

The Maine SAAS/MASAP Performance Improvement initiative included the following agencies: Community Connections, Crossroads, Day One and Serenity House. The project team included representatives from each of the agencies along with Ruth Blauer of MASAP who acted as the project coordinator, Ardis Glace, SAAS grantor and co-coaches Scott Farnum and Lynn Madden.

The purpose of the initiative was to improve access to treatment as measured by decreasing time to first assessment/treatment or by increasing the number of persons seen. The goals were to be accomplished by using the rapid cycle performance improvement model as developed by the Network for the Improvement of Addiction Treatment (NIATx). The project design was a group-coaching model that relied on most coaching being done by telephone and e-mail, though the kick-off event was held face to face.

The project began with a group call that including those listed above on July 18. During the call, an education session on how to conduct a walk through was provided by coaches and each agency was asked to start planning a walk through in preparation for the kick-off event scheduled for August 7. After the group call, each agency had an individual call with coaches to solidify walk-through plans and to define a baseline data set against which future changes could be measured.

The kick-off event (agenda attached) was held in Southern Maine on August 7. Representatives from each agency were present along with Ruth Blauer, Ardis Glace (by telephone), Scott Farnum and Lynn Madden. The morning began with a short version of Process Improvement 101 led by coaches and including a review of the PDSA cycle. Each agency then shared its walk-through experience with the group. Agencies were very forthcoming about the areas for improvement they had discovered during the walk-throughs which set the tone for a productive group discussion of what efforts might be made to improve access.

Led by coaches and with input from the other agencies in the room, each agency designed a change project (Day One designed two projects, one for outpatient services and one for residential services), created a timeline for implementation and defined the

data that had to be gathered in order to measure the impact of the change project. The change projects were all implemented within two weeks of the kick-off and ran for three weeks. Initial results are discussed below:

Community Connections - a small agency with only one dedicated substance abuse treatment staff. Their change consisted of offering the next appointment available instead of offering an appointment for the following week. They were unsure why appointments for the next week were being offered to callers; they had always done it that way. Their results showed no measurable change to no-show rate – the pre-change period had a no-show rate of 1/7, the post-change no-show rate was 2/7. Interestingly enough, even though persons were offered next day appointments during the post-change period, none of the 7 clients accepted a next day appointment. According to Joan Churchill, director, “the client population had transportation issues (most are DEEP) and needed to negotiate a date to accommodate travel.” The agency immediately embarked on a second change related to grouping appointment times in the mornings.

Crossroads – The change implemented by this agency was to provide all consumers who completed a phone screen and lived within a reasonable driving area (so they could potentially attend an IOP) an intake appointment for the following day. The basic result was a doubling of intake appointments during the post-change period (results table attached) from 23 intakes in the pre-change period to 45 in the post-change period. Time to intake from telephone screening dropped from 9 days to 7 days. Executive director Polly Haight Frawley explained that “we were not able to meet the goal of giving staff a intake appointment for the next day. Reasons include appointment availability due to insufficient staff, a few clients from jail who had designated appointment times and client difficulty in arranging transportation.” This agency had very good results, despite their belief that they were “not successful” and has continued to make gains in this area with other change projects.

Day One Outpatient Services – The goal of the change at Day One was to increase retention from the first therapy visit to the second therapy visit by reducing time between the first visit and the second. Clients were offered a next day second visit instead of a second visit for the following week. Retention improved from 82% to 100% during the post-change period. (results table attached) This is an excellent result,

particularly considering that the treated population in this agency is adolescent clients who can be especially difficult to retain in treatment. Other changes have followed this initial change, including a change designed to eliminate voice mail for initial callers.

The Day One Residential program did not follow up with a rapid cycle change after the initial meeting believing that their program was not able to accomplish any improvements around access.

Serenity House – Serenity House is a 33 bed residential treatment program. The change they made was to begin offering next day assessment instead of offering assessment only one day each week. Though they have not forwarded any data, their director, Marilyn Twitchell, reported in a conversation on 9/11/06 that the new “screening approach filled the program up”. In other words, they were able to reach 100% capacity. She also reported that another local treatment agency, the Milestone Foundation, “loves the changes we have made because it pushes their detox stays down.” She expressed concerns about the growing wait list, but was planning to maintain the change. She reported that the clients “like the new way better”. They went on to do away with screening panels, instead allowing clients to be screened by a single individual and also improved some of their concerns around screenings for persons from local correctional facilities.

## CONCLUSION

There was a great deal of enthusiasm and genuine desire to make improvement among the agencies in the SAAS/MASASP project. Excellent learning took place within the group, and some very good results were obtained with a relatively small amount of support and coaching. The results were primarily in the area of access, which was the focus, though some results in the area of retention were noted. The group coaching model had the advantage of allowing agencies to share and learn from one another very readily. Potentially, greater gains may have been made with a more intensive coaching approach which would have allowed more time to be dedicated to helping each agency sort through the challenges of sustainability and the challenges of using data to move a problem solving continuum.

Each of the agencies involved in the Maine SAAS project chose to sustain the changes initially made and three of the agencies have continued to use the rapid cycle model to assist with access and retention in their treatment programs.

The agencies in the SAAS/MASAP initiative all attended a meeting on October 12, 2006 to share their results and were invited, along with six other provider agencies in Maine, to become pilot sites for the STAR-SI Maine grant, which was awarded to the State of Maine by CSAT in October 2006. The STAR program is a federal initiative designed to promote access and retention in substance abuse treatment by identifying and make changes to state level “barriers”. (Serenity House is not in the group of STAR-SI sites as the grant is for outpatient and intensive outpatient levels of care only.) As a result of their willing participation in the SAAS grant, the agencies have joined a group working collaboratively on State policy.