, staff or stakeholders. Look at key processes that might need improvement in an addiction treatment program such as outreach, 1st contact for services, intake/assessment, paperwork, scheduling, client-counselor bond, client's support system, client transfers, and revenue sufficiency.

3. Pick a dedicated and influential QI project facilitator/leader. Clearly, if you want to improve something, the person in charge of improving it must have commitment and respect in the agency. They must be goal-oriented, comfortable with data, not satisfied with the status quo, persistent, able to motivate others, and respect the needs of the staff members who will be involved in and affected by the QI project. Having access to the CEO or a key manager is also important.

4. Get ideas from outside the agency and field. This doesn't mean that outsiders or experts have all the answers, but rather, it draws attention to the importance of learning from others' successes and failures. Looking outside the agency is an effective way to find fresh ideas to succeed. It might be worthwhile to consider how some restaurants seem to manage just fine without reservations (i.e., appointments), how dental offices have such a low rate of missed appointments (no-shows), or how some hotels maintain high customer satisfaction.

5. Use quick 'Plan-Do-Study-Act' tests. Iterate. Quickly test one incremental idea at a time on a small scale (one objective, one idea, one counselor, one level of care, one location, one client group, etc.). For example, if you wanted to reduce appointment no-shows, develop a range of solutions from easy to hard, from 'might work' to 'should work', or from no/low-cost to high-cost. Test one idea at a time. Did things get better, stay the same, or get worse? Then adopt, modify, put on hold, or abandon the idea and try something else. A successful QI project often requires several tries before all the bugs are worked out. This is common -- rarely is a QI project perfect upon the first try.

NIATx QI Model (Change Project or QI Activity)

Definition: A change project consists of a Quality Improvement activity with a single aim or objective and a series of small-scale, quick tests (rapid cycles) of various ideas until the aim is achieved or abandoned.

- **(P)lan** – plan (or re-plan) the change project
 - Select a change leader and team responsible for developing and implementing change ideas
 - Identify key problem (wait time; no-shows; continuation in treatment; admits; transfers/referrals; etc.) by involving clients, walkthrough, CEO-identified problem, review of data, complaints, examine key processes, etc.
 - Gather reliable baseline data on the identified problem
 - Set a single objective (e.g. increase assessment appointment attendance from 60% to 80%)
 - Tackle the problem on a small scale (one service, one location, one client group, one counselor, etc.)
 - Identify a series of improvements/change idea(s) to impact problem, each of which alone or in an additive sense, has the potential to impact the objective
- **(D)o** – Implement improvement ideas one at a time; monitor; gather data; document problems in implementation
- **(S)tudy** – Compare the actual results to the baseline and objective and discuss. Has there been a measurable improvement? Why or why not? What factors may have influenced the results and can the factors be addressed? Was the improvement idea implemented properly?
- **(A)ct** – Decide whether to modify the improvement idea slightly and try again; abandon the improvement idea and try another idea; put the idea or change project on-hold; or adopt/spread/sustain the improvement idea. If adopting the idea, put in place check-up procedures to ensure that gains do not drift back. Make contingency plans to maintain gains such as, ‘what if staff leave?’ or ‘what if funds are reduced?’. Put procedures into job descriptions; include in supervisory sessions; staff meetings; policy and procedures manual; orientation for new hires; staff incentives; and make periodic checks of the data
- Repeat P-D-S-A



Significance of the NIATx Aims

The table that follows provides a snapshot of the significance of the Network for the Improvement of Addiction Treatment (NIATx) aims and related accomplishments of Wisconsin substance abuse treatment providers who have pursued improvement projects in these areas.

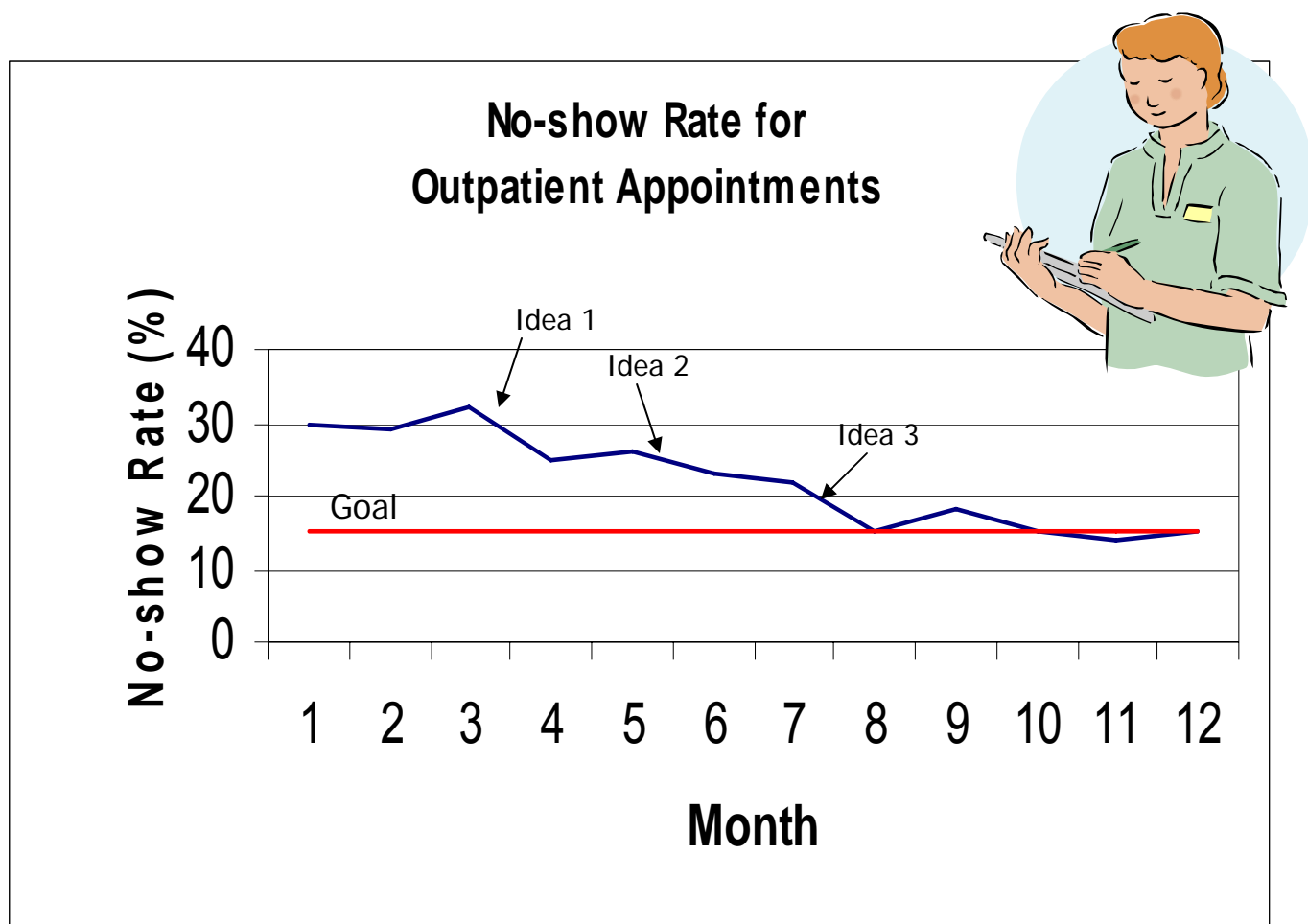


NIATx Aim or Objective	Why the Aim is Important	Accomplishments by Wisconsin Providers	Processes Which Affect the Aim
Reduce Wait Time to Admission	Each week treatment is delayed, the continuation in treatment rate drops off ¹ ; each day an appointment is delayed after first contact, the show rate for making the appointment drops off ²	Three providers with an average baseline wait time of 15 days reduced it to 7 days	Outreach; first request for services; scheduling appointments/sessions; intake; paperwork; revenue streams
Reduce Appointment No-shows	No-shows negatively affect staff utilization, efficiency, and revenue, can affect admissions, and unnecessarily extend treatment length	Ten providers with an average baseline no-show rate of 36% reduced it to 22%	Outreach; first request for services; scheduling appointments/sessions; therapeutic engagement; client's support system
Increase Continuation in Treatment	Success rates (12-month post-discharge abstinence) of substance abuse treatment have not changed in three decades ³ ; commercial performance measures such as 4 sessions in the first 30 days have been linked to positive post-treatment outcomes ⁴ ; three decades of research have documented the relationship between retention in treatment and positive post-discharge outcomes ⁵	Eight providers with an average baseline continuation rate of 57% increased it to 75%	Outreach; first request for services; scheduling appointments/sessions; intake; paperwork; therapeutic engagement; client's support system; level of care transfers
Increase Admissions and Capacity	The National Survey on Drug Use and Health identifies 456,400 Wisconsin residents in need of substance abuse treatment ⁶ ; just 10% to 20% receive treatment each year ⁷	None of the participating providers specifically focused on this aim.	Outreach; first request for services; scheduling appointments/sessions; intake; paperwork; revenue streams

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6. Substance Abuse and Mental Health Services Administration, Office of Applied Studies (2008) *State Estimates of Substance Use from the 2005-2006 National Surveys on Drug Use and Health*. OAS Series #H-33, DHHS Publication No. (SMA) 08-4311, Rockville, MD.
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QI is Data Driven!



A key strength of the NIATx model is in the data. It's objective, quick and useful. It tells you whether or not your change project resulted in improvement and helps you plan your next steps. Here are some tips for data collection:

1. For data on wait time, use date of 1st contact and date of intake/assessment usually available from phone logs, billing or other agency forms.
2. For data on appointment no-shows, use sign-in sheets or encounter/billing forms.
3. For data on continuation, use encounter/billing forms or notations in the client chart.

Tally the data manually or put the data into an Excel spreadsheet or other database so that statistics can be summarized easily. Various spreadsheets are available from NIATx or the STAR-SI project office.

Here are some analysis questions to help guide you during the "Study" step of Plan-Do-Study-Act:

1. Does the data make sense and look accurate?
2. Did you achieve your objective or has there been a meaningful improvement over the baseline? Why? Why not?
3. What could have influenced the results you found? Get different perspectives on the reasons (staff, stakeholders). Was the change idea implemented properly? What additional questions are raised that would help explain the results?
4. If the trend data look erratic, smooth the data using the trend line function in your computer software.
5. Compare your results with other entities (similar agencies, state average).

The Business Case for QI

QUALITY IMPROVEMENTS can positively impact other areas of a treatment agency's business such as staff efficiency/productivity, community reputation, and staff morale and turnover. High turnover rates and a shrinking workforce have put many addiction treatment providers into a staffing crisis. The NIATx process improvement model addresses this through participation of agency staff on Plan-Do-Study-Act change teams. Under the NIATx model, staff members are empowered to make decisions that drive organizational performance. Among the NIATx founding member treatment agencies, it has generally been reported that staff members' involvement in process improvement has led to greater self-efficacy and commitment to the organizational mission. Staff members respond to the client-centered approach of the NIATx model and enjoy being on the "cutting-edge" of process improvement in the addiction treatment field.

But can QI impact the bottom line (revenue) of an agency? The answer is **YES** and many agencies have experienced this. Calculating the financial impact of reduced waiting times, reduced no-shows, increased admissions, and increased continuation under a fee-for-service reimbursement system is fairly straight-forward but a little more challenging under a system where most funding is a fixed amount. Here are a few examples.



Reducing Waiting Times at Southwest Florida Addiction Services, Fort Myers, Florida

Timeliness is an essential prerequisite for agencies striving to improve treatment access and retention. This is typically due to staff inefficiencies (underutilized capacity) or a lack of capacity, and the agency cannot handle available demand. It is then either forced to refer potential clients elsewhere or create a lengthy wait time and/or waiting list.

The goal of the change project at Southwest was to reduce the time adult outpatient clients wait for an assessment appointment from approximately five weeks down to two business days. As one can imagine, this change would greatly increase admissions. To handle this new capacity, open clinician billable hours needed to be reviewed and monitored. It was determined that walk-in assessments could be allowed for a client group (corrections) that had the worst appointment no-show rate.

The impact of these two changes positively affected Southwest's assessment client numbers, treatment client numbers, and revenue. The number of assessments increased from an average of 108 per month in FY04 to an average of 132/mo. in FY06. The number of clients in treatment increased from an average of 271 in FY04 to 360 per month in FY06 -- a 33 percent increase. This client increase required that Southwest add new counseling staff and the increase in revenues meant that they could afford to do so. In FY06, for the first time in over three years, Southwest's adult outpatient program operated at a **SMALL PROFIT**.

Increasing Admissions and Capacity at Prairie Ridge Addiction Treatment Services, Mason City, Iowa

Under a fee-for-service system, more admissions equal more revenue. Under a capitation payment arrangement (fixed allocation), the business case for increasing admissions is more challenging but not impossible. Contract requirements generally stipulate that an agency serve a minimum number of clients, and agencies that go above and beyond the limit can gain bargaining power in future contract negotiations. Some NIATx member agencies have circumvented the capitation issue by focusing on adding new payers or increasing clients under existing fee-for-service payers.

Prairie Ridge has historically received a majority of its revenue through the Substance Abuse Prevention and Treatment (SAPT) Block Grant, a capitation contract of 1,100 clients/year. With no increases in state or federal appropriations for eight consecutive years, the agency averaged 42 percent over-utilization of these block **GRANT FUNDS**, resulting in up to \$462,000 of annual un-reimbursed care. Costs continued to rise steadily due to annual salary increases and increases in overhead. How was Prairie Ridge going to keep afloat with a main funding source flat?

Prairie Ridge had traditionally viewed increased admissions as too risky. Beginning in 2005, Prairie Ridge set out to remedy their funding deficit by targeting increased admissions in the percent of their business that was fee-for-service. The organization's Accounts Supervisor put small change teams together within her department to increase admissions and collections of third party, Medicaid, and client-fee receipts using Plan-Do-Study-Act cycles.

As a result, dramatic bottom-line improvements were made with a 61% **INCREASE** in fee-for-service revenues from \$627,200 in FY04 to \$1,008,400 in FY06. But how did Prairie Ridge handle all these new admissions? They found unused capacity by reviewing open clinical hours. Without actually increasing staff, the agency was able to find the unused capacity of three full-time counselors!

Reducing No-shows at Connecticut Renaissance, Inc., Bridgeport, Connecticut

There is an obvious business case for reducing no-shows under any reimbursement scheme. No-shows represent unutilized capacity ("idle" staff time) and invariably drive up the unit cost of treatment. Decreasing no-shows promotes efficiency by allowing the agency to increase the rate of direct-service billing.

Connecticut Renaissance initiated a change project addressing the group counseling no-show rate in an effort to increase clinician productivity/efficiency. Similar to the ARTS project below, improved attendance would also increase billable hours and generate more revenue for the clinic. At baseline, the no-show rate was 55%. After testing various missed appointment protocols (e.g., reminder calls, referral agent contacts, and setting client attendance expectations) the result was a 38% no-show rate. Client and referral agent **SATISFACTION** levels improved as well.



To apply this improvement to any clinic having a \$70 hourly rate, a 17 percentage point reduction in no-shows would translate to a 17% increase in billable time or about a full billable hour each day. Across two staff, that could amount to 10 more billable hours each week, \$2,800 each month, or \$34,000 per year.

Increasing Continuation at Addiction Research and Treatment Services (ARTS), Denver, Colorado

The business case for increasing continuation is clear, as long as the provider is reimbursed for every unit of service provided. A connection also exists between keeping people in treatment and the cost of admitting new clients; i.e., it's generally **CHEAPER** to keep an existing client in treatment than for one to drop out and engage a new one. Under capitation, the business case for increasing continuation is not as clear; but high continuation rates can be a significant source of value in contract negotiations.

The ARTS change project set out to improve continuation by improving client engagement in the first and second treatment sessions including the assessment session. The walk-through had identified paperwork requirements that made it hard for the counselor to develop a rapport with the client. After some training in motivational interviewing, the change team tested the use of motivational interviewing (MI) techniques to improve continuation. The only other change was that counselors did not have to have the client fill out any paperwork nor write up a treatment plan initially.

The baseline continuation rate through the first 30 days of treatment was 79 percent. ARTS set a goal to increase the 30-day continuation rate by five percentage points. Over a three-month period, the continuation rate increased to 87 percent for the first two treatment sessions. An analysis following the Change Project revealed the overall census increased by 12 clients. When ARTS completed the project and decided to sustain, they had seen an increase in revenues of approximately \$3,000 over a three-month period or about 40 hours of billable service.

Need to Reduce Costs and Operate More Efficiently?

Two principles from "lean manufacturing" will help. First, let all your employees know that streamlining or improving processes (e.g., intake, prior authorizations, financial eligibility, etc.) and improving service quality are a priority and welcome all suggestions. Second, organize one or more change projects focusing on streamlining processes.

Examples of the Business Case by Change Idea and Aim

Change Idea	NIATx Aim(s) Affected	Business Case
Reduce paperwork	Appointment no-shows and continuation	Reduces costs
Reassign non-clinical tasks performed by clinicians to support staff	Wait time and admissions	Reduces costs and increases revenue
Eliminate multiple intake appointments	Wait time, appointment no-shows, continuation and admissions	Reduces costs and increases revenue
Inform counselors about their wait time and no-show rates	Wait time, appointment no-shows, continuation and admissions	Increases revenue
48-hour reminder calls and fill cancelled appointments	Wait time, appointment no-shows, continuation and admissions	Increases revenue
Collaborate with referrers to motivate clients	Wait time, appointment no-shows, continuation and admissions	Increases revenue
Follow-up call to no-shows	Wait time, appointment no-shows, continuation and admissions	Increases revenue
Review open staff hours and fill available time with billable services	Wait time and admissions	Increases revenue
Offer open groups	Wait time and admissions	Increases revenue
Identify, staff, and intervene with clients at risk of withdrawing	Appointment no-shows and continuation	Increases revenue

Doing the Math

Below is an example showing how you can calculate increased revenue as a result of a change project. It requires data on the average cost per client unit of service.

1. Annual agency budget/revenue for outpatient group services = \$300,000
2. Annual client units (quarter-hours) of group services = 99,200
3. Cost per client unit $\$300,000/99,200 = \3.02

If the change project addressed attendance at group, one would expect an increase in client units over baseline.

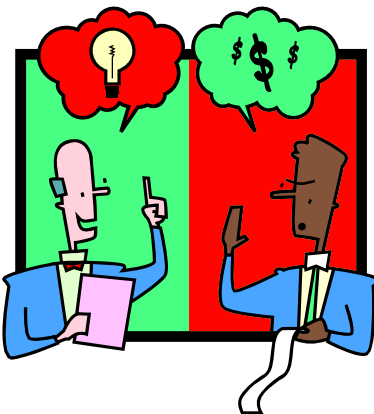
4. Baseline $99,200/12 = 8,267$ client units per month

Sum up the client units during the month that the change project was implemented.

5. 9,094 client units per month

Calculate the change in revenue.

6. $9,094 - 8,267 = 827$ more client units/month
7. $827 \times \$3.02 = \$2,498$ increased monthly revenue



The Business Case from a Payer's Standpoint

As a payer, increasing successful transfers/referrals from detox to treatment, for example, can result in cost savings in the long-run by reducing "high-end" service recidivism. As such, commercial managed care organizations (e.g., National Committee for Quality Assurance) and government payers (e.g., Veteran's Administration) have adopted the "Washington Circle" performance measures. The Washington Circle is a group of national experts in substance abuse policy, research and performance management who seek to improve the quality and effectiveness of prevention and treatment services through the use of performance measurement. Tracking and improving just a few measures can have a significant impact on the bottom line. After initial identification of the need for AODA services such as in an emergency room or detox, patients are referred or transferred to receive at least two service encounters of brief

intervention or primary treatment within fourteen days. The second performance measure is to deliver two more service encounters within 30 days after the initial encounter. PDSA cycles can be implemented to improve these measures.

Managing the Change Team

GETTING BUY-IN

Following a few effective participatory management principles should get you off to a good start when organizing and facilitating a change team:

- View all your employees as valuable contributors to making improvements. They're your greatest asset! Share information freely with them and involve them in decisions. Put this in their job description and hire people who are receptive to it.
- Each employee is unique in terms of their skills, experience, stress level, commitment, and development needs, so consider and respect their individuality. Like a baseball team, a treatment team consists of persons with differing talents and abilities.
- People like to feel important, and be recognized and rewarded for what they do in their jobs. Give them feedback, express appreciation and acknowledge staff for the work they are doing. Plan some kind of celebration for when you reach your change project goal. Offer incentives for a job well done such as a few extra hours of paid leave, a gift card, take them out to lunch, or order in for lunch.
- Seek to motivate and inspire your employees so they feel pride in their job, but if an employee is resistant, talk with him or her individually, seek to understand why, and address their issues.

Some agencies have tried to select an initial change project that will benefit staff directly such as reducing paperwork. When selecting change team members start with people who are more flexible and enthusiastic about making improvements and let their enthusiasm and success spread to others. The Executive Director should make it clear to employees that the Change Project will not be used to find blame, but to improve processes.



THE CHANGE TEAM

A Change Team is a small group of employees appointed by the CEO to identify business process barriers and determine and implement rapid-cycle changes designed to improve the process. The Change Team coordinates and initiates improvement efforts to impact access to and retention in services.

The Executive Sponsor/Chief Executive Officer (CEO) should take responsibility for selecting the initial Change Team. When appointing the Change Team, she/he has several primary responsibilities: 1) strategically select process improvement projects; 2) assign people to these projects, including the Change Leader; participate in a walk-through; allocate sufficient resources; and monitor progress.

SELECTING A CHANGE PROJECT

There are several things that can be done to make an informed decision about a change project. Conduct a walk-through (simulate being a client seeking services). Interview your clients (What would make treatment better for you?). Look at your data on key agency objectives such as admissions, capacity, appointment no-shows, successful completion, wait times, or client satisfaction. Compile a list of some of the main complaints you're hearing from clients, staff or stakeholders. Consider key processes that might need improvement such as outreach, 1st contact for services, intake/assessment, paperwork, scheduling, client-counselor bond, client's support system, client transfers, and revenue sufficiency.

Next, the Executive Director/CEO organizes an all-staff meeting. Using newsprint, draw a line down the center, and write "What Works in Our Organization" on the top of the left column and "What Doesn't Work in Our Organization" on the top of the right column. For five to ten minutes, brainstorm as many items as you can under each heading. For another ten minutes, discuss among yourselves where you agree or disagree and why. Using sticky dots (each person gets 5 dots or votes) vote and then rank order the top five problem areas. At the Executive Director's invitation, the Change Leader and others may have input into the selection of the first problem to be addressed in a change project. Once the project is selected, the Executive Sponsor/CEO is ready to assign employees to a Change Team by appointing a Change Leader.

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APPOINTING A CHANGE LEADER AND CHANGE TEAM MEMBERS

The person selected to lead a Change Team needs to have the ability and leverage to interact with all levels of the organization. She/he also needs to have the time commitment required to get things done. Ideally, the Change Leader should devote several hours per week to this role. She/he should also be a good team facilitator, communicator, able to delegate, have good organizational skills such as goal setting, decision-making, time management, and problem solving, have some experience with making changes, and have access to the Executive Director. Clearly, if you want to improve something, the person in charge of improving it must have commitment and respect in the agency. They must have the time to champion the QI project, motivate others, respect the needs of the staff members who will be involved in and affected by the QI project, foster trust, and sustain the improvements.

The CEO should send a formal letter inviting each person (2 to 7) to work on the change project. Treat participation on the change team as an honor. This assignment is to be considered a temporary, time-limited task (six months or less) until the change project is completed. If you have not completed the change project within six months, it is time to wrap it up, assess why it is taking so long, make any necessary changes, and move on. A Change Team typically has representation from individuals or job categories critical to the functioning of the process that is the focus of the improvement activity. For example, a Change Team working on access issues would include a person who handles calls from potential clients requesting treatment services, a counselor, and a counselor supervisor. Sometimes it is valuable to inject some diversity into a change team by including an employee who knows very little about the process being improved.

Change team members' jobs should be adjusted accordingly so that they can do their regular work in addition to the project work. While this may appear daunting at first, it is surprising how the project work becomes more fun, more important, and more satisfying than whatever it was people were doing without the project work. In particular, staff dependent upon revenue from billable clinical hours may need support and back-up.

While all staff in an agency typically contribute to the decision about which problem, aim, or objective is to be pursued, it is usually the smaller Change Team's responsibility to decide such things as what solution(s) should be tested, how to measure improvement, who does what in implementing the solution(s), studying the results, and acting on the results. At the same time, the Change Team Leader should be empowered to bring others in as consultants if needed.

COMMON PITFALLS

As an organization begins their work on a change project, it is common to encounter barriers to change. It is important for the Executive Director and Change Leader to learn to recognize these barriers and common pitfalls when implementing change projects, and strive to overcome them.

Examples of how to overcome these common pitfalls include:

- The Change Leader and change team should move quickly and avoid delays, lost momentum, and waning enthusiasm.
- Communicate progress regularly to the Executive Director to insure access to resources, maintain enthusiasm throughout the organization, and enhance sustainability.
- Gather data quickly (at least every other week) to insure immediate feedback and study by the Change Team.
- Break projects into manageable, incremental segments.
- Look for some easy early successes (don't tackle the hardest problems or ideas first).
- Stick with one aim and do several test cycles on it before moving to a different aim.
- Be creative and think outside the box. Challenge the status quo. This is an experiment, not a permanent change.



Sustaining the Gains from a QI Project

Introduction

One of the primary reasons why quality improvement is a challenge to any organization is that up to 70% of organizational changes fail in the long term. In an attempt to substantially increase the sustainability of improvements, a simple model was developed to guide the organization in increasing the chances that the change for improvement would be sustained. This sustainability definition is offered:

Sustainability of change for improvement exists when a newly implemented process that works becomes 'the way things are done around here' and does not return to the 'old' process that existed before the improvement project began.

The development of sustainability risk factors is based on the premise that the changes organizations wish to make fulfill the fundamental principle of improving the patient experience and more. The factors are helpful in identifying areas that would adversely affect the likelihood of sustainability of an improvement. Assuming a change in processes is effective, it is recommended that these sustainability risk factors be evaluated periodically at several different points in time:

Quality improvements often take longer than expected to take hold and longer still to become widely and firmly established within an organization.

- Before the change is made so that you can identify areas that require strengthening
- Around the time of implementation of the first change idea so that you can go into the full implementation phase with confidence
- A few weeks to several months after the improvement was made to ensure an optimal position for sustainability and continual improvement

The Factors

1. Does the change fit with the organization's mission and culture?
2. Does the agency's senior leadership actively support the change?
3. Does the change also result in credible benefits to the agency beyond helping patients?
4. Is the change easy to implement?
5. Are affected staff's attitudes toward the change positive?
6. Is there adequate staff involvement and training to implement the change?
7. Is there an effective approach to monitor progress in maintaining the change (sustain leader; procedures; data; when to intervene)?



You should look closely at any factors that you rate low. These are the areas where you have great opportunity to increase the likelihood that your improvement initiative will sustain.

Sustainability Tips from the Jackie Nitschke Center, Green Bay

As the leader, be passionate about improvements -- it will rub off on others. Approach problems with a positive perspective, use honesty, and never give up. Take the pulse of the agency. Involve staff. Work through negative attitudes around change and quality improvement. Make small, easy changes one at a time. Make sure staff have the capacity (time, authority, information, and resources) to make the change. Reduce their stress in making the changes. Teach and motivate staff with data. Have

regular change team meetings and record important information and decisions made. Celebrate small successes and provide incentives and recognition to staff. Conduct walk-throughs periodically to keep informed about procedural issues. Create written agency policy to sustain an effective change. Be aware that some successful changes cause new problems (reduced no-shows for assessments causes increased admissions; increased retention causes capacity issues).

What to Do if the Gains Begin to Decline Despite the Change Idea Being Maintained as Planned

You're maintaining a successful change project which increased continuation or reduced appointment no-shows, staff are faithfully carrying out their roles as planned, but the measure (e.g., no-shows) starts to decline. What can you do? First, meet with affected staff

to go over the details of the change(s) made to be sure everyone is doing their part properly. There may be some small but important nuance that is not working as it should. Ask staff to offer their ideas about why the measure has declined. One agency trying to maintain a high level of continuation in treatment found out from staff and subsequently verified through a chart review that a number of clients during a couple of months had some unusual circumstances occur in their lives such as a hospitalization, legal entanglements, relative passed away, full-time child care responsibilities, and the like causing continuation to decline during those months. Contacting a sample of clients directly about reasons may also be helpful. It too may be the result of something fluctuating outside of your control (e.g., string of bad weather, a large business closing down in the community, gas prices, etc.). Do your best to find out the reasons for the decline and address them as appropriate using additional PDSA cycles.

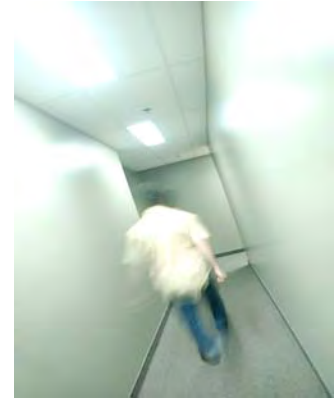


Conducting a Walk-through

In the NIATx model of process improvement, a walk-through allows you to understand your clients and to discover how to make improvements that will better serve your clients. In a walk-through, the CEO, senior managers or other agency staff experience the agency from the client's perspective and experience the first contact, admission, treatment, and discharge processes just as a client does. You can then use this perspective to select a change project.

Steps for conducting a walk-through

1. Select two people from your organization to play the roles of "client" and "family member." The two of you will need to be detail-oriented and committed to making the most of this exercise. To ensure that your experiences will be as realistic and informative as possible, present yourselves as dealing with an addiction you are familiar with, and thus are able to consider the needs of people with that particular addiction issue.
2. Let the staff know in advance that you will be doing the walk-through exercise. Ask them to treat you as they would anyone else.
3. Go through the experience just as a typical client and family member would. The walk-through should begin with a customer's first contact with your agency (i.e., an addict or family member interested in obtaining treatment services making a first call for information) and extend through the third outpatient visit, third day in inpatient care, or through a transfer between levels of care.
4. Try to think and feel as a client or family member would. Observe your surroundings and consider what a client or family might be thinking or feeling at any given moment. Record your observations and feelings.
5. At each step, ask the staff to tell you what changes (other than hiring new staff) would improve the experience for the client, family member, and staff. Also ask them what would make their job easier. Write down their ideas and feelings as well as your own.
6. Make a list of the areas that need improvement along with suggested changes to attempt. Include the perspectives of the client, family member, and staff.



What to note in your observations

First contact. When you called the agency, did you get a busy signal, voice mail, an automated greeting, or did a live person answer the call? Did the agency offer you an appointment on your first call? How long would a typical client have to wait for an appointment? Would a typical client have to miss work to make the appointment? Would a typical client have difficulty reaching the site? Is transportation available? Record your experience.

First appointment. On the day of the appointment, arrive at the clinic or office, thinking what it would be like if you had never been to the site before. Is transportation to your site an issue? Are parking, directions, and signage adequate? Does the site feel friendly and welcoming or cold and harsh? Record your experience.

The intake process. Continue to make note of your impressions as a client or family member new to substance abuse treatment. Complete the entire intake process. Fill out all required forms. Does the family member typically accompany the client through the entire intake process? How long does a typical client spend in the waiting room? Wait for that amount of time. If the client is required to undress, you should undress. Is a urine test required? Will you have to wait between your assessment and your first treatment session, and if so, how long? The "client" and "family" member should each record all their thoughts and feelings about this process.

Transfer between levels of care. Experience the process of transferring between levels of care; for instance, going from detox to residential, residential to outpatient, or outpatient to IOP. How much paperwork do you have to fill out? Are you answering the same questions you did in the intake process? Has the transition been smooth, or do you feel like you are starting again from the beginning? How has the family member experienced the transition?

Questions to answer

While you may find it helpful to take some notes during the walk-through experience, below are two key questions to answer afterwards:

- What most surprised you during your walk-through?
- What two things would you most want to change or improve?

Important Addiction Treatment Processes (Key Paths to Recovery)

Eighty-five percent of the problems we run into in providing services to clients are caused by agency processes -- not staff, not limited resources, and not unmotivated clients. Processes are ordered steps or actions that make up our services. Our services are negatively affected when processes are weak or broken. So, to solve service problems we fix the process, not seek someone to blame. Here is a brief description of the key processes in addiction treatment that typically need improvement.

Outreach: Strategically reach out to those in need of treatment. Primary care and mental health providers, schools, the criminal justice system, child welfare, employers and other referral organizations may lack information about the services that addiction treatment organizations provide. Potential patients, their families, and friends may also be unaware of services and treatment options. As a result, patients may not seek or be referred to treatment until their condition becomes so severe that it requires more intensive and expensive resources. Establishing strong relationships with referral institutions will increase referrals (admissions) and will also help to achieve briefer interventions and support that keep substance abusers engaged. Outreach programs targeting patients and their significant others help patients make an informed decision about treatment. Effective outreach also increases the likelihood that the patient will enter treatment with a positive mindset. Reduce the time between first contact for treatment and when treatment starts. Intakes within 24 hours of first contact result in 70% making the next appointment. If treatment can start within 7 days, the chance of completing treatment increases by one-third.



First Request for Services: Any call to a treatment agency should be viewed as a cry for help. Denial and resistance are key elements of addiction. When someone struggling with substance abuse contacts a treatment agency for help, the agency should respond in a compassionate, motivational, and clinically effective manner. At many agencies, however, an answering machine or a lengthy automated message greets callers making that crucial first call for help. Out-dated phone systems, inconvenient hours of access, and lack of accurate data about the volume and nature of calls cause delays in returning first calls or in setting up initial visits with a clinician. Treatment agencies should view all patient first contacts as an important opportunity to engage the patient and improve treatment access. Patients' first contact should be with trained support staff, who can reinforce the significance of this first step and facilitate their entry into treatment.

Scheduling: Denial and resistance can be fragile and fleeting so any obstacle to a smooth course of service provision represents an opportunity for the patient to withdraw from services. Making intake and assessment appointments available at convenient times and allocating staff effectively can help reduce obstacles and ensure a patient's successful progression through treatment. Key ingredients to effective scheduling include offering intake, assessment, and treatment services at times that are convenient, assigning and scheduling staff to tasks appropriate to their expertise, and creating a system to monitor time management and productivity.



Intake: An effective intake process addresses a patient's compelling concerns as well as an organization's business needs. The intake process is also the agency's opportunity to ensure that the patient will continue in treatment. A lengthy, complicated, and unwelcoming intake process can discourage a patient from appearing for the first treatment session. In an effective intake process, staff welcome and engage patients in a private intake area. Using motivational interviewing techniques, agency staff offer the patient information on what to expect in treatment. Using a contract that describes the rights and responsibilities of both the patient and the agency and limiting the number of staff involved in intake also helps ensure that the patient continues in treatment.



Paperwork: The paperwork associated with medical and administrative records and
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reports presents a significant challenge to treatment agencies. Staff, patients, and families face multiple forms at intake and assessment and when transferring between levels of care. Different payers and regulators may require additional paperwork. Key ingredients to managing this problem include forms design, eliminating duplication, and integrating regulatory data collection into the organization's work. Efficient processing, transmission and storage of information through methods such as electronic records, smart fax, and OCR also help to reduce paperwork.

Therapeutic Engagement: Addiction is a chronic disease characterized by denial and resistance. This makes patients in early recovery especially vulnerable to withdrawing from services. Key ingredients to increasing retention in services include establishing a process to identify patients at risk for leaving treatment early and following up on early warning signs. Clinical interventions that encourage engagement include patient-specific treatment plans, principles of motivational interviewing and motivational enhancement therapy (express warmth and empathy, nonjudgemental, positive/ hopeful, affirm, don't argue/role with resistance, point out discrepancies, open-ended questions, reflective listening, summarizing, personal responsibility and freedom of choice), incentives for session attendance, and medication management. Tolerating relapses instead of discharging patients from treatment has also proven to be an effective strategy.

Support System: Patients often seek substance abuse treatment because of the concerns and actions of family and friends as well as those of legal and medical systems. The addiction counselor serves as the catalyst toward a healthy support system. The patient's support system should be considered an important service customer. Their actions can provide the treatment program a powerful set of additional resources and interventions. Key ingredients to their effective involvement include developing processes to: 1) Engage the patient's support system and develop processes to keep them engaged; 2) If the patient's primary support also has an addiction, attempt to engage them in treatment; 3) Identify and act on warning signs of potential dropout from treatment and involve the support system; 4) Identify and provide wrap-around services (e.g., food, housing, financial assistance, day care, etc.) to keep patients engaged in treatment.



Moving Through Levels of Care: Any interruption in a patient's smooth progression through the intake, assessment, and care processes represents a serious threat to retention. Effective administrative and clinical interventions along with a systematic approach to initial and ongoing assessment may increase the likelihood that a patient will remain in treatment. Key ingredients to success include the following: evaluating patients on multiple parameters using tools such as a comprehensive psychosocial assessment and patient placement criteria; helping the patient engage in treatment by offering choices; minimizing blind referrals and unnecessary transitions in a patient's treatment; allowing the patient's original counselor to provide care though all levels; ensuring that patients get connected to their next level of care; and providing case management and assessing patient progress regularly.

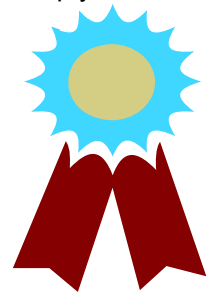


Maximizing Revenue Sources: Because demand for treatment has often been perceived as outstripping funds, many addiction treatment agencies adopt a "wait and see" approach to reaching out to substance abusers and to seeking new revenue sources. This approach does not allow the organization to manage its referral streams in terms of either volume or revenue quality. By actively targeting and working with new and preferred referral sources and payers, an organization can increase numbers of patients and revenue per patient, generate new lines of business, analyze and price new contracts with health plans, improve authorizations from managed care organizations and health plans, and collect a greater proportion of its receivables.

NIATx Promising Practices

The change ideas listed here by aim have worked in other addiction treatment programs and may work in yours.

Aim/Objective	Promising Practice
Reduce waiting lists and waiting times	<ol style="list-style-type: none"> 1. Reduce intake and assessment paperwork 2. Phase in “express” same-day (or walk-in) intakes/assessments or within 24 hrs of first contact; use open schedules; “come here as soon as you can” if phone contact 3. Conduct phone intakes/assessments 4. Double-book intakes/assessments 5. Ask only five questions during first phone contacts – What can we help you with? There are fees for our services, how will fees be paid? When can you come in? How will you get here? How can we remind you? 6. Offer group orientations 7. Offer pre-treatment support/education groups facilitated by support staff/volunteers trained in Motivational Interviewing or Peer Counseling 8. Centralize intake/assessment/treatment (one stop does it all) 9. Triage clients into appropriate service “dose” intensity and frequency (e.g., abuse vs. dependence) to free up clinical time
Reduce appointment no-shows	<ol style="list-style-type: none"> 1. Ask clients about barriers they face in attending appointments and address them (e.g., How do you plan to get to your appointment? Is there anything that would keep you from attending your appointment?) 2. Clearly inform the client what he/she can expect at the appointment 3. Use a Motivational Interviewing style of communication with the client 4. Get the client to appointments quickly as appropriate 5. Make reminder calls (48 hours in advance) 6. Institute a “deputy dog” staffer who “hunts down” clients to discuss barriers and overcome them 7. Offer appointments at client-convenient times 8. Gas gift cards; transportation 9. Contact referral agent to jointly motivate client to attend appointments 10. For first appointments, arrange for the client to have a brief contact with his/her assessor or counselor before the appointment
Increase continuation/retention in services	<ol style="list-style-type: none"> 1. Connect client with a counselor within 24 hours of admission (reduce wait time) 2. Create a “welcoming” environment; nice, homelike, private waiting area; coffee/refreshments; appropriate reading materials; greet clients personally at each visit; treat client as a “valued customer”, “we’re glad you chose our services”; welcoming live or video intake and orientation; ensure client has opportunity early on to tell their story, voice their needs, and not just to fill out forms or answer questions 3. Establish clear two-way expectations 4. Assign a peer buddy/mentor if group or residential service 5. Identify patients at risk of leaving (profile) and apply interventions (e.g. individual sessions; more frequent sessions; phone check-ups) 6. Track when clients are most likely to leave treatment (after first or second session; weekends; during transfers; etc.) and apply interventions (e.g., call them immediately if they miss a session) 7. Identify client barriers to continuing in treatment and address them; contact clients who have left treatment and ask them what could be done to make treatment better for them 8. Counselor to counselor communication, collaboration and support; monitor compassion fatigue; use counselor incentives (paid time off; gift lunch; gift card; movie passes; ask counselors what motivates them); solicit ideas from counselors and reward them for higher continuation/retention rates 9. Focus on client’s immediate needs; tailor treatment to client’s individual circumstances and needs 10. Offer positive reinforcements/incentives suggested by clients (e.g., fish bowl); make treatment attractive and “fun” (music, art, role-playing, recreation) 11. Offer appointments at client-convenient times



	<ol style="list-style-type: none"> 12. Offer appointments that are closer together as appropriate (over) 13. Involve clients in setting goals and planning for long-term recovery 14. In group settings, group clients with similar characteristics and stage of readiness for treatment 15. Increase family involvement; family night; family program 16. If returning client, start where client left off not all over again as appropriate 17. Persist with clients in identifying and connecting them with a healthy recovery partner) in the community (teacher, guidance, counselor, minister, relation, friend, AA sponsor) 18. If local support groups are not sufficient, create your own "alumni association" for client support and other activities
<p>Increase admissions with or without additional revenue</p>	<ol style="list-style-type: none"> 1. Improve timeliness to assessment and, subsequently, timeliness to treatment 2. Reduce admission steps 3. Reduce paperwork and never ask the same question twice 4. Combine all signature documents into one booklet one signature 5. Ask counselors to take notes during sessions to reduce time spent on paperwork after the session 6. Reassign some tasks done by counselors that could be done by other/support staff 7. Have appointments made by "front desk" support person, not by counselor 8. As much as is practicable, have clients fill out paperwork (offer refreshments while they do it) 9. Use a video for orientation 10. Transition clients to the next level of care or discharge as soon as able 11. Increase group size or switch to open groups 12. Make sure clients can reach you easily 13. Do targeted marketing (e.g., largest employer; primary health care clinics; child welfare agencies; Medicaid HMOs); market how people get more than just sobriety but also restored marriages, return to job, families reunited, improved school attendance, etc.; promote treatment successes publicly 14. Build lasting relationships with referral organizations and track referrals 15. Build capacity by developing/expanding new or existing programs (e.g., IOP; mothers with small children) 16. Borrow staff to cover variable workloads 17. Provide services to family members that help engage their addicted loved one in treatment 18. Review open clinical hours regularly and replace with appointments/counseling as appropriate 19. Triage clients into appropriate service "dose" intensity and frequency (e.g., abuse vs. dependence) to free up clinical time 20. Eliminate two-therapist groups
<p>Successful level of care transfers</p>	<ol style="list-style-type: none"> 1. Make transfers as seamless as possible by introducing the client to the next level of care in advance while in treatment, personally connecting the client to the next level of care 2. Maintaining the same counselor in the new level of care 3. Move most or entire group of clients into the next level of care together, if appropriate 4. Minimize the paperwork/authorizations to get to the next level of care 5. Thoroughly explain to the client what's next 6. Monitor level of care transfers for success

Nominal Group Technique - Lite

The Nominal Group Technique is designed to promote group participation in the decision-making process, and can be used by small groups to reach consensus on the identification of key problems or in the development of solutions that can be tested using rapid-change cycles.

STEP 1: Prepare and present the question to the group of affected staff and stakeholders

Examples: What isn't working well in our agency?
What is working well in our agency?
What's causing our clients to drop out after the first session?

STEP 2: Silent brainstorming of ideas to answer question (about 5 minutes)

Write down your ideas on a piece of paper. Be creative.

- 1.
- 2.
- 3.

STEP 3: Round-robin recording of ideas

In this step, the group facilitator goes around the table and each person reads one idea at a time and it is recorded on newsprint. No discussion or debate is allowed. New ideas (not written down) are allowed.

STEP 4: Discussion of ideas

This involves taking each idea one at a time to clarify the idea and discuss or debate pros and cons prior to the preliminary vote.

STEP 5: Preliminary vote

Each person gets five votes (5 sticky dots) and may vote on any of the ideas. Which ideas do you like the best?

STEP 6: Discussion of preliminary vote

Tally the votes. Examine items with inconsistent voting patterns and provide an opportunity for a discussion of ideas perceived as receiving too many or too few votes. Pros and cons of the top five to ten ideas may be reviewed again.

STEP 7: Final voting

Final vote on the top five to ten ideas. Three votes each.



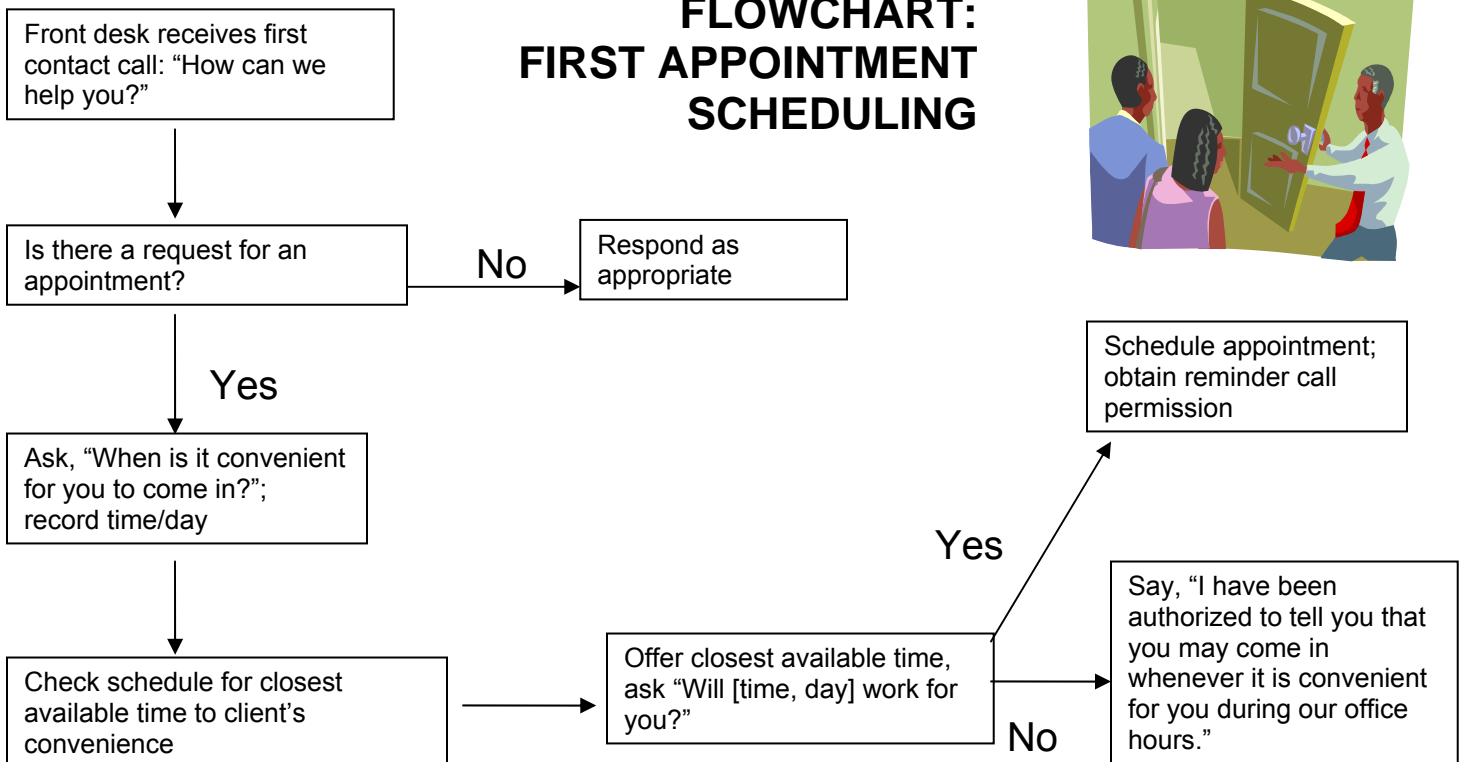
Flowcharting

Flow charting gives the change team a visual picture of program processes (outreach, 1st contact for services, intake/assessment, paperwork, scheduling, client transfers) that may need improvement. This is a group exercise where staff and stakeholders create a chart of a process with everyone actively participating.

Flowcharting Steps	
Step 1	Define objective (e.g., reduce time from first contact to intake appointment)
Step 2	Define process (e.g., intake appointment scheduling process)
Step 3	Define first and last steps
Step 4 (Quiet Time 1)	Have each person write down process steps on large yellow Post-it notes
Step 5	Have everyone place their yellow Post-it notes on wall paper to create a flowchart. Encourage those who finish this step quickly to read what others are placing on the wall paper.
Step 6	Review flowchart
Step 7 (Quiet Time 2)	Have each person write down bottlenecks or problems on red Post-its; write down suggestions for process improvements on blue Post-its
Step 8	Place blue and red Post-its on flowchart
Step 9	Review suggested changes
Step 10 (Quiet Time 3)	Ask each participant to pick the three changes that offer the best combination of ease of implementation and impact on objective
Step 11	Conduct multi-vote to select changes to initially pilot test
Step 12	Discuss next steps



FLOWCHART: FIRST APPOINTMENT SCHEDULING

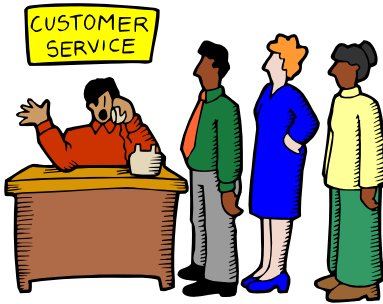


Customer Window Model

Client input and involvement is far and away the most important principle to be followed in quality improvement. Simply asking clients what they like about services and how services could be made better for them would provide valuable information to improve treatment. The customer window model described below is a survey approach to identifying client needs, achieving client satisfaction, and improving the quality of services. The steps and an example follow.

STEPS

1. Using client interviews or focus group, identify client needs with respect to your services (e.g., convenient appointments; convenient location; to feel heard, understood and respected; privacy; services appropriate to needs; to be listened to if client has a complaint; agreement on treatment goals; child care; etc.). The question to be asked is: "What do you expect from treatment?" or "What do you expect from our services?" Develop and pilot test a needs importance survey with response items such as: Extremely Important, Very Important, Moderately Important, Slightly Important, and Not at all Important (see the other side of the page).



2. Finalize needs importance survey and administer the survey to clients on the importance of each need.

3. Develop and administer a client satisfaction survey mirroring the needs/importance survey to determine how well you are meeting each need or how satisfied clients are with respect to each need. Response items could be: Very Satisfied Couldn't Be Better, Mostly Satisfied, Slightly Satisfied, Slightly Dissatisfied, Very Dissatisfied, and Does Not Apply to Me (see the other side of the page).

4. Determine if you can meet the high importance - low satisfaction needs (window A below).

EXAMPLE

<p>Client Wants It But Does Not Get It</p> <p>High importance, low satisfaction. The critical window.</p> <p><u>Goal:</u> Move items to window B</p> <p>-Treating me with dignity and respect -Appointments at times that are good for me</p> <p><i>Window A</i></p>	<p>Client Wants It and Gets It</p> <p>High importance, high satisfaction. It is the most desired window.</p> <p><u>Goal:</u> Maintain/improve and monitor</p> <p>-Convenient location where I go for services</p> <p><i>Window B</i></p>
<p>Client Does Not Want It and Does Not Get It</p> <p>Low importance, low satisfaction. The window with lowest importance and focus for now.</p> <p><u>Goal:</u> No action needed unless client needs change</p> <p><i>Window D</i></p>	<p>Client Does Not Want It But Gets It Anyway</p> <p>Low importance, high satisfaction. An action should be taken to reduce or eliminate these needs if the client needs here are expensive, labor intensive, or represent any other type of risk to the agency.</p> <p><u>Goal:</u> Maintain; reduce or eliminate for efficiency</p> <p>-Developing close friendships</p> <p><i>Window C</i></p>

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Example Customer Window Importance Survey Items

Instructions: To help us better meet your needs for services from [*insert name of agency*], please rate by checking (✓) the box how important the following things are to you as you receive our services.

	Extremely Important (5)	Very Important (4)	Moderately Important (3)	Slightly Important (2)	Not at all Important (1)
1. Appointments at times that are good for me					
2. Convenient location where I go for services					
3. To be treated with dignity and respect by agency staff					
4. The opportunity to develop close friendships					
5. A better sense of self-worth					
6. Help in finding a job					
7. Better control cravings for alcohol or other drugs					

Example Customer Window Satisfaction Survey Items

Instructions: It is our goal at [*insert name of agency*] to provide our clients with the highest quality services and we need your honest opinion. Please rate by checking (✓) the box how satisfied you are with the way our agency provides the following things. Thank you.

	Very Satisfied, Couldn't Be Better (5)	Mostly Satisfied (4)	Slightly Satisfied (3)	Slightly Dissatisfied (2)	Very Dissatisfied (1)	Does Not Apply to Me
1. Appointments at times that are good for me						
2. Convenient location where I go for services						
3. Treating me with dignity and respect						
4. Developing close friendships						
5. A better sense of self-worth						
6. Help in finding a job						
7. Better control cravings for alcohol or other drugs						

Using Client Incentives

Contingency management interventions, also referred to as motivational incentives, are based upon principles of behavior modification using tangible positive reinforcements. As such, it is important to consider your client population before adopting the use of client incentives. Your clients should be those for whom a behavioral intervention would be appropriate. Their level of cognitive functioning (low benefit/insight from talk therapy) and social functioning (anti-social/socially irresponsible behavior) are two factors that should be considered. A few popular and effective behavioral approaches are cue exposure, written contracts, vouchers (gift cards), and fishbowl. In cue exposure, a client is repeatedly presented with relapse cues (e.g., by showing his/her personal drug paraphernalia or by accompanying him/her into a well-frequented bar; or through visualization of such scenarios). However, the client is prevented from drinking or taking drugs while exposed to the cues. Over time, an extinction process leads to a decreased reactivity to such cues.

Written contracts jointly developed and signed by the client, counselor, and a referral agent (if applicable) can be effective in achieving treatment plan goals, attendance, and other positive treatment behaviors. One or more rewards tied to fulfillment of the contract are also specified in the contract.



Voucher approaches work by rewarding clients for positive behaviors such as a drug-free urine sample or attendance. Vouchers may have a monetary value much like a gift card. The value of the vouchers increase as the number of consecutive positive behaviors increase. One way to select the rewards is to ask clients, "If you were to receive a reward for doing something very difficult in treatment, what kind of reward would you like to receive?"

Similar to vouchers, the name fishbowl is derived from the use of a glass fishbowl from which clients are immediately rewarded for desired behavior by drawing tickets, cards, poker chips, or slips of paper to reveal a prize. What kinds of prizes have been effective? Things like video game tokens, bus tokens, toiletries, candy bars, gift cards for a movie, gasoline, food, cab fare, music CD, video rental, or coffee have been used by agencies implementing the fishbowl.

What kinds of observable behaviors can be influenced by using the fishbowl? The literature on the use of client incentives identifies abstinence, clean UAs, attendance, active participation in group counseling, achievement of treatment plan objectives, and other behaviors such as patience, no swearing, saying 'hello', not complaining, and not loitering.

To implement the fishbowl, the treatment program will first need to identify the targeted behavior it wants to influence among clients such as attendance at the assessment appointment or all sessions scheduled within a week. If the fishbowl will be used over time with the same client(s), it will be important to set up escalating rewards. For example the client gets one draw out of the fishbowl (and is immediately given their prize) after completing the first group session; two draws for the second consecutive session; three draws for the third; and four draws for each successive consecutive session. The client starts over (goes back to one draw) if they miss a session. Prize cards or chips are replaced after each client draws.

Agencies that have implemented fishbowls, typically use this configuration for the prizes in the fishbowl:

500 total prize cards

245 of the 500 cards have appropriate affirmations such as "Great job", "We're really glad you came", or "You're on the road to recovery"

220 have a \$1 prize

20 have a \$5 prize

10 have a \$10 prize

5 have a \$20 prize



If using public funds to finance the incentives, the federal Medicaid Program guideline is no more than \$50 per client per year. In the context of Plan-Do-Study-Act cycles, agencies should feel free to be creative with their fishbowl and other client incentive approaches. Some agencies have successfully used individual (without a drawing) and group prizes such as a pizza party for positive group behaviors.

NIATx Model/P-D-S-A Self-Assessment

Date: _____

Agency: _____

The purpose of this tool is to provide feedback to STAR-SI treatment providers about how closely the original tested NIATx process improvement model is practiced and to guide Plan-Do-Study-Act (PDSA) activities. Check items that have been completed or achieved.

Plan (P) - Develop a plan for improving access or retention at a process point

1. Obtain buy-in/support from CEO or other appropriate senior manager

- CEO or senior manager having resource deployment authority is supportive of the QI change project(s) and is kept informed of accomplishments
- An atmosphere for continuous quality improvement through PDSA is fostered in the agency or an affected area

2. Pick an influential change project leader and form a change team of affected, knowledgeable, and motivated individuals

- Change team has an enthusiastic and influential leader; specify change leader's title _____
- Change team meets approximately every two weeks

3. Talk with some clients to find out what they like and don't like about services; conduct an honest and open walk-through from first contact through assessment and from first treatment session through discharge and complete other planning activities for the purpose of examining agency/service processes needing improvement

- Direct client input sought through focus groups, interviews, or surveys
- Walk-through completed with participation by CEO, written up, and recommendations discussed
- Appropriate agency data reviewed
- Staff or stakeholder nominal group process conducted
- Fishbone diagram or other cause & effect activity completed
- Flow-charting exercise conducted



4. Select a single long-term aim or objective for a 3- to 6-month change project. Examples:

- Reduce waiting times from 15 days to 7 days
- Reduce treatment appointment no-shows from 30 percent of appointments to 10 percent or less
- Increase continuation in treatment by increasing from 45 percent to 65 percent the rate of clients who participate in at least 4 counseling sessions during the 30 days after admission
- Increase admissions from 10 per month to 15 per month

- Single aim/objective per change project as in the examples above
- Duration of change project is no longer than 6 months per aim; explain if longer _____
- Change project stems from a key CEO-identified problem
- Change project stems from the walk-through experience
- Change project has a compelling business reason (e.g., revenue, staff morale, client satisfaction, community reputation, productivity, etc.)

5. Select a focused sample of clients, e.g., one counselor, one service/level of care, one location, or a certain type of client

- Selected client sample is properly focused, i.e., one counselor, one service/level of care, one location, or a certain type of client
- Selected client sample is thoroughly considered, i.e., various options weighed

6. Set up data collection protocol and gather reliable baseline data on the chosen aim/objective

- Data collection process to gather reliable (accurate; unbiased) data developed and in place
- Baseline data gathered on at least 10 clients (use same time in previous year if seasonal issues are present)

7. With staff, stakeholder, and client input brainstorm, discuss, and select a single change or improvement idea to test

- Change team considers causes and solutions to achieve aim/objective
- Change team selects a single "small step" change idea and has also identified additional incremental or sequential ideas from easiest to hardest or least costly to most costly for consideration later
- Client input utilized in selection of change idea
- NIATx promising practices considered
- Ideas from outside the field considered
- Change project form filled out

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Do (D) – Implement the change on a small scale

8. Implement the change idea on a scale that can be quickly tested within two weeks to 30 days or the next 10 clients

- Change idea “scripted” with specific steps, staff roles, protocols, or procedures documented
- Staff trained and have rehearsed the change idea
- Change idea implemented
- Change project form updated

9. Check to see that the change idea is being implemented properly and as planned

- Change idea implemented with close monitoring by change leader
- Staff observations and/or problems formally discussed (e.g., during change team meetings)
- Staff observations and/or problems documented (e.g., on the change project form)

10. Chart progress by recording the data which will evaluate whether or not the objective is being achieved

- Reliable data on change project objective gathered and recorded
- Data collection activities discussed by entire change team

Study (S) - Examine the results to confirm or to adjust the plan

11. Summarize the results of the test (level of achievement and whether the change was carried out as planned) and share with change team and others as appropriate

- Change idea evaluated quickly, i.e., after about 10 clients or within two weeks to 30 days; explain if different
- Results analyzed to determine impact on aim measure and whether objective was achieved
- Results presented to and thoroughly reflected upon by change team members
- Results discussed in a timely fashion
- Additional information gathered to fill gaps (i.e., to ascertain why things occurred as they did)

Act (A) Make the plan permanent or try other improvement ideas or changes

12. Make decision. Was the change successful? Was the objective achieved? If so **adopt** it. If not, can you **adjust** or modify the improvement idea slightly or incrementally and then retest it? Or do you need to **abandon** the idea and try a completely new change idea?

- Change team arrives at consensus decision to adopt, adjust, table, or abandon the change idea
- Makes decision after reflecting on the magnitude of the change, what worked well and what didn't work well and why
- If change was minimal or no effect, change team returns to “Plan” step to consider another idea to test
- Change project form updated

13. If the change was successful, implement procedures (monitoring) to sustain the change made (e.g., continue data gathering on sample basis, discuss during staff meetings, put into job descriptions, check periodically with consumers, agency policy, etc.). Develop a storyboard.

- Change adopted with periodic data checks
- Staff monitoring
- Check-ins with clients
- Change formalized through staff meeting discussions and supervision, job descriptions, employee orientation, or agency policy
- NIATx sustainability criteria considered to aid in ensuring the change becomes permanent
- Agency/change team has a celebration or recognition event marking the achievement
- Storyboard prepared

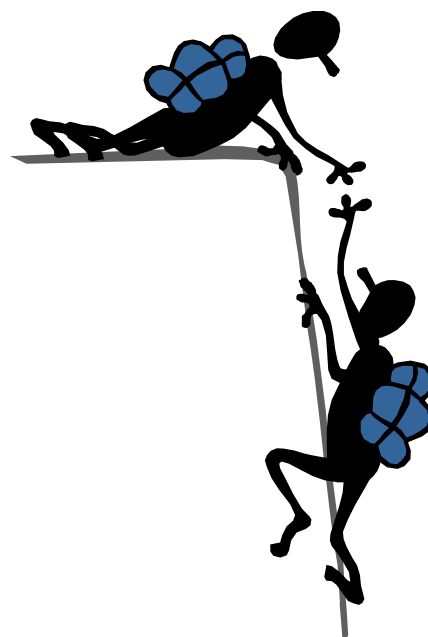
14. If the test was successful, decide if the change should be expanded/spread to other areas (counselors, clients, levels of care, locations, etc.)

- CEO/manager and agency staff discuss feasibility of spreading the improvement as appropriate
- Improvement spread to at least one other area

Score: Number of items checked _____ / 52 x 100 = _____ %

Client-Counselor Engagement Tool

Many program factors contribute to the effectiveness of addiction services such as convenience, timeliness, affordability, approaches, responsiveness, etc., but the quality of the client-counselor relationship trumps them all. Numerous studies have proven that the strength of the therapeutic alliance is very closely related to successful treatment. Adapted from the larger Working Alliance Inventory measure, the simple tool below is provided for any agency that wishes to gauge the strength of the therapeutic relationship.



Counseling Questionnaire

Instructions: It is very important to us that you and your counselor are working well together and if there are any issues we want to know about them. Your individual responses on this short form will be kept confidential, will go to the agency Director only, and will not be shared with your counselor. Your responses will be summarized along with responses from other agency clients. If the statement describes the way you feel most of the time, circle "Agree". If the statement describes the way you feel only some of the time, circle "Somewhat Agree". If it rarely or never describes how you feel, then circle "Disagree". Thank you for your honest opinions.

1. My counselor understands my problems.

Agree	Somewhat Agree	Disagree
(3)	(2)	(1)

2. My counselor and I agree on the changes that would be beneficial in my life.

Agree	Somewhat Agree	Disagree
(3)	(2)	(1)

3. My counselor and I trust one another.

Agree	Somewhat Agree	Disagree
(3)	(2)	(1)

4. My counselor respects me.

Agree	Somewhat Agree	Disagree
(3)	(2)	(1)

5. I am very satisfied with my counselor.

Agree	Somewhat Agree	Disagree
(3)	(2)	(1)

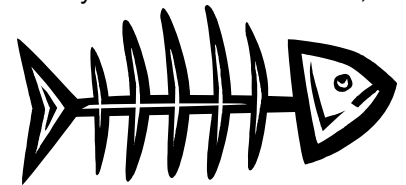
Score: Add up the points

References: Horvath, A., et.al. (1991). Relation between working alliance and outcome in psychotherapy: a meta-analysis, *Journal of Counseling Psychology*, v. 38; Martin, Daniel, et.al. (2000). Relation of the therapeutic alliance with outcome and other variables: a meta-analytic review, *Journal of Consulting and Clinical Psychology*, v. 68; Bordin, E.S., et.al. (1976) The generalizability of the psychoanalytic concept of the working alliance, *Psychotherapy Theory, Research and Practice*, v. 16; Tracey, T. J., et.al. (1989). Factor structure of the working alliance inventory, *Psychological Assessment*, v. 1.

Creative Problem-Solving Using Cause & Effect Analysis The Fishbone Diagram and Five Whys

The Fishbone Diagram

The Fishbone Diagram (sometimes referred to as Cause & Effect Analysis or Ishikawa Diagram) is a visual tool for identifying possible causes of a problem and their relationship. In conjunction with the Five Whys tool discussed below, it can be used to identify one of the root causes of a problem in order to plan a solution or change project (e.g., reducing wait times, increasing retention, reducing no-shows, etc.). It was developed by a Japanese quality control statistician (Ishikawa) whose father (a Japanese manufacturing CEO) worked with Edwards Deming. It may have gotten its nickname because the resulting diagram looks like “fish bones”. Staff and/or stakeholders meet as a group and brainstorm possible causes of a problem within some predetermined major cause categories like procedures, people, place and policies. Service industries usually use price, promotion, customers’ perspective, policies, procedures, location, and people as major cause categories. After brainstorming, the group then selects which root cause they want to address using criteria such as cost, ease of implementation, know-how, or impact. Adding a “Five Whys” analysis (ask why? five times) to the Fishbone Diagram result may also help to get to a root cause of the problem.



The Five Whys

Developed by Sakichi Toyoda, a Japanese inventor whose son Kiichiro Toyoda founded the Toyota Motor Corporation, the Five Whys is a creative problem-solving technique which is applied by asking the question ‘Why is that happening?’ at least five times. It is postulated that just five iterations is generally sufficient to get to the

root cause. By doing this you can peel away the layers of symptoms, examine a chain of causes, and get to a root cause of the problem. The Five Whys tool can be used alone or in combination with the fishbone diagram. Here’s a simple example of how the Five Whys tool works with the problem posed by a three-year-old child to a parent, “Why is the backyard sprinkler not working?”:

1. Why is the backyard sprinkler not working?
Because there’s no water coming out.
2. Why is there no water coming out?
Because there’s no pressure behind it to push it out.
3. Why isn’t there any pressure to push the water out?
Because the hose is kinked.
4. Why is the hose kinked?
Because I forgot to check the hose before turning the water on.
5. Why did you forget to check the hose?
I just forgot.

Solution: Remember to un-kink the hose before turning on the sprinkler.

Steps to Conduct a Fishbone Diagram and Five Whys Session

1. Identify and **agree on the problem** to be addressed. Be as specific as possible. Problems that are too vague can bog the group down. Example, “Clients are not consistently attending treatment sessions.”
2. **Assemble a meeting** of knowledgeable and affected staff and stakeholders, the CEO or his/her designee – people close to the problem. Bring appropriate data if available.
3. **Select a recorder/facilitator.** Using a large blackboard, whiteboard or several newsprint sheets taped to a wall, draw a blank fishbone figure similar to the one below.
4. For each main rib of the fish, add several **major cause categories** such as “Staff”, “Client Perspective”, “Internal Procedures”, “Information”, “Cost”, “Equipment”, “External”, “Resources”, and “Other” (about 6-8 categories; pre-selecting some general categories is not necessary, but it is important to group the causes after they are identified to help clarify them and see the relationships). Categories for fishbone diagrams vary widely depending upon the type of organization. The categories should be chosen for their relevancy to the organization and problem.

5. Begin **brainstorming and recording** possible causes (no debate occurs at this point) one category at a time asking the question, “What are the staff causes?” “What are the internal procedures causes?” and so on. Record the causes on horizontal lines attached to a main rib. Then ask, “Are there any other causes that do not fall into the categories?” It may be helpful to set a time limit (15-20 minutes) to this phase of the discussion. Wild ideas are OK and remember not to get caught in the “blame game”. If an idea falls outside of a category, put them in the “Other” category. If an idea fits in more than one category, place it in all applicable categories. For more creativity, some of the persons could assume a different role such as restaurant



manager, referral agent, client, funder/payer, auto repair shop manager, etc. For each brainstormed cause, keep asking “Why does this happen?” and list responses as branches off previous causes.

6. After all ideas have been exhausted (or the time limit is up), discussion is allowed to **clarify causes** and causes may be rearranged or combined on the fishbone diagram. You may also remove any ideas if it is agreed that it doesn't have a direct bearing on the problem. Take special note of causes that occur in more than one general category as this may be significant.



7. Give each person five sticky dots (**votes**) and each person places their sticky dots on one or more causes they think have the most merit. You may want to ask participants to use criteria such as:

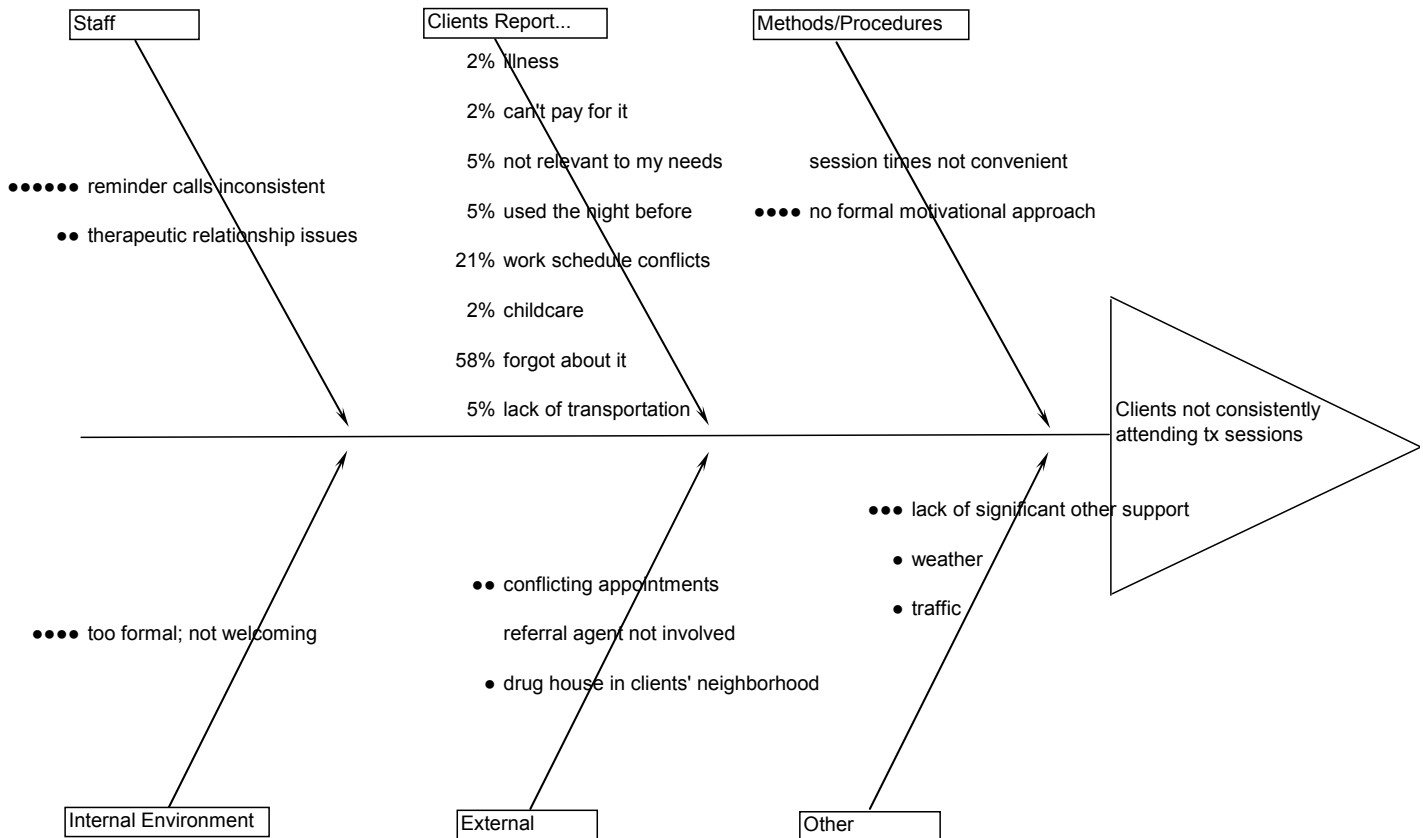
- Will it impact the problem significantly?
- Is it within our control to address?
- Will it be relatively easy to address?
- How long will it take?
- Do we have the resources?
- Do we have the know-how?
- Is there wide support?
- Does it appear repeatedly on the diagram?

8. **Tally the votes, and discuss the top two- to three-ranked causes.** **Vote again** giving each member just one or two sticky dots.

9. **Select the one, single cause you want to address first** (e.g., inconsistent reminder calls).

10. Next, **apply the Five Whys analysis** to the selected cause. Ask in succession five times, “Why is this happening?” or “What is causing this?” You will create a chain of causes. By the fifth time, you are likely at one of the key root causes. Use this root cause and its solution as a first change idea in your change project to impact the problem.

Fishbone Diagram



Apply Five Whys to the Cause with the Most Votes – “Why are Reminder Calls Inconsistent?”

- Q1** - Why are staff reminder calls to clients inconsistent?
- A1** - Because some staff feel reminder calls are not working.
- Q2** - Why do some staff feel reminder calls are not working?
- A2** - Because they usually don't reach clients and end up leaving messages.
- Q3** - Why don't staff reach clients?
- A3** - Because they don't know the best time to reach clients.

- Q4** - Why don't staff know the best time to reach clients?
- A4** - Because we don't ask clients when the best time is to reach them.
- Q5** - Why don't we ask clients when the best time is to reach them?
- A5** - Because it's not included during intake.

Solution/change idea: During intake, ask clients when the best time is to reach them by phone and provide the information to reminder call staff.

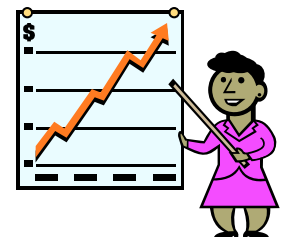
\$\$ Diversifying Revenue \$\$

Education for the helping professions doesn't typically include the management and business aspects of providing services. One of the reasons many persons go into the helping professions is so they don't have to work in the competitive business world. The word "marketing" often brings up connotations of aggressive, unprofessional and unethical practices. But this doesn't have to be the case. Helping professionals can market services and be ethical about it. The reality is, to thrive in the human services area you have to learn to market as well as implement other useful revenue-enhancing strategies such as diversification.

Whether it be trade, in the case of Brazil, Chile and Peru, products and services in the case of the Siemens corporation, Germany, a retirement fund, a family farm, or a human service agency, diversification is key to fiscal success especially during unstable economic times. Following one of the NIATx principles, "get ideas from outside the field," let's examine the McKinstry Company, Seattle, as a case in point. McKinstry Co. started out as a plumbing and heating company. Vice President, David Allen, said "Our diversification saved us from having a real tough time with all of the events that happened in the last 15 months [since September 11, 2001]." The diversification came in natural steps and over a period of years, said Allen. They looked around for products, services, and opportunities that touched or interacted with their plumbing and heating work - "We needed to become more integrated in our approach." McKinstry began to provide clients with more and more products and services beyond plumbing and heating. They added sheet metal fabrication - and subsequently architectural metals (zinc, copper, aluminum) - to their repertoire. Next came fire protection systems and temperature controls. And more recently McKinstry has added ongoing maintenance. The overall result is a successful company that forges long-term relationships with clients by offering a single source to plan, design, construct, commission, and maintain all the systems that govern a building's environment. "Now we're soup to nuts in the building business."

Sufficiency of revenue is also one of NIATx's "Key Paths to Recovery" or service processes and is always an important factor in the success of an addiction treatment program. It is also important to note that the federal government estimates that over 450,000 Wisconsin residents need but do not receive treatment each year. Because demand for treatment has often been perceived as outstripping funds and reimbursement rates generally do not meet costs, many addiction treatment agencies adopt a "wait and see" approach to reaching out to substance abusers, seeking new revenue sources, and attempting risk management. However, this reluctance does not allow the organization to manage its referral streams in terms of either volume or revenue sufficiency. By actively targeting and working with new and preferred referral sources and payers, an organization can:

- Increase numbers of clients and revenue per client
- Generate new lines of business
- Analyze and price new contracts with health plans
- Increase authorizations from managed care organizations and health plans
- Collect a greater proportion of its receivables
- Obtain grants and donations, and
- Achieve substantial cash reserves



Ten General Principles for Revenue Strength

1. Studies have shown that agencies with diverse revenue sources have better stability and long-term viability.
2. Build relationships with payers and funders. Get to know, on a first name basis, a point of contact at the payer/funder.
3. View payer policies as negotiable and rejections as "not this time." Be persistent with funders. Give funders/payers what they want -- quality services, satisfied customers, reasonable costs, and in some cases, recognition.
4. Hire staff that can bill many payers or assist staff to upgrade their credentials.
5. The referrer mix is many and varied so that there are sufficient paying customers. While some addiction programs admirably choose to target clients who have little or no resources, why not also target clients who can pay for services?
6. Build relationships with referrers by assigning one agency point person for each referrer and make regular contact. Routinely ask referrers, "What's it like to refer to us?" or "From your perspective is there anything that we can improve?" and fix areas that need improvement. Service quality, responsiveness and timeliness are important.
7. As in the McKinstry Company story above, add services, for example, Huber, dual diagnosis, OWI, codependency, marital mediation, family and employer intervention, "brown bag luncheon" presentations, underage drinking class, etc.
8. Hold a "fiscal" staff meeting regularly to keep all staff informed of the agency's financial situation. Let them know how they can help.
9. Client word-of-mouth advertising is very important. Clients who get their needs met, get their quality of life back, and successfully complete services have something to talk about and they can spread the word to family, friends, and co-workers. Whenever a client thanks you or at the end of their discharge session say, "I'm a Counselor because I want to

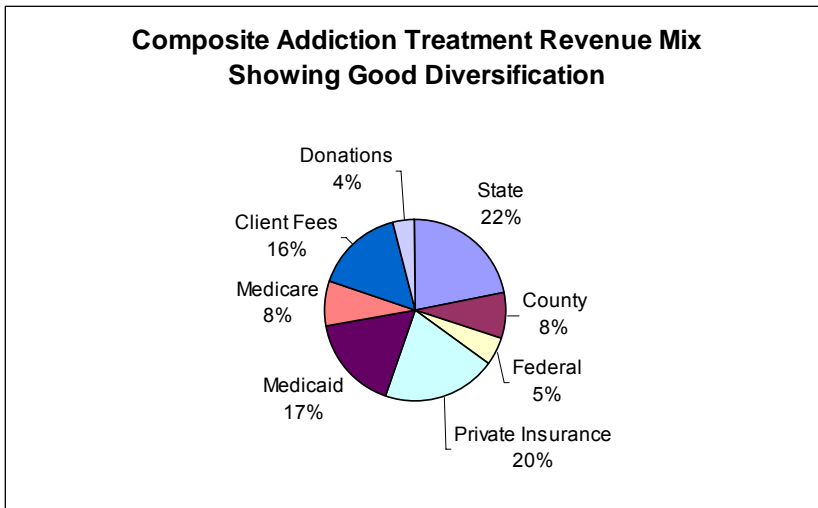
help as many people with your condition as possible. If you know someone, a family member, friend, co-worker, or business associate with a similar condition, please have them call our office so we can help them too.”

10. Submit short informative articles to the local newspaper regularly and use the radio media. Include your agency’s name, address, and phone number in the article. For example, What Everyone Should Know about Addiction and Its Treatment, The Facts About Underage Drinking, approved client testimonials, new services being offered, new treatments such as Vivitrol and Suboxone, issue of the month articles (National Children of Alcoholics Month, Alcohol Awareness month, Alcohol and Other Drug Related Birth Defects Awareness Week, National Alcohol and Drug Recovery Month, etc.), alcohol-free recipes, and the like.

Assess Your Revenue and Referrer Mix and Develop a Plan

A good place to get started is to look at your revenue mix. Are your sources of revenue many and varied or few and narrow? The chart below presents an example of good revenue diversification. The data is a composite from addiction treatment agencies around the country. How does your agency compare? Are there any problems occurring in

receivables (e.g., prior authorizations, caps on visits, client co-pays, etc.). A list of over 50 companies authorized to transact the business of health insurance in Wisconsin is available from the Office of the Commissioner of Insurance by calling 608-266-0091 or searching their website http://oci.wi.gov/oci_home.htm click on the “Company Lookup” link. A document entitled *Fund-raising for QI Projects* is available from the Wisconsin STAR-SI project if you want some tips on increasing revenue from private foundation donors. For Medicaid, a good place to start is by contacting your area’s provider representative. A list is available at this website: <https://www.forwardhealth.wi.gov/WIPortal/Home/Provider%20Login/tabid/37/Default.aspx> click on the “Provider Representatives” link.



Next, look at your referrer mix. Are your referrers many and varied? The text box below lists several potential large addiction treatment referrers. A list of businesses or organizations having 250 or more employees is available by county from the State Department of Workforce Development at either of these websites:

http://www.dwd.state.wi.us/oea/county_profiles/current.htm click on “County Workforce Profiles.”
http://www.dwd.state.wi.us/oea/largest_employers/ click on “Private sector and public sector establishments.”

Hold a staff meeting to brainstorm, discuss, and prioritize a list of payers and/or referrers that you want to add to your mix or from whom you want to increase revenue or referrals. Select one for a change project. Collect baseline data on the amount of monthly revenue from the payer/funder or the number of monthly referrals from the referrer. Set a realistic goal to increase the amount of funds or referrals.

Do the Plan, Study and Act on the Results

For payers/funders, make contact with an appropriate representative and obtain information on application policies, and if an insurance company or managed care organization, additional information on their coverages and beneficiaries.

For referrers, we suggest that you develop a nice, short agency flyer/brochure and mail it with a brief cover letter to the organization’s CEO, director, chief of staff, human resources manager, or other appropriate person in a leadership or coordination capacity. Describe your agency, services, eligible clientele, staff, how to access services and how clients and the community benefit. Include the flyer in any correspondence with potential referrers. Assign one point person from your agency to make regular contact (in-person, phone, fax) with the referrer. A good protocol for referrers is to ask them to make the first appointment while the client is still in their office. Acknowledge referrals regularly with a phone call or secure fax contact to the referrer.

Continue to collect data on the amount of revenue or referrals for the next month or two and then evaluate your progress. Did you achieve your goal? If not, why not? Persistence is key in this area so keep working on it until you

ADDICTION TREATMENT REFERRERS

- Criminal justice system (36%)
- Self (35%)
- Another substance abuse provider (11%)
- Health care provider (7%)
- School or college (1%)
- Employers (1%)
- Unions
- School nurse and guidance counselors
- Emergency departments
- Large employers
- Primary care physician groups
- Psychiatrist groups
- Child protection agencies
- Neighborhood Centers
- W-2 agencies and job centers
- Aging and Disability Resource Centers
- Judges
- Lawyers and Public Defenders
- Probation officers
- Mental health clinics and practitioners
- Churches and missions
- Law Enforcement
- Veterans service offices

are successful. Be open to adding or modifying services.

How to Address Treatment Capacity Issues

What do you do if more referrals would appear to put a strain on your agency's capacity causing long wait times? A popular method for increasing capacity involves the expansion of existing programs/services or the creation of new programs/services. Usually, this method requires some initial investment and risk to put in place. However, an agency that takes some small steps to increase revenue may be able to begin to accumulate sufficient cash reserves to address capacity in this way. Here are some strategies that include shifts in duties, services or processes that can uncover "hidden" capacity at little or no cost:

- Review your intake/admission steps, processes, contacts, visits, interviews, and paperwork. Can it be streamlined, consolidated, or retooled to free up Counselor/Therapist time?
- Are there any non-clinical Counselor/Therapist tasks that can be reassigned to support staff?
- Individualize treatment intensity and duration. TIP 34, *Brief Interventions and Brief Therapies for Substance Abuse* published by the federal Center for Substance Abuse Treatment outlines screening and brief treatment alternatives that could help transition clients through services quicker.
- Use open counseling groups to keep capacity at the maximum.
- Use reminder calls, reduce appointment no-shows, and fill cancelled appointments.
- Regularly review open Counselor/Therapist hours.

Agency Experiences

Prairie Ridge Addiction Treatment Services, Mason City, Iowa is a private, non-profit agency offering substance abuse prevention and treatment services to an eight-county north central Iowa area. The agency began 40 years ago with a single mission to reach out to chronic, revolving door alcoholics. Over the years, the agency has expanded its services to all population groups.

For many, many years, Prairie Ridge received the majority of its outpatient revenue through a public grant. Under this grant, the agency only recovered 58% of its costs for the clients served resulting in up to \$462,000 of annual unreimbursed care. Should an agency in this position reduce costs? Turn clients away? Make clients wait longer? Or expand the payer mix?

After joining the Network for the Improvement of Addiction Treatment (NIATx), the agency decided to focus on increasing and expanding the other 40% of revenue such as third party, Medicaid, and client fees. Within two years, Prairie Ridge increased this revenue from \$627,000 to \$1,008,000 per year. The public block grant is now less than half of the agency's outpatient revenue.

The STEPS at Liberty Center, Wooster, Ohio is a private, nonprofit organization dedicated to the prevention and treatment of substance abuse and is the largest organization of its kind in a two-county area. STEPS doubled their existing private insurance collections by doing the following:

- Know the insurer's billing requirements
- Foster a first-name basis relationship with one, go-to person at the insurer
- Use persistence and assign a "bounty-hunter" to follow-up on all rejected claims to learn from them, appeal, and get them reversed



Genesis Behavioral Services, West Bend Outpatient Clinic, Wisconsin provides assessment, treatment, and aftercare services funded through the state Department of Corrections, Washington County, private insurance and client self-pay. Genesis began a change project to increase by 10 percentage points the agreed upon client self-pay fee collections. At baseline, clients paid just 37% of what they had agreed to pay. Their change idea was to create a client fee report (client name, amount due, amount paid) for Counselors and have Counselors collect the fees at the front desk before group started. As a result, fee collections increased to 92%, revenue increased from a budget deficit of \$13,000 in the 1st quarter of the year to a budget surplus of \$17,900 by the 4th quarter. An unexpected positive side effect of the project occurred -- continuation in services increased.

References:

A composite of several studies including *The National Drug and Alcohol Treatment Unit Survey*, *Uniform Facility Data Set*, *Treatment Episode Data Set*, and *the National Survey on Drug Use and Health*.

Broberg, Brad (2002) Full service approach helps McKinstry weather recession, *Puget Sound Business Journal*, June 14, 2002.

Carroll, Deborah, et.al. (2008) Revenue diversification in nonprofit organizations: does it lead to financial stability? *Journal of Public Administration Research and Theory*, November 27, 2008.

Network for the Improvement of Addiction Treatment, University of Wisconsin-Madison.

Presentations by Gregg Engfer (Counseling and Development Center, Phillips, WI), Sara Gaska (Genesis Behavioral Services, West Bend, WI), Don Holloway (NIATx), Bill LaBine (Jackie Nitschke Center, Green Bay) and Elizabeth Strauss (NIATx) at an April 23, 2009 meeting in Madison, Wisconsin titled "Thriving During Economically Challenging Times by Diversifying the Revenue Mix."

Substance Abuse and Mental Health Services Administration (2006) 2005 State Estimates of Substance Use and Mental Health tables at www.oas.samhsa.gov

Fund-raising for QI Projects

Introduction

The purpose of this guideline is to provide ideas about how to raise \$5,000 to \$10,000 in funding that can be used to cover the costs associated with doing meaningful quality improvement (QI). It will offer approaches and community sources that may fund substance abuse treatment QI activities. A sample generic grant proposal may be obtained by contacting the Wisconsin STAR-SI project.

An advantage of seeking funds specifically for QI activities is that philosophically QI aligns with funders' expectations in that they desire to obtain measurable and tangible results from their giving. They wish to make things better than they were before the funds were donated and to be able to observe and take some credit for the accomplishments.

Before requesting funds from a donor, contact them and make sure the donor you approach has a mission that's a good match with the project you are trying to fund. For example, a donor may have priorities including 1) community welfare; 2) environmental preservation; and 3) literacy. Your proposal should be sure to address how your project aligns with one or more of the donor's priorities. A potential donor need not specifically have addiction as a priority. Any donor having health, safety/crime, productivity, self-sufficiency, human services, welfare, or families as a priority may be a potential donor for addiction QI activities. Some donors may have pre-selected charities to whom they limit their giving such as the United Way, Habitat for Humanity, or Easter Seals.

Donors will often restrict their giving to organizations in communities where the donor is located. Each donor or funder is likely to have different application procedures and timelines. Some donors have a very formal application process while others request a simple letter to a manager or senior official. Most donors also stipulate that funded organizations be not-for-profit and have tax-exempt status under section 501(c)(3) of the Internal Revenue Code.



Some corporation donors like Shopko require that at least one of their employees volunteer at the community agency before they will make a cash donation to the agency. In more than a few corporations with franchises or branding such as Culver's or Piggly Wiggly, it may be necessary to contact a local store for donations rather than the corporate headquarters. As you seek a donation, remember that a donor may consider funding only a portion of the costs of a project.

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Prospective Donors and Resources

What kinds of funders would consider funding addiction-related activities? There are many **private donor foundations** operating in Wisconsin communities both large and small. Funding or foundation support resources are available at the Marquette University Funding Information Center at the Raynor Library on-line at www.marquette.edu/library/fic. The University of Wisconsin-Madison Memorial Library has a Grant Information Center at this link <http://grants.library.wisc.edu/>. The UW-Stevens Point has a Foundation Center at its University Library or on-line at: <http://library.uwsp.edu/depts/foundation/>.

A listing of Wisconsin community foundations arranged by city with contact links is at this link: <http://grants.library.wisc.edu/organizations/wisconsincommunityfoundations.html>.

The Foundation Center, New York, <http://foundationcenter.org/>, has a website search feature at <http://foundationcenter.org/findfunders/foundfinder/> where you simply enter a foundation's name or a

city/state and it returns a list of the funders located there. For example, a Foundation Center search on “West Bend, Wisconsin” identified seven philanthropic foundations in the city of West Bend (below). Contact information is available by clicking on the funder name and following the Internet link.

<i>West Bend, WI</i>	
FOUNDATION NAME	STATE
Cedar Community Foundation, Inc.	WI
Cedar Lakes Conservation Foundation, Inc.	WI
Community Trust	WI
Dentzler Charitable Trust, Constance E.	WI
Gehl Foundation, Inc.	WI
Prescott Family Foundation, Inc.	WI
West Bend Clinic Foundation, Inc.	WI

To find a local **United Way**, go on-line at <http://www.liveunited.org/myuw/> and enter a zip code or city/state. Results for “Menomonie, Wisconsin” identified the United Way of Dunn County and also provided a link to local contact information. Before applying for a grant, local United Way organizations may require nonprofit agencies to register by sending in a letter seeking permission to become a partner agency. Approved United Way partner agencies may be required to attend grant application training.



Many **large corporations** (100+ employees) have corporate giving programs or their own philanthropic foundation. Go to the corporation’s website or telephone them to find out who is their corporate giving or foundation contact.

An employer, HMO, health insurance company, or other **payer/funder** from whom a treatment agency receives a large volume of client referrals may also be approached to request a special grant or to raise the billable rate to cover the costs of a QI project.

Initial Contact with a Donor and the Proposal

A good fund-raising strategy includes finding a key contact at the donor and then arranging a personal meeting or phone call. In some cases e-mail exchanges may be sufficient. Donors invest in people and your passion for getting your project off the ground can be a strong selling point. When you do talk with a donor and describe your project, be sure to ask and get an answer to this question: “Will you consider reviewing a proposal from us?” A sample cover letter and proposal are available by contacting the Wisconsin STAR-SI project.

Fund-raising Tips

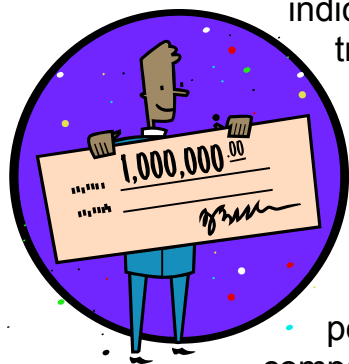
Use the language of the prospective funder in your proposal and keep the proposal positive and upbeat. Seek to establish a relationship with one or more potential funders and most of all, do not give up, keep trying!

Compelling Reasons to Fund Substance Abuse Treatment

The Costs

Addiction to alcohol and other drugs influences the fabric of all communities, large and small. Untreated addiction affects safety in our neighborhoods and on our roads and highways. Addiction impairs public health, productivity in our businesses, and family relationships (U.S. Dept. of Health and Human Services, 1997). Alcohol and other drug abuse is the fourth leading cause of death and the fifth most common reason for hospitalization across Wisconsin. In Wisconsin, the economic costs of addiction are over \$4.6 billion each year. A Wisconsin public opinion poll put drug and alcohol abuse as the most serious problem facing communities (Wisconsin Department of Health and Family Services, 2003). Wisconsin ranks third in the country on underage drinking (Substance Abuse and Mental Health Services Administration, 2006). Wisconsin is highest in the country on driving while under the influence (Substance Abuse and Mental Health Services Administration, 2008). Studies

indicate that less than 20% of those who need addiction treatment receive treatment (Substance Abuse and Mental Health Services Administration, 2005). Left untreated, addiction is a risk to the health and welfare of communities.



The Benefits

When addiction is treated, it is as effective or more effective than treatments for asthma, hypertension and diabetes. Forty-seven percent of persons treated for addiction complete their treatment compared to about one-third for persons treated for asthma and hypertension (McLellan, 1994). A 2005 Wisconsin public opinion poll found that 95% of adults agree that people with an addiction can recover through treatment to lead happy, healthy and productive lives (Wisconsin Department of Health and Family Services, 2005). When treatment is successful, sustained recovery follows (Orwin, R., 1999). Studies also show that for each dollar invested in addiction treatment, communities benefit \$6.35 through increased employment income, reduced health care costs, and reduced costs of crime (Coleman, Dismuke, Ettner, Finigan, Fleming, Gerson, Holder, Karageorge, Langenbucher, Luchansky, Parthasarathy, Turnure, and Wickizer).

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Using Motivational Interviewing During the First Few Contacts with Clients to Increase Retention

Intake and assessment staff play an important role in engaging clients at the start of services. While it is important to determine if a client is eligible and can benefit from services and other intake and assessment functions, staff who can interject the following motivational interviewing techniques into their first few contacts with clients will do much to ensure that clients continue in services.

What is Motivational Interviewing (MI)? MI originated with a psychologist (William Miller, University of New Mexico, pictured at right) who works with alcohol abusers. He was asked to mentor Norwegian psychology interns who would be working with problem drinkers and in so doing, fully documented his counseling approach and later conducted research to verify its effectiveness. MI is an empathic, client-centered, directive method of communication/counseling for enhancing the client's intrinsic motivation to change by exploring and resolving ambivalence about change. The heart of MI is a collaborative alliance in which the counselor asks the client's permission to give advice and evokes client talk toward achieving self-efficacy.



The basic approach to interactions in motivational interviewing is captured by the acronym OARS: (1) Open-ended questions, (2) Affirmations, (3) Reflections or playbacks, and (4) Summaries. The acronym provides a nice image. Oars give us power to move the boat, yet it is not a powerboat. We don't zip from one place to another, yet with sustained effort, oars can take us a long way.

Open-ended questions are those utterances that client's cannot answer with a "yes", "no" or "three times in the last week". In Motivational Interviewing, the clients do most of the talking. Begin contacts with an open-ended question - "What brings you here today?" or "What are your most important treatment needs?" or "What can you do to make sure you attend all your scheduled treatment?" or "Tell me something good that happened since we last spoke?" An open-ended question allows the client to create the impetus for forward movement. Although close-ended questions have their place - indeed are necessary and quite valuable at times - the open-ended question creates a forward momentum that we wish to use in helping the client explore change. For example, "So what makes you feel that it might be time to seek professional help about your drinking?"

Affirmations are statements of recognition about client strengths no matter how small and seemingly insignificant. Many people who come for professional assistance are failed self-changers. That is, they tried to alter their behavior and it didn't work. As a result, clients come to us demoralized or at least suspicious of the assertion that change is possible. This condition means that we as helpers must help clients feel that change is possible and that they are capable of implementing that change. One method of doing this is to point out client strengths, particularly in areas where they observe only failure. We often explore prior attempts at change. For example, "So you stayed sober for a week after treatment – that's great! How were you able to stay sober for that week?" We also use resistance as a source for affirmations. For example, "You didn't want to come today, but you did it anyway. I'm not sure, but it seems like that if you decide something is important enough, you are willing to put up with a lot just to do it and I commend you for that." Affirmations can be wonderful rapport builders. For clients suffering from addictions, affirmations can be a rare commodity. However, they must be congruent and genuine. If the client thinks you are insincere, then rapport can be damaged rather than built.

Reflections are the key. Listen carefully to your clients. They will tell you what has worked and what hasn't. What moved them forward and shifted them backward. Whenever you are in doubt about what to do, just listen. But remember this is a directive approach. Focus on their "change talk" and provide less attention to non-change talk. For example, "You are not quite sure you are ready to make a change, but

you are quite aware that your drug use has caused concerns in your relationships, affected your work and your doctor is worried about your health." You will also want to vary your level of reflection. Keeping reflections at the surface level may lead to that feeling that the interaction is moving in circles. Reflections of affect or feelings, especially those that are unstated, can be powerful motivators. For example, "Your children aren't living with you anymore; is that painful for you." If you are right, the emotional intensity of the session deepens. If you are wrong or the client is unready to deal with this material, the client corrects you and the conversation moves forward. The goal in motivational interviewing is to create forward momentum and to then harness that momentum to create change. Reflective listening keeps that momentum moving forward. This is why a ratio of three reflections for every question asked is recommended. Too many questions without reflections tend to cause a shift in momentum and can stop it entirely. Although there are times you will want to create a shift or stop momentum, most times you will want to keep it flowing.

Finally, there are **summaries**. This is really just a specialized form of reflective listening where you reflect back to the client several elements of what he or she has been telling you. Summaries are an effective way to communicate your interest in a client, build rapport, call attention to salient elements of the discussion and to shift attention or direction. Personal preference will determine how often you do these, but it is recommended that you do them relatively frequently as too much information from the client can be unwieldy for the helper to digest and feedback. Also, if the interaction is going in an unproductive or problematic direction (e.g., reinforcing status quo talk, encountering resistance), the summary can be used to shift the focus of the intervention. The structure of the summary is straightforward. It begins with an announcement that you are about to summarize, a listing of selected elements, an invitation to correct anything missed and then usually an open-ended question. If ambivalence was evident in the interaction that preceded the summary, this should be included in the summary. Here's an example:



"Let me stop and summarize what we've just talked about. You're not sure that you want to be here today and you really only came because your friend insisted on it. At the same time, you've had some nagging thoughts of your own about what's been happening, including how much you've been using recently, the change in your physical health, and your missed work. Did I leave anything out? I'm wondering what you make of all those things?"

The goal of a summary is not to acquire ammunition, which is then turned on the client in a defense-overwhelming manner, but instead is a reflection of what the client has said and one where the client is encouraged to supply the meaning.

To effectively summarize, one will need to watch that your own wisdom and experience doesn't keep you from learning your client's understanding of the problem. It is this understanding that will guide their efforts at change or just maintain the status quo.

Motivational Interviewing Change Project Success Stories

Four Network for the Improvement of Addiction Treatment (NIATx) agencies have documented their success with MI using the Plan-Do-Study-Act model. The first, *Sinnissippi Centers*, Dixon, Illinois, reduced assessment appointment no-shows from 58% to 14% by having support staff use an MI script during the first contact with the client. *Bridge House*, a residential treatment center in New Orleans, used an MI intervention for clients at risk of quitting treatment to increase continuation in treatment from 48% to 63%. *Homeward Bound*, Dallas, Texas, increased client satisfaction 13 percentage points from 83% to 96% using MI throughout their residential program. Lastly, *Prototypes*, Pomona, California, reduced outpatient appointment no-shows from 36% to 10% by using MI during assessment and throughout treatment.

For more information and to obtain a MI fidelity tool, contact the Wisconsin STAR-SI project.

Walk-in Assessments Change Project



Instituting walk-in assessments may seem daunting, but it has the potential of impacting several aims. Assessment appointment no-shows can be reduced because no appointment is necessary. Wait time for the assessment can be reduced because clients can receive the assessment within a shorter time period. Admissions can increase because more clients show for the assessment and may enter treatment. Continuation in services can increase because clients are starting services in a more timely fashion. And, revenue may also rise due to the increase in services provided.

PLAN- The first question to answer before undertaking a walk-in assessment change project is, “will it benefit clients and the agency?”. For Heartland Family Service, Council Bluffs, Iowa, it was natural. Heartland Family Service reviewed their data and found that just 19% of clients showed up for their scheduled assessment and the time from first contact to completion of the assessment was over three weeks. Similarly, Southern Iowa

Economic Development Association (SIEDA) Substance Abuse Services, Ottumwa, wanted to increase their assessment appointment show rate above 70% and reduce the wait time below 20 days. In the absence of data, an agency could assemble a meeting of stakeholders and discuss the pros and cons to arrive at a decision. A sample of clients could also be asked if they would favor walk-in assessments over scheduled appointments. Heartland Human Services, in rural Effingham, Illinois, just dove right in and began offering walk-in assessments on a small scale.

The next step is to determine how many assessments are completed each month and how long it takes per assessment. This information is used to decide the walk-in schedule and make staff assignments. Next, notify clients and referral sources or do a more public notice if appropriate, of the walk-in assessment times. At this step, it is recommended that the agency start small, evaluate the change project, and then go bigger if successful. While SIEDA conducts many more than 48 assessments each month, they used that number as a starting point and assigned two staff to conduct the 2-hour walk-in assessments, three days a week (Mon-Tue-Wed), for four-hour blocks each day.

DO-STUDY-ACT. SIEDA’s show rate for assessments during the test period increased from 70% to 88% in the first month after making the change to walk-in assessments. Their wait time decreased from 20 days to 11 days. SIEDA further estimated the gain in revenue over a one-year period to be \$20,000. SIEDA’s referral sources were no less than “thrilled” about the walk-in assessments. Later, in order to address the issue of turning clients away due to volume, SIEDA began offering the client the option of scheduling their assessment or using the walk-in alternative. Most prefer the walk-ins.



The Illinois Heartland Human Services agency started their walk-in change project by designating Mondays 9:00 to 11:00 am and Thursdays 2:00 to 4:00 pm as walk-in assessment times for their two staff. All referrals are asked to call-ahead before walking-in at one of those days/times. Clients having a work or school schedule that interferes with the walk-in times make an appointment. Heartland Human Services has used varying times since starting the project saying it is trial and error to decide how much time to allow because it depends on how fast referrals come in. After-the-fact, Heartland Human Services says they avoid a great deal of wasted staff time by doing much fewer scheduled assessments.

The Iowa Heartland Family Service agency determined that they conduct about 80 assessments each month. Rather than starting on a small scale, they decided to use three to four counselors right from the start. At about 5 assessments per day (Fridays excluded), walk-in assessment times were set for 1:00 to 4:00 pm on Mondays, 9:30 am to 12:30 on Tuesdays, 1:00 to 4:00 pm on Wednesdays, and 9:30 am to 12:30 on Thursdays. In order to free up staff time, they stopped scheduling assessment appointments three weeks before their anticipated start date for the walk-ins. On the first day of walk-in assessments, 17 clients showed up! But they had anticipated this and made sure enough staff were on hand. In the first month following the change, they averaged 5 assessments each walk-in day and declared the project a success. Other indicators of success included a reduction in wait time from three weeks to 5 days and an increase in assessment fee collections from clients.

Creating a Welcoming Environment

Creating a welcoming environment to ensure clients come back is one thing any addiction treatment agency can do to reduce appointment no-shows and improve continuation in treatment. Here are a few examples.

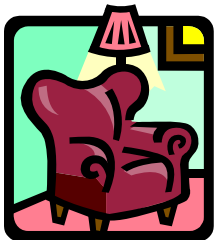
Axis I Center of Barnwell, South Carolina

“Did I show up at the right place?” Jane wondered, looking around as she sat down to wait for her first appointment. Jane had been through plenty of treatments over the last 10 years but something was different here she thought. People smiled at her saying we’re glad you came in today and seemed to go out of their way to make her feel comfortable and ask if she needed anything. While waiting to see the intake worker, she was surprised that a staff member offered her refreshments. While waiting, the staff member put on a video for Jane to watch. Jane was being treated like a guest. Throughout treatment she was constantly asked about things that would keep her from coming to treatment. Her counselor would even call her within 15 minutes of the start of group if she wasn’t in group. Jane had never felt so welcomed and cared about.



Central New York Services, Syracuse

Paul is a client at Central New York Services (CNYS) and is dually diagnosed with major depression and cocaine dependence. When Paul comes in for his monthly appointments, he has a hard time being in the waiting room, becoming anxious and irritated after only a few minutes. Feedback from Paul, as well as other clients and staff at CNYS, point to the fact that the drab environment and lack of visual stimuli are significant factors in making clients anxious and uncomfortable. As a result of such observations, CNYS staff decided to look into making improvements in the waiting area in order to make clients’ visits to the agency more comfortable. The endeavor



Waiting Room

forced CNYS to confront a painful reality: in our busy rush to provide services, we allowed our clients to experience an environment that none of us would have tolerated for our own work or home environments. This is a humbling thing to learn and a much needed reminder of what our clients are forced to tolerate, as they have little voice/power in a number of different environments. CNYS, then, wanted to ensure that an unwelcoming environment was one thing their clients would no longer have to tolerate when they came in for help. After a staff brainstorming meeting, CNYS chose to improve the waiting room environment for clients by adding posters, a

water cooler, mirrors, soothing music, plants, coffee, reading materials, and an informational bulletin board.

Mid-Columbia Center for Living, Oregon

Mid-Columbia Center for Living in rural Oregon too was having problems with clients appearing quite anxious and irritable in their reception area. Realizing that the waiting room's environment was not comfortable or welcoming, Mid-Columbia's staff embarked on a project to make the areas where clients spend the most time feel as welcoming and comfortable as possible. To make the waiting room more inviting, they decided to bring more plants into the room, turn off the overhead fluorescent lighting, add floor lamps, wall hangings, and change the window curtains. They also rearranged the waiting room chairs so they didn't face each other. Staff members graciously donated materials and time. It now felt less institutional and more like a living room. With little financial expenditure, they succeeded in creating a truly welcoming environment that has had a considerable positive effect on their clients.

How to Start a "Welcoming" Change Project

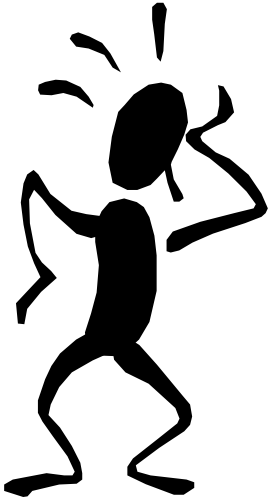
One place to begin is with your clients. For the next ten clients who come in for appointments ask them, "Is there anything I can get for you? Is there anything you need while you're here (e.g., drink of water; cup of coffee; snack; magazine)? Is the temperature in the room okay? Is it too dark, too light?"

Another way to approach the project is to do a walk-through as if you were a new client scheduling and then arriving for your first appointment. Pay close attention to things that would cause you to like your experience and things that would cause you to not like the experience. Be observant of your surroundings as well as how you are treated by staff.

After gathering some information about possible changes, arrange a staff meeting to brainstorm ideas about how to create a more welcoming environment. Each staff member writes down as many ideas as they can come up with. Next, go around the table and ask each member to give one of their ideas - do this until all individual lists are exhausted. These ideas are then placed on flipcharts for all to see. Discuss the ideas briefly. Each member places their votes (sticky dots) on the flipcharts. The votes received are used to guide what ideas will be pursued with the aim of reducing appointment no-shows or increasing continuation to the 4th treatment session.

Lessons Learned About Evaluating Change Ideas Before Launch

Before embarking on a change, it is helpful to take some time to discuss the likelihood that the change will impact the aim (i.e., will it work?) or if the change is feasible (i.e., do you have the support, know-how and resources to implement the change?). Here are a few general principles to consider:



- ✓ Seek input from clients about the change (walkthrough, survey, focus group or interviews)
- ✓ Seek input from management, affected staff and other important stakeholders about the change (nominal group technique or interview)
- ✓ Use data as you attempt to define the problem (what does our data system tell us about clients who withdraw from treatment?)
- ✓ Try to get to the root of the problem but don't over-study it (ask yourselves 'why is it a problem?' five times in sequence or draw-up a flowchart)
- ✓ Brainstorm several changes that are likely to work
- ✓ Break the change into small steps and implement the steps one at a time
- ✓ Before launching the change ask "What if...?" and simulate the change
- ✓ Focus the change (e.g., one aim, one level of care, one location, one counselor, one referral source, the next few clients, etc.)
- ✓ There are no "failed" change tests – as long as you learn something from what happened (trial and error, trial and success)

Hey, What if...?

Problems should not be over-studied before launching the change. However, a brief discussion about the pros and cons, or forces for and forces against, or a simulation to see what could go wrong, is worthwhile. For example, many treatment agencies using the NIATx QI model have found that reminder calls have helped reduce no-shows. But will reminder calls work in your agency? Ask yourselves, "What if we implemented reminder calls?" This question would lead to other questions such as, do we have staff time to do it? Do most of our clients have stable phones? What if we get answering machines? If you can address most of the key "what if" questions, you will put yourself in a better position for a successful change project. Another common problem occurs when agencies attempt to reduce wait times, reduce intake appointment no-shows or increase admissions. So what if we increase admissions? Do we have the capacity to handle additional admissions? How many more admissions per month can we effectively manage? Answers to these kinds of questions will help guide the change project.

ARC Community Services, Madison

ARC is a gender-specific outpatient addiction services agency serving women and children in Dane County. One of their change projects sought to increase the rate of clients who were on-time for an 8:30 a.m. group session. Agency counselors were concerned that clients were straggling in to group causing interruptions and negatively affecting group cohesiveness and retention. They began their change project by gathering baseline data which showed that just 48% of clients were on-time for the group. Their goal was to increase on-time attendance to 75%. Their change idea was to use a form of contingency management called "the fishbowl" where small prizes (pack of gum; lipstick; writing pen; etc.) would be raffled off to women who came to group on-time. The change team tried three different variations of the fishbowl technique without success including once a week drawings and awarding a prize every time a client was on-time. Afterwards, the average on-time attendance did not increase and actually decreased slightly.

The change team decided to evaluate the situation a little closer asking the question, "Why did on-time attendance not improve?" This led them to ask a sample of clients why they couldn't make it to group on-time. The highest responses included:

- Clients with small children found the 8:30 a.m. start time a huge challenge
- Clients reported that their cabs or buses were often late

- Clients made phone calls or otherwise used their “free time” before group to do something important that caused them to be late, i.e., clients did not think the prizes were more important than their “free time” before group

The change team concluded that the clients’ input is very important prior to starting a change project. The change team decided that the change project to increase on-time attendance would be discontinued.

Genesis Behavioral Services, West Bend

Genesis is an outpatient addictions services agency serving persons in Washington County. Their aim was to reduce the wait time from first contact to intake/assessment from 13 to 7 days. Their change idea was to use a Motivational Interviewing-based (MI) script during the clients’ first contact phone call so that staff could address issues that delay scheduling the intake/assessment appointment. The script helped staff focus on why the client was calling by expressing empathy and using reflective listening. At the same time, the script also instructed the staff person taking the call to ask the potential client, “When is it convenient for you to come in for an appointment?” Unfortunately, their first change test showed that wait time decreased only slightly but the intake/assessment appointment no-show rate increased significantly.

The change team evaluated the reasons why no-shows increased and decided that the change idea they tested had multiple changes (MI and scheduling an appointment) and that clients were requesting “convenient” appointment dates too far out (over a week from the call) causing the risk of no-show to increase. At the same time the change team felt the MI script was a good one and so they decided to modify the scheduling part of the script to offer the client the very next available open appointment slot. This change resulted in the wait time to decrease to 5 days and the no-show rate dropped to just 6 percent. By re-evaluating their change project rather than abandoning it, the change team was able to effect successful change.



Wisconsin's Strengthening Treatment Access and Retention-State Implementation (STAR-SI) Program

Addiction Treatment Providers Collaborating for Quality Improvement

Easier Access and Better Service

The Wisconsin STAR-SI program began in August 2005 as a collaborative effort of the Wisconsin Division of Mental Health and Substance Abuse Services, the University of Wisconsin Network for the Improvement of Addiction Treatment (NIATx) and six addiction treatment agencies. Through the coordinative efforts of the University of Wisconsin Department of Family Medicine, STAR-SI grew to 30 treatment agencies with a grant from the federal Center for Substance Abuse Treatment.

NIATx QI MODEL
1. What key improvement is needed?
2. How will we know if an improvement occurred?
3. What change can we test that may result in improvement?

STAR-SI is now in its fifth year and numbers 35 agencies. STAR-SI's goal is to improve treatment for

alcohol and other drug use disorders using quality improvement principles developed by engineers from the manufacturing sector. With support from program staff, participating treatment providers use a variety of time-tested and effective quality improvement (QI) approaches developed by engineers such as the late W. Edwards Deming and current University of Wisconsin industrial engineer, David Gustafson. Tools such as walk-throughs, client interviews and focus groups, Plan-Do-Study-Act quick tests, flow-charting, root-cause analysis, nominal group technique, customer window and other activities are used to plan and achieve measurable improvements. Through training and support, STAR-SI aims to:

- Reduce waiting times and wait lists for treatment
- Reduce appointment no-shows
- Improve continuation in treatment
- Increase admissions
- Improve successful level of care transfers
- Improve the bottom line

These access and retention indicators are some of the most important predictors of successful recovery.

What do some of the hard data show about access and retention among STAR-SI providers? As the graphs on this page and the next show, providers participating in STAR-SI reduced waiting times to treatment from 26.8 days to 16.3 days and achieved high rates of retention in treatment (59%). Treatment completion among STAR-SI agencies exceeds both state (48%) and national (43%) averages.

A Few of the Success Stories

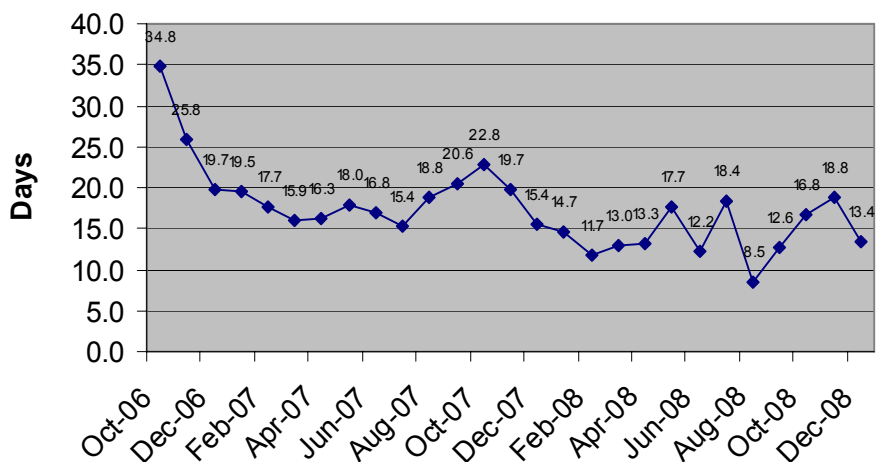
Provider commitment and the quality improvement approaches have led to meaningful improvements, for example:

- *Racine Psychological Services, Inc.*, Racine, increased the show rate for all appointments from 47 percent to 72 percent after implementing reminder phone calls. This resulted in 60 more clients being served and an additional \$11,000 in revenue.
- *Oakwood Clinical Associates, Ltd.*, Kenosha, reduced the waiting time from first contact to assessment from 15 days to 7 days by scheduling assessment appointments at first contact and offering same day or next day appointments.
- *Meta House*, Milwaukee, increased 30-day retention in outpatient treatment from 69 percent to 77 percent by focusing on engaging clients (therapeutic alliance) and putting paperwork off until later.
- *Grant/Iowa Counties Unified Community Services*, Lancaster, reduced paperwork and time for an assessment by 20 percent, reduced client out-of-pocket cost for an assessment by \$54, and freed up more clinical staff time.
- *ThedaCare Behavioral Health*, Menasha, succeeded in reducing registration-related appointments for OWI clients from six to three while realizing non-billable cost savings of \$15,100. These improvements also resulted in clients receiving services quicker – the days clients waited from first contact to admission were reduced from an average of 48 days to 11 days. Increased client satisfaction also occurred subsequent to the declines in waiting time.

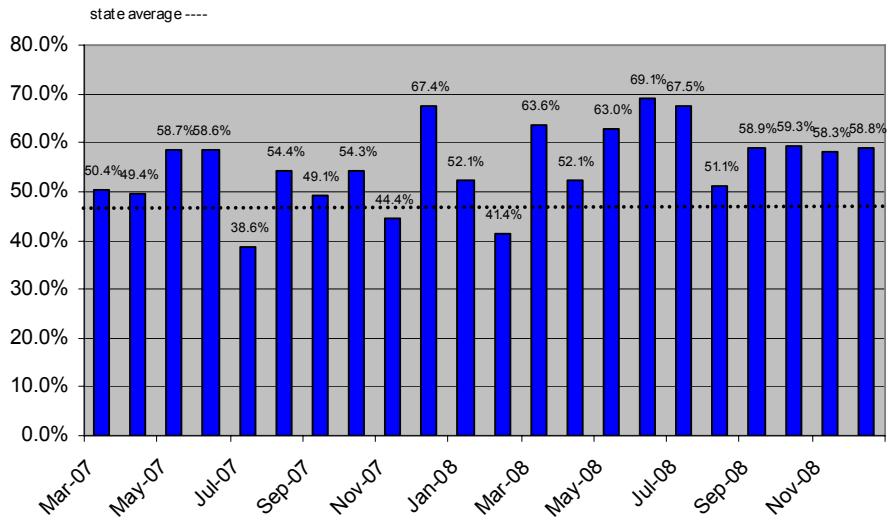
Provider Testimonials

- "STAR-SI is one of the best programs I've seen after several years of being in the field. I hope it

STAR-SI Providers: Days from First Contact to Outpatient Treatment Admission



STAR-SI Providers: Percent Completing Outpatient Treatment



continues to grow and do well.”

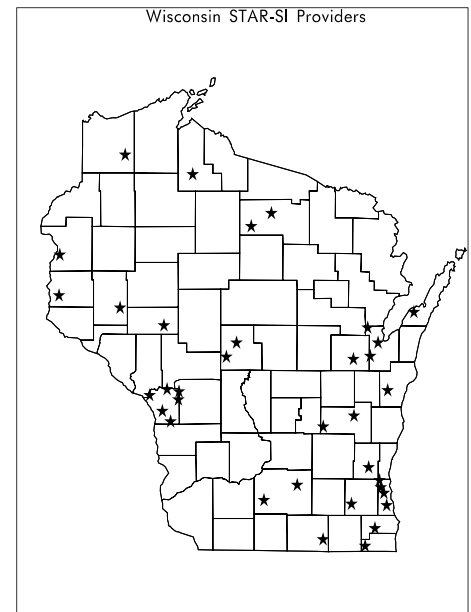
- “STAR-SI has been a really positive experience and I am grateful for the opportunity. It helps us to network with other treatment agencies and have discussions that we don’t have anywhere else. It further professionalizes the treatment of addiction.”
- “One of the best things we have learned from STAR-SI is the value of data and tracking the baseline and changes. We just did a change project over the last month. We used to have 2 counseling appointments cancelled every week, since the change project started, we went to 2 cancelled appointments per month. We also filled 18 cancelled appointments which had a big impact on wait time and cash flow. STAR-SI has changed the way we think about business operations and improvements.”
- “I’ve had experience in the past with quality improvement...we would study problems for way too long and never get around to making meaningful improvements...but with STAR-SI, the improvements occur quickly, it’s simple to implement, and the results are very evident...”
- “We were hesitant at first about participating in STAR-SI due to the cost and time commitment...but since participating in STAR-SI we have found it to be an important activity in our agency leading to better efficiency in staffing and less costly services for clients...”
- “A component of our agency's mission is to provide high quality, cost-effective services. The STAR-SI project provides us with a framework and the tools to develop data driven projects that have proven to be successful. The quality projects have demonstrated improvement in outcomes for our addiction clients and enhanced our bottom line. We have been so pleased with the results from STAR-SI that we have now incorporated the quality improvement framework into our work with other client populations.”
- “Since 2003, we have been collaborating with the Network for the Improvement of Addiction Treatment

to implement service improvement projects that are quality-driven, outcome-focused, customer-centered, and are having a significant impact on the business side of the Center. The innovative tools have allowed us to create more efficient processes, exceed expectations for revenue generated, foster a culture where staff are engaged and energized, and more importantly increase access to quality care. By staying involved in the Wisconsin STAR-SI Project we are able to pass on what we have learned and impact the future of the substance abuse treatment in Wisconsin. To me, there is no finer mission than this.”

- “Using the NIATx model as our agency’s program evaluation method allows every minute

invested in STAR-SI to return multiple benefits in terms of both improved client access and improved business. Given the current economy, strategies like this may mean the difference between program survival and closure as funding decisions are made by policy makers outside of the treatment field. Also, using the NIATx model for program evaluation is more efficient for staff and helps them work on solving problems rather than just reporting data.”

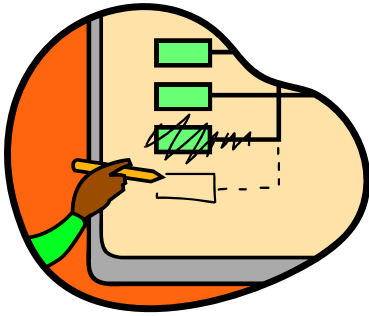
- “When I took a position at another agency, the transition has given me a clear perspective on how valuable STAR-SI has been and all of the successful changes made at my previous agency. I am so grateful to have the STAR-SI-enabled resources and not have to re-invent the wheel!”



For more information, contact STAR-SI

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Getting It Right: Small Incremental Changes Lead to Big Results



NIATx co-founder and University of Wisconsin engineer Dave Gustafson says addiction treatment providers should get used to change. 'Small-scale changes' is also one of the successful Japanese kaizen (change for the better) principles. Dave Gustafson further recommends that small scale changes means trying the change with just one or two clients, one or two staff, one or two referrers, etc. so you can learn from it and get it right before going broader with the change. Why small scale changes? By nature people tend to resist change, especially big ones, no matter how effective they may be. Big changes stress us out. But at the same time, if we do make a change, we want a change that will make things right. So the

conclusion is that small, 'reasoned' changes is the way to go because this not only deals with the resistance issue but also increases the probability that the change will either work or get you headed in the right direction. No matter what the change, before you get underway, break the change down into small manageable steps, do one step at a time, and learn as you go.

Daybreak (Spokane and Vancouver) is an adolescent treatment agency in the state of Washington. The aim of their change project was to increase attendance at their outpatient groups. Their baseline was 72% attendance. Their first decision was to focus the change at only one site, Spokane. As they attempted to gather the baseline data, the first thing they learned was that the method of collecting data about attendance needed to be made easier. As such, Daybreak made a change in their service activity/billing sheet so they could quickly and easily compile the attendance for each counselor.

The next change Daybreak made was to send an individual e-mail to counselors every two weeks informing them of their respective group attendance rates as well as the combined Spokane location attendance rate. Within just two weeks of this second change, group attendance rates began to gradually improve.

The change team leader then met individually with each counselor to ask them what they had done differently that may have improved attendance. In general, counselors simply began to emphasize attendance when speaking with clients or parents and worked harder at building the therapeutic relationship with clients and rapport with parents so that they would be more motivated to attend group. In time, attendance reached 84%.

The next change at Daybreak was a little bigger and more formal. The agency decided to have support staff make day-before reminder calls to new clients or clients that had a history of missing group. This bumped attendance up a little more.

The last change put attendance at 90% and it involved announcing to groups that any group that had 90% or better attendance from start to finish would win a pizza party, group movie outing or other group activity of their choosing. To support this change, Daybreak posted group attendance rates on the wall in the common area.

In summary, test one idea at a time. Did things get better, stay the same, or get worse? Then adopt, modify, put on hold, or abandon the idea and try something else. A successful QI project often requires several tries before all the bugs are worked out. This is common -- rarely is a QI project perfect upon the first try.

