Reducing Wait Time from First Contact to Assessment

Community and Family Resources

Abstract
This summary describes the changes in intake and assessment procedures that Community and Family Resources (CAFR) of Fort Dodge, Iowa made to reduce the wait time from first contact to intake and assessment in outpatient services at the agency’s Fort Dodge Center. To accomplish this goal, a change team that included both management and staff was formed. By utilizing the "Model for Improvement," the team developed and implemented a plan to make procedural changes that decreased wait time between initial contact and scheduled intake for new clients.

Aim:
Reduce wait time from first request to intake and assessment

Paths:
First Request, Assessment, Outreach

Keywords
First request for treatment, intake and assessment, wait times, change team, pre-treatment group, outreach
Jason, a bright 22-year old, began “experimenting” with cocaine, but within a short time found his need for the drug so powerful that he started stealing to get the money his growing habit required. One day, after narrowly avoiding being caught, he became scared that his cocaine habit, and the crimes he was committing to support it, would someday land him in jail. So Jason called CAFR, his local treatment agency, and made an appointment. The appointment he was given was more than three weeks away, and during his wait he continued to use cocaine, and to steal to get the money for it. By the time the three weeks had passed, the pressure to quit using had subsided, and Jason didn’t show up for his appointment. Instead, cocaine remained a daily need, and he continued to commit crimes around his community in order to get the money for it.

Community and Family Resources (CAFR) knew that as long as their clients had to wait three weeks or more to get an appointment that people ready to begin treatment would be left without help, continuing to battle their addictions. Because the problem was so fundamental, the agency decided to address it in a comprehensive way.

Agency Description

Community and Family Resources is a rural freestanding alcohol and drug abuse treatment program serving clients through offices located in an eight county area around Fort Dodge, Iowa. CAFR offers outpatient and intensive outpatient treatment, residential rehabilitation, and physician-supervised medical detoxification services for approximately 1,100 clients annually. Approximately 33% of their clients are women or children, and about 8% are minority. While almost half of the agency’s two million dollar budget comes from federal block grants, the majority of revenues come through the residential rehabilitation program.

Problem Identification

Jason’s case was not unusual. Clients requesting outpatient treatment through CAFR’s Fort Dodge site had an average wait of twenty-six days for the next available assessment appointment. Those clients who requested immediate assessments, usually because of a court order or physician request, were referred to other agencies while at the same time CAFR would have open assessment slots at its other locations. Instead of transferring clients to other CAFR sites, potential clients were told to call other area treatment providers and to call back if they couldn’t get an appointment elsewhere. Upon the clients’ second call, they would then be scheduled for the next available appointment, some three weeks away.

Yet even after clients had their assessment appointments, wait times for admission to treatment approached an additional three weeks. These delays caused several problems for the agency:

- Many clients and referents became frustrated with CAFR’s inability to schedule clients within prescribed time frames;
- CAFR lost clients because of such long wait times, as potential clients chose other providers to conduct assessments and provide treatment;
- Treatment-ready clients often lost their motivation; and
- All of the above damaged Community and Family Resources’ overall reputation.
Change Process

CAFR decided to create a process to focus on solving the agency’s problem with wait times. The Executive Director picked a “Change Leader” to lead the process and organized a “change team” that would help find and implement solutions to this problem.

The members of the change team were carefully chosen by the Executive Director and the Change Leader to ensure that all aspects of the wait time issue were successfully addressed. The team included supervisors, line and support staff, with some team members chosen because of their enthusiasm and others because their jobs were directly related to the changes to be made. The change team members, with their titles and responsibilities, are listed below.

<table>
<thead>
<tr>
<th>Team Member Name</th>
<th>Job Title</th>
<th>Primary Tasks</th>
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<tbody>
<tr>
<td>Robert Thacker</td>
<td>Associate Director/Change Leader</td>
<td>Oversight of clinical staff and treatment programs at both CAFR &amp; CFARI* offices</td>
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<tr>
<td>Sherry Bradley</td>
<td>Clinical Program Supervisor</td>
<td>Substance Abuse Counselor, supervises staff and programming at CFARI</td>
</tr>
<tr>
<td>Kerri Moeller</td>
<td>Secretary</td>
<td>Receptionist, Scheduling at CAFR</td>
</tr>
<tr>
<td>Amy Swain</td>
<td>Secretary</td>
<td>Receptionist, Scheduling at CFARI</td>
</tr>
<tr>
<td>Steve Duffy</td>
<td>Treatment Coordinator</td>
<td>Substance Abuse Counselor, plans and coordinates staff training at CAFR, volunteer coordinator, supervises outreach offices</td>
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<tr>
<td>June McDonald</td>
<td>Treatment Coordinator</td>
<td>Substance Abuse Counselor, coordinates staff training at CFARI, volunteer coordinator at CFARI</td>
</tr>
<tr>
<td>Margy Halverson-Collins</td>
<td>Fiscal Manager</td>
<td>Responsible for all financial operations</td>
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<tr>
<td>Pam Johnson</td>
<td>Information Manager</td>
<td>Computer technician; data manager</td>
</tr>
<tr>
<td>John Hostetler</td>
<td>Executive Director</td>
<td>Management of all phases of CAFR operations</td>
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* Center for Addictions Recovery, Inc.; merged with CAFR.
At the first change team meeting Executive Director John Hostetler explained that the agency would make some changes in their organizational processes that would hopefully benefit both the CAFR staff and the clients they served. Relying on his creative staff to identify solutions, Change Leader Bob Thacker limited his role to facilitator and recorded while allowing his team to conduct the meeting and make decisions. Looking back on the process, Bob believed that this approach enabled the team to feel very involved in the whole process.

The change team chose to meet for lunch outside the agency to identify change ideas and to begin to develop plans for improvement. The team used the British National Health Service’s “Model for Improvement” as a framework for conducting their meeting. This tool, designed to assist organizations in the process of making procedural changes, outlines a step-by-step process that organizations can follow. CAFR used the model to guide their process, taking the following steps:

1. Define the goal of the change exercise,
2. Identify the initial group targeted for the change,
3. Establish a baseline measure,
4. Develop a process map and flowchart that follows the clients through the process,
5. Analyze and discuss ideas for redesigning the processes in order to reduce wait times between first contact and intake and assessment,
6. Investigate potential solutions from other state treatment providers,
7. Explore and identify potential change cycles, and
8. Conduct a follow-up meeting to evaluate the change after implementation.

The goal defined by the change team was to reduce the average wait time from first contact to intake and assessment from twenty-six to ten days for outpatient services at the Fort Dodge Center. The team then analyzed the process, and had a creative discussion about potential ways to redesign the process to reduce wait times. After contacting other state treatment providers and learning that they assigned one staff member primary responsibility for conducting assessments, CAFR, who had many staff conduct assessments, decided to try this method and see if it improved their assessment capabilities.

After exploring different avenues, the change team voted on several short term and one long term solution for redesigning their processes:

**Short Term Objectives:**

1) Ask clients if they are willing to be placed on a no-show list, so that they may be called if there is an appointment cancellation;
2) Explain to clients that if they are more than fifteen minutes late for their appointment, their slot may be given to someone else and they will need to reschedule; and
3) Ask potential clients if they are willing to travel to either the Ames or the Boone office (60 minutes away and 45 minutes away, respectively), since neither has a waiting list for appointments.
Long Term Objective:

1) Create an Evaluation Specialist position, allowing one counselor to travel from office to office to conduct assessments.

After the initial planning session, the team held regular meetings to remain focused and informed about the changes and to ensure that their solutions were being implemented. Afterward, the team reconvened for a follow-up meeting to discuss the outcomes and to congratulate each other on their willingness to think critically about CAFR’s problems and to find creative solutions to them.

Results of the Changes

After implementing the three short-term solutions, CAFR was able to reduce client wait time for assessment from twenty-six days to seventeen days. Within weeks of hiring an Evaluation Specialist to conduct assessments, the wait for an assessment appointment fell to thirteen days. In addition, CAFR noticed that the changes also resulted in a decrease in client no-show rates.

However, the changes the agency made in reducing wait times for assessment resulted in a new problem: with clients being assessed sooner, a bottleneck developed between assessment and first treatment appointment. To tackle this new problem, the CAFR change team pulled together to think of ideas and develop plans for addressing it.

In order to keep clients engaged between their assessment and first treatment appointment, CAFR created a pre-treatment group, which clients enter within a week of their assessment. The pre-treatment group runs for four sessions and keeps clients motivated and connected to the agency while they wait to begin their treatment program. Although CAFR has not yet collected data on the success of this change, interviews with clients and with referral sources have been very positive.

The change efforts have directly benefited the people CAFR serves. Clients are able to access assessments more readily and begin treatment sooner than they had before CAFR undertook these changes. Several months later, Jason was confronted for stealing to get money for his cocaine habit. Embarrassed and scared, he called CAFR again and set up another appointment. This time, however, he was given an appointment only a few days away, an appointment that he kept. Because he was still on cocaine when he arrived for his assessment, he was placed in the detoxification unit, and was eventually transferred into the residential rehabilitation program. Jason is still in treatment, and he is no longer using and no longer stealing. Getting Jason and other clients into treatment during the time that they’re motivated to begin the treatment process is so important. CAFR is now seeing their change efforts rewarded as more clients engage in treatment after their first call to the agency.
Conclusion

As a result of the changes, Community and Family Resources accomplished their primary objective of reducing the length of time from clients’ first contact with the agency to their assessments. The changes also had some unexpected positive consequences. As a result of CAFR’s changes, client no-show rates have decreased and the pre-treatment group has evolved. In addition, the process created a successful change team that tackles problems as they emerge and works together effectively to plan and implement new organizational strategies.

Participation in the change process has been very revealing to staff and management alike at CAFR. Change Leader Bob Thacker said, "We focused on this issue and had several people working together to make something happen, and when everyone is pulling together and focusing on an issue, you see some things that you are not doing that you could be. The act of making an effort to improve was eye opening to me; it made a big, big difference."

The overall impact of the change team and the change exercise has clearly been positive. Streamlining the evaluation process and establishing the pre-treatment group has decreased the wait times and the no-show rates of clients, and has also made the process less frustrating for CAFR staff. The organization has a sense of accomplishment, and feels willing and able to take on more changes to further improve services for clients and staff.