Department of Public Health, Substance Abuse Prevention and Control Bureau 2024-2025
Payment Reform: Value-Driven Capacity Building
Service Design Implementation/Investment Plan Template (2-I)

To meet the deliverable for participation in the Payment Reform Value-Driven Capacity Building effort, you must complete the **Service Design Implementation/Investment Plan (2-I)** and submit the results **_by March 31, 2025_**.

SUMMARY

The Service Design Implementation/Investment Plan (2-I) is designed to outline the investments and service design changes your agency commits to implementing because of the walk-through and/or because you have identified improvements that will lower barriers to substance use disorder (SUD) care.

If you completed the Customer Walk-Through (2-H), use the information and insights gained to prioritize focus areas to reduce barriers to SUD services and improve engagement and retention in services. If you did not conduct a customer walk-through or other patient feedback, it is strongly encouraged that you do so to ensure you are making patient-centered service design changes.

The Service Design Implementation/Investment Plan (2-I) outlines the changes your agency will implement based on the walk-through or other identified service improvements.

The plan should focus on increasing access and engagement by:

- Lowering barriers SUD to care
- Attracting and better serving the R95 population (individuals with SUDs who are not currently engaged in services)
- Improving existing services

STEPS FOR COMPLETING THE TEMPLATE

1. **Start with reviewing your customer walk-through or patient feedback:** It is important that you understand what the barriers/challenges are from the patient perspective, so review the summary of your agency's customer walk-through before completing this template.

   If you did not complete a customer walk-through, then you will need to conduct some form of patient feedback exercise to obtain information about the perspectives of the customers/patients you serve (e.g., patient surveys, focus groups, interviews, etc.). We strongly recommend reviewing the Customer Walk-Through (2-H) Guide, Summary Deliverable (pages 17-22) that offers questions and consideration from the patient perspective that will help you identify barriers/challenges.

2. **Review the Packet:** Read pages 1–8 thoroughly before starting.

3. **Collaborate:** Engage your executive leadership and staff to brainstorm change ideas and prioritize agency improvements.

4. **Submit:** Complete and submit the form *(pages 2-5)* to SAPC by **March 31, 2025.**

Example: Discovering Critical Issues

> **Scenario 1: Aligning Processes and Transactions for Impact**
>
> Our customer walk-through at our substance use treatment facility revealed key areas for improvement during each process we did a walkthrough of. The walkthrough team and the CEO made the decision to focus on the initial patient interactions. Some of the problems we identified during the first interactions included: calls went to voicemail, outdated signage, an uninviting waiting area, limited language access, complex and disengaging paperwork, lengthy intake and assessment and appointment wait times. We felt these factors contributed to low patient engagement, resulting in high no-show rates at our agency.
>
> **Actions taken:**
>
> The CEO decided to focus on the following priority: decrease no-shows to the first treatment session by improving engagement during the 1st contact, streamlining the intake and assessment workflows and focus on improving customer service practices throughout the agency .
>
> The team initiated the changes by fixing simple "just in time" issues. They started by adjusting staff break schedules to ensure consistent phone coverage, design and train staff on customer service standards, signage was improved to attract and better inform patients, and the waiting area was rearranged to make it more appealing and inviting. While these changes were addressed additional change work was completed to revise the intake and assessment process.
>
> **The agency established a "no-show" target goal.** To sustain the goal and ensure the improvements would "stick" we continue to monitor our no-show rates from first contact to first treatment session. We review the no- show rates during our weekly management hurdles to identify and fix discrepancies quickly.

Complete the sections below for your agency.

Detail your agency scenario below by summarizing your walkthrough or patient feedback.

a. How did your agency identify service design improvements?
   ☐ Walk-through completed.
   ☐ For other feedback/patient input, please describe below.

   If you did not complete a walk-through, provide a detailed description of how your agency identified improvement areas based on the perspectives of your customers/patients.

b.   What was the staff's overall impression of the walkthrough or client feedback?

c.   What key problems do executive leadership want to address? Please describe it in detail. (see the example scenario above for reference)

d.   Describe how the patient and staff feedback informed your proposed design changes.

Provide details on how you plan to achieve service design improvements (refer to the Appendix on page 6, below for ideas and an example).

A.   Provide a clear summary of what the project aims to achieve.

B.   Describe why this focus area was selected.

C.   Identify key participants:

   Internal stakeholders: Project sponsor, service staff, operations staff.
   External stakeholders: Customers, referral sources, community partners

D.   Provide information on action steps, the person (or role) responsible, and completion date.

E.   Key Performance Indicators: Define how success will be measured:

- Quantitative Metrics: Customer satisfaction scores, service response time, wait time, admissions…
- Qualitative Metrics: Customer feedback themes, employee sent.

F.   Risks and Constraints: List potential risks or constraints that might impact goals, explain how your agency will address them.

G.   Provide a detailed description of how you will sustain the improvement.

Service Design

A. What does your agency want to achieve? Provide a clear summary of what the service design plan will achieve.

B. Describe why this area was selected.

C. Identify Key Participants.

D. Action Steps	Person Responsible	Completion Date

E. Key Performance Indicators: How will you know this change will lead to an improvement? (What data/metrics will you collect and analyze?)

F. Risks and Constraints: List potential risks or constraints that might impact goals, explain how your agency will address them.

H. Summarize how you will sustain the improvement.

By signing, I confirm that the information reported is accurate and acknowledge that we must adhere to and are subject to all reporting, tracking, audits, and recoupment requirements described in SAPC Bulletin 24-04—Fiscal Year 2024-2025 Rates and Payment Policy Updates.

Agency Name: _____   Agency Tier: ☐ Tier 1 ☐ Tier 2 ☐ Tier 3

Name:_____   Email:_____

Signature: _____   Date:_____

**** For CIBHS Use Only ****			
CIBHS	**Reviewed:** ☐	**Comments:**	
For SAPC Use Only			
Member Services Team	Approved: ☐	**Comments:**	
Finance Services Division	Approved: ☐	Provider Tier: ☐ Tier 1 ☐ Tier 2 ☐ Tier 3	Date of Start-up Funds Invoice #1
	Comments:		

Appendix

The tables below present common service design improvements identified by substance use disorder providers to enhance patient care.

Service Design Implementation/Investment Ideas
Decrease wait time between first contact and intake appointment.
Decrease the no-show rate for appointments/services.
Increase engagement during the screening and/or admission process.
Improve patient continuation in the treatment continuum (e.g., addressing lapses w/o discharging, promoting retention of patients who are not ready for complete abstinence, etc.)
Increase admissions for patients who require accommodations to participate in services (e.g., wheelchair access, service dogs, language).
Decrease wait time for treatment by offering same-day services.
Increase patient transitions upon discharge (e.g., bolstering transitions in care and warm hand-off, improved coordination with managed care plan, etc.)
Improve the patient flow for completing the ASAM assessment by offering flexibility around the timeline for completion.
Improve programming to acknowledge and support a sense of belonging and inclusivity throughout the continuum of care.
Increase patient satisfaction by incorporating harm reduction strategies into treatment programming and daily practices.
Modify clinical practices to support better patient needs (harm reduction, MAT, add new service offerings)
Modify how patients are assigned to services so it aligns with their identified stage of change and preferences.

EXAMPLE
How to complete items A-G in the table below using the scenario described.

Scenario 1: Aligning Processes and Transactions for Impact

Our customer walk-through at our substance use treatment facility revealed key areas for improvement during each process we did a walkthrough of. The walkthrough team and the CEO made the decision to focus on the initial patient interactions. Some of the problems we identified during the first interactions included: calls went to voicemail, outdated signage, an uninviting waiting area, limited language access, complex and disengaging paperwork, lengthy intake and assessment and appointment wait times. We felt these factors contributed to low patient engagement, resulting in high no-show rates.

Actions taken:

The CEO decided to focus on organizational processes and workflow improvements to decrease no-shows to the first treatment session by improving engagement during the 1st contact and streamlining the intake and assessment workflows.

The team initiated the changes by fixing simple "just in time" issues. They started by adjusting staff break schedules to ensure consistent phone coverage, signage was improved to attract patients, and the waiting area was rearranged to make it more appealing and inviting. While these changes were addressed additional change work was completed to reduce multiple process issues contributing to high no-show rates.

The agency established a "no-show" target goal. To sustain the goal and ensure the improvements would "stick" we continue to monitor our no-show rates from first contact to first treatment session. We review the no show rates during our weekly management huddles to identify and fix discrepancies quickly.

Based on your selection(s) above, provide details on how you plan to achieve the service design improvements chosen in the table above.

Service Design Investment Improvement Plan

A. What does your agency want to achieve?
Our current no-show rate for patients from 1ˢᵗ contact to intake and assessment is 45%, No-show rates for first treatment session are 35%. We would like to reduce the no-who rate by 15% from 1ˢᵗ contact to completion of the intake and assessment by December 15, 2025.

B. Describe why this area was selected. *We identified that if we have poor engagement in the beginning of treatment the problems cascade throughout the continuum of care. Mitigating the problems at intake such as inconsistent customer care, lengthy paperwork and inefficiencies in workflows is the first step in improving the care continuum. It was apparent during our feedback sessions with patients and staff they had ideas to improve what we are doing.*

C. Identify Key Participants. *External - We will begin by investing in direct referrals. While we are working on that we will gather feedback from our community referral sources to see what ideas they have to increase access and engagement for their patient referrals.*
Internal – We will initiate a patient advisory group and identify key staff to participate. For this project we will need to engage clinical staff, CEO, business operations, intake staff and the reception staff.

D. Milestones/Action Steps	Person Responsible	Completion Date
Modify staff break schedules to ensure phone coverage	*Business operations mgt., reception staff*	*5/2/2025*
Update signage to be clear, welcoming, and inclusive. Language access, welcome signage in multiple languages, hours of operation and add a banner/sign outside to indicate hours open in English and Spanish	*Business operations staff*	*5/2/2025*
Improve the waiting area to be inviting and comfortable. *Add comfortable seating, appropriate lighting, reading materials, and culturally sensitive decor.*	*CEO, business operations, clinical supervisor, intake team*	*6/27/2025*
Enhance language access by ensuring materials and services are available in common languages used by your patient population. Translate key documents, provide interpretation services.	*Business Operations, QA/QI*	*7/1/2025*
Ensure all patient calls are answered promptly Revise schedules to ensure a live call answering service or train staff to prioritize incoming calls. *Continued*	*Business operations, reception staff*	*5/2/2025*

Redesign paperwork to be simple, clear, and engaging. Revise forms with input from patients and staff to minimize complexity.	*Business operations, QA/QI, clinical supervisor, counseling staff, patients*	*8/30/25*
Reduce wait times: Review and optimize scheduling workflows. Analyze scheduling practices and reallocate resources to reduce appointment wait times.	*Clinical supervisor, counseling staff.*	*8/30/2025*
Monitor and track no-show rates: *For all patients encounters with priority to collect and analyze data from 1ˢᵗ contract to 1ˢᵗ treatment session.*	*Business operations, billing clerks, reception, and counseling staff*	*Begin 4/1/2025 – ongoing.*

E. Key Performance Indicators: How will you know this change will lead to an improvement? (What data/metrics will you collect and analyze?) *Collect no- show rates*

F. Risks and Constraints: list potential risks or constraints that might impact goals and explain how your agency will address them. **Workforce** – w*e have staff turnover and staff that move between locations; we need to improve training and do some quality checks more often to ensure that everyone understands our customer service and patient practice standards. We would benefit from writing down more of our staff training protocols. Being more aware and asking other staff what the impact gaps will have on patient services overall. Disruption is always an issue; we are getting better at anticipating how emergencies affect services, and we can do more to improve.*

G. Summarize how you will sustain the improvement. *Collect no-show rates throughout the continuum of care and report out metrics in the bi-weekly huddles. Post metrics and goals in the staff break area.*