



THE FLORIDA LEARNING SYSTEM

July 2007

Volume 1 / Issue 5

National Partners

Substance Abuse & Mental
Health Services Administration



Center for Substance Abuse
Treatment



Robert Wood Johnson Foundation



Florida Partners

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The Business Case for Using Rapid Cycle Process Improvement

Lately, we've been hearing a lot about the rapid cycle change process and its effect on business outcomes. So we interviewed some of the Strengthening Treatment and Access Retention – State Implementation (STAR-SI) project participants to learn more...

“The business case describes some clear and measurable ways that agencies have become financially and organizationally stronger by focusing on improving quality of care. Utilizing rapid cycle change methodology to improve access and retention in care, agencies around the country have seen, as a salutary by-product: increased productivity, enhanced revenue, decreased costs, and even reduced staff turnover,” said Pauley Johnson, coach for the STAR-SI project. “As you know, these are tough times for behavioral health care. Shrinking funding coupled with greater demands for services puts continued strain on operations. And, it is difficult to grow and keep well trained staff. Organizations need a broad array of tools at their disposal to survive. This process can be a useful part of that arsenal.”

“We recognize the intense pressure that shrinking revenues are placing on our providers”, said Sheila Barbee, Performance Management and Improvement Director for the Department of Children & Families (DCF), and Project Director for the STAR-SI and Advancing Recovery (AR) projects. “That’s a big reason we applied for the STAR-SI and AR grants. We need to collaborate with each other to borrow, adapt and create new and innovative ways to provide services in this competitive environment.”

STAR-SI sites in Florida have seen improvements in their bottom line:

- **DACCO** in Tampa decreased the initial assessment paperwork and processing time by over 40 minutes per client. Several other agencies eliminated time wasted in appointment no-shows by instituting walk in assessment clinics. These types of changes can increase assessments billed and admissions to treatment. And, when coupled with careful attention to collecting appropriate client fees, the revenue enhancement can be substantial.
- “After we started our walk-in clinics, we began paying closer attention to fee collection and increased our revenues by over \$70,000 per year,” said Angie Maldonado, a STAR Peer Mentor from **The Center for Drug-Free Living** in Orlando. A small portion of that money is returned to the individual departments for staff development – a real morale booster. The rest becomes available to increase staffing and programming, allowing the agency to serve more people.
- “Our change to walk-in assessments for our non-court-referred clients has increased our net profits by about \$23,000 per year,” said Kevin Lewis, CEO of **Southwest Florida Addiction Services** in Ft. Myers, and a STAR Peer Mentor. “In addition, the total bundle of changes we’ve made from 2004 to 2006 has increased the number of clients we have treated by 33%.”

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Strengthening Treatment and Access Retention - State Implementation (STAR-SI) *The Sky's the Limit*

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In The News

FADAA Annual Conference

The Florida Alcohol & Drug Abuse Association (FADAA) annual conference is quickly approaching. The conference is set for August 22-24 at the Grand Cypress Hotel in Orlando. For the past 30 years this has been the premier training event for individuals working in the addiction field. This year will be no exception.

Process Improvement is taking center stage at the conference among workshop offerings. The Strengthening Treatment and Access Retention - State Implementation (STAR-SI) and Advancing Recovery (AR) teams will be highlighted in two workshops.

On Wednesday, August 22 from 2-3:30 the STAR-SI team from **Manatee Glens** and the AR team from **River Region** will take the spotlight and share some of their experiences in the workshop **The Florida Learning System: Cutting-Edge Process Improvements**. Both sites have great success stories to tell and will discuss how their teams - and organizations - have benefited from change.

On Thursday, August 23 from 2-3:30 the Florida Learning System workshop **New Approaches to Practice Improvement: STAR-SI and Advancing Recovery Meet and Greet** will take place. All participants from both the STAR-SI and AR initiatives have been asked to bring a storyboard to this session. After some quick introductions, attendees can move around the room, reading storyboards and talking with team members about change cycles, the business case, and the use of medication assisted treatment. Mentors will be on hand to talk about their role as well.

The process improvements being implemented by the STAR-SI and Advancing Recovery teams in Florida are revolutionary. We want to spread the word and share the lessons learned.

[See the complete conference brochure and register for the conference on the FADAA website.](#)

Business Case continued from page 1

Changes that enhance continuation in treatment or between levels of care can have an immediate impact on admissions and billable services. For example, in conjunction with other changes, **Manatee Glens** in Bradenton was able to increase the transfer rate of clients from outpatient detox to outpatient by 30% using recovery coaches. "These changes help insure our clients continue in treatment and get the care they need. In addition, we have increased our billable services resulting in higher net monthly revenues," said Karen Berner Arcuri, Vice President Outpatient Services at Manatee Glens.

Around the country, other agencies have provided additional in-house training to staff, enabling them to add to the services they provide, or refine treatment procedures to keep clients in treatment appropriately. Dr Johnson reported that NRI Community Services in Rhode Island is one example of this approach. The agency provided a 42 week in-house curriculum to help staff treat co-occurring mental health and substance abuse disorders, resulting in increased admissions and increased revenue of over \$100,000.

"Not every change can or should be translated into a dollar amount," Dr Johnson added, "But these examples give you a good sense that much of quality improvement will, in the long run, result in bottom line improvement as well. Additionally, these cases don't show the more subtle benefits that can result from enhancing staff morale by involving them in the change process so they take ownership and pride in what is happening. That is very real, and it can have far reaching impact on your organization!"

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Advancing Recovery... Leading the Way

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*Purpose:
To develop and implement
administrative and
clinical system
improvements at provider
and state levels to
facilitate the successful
utilization of selected
categories of evidence-
based practices for
addiction treatment.*

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In The News A New Kind of Community

The origin of the **learning community** is attributed to Alexander Meiklejohn, a distinguished scholar, philosopher and educational theorist who directed an Experimental College at the University of Wisconsin, Madison from 1929-32. Since that time, the concept of learning community has expanded outside of the educational arena and has been spurred on by technological innovations. Perhaps a more applicable term for those of us involved in **Advancing Recovery** is “**Communities of Practice**”, defined as a group peers with a common purpose who share information, develop expertise and solve problems (<http://www.agimo.gov.au/resources>).

Guidelines for establishing communities of practice include:

- ⇒ Ensure there is a business case for initiating;
- ⇒ Identify member needs;
- ⇒ Identify goals and operating principles;
- ⇒ Provide initial support and facilitation, including on-line support such as email discussions, web page and links to information;
- ⇒ Provide maturing community lesser but some level of on-line support;
- ⇒ Evaluate outcomes through member feedback;
- ⇒ Close the community when it has achieved its purpose, is no longer a priority, has “drifted” or failed to become self-supporting.

What's Happening Now?

Rapid Cycle to the Rescue

Prior to implementing the vivitrol protocol, all staff at **Spectrum/Miami Behavioral Health** received training on the use of vivitrol, including discussing its use with potential clients. Aware that minority clients are often suspicious of research in the health care field, all clients screened for vivitrol administration and those in residential treatment programs receive on-going vivitrol education. However, the change team never anticipated the diffusion of information about vivitrol that would take place in the medical services waiting room.

While waiting for his second vivitrol injection, a Hispanic client interacting with other clients in the waiting room found himself responding to questions and suggestions that he was being used as a guinea pig for “experimental drugs”. He returned to his treatment program stating his concerns and that he didn't want to be a guinea pig any more.

The **change team** immediately responded by placing information in the waiting room that vivitrol was available to clients and was fully FDA approved. All client education materials were revised to emphasize that vivitrol is simply a new service offered by the agency and to eliminate “research” and “protocol” language from the content.

The client in question? He received his second vivitrol injection this month.

The
Spectrum/
Miami
Behavioral
Health AR
Team



Evidence Based Practice

NIDA Blended Study

The medication naltrexone and up to 20 sessions of alcohol counseling by a behavioral specialist are equally effective treatments for alcohol dependence when delivered with structured medical management, according to results from the “Combining Medications and Behavioral Interventions for Alcoholism” (**The COMBINE Study**). Results from the National Institutes of Health supported study show that patients who received naltrexone, specialized alcohol counseling or both, in conjunction with medical management, demonstrated the best outcomes after 16 weeks of outpatient treatment and one year after treatment. The researchers found no effect of the medication acamprosate on drinking or additional benefit from adding acamprosate to naltrexone.

Manuals for the medical management and psychosocial treatment can be ordered through:

<http://pubs.niaaa.nih.gov/publications/COMBINE>

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