



About Us

Wellspring--established as The Bangor Halfway House in 1965--is a private non-profit agency providing professional substance abuse assessment, diagnosis, and treatment.

We have a men's halfway house, a women's halfway house, a transitional living program, and outpatient services.



Outpatient Treatment Programs

255 Hammond St., Bangor, ME

Wellspring's outpatient clinic provides assessment, diagnosis, and treatment for adult and adolescent substance abusers, their families, and other concerned persons. It is the designated service provider for drug court in Penobscot County and for the Charleston Correctional Facility.

Services Include:

- Individual, family and group substance abuse counseling
- DEEP evaluations and treatment
- Substance abuse information and education
- Drug Court and DSAT
- Counseling at Charleston Correctional Facility



Outpatient Treatment Programs

255 Hammond St., Bangor, ME

Our outpatient program has three counselors:

- One counselor devotes 20 hours a week to outpatient services
- One counselor devotes 16 hours a week to outpatient services
- One counselor devotes 16-20 hours a week to outpatient services



STAR-SI Project

THREE KEY QUESTIONS:

1. What are we trying to accomplish?
2. How will we know if a change is an improvement?
3. What changes can we test that may result in an improvement?



1. What are we trying to accomplish?

Overall goals:

1. Improve access to treatment
2. Improve treatment retention

First project goal:

Reduce waiting times between first agency contact and first face-to-face visit.



THE WOMEN'S GROUP PROJECT



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Goal: Speed the time up from initial call to first treatment session.



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Goal: Speed the time up from initial call to first treatment session.

Results: (The good news) Average wait time from initial contact to intake decreased from 16 to 10 days. (The bad news) Only 3 of 6 clients attended the initial group session. None attended week 2 and 3.



THE WOMEN'S GROUP PROJECT

What we learned:

Transitioning into treatment involves more than the transition from initial call to intake session.

Clients need a good understanding of the specific purpose and goals of their treatment.

Reducing wait times between initial call and intake does not automatically improve retention in treatment.

A single point of contact (one to one relationship) is important to clients entering treatment.



THE WOMEN'S GROUP PROJECT

What we plan to do:

Develop a more systematic approach to the intake process

A more prompt response to initial phone calls

Shorter intake sessions

Greater focus on the transition from intake to counseling



2. How will we know if a change is an improvement?

Quicker access to treatment

1. Clients will get into treatment sooner
2. Quicker access will be sustained

More clients will complete treatment

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2. Reduced cancellation and no-show rates



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- **Client calls Wellspring for services. Speaks with the office manager.**
- **Office manager takes screening information to determine client eligibility.**
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- **Counselor calls client to schedule an initial appointment.**



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- **Client calls Wellspring for services. Speaks with the office manager.**
- **Office manager takes screening information to determine client eligibility.**
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- **Clients who have not been scheduled for an initial appointment are reviewed during weekly staff meeting.**
- **Counselor calls client to schedule an initial appointment.**
- **At the initial appointment, counselor reviews client rights and responsibilities, billing information, TDS information, confidentiality information, has client sign any initial consent forms to release information, and begins the biopsychosocial summary.**



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- **The treatment plan must be completed before the fourth appointment.**



CURRENT INTAKE PROCESS:

Estimated length of time before intake 7-42 days.

Estimated length of time before treatment is initiated: 21-70 days.



PROPOSED CHANGE:



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- **Intake coordinator meets with the client, answers questions about the admission forms, co-signs documents, completes the admission assessment and TDS form, and provides a client orientation, including information about outpatient counseling services, common goals of treatment, office hours, and emergency back-up information.**



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- **Client is scheduled for an initial counseling session within the week.**
- **At the initial counseling session, the counselor reviews the assessment with the client, gathers any important additional information, and develops a treatment plan with the client. The counselor may also begin providing treatment during that session.**



PROPOSED CHANGE:

Estimated length of time before intake 1-72 hours.

Estimated length of time before treatment is initiated: 2-14 days.



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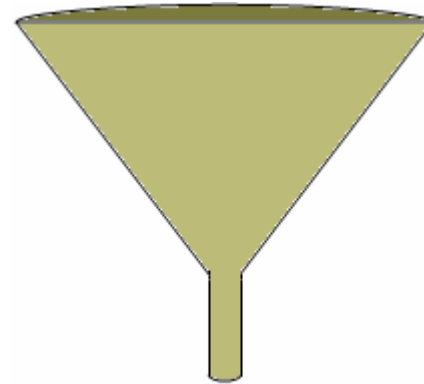


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ANTICIPATED PROCESS CHANGES:

- Create intake coordinator position
- Reduce “front end loaded” paperwork at intake

Our challenge is to avoid a
“bottleneck” from the intake
session to the first
treatment session





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ANTICIPATED PROCESS CHANGES:

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- Reduce “front end loaded” paperwork at intake
- Increase clinician caseload capacity by developing therapy groups



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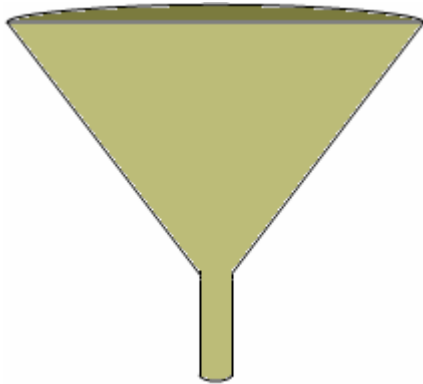
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- Create intake coordinator position
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- Increase clinician caseload capacity by developing therapy groups
- Increase clinician caseload capacity by providing brief therapy

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- Reduce “front end loaded” paperwork at intake
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Quicker access to treatment



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2. Quicker access will be sustained

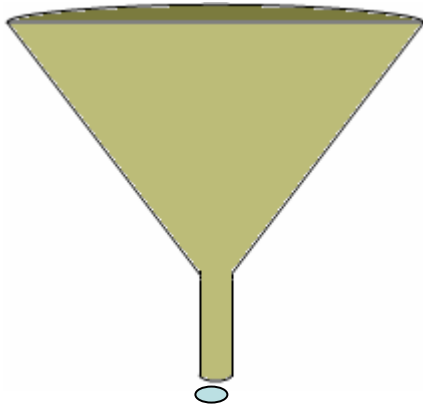
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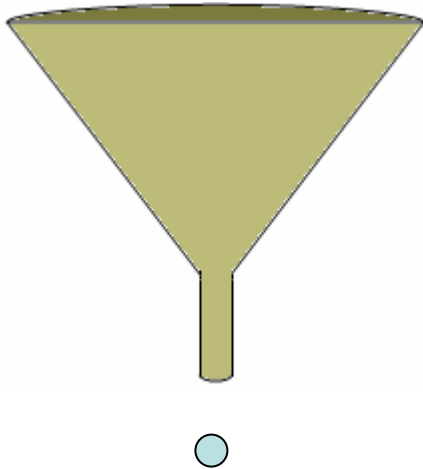
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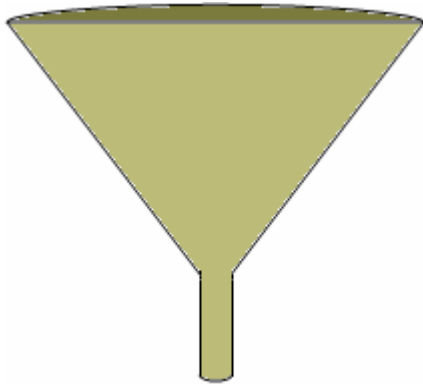
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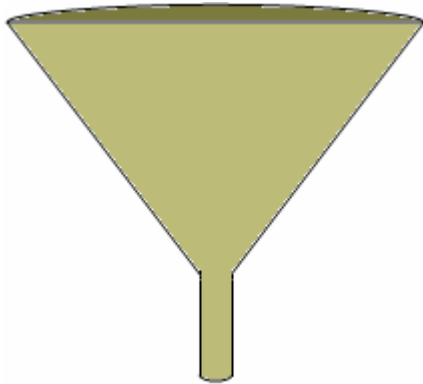
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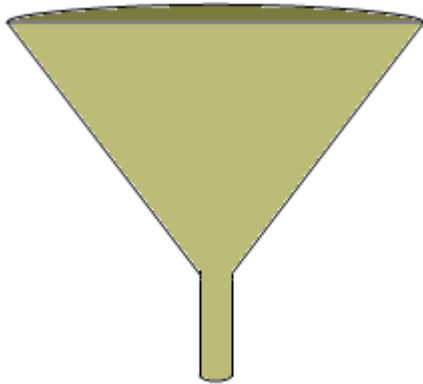
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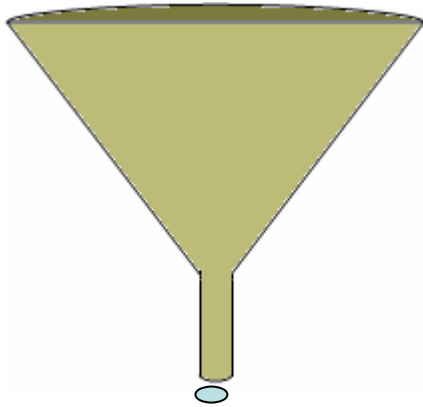
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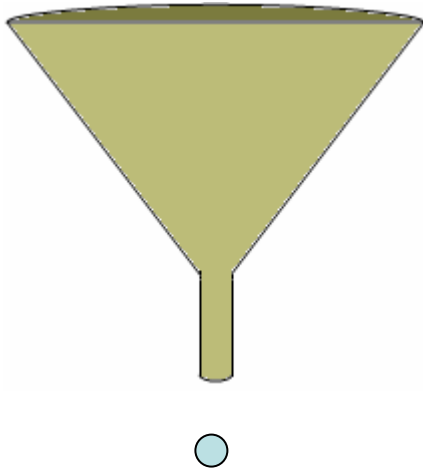
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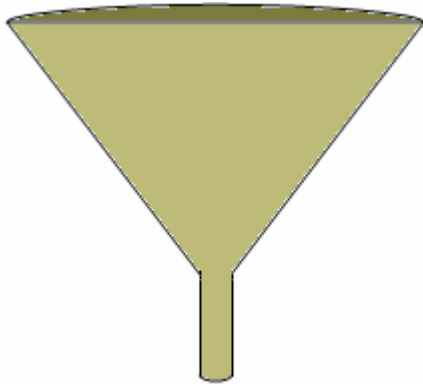
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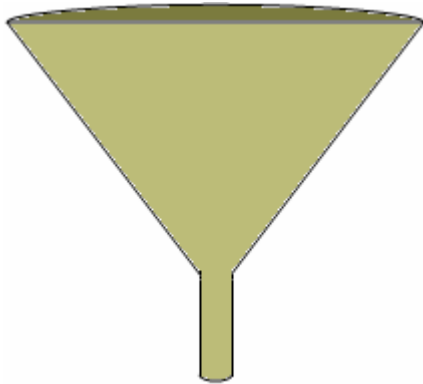
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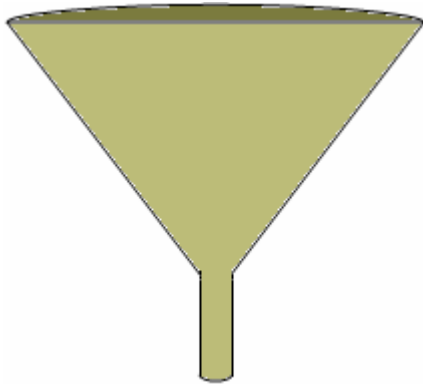
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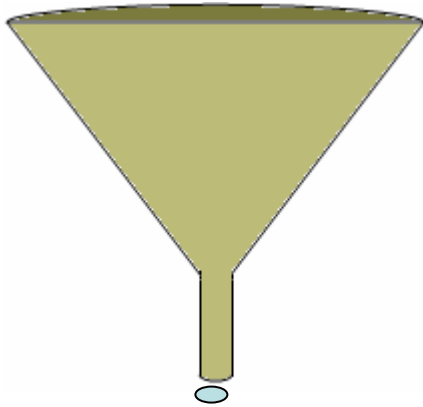
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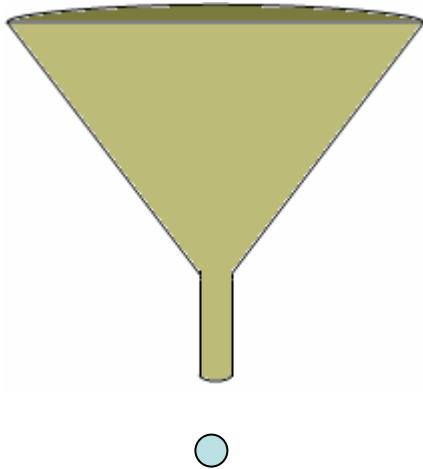
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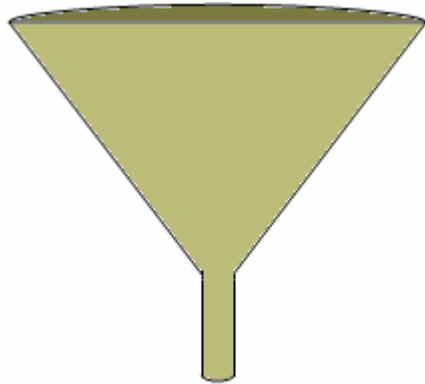
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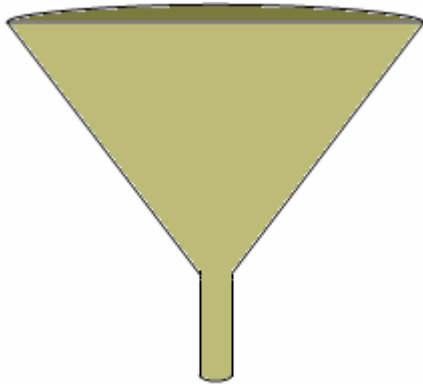
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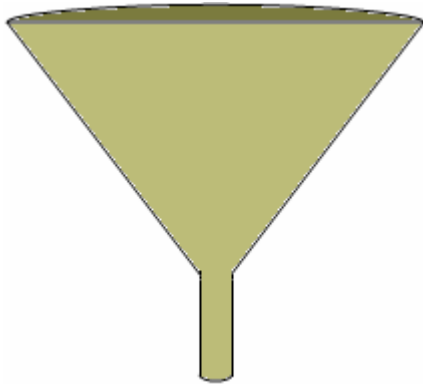
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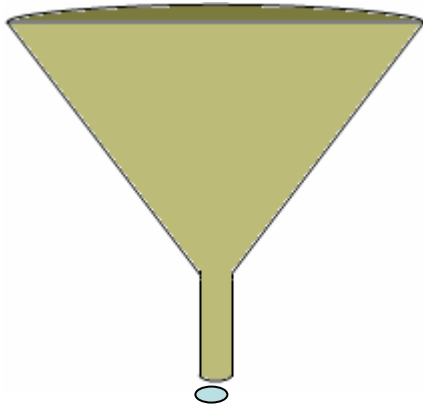
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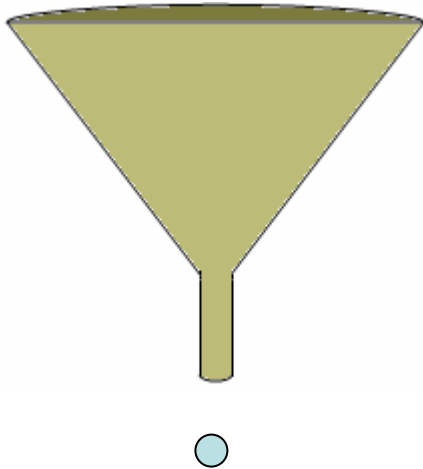
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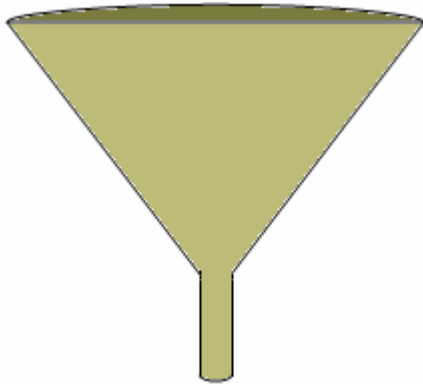
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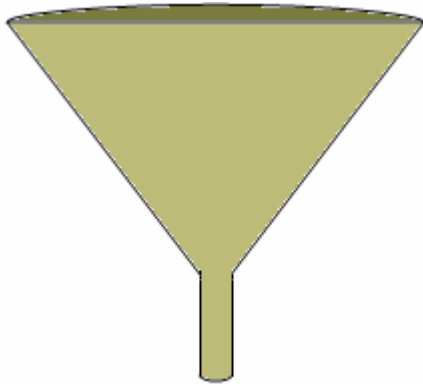
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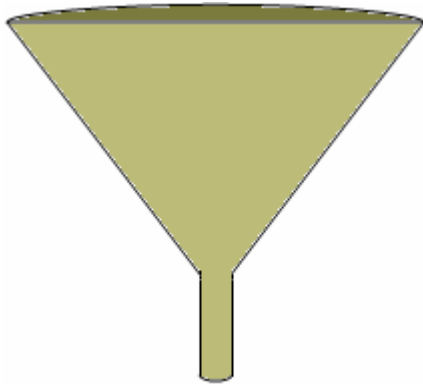
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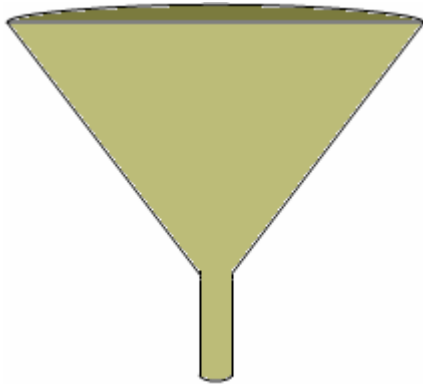
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