

ACTION Campaign Promising Practices



Providing Rapid Access to Service

*Increase Efficiency & Capacity
Action Guide*

ACTION CAMPAIGN
Making an Impact on Addiction Treatment and Recovery



Increase Efficiency and Capacity

Purpose: to help you identify ways to increase efficiency and capacity and make seeking treatment more convenient for your clients.

Introduction: Are your hours of operation at the convenience of staff rather than clients? Over 70 percent of people in need of treatment for a substance use disorder are employed and may have insurance or the ability to self-pay for treatment. Organizations that operate only from 9:00–5:00 miss an opportunity to expand access and broaden the diversity in their clientele. When waiting lists are long and it takes weeks to get an appointment, many people give up and no-show.

Plan: Survey clients for several weeks to find out what extended hours would be most convenient for them. Collect data on number of clients seen and number of no-shows for intakes and counseling appointments during the time you are surveying clients. Identify staff who will work different shifts—either weekends or evenings. Test extended hours with a trial of a few willing counselors. Double booking may offer a solution for an agency with very high no-show rates. Work with staff to develop contingency plans for when several people do show up at the same time. Can other staff do intakes? Perhaps the clinical supervisor could chip in during busy times. Other clinical staff who have no shows could perform the intake interview. In the worst case scenario, someone may have to wait an hour, but that is still an improvement over a three-week wait.

Do: Choose a week to begin offering extended hours or double booking and begin booking appointments for that week. Continue to double-book or offer intake and regular treatment appointments during the evening and/or on weekends for three or four weeks. Collect data on no-shows and the number of clients seen.

Study: Using data collected before and after the change, assess the change in the number of clients seen and no-show rate. Look at counselor differences as well as overall numbers. Did the counselors who had extended hours have better productivity and show rates than the other counselors? If not, discuss with clinical staff what they think didn't work and what may work better. Were there issues with double booking? Are there times of day or days of the week where it was more successful? Are your contingency plans for when two people show up for the same appointment sustainable over the long term? If number of clients and/or show rates are improved, then:



Act: Develop a system that is considered fair across the counseling staff. Discuss with staff and implement rapidly (within days or weeks or the trial). Submit your data to the ACTION Campaign Web site.

Measuring the Impact of Change

The length of time necessary to test a change will vary depending on an agency's size. Scientifically, the preferred sample size is at least 40 clients. However, since you are testing a hypothesis, what you need are just enough clients before and after the change to see a trend. Pilots should not last more than a month, or they tend



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to lose their pilot status. We recommend that you run your change project pilot long enough to have at least 20 clients experience your new way of operating. For smaller agencies, depending on the change, this may take a month. Larger agencies should run a change for at least a week, even if that gives a sample larger than 40.

Practice Measure: Number of kept appointments for assessment, measured by looking at the number of scheduled appointments versus those actually kept.



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Action Campaign Metrics Evaluation Tool

Agency Name _____

Level of Care _____

Action Promising Practice _____

Tool for Tracking Kept Assessment Appointments by Week

Instructions:

1. Enter the dates for a specific week that your agency is tracking assessment appointments
2. Enter the actual number of scheduled assessment appointments on that day (A)
3. At the end of the day, enter the actual number of kept assessment appointments (B)
4. If you wish, you may calculate the % of kept vs. scheduled daily assessment appointments by $(A-B)/A$
See example below.
5. At the end of the week, summarize the weekly scheduled and kept assessment appointments
6. If you wish, you may calculate the % of kept vs. scheduled weekly assessment appointments by $(A-B)/A$
7. For multiple cycles, please use a separate form for each cycle

	Date	No. of Scheduled Assessment Appointments (A)	No. of Kept Assessment Appointments (B)	Daily % of Kept Appointments (A-B)/A
	9/3-9/7	10	5	50%
Totals				



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Connecticut Renaissance

Bridgeport, CT

www.ctrenaissance.com

Connecticut Renaissance, Inc. is a not for profit mental health and substance abuse treatment agency that provides outpatient, residential, and halfway house services to individuals, groups, and families throughout Connecticut. Headquartered in Bridgeport, Connecticut Renaissance, Inc. maintains several programs that serve the entire state, with locations in Norwalk, Stamford, Bridgeport, Waterbury, and Bloomfield

Project Aim Reduce Waiting Time

Change Leader / Executive Sponsor Linda Mosel

Goals & Measures

We initiated the Change Project titled "Come on Down" to address the long wait time clients experienced from first contact to assessment and then again from assessment until admission to the program. From first contact with the clinic, clients were waiting up to 45 days for admission to services. The average wait time from first contact to an assessment appointment was two weeks. There was a 46 percent no-show rate for these appointments. The admission process took two sessions, an evaluation, and intake over a two-week period. If one of the appointments resulted in a no-show, the admission process could easily take up to four weeks. The process was long and cumbersome, resulting in lost clients and frustrated staff and referral sources.

The measures put in place to monitor the progress of the Change Team included:

- Length of time between first request for service and admission
- Increase in number of evaluations conducted
- Increase in available evaluation times
- Offer evening evaluation times
- Number of engagement calls resulting in admission

Changes Implemented

The Change Team began by reviewing what other NIATx members were doing across the country to reduce wait times. We identified, implemented, and tested several changes to determine the impact on the measures of the project. These changes included:

- Offering clients/referral sources to "Come On Down" for evaluations at pre-determined open evaluation times: Tuesday/Thursday, 10:00 a.m.–6:30 p.m. and Wednesday/Friday, 9:00 a.m.–12:00 p.m.
- Offering walk-in evening evaluation times
- Combining the two appointments conducted for intake into one appointment

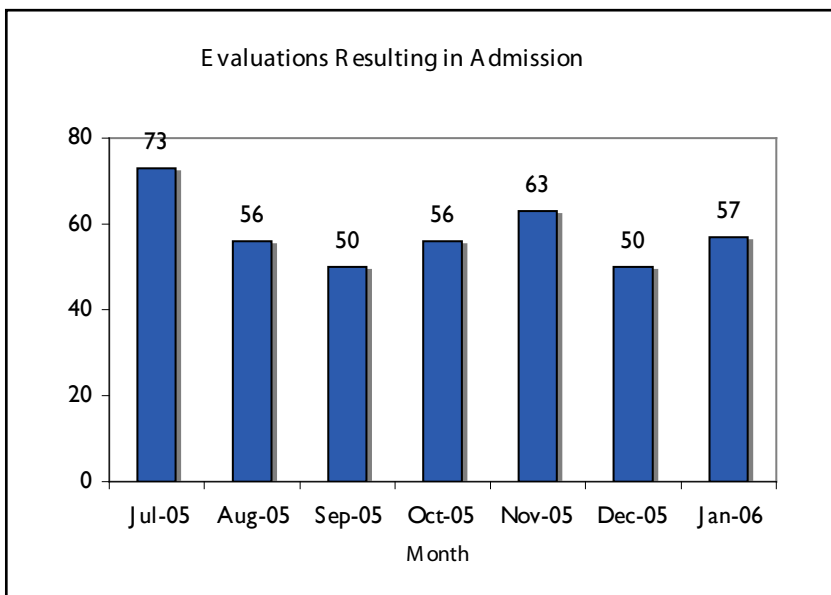


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- Significantly reducing case load for one clinical staff member, and reassigning as the Intake Coordinator, to be available for evaluations

Business Case Impact

Because of these changes, the Adult Outpatient Behavioral Health Clinic has been able to offer access within 24 hours of first contact to clients/referral sources seeking admission to services since September 2005. Since July 2005, walk-in appointments were available on a limited basis during the testing period, resulting in an immediate increase in evaluations conducted. The months of July and August 2005 showed a 43 percent increase in the number of evaluations conducted during the first half of the year. Implementing the change to one clinician's job description resulted in a 51 percent increase in the number of evaluations conducted.



Impact and Lessons Learned

The "Come on Down" approach was successful and clients were very pleased with the ability to walk in at times convenient for them. This allowed increased flexibility for clients and referral sources. The Outpatient Clinic has always been open in the evenings but evaluations were only conducted during the day. We quickly found out that the dinner hour, 5:00 p.m. through 6:00p.m., was a very popular time for evaluations, and we needed to adjust staff schedules to address the need. We learned that in order for the walk-in availability to work, staff really needed to work together as a team. If several clients showed up at the same time, other clinicians needed to help and see clients if their schedules permitted.

We monitor the number of evaluations conducted on a monthly basis. A secondary gain to increased evaluations was an increase of evaluations resulting in admission. November 2005 showed a decrease in the number of evaluations being conducted due to the clinic moving to a new location, although the number quickly returned to normal in January 2006.



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Additional Success Stories for Increase Efficiency and Capacity

Agency	Level of Care	Change	Action Impact
Asian Counseling and Recovery Services ¹	Outpatient	Improve efficiency of the assessment process	Reduce time from 1 st contact to assessment from 28 to 5 days
Jackie Nitschke Center ²	Intensive Outpatient to 28%	Scheduled more assessment time slots Trained all staff on scheduling appointments	Time from 1 st contact to 1 st treatment reduced from 9.5 to 4 days
Prairie Ridge Treatment ³	Outpatient	On demand assessment Adjust staff schedule	Reduce time from 9 to 5 days
Specialized Outpatient Services ⁴	Outpatient	Changed the Intake Process	Time from 1 st contact to assessment down from 14.7 to 4 days Time from assessment to 1 st treatment down from 15.2 to 8 days. Time from 1 st contact to treatment down from 29.9 to 12 days

¹ <http://www.niatx.net/Content/ContentPage.aspx?NID=45>

² http://www.niatx.net/PDF/PIPractice/CaseStudies/JNC_Apr04.pdf

³ http://www.niatx.net/PDF/PIPractice/Storyboards/Storyboard_LSIII_PrairieRidge.pdf

⁴ http://www.niatx.net/PDF/PIPractice/CaseStudies/CaseStudy_Oklahoma_122705.pdf