



# Service Design Deliverables

May 15, 2024

Antonne Moore, M.Ed., Division Chief  
Strategic and Network Development  
Substance Abuse Prevention and Control





## Agenda

- 2:00 pm**      **Welcome & Updates- Michelle Gibson**
- 2:05 pm**      **Overview of Service Design [2E-1, 2E-2, 2E-3] - Antonne Moore**  
Focus Area 2: Lowering Barriers to Care
- 2:25 pm**      **Process Improvement Tools for Service Design – Amy Mcilvaine (CIBHS)**
- 3:50 pm**      **Next Steps**
- 4:00 pm**      **Adjourn**



## All Service Design Deliverables are due to SAPC by 6/30/24

### 2E-1: Service Design

Department of Public Health, Substance Abuse Prevention and Control Bureau 2023-2024  
R95 Capacity Building Service Design Deliverable (2E-1)

**Capacity Building 2E** is designed to outline the service design changes to organizational process your agency commits to implementing that increase access and engagement for the 95% of individuals who need SUD treatment but who are not accessing it. As part of your participation in R95 Capacity Building Deliverable 2E-1, you are required to complete an implementation/investment plan and submit the results by **June 30, 2024**.

1. **Which Service Design Deliverable (s) did your agency complete? Select all that apply.**  
 Customer Walk-Through  
 Implementation/Investment Plan

2. **What actions did you take to improve a Service Design element as a result? If you focused on multiple service design elements, please describe your actions for all areas of focus under this Service Design category of the R95 Initiative.**

3. **How will this help you in implementing R95 elements that reduce barriers to access, engage, and retain individuals in treatment?**

By signing, I confirm that the information reported is accurate, and acknowledge that we must adhere and are subject to all reporting, tracking, audits, and recoupment requirements described in SAPC Bulletin 23-07 – Fiscal Year 2023-2024 Rates and Payment Policy Updates.

Agency Name: \_\_\_\_\_ Agency Tier:  Tier 1  Tier 2  Tier 3

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**** For CIBHS Use Only ****				
CIBHS	Approved: <input type="checkbox"/>	Comments:		
***For SAPC Use Only***				
PSI Team	Approved: <input type="checkbox"/>	Comments:		
Finance Services Division	Approved: <input type="checkbox"/>	Provider Tier: <input type="checkbox"/> Tier 1 <input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3	Date of Start Funds Invoice #1	
	Comments			

### 2E-2: Customer Walk-Through

Department of Public Health, Substance Abuse Prevention and Control Bureau  
2023-2024 Capacity Building: Reaching the 95% (R95) Service Design Customer Walk Through(2E-2)

**Capacity Building 2E** is designed to plan and develop service design changes to organizational process that increase access and engagement in services that better reach the 95% of individuals who need SUD treatment but who are not accessing it. The purpose of this customer service walk-through exercise is to experience the client's experience as they participate in your agency's process to identify areas for improvement, in particular related to making the experience more patient-friendly, more efficient, and "better" from the perspective of the client. This is the lens in which agencies should pursue this walk-through as part of the R95 Initiative.

As part of your participation in R95 Capacity Building Deliverable 2E-2, you are required to complete a customer service walk-through and submit a this summary via email to [sapc-cbi@ph.lacounty.gov](mailto:sapc-cbi@ph.lacounty.gov) with subject line "2E-2 Service Design" FOR EACH SITE LOCATION by **6/30/2024**.

1. **Summarize key components of the walk-through:**

- a) **What happened during the first call?**

- Told to call back.
- Transferred to voicemail.
- Provided with an appointment to come in with instructions.
- Other, please describe:

- b) **What did you notice about the physical environment during your intake and counseling walk-throughs?**

- c) **If English was **not** your primary language, do you think your experience would be different? If so, how? If not, why?**

- d) **Names & Positions of staff participating in customer walk-through:**

### 2E-3: Implementation/Investment Plan

Department of Public Health, Substance Abuse Prevention and Control Bureau 2023-2024  
R95 Capacity Building Service Design Implementation/Investment Plan Template (2E-3)

**Capacity Building 2E** is designed to outline the service design changes to organizational process your agency commits to implementing that increase access and engagement for the 95% of individuals who need SUD treatment but who are not accessing it.

As part of your participation in R95 Capacity Building Deliverable 2E-3, you are required to complete an implementation/investment plan and submit the results by **June 30, 2024**.

1. **Process for Assessment of Your Agency's Current State:**

- a. **Describe the process you used to gain insight into the customer experience at your agency currently (e.g., customer walk-through, customer surveys, etc.)?**

[Enter your response here]

- b. **Describe the process you used to identify Service Design changes in your current state that could increase access, engagement, and retention in SUD treatment (e.g., describe your process improvement or other activity)?**

[Enter your response here]

## Deliverable 2E-1: Service Design

Outline the agency's commitment your commitment to improving Service Design.

1. *Which Service Design Deliverable (s) did your agency complete? Select all that apply.*

- Customer Walk-Through
- Implementation/Investment Plan

2. *What actions did you take to improve a Service Design element as a result? If you focused on multiple service design elements, please describe your actions for all areas of focus under this Service Design category of the R95 Initiative.*

3. *How will this help you in implementing R95 elements that reduce barriers to access, engage, and retain individuals in treatment?*

By signing, I confirm that the information reported is accurate, and acknowledge that we must adhere and are subject to all reporting, tracking, audits, and recoupment requirements described in SAPC Bulletin 23-07 – Fiscal Year 2023-2024 Rates and Payment Policy Updates.

Agency Name: \_\_\_\_\_ Agency Tier:  Tier 1  Tier 2  Tier 3

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Deliverable 2E-2: Customer Walk-Through

Use the  
information from  
the CUSTOMER  
WALK-THROUGH  
templates to fill in  
these questions.

**NOTE: One customer walk-through  
per site location participating.**

1. Summarize key components of the walk-through:

a) What happened during the first call?

- Told to call back.
- Transferred to voicemail.
- Provided with an appointment to come in with instructions.
- Other, please describe:

b) What did you notice about the physical environment during your intake and counseling walk-throughs?

c) If English was **not** your primary language, do you think your experience would be different? If so, how? If not, why?

d) Names & Positions of staff participating in customer walk-through:

## 1. *Process for Assessment of Your Agency's Current State:*

- a. Describe the process you used to gain insight into the customer experience at your agency currently (e.g., customer walk-through, customer surveys, etc.)?

[Enter your response here]

- b. Describe the process you used to identify Service Design changes in your current state that could increase access, engagement, and retention in SUD treatment (e.g., describe your process improvement or other activity)?

[Enter your response here]

## Deliverable 2E-3: Implementation/Investment Plan page 1

- ❖ These questions are intended to:
  - Describe the strategies used to identify that existing processes that impeded access to care
  - How you determined which service design areas were most important in addressing barriers to care.
- ❖ Responses should include:
  - How you obtained customer input
  - If you identified more than one area of improvement
  - How you identified service design changes.

## 2E-3: Service Deliverable Implementation Plan Descriptions (page 2)

### Description of the four (4) Key Service Design changes in table below:

- **Modification of Workflows to Reduce Barriers to Services:**  
Making changes to existing agencywide or site-specific workflows or processes, based on customer input or walk-through, that allow you to implement the changes that reduce barriers to services including intake, screening, and/or admission, treatment services/care coordination, and discharge workflows.
- **Language Access:**  
Service Design changes that improves agencywide or site-specific ability to offer equitable treatment service benefits by leveraging the language access rate (new to FY 23-24 rates), increasing bilingual staff or assessing language access needs.
- **Implementing Policy/Protocol Revision:**  
Service Design changes that will assist in implementing policy or protocol to lower the bar for admission (e.g. admission policy, engagement policy and bidirectional referrals) and increase the bar for discharges (discharge policy and flexible readmissions).
- **Physical Environment:**  
Service Design changes that update or change the physical environment of a site to reduce barriers to care.



# SERVICE DESIGN DELIVERABLES



R95 Service Design Changes in Operational Processes	Select all that apply	
	FY 24/25 (1st year)	FY 25/26 (2 <sup>nd</sup> year)
<b>Modification of Workflows to Reduce Barriers to Accessing Services:</b>		
<ul style="list-style-type: none"> <li>Update <b>intake, screening, and/or admission</b> process to better engage patients (e.g., increase same day intake admission appointment, focus on functional status not disability, language, or MH diagnosis, toxicology testing, etc.).</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Update staffing/service workflows for <b>treatment services</b> that are more flexible and promote retention of patients.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Update workflows to further R95 <b>discharge policy</b> (e.g., addressing lapses, bolstering transitions in care and warm hand-off, improved coordination with managed care plan, etc.).</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Assignment of patients to services aligned with stage of change.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Other, please specify: _____</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Language Access:</b>		
<ul style="list-style-type: none"> <li>Increase the bilingual workforces at your agency:</li> <li>Specify language (s): _____</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Conduct a language needs assessment</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Contract with a language assistance vendor</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Translate written materials</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Implementing Policy/Protocol Revision</b>		
<ul style="list-style-type: none"> <li>ADA requirements to allow service animals in residential settings and that prohibit denying services to people who are blind/visually impaired, deaf/hard of hearing, or have mobility challenges.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Offer 30- &amp; 60- day flexibility on ASAM assessment completion</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Incorporating harm reduction strategies into programming</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Attendance and readmission policies for patients motivated to continue their recovery.</li> </ul>		
<ul style="list-style-type: none"> <li>Other, please describe: _____</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Physical Environment</b>		
<ul style="list-style-type: none"> <li>Make modifications to existing physical environments more welcoming for patients (e.g., paint, furniture, signage)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Implement processes that allow patients to have service animals with them, as required by law.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

## Deliverable 2E-3: Implementation/ Investment Plan Page 3

### Completing Table:

- Agencywide response (i.e. not by site location)
- Select a minimum of two (2) items that your agency commits to investing in and/or implementing in the next two years.
- Select as many of the items as you feel address the findings from your customer feedback and service design process





## Deliverable 2E-3: Implementation/Investment Plan

Page 4-5

FY 24/25  
(Year 1)

Priority Area 1: [Enter your response here]

Summary: [Enter your response here]

SMART Goal 1: [Enter your response here]

Applicable to:

Entire Agency    OR     Site Specific, specify which:

Priority Area 2: [Enter your response here]

Summary: [Enter your response here]

SMART Goal 2: [Enter your response here]

Applicable to:

Entire Agency    OR     Site Specific, specify which:

### Example 1: Priority Area Language Access:

*Summary:* When a customer calls or walks into our facility, if they speak another language, there is no one available to assist them. A review of our community indicates that we would see increased participation in the number of people who speak Tagalog, if we had signs outside in Tagalog and someone who spoke Tagalog (some prefer to receive services in English even though their primary language is Tagalog).

**SMART goal:** Translate written materials into Tagalog (including exterior signs) and increase the number of bilingual Tagalog SUD and LPHA staff from 0 to 1 by June 2025.

### Example 2: Priority Area: Modification of Workflows to Reduce Barriers:

**Summary** The customer walk-through clearly demonstrated how unwelcoming the space was particularly for people experiencing homelessness who had a pet. After engaging in a process improvement activity, we identified two ways to improve this: 1. We should modify our intake process to ask whether the individual has a pet and 2. We should connect with animal boarding facilities located within a 2-mile radius to develop relationships that allow boarding animals for 30+ days.

**SMART Goal:** Modify existing processes to allow patients who are unhoused and seeking treatment to keep their pet while they are receiving residential treatment services by December 2024.

## Deliverable 2E-3: Implementation/Investment Plan

Page 6

### Sustainability Efforts

How will you ensure your plan is sustainable?

[Enter your response here]





# CBI 2E-2 Customer Walkthrough

## May 15, 2024



**Battling the surf?**



**Riding the wave?**



**Paddling out?**

***NEED HELP?***  
***916-767-7053***



# OBJECTIVES

---

**At the conclusion of this session, participants will be able to:**

*25 minutes*

Share key findings from the agency walk-through with peers

*50 minutes*

Pilot test the PDSA process and review observations

*20 minutes*

Describe key features of a process improvement project (PIP) template

---

# *WALK-THROUGH*

First Contact

Intake/Screening/Assessment

Admission

Treatment (including but not limited to group therapy)

Care Coordination (particularly including financial eligibility)

Discharge/Transition

---

# *WALK-THROUGH*

Hopefully, you identified that you need and want to do “something” different.



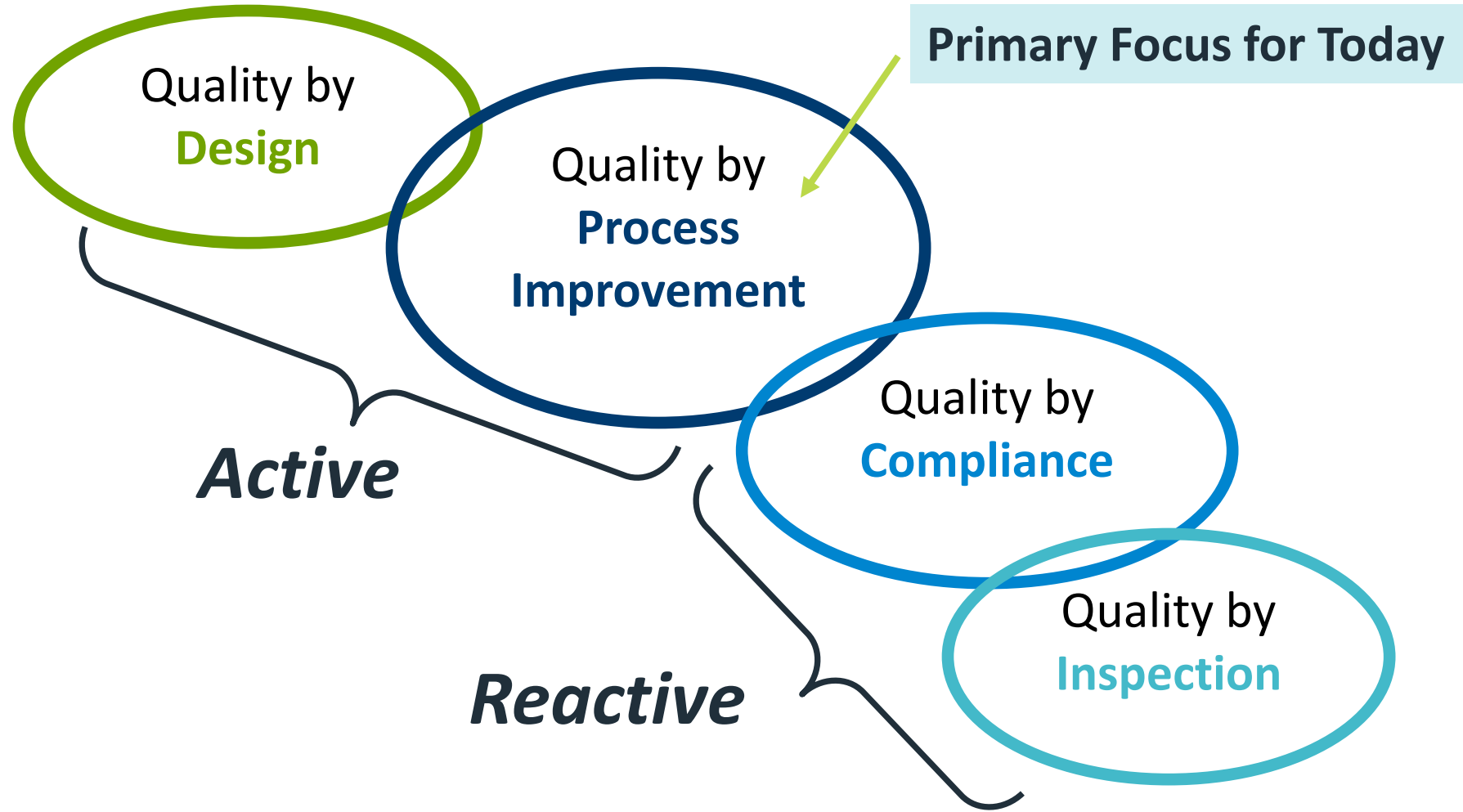


What is keeping you awake at night?

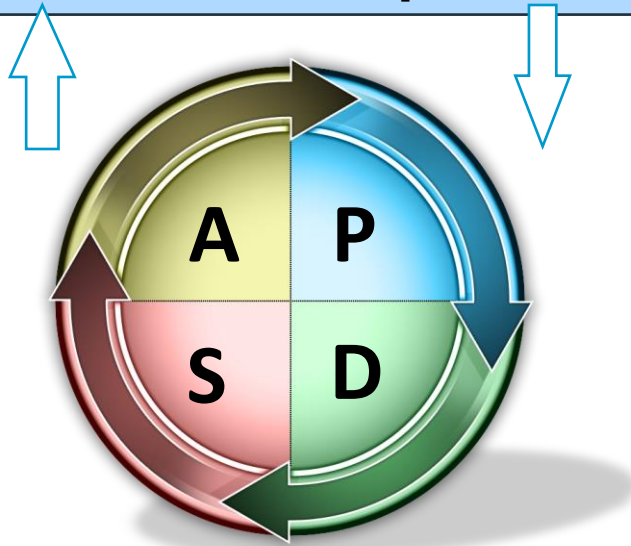
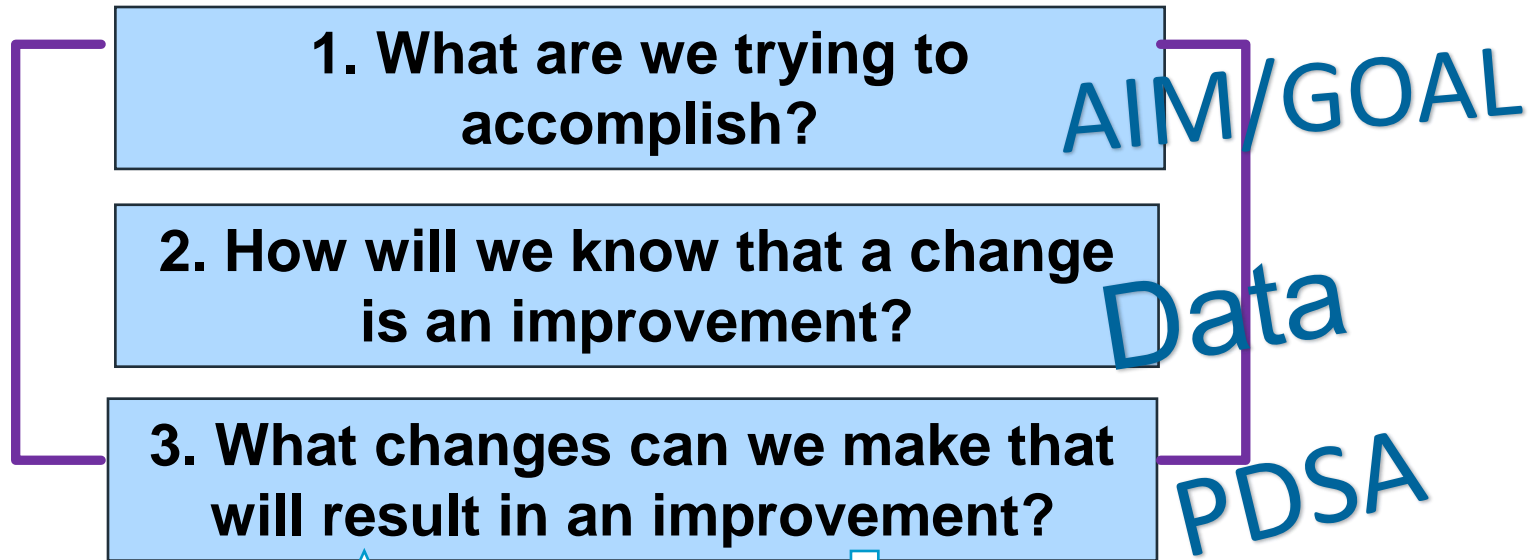
What change(s) are you considering or currently working on?

How will you know that the change will be improvement?

# THE **4** METHODS OF QUALITY

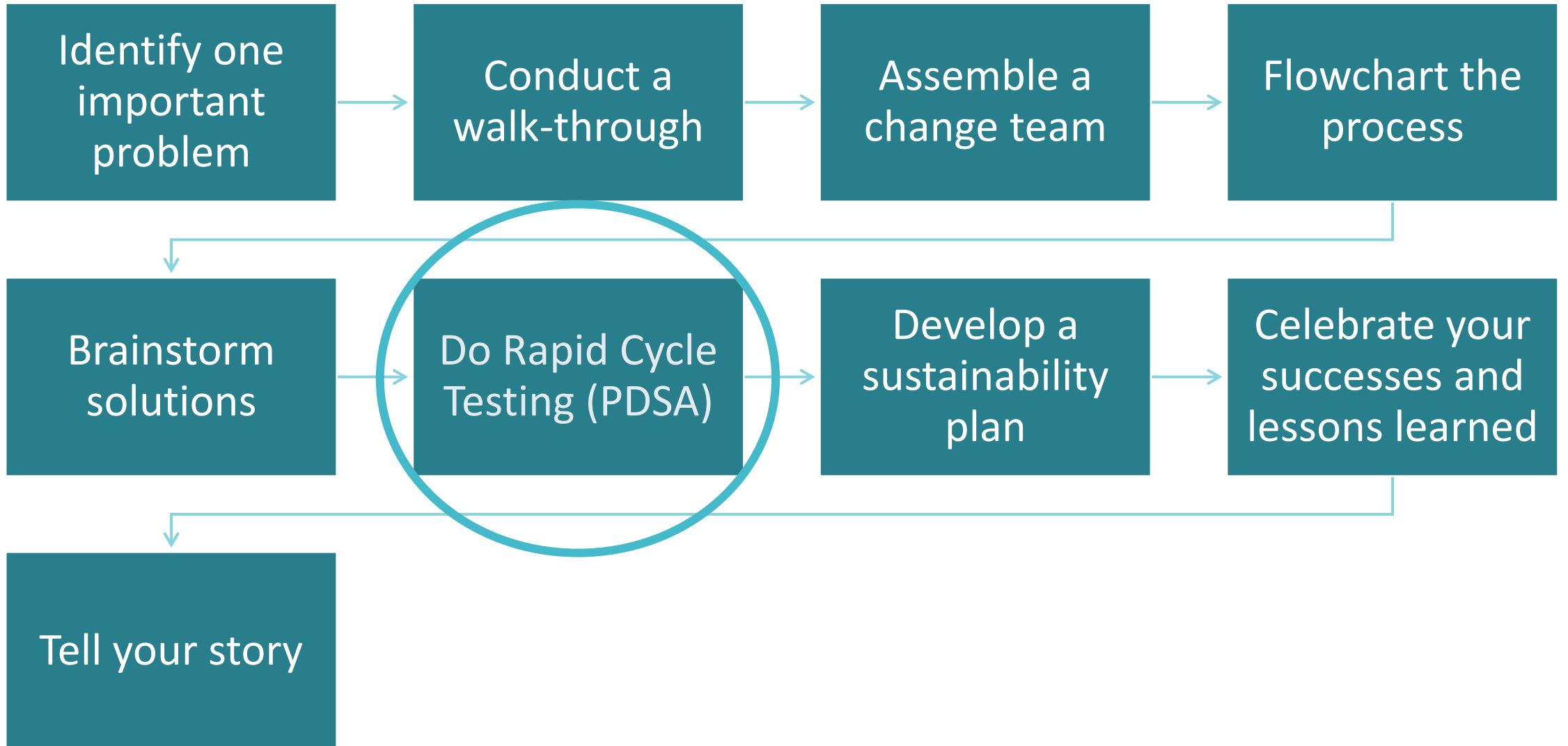


# Model for Improvement



Reference:  
Langley, Nolan,  
Nolan, Norman,  
& Provost. The  
Improvement  
Guide

# RECOMMENDED PROCESS FOR IMPLEMENTING CHANGE



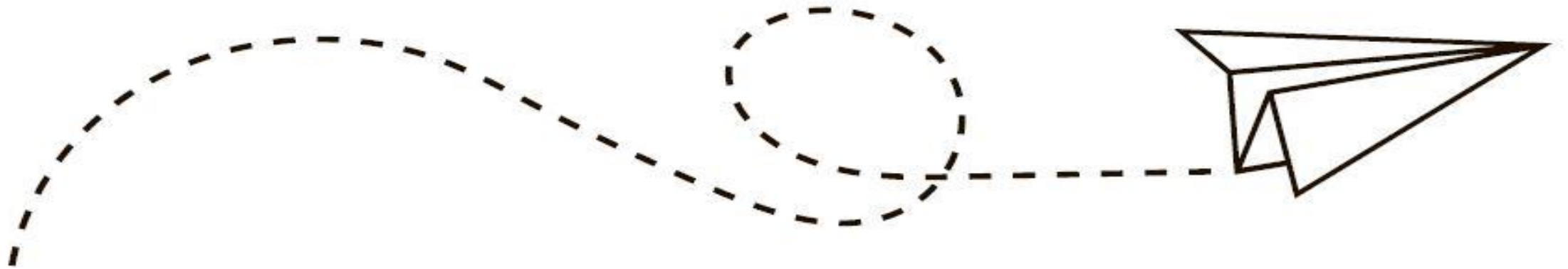
## *TRYING OUT SOLUTIONS*

---

**P**lan **D**o **S**tudy **A**ct  
using Rapid-Cycle Testing

## *PDSA ACTIVITY – DESIGNING AND FLYING A PAPER AIRPLANE*

---



- Practice making changes using the PDSA Model
- Evaluate the impact of potential changes on a given AIM/Goal
- Understand the importance of making one change at a time
- Understand the importance of collecting data

**RAPID CYCLE TESTING – complete at least two PDSA cycles**

**Rapid Cycle # 1**

**What is the idea/change to be tested?**

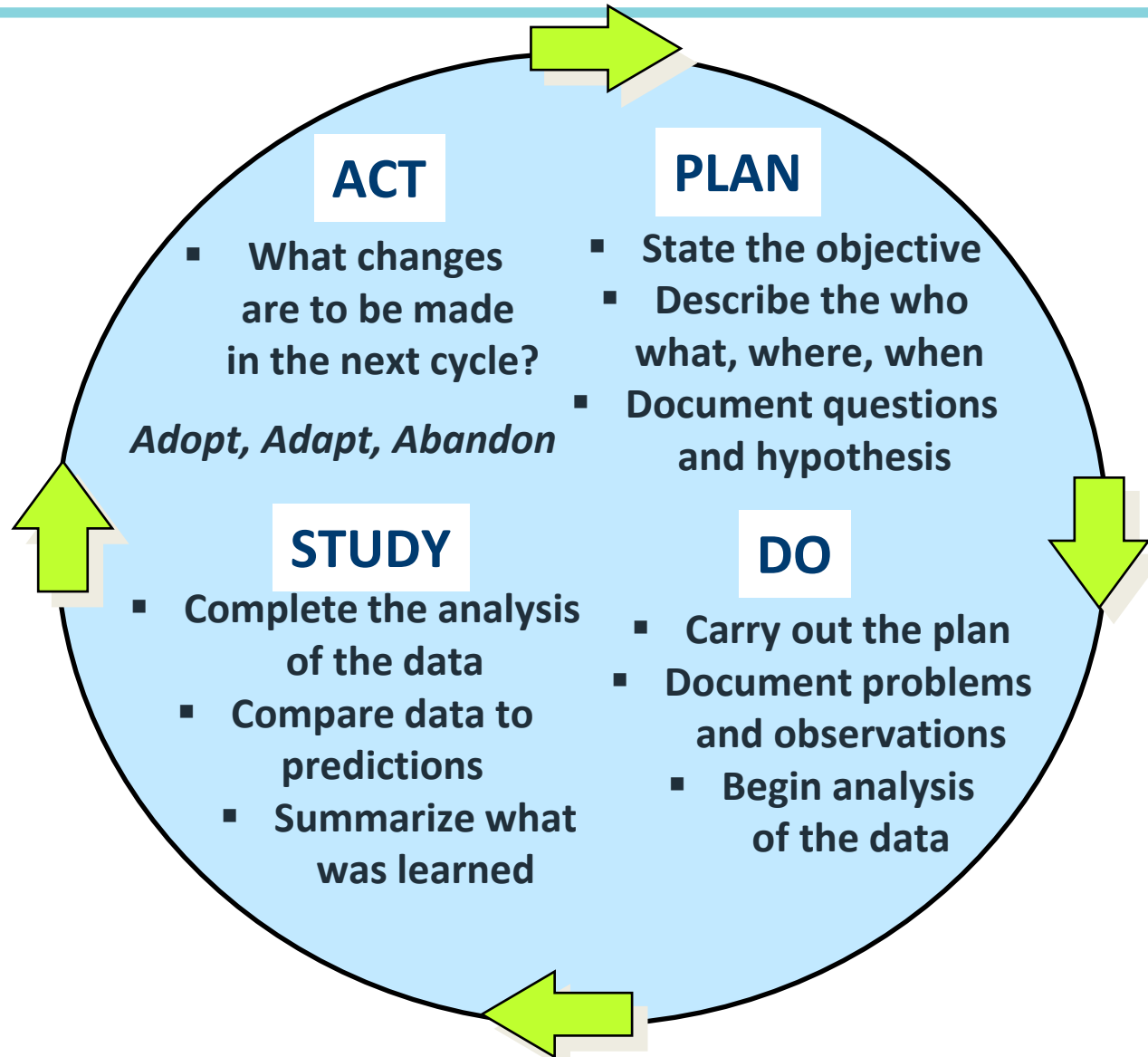
**P** *PLAN: What steps are you specifically making to test this idea/change? Who is responsible? How it will get done?*

**D** *DO: What steps **did** you implement? Document any problems and unexpected observations.*

**S** *STUDY: What were the results? Did you fly farther than your baseline measure?*

**A** *ACT: What is your next step? **Circle one:** Adopt? Adapt? Abandon? - Explain Why?*

# PDSA CYCLE FOR RAPID IMPROVEMENT



Adapted version of the Deming Model





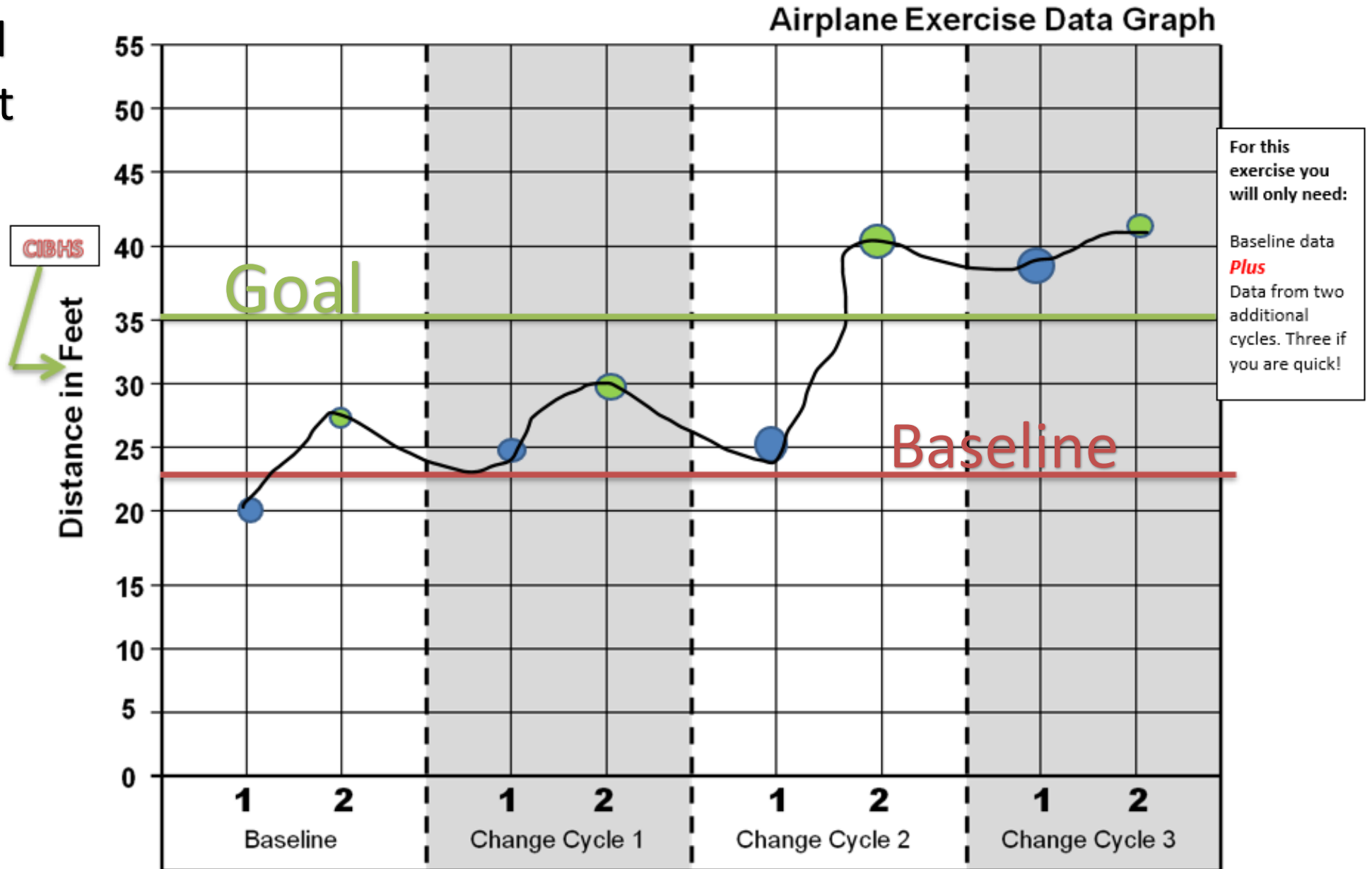
**Airplane Activity**  
**PROCESS IMPROVEMENT PROJECT**  
**CHARTER**

<b>1. CHANGE PROJECT TITLE</b>		
<b>2. CHANGE LEADER</b>		
<b>3. CHANGE TEAM MEMBERS</b>	Role	Name
	Data Collection	
	Pilot 1	
	Pilot 2	
	Design 1	
	Design 2	
	Other	

**BASELINE DATA** - *write the average distance in feet here*

**WRITE YOUR AIM STATEMENT BELOW**

Complete after each flight and include in flight clearance paperwork.



# *PDSA CYCLES TO IMPROVE DISTANCE*

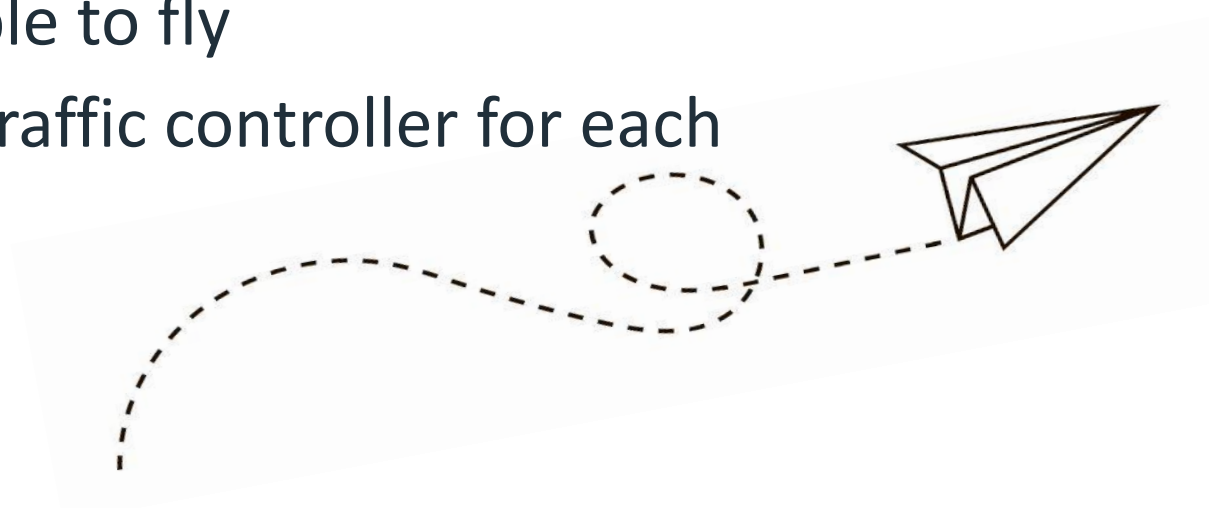
---

- Each table is a TEAM
- Suggestion: READ the DIRECTIONS
- Roles
  - Team Lead (change leader)
  - Pilot 1
  - Pilot 2
  - Data collection/scribe
  - Design Team
- AIM - Design and build a paper airplane to improve distance
- Rapid Cycle: More cycles = more data = more chances to improve = a better chance of meeting your goal

# *RULES*

---

- Only one design modification per PDSA cycle
- Redesign of the plane, **only once, only after baseline**
- Then commit to flying and modifying only that plane
- For each PDSA cycles, the plane is flown by each of the pilots
- All planes must have wings and be able to fly
- You must get clearance from the air traffic controller for each test cycle.



---

Have Fun  
&  
Fly Safe!!!



---

*WHAT DID YOU LEARN ABOUT RAPID CYCLE  
CHANGES?*

CLAUDIA MURILLO, MLS, CADC II, SAP  
CHIEF OPERATIONS AND COMPLIANCE OFFICER



## Summer of Hope Malibu Fundraiser July 12, 2024 • 2-5 pm

Join us for **Summer of Hope Malibu**, an afternoon of music and hope as we celebrate the summer and raise funds for women who suffer from the disease of addiction but can't afford to get treatment. House of Hope Foundation rebuilds our community one woman at a time – returning to us mothers, sisters, daughters and friends of dignity. Every dollar you donate helps lost and hopeless women recover from the ravages of addiction, alcoholism and homelessness.



LIVESTREAM & SWAG



SPONSOR A WOMAN



FRONT ROW TICKET

CARF Accredited

We **aspire** to standards of  
**excellence** and beyond.

Name of Organization: |

## Performance Improvement Project CHARTER

1. <b>CHANGE PROJECT TITLE</b>	
2. <b>Identify type of PIP I. or II.</b> 2a. What are you trying to accomplish?	I. Clinical PIPs are a systematic approach to improve and enhance care and systems to support good client outcomes and best practices II. Administrative PIPs enhance the client experience of care and customer service
<b>Write your Aim Statement?</b> Use a SMART goal format and include baseline data.	
3. <b>LOCATION</b> (specify if you have more than one location and this is not a site wide change)	
4. <b>START DATE</b> and expected <b>COMPLETION DATE</b>	
5. <b>LEVEL OF CARE</b> or <b>SERVICE</b> if applicable	
6. What <b>CUSTOMER POPULATION</b> does the change target, e.g. customers in a specific program, age group, etc.?	
7. <b>EXECUTIVE SPONSOR</b>	
8. <b>CHANGE LEADER</b>	Name: _____ Telephone number: _____ Email _____
9. <b>CHANGE TEAM MEMBERS – NAME, POSITION/ROLE on the team</b>	
10. How will you <b>COLLECT DATA</b> to measure the impact of change? Who will collect it?	
11. What is the project's expected <b>IMPACT/ BUSINESS CASE?</b> How will the Ex. Sponsor know the goal was met?	
12. What checks and balances are in place to ensure this goal <b>ADVANCES EQUITY AND INCLUSION?</b>	



**RAPID CYCLE TESTING – (add more cycles as needed)**

Change Project Form

<b>Rapid Cycle #:</b>	
<b>Cycle Begin Date:</b>	<b>Cycle End Date:</b>
<b>What is the idea/change to be tested?</b>	
<b>P</b>	<i>PLAN: What steps are you specifically making to test this idea/change? Who is responsible? How it will get done?</i>
<b>D</b>	<i>DO: What steps <b>did</b> you implement? Document any problems and unexpected observations from the PLAN.</i>
<b>S</b>	<i>STUDY: What were the results? How do they compare with baseline measure?</i>
<b>A</b>	<i>ACT: What is your next step? Adopt? Adapt? Abandon? Why?</i>

<b>Rapid Cycle #:</b>	
<b>Cycle Begin Date:</b>	<b>Cycle End Date:</b>
<b>What is the idea/change to be tested?</b>	
<b>P</b>	<i>PLAN: What steps are you specifically making to test this idea/change? Who is responsible? How will it get done?</i>
<b>D</b>	<i>DO: What steps <b>did</b> you implement? Document any problems and unexpected observations from the PLAN.</i>
<b>S</b>	<i>STUDY: What were the results? How do they compare with baseline measure?</i>
<b>A</b>	<i>ACT: What is your next step? Adopt? Adapt? Abandon? Why?</i>

## EVALUATION AND SUSTAIN PLAN

## Change Project Form

Project Outcomes (only complete once the project is finished)	
1. What was the project <b>END DATE</b> (when you stopped making changes)?	
2. What did you <b>LEARN</b> (e.g., what were some unexpected outcomes or lessons learned from your change efforts)?	
3. What was the <b>FINANCIAL IMPACT</b> of this change project? (e.g. Increased revenue? Reduced costs? Increased staff retention?)	

Sustainability Plan (only complete if you are sustaining the changes)	
A. Who is the <b>SUSTAIN LEADER</b> ?	
B. What <b>CHANGES</b> do you want <b>TO SUSTAIN</b> ?	
C. What <b>SUSTAIN STEPS</b> are being taken to ensure that the changes stay in place and that it is not possible to revert back to the old way of doing things?	
D. What is the <b>TARGET SUSTAIN MEASURE</b> , i.e. the point at which the Change Team would intervene to get the project back on track?	
E. What system is in place to effectively <b>MONITOR</b> the <b>SUSTAIN MEASURE</b> ?	

Additional Notes:

Name of Organization: House of Hope

## Performance Improvement Project CHARTER



1. CHANGE PROJECT TITLE	I Want <del>Naloxone</del> -The Remix
2. What are you trying to accomplish? Write a brief summary of how you will improve your agency's capability to Substance Use Disorder Patients.	<p><input checked="" type="checkbox"/> I. Clinical PIPs are a systematic approach to improve and enhance care and systems to support good client outcomes and best practices</p> <p>II. Administrative PIPs enhance the client experience of care and customer service</p> <p>It was an earlier goal for us to put Naloxone in the hands of each of our staff and residents, we implemented a PIP titled "I want <del>Naloxone</del>" the sustain leader for the previous PIP, recognized that Naloxone orders had decreased over time. She spoke with staff and learned that due to staffing changes, the Naloxone distribution protocol "fell through the cracks" new people were not aware of the need to actively distribute. It was decided that the "I want Naloxone" project would be revitalized as "I want Naloxone – The Remix" to increase and sustain the number of patients and staff receiving it.</p>
What is your Aim Statement? Include baseline data and target goal  Example: Reduce the average time it takes to run a mile from 10 mins. to 8 mins. by 2/1/18	Increase access to Naloxone for patients and staff by 75% measured by an increase in frequency and quantity of supplies ordered by June 2024.
3. LOCATION (specify if you have more than one location)	Across all programs (RES, OP, RBH)
4. START DATE and expected COMPLETION DATE	Dec. 2023 to June 2024
5. LEVEL OF CARE or SERVICE if applicable	<input checked="" type="checkbox"/> OP <input checked="" type="checkbox"/> IOP <input checked="" type="checkbox"/> Residential   Other:
6. What CUSTOMER POPULATION does the change target, e.g. customers in a specific program, age group, etc.?	The community at large.
7. EXECUTIVE SPONSOR	Claudia Murillo

<b>8. CHANGE LEADER</b> Include telephone number and email	Name: Claudia Murillo Telephone number: 310-521-9209 Email: claudia@houseofhopesp.org
<b>9. CHANGE TEAM MEMBERS – NAME, POSITION/ROLE on the team</b>	Claudia, Kelly, Becky, Stephany, Lisa R, and Natalia
<b>10. How will you COLLECT DATA to measure the impact of change? Who will collect it?</b>	Stephany and Natalia
<b>11. What is the project's expected IMPACT/ BUSINESS CASE? Increase revenue or productivity, decrease expenses. How will the Ex. Sponsor know the goal was met?</b>	Our agency will be reminded about the resources we have in our agency and give out Naloxone more frequently.

Start Date	Action Step <i>to be implemented</i>	Person Responsible	Due Date	Completion Date
Dec. 2023	A naloxone order was placed for an additional 60 units	Claudia Murillo	Dec. 2023	Dec. 2023
Jan. 1, 2024	Small group training and review of our agency policy	Claudia Murillo	Jan. 8, 2024	Jan. 8, 2024
Jan. 15, 2024	All Staff Training	Claudia Murillo	Jan. 30, 2024	Jan. 30, 2024
April, 2024	Kiosk	Claudia, Stephany, and Natalia	TBD	TBD
May, 2024	How are we doing? How many have we given out?	Claudia, Stephany, and Natalia	<u>May 30, 2024</u>	

**RAPID CYCLE TESTING – (add more cycles as needed)**

<b>Rapid Cycle #: 1</b>	
<b>Cycle Begin Date: Jan. 1, 2024</b>	<b>Cycle End Date: Jan. 15, 2024</b>
<b>What is the idea/change to be tested?</b> If we review our policy, will more Naloxone be given out?	
<b>P</b>	<b>PLAN:</b> <i>What steps are you specifically making to test this idea/change? Who is responsible? How will it get done?</i> Re-training front desk/intake staff on the House of Hope Naloxone distribution policy
<b>D</b>	<b>DO:</b> <i>What steps <b>did</b> you implement? Document any problems and unexpected observations from the PLAN.</i> I set up a small group, training with our front desk staff. We had changes at the front desk at Residential, and our current staff was not aware of the policy or that we had Naloxone to give.
<b>S</b>	<b>STUDY:</b> <i>What were the results? How do they compare with baseline measure?</i> Staff needs a continuous reminder that we have Naloxone to give out.
<b>A</b>	<b>ACT:</b> <i>What is your next step? Adopt? Adapt? Abandon? Why?</i> Adopt regular training, minimally 2x a year, and send out Naloxone information regularly as it comes in from Tarzana.

<b>Rapid Cycle #:2</b>	
<b>Cycle Begin Date: Jan 15, 2024</b>	<b>Cycle End Date: Jan 31, 2024</b>
<b>What is the idea/change to be tested?</b> If we train staff, will they want a dose of naloxone to keep?	
<b>P</b>	<b>PLAN:</b> <i>What steps are you specifically making to test this idea/change? Who is responsible? How will it get done?</i> Refresh/Training of staff on the administration of Naloxone
<b>D</b>	<b>DO:</b> <i>What steps <b>did</b> you implement? Document any problems and unexpected observations from the PLAN.</i> Research and training were prepared and given to staff on administering Naloxone.
<b>S</b>	<b>STUDY:</b> <i>What were the results? How do they compare with baseline measure?</i> Staff were more willing to receive a dose of Naloxone when doses were received training and were <u>reminded</u> we had units to give out.
<b>A</b>	<b>ACT:</b> <i>What is your next step? Adopt? Adapt? Abandon? Why?</i> Adopt regular training, minimally 2x a year, and send out Naloxone information regularly as it comes in from Tarzana.

<b>Rapid Cycle #:</b>	
<b>Cycle Begin Date: May 1, 2024</b>	<b>Cycle End Date: May 31, 2024</b>
<b>What is the idea/change to be tested?</b> Will adding a Kiosk improve our distribution?	
<b>P</b>	<b>PLAN:</b> <i>What steps are you specifically making to test this idea/change? Who is responsible? How will it get done?</i>
	1. Discuss with Management about having a Kiosk and what that would entail. -Claudia in a management meeting 2. Review the policy to include a Kiosk setup. -Claudia, Stephany, Lisa R, and Natalia.
<b>D</b>	<b>DO:</b> <i>What steps <b>did</b> you implement? Document any problems and unexpected observations from the PLAN.</i>
	1. Discussion and interest was communicated to the LA County Department of Public Health
<b>S</b>	<b>STUDY:</b> <i>What were the results? How do they compare with baseline measure?</i>
	Unclear because we are waiting on the next steps for the Kiosk
<b>A</b>	<b>ACT:</b> <i>What is your next step? Adopt? Adapt? Abandon? Why?</i>
	Adopt-continue to pursue the kiosk.

## EVALUATION AND SUSTAIN PLAN

Project Outcomes (only complete once the project is finished)	
1. What was the project <b>END DATE</b> (when you completed the project or stopped making changes)?	Projected May 31, 2024
2. What did you <b>LEARN</b> (e.g., what were some unexpected outcomes or lessons learned from your change efforts)?	Some change projects will require systematic reminders and will not need extended PDSA cycles. Also, as Naloxone is becoming more readily available in our community, fewer people want to take the Naloxone we have, but that does not mean they don't have it.
3. What was the <b>FINANCIAL IMPACT</b> of this change project? (e.g. Increased referrals = increased revenue? Reduced costs? Increased customer retention?)	Increase revenue through the provision of an incentive.

Sustainability Plan (only complete if you are sustaining the changes)	
A. Who is the <b>SUSTAIN LEADER</b> ?	Claudia
B. What <b>CHANGES</b> do you want <b>TO SUSTAIN</b> ?	Naloxone in everyone's hands
C. What <b>SUSTAIN STEPS</b> are being taken to ensure that the changes stay in place and that it is not possible to revert back to the old way of doing things?	1. A recurring reminder was set in my calendar for this item – to review number of patients and staff over time and correlate this to the number of orders. 2. Health and Safety Officer will provide Naloxone training bi-annually.
D. What is the <b>TARGET SUSTAIN MEASURE</b> , i.e. the point at which the Change Team would intervene to get the project back on track?	Naloxone orders are not needed regularly, minimally 2x per year.
E. What system is in place to effectively <b>MONITOR</b> the <b>SUSTAIN MEASURE</b> ?	Calendar reminders at regular intervals for Naloxone orders.

Additional Notes:

Name of Organization: House of Hope

## Performance Improvement Project CHARTER

1. CHANGE PROJECT TITLE	<del>Ummmmmm</del> DID WE BILL FOR THAT?
2. What are you trying to accomplish? Write a brief summary of how you will improve your agency's capability to Substance Use Disorder Patients.	I. Clinical PIPs are a systematic approach to improve and enhance care and systems to support good client outcomes and best practices  X- II. Administrative PIPs enhance the client experience of care and customer service  We want to explore whether outsourcing our billing would benefit our bottom line and free our administrative team to invest their time in other best practices to support clinical services.
What is your Aim Statement? Include baseline data and target goal  Example: Reduce the average time it takes to run a mile from 10 mins. to 8 mins. by 2/1/18	Outsource our billing to an independent contractor, currently <u>all of</u> our billing in completed in-house, by 100% beginning Dec 2023, monitor through May 2024.
3. LOCATION (specify if you have more than one location)	Across all programs (RES, OP, RBH)
4. START DATE and expected COMPLETION DATE	Oct. 2023 to May 2024
5. LEVEL OF CARE or SERVICE if applicable	<input checked="" type="checkbox"/> OP <input checked="" type="checkbox"/> IOP <input checked="" type="checkbox"/> Residential   Other:
6. What CUSTOMER POPULATION does the change target, e.g. customers in a specific program, age group, etc.?	All patients, at all locations, because this will free up the administrative team to support the clinical team's daily admin. needs and ensure there is more time to provide patient services.
7. EXECUTIVE SPONSOR	Claudia Murillo
8. CHANGE LEADER Include telephone number and email	Name: Claudia Murillo      Telephone number: 310-521-9209 Email: <a href="mailto:claudia@houseofhopesp.org">claudia@houseofhopesp.org</a>



9. CHANGE TEAM MEMBERS – NAME, POSITION/ROLE on the team	Claudia, Lisa M, Gavi, Michelle, biller
10. How will you COLLECT DATA to measure the impact of change? Who will collect it?	Gavi and Michelle
11. What is the project's expected IMPACT/ BUSINESS CASE? Increase revenue or productivity, decrease expenses. How will the Ex. Sponsor know the goal was met?	Increase revenue because we will have a dedicated person overseeing our billing submissions and will troubleshoot denials and pending authorizations continuously. Increase the number of clinical services provided,

### MILESTONE IMPLEMENTATION PLAN

Start Date	Action Step <i>to be implemented</i>	Person Responsible	Due Date	Completion Date
Oct. 2023	Begin discussions about possibly outsourcing billing. Discussions with colleagues about their billing practices were held.	Claudia and Maricela	Jan. 2024	Nov. 2023
Nov. 2023	Meeting with the possible contractor.	Claudia and Maricela	Jan. 2024	Nov. 2023
Dec. 2023	First month, the contractor will bill all services. Processes were created to gather information and get it to our biller—review of current billing processes and how this will translate to the outside contractor.	Claudia, Gavi, and Michelle	Dec. 2023	Dec. 2023 and ongoing
Jan. 2024- May	Rapid Cycles-Review process: What is working, and what is not?	Claudia, Gavi, Michelle, and biller	May 2024	

**RAPID CYCLE TESTING – (add more cycles as needed)**

<b>Rapid Cycle #: 1</b>	
<b>Cycle Begin Date: Dec. 15, 2023</b>	<b>Cycle End Date: Dec. 31, 2023</b>
<b>What is the idea/change to be tested?</b> Do we benefit from outsourcing our billing, and do our current billing system gather the information our contractor needs?	
<b>P</b>	<b>PLAN:</b> <i>What steps are you specifically making to test this idea/change? Who is responsible? How will it get done?</i> Begin with one week of billing, send it over to our biller, and see if the information is translated.
<b>D</b>	<b>DO:</b> <i>What steps did you implement? Document any problems and unexpected observations from the PLAN.</i> My admin team and I discussed how to “package” the billing sheets. What forms do we already have, and what should we recreate? We realized how we communicate RBH billing could be streamlined so we created a new form.
<b>S</b>	<b>STUDY:</b> <i>What were the results? How do they compare with baseline measures?</i> We need to work on our process and how we will communicate the billing. More adjustments may be required.
<b>A</b>	<b>ACT:</b> <i>What is your next step? Adopt? Adapt? Abandon? Why?</i> Adopt outsourcing billing; Adapt how we communicate the information.

<b>Rapid Cycle #: 2.A</b>	
<b>Cycle Begin Date: Jan 1, 2024</b>	<b>Cycle End Date: Jan 31, 2024</b>
<b>What is the idea/change to be tested?</b> Focus on Day Rates-Is the new RBH sheet working? How is the residential sheet working?	
<b>P</b>	<b>PLAN:</b> <i>What steps are you specifically making to test this idea/change? Who is responsible? How will it get done?</i> Use the RBH “new” sheet and the current residential daily rate sheet and monitor if these communicate the necessary information to our contractor without missing billing opportunities. 1. Update the new RBH sheet with information from the sign-in sheets-Michelle by the last day of the month 2. Update the residential daily sheet – Natalia's daily
<b>D</b>	<b>DO:</b> <i>What steps did you implement? Document any problems and unexpected observations from the PLAN.</i> 1. Created the RBH Sheet and updated it by the end of the month 2. Reviewed the Res daily activity sheet and how often it was updated.  Our sheet needed improvements because, in RBH, a bed can have more than one person per month.
<b>S</b>	<b>STUDY:</b> <i>What were the results? How do they compare with baseline measures?</i> The residential daily sheet works well for this project, so there is no need to recreate the wheel. <u>In regards to the RBH sheet, some adjustments are needed.</u>

<b>A</b>	<b>ACT:</b> <i>What is your next step? Adopt? Adapt? Abandon? Why?</i>
	Adopt the residential daily sheet for this purpose. Adapt the new RBH sheet to allow for more than one person per bed/per month.

<b>Rapid Cycle #: 2. B</b>	
<b>Cycle Begin Date: Jan 1, 2024</b>	<b>Cycle End Date: Jan 31, 2024</b>
<b>What is the idea/change to be tested?</b> Focus on groups, single services, and zero billing. Is the information being communicated wholly and efficiently?	
<b>P</b>	<b>PLAN:</b> <i>What steps are you specifically making to test this idea/change? Who is responsible? How will it get done?</i>
	<ol style="list-style-type: none"> <li>1. Review the frequency of sign-in sheet delivery with the front desk and in what batches.</li> <li>2. Continue sending over to the biller and work with her on <del>how</del> the delivery is going.</li> </ol>
<b>D</b>	<b>DO:</b> <i>What steps <b>did</b> you implement? Document any problems and unexpected observations from the PLAN.</i>
	<ol style="list-style-type: none"> <li>1. Trial and error on "packaging" the information for group services and "zero" billing.</li> </ol> <p>Our staff continues to have some delays in submitting sheets regularly. This may need a further adjustment and its own rapid cycle.</p>
<b>S</b>	<b>STUDY:</b> <i>What were the results? How do they compare with baseline measure?</i>
	We are getting the biller what she <u>needs, but</u> are working harder than we need to. During this PIP, we are not feeling "the free time" we anticipated because the process still needs work.
<b>A</b>	<b>ACT:</b> <i>What is your next step? Adopt? Adapt? Abandon? Why?</i>
	Adapt how we are tracking and communicating information.

**Rapid Cycle #:3****Cycle Begin Date: April 15, 2024****Cycle End Date: May 31, 2024**

**What is the idea/change to be tested?** Will adding a column on the Residential daily sheet minimize the back-and-forth about pending authorizations? And add a project management sheet to coordinate what we are sending.

**P PLAN:** *What steps are you specifically making to test this idea/change? Who is responsible? How will it get done?*

1. Add a column to the residential spread sheet-Claudia
2. Train front desk staff on how to use it and frequency-Claudia, and Residential Program Director
3. Inform Contractor – Caludia
4. Create an overall internal project management sheet for my admin staff to track what has been received and sent out.

**D DO:** *What steps **did** you implement? Document any problems and unexpected observations from the PLAN.*

The front desk began to use this form and note who did not meet medical necessity. The number of patients not meeting medical necessity is more significant than we had been noticing. This may require its own PIP.

**S STUDY:** *What were the results? How do they compare with baseline measure?*

The residential change is still under review.  
The project management sheet has helped organize the information and keep track of what has been sent. This has been a time saver.

**A ACT:** *What is your next step? Adopt? Adapt? Abandon? Why?*

The residential change is still under review.  
The project management sheet has been adopted.

## EVALUATION AND SUSTAIN PLAN

Project Outcomes (only complete once the project is finished)	
1. What was the project <b>END DATE</b> (when you completed the project or stopped making changes)?	<i>May 1, 2024</i>
2. What did you <b>LEARN</b> (e.g., what were some unexpected outcomes or lessons learned from your change efforts)?	<i>Contracting with a biller has helped us cover gaps in missing billing items. For example, after rapid cycle 3, we are now gleaning an even greater understanding of residential women we are not billing for because they come and leave before the medical necessity is met.</i>
3. What was the <b>FINANCIAL IMPACT</b> of this change project? (e.g. Increased referrals = increased revenue? Reduced costs? Increased customer retention?)	<i>Although we incurred a cost with hiring an outside contractor, we have tightened up our billing gathering techniques to increase the amount of billing we are submitting.</i>

Sustainability Plan (only complete if you are sustaining the changes)	
A. Who is the <b>SUSTAIN LEADER</b> ?	Gavi and Claudia
B. What <b>CHANGES</b> do you want <b>TO SUSTAIN</b> ?	Streamlined billing process, from service provided to service captured to service billed. Clinician to admin to the biller.
C. What <b>SUSTAIN STEPS</b> are being taken to ensure that the changes stay in place and that it is not possible to revert back to the old way of doing things?	<ol style="list-style-type: none"> <li>1. Project Management Sheet that keeps track of what has been submitted by which clinician and subsequently sent to our biller.</li> <li>2. EOB spreadsheet that keeps track of all EOBs submitted and \$ received.</li> <li>3. Res. Day rate that shows how many billable days we are leaving on the table, which equals fewer souls we can serve- potential next PIP for FY 24-25</li> </ol>
D. What is the <b>TARGET SUSTAIN MEASURE</b> , i.e. the point at which the Change Team would intervene to get the project back on track?	If the project management sheet shows more than 3x weeks of services not received or sent to biller.
E. What system is in place to effectively <b>MONITOR</b> the <b>SUSTAIN MEASURE</b> ?	Claudia is responsible for monitoring the Project Management Sheet weekly.

# *QUESTIONS AND DISCUSSION*

---



# *CONTACT INFORMATION – ADD US TO YOUR CONTACTS!*

---

**Your Success Is Our Success!**

**We are here to support you, feel free to reach out:**

Amy McIlvaine- [amcilvaine@cibhs.org](mailto:amcilvaine@cibhs.org)

Pranab Banskota- [pbanskota@cibhs.org](mailto:pbanskota@cibhs.org)

Chris Botten- [cbotten@cibhs.org](mailto:cbotten@cibhs.org)

Leslie Dishman- [ldishman@cibhs.org](mailto:ldishman@cibhs.org)

Krystal Edwards- [kedwards@cibhs.org](mailto:kedwards@cibhs.org)



2125 19TH STREET • SACRAMENTO, CA 95818

P 916.556.3480 • [CIBHS.ORG](https://www.cibhs.org)