



Project Charter

Today's Date: 11/10/09

Project Name: Massachusetts Spread, Sustainability, and Institutionalization of NIATx principles and Process Improvement	
Executive Sponsor: Karen Pressman	
Project Manager/Change Leader: Michael Ellis	
Additional Team Members: varies by specific element of the plan - may include Frank Holt, Jen Parks, Jen Tracy, Brian Miller, Jim Cremer, Ruth Jacobson-Hardy, Brian Sylvester, Ray Kosinski, Mayra Morales, Ben Cluff and others	
Project Description: <i>What is the AIM?</i>	
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.	
Sustainability Case for Addiction Services: <i>Why is this project important?</i>	
NIATs has a well recognized history of improving (speeding) access and enhancing retention. Agencies who utilize NIATx principles often benefit from improved access and retention with an increased bottom line. These are three goals that all treatment providers share.	
Creating a Powerful Vision: <i>What is the desired future?</i>	
<ul style="list-style-type: none"> • All agencies are aware of the benefits of NIATx. • An increasing number of agencies are trained in NIATx principles, use the NIATx philosophy, and make rapid cycle change teams an integral element of their operation. • Agency change leaders and executive sponsors grow in their comfort with and skill in presenting to other professionals in the field, highlighting the successes of the NIATx principles. • Process improvement is embedded in state site visits to providers, licensing regulations, procurement and contracting. • There is an agreed upon method of reporting process improvement projects that agencies have undertaken and completed. • Agencies, through Level of Care meetings, regional meetings, and statewide meetings, see presentations by other agencies within the state addressing challenges by using NIATx methods. • Agencies with superlative performance are recognized for their use of NIATx. 	
Understanding Your Customers and Stakeholders	
Key Customers:	Key Stakeholders:
<i>Those who are the recipients of the product or service</i>	<i>Those who have a stake in developing and delivering</i>



<ul style="list-style-type: none"> • Treatment agencies • Staff and management of these programs • Clients who receive enhanced service • Society, due to the increased speed of access to treatment for those who need it. • Our clients in the future. 	<p><i>the product or service</i></p> <ul style="list-style-type: none"> • Staff and leadership of the SSA, the Bureau of Substance Abuse Services • Regional management within BSAS
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<p>Generating Ideas to Close The Gap: <i>What are your strategies?</i></p> <ul style="list-style-type: none"> • 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.
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Project Risks: *What actions, events and situations may positively or negatively impact the project?*

Positive impacts:

- Energized base of agencies that already know and love NIATx.
- Strong support from leadership within BSAS – Regional Managers and other leaders.
- Support from the Director of the Bureau

Negative impacts:

- State budget crisis that has resulted in major lay-offs within a number of programs
- Bad winter weather can be difficult in terms of getting to various meetings around the state
- Staff shortages within provider agencies – related to the budget and to difficulties in attracting staff
- Staff cutbacks at BSAS may pose some difficulties in the project

Executing the Plan/Milestones: *How will we know we are making progress?*

Actions:	Date (Duration):	Status:
Explore (using Nominal Group Technique) other possibilities for generating more interest in NIATx and making NIATx more essential and integral at the State agency level within BSAS	Dec, 2009	In the works
Monitor participation in New Adopter monthly calls as well as NIATx 200 conference calls	Dec, 2009 – April 2010	Will occur – calls are already scheduled
Mike Ellis and perhaps Ken Farbstein appear at all Level of Care meetings during winter months – present NIATx results – and feature a provider who has used NIATx – have provider present to all.	Jan – April 2010	To be scheduled
NIATx 200 agencies continuing to a) conduct change projects; b) submit sustainability data as required by N200 project; and these agencies communicating their progress or struggles with Michael Ellis	Dec 2009 – June 2010	Planned, ongoing, and to be continually followed
Monitor, provide support for, and targeted coaching for, new adopters of NIATx who took the Process Improvement basics course in October. Urge participation in monthly conference calls for this group, facilitated by Lynn Madden	Nov 2009 – June 2010	First call is set for November 18



and Michael Ellis.		
Invite all NIATx 200 agencies to present their storyboards of successful changes at regional provider meetings, Level of Care statewide meetings, and at other scheduled events	Dec 2009 – June 2010	This has already begun and will continue
Promote the Change Leader Academy to staff at NIATx200 and new adopter agencies. Schedule the event.	Jan 2010 – June 2010	To be planned
NIATx 200 agencies continuing to a) conduct change projects; b) submit sustainability data as required by N200 project; and these agencies communicating their progress or struggles with Michael Ellis	Dec 2009 – June 2010	Planned, ongoing, and to be continually followed
Communicate to NIATx 200 agencies the availability of monthly calls with Lynn Madden. Hold calls on time and monitor attendance.	Dec 2009 – June 2010	Initial calls are planned
Meet with Regional Managers, Dir. Of Adult Treatment, and Director of Planning and Development Unit to develop plan for institutionalizing NIATx principles into BSAS activities, policies, procedures, and templates	Jan-Feb 2010	To be scheduled
Visit all Level of Care meetings, consulting beforehand with LOC manager, to begin planning to establish a process measure to track related to the particular level of care	Jan 2010-June 2010	Meetings are scheduled and I will need to get on the agendas
Work with Ken Farbstein to develop a system for tracking, recording, and monitoring process improvement results from each Level of Care	Dec 2009 – April 2010	In the works

Sign off Sponsor:

Review Date: