

“Ideas for Treatment Improvement”

ADDICTION *Messenger*

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SERIES 26

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The Addiction Technology Transfer Center Network
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*Unifying science,
education and services
to transform lives*

Improving Agency Processes - Part 3 The Payoff

“Don’t be too timid and squeamish about your actions. All life is an experiment. The more experiments you make the better.”

~ Ralph Waldo Emerson (1803-1882) ~

As your agency makes changes in its processes how will you know which changes worked and which did not, which changes resulted in an improvement, and which does the agency want to adopt permanently? By collecting data before, during, and after the change your agency implements, it can be measured, evaluated, and compared to track progress and answer those questions. The following illustrates the importance of data collection and provides a process for measuring the impact of change.

1. Define measures

Tip: Clear definitions are critical to measure change successfully.

Establish clear definitions of what you are going to measure and how you are going to measure it. The change Team needs to thoroughly understand what it is trying to accomplish prior to starting the change process. The measures should be directly related to the project objectives. For example, NIATx has defined four key measures: (a) time from first contact to first treatment, (b) no-shows for assessment, (c) client admissions by level of care, and (d) continuation from the first to fourth treatment session. Other examples include: time from first contact to assessment, treatment completion rates, bed days, units of service delivered, and success of level of care transition.

2. Collect baseline data

Tip: Never start a change process without collecting baseline data.

Collecting baseline data helps identify problems and defines a starting point for change projects. Your agency may want to collect two to three months of baseline data before making any changes. As it collects baseline data your agency can reflect on four important questions:

- Does the measure selected ensure that you collect exactly the information needed?
- How accurate is the data? Does accuracy matter?
- Does the process ensure that the measures will be collected consistently?
- Do trade-offs exist? Is quality more important than the time required to collect the data?

3. Establish a clear aim

Tip: The aim should challenge the organization.

Establish a clear improvement aim. Such an aim should: (a) be realistic yet ambitious, (b) be linked to project objectives, and (c) avoid confusion, especially with percentages (e.g., improve no-shows from 65 percent to 25 percent). Be flexible - if the change project uncovers new information that suggests changing the aim, change it. If the aim is too ambitious, set a realistic aim that still challenges your agency to improve. If the aim is too easily achievable, set a more ambitious aim that stretches the agency’s capacity to improve.

4. Collect data consistently

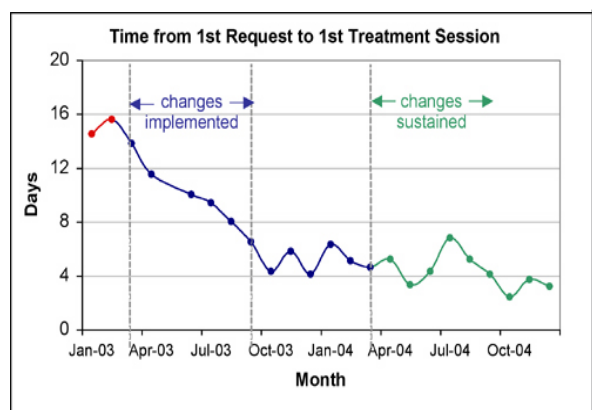
Tip: consistently collect measures related to the change.

Collecting measurement data on a regular basis is a crucial part of the change process. Channels for collecting data may already be present in your agency's existing data systems, but in some circumstances your agency may need to manually collect the data. In the PDSA change process, you can rely on manual collection for rapid feedback on the success of the change (relying on small samples collected over short time periods). The results would then be compared to the baseline measure. Existing systems might be used for longer-term reporting (e.g., monthly) on the change progress.

5. Chart your progress

Tip: Charts are powerful visual aids to communicate your message.

Collected data, both pre-change (baseline) and post-change, should be shared with the Change Team as well as others in your agency. Charting progress over time using simple line graphs is an effective avenue for sharing this information.



Charts offer Change Team members, and others, several key pieces of information. Charts can be used to: (a) highlight the baseline data, (b) identify when a change was introduced in your agency, (c) represent the impact of individual changes over time, and (d) to inform your agency about how well it is sustaining the change. Consider the following when developing charts:

- To whom should measures be reported (e.g., Executive Sponsor, Change Team, entire agency)?
- How often will the measures be reported and charts updated (e.g., monthly, weekly)?
- What else beside the measures on a simple line chart should be reported each month?

Your charts should be used to compare your progress over time, not to compare programs or individuals within your agency. In some instances, however, your agency may see the need to compare performance by programs or counselors (e.g., no-show or continuation rates).

6. Ask questions

Tip: Ask questions - don't accept the results at face value.

An important step in improving agency processes is to ask: "What is the information telling us about change in our agency?" If the change was successful, the information collected may manifest which intervention had the most success in meeting the aim. Unsuccessful changes also afford your agency the opportunity to ask "Why?" (e.g., An agency examined clients not continuing through the fourth treatment session and found that clients admitted to treatment on Fridays were more likely to drop out - Friday admissions were discontinued)

The Payoff for Sustaining Change

Sustainability refers to the continuity of a change process, and positive outcomes, beyond a six-month period after implementation. Changes that survive for short periods only, such as a few weeks, may contribute positive changes initially, but won't have the permanent impact that is being sought by agency management. Changes that are sustained provide benefits to your clients, staff, and your agency.

The following illustrates the "payoff" for implementing improvements focusing on access and retention:

Sustained changes can give your clients:

- A consistently higher standard of treatment from first contact to completion
- More certainty and clearer expectations during treatment
- The opportunity to get timely access and admission to treatment services
- The opportunity to receive treatment that promotes continuity and successful outcomes

Sustained changes can give your staff:

- A higher level of certainty, clarity, and engagement in their working environment
- A better understanding of their relative roles and responsibilities
- More manageable daily workloads
- Increased satisfaction and reduced stress when positive changes are sustained

Sustained changes can give your agency:

- Standardized and efficient processes
- A reduction in staff turnover
- Increased revenue, boosting the bottom-line (*"the business case"*)

Sustained change can also give your agency efficient processes that enable it to:

- Get clients into treatment in a timely manner
- Get more clients admitted to treatment
- Get more clients to show up for treatment
- Get more clients to stay in treatment for the first four sessions and more.

The Business Case

The “business case” refers to benefits an agency can gain from improving processes in how it conducts business. An agency that has incorporated changes in processes that allow it to serve clients more efficiently and effectively often realize an increase in revenues and a boost to the bottom-line.

Perinatal Treatment Services

Seattle, Washington

Perinatal Treatment Services (PTS) provides residential and outpatient substance abuse treatment for pregnant and parenting women (PPW) and adolescent females. The long-term PPW residential program is designed for women at or below the poverty level who suffer from addiction, often have mental health issues, have experienced domestic violence, and are in need of parenting education and skill support. The women and their children (under the age of six years) stay with us for up to 180 days.

Project Aim Increase continuation

Change Leader / Executive Sponsor Kay Seim

Goals & Measures

PTS joined NIATx in September of 2003 in a state of crisis. Its long-term residential treatment program for pregnant and parenting women was only four months into the fiscal year, with a net loss of \$140,000, a 60 percent continuation rate through the first four units of service, and occupancy rates below 50 percent. Kay Seim, PTS Executive Director, engaged in a walk-through exercise to experience the treatment process through the eyes of the customer. The walk-through of the admission process revealed that it was extremely impersonal. It was conducted in a public area, was far too long, and was interrupted several times to deal with other client issues. The client was shown to a room that was not ready, and left there with no further directions on what to expect from that point forward.

Changes Implemented

Based on the results of the walk-through exercise, PTS formed a rapid-cycle Change Team to improve the customer experience, then implemented the following changes:

- Greeting clients by name and stating “We are so glad you are here”.
- Establishing a private admission office
- Offering refreshments during the admission process

- Having the Program Manager and Primary Counselor introduce themselves to new clients, during the admissions process
- Introducing a “Peer Sister” program to mentor new clients through orientation to program
- Calling a “Community Meeting,” introducing new clients to all the residents, and giving them “Bravery Awards” for entering treatment

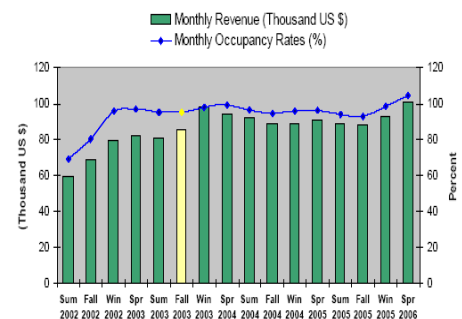
Business Case Impact

Implemented changes led to an improvement from 60 percent to 85 percent continuation through the first four units of service. Occupancy increased to near 100 percent. The link between continuation rates and revenues meant the program improved from average monthly revenues of \$60,000 in 2002 to more than \$100,000 in FY06.

Lessons Learned

Experiencing treatment through the eyes of the customer is crucial. Improving the customer experience yields greater engagement in treatment, with concomitant increases in revenue. The changes made in this project means more women are receiving help, and the agency now operates with a consistently positive margin.

PTS Seattle: Revenue and Occupancy Rate
(Grant began September 2003)



Next Issue:

“Motivational Incentives”

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 #6

In examining why some clinicians are considering leaving their current job, or the field entirely, 4 major factors surface:

- 1. Financial considerations**
(i.e.- being the primary wage earner in the family)
- 2. Mobility considerations**
(i.e.- having higher degree status, and/or previous experience in another field)
- 3. Past turnover behavior**
- 4. Job satisfaction and stress**

For more information on this topic, and others, go to www.nfattc.org Click on **HOT TOPICS** to access the full report or executive summary for AK, HI, ID, OR and WA.

Pharmacotherapy: Integrating New Tools into Practice

July 27, 2007
Edmonds, WA

The goal of *NAADAC's Life-Long Learning Series* is to bring together addiction professionals from many backgrounds to discuss pharmacotherapy in a way that challenges ideas and perceptions, and to pre-sent unbiased information that can be used to assess the best possible treatment for patients.

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NAADAC Approved

by reading a series of three Addiction Messengers (AM)

If you wish to receive continuing education hours for reading the AM:

- fill out the registration form below, and complete the 2-page test on the following pages,
- return both to NFATTC with a fee **payment of \$20** (make checks payable to: NFATTC, please).

You will receive, by return mail, a certificate stating that you have completed 2 Continuing Education hours.

You may complete any of the past series you wish. You can download issues by clicking on the Addiction Messenger button on our website: www.nfattc.org or you can check the boxes below and they will be mailed to you.

- **Series 1** Vol. 4, Issues 1-3 "Evidence-Based Treatment Approaches"
- **Series 2** Vol. 4, Issues 4-6 "What Works for Offenders?"
- **Series 3** Vol. 4, Issues 7-9 "Manual-Based Group Skills"
- **Series 4** Vol. 4, Issues 10-12 "Preparing Clients for Change", "What Is A Woman Sensitive Program?" and "Naltrexone Facts"
- **Series 5** Vol. 5, Issues 1-3 "Methamphetamine: Myths & Facts"
- **Series 6** Vol. 5, Issues 4-6 "Co-Occurring Disorders"
- **Series 7** Vol. 5, Issues 7-9 "Trauma Issues"
- **Series 8** Vol. 5, Issues 10-12 "Cultural Competence"
- **Series 9** Vol. 6, Issues 1-3 "Engagement & Retention"
- **Series 10** Vol. 6 Issues 4-6 "Co-Occurring Disorders"
- **Series 11** Vol. 6 Issues 7-9 "Integrated Services for Dual Disorders"
- **Series 12** Vol. 6 Issues 10-12 "Infectious Diseases"
- **Series 13** Vol. 7 Issues 1-3 "Contingency Management"
- **Series 14** Vol. 7 Issues 4-6 "Group Skills"
- **Series 15** Vol. 7 Issues 7-9 "Research and the Clinician"
- **Series 16** Vol. 7 Issues 10-12 "Recovery Support"
- **Series 17** Vol. 8 Issues 1-3 "Family Treatment"
- **Series 18** Vol. 8 Issues 4-6 "Cognitive-Behavioral Therapy"
- **Series 19** Vol. 8 Issues 7-9 "Counselor As Educator"
- **Series 20** Vol. 8 Issues 10-12 "Recovery Support"
- **Series 21** Vol. 9 Issues 1-3 "Problem Gambling"
- **Series 22** Vol. 9 Issues 4-6 "Treatment Planning"
- **Series 23** Vol. 9 Issues 7-9 "Methamphetamine"
- **Series 24** Vol. 9 Issues 10-12 "Using and Building Motivational Interviewing Skills"
- **Series 25** Vol. 9 Issues 1-3 "Nicotine Cessation"

Registration Form for Series 26 "Improving Agency Processes"

Name _____

Address _____

City/State/Zip _____ Phone _____

Email _____

Return your Pre-test and Registration form by mail or FAX at (503) 373-7348

Northwest Frontier ATTC
810 D Street NE, Salem, OR 97301

Name _____

TEST Series 26

1. _____ (fill in the blank) is a community of addiction treatment agencies that collaborate in the development and implementation of organizational changes.
2. NIATx focuses on the following aims to improve access and retention in addiction treatment:
 - a. reducing waiting time and no-show rates
 - b. increasing admission and continuation rates
 - c. increasing admission rates and reducing wait times between the first request for services and their first treatment session
 - d. a and b.
3. The PDSA change cycle includes:
 - a. planning, doing, studying and acting
 - b. planning, deciding, studying and accepting
 - c. problem identification, doing a plan, reviewing data, and adopting, adapting or abandoning.
 - d. a and c
4. What are the 5 key principles that successful agencies use in improving their customer services and the stability of their agency? :
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
5. Implementing a rapid change cycle is a way to test innovative ideas that are to be used for a short period of time.

True or False
6. The Change Leader supports process improvement through:
 - a. supervising measurement and data collection
 - b. making the change permanent within the agency
 - c. demonstrating that management will provide resources to make the change happen
 - d. None of the above.
7. Effective communication and empowerment of staff from the Agency Director and the Change Leader will enhance staff commitment to the change.

True or False
8. In order for a change project to be successful the _____ (fill in the blank) must see it as a priority.
9. What are the important issues related to data collection and measuring the impact of change?
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
10. The “business case” refers to the potential pitfalls an agency can encounter when implementing a process improvement.

True or False

Mail or FAX your completed test to NFATTC
Northwest Frontier ATTC, 810 D Street NE, Salem, OR 97301 FAX: 503-373-7348
You can register for continuing education hours for Series 1 through 25.
Contact Mary Anne Bryan at 504-378-6001

The Art and Science of Addiction Treatment: Energizing Your Practice

July 25-27, 2007

Lewis & Clark College
Portland, Oregon



Northwest Institute of Addictions Studies

in partnership with

The Addictions Studies
Program at the Graduate
School of Education and
Counseling,
Lewis & Clark College

with support from
DHS Addictions and Mental Health
Division, Oregon Department of
Corrections, Northwest Frontier ATTC,
ACCBO, Moonshine Consulting, and
Fifth Avenue Consulting

*For full workshop descriptions go to:
lclark.edu/dept/ccps*

To register: see reverse

Wednesday, July 25

Plenary: Gender Matters

Stephanie Covington, Ph.D., Center for Gender and Justice

Breakout Sessions

- Drawing on Recovery: Art Therapy in Addiction Treatment: Jeanne Cory, MA, CGAC-II, LifeWorks NW
- Ethics in Corrections Treatment: Wayne Scott, LCSW, Multnomah County Dept. of Community Justice
- Forgiving Others and Ourselves: What is Good for Whom: Gordon Lindbloom, Ph.D., Lewis & Clark College
- Opioids – Past, Present and Future: Jeanine Bassett, MA, NCACII, CODA, Inc.
- Problem Gambling and Money Disorder: Marcy Nichols, CGACII, No Dice Inc.
- Treating ADHD in Addiction Clients: Catherine Mossefin, MD, OHSU
- They Don't Get It and They Don't Want to Hear: How to Deal with Difficult Employees: Tracey Varner, LCSW, Daybreak
- Women in the Criminal Justice System: Stephanie Covington, Ph.D

Thursday, July 26

Plenary: Harm Reduction

Alan Marlett, Ph.D., The Addictive Behaviors Research Center

Breakout Sessions

- Barriers to the Treatment of African Americans in Addiction Counseling: Harry Watson, CDAC, HHS Associates
- Behavioral Incentives in Drug Abuse Treatment: Dace Svikis, Ph.D., Virginia Commonwealth University
- Ethical Imperatives: Multicultural Treatment and Clinical Supervision: Cathy Moonshine, Ph.D., Moonshine Consulting
- Finding Calm in a Chaotic World: Donald Altman, MA, West Linn Counseling
- The Hidden Addiction: An Overview of Problem Gambling Assessment and Treatment: Joe Reisman, LPC, NCGC-II, LifeWorks NW
- Mindfulness Based Relapse Prevention: Alan Marlatt, Ph.D., University of Washington
- Parenting Skills Training for Drug Dependent Women: Dace Svikis, Ph.D.
- Family Centered Approach to Adolescent Treatment: Megan Dunbar, LPC, DePaul Treatment Centers, Inc

Friday, July 27

Plenary: Developments in Addiction Treatment

Darryl Inaba, Pharm. D., Asante Health Systems and CNS Productions

Breakout Sessions

- Right Side of the Brain: Innovations in Accessing Emotion: Virginia Walker, LPC, Private Practice
- Addiction Treatment in Private Practice: Peter Barbur, LPC, Fifth Avenue Consulting
- Developments in Addiction Treatment: Darryl Inaba, Pharm. D.
- Domestic Violence and Substance Abuse: Dace Svikis, Ph.D., Virginia Commonwealth University
- Improving Treatment for Alcohol and Drug Disorders: Why and How: Dennis McCarty, OHSU
- Motivational and Legal Aspects in DUII Referrals: Robert Ryan, LPC, Multnomah County DUII Evaluation Services
- Infusing Evidence Based Practices Into Counseling: Joe Hromco, Ph.D., LifeWorks NW
- Cultural Sensitivity Working with Diverse Youth: Angelo Adson, PHMC, The Bridge

