

## Exhibit A

### Accomplishments of Statewide Efforts Using Tested Process and Guidance

#### Delaware

- A statewide cooperative state/provider data pilot with the Delaware Division of Substance Abuse and Mental Health and 11 provider programs reduced paperwork time across 11 programs by 4 to 6 hours PER CLIENT.
- Unnecessary data collection was eliminated by creating a uniform system for making data available to all funders and accreditors.
- No valuable information was lost- much of the information was identified as not useful or redundant.
- Client wait times were reduced by 50 – 70%
- Assessment times were reduced by 1/3<sup>rd</sup>.
- There were significant overlaps required in information demanded from various funders and accrediting associations. The information collected generally did not provide any useful clinical information for the programs collecting the data. - [J Subst Abuse Treat. 2009 Jul; 37\(1\): 101–109.](#)

#### Florida

- Large-systems project to bring medication assisted treatment (MAT) to the state.
- Developed system of care for injectable naltrexone and buprenorphine through the state's regional entities.
- Documentation processes developed.
- Payment strategies developed and secured.
- Training on MAT provision provided.
- MAT utilization went from 0 to current levels of 10,000s receiving this service in the state today.

#### Iowa

- Project to streamline paperwork and systems of care to reduce wait times and increase treatment engagement across a network of intake centers (primarily in the Des Moines area).
- Reduced paperwork burden at intake by 43%.
- Reduced wait times from 26 days to 8 days.
- Increased admissions by 6%
- Provider and stakeholder satisfaction with changes made were high.

#### Maine

- Wait times for OP substance abuse treatment were reduced by 71% in the first year
- Admissions were increased by 41% in the first year, 10% in the second year and 90% per month in the third year
- 57% of the STAR-SI admissions were completing treatment in the first year
- Retention in services improved by 52% in the second year
- Clients staying in treatment for 28 days or more increased by 27% in the third year

#### Oklahoma

- Treatment contracts were shortened and monitoring was standardized, reduced in frequency and complexity, and coordinated with monitoring by another State agency and eliminated duplication.
- Data Integrity Review Teams increased the accuracy of data that was collected.
- STATEWIDE no shows were reduced; continuation in treatment increased 30-50%.
- Length of provider intakes were reduced by 1/3<sup>rd</sup>.
- Lessons learned, as identified by the Department: “Innovation begets innovation. Being less prescriptive is essential.” - Oklahoma Department of Human Services, Report on STAR-SI/ NIATx project, 01/28/2011
- One Oklahoma provider, Palmer Continuum of Care, Inc. reported that between January and March of 2006 they reduced the average resident’s inpatient assessment and intake time from 5.1 hours to 2.5 hours and were able to maintain the time long term at 3.5 hours using only one staff person to do the procedure. Meanwhile they reduced client wait time for room assignments from 3 hours to 1 hour, while at the same time making the process more client-friendly and respectful. They also reduced staff time writing progress note writing by 4 hours PER DAY. - [Palmer Continuum of Care, Inc. – Storyboard, STAR-SI/NIATx Process](#)

#### New York

- Used paperwork Action Teams, with state and provider representatives, to streamline and reduce redundant and unnecessary data burden. Strategies employed included data harmonization assessments, process mapping (revenue cycle), patient simulations, and failure mode effect analyses.
- Reduced overall provider data burden by 21%.
- Increased patients served by 1,890/year (due to 14% improvement inpatient admissions).
- Twenty-three percent improvement in workforce productivity.
- Projected cost savings across the provider network was 2.65 million.