



## Summary of NIATx-SI Cohort 1 Project Charters

### Arkansas –Garland “Sonny” Ferguson

The AIM of the project is to implement telephone-based continuing care statewide in State Fiscal Year 2012 (July 1, 2011) with 17 comprehensive treatment programs.

The strategies we propose to utilize in implementing our project are in three (3) areas:  
1) Analyze data that has been generated and collected over the past 14 months of the current Advancing Recovery/Robert Wood Johnson project. The current project now has sufficient data to reliably examine the client outcomes. A corollary need is to develop message strategies for use with the State, public, and legislature regarding the effectiveness of Continuing Care.

2) Further implement and refine the Continuing Care program to ensure fidelity to the original model, devise any needed adaptations to Continuing Care as implemented in the State’s treatment system (while maintaining fidelity), and continue provider education regarding NIATx process improvement strategies.

3) Develop a process for a new Request for Proposal (RFP) to spread Continuing Care throughout the provider network.

### Colorado-David Menefee

The AIM of SAPMS is to design and develop a system that promotes regular and objective performance feedback to substance abuse provider organizations so that they can continuously improve the access, customer perception and satisfaction, quality and appropriateness, continuity, integration and coordination, administration, and outcomes of substance abuse services for the client.

DBH’s strategies for realizing its vision are to engage customers and stakeholders in developing the SAPMS model, including (1) identifying performance domains, (2) defining performance indicators and measures, (3) testing the viability of indicators and measures, (4) designing the feedback system, and (5) training the providers in the use of the feedback for performance improvement. We believe that closing the loop between identification, measurement, feedback, and action will result in a greater investment on the part of the provider organization, thereby sustaining the change over the long term.



### **Iowa-DeAnn Decker**

The AIM of the project is to create specific provider contractual performance measures based on the NIATx aims of increasing access and retention. Through this project, we will embed NIATx process improvement principles (a) in provider organizations and (b) in our organization (state government).

We will use the following strategies: walk through/flowchart of our internal process, build consistent ROSC definitions, scope of work language and performance requirements in to three currently separate, competitive RFPs for contractors for Iowa, plan SSA-funded substance abuse treatment, IDPH substance abuse prevention and IDPH gambling education/treatment, align contract project periods so all three end June 2014 and attend provider association meetings.

### **Kentucky-Lou Kurtz**

The AIM of the project is to support spread of NIATx to CMHCs who attended CLA and have capacity to utilize NIATx principles/process, develop an effective process improvement learning collaborative of NIATx partners through use of a variety of IT options (webcams, video conferencing, webinar, 1-800 calls) and establish core set of performance indicators related to access and retention; link to performance based contracting process

These strategies include facilitating coaching base on requests for assistance with change projects. Develop learning collaborative phone conferencing process and schedule and encourage involvement. Track who is involved and to what level and to make check in calls to interested CMHCs and note what type of technical assistance the site would like. Topic driven agendas and using designated coaches and other state staff experience who are in the NIATx SI collaborative (Susan Brandau) to assist in developing useful conference calls. Identifying the most preferred methods for connecting and developing learning collaborative phone conferencing. Producing data report to compare/contrast regional access, retention and penetration rates and work on data quality through existing groups and finally educate Division of Administration and Financial Management about importance of performance contracting and how NIATx can assist with processes to meet NOMs data needs.



### **Massachusetts-Mike Ellis**

The AIM of the project is to build NIATx principles into the culture at the Massachusetts Dept. of Public Health, Bureau of Substance Abuse Services and the culture among treatment providers. Instill process improvement in the culture of provider interactions with the Bureau. Spread the news of how successful NIATx is and both deepen the use of NIATx Process Improvement principles among those who have been introduced to the concept and broaden the NIATx reach across the treatment continuum of providers.

The strategies that we will implement are as follows: use Nominal Group Techniques to find out what else BSAS managers think about addressing the issue of sustaining and spreading NIATx, press on with continual efforts to support the NIATx 200 agencies as well as the 20-25 new adopters through conference calls, through appearances and presentations at regional and statewide meetings, and through exploring future mentorship opportunities, frequent appearances at Level of Care meetings by State Change Leader promoting NIATx and laying groundwork for a third round of agencies to learn the NIATx model, use Lynn Madden to facilitate monthly phone calls to provide support and collaboration among participants in NIATx 200 as well as new adopters of NIATx who participated recently in PI 101, offer site visits by NIATx-SI coach Ken Farbstein if agencies desire, personal contact (in person and on phone) among and between Mike Ellis, State Change Leader, Ken Farbstein, and various leaders from NIATx 200 agencies, schedule presentations from successful adopters of the NIATx principles from NIATx 200 participants, nominal Group Technique to tap ideas of staff of Office of Youth and Young Adult Services, Prevention Unit, Planning and Development Unit, and Regional Managers – again seeking ways to embed PI, meet with Regional Managers and collaborate with the Director of Adult Treatment and Regional Operations to help facilitate changes (additions to) in templates, documents, and other written materials at the Bureau level, work with Regional Managers, who are also Level of Care managers, to encourage them to choose a process measure for their level of care to track and monitor, offer to help RMs learn “promising practices” for agencies who are struggling with the identified process measure.

### **New York-Susan Brandau**

The AIM of the project is to align and mobilize internal and external resources to both sustain and spread process improvement and capitalize on the traction achieved over the past three years.

Strategies:

Engagement of additional OASAS bureaus and units as well as local governments;  
identification of internal resources to sustain provider data support functions; creation



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of a capacity within the field for provision of technical assistance to new provider sites; development of turnkey technologies and methods to expose and engage providers in whatever stage of readiness they are for process improvement methods; and creation of synergy with other OASAS initiatives related to access and retention.