

*"Ideas for Treatment Improvement"*

# ADDICTION *Messenger*

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## SERIES 26

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The Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

***Unifying science,  
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to transform lives***

## Improving Agency Processes - Part 1 Putting the Client First

*"It is not the strongest of the species that survives,  
nor the most intelligent, but the one most responsive to change."*

~ Charles Darwin (1809 - 1882) ~

*Addiction Messenger* Subscribers,

*The Network for the Improvement of Addiction Treatment (NIATx) is coming to the Northwest. One hundred outpatient treatment programs in Oregon and Washington are invited to join NIATx and participate in a study of five strategies for implementing process improvements in programs that treat alcohol and drug disorders.*

*NIATx is a community of addiction treatment services that collaborate in the development and implementation of organizational changes to a) reduce days between a first contact and treatment admission, b) increase admissions, c) enhance continuation between levels of care and within levels of care, and d) reduce no-shows. Initial evaluations of NIATx found a mean 37% reduction in days to admission (from 19.6 to 12.4 days) and an 18% improvement in continuation from the first to second session of care (from 72% to 85%) (McCarty, et al, *Drug and Alcohol Dependence*, 88, 2007, 138-145).*

*NIATx applies a simplified set of process improvement strategies to the delivery and management of addiction treatment services: 1) understand and involve the customer, 2) identify key problems, 3) pick a powerful change leader, 4) seek ideas from outside the corporation, and 5) use rapid cycle testing. The *Addiction Messenger* will address each of these strategies over the next few issues. Readers have an opportunity to learn more about NIATx and process improvement. It will also prepare treatment programs to participate in NIATx 200 over the next two years.*

*We hope you enjoy this series,*

*Dennis McCarty, Ph.D., Professor and National NIATx Evaluator, Department of Public Health and Preventive Medicine, Oregon Health Science University.*

### Overview of NIATx

The Network for the Improvement of Addiction Treatment (NIATx) is a partnership between the Robert Wood Johnson Foundation, the Center for Substance Abuse Treatment's Strengthening Treatment Access and Retention (STAR) program, and many independent addiction treatment organizations throughout the United States. Since the inception of NIATx in 2003, it has worked with addiction treatment providers to solve problems that present barriers to accessing and staying in treatment; reducing wait time, reducing no-

shows at the beginning of treatment, increasing retention and continuation rates and increasing admissions.

NIATx helps member treatment programs identify the systems, policies, and practices that present barriers to timely care and to make measurable improvements in service delivery. NIATx supports its members' efforts to create improvements by providing a simple formula for change, innovative ideas, practical tools for improvement, and case studies posted on their the website, [www.NIATx.net](http://www.NIATx.net).

### The 4 Aims of NIATx

NIATx focuses on improving access to and retention in addiction treatment through:

- Reducing waiting time between the client's first request for service and their first treatment session,
- Reducing the number of clients who do not keep their appointments (no-shows),
- Increasing continuation rates from the client's first through the fourth treatment session, and
- Increasing client admissions to treatment.

The decision to focus on four aims was based on a review of research by the Washington Circle, a multi-disciplinary group of providers, researchers, managed care representatives, and public policy makers. Their analysis of the research illustrated that access to and retention in treatment are the best predictors of a client's successful recovery.

#### NIATx Case Study - Example

##### Reduction of No-Show Rates

Daybreak of Spokane, WA

##### Background:

Daybreak was founded 23 years ago as one of the first treatment facilities in the state to treat adolescents. The average client is 15 and 16 years of age and poly-addicted.

##### Change Process:

A change team, 8 members and a Change Leader, was formed to develop and implement improvements in customer processes. Initial data regarding access and retention rates were gathered by the Change Leader. Data showed that the attendance rate for treatment sessions was 72%. Counselors were given their individual attendance rates. Bi-weekly e-mails to individual counselors kept them informed of their data. Within a few weeks the attendance rates began to improve. Counselors began sharing ideas and implementing techniques to decrease their individual no-show rates. They reported making the following changes: 1) Talked more with clients and their families about the importance of making it to appointments. 2) Approached re-scheduling with chronic no-shows in a different way. Clients who had chronic no-shows were told that they would lose their "premium" appointment

times if they did not improve their attendance. 3) Worked harder on building relationships with clients to improve motivation to make scheduled appointments. These three primary modifications in interactions between counselors and clients served to stress the importance of keeping appointments and indicated to clients at Daybreak that the staff truly cares about them and their attendance.

##### Change Results

The average rate of attendance for outpatient individuals and family appointments went up from a pre-change figure of 72% to 83-84%.

### The NIATx Model of Process Improvement

Organizations/agencies exist to serve customers and the problems they encounter in delivering services are typically caused by their own processes. Changing an organization/agency to better serve their customers involves solving internal problems and improving their processes.

#### *Customer Definition*

Customers of agencies include as clients, family members and friends, referral sources, and payers/regulators. With regard to process improvement all are viewed as customers who are affected by agency processes.

#### *Problem Definition*

Problems in a process are the gaps between the actual and desired performance of the agency's processes. Problems are solved by making changes that improve access, efficiency, retention or the customer's experience with the agency.

#### *Process Definition*

All processes in an agency have inputs, steps, and outcomes, for which data can be collected. This data can be used to identify problems, gauge the success of change projects and guide future decision-making.

### What Matters In Successful Change

The usual steps in problem solving include:

- Defining the problem,
- Generating solutions for the problem,
- Implementing those solutions,
- Evaluating the solutions, and
- Repeating these steps above until the problem is solved.

But what else is involved? In NIATx there are 5 key principles that successful agencies use in improving their customer service and the stability of their organization. Those principles are:

#### 1. Understand and involve the customer

This is the most important factor. Strive to:

- Understand what it's like to be a customer seeking help,

- Involve the customer in the development of the improvement,
- Make the improvement noticeable to the customer, and,
- Survey customers on a regular basis and educate them about new improvements.

Agencies can conduct a “walk-through” exercise, in which the agency director acts as a customer seeking services at the agency. This exercise may take several weeks and gives the director a sense of what it’s like to seek services from the agency. Strengths and weaknesses of the agency’s processes become readily apparent and often yield a list of potential improvements.

## 2. Fix key problems

Select a process improvement project that addresses a key organizational problem or goal. It’s important that the CEO agrees with the selection. In fact, the CEO needs to be invested in improving the situation.

## 3. Pick a powerful change leader

Persons charged with leading the change process must have power, prestige, and influence in the organization. They should understand and respect the needs of the staff members who will be involved in helping solve the problem. Change leaders will need adequate time to dedicate to their role if they are to be effective.

## 4. Get ideas from outside the organization/field

This involves taking the time to learn from others’ successes and failures. Agencies contemplating a process change can look for innovative ideas that might even be outside the addiction treatment field. The NIATx website has detailed information on several potentially promising practices related to: outreach, first request for service, intake, moving patients into and through levels of care, therapeutic engagement, paperwork, scheduling, social support system involvement and engagement, and contracting.

## 5. Use rapid-cycle testing

Pilot test changes. Implement them only after you know they work. This process often requires several tries or cycles so that any problems and/or errors can be corrected. Agencies can use the rapid-cycle testing of changes on a small scale initially, then use other cycles to enhance changes. The use of multiple cycles for sequential testing and implementation reduces cost and the risk of failure as

the change process progresses from hunches, theories, and ideas to actual changes that result in improvement.

### NIATx Case Study - Example

#### Improving Attendance in Groups

Mid-Columbia Center for Living, The Dalles, OR

#### Background:

MCCFL is a comprehensive community behavioral health agency in Oregon that provides mental health, addiction, and developmental disabilities services in Hood River, Wasco, Sherman and Gilliam Counties. Program offices are located in Hood River, The Dalles, Condon, and Arlington.

#### Change Process:

A change team, with a Change Leader, was formed to develop and implement improvements to increase group attendance. From data collection they determined that they wanted to improve client attendance rates. The team developed and implemented the use of a Multi-Session Appointment Card. Each card was created in both English and Spanish and had four client sessions listed (both individual and group sessions) with the cost, date, time and name of the counselor/group leader. Attendance at each session was documented by the counselor/group leader. When the client’s card was complete the client presented it to their individual counselor who offered them, as an incentive to continue participating in sessions regularly, an assortment of small \$10 gift certificates to choose from. In addition, group members of either the English or Spanish speaking groups at MCCFL also received an incentive to maintain regular attendance. When the entire group maintained a 100% attendance rate for four weeks they would earn the incentive of a “Pizza Party” on the 5th week. The change team attributed improvement in attendance to: 1) Group members worked as a team to earn incentives. 2) Peer pressure to attend by other members. 3) Client’s response to MCCFL’s staff recognition of their consistency and hard work in treatment.

#### Change Results

The continuation rate for 4 sessions in 30 days averaged 34% initially, and increased to 57% during the next five months. The average rate of group attendance for the English speaking group had a low of 62% in December 2004. By March 2005 the attendance rate had increased to 93%. The Spanish speaking group’s attendance rate of approximately 90% did not show a significant change during that same time period.

Update: Client retention and continuation continues to improve. Average client attendance over the course of their treatment increased from 7 (before improvement project initiated) to 17 sessions in The Dalles and 12 to 16 in Hood River.

### Next Issue:

“How To Make Change Happen”

#### Source:

NIATx: The Network for Improvement of Addiction Treatment. Retrieved from the world Wide Web on April 16, 2007 at <http://chess.chsra.wisc.edu/NIATx/Home/Home.aspx?CategorySelected=HOME>



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## "Substance Abuse Treatment Workforce Survey 2005" HIGHLIGHTS #4

### How Do Clinicians Spend Their Time?

- Despite differences in cost, clinicians report spending an equal percentage of their time providing individual counseling (17%) and group counseling (17%).
- Clinicians only report spending 2% of their time providing family counseling, despite growing evidence of its efficacy.
- Clinicians report spending 13% of their time on paperwork/documentation, just over 1 hour a day.
- Overall, 66% of clinicians' time is devoted to clinical tasks (remaining 34% administrative).

For more information on this topic, and others, please go to [www.nfattc.org](http://www.nfattc.org) Click on **HOT TOPICS** to access the full report or executive summary for Alaska, Hawai'i, Idaho, Oregon and Washington.

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