



P1: Why Change is Needed

- Time between when the client request services to the time they start their cohort
- Shorten time between cohorts to serve more clients
- Project boundaries: no additional staff, no additional funding, work within guidelines of what is required for treatment by law and clinical standards, continue high quality of care.
- Project metrics: lead time between cohorts; number of cohorts per year; successful completion rates.

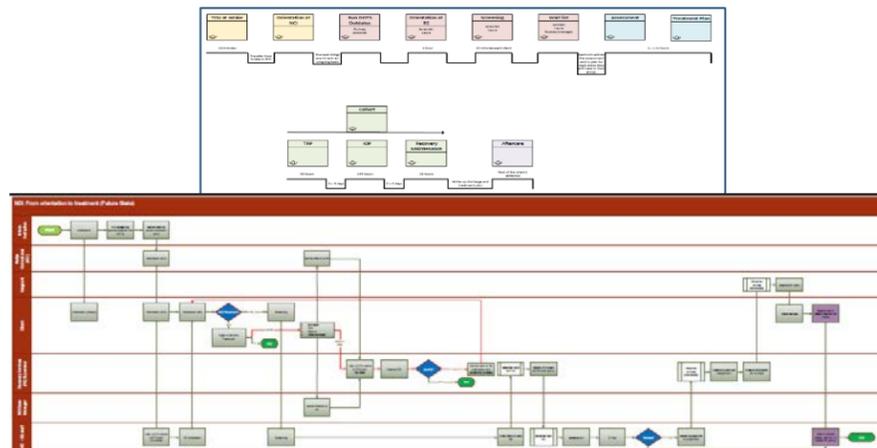
P2: Current State (CS)

- Opportunity for more effective orientation
- No standard process for orientation, screening, assessment and treatment plan (up to 4 meetings with clients)
- Not a true wait list (CPCs often had to go back for more names)
- CPCs re-doing work that the supervisor and case manager were doing



P2: Future State (FS)

- Orientation for everyone (reaches more people for services)
- Streamline and standardize orientation, RS screening, assessment and Tx plan
- Viable waiting list (less time b/w cohorts)



P4: Analysis

- Identified waste and value-added activities
  - Re-work by CPCs
  - Inefficient wait lists
- Opportunity identified for group orientation and earlier screenings
- Brainstorm and Affinity diagram created (focused on time between when a client come to NCI and the time they receive treatment)

P5: Potential Solutions

- **Orientation, Screening and Wait List:** screen clients before being putting them on a wait list; One person doing screenings; Allow CPCs to put people on wait list; One shared wait list; Combine screening with orientation; One orientation group per week; All potential clients coming into NCI should get referrals to an RS screening day; RS staff at every NCI orientation; RS staff make rounds in dorms; Flyers in units; Allow walk-ins to meet with any CPC who is available, not just the supervisor.
- **Supplies:** Move supplies to hall with books; Increase CBT resources (games, activities).
- **Information gathering:** supervisor can fix small errors in ORAS; Decrease assessment time; One Tx plan for all programs; one discharge summary.
- **Incentives/Rewards:** ORAS incentives; Graduation event for clients; Rewards for clients completing Tx phases; Fundraisers to support small incentives.
- **Re-Class:** Each CPC could do their own re-class sheet.
- **Time Use:** minimize group disruptions; Utilize full time schedule; One person complete ancillary hours for all groups to leave time for other CPCs to do documentation; Combine ancillary and aftercare; Provide advanced notice of staff meetings with agenda.

D6: Action Plan

ACTION REGISTER		
What?	Who?	When?
Orientation	Jeremiah	Beginning 4/28/17 <b>DONE!!!</b>
Passes	Jeremiah	Beginning 5/1/17 <b>DONE!!!</b>
Screenings	Jeremiah; Laura	Beginning 4/28/17 <b>DONE!!!</b>
spreadsheet to track Orientation, passes and screenings	Jeremiah	By 4/28/17 <b>DONE!!!</b>
Add names to wait list	Jeremiah; Laura; Rodney	Beginning 4/28/17 <b>DONE!!!</b>
Adjust access to wait list	Rodney	By 5/1/17 <b>DONE!!!</b>
DOTS list	Jeremiah; Rodney	beginning 4/24/17 <b>DONE!!!</b>
Organize video library	Ashley	By 5/31/17
Organize online document folders	Rodney Ashley	Rodney - by 5/28/17 <b>DONE!!!</b> Ashley - by 5/31/17
Personal Kanban IT session	Rodney; Ashley; Jeremiah	By 5/31/17
Team Visual Management	Rodney; Jeremiah	By 4/28/17
Speak with the case manager about referrals rather than wait list	Rodney	By 4/28/17 <b>DONE!!!</b>

C7: Check Expected Results

- CS: 25 tasks; FS: 17 tasks
- CS: 4 decision pts; FS: 3 decision pts
- CPC saves 1 – 1.5 hours per client
- Case Manager saves 30 min per client
- Viable wait list is created

C7: Check Actual Results

The team completed 8.5 out of 12 action plan items.

Overall:

- this RS team interacts with all inmates coming into the institution instead of only those who reach out to them.
- The orientation/screening process ideally sets up a more viable waitlist for those who want services, which is also utilized for placement in the recovery dorm.
- One clinician noted that clients are getting into treatment more quickly.

A8: Follow-up Action

Ashley and Rodney will work together to set aside time for her to work on uploading files into a shared file, organizing the video library resources and a teaching staff how to utilize online calendars to complete the action plan objectives.

The team is looking into more cross-training.

The team agreed to move forward on combining ancillary treatment, standardizing it, and increasing utilization of the Wednesday night meeting by switching around one of the CPCs schedules.