



Inspiring change leaders

NIATx's Change Leader Academy aims to help develop leaders to promote process improvements

BY MAUREEN FITZGERALD AND ALLY EVANS

Professionals in the addiction treatment field face a range of daily challenges: Clients in crises, who sometimes do not get well. Burdensome paperwork. Limited resources and crowded facilities. A complicated network of rules and regulations. Long, stressful hours in exchange for sometimes just an average salary.

Nevertheless, addiction treatment professionals enter the field aware of these challenges. "I chose this career because I wanted to be in a helping profession," says Angie Maldonado, program evaluator at the Center for Drug-Free Living in Florida. "The intrinsic rewards are what motivate me. There's nothing more fulfilling for me than helping the clients we serve reclaim their lives."

Maldonado has been with the CFDFL for ten years (her entire professional career). Like many other committed professionals in addiction treatment, she has worked in a variety of roles and has gained leadership skills while immersed in the daily pressures of serving a challenging population. To increase her skills and knowledge, she has completed a graduate degree while working full time. The biggest hurdle she has had to overcome in becoming a leader, says Maldonado, has been resistance to change—not only in her organization, but in the field overall.

Eda Davenport, senior director of outpatient services at Palladia in New York City, also chose her field because of her passion for helping people. Davenport is a career professional with 17 years of experience, working primarily with clients with chemical dependency and mental illness. Her initial experience as a counselor fueled her desire to pursue a master's degree in social work along with additional postgraduate training. In her roles at Palladia, Davenport works to ensure that clients receive needed services. She shares Maldonado's view on professional growth in the field, saying, "In behavioral

health there has been opposition to change, and this presents a real challenge to growth and leadership."

The CFDFL and Palladia are both members of the Network for the Improvement of Addiction Treatment (NIATx). A partnership between the Robert Wood Johnson Foundation, SAMHSA's Center for Substance Abuse Treatment, and a number of independent addiction treatment organizations, NIATx works with addiction treatment providers to make more efficient use of their capacity, improve treatment access and retention, and help staff develop leadership skills.

In March, Maldonado and Davenport attended the NIATx Change Leader Academy (CLA), a training opportunity offered to NIATx members. The academy's first session offered in-depth training in process improvement, along with networking, to almost 50 behavioral health professionals from across the country. Participants reconvened to share their experiences with process improvement at another CLA in September.

NIATx Knowledge Development Coordinator Ally Evans created the CLA with Process Improvement Coach Eldon Edmundson and NIATx Deputy Director Todd Molfenter to transform committed learners into committed leaders of change in behavioral healthcare organizations. The presence of a powerful and effective change leader in an organization is one of the key principles of successful change that guides NIATx's work (sidebar). The CLA puts this principle into action while offering a professional growth opportunity that promotes workforce development.

In developing the CLA, NIATx distributed a change leader characteristic survey to NIATx executive sponsors, change leaders, and change team members. Survey results indicated that the most successful change

leaders are perceived as being persistent, respected within the organization, challenging the status quo, achieving data-verifiable results, and focusing the team on objectives.

The survey results helped NIATx develop the program content, as well as a change leader self-assessment evaluation that participants completed at the March session and retook six months later to compare the results.

Instructors Evans, Edmundson, and Molfenter used a standardized skills-building and support model that combined a theoretical and experiential approach. Participants received in-depth training on process improvement concepts that they might have been using in their organizations—without formal training.

“The academy was a real eye-opener,” says Maldonado. “Even though I had been involved in implementing the NIATx model at the Center for Drug-Free Living, I had not had an intensive workshop on ‘process improvement 101’ like the one that the academy offered. Lightbulbs went off—I saw how I could implement process improvement in so many other ways at my organization.”

A key component of the NIATx process improvement model is the Plan-Do-Study-Act Cycle. Each part of the PDSA Cycle has a specific purpose:

- **Plan.** Identify the aim of the change and predict which results will make the change a real improvement.
- **Do.** Try the change for a short period (two weeks) and in a limited area (for a few patients).
- **Study.** Complete the data analysis, comparing predicted results with actual results.
- **Act.** Use the results of the Study stage to decide the next steps.

At the March session, participants completed the Plan step. They received guidance on how to complete the Do step in the following six months. By leading a new change project in their organizations, they applied the skills they learned at the academy. Participants continually networked with their peers and experts via e-mail, telephone, and blogs. This “Learn-Do-Share” approach provides

the right balance of education, experience, and networking that is a key part of NIATx’s leadership development process.

Davenport found that the ongoing connection with other CLA participants reinforced what she learned. “It’s helpful to hear from peers, especially their time management strategies,” she explains. “I also really like the blog. It’s a place where I can share my challenges and successes with others. Getting feedback shows me the value of getting answers from outside the organization. This exchange of ideas and information has opened my lenses. I can adapt what people are doing at other organizations to what I do at Palladia.”

NIATx staff see the CLA as an important part of its efforts in helping treatment agencies develop leaders and retain and recognize staff. “Workforce development is a critical issue in the field,” comments

Evans. “The response to the program has been overwhelmingly positive, and we plan to offer it in the future to NIATx members as well as nonmembers.”

“The ongoing coaching that I receive from NIATx has helped me maintain momentum for process improvement,” says David Moore, director of quality improvement at Fayette Companies in Peoria, Illinois. “As I think about the types of challenges that I face as a leader—changing culture and innovating for the future, remaining vigilant in terms of what is a new vision—NIATx is synonymous, part and parcel of the way I view my job and my work.” ■

Maureen Fitzgerald is an Editor with NIATx, and Ally Evans is NIATx’s Knowledge Development Coordinator. Fitzgerald can be reached at (608) 890-0937. For more information, visit www.niatx.net. To send comments to the author and editors, e-mail fitzgerald1006@behavioral.net.

Developing Leaders to Promote Change

NIATx promotes system change and innovation. Bringing process improvement tools to treatment programs, NIATx helps organizations examine their processes with a critical eye on four key goals: cutting the time it takes to get into treatment, boosting patient admissions, reducing appointment no-shows, and keeping patients in treatment longer.

In the NIATx model of process improvement, staff members work together to improve business processes. An executive sponsor (typically the director or CEO) designates a staff member as a change leader to improve a process that influences one of the four aims. Together, the executive sponsor and change leader agree on a plan for a change project: a process improvement initiative that targets one aim, at one level of care, at one location, with one population. Together, they also assemble a change team, which includes staff members and, in some cases, consumers. The change team uses the Plan-Do-Study-Act Cycle (i.e., change on a small scale).

All change projects begin with a walk-through, an exercise in which staff members walk through the treatment processes just as a “customer” does. The goal is to see the agency from the customer’s perspective. Taking this perspective of treatment services—from the first call for help, to the intake process, and through final discharge—is the most useful way to understand how the customer feels, and to discover how to make improvements that will serve the customer better.

Data are another key component of the NIATx model. Change projects begin by taking a baseline measure of the aim they wish to improve (e.g., reducing no-shows). The change team continues to collect data throughout each rapid-cycle test.

NIATx aims to help develop leaders committed to organizational change and improvement. As of March, NIATx members reported the following gains:

- 34.8% reported reducing waiting times (68 change projects in 31 agencies)
- 33% reported reducing no-show rates (49 change projects in 27 agencies)
- 21.5% reported increasing admissions (42 change projects in 22 agencies)
- 22.3% reported increasing treatment continuation rates (88 change projects in 31 agencies)